

Annual report and accounts 2010/11



2010/11

York Teaching Hospital NHS Foundation Trust

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Annual Report and Accounts 2010/11

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STRATEGIC STATEMENT

The Trust's strategic direction comprises four key drivers designed to ensure we focus on our Mission of "being trusted to provide safe, effective healthcare for the communities we serve". These strategic 'frames' provide a focus for our emerging priorities and objectives, and assist in their communication to staff, patients and other stakeholders. They are:

- Improving quality and safety
- Improving our effectiveness: capacity and capability
- Developing stronger citizenship through our work with partners and the broader community
- Improving our facilities and protecting the environment

STATEMENT FROM THE CHAIRMAN

Welcome to the 2010/11 annual report for York Teaching Hospital NHS Foundation Trust.

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

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

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

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

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

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

Alan Rose
Chairman

A handwritten signature in black ink, reading 'Alan Rose', with a long horizontal line extending from the end of the signature.

STATEMENT FROM THE CHIEF EXECUTIVE

Welcome to York Teaching Hospital NHS Foundation Trust's annual report for 2010/11.

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

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

This makes it all the more pleasing to report that, despite the economic environment, our performance has continued to grow in strength and we have yet again achieved the best performance 'scorecard' ever seen in this Trust.

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

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

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

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

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

Our financial performance has been good in light of the financial constraints we have faced. As you will see from the accounts included in this report, the underlying reported financial position for the Trust is a small surplus of £0.8m. This places the Trust among the majority of Foundation Trusts in terms of financial performance, demonstrating that we have managed our in-year finances satisfactorily, returning a financial risk rating of 3.

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

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

this has enabled us to work with optimism towards a greater collaboration with Scarborough Hospital.

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

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

One example of this is our recent successful bid to provide an integrated musculo-skeletal (MSK) service for Selby and York.

Central policy for the NHS places an explicit focus on competition, particularly within the private sector. We have to compete to provide services which at one time would have automatically come to us. This was a challenge for us and a real example of how services will be commissioned in the future, so I am pleased to be able to report this as a success.

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

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

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

Patrick Crowley
Chief Executive

A handwritten signature in black ink, appearing to read 'P. Crowley', written in a cursive style.

DIRECTORS' REPORT

The Directors of the Trust

The Directors, appointed to membership of the Board of Directors, and in post during the year from 1 April 2010 to 31 March 2011 were:

Mr Alan Rose	Chairman of the Board of Directors and Council of Governors
Professor John Hutton	Vice Chairman, Non-executive Director and Senior Independent Director
Mr Patrick Crowley	Chief Executive
Mr Philip Ashton	Non-executive Director
Mr Michael Sweet	Non-executive Director
Ms Libby Raper	Non-executive Director
Mrs Linda Palazzo	Non-executive Director
Professor Dianne Willcocks	Non-executive Director
Dr Alastair Turnbull	Medical Director
Mr Andrew Bertram	Finance Director
Mr Mike Proctor	Deputy Chief Executive
Ms Elizabeth McManus	Chief Nurse
Ms Peta Hayward	Director of Human Resources

Further details about the directors can be found on page 38 of this report.

The principal activities of the year

The principal purpose of the Trust is the provision of goods and services for the purpose of the health service in England.

Fair view of the Trust

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

Summary income and expenditure 2010/11

	Plan	Actual	Variance
	£million	£million	£million
Clinical income	210.5	209.7	-0.8
Non-clinical income	34.2	37.1	2.9
Total income	244.7	246.8	2.1
Pay spend	-155.7	-158.2	-2.5
Non-pay spend	-82.0	-84.8	-2.8
Total spend before dividend, interest and impairments	-237.7	-243.0	-5.3
Impairments	-1.5	-1.4	0.1
Dividend and interest	-3.4	-3.2	0.2
Net surplus/deficit	2.1	-0.8	-2.9
Financial risk rating	4	3	

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

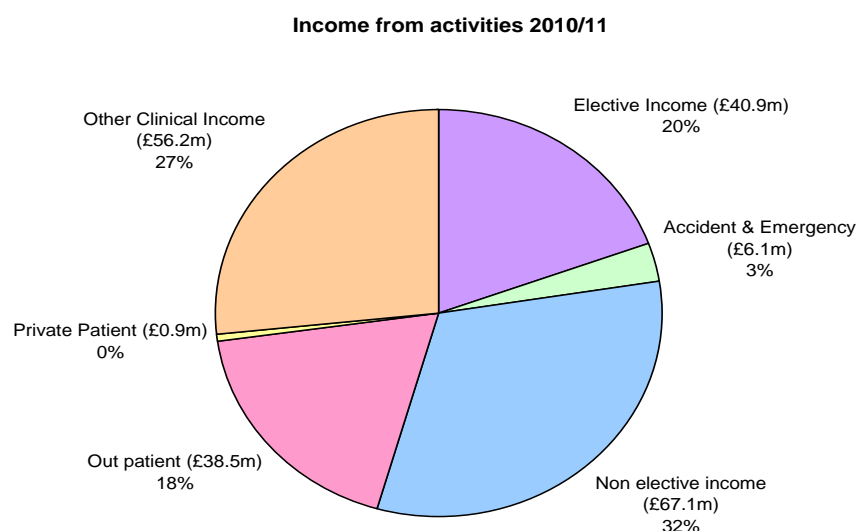
Excluding these exceptional items, the Trust achieved an underlying surplus of £0.8m.

Accounting policies

The Trust has adopted international financial reporting standards (IFRS), to the extent that they are applicable under the Monitor Annual Reporting Manual.

Income from activities

Income from clinical activities totalled £209.7m, and arose mainly from contracts with NHS NYY and other local Primary Care Trusts (£207.5m), with the balance of £2.2m from other patient-related services, including private patients and personal injury cases.



Income generated from non-healthcare activities

Other income totalling £37.1m arose from funding for education and training, and for research and development, and from the provision of various non-clinical services to other organisations and individuals.

Cash

The Trust had a cash balance at the end of the year of £4.6m.

Borrowing limit

The Trust has a total borrowing limit of £47m, set by Monitor. This is the amount of money the Trust can borrow, based upon a detailed financial risk assessment. During 2010/11, the Trust received a further instalment of the loan from the Foundation Trust Financing Facility to finance the construction of the multi-storey car park and took out a separate loan from Salix Finance to fund equipment to help reduce the Trust's carbon emissions.

Monitor risk rating

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

Capital investment

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

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

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

At the end of the year, the Trust's land and buildings were re-valued by the Valuation Office Agency, on the basis of depreciated replacement cost, for a modern equivalent asset

Planned capital investment

Capital investment plans for 2011/12 include:

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

Land interests

There are no significant differences between the carrying amount and the market value of the Trust's land holdings.

Investments

The Trust made no investments through joint ventures or subsidiary companies, and no other financial investments were made. No financial assistance was given or received by the Trust.

Private patient income

Under the terms of authorisation, the proportion of private patient income to the total patient related income of the Foundation Trust should not exceed its 2002/3 proportion of 0.8%. Actual private patient income for 2010/11 totalled £0.9m and represented 0.4% of total patient-related income. The Trust is therefore compliant with this obligation.

Value for money

The Trust has a proven record of implementing resource management cost improvement programmes aimed at delivering efficiencies, to support the Trust in making outstanding use of its available money, staff, equipment and premises. Good resource management provides clarity of focus and is usually linked to improved patient care. The work involves linking across the Trust to identify and promote efficient practices.

In 2010/11 the Trust was required to deliver an efficiency target of £12.2m. This was devolved to directorates based on their available budgets. Managers were given freedom to consider how these savings were delivered and this year over 200 successful ideas were implemented. Schemes included generating additional income, reducing staff costs, negotiating reduced prices for supplies and improving the utilisation of beds, theatres and clinics. The amount achieved in 2010/11 was £12.5m; £0.3m above plan.

Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Political and charitable donations

No political or charitable donations were made during the year.

Accounting policies for pensions and other retirement benefits

Past and present employees are covered by the provisions of the NHS pension scheme. The scheme is accounted for as a defined contribution scheme. Further details are included in the accounting policies notes to the Trust's annual accounts. The Trust adopts IFRS accounting principles to the extent they are applicable under the Monitor Annual Reporting Manual.

Significant events since balance sheet date

There is one material post balance sheet event. From 1 April 2011, the Trust will take over the provision of a range of community services for the Selby and York area, and is also hosting community services for the Scarborough, Whitby and Ryedale areas.

The key principle of hosting community services is that the Trust provides a short-term solution to the continuation of service whilst a more formal integrated arrangement is identified.

Directors' statement

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. The directors have taken all of the steps that they ought to have taken as directors, in order to make themselves aware of any relevant audit information, and to establish that the auditors are aware of that information.

Senior employees' remuneration can be found on page 87 of this report.

The development and performance of the Trust during the year

The past year has been busy and challenging. The Trust has again met all its key access targets and managed to overcome significant challenges, both operational and financial. The Trust has worked closely with the System Management Executive (SME) during the year, which has provided support to managing the health economy in the region. The Trust has for the third year running experienced a significant increase in demand for services throughout the year.

The Trust has continued to build on the work strengthening its ability to deliver the demands of the community by recruiting additional consultants and providing additional clinical alliances with other Trusts. The Trust has, at the beginning of April 2011, under the Transforming Community Services agenda, taken on responsibility for the delivery of healthcare in the community for Selby and York

and entered into an arrangement where the Trust is 'hosting' the delivery of healthcare for Scarborough, Whitby and Ryedale community areas, pending the potential acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust. This allows the Trust to continue to maintain its aim to deliver healthcare as close to patients' homes as possible.

The Government announced during 2010 that all NHS Trusts would be required to achieve Foundation Trust Status by 2014 or establish a working arrangement with an existing Foundation Trust. Scarborough and North East Yorkshire Healthcare NHS Trust approached York Teaching Hospital NHS Foundation Trust during 2010 to explore the possibility of York Teaching Hospital NHS Foundation Trust acquiring Scarborough and North East Yorkshire Healthcare NHS Trust. The decision is currently pending and will be made later during 2011. This development is supported by the strategic review work being undertaken by the Medical Director of Strategic Health Authority for Yorkshire and the Humber and the work the Strategic Health Authority is undertaking in the region.

The Trust has maintained a full unconditional licence from the Care Quality Commission and added to the licence with the inclusion of the Community Services locations. The licence is an endorsement from the Care Quality Commission that the outcomes the Trust delivers for patients are of the standard and quality they would view as acceptable.

The Trust has continued to ensure that its objectives have matched the vision and values of the Trust. These have been identified in four areas:

- Improving quality and safety
- Improving our effectiveness: capacity and capability
- Develop stronger citizenship through our work with partners and the broader community
- Improve our facilities and protect the environment

Improve quality and safety

During the year the Trust has continued to drive the implementation of the quality and safety strategy - Safe and cared for. Improvements have been made and reported to the Board through the Chief Nurse and Medical Directors reports.

We continue to work with national and international experts in the field and, whilst proud of our progress, will continue to push for the best possible results across all aspects of our care.

As part of this report, we have published our quality report. This report has been developed with the support and input from the Council of Governors. The Report focuses on the how the Trust delivers safe and quality services to all patients.

Improve effectiveness, capacity and capability

The Trust has continued to invest in the delivery of services as required by the community it serves, which has included the delivery of all targets set both locally and nationally. The Trust has acquired Community Services for Selby and York and hosting the Community Services for Scarborough, Whitby and Ryedale.

The Trust has continued to work closely with NHS North Yorkshire and York and other healthcare organisations in the area to ensure that healthcare is delivered within the available resources, contributing significantly to the community approach to quality, innovation, productivity and prevention (QIPP).

Staff have been successful in delivering the cost improvement plans during the year and re-shaping the delivering of services whilst maintaining the quality of care in the Trust.

Improve working with our partners and within the broader community

In the past year the Trust has continued to develop clinical alliance working with Harrogate, Scarborough and Hull in order to sustain and provide services, where appropriate, as close to home as possible.

Improving our facilities and environment

The Trust believes that the facilities and environment play an important part in the quality of care that patients receive. As part of the developments undertaken this year the Trust has embarked on a programme of building including the construction of the multi-storey car park which should be completed during 2011.

Main trends and factors likely to affect the future development, performance and position of the business

The organisation's primary operational focus during the next year is the efficient management of emergency admissions to the hospital. It is evident that growth in this area will continue and we have to establish patient flow systems that improve front-line senior decision making and admission avoidance whenever it makes clinical sense to do so.

The Trust continues to work closely with the SME to support management of the health economy in the region. The majority of the Trust's income for clinical services is through contracts with PCTs. NHS North Yorkshire and York is the Trust's main commissioner accounting for over 88% of the Trusts NHS clinical income during 2010/11. NHS East Riding of Yorkshire (NHS ERY) accounts for a further 7%, with 3% coming from other PCTs. During 2010/11, activity with all PCTs was in excess of the contracted activity. The additional activity arose from increased demand for non-elective admissions and the need to meet and maintain 18 week referral to treatment targets throughout the year.

For the 2011/12 plan the Trust has assumed that activity levels will continue broadly at the 2010/11 levels and the PCTs are contracting at this level. In addition, the Trust is taking responsibility for the provision of most community services for the Selby and York areas and is hosting community services for the Scarborough and Whitby areas. The demand for Lucentis to treat age-related macular degeneration continues to grow and additional income and expenditure for this expansion is assumed in the plan.

Delivering the resource management agenda is essential to our future financial stability. The Trust has set itself a challenging 6.1% (£14.2) efficiency programme in 2011/12, with 4.5% planned in each of the following two years.

The efficiency programme is fully supported by the Corporate Director team. Strong links exist with human resources, nursing, patient quality and operations management, ensuring that savings and efficiency are fully embedded into organisational thinking.

2011/12 financial outlook and principal risks

The national economic situation, however, has lead to the NHS being faced with the prospect of the most financially difficult times it has known, with the prospect of real terms reduction in income over the next three financial years, even though demand for services and patients' expectations continue to increase.

The Trust's main commissioner, NHS North Yorkshire and York (NHS NYY), remains financially

challenged, and is under significant pressure from Yorkshire and Humber SHA (YH SHA) to set and deliver an affordable financial plan in 2011/12.

The economic climate and financial situation of the Trust's main commissioner continues to require a more collaborative approach to contracting for 2011/12, building on the successes of the 2010/11 collaborative arrangements.

Delivering the resource management agenda is essential to our future financial stability.

A number of significant risks and assumptions in achieving the 2011/12 plans are set out below:

- Activity and income plans will be underpinned by the contracts and risk sharing arrangements with the Trust's main commissioning PCTs
- The expenditure plans assume that in-year overspending on operational budgets can be managed by directorates;
- Further investment in NICE recommendations outside of the tariff is subject to securing specific agreement and income from commissioning PCTs. The plans assume that no unplanned investment will take place unless specific income is secured;
- The plans assume a significant and challenging efficiency programme of 6.1% (£14.2m) efficiency programme in 2011/12, with 4.5% planned in each of the following two years will be delivered

Charitable funds

The charitable funds of York Hospital NHS Foundation Trust are registered under a single umbrella charity called York Teaching Hospital Charity. The charity is registered with the Charity Commission under number 1054527. Acting for the corporate trustee, the charitable funds committee is responsible for the overall management of the charitable fund. The charity provides grants to purchase a wide range of additional goods and services that the NHS is unable to provide, benefiting both patients and staff.

During 2010/11, the grants from the charity included:

- A significant grant towards the capital cost of the new bereavement suite
- Support for a number of research projects
- The purchase of many items of new medical and other equipment for use in patient areas
- Additional staff training and other benefits

Items over £5,000 are capitalised and included in the Trust's fixed assets. The charity's annual report and accounts are published separately, and are available from the Trust on request.

Better Payment Practice Code - measure of compliance

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust operates its Better Payment Policy with a five day allowance for goods to be dispatched and received in the Trust.

The table below shows the actual achievements against the target for 2010/11:

	Number	Value £000
Total Non-NHS trade invoices paid in the year	60263	75,761
Total Non-NHS trade invoices paid within target	49753	60,486
Percentage of Non-NHS trade invoices paid within target	82.5	79.8
Total NHS trade invoices paid in the year	2707	27,383
Total NHS trade invoices paid within target	1937	20,963
Percentage of NHS trade invoices paid within target	71.6	76.6

Environmental issues

The Trust has agreed to adopt the 'Good Corporate Citizenship Assessment Model' in assessing its progress in relation to sustainability.

A Sustainable Development Committee has been established with 6 key work streams:

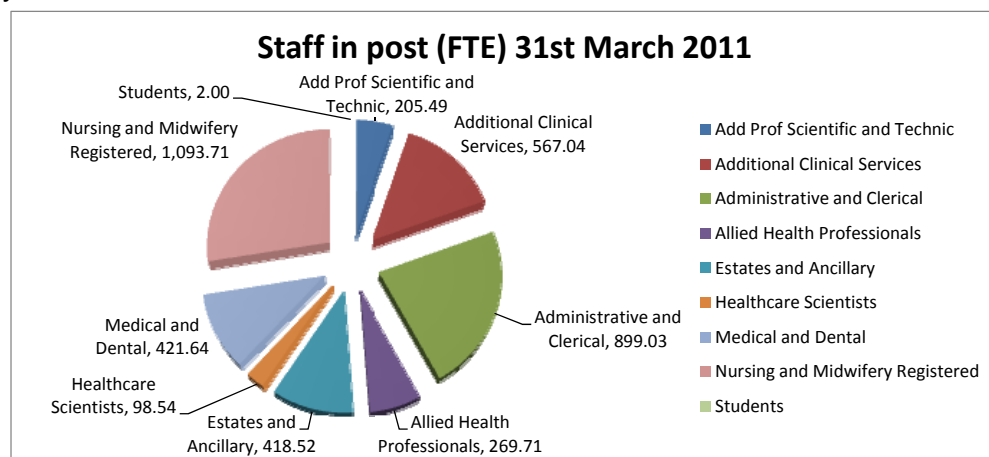
- Transport
- Procurement
- Facilities management
- Buildings
- Workforce
- Community engagement

Each of the work streams is completing the assessment model, the outcomes of which will be used to further develop our strategy and target resources.

In 2010 the Trust awarded a new clinical waste management contract that commenced on 1 April 2011, that sees appropriate waste streams going to 'alternative treatment' rather than incineration – which is not only going to be cheaper, but will also reduce the carbon emissions associated with waste disposal.

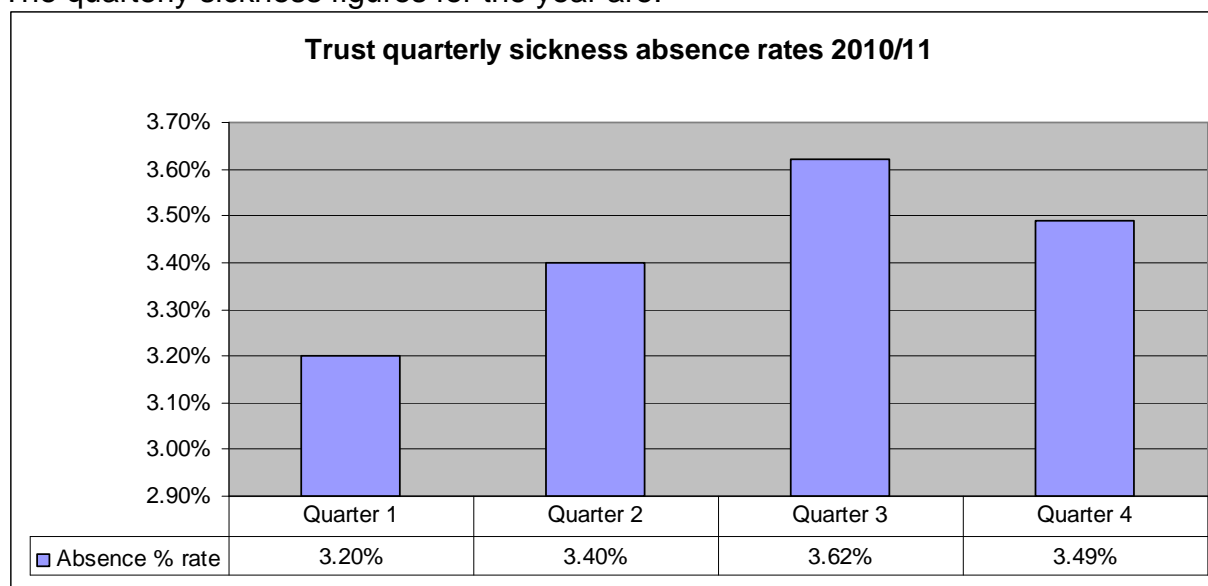
Our staff

The tables below show the number of staff we have in post and the levels of sickness during the year in the Trust.



Staff sickness

The quarterly sickness figures for the year are:



The attendance project continues to exceed the key targets set for reducing sickness absence within the Trust. The key achievements to date (from March 2008 to March 2010) are detailed below:

Quarterly sickness – In March 2008 the Trust had an absence rate of 5.1%. It set a target of 3.9% to achieve by March 2011. By March 2011 the Trust's quarterly absence rate was 3.49%.

Annual sickness – In March 2008 the Trust's annual absence rate was 4.52%. At the end of March 2011, this had reduced to 3.43%

Long term sick (4 weeks +) – In March 2008 there were 99 staff with long term sickness conditions. The Trust set a target to reduce this to 40 staff by March 2011. In March 2011 there were 30 staff who were classed as long term sick (4 weeks +).

Long term sick (3 months +) – In March 2008 there were 52 staff with long term sickness conditions. The Trust set a target to reduce this to 20 by March 2010 and maintain at or below this figure from then onwards. In March 2011 there were 11 staff who were classed as long term sick (3 months +).

Corporately these resulted in the following improvements

- 31.57% proportionate reduction in the Trust's quarterly sickness absence rate
- 24.12% proportionate reduction in the Trust's annual sickness absence rate
- 59.60% reduction in the number of staff on long term sick (4 weeks +)
- 78.85% reduction in the number of staff on long term sick (3 months +)

External Auditors

Grant Thornton UK LLP
No.1 Whitehall Riverside
Whitehall Road
Leeds
LS1 4BN

External Auditors' remuneration

The total cost of audit services for the year was £60,000 inclusive of VAT for the statutory audit of accounts for the 12 months ending 31 March 2011. Additionally, Monitor has required the auditors to undertake an external assurance audit for the Quality Account, the cost for this service for the year was £18,000 inclusive of VAT.

Equality and diversity

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

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

The corporate action plan on equality and diversity has been updated to reflect the requirements of the Equality Act 2010, and in anticipation of the Trust adopting the NHS EDS.

Policies for disabled employees and equal opportunities

The Trust's Inclusivity Scheme and its supporting policies are the cornerstone of its approach to equality of employment opportunity. We recognise our responsibility to provide (as far as is reasonably practicable) job security of all employees.

Our policies aim to ensure that no job applicant or employee receives less favourable treatment where it cannot be shown to be justifiable on the grounds of age, gender, sexual orientation, race, nationality or disability in relation to recruitment and selection, promotion, transfer, training, discipline and grievance and all terms and conditions of employment.

Policy applied for the continuing employment of disabled persons

As a Foundation Trust, we recognise the important role we must play as an active and socially responsible member of the local community and that our patients, clients and staff represent the community we serve.

Policy applied for career development of disabled persons

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

Providing information to employees

The Trust believes that having well informed and involved staff leads to well informed and involved patients, relatives and public. During the year staff have been consulted on issues that affect them in the way services are delivered and changes to practices that affect their working environment.

The Trust uses different methods of communicating with staff including:

- Team brief – held on a monthly basis
- Posters, leaflets and reports
- Intranet – staff only website
- YorkTalk – quarterly newsletter
- Payslips – whenever required

Action taken to encourage involvement of employees in the Foundation Trust

The Trust has had a team brief system in place for a long time, and continues to develop the system in response to comments and ideas provided by staff. The current system requires senior managers to disseminate information in a cascade approach ensuring that key decisions taken by the Trust are reported to staff. The system also seeks feedback from staff on the issues covered in the briefing.

The Chief Executive and Directors encourage staff to send questions and comments to them. The Chief Executive and Directors undertake to respond to any comments by staff within 24 hours.

Staff are supported by a number of Staff Governors who regularly attend the Council of Governors meetings. If staff feel they have an issue that relates to the organisation they are encouraged to speak to their Staff Governors as another method of becoming involved in the Trust.

Counter Fraud Service

The Foundation Trust's counter fraud arrangements are in compliance with the Secretary of State's Directions on countering fraud and the requirements specified in the NHS Counter Fraud and Corruption Policy. These arrangements are underpinned by the appointment of accredited local counter fraud specialists and the introduction of a Trust-wide countering fraud and corruption policy. An annual plan identifying the actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud is produced and approved by the Trust's audit committee.

Information risks and data losses in 2010/11

York Hospitals NHS Foundation Trust has a comprehensive Board-approved information governance policy in place and an established work programme to ensure compliance with the NHS Connecting for Health IG Toolkit standards. Its self-assessment score for the year 2010/11 is 88%, achieving a 'green' rating in all initiatives.

The Trust complies, at attainment level 2 or greater, with all the requirements of the current NHS Connecting for Health statement of compliance.

The Trust's internal auditors have verified that the self-assessment scores are accurate and supported by appropriate evidence of implemented risk control measures.

The Director of Finance is Senior Information Risk Owner (SIRO) for the Trust. The SIRO takes ownership of the Trust's information risk policy, acts as advocate for information risk on the Board, and provides written advice to the accounting officer on the content of our statement of internal control in regard to information risk.

No information security breaches occurred during the year, which were of a scale or severity to require a report to the Information Commissioner. However, there were two incidents in which personal information relating to Trust patients was, or could have been, unintentionally disclosed. The incidents are declared, in accordance with the Department of Health guidance.

Patrick Crowley
Chief Executive
6 June 2011

A handwritten signature in black ink, appearing to read "Patrick Crowley". The signature is written in a cursive, flowing style with a large initial "P" and a long, sweeping underline.

BACKGROUND INFORMATION

Our history

The Trust has a comprehensive range of acute services at the York Hospital site including a maternity unit, adult critical care unit, emergency department, and a coronary care unit. We provide acute services for approximately 350,000 people living in and around York and also a range of specialist services over a wider catchment area of around 500,000 people in North Yorkshire.

In 1976, York District Hospital came into being. The scale of the hospital, with 812 beds in 30 wards, was at the time, larger than anything ever seen in York. It replaced a total of nine hospitals: York County Hospital, York City Hospital, Military Hospital, Fulford Hospital, Acomb Hospital, Poppleton Gate, Deighton Grove, Fairfield Hospital and Yearsley Bridge Hospital. Princess Alexandra came to officially open it on 28 July 1977.

The new hospital cost £10.5m to build and a further £2m to equip. It occupied 20 out of the 22 acres on the site and accommodated over 1,600 staff.

In 1981, a scheme commenced to house maternity services at the main site. A delivery suite and special care baby unit were built and existing wards were converted to antenatal and postnatal wards and a new maternity entrance was created.

York Health Authority became a single district Trust in April 1992, known as York Health Services NHS Trust.

The development of the Selby and York Primary Care Trust had major implications for York Health Services NHS Trust, as it had provided secondary care and community services since 1992. Community and mental health services in Selby and York were taken over by the PCT and the function of York Health Services NHS Trust now centered on secondary acute care. In 2003 the main hospital changed from York District Hospital to York Hospital and became York Hospitals NHS Trust.

Having achieved a 3 star performance rating in 2005, the Trust applied to become a NHS Foundation Trust in 2006. Monitor approved the application and York Hospitals NHS Foundation Trust began life on 1 April 2007. The attainment of this target was a great tribute to the hard work of staff throughout the organisation and is recognition that we are one of the top performing organisations in the country. Being a Foundation Trust means we can manage our own budgets and are able to shape our services to reflect local needs and priorities whilst remaining fully committed to the core principles of the National Health Service.

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

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

Our main site is The York Hospital which offers a range of inpatient and outpatient services. With our two community rehabilitation hospitals at St Helen's and White Cross Court we have over 700 beds.

We provide some more specialist services from other sites, including renal dialysis in Easingwold and Harrogate, and sexual health services in Monkgate Heath Centre in York.

We also work collaboratively in certain specialties through our clinical alliance with Harrogate and District NHS Foundation Trust, and we are working ever closer with Scarborough and North East Yorkshire Healthcare Services NHS Trust and Hull Teaching Hospital NHS Trust to strengthen the delivery of services across North and East Yorkshire.

OPERATING FRAMEWORK

Information for patients and carers

Patient and public involvement (PPI) is an integral part of the Trust's work. The Trust listens and responds to patients to improve services. As a result of listening to patients the Trust aims to:

- Improve access and reduce waiting
- Offer more information and choice
- Build closer relationships
- Provide safe, high quality and co-ordinated care
- Provide a clean, comfortable and friendly environment
- Improve the patient experience.

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

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

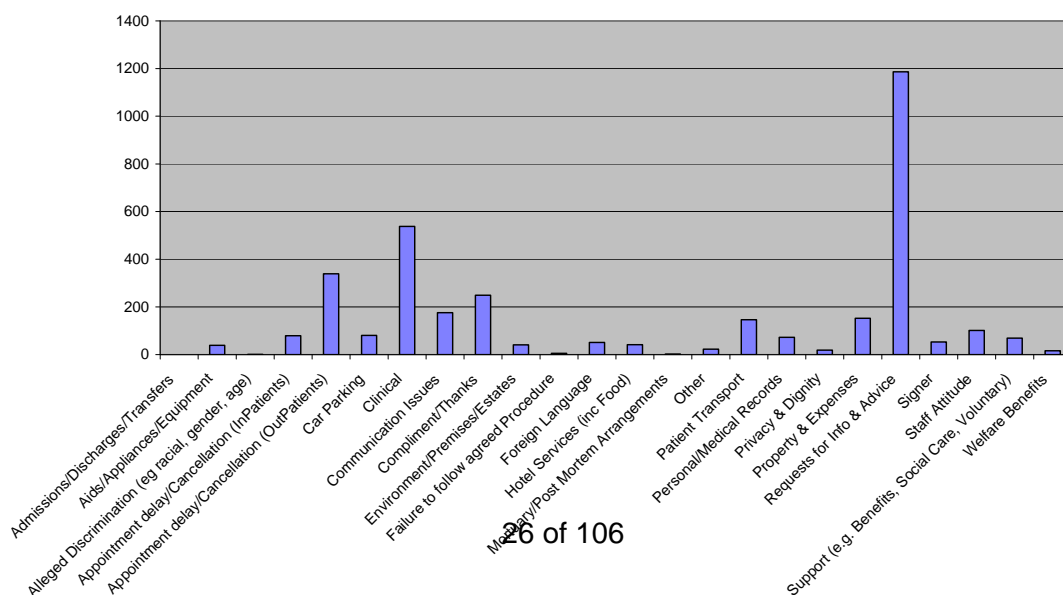
2010/11

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

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

Below is a graph showing the number of contacts and the different reasons for the contacts being made to the Trust's Patient Advice and Liaison Service (PALs). The total number of contact for the period covering 1 April 2010 to 31 March 2011 was 3,480.

PALS by Subject (Primary)



Local Involvement Networks (LINKs)

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

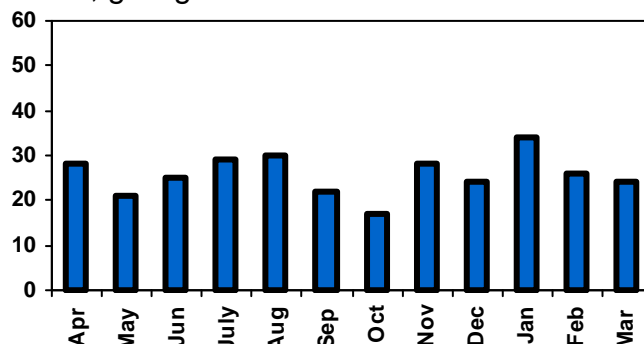
LINKs in York have been responsible for various Public Awareness and Consultation Events (PACE) and published their reports in relation to:

- Access to NHS Dental Services
- Carers rights
- Discharge from hospital
- End of Life Care

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

Information on handling complaints

The Trust registered 308 complaints this year (365 last year). Following a change in the NHS complaints regulations in 2009, a further 90 complaints were handled outside of the NHS complaints procedure, giving a total of 398.



Category of registered complaints received

The top five types of registered complaints using the Department of Health categories were: clinical care-medical/nursing/midwifery/other health professional (175), staff attitude (38), communication/information (32), admissions/discharge (29) and appointment delay/cancellation outpatient (16).

Complaints referred to the Health Service Ombudsman

11 complaints in total were referred to the Health Service Ombudsman.

Of the 11 complaints, none were upheld but 2 were referred back to the Trust for further local resolution and these are now closed.

The Trust makes every effort to handle complaints:

- Directly and quickly
- With honesty and fairness
- Confidentially

If a complaint is made to the Trust about our services we will:

- Acknowledge the complaint verbally or in writing in three working days
- When acknowledging the complaint the Trust will:
 - check we fully understand the issues raised
 - offer to discuss how the complaint will be handled
 - tell the complainant when the investigation will be completed and when they will be sent a full written response
 - offer to arrange a meeting to discuss the complaint with appropriate members of staff
 - investigate all the issues raised
 - tell the complainant if we need more time
 - identify any improvements we need to make in our services, tell the complainant the actions we are taking and when they will be completed

More information about making a complaint to the Trust about its services is available on the Trust's website at:

<http://www.yorkhospitals.nhs.uk/index.php?id=38andob=1>

Positive patient feedback

This is collected and collated by the patient experience team from either the Chief Executive's office, or from wards and departments receiving the feedback directly. A total of 4,661 letters, cards and emails giving positive feedback were received.

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

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

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

Resource management in the Trust

The Resource Management Agenda aims to support the delivery of the Corporate Efficiency Target. For 2010/11, York Teaching Hospital NHS Foundation Trust was delighted to exceed a £12.2m savings plan by £331,000. This is the fourth consecutive year in which the Trust has either met or exceeded its target. This excellent achievement was as a result of the effort and commitment of all staff in our organisation. Over 73% of the savings delivered related to reductions in pay expenditure. We achieved this by reviewing skill mix and challenging all elements of our service delivery.

This year has seen the introduction of a clear performance management framework which scores Directorates against both the planning and delivery of savings. The process was short listed against the 2010 national Healthcare Financial Management Accounting (HFMA) governance award for the organisation that has,

"improved its assurance and risk management arrangements to ensure the effective management of the organisation and the achievement of its priorities."
HFMA Industry awards 2010

The Resource Management agenda is managed through the Efficiency Committee, chaired by the Chief Executive and attended by Directors. The meeting receives monthly position statements and updates on projects from the Corporate Efficiency Team developed during 2010. The establishment of the team has accelerated the pace of delivery and has released some significant savings.

The challenges for next year remain significant with the savings target rising to almost £14.2m. Opportunities to deliver efficiencies through closer collaboration with Scarborough and North East Yorkshire Healthcare NHS Trust and across the wider health economy are under review. Historical success and a high level of corporate engagement in the Efficiency process places the Trust in a strong position to meet the challenges ahead.

CORPORATE LEARNING AND DEVELOPMENT

Applied Learning and Research

The Applied Learning and Research (ALAR) Directorate is responsible for providing support for staff in all elements of enquiry, education and training, and learning and development. The Directorate is lead by Dr Jonny Thow as Clinical Trust lead and Sue Holden as Director lead. A number of teams contribute to the Directorate, all with a clear focus on enabling the organisation to have staff that are able to work in a rapidly changing NHS environment. Over the last year there have been significant changes regarding the structure and funding to support learning and development for all workers.

The Trust has responded to all consultation documents regarding the future architecture of education as well as being actively represented on regional and national groups. The coming year will challenge the Directorate to integrate learning provision for community based staff as well as identifying opportunities for further integration with Scarborough Hospital learning and research functions. ALAR have also actively engaged with HM Army Medical Corps, Strensall, to facilitate clinical practice for army personnel at the Barracks. This will be part of a long-term partnership to enhance and challenge skill development in clinical staff.

Resuscitation team

The new Resuscitation Guidelines 2010 have been rapidly rolled out in all clinical areas and training has been given by the team. Scrutiny of data collected from cardiac arrest attempts has shown an increase in crash calls. The team is actively involved in improving the recognition and treatment of deteriorating patients in order to escalate care to prevent cardiac arrest. This aligns with changes in emphasis for national training, focusing on the causes and prevention of cardiac arrest.

Clinical Development Team (CDT)

The CDT core Clinical Skills training courses continue to be very well subscribed. Additional teaching dates have been booked due to demand, supporting high standards of clinical practice and patient safety. 'Learning Events' continue to be a successful venture for the team, and we currently facilitate 15 topic sessions. In addition, we regularly teach on the F1 and F2 training programmes, with excellent evaluation.

The Clinical Simulation suite is now complete, and use of simulation training is being incorporated into elements of our skills training.

E-learning packages are being developed, with the Clinical Skills Assessors package due to be launched in April 2011.

CDT, in collaboration with CLAD, have redesigned the Statutory and Mandatory training programme, resulting in framework and delivery changes. We recently piloted an innovative way of delivering the "Safeguarding Vulnerable Adults" session using the SMOTs AV equipment - we were able to create a DVD which, if a facilitator is unable to present, can be played so candidates do not miss out on any part of their training.

CDT recently hosted a very successful Clinical Skills Network Forum for Clinical Skills facilitators within Yorkshire and Humber, and we have been asked to host the Forum again, on a rotational basis.

York Hospital has recently created links with the Army, and after a very successful induction day, CDT has now completed a session of Clinical Skills training with 15 members of the visiting Army cohort.

Organisational Development and Improvement Learning Team (ODIL)

The ODIL team focus on the development of services, teams and individuals within the organisation. The team have continued to work with colleagues across all directorates and roles in the organisation to find the best way to help develop staff and improve performance. The positive impact of the team again this year has resulted in increased requests for a variety of individual and team interventions including working with teams to address their cost improvement targets (CIPs) and Assessment Centres to support effective recruitment.

The range of services offered by the team this year includes:

- Design and delivery of in-house Leadership and Management development programmes
- Undertaking bespoke Organisational Development team and Individual interventions
- Providing 1:1 and team Developmental Coaching
- Providing 3-way performance coaching
- Supporting ILM level 3 and 5 Coaching and Mentoring training programmes
- Providing Mentoring
- Providing Improvement training programmes and bespoke Improvement interventions
- Administration and feedback of group and individual assessment tools e.g. 360 LQF, Myers Briggs Type Indicator (MBTI)
- Co-ordination and delivery of Assessment Centres for recruitment of senior posts
- Commissioning of healthcare professional education and maintenance of professional mentor registers
- Supporting the design and delivery of the Health Care Assistant induction programme

York Hospital health library and information service

The Health Information Point and Library Annexe opened on the hospital site in August 2010 and has proved to be very popular with staff. Statistics show that the facility has been well used since it opened and usage continues to increase.

Library Quality Assurance Framework (LQAF) - the library submitted a self assessment form, including evidence on key criteria, to Kim Montacute (SHA Knowledge Services Manager) in September and a visit was carried out in November. There are 47 criteria and the library scored, on the self assessment form, as fully compliant on 43 and partially compliant on four criterions. This was one of the highest scores in the region.

A new regional costing framework was introduced in 2010. The Senior Librarians have contributed to the completion of initial modules and have offered to test new modules.

The Library web pages on Horizon have been redesigned and all external web pages updated. A third of all local journal subscriptions are now able to be accessed electronically.

A marketing strategy has been written and new marketing materials have been developed. A schedule of promotional activities is in place to ensure library services are promoted widely within the current and new organisations.

A Clinical Librarian service was launched in 2010 and the CL is establishing good links with some departments through regular attendance at meetings and providing training and evidence to support practice. Relationships with Research and Development and Clinical Effectiveness are reflected in the cross referencing of staff between services and the delivery of a joint training session with R & D. Currently evaluation is based on positive customer feedback and an evaluation of service impact is planned for late 2011.

Literature search figures for 2010 reflect a 100% improvement on previous years demonstrating both the impact of a library presence in the clinical environment, the opening of HIPLA and improved marketing. 42% of searches related directly to a patient care case or improvement proposal, 20% research and 8% related to guideline development or updating.

Corporate learning and development (CLAD)

Over the last 8 months the team have acquired advanced ESR (Electronic Staff Record) skills and knowledge. This, combined with a closer working relationship with its 'sister teams', has enabled the team to maximise the use of ESR OLM (Oracle Learning Management) as a 'learning' tracking tool and as a source of e-learning provision. Key achievements that highlight this increased breadth of skill/use include:

- The recording of all training and learning leave applications on ESR OLM. Using the same database, enables simple cross checks to be carried out to ensure that learner's are 'statutory and mandatory' compliant. This is an organisational prerequisite, access to other learning will be denied until compliance can be evidenced. Going forwards this will enable more sophisticated ESR data reporting to take place that will enable the organisation to effectively monitor the access to learning and the associated costs. Directorate Scorecards are routinely pre-populated by CLAD with training data from ESR OLM
- In partnership with ODIL, conflict resolution training provision has been reviewed/redesigned to enable this mandatory training to be delivered in a more cost effective/flexible manner. The result is a two part programme. The theory is delivered by accessing a national e-learning package, during which the learner's knowledge is formerly tested. Learners then attend a short 'tutor' led session to consolidate newly acquired knowledge/understanding. This will generate significant savings for the trust per annum in reduced external course costs. Records held for e-learning completion and course attendance are both held on ESR OLM, facilitating holistic tracking of learner's progress throughout the two part programme. It has also a 'learning model' that is now being replicated by others
- E-learning design skills have been used to develop bespoke e-learning content that will be used during rollout appraisal skills training by Human Resources from April onwards
- Last year saw the increase in learners completing mandatory elements of learning via e-learning. This trend continues. As a result, from 1 April 2011 sixteen national and two bespoke packages will be available as an 'alternative' to face to face provision. The increase in the use of e-learning has forced the team to adapt the way it works. Indicative of this is the fact that CLAD now routinely delivers/supports regular e-learning drop in sessions - designed to support the first time e-learning user

Other key achievements:

- CLAD processes/data have continued to meet the increasing rigours of all audit requirements to date
- Working in Partnership with the Recruitment Team the trust now has a robust process for the recruitment/development of apprenticeship roles within the organisation. CLAD has an apprentice within this team. The previous incumbent was nominated for 'Apprentice of the Year Award' and has gone on to successfully secure a permanent position within the organisation
- Over 300 learners in support staff roles have accessed support staff development learning and funding within the last nine months

The issues and challenges for Corporate Learning and Development Team include:

- Maintaining existing trust processes associated with mandatory provision. Ensuring that these continue to meet learner/audit requirements, whilst integrating/adapting community processes and staff needs. In the short term this will mean significant duplication of task and an unquantifiable increase in workload that will need to be undertaken by the team

HYMS team

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

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

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

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

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

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

HYMS clinical skills facilitators

In the past year the team have successfully moved the timing of some of the clinical skills teaching in anticipation of the future changes to the HYMS curriculum. From August 2011 the 4th year students will be taught all the skills required for year 4 and 5 before the academic year commences to allow more time for the students to perfect these skills. They will also be assessed in the laboratory as being "simulation safe" prior to practicing these skills in the clinical setting. Future projects include the introduction of an electronic log book for clinical skills. The use of the new simulation equipment with the year 5 students will commence April 2011.

Postgraduate medical education

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

- The review and implementation in 2011 of a revised face to face and online induction programme for new doctors ensuring timely delivery of training

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

The review of the Postgraduate team started in 2009 was completed in March 2011

North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network

The Trust continued to host the North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network (NEYNL-CLRN). CLRN membership continued to bring significant benefits to the Trust in increasing the volume of research that is part of the NIHR portfolio. The CLRN identified, registered and supported existing portfolio activity and developed new areas of research.

Continued receipt of CLRN funding was a major support to the Trust's research during this year. This funding comes into the organisation, not only as 'service support costs' for specific research projects but also as structural support for staff posts and consultant sessions. By enabling some consultant time to be ring-fenced for research, and by funding the appointment of research nurses, administrative staff and staff in key support departments such as the Trust's Pharmacy, the CLRN has greatly enhanced, not just the volume of activity but also the professionalism and quality of research practice in the Trust.

Research and development

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

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

Strategic objectives are to:

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

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

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

Research activity

During 2010/11:

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

North and East Yorkshire R & D Alliance (www.northyorksresearch.nhs.uk)

The Trust continued to host the North and East Yorkshire R & D Alliance, in which Harrogate and York Foundation Trusts and the three Primary Care Trusts of North Yorkshire and York, East Riding of Yorkshire and Hull have agreed to provide jointly for research management, governance and support. The R & D Committee includes representatives of all the member organisations together with health professional, academic and lay members. Chaired by lay member Dr Martin Knight, it met monthly during this year to make research governance decisions on behalf of the member organisations, to act for them as sponsors or funders of research and to oversee the governance activities of the R & D Unit.

The R & D Unit supports the work of the Committee and provides research management, governance and support services to the member organisations. This gives the member organisations the capacity to meet their legal obligations as sponsors, funders or hosts of clinical research. Communication with research-active staff is maintained via the Unit's website and regular email newsletters. One key function of this website is to publish the Standard Operating Procedures maintained by the Research and Development Unit to govern conduct of research in the Alliance. These "SOPs" are essential for all research organisations, particularly those relating to clinical trials of investigational medicinal products (CTIMPs), which must be run to legally-prescribed standards. Alliance CTIMP SOPs are used as models by many NHS organisations across the country.

During this year, the Trust entered into an Agreement with the University of York, under which, from 1st April 2011, all CTIMP activity in the University is carried out to Alliance CTIMP SOPs and the Research and Development Unit will provide training and associated services for University staff.

The unit staff undertake external activities that enhance the Trust's reputation as a quality research centre. These include membership of two Department of Health committees, a NICE

Technology Assessment Committee, management Groups for Yorkshire Cancer Research Network, Northern and Yorkshire Primary Care Research Network and Yorkshire Stroke Research Network and the University of York Clinical Trials Sponsorship Committee.

HYMS Experimental Medicine Unit (www.hymsemu.york.nhs.uk)

During the year the HYMS Experimental Medicine Unit, which is run by the Trust as a HYMS NHS partner successfully ran a phase 1 clinical trial and carried out other research support activities. Additional staff were recruited within the Unit to work on establishment of a maternal and neonatal database for researchers at the University of York, which is expected to be the foundation of a number of research projects in coming years. At the end of this reporting period several other studies were in development, some at an advanced stage. Major users of the Unit's services are in Hull York Medical School and the University of York Biology Department. A particularly exciting link for the future is with the University's Centre for Immunology and Infection, which opened its new building during the year.

Lead Research Nurse Co-ordinators

In post since June 2010 which coincided with the Executive Board approved research and development research strategy, employed to provide leadership, co-ordination and professional development for Research Nurses/Midwives and Research support staff in the clinical areas. This has largely concentrated around those staff funded by the NEYEL CLRN working on NIHR portfolio studies.

Work has consisted of:

- Forming links with research active clinicians in the clinical areas to co-ordinate research activity in line with the R & D strategy
- Liaising with the matrons in the clinical areas to agree appropriate line management of these staff including staff some joint PDR's
- Assess the current Research Nurse workforce, hours, skill mix and activity
- Ensure efficient use of current Research Nurse and support workforce
- Assistance given to areas with high level of activity from those areas currently awaiting new studies to open or low activity
- Facilitating appropriate research specific training and induction for these staff
- Introduce the Research Nurse competencies (RCN) to ensure a highly skilled, flexible workforce
- Provide a support system for Research Nurses/Midwives and Research support staff across the Trust with regular peer support groups. Working on team skills including use of Belbin profiles
- Ensuring adequate IT and statutory mandatory training has been attended
- Increasing the profile of research Trust-wide with local initiatives:
 1. Introduction of uniform for research staff due to be implemented in April 2011
 2. National Clinical Trials day 20 May 2011. Display of information about active research across the Trust in main foyer
 3. Display at annual Hospital open day
 4. Date due to be released for lecture to nurses/midwives:
"Demystifying Evidenced based practice... a lecture for Nurses and midwives"
Followed by sessions in critical appraisal and library sessions on search for evidence
 5. Talk by Hilary Campbell to 3rd year student nurses in June 2011
"The role of the Research Nurse"; hoped to be a regular part of nurse training.

- Employ Research Nurses/Midwives and support staff appropriately to research intensive areas. New staff employed in the following areas since October 2010: Obs and Gynae, Anaesthetics/ICU, Renal, Ophthalmology and Rheumatology. Current advertisements for Renal, Cardiology and Sexual Health
- Assessment of adequate research equipment and locked storage facilities for research staff as well as adequate workspace. Sourcing of space and equipment already available in the Trust within facilities. Funding adequate storage where required
- Formed links with York University research centre
- Maintained and improving communication with R & D and NEYNL CLRN
- Work closely with other research teams such as Yorkshire Cancer Research Team/Stroke Research Network Team and Experimental Medicine Unit
- Set up a database for research accrual in the Trust portfolio and non portfolio to ensure accrual targets are being met and early assistance can be given in areas that are not meeting recruitment deadlines. Recruitment collected on a monthly basis along with follow up visits to assess intensity of workload

The production of a nursing research strategy will complete the first year's activity.

Occupational Health

There have been a number of initiatives within the Occupational Health department over the past year working in collaboration with Human Resources and other departments within the Trust and outside bodies. Listed below are some of the key pieces of work:

- The seasonal Flu programme ran from October 2010 through to February 2011. The Occupational Health and Wellbeing Service (OHWS) played a crucial role in the planning, co-ordinating and delivery of the Flu vaccine H1N1 vaccination programme for front line staff and were once again celebrated at National Level as holding first place in the league table for the highest number of front line staff vaccinated across the SHA Yorkshire and Humber. 83% of Trust staff acquired the vaccine. The total number of flu vaccines given to front line staff by the occupational health staff in the period 2010-2011 for all employees was 3750.
- Accreditation standards for Occupational Health services in the UK – we are in the process of advancing our services in line with the voluntary Accreditation Standards developed by Faculty of Occupational Medicine, putting systems in place to collect evidence to demonstrate our high standard of care and customer service.
- Work around developing health and wellbeing initiatives and an Organisational strategy continues in partnership with the HR team.
 - The Occupational Health team, in conjunction with HR, continues to develop approaches to build upon the success of the sickness absence project with a focus on promoting wellbeing. Work is ongoing to widen the support structures in place to assist those with long term health conditions i.e. cancer to remain in work.
 - The Senior Occupational Health team joined HR at a Department of Health conference in 2010 to give a well received presentation on the sterling work carried out in promoting the successes made in reducing sickness absence and wellbeing within the Trust.
 - Adjustments to the key performance indicators have focused on streamlining the OH appointment system, targeting current service levels and recurring non attendance at appointments

- The senior clinical OH team are now offering telephone consultations where appropriate to staff, to help reduce difficulties in accessing clinics and travelling time and costs for the organisation. Clinics for management referrals, health surveillance and immunisation are offered both at the Clifton Moor and York Hospital site.
- The Trust is currently achieving several of the recommended actions arising from the Boorman review of NHS staff health and wellbeing; providing early intervention services (self and management referral to Occupational Health, fast track physiotherapy and counselling) and is engaged in taking forward an action plan as part of our health and wellbeing strategy. Included in the annual report is information from the Clinical Psychology service.
- Health promotion activity –
 - The 2010 Staff Benefits health and wellbeing event was well attended with the OH team offering staff the opportunity to have a personal health assessment and advice about health at work. The event was oversubscribed on the day and feedback following the event was excellent.
 - Health promotion events offered by OH run throughout the year, with smoking cessation advice, physical activity, blood pressure checks/advice and men's health toolbox talks, but to name a few.
 - The Choose Health team, led by Occupational Health continues to promote healthy eating, looking at food choices and the environment in which staff eat, as part of the health and wellbeing approach within the Trust. To date the team has undertaken work in the following areas:
 - Consultation of Trust staff
 - Nutritional analysis of various meals and snacks for sale in the Mallard restaurant by the dietetics department.
 - The Catering team has developed a pledge to support healthy eating aligned to the Healthier Food mark
 - Campaign, implemented training for their staff in portion control and provided a selection of healthy food options
 - The design and purchase of menu and display boards for the Mallard restaurant
 - Achieved funding for nutritional analysis software for use in the Catering Department
 - Engaging with partners (The National Railway Museum and catering suppliers) to consider display and marketing opportunities
- The provision of a positive dining environment for staff, although outside the scope of the project, is likely to have a significant impact upon the success of the initiative. The Choose Health team hope to secure additional funds to provide a concept area within the Mallard restaurant for staff use as an interim measure pending capital planning decisions for refurbishment of the Mallard.
- The OH department is involved with Audits run by the Faculty of Occupational Medicine (FOM) implementing the National Institute of Clinical Excellence (NICE) Public Health Guidance within the workplace. This year they have been on musculoskeletal.

BOARD OF DIRECTORS

Board of Directors – April 2010 to March 2011

An effective Board of Directors should lead every NHS Foundation Trust as the Board is collectively responsible for the exercise of the powers and performance of the organisation.

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 finance, performance, clinical and service quality including patient safety, management and governance.

The Board of Directors consists of a Chairman, Deputy Chairman/Senior Independent Director, Chief Executive, Non-executive Directors and Executive Directors. Its role includes:

- Providing active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed
- Ensuring compliance by the Trust with its terms of authorisation, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations
- Setting the Trust's strategic aims, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the NHS Foundation Trust to meet its objectives and review management performance
- Ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, Monitor, the Care Quality Commission, and other relevant NHS bodies
- Ensuring that the Trust exercises its functions effectively, efficiently and economically
- Setting the Trust's values and standards of conduct and ensuring that its obligations to its members, patients and other stakeholders are understood and met
- All directors must take decisions objectively in the interests of the Trust
- All directors have joint responsibility for every decision of the Board of Directors regardless of their individual skills or status
- The concept of the unitary Board refers to the fact that within the Board of Directors the Non-executive Directors and the Executive Directors share the same liability. All directors have a responsibility to challenge constructively the decisions of the Board and improve proposals on strategy
- Setting targets, monitoring performance and ensuring the resources are used in the most appropriate way
- As part of their role as members of a unitary Board, Non-executive Directors have a particular duty to ensure such a challenge is made. Non-executive Directors should scrutinise the performance of the management in meeting agreed goals and objectives and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management are robust and defensible. They are responsible for determining appropriate levels of remuneration of Executive Directors and have a prime role in appointing, and where necessary removing, Executive Directors, and in succession planning
- Being accountable for provided funds and how those public funds are used
- Having specific duties relating to audit, remuneration, clinical governance, charitable funds and risk assurance
- Working in partnership with the Council of Governors

Directors' biographies

Under section 17 and 19 of Schedule 7 of the National Health Service Act 2006, the Chairman, Chief Executive, Executive and Non-executive Directors were appointed to the Board of Directors as follows:

Chairman – Alan Rose

Initially appointed 1 March 2006 to 28 February 2010

Reappointed from 28 February 2010 to 31 March 2010 as Non-executive Director

Appointed from 1 April 2010 as Chairman to March 2013

Alan has been a Non-executive Director at the Trust since 2006 and has over 25 years' experience in private sector business management and strategic consulting, mainly in the energy sector, with Shell and Booz Allen Hamilton. His focus has been on marketing, strategy, partnering and business development.

Alan Chairs both the Board Of Directors and the Council of Governors. In these roles he has a special interest in the strategic development of the Trust in its mission of being trusted to deliver safe and effective healthcare to our communities and in the enhancement of our community engagement as a Foundation Trust. He retains a linkage to the Orthopaedics and Trauma Directorate.

Non-executive Director – Philip Ashton

Initially appointed September 2008 to September 2011

Born in Yorkshire and a graduate of Oxford University, Philip worked primarily in London before returning to the York area in 2003. During his years at PricewaterhouseCoopers he specialised in technical aspects of the audit practice, developing audit techniques and technology, particularly internal control and risk management. Philip was also involved in training and development, an area which continues to be of great interest to him.

He was a founder member of the Auditing Practices Board, and more recently was a representative of the auditing profession on the International Auditing and Assurance Standards Board.

Currently he is also a governor on the Board of the Archbishop Sentamu Academy in Hull, and is a member of the York Minster Finance Committee.

Philip has special linkages with estates and the diagnostic areas of Pathology, Pharmacy, Radiography and Ophthalmology.

Vice Chairman/Senior Independent Director – John Hutton

Initially appointed December 2004

Reappointed December 2008 to December 2011

A Non-executive Director and Vice Chairman since January 2005, his training is in economics, and his career has included periods in universities, local government and the private sector. He is now Professor of Health Economics at the University of York and is also a Non-executive Director of Medipex, the NHS Innovation Hub for Yorkshire and Humberside.

John has a special linkage with elderly medicine.

Non-executive Director – Michael Sweet

Initially appointed 1 February 2010 to 31 January 2013

The greater part of Mike's career has been in the commercial sector. In Unilever's Personal Products Division he held senior positions in planning and logistics where he describes himself as a "commissioner" of services. He became a "provider" following the acquisition of his business unit by an international logistics company. This resulted in board level experience in operational management, customer relations and business development and culminated in his appointment as the Chairman responsible for the integration and co-ordination of a 5 country Central European logistics business.

After a period in logistics consultancy Mike has more recently concentrated his energies on the investigation of complaints involving children for a number of Social Service departments in Yorkshire. Prior to joining the Board of York Hospital he spent 5 years as a Non-Executive Director of the Selby and York PCT and its successor the North Yorkshire and York PCT, during which time he was also a Governor of this hospital.

Non-executive Director – Linda Palazzo
Initially appointed 1 May 2006 to 31 April 2010
Reappointed May 2010 to April 2013

Linda has previously been employed in senior management positions in financial services and has been involved in various community groups and campaigns with significant experience in charitable fund-raising. Linda is Chairman of the Charitable Funds Committee. She was previously a Non-executive Director and Chair of a health authority in London prior to moving to Yorkshire five years ago. Linda is currently undertaking a part-time degree in Art History.

Linda has special linkage to emergency medicine, anaesthetics and theatres. She is also Chairman of the Ethics Committee and Chairs the Organ Donation Ethics Committee.

Non-executive Director – Libby Raper
Initially appointed 1 August 2009 to 31 July 2012

Libby joined the Board of Directors in 2009, and brings over 25 years' experience across the public, private and charitable sectors. At this Trust she has special links with a number of Clinical Directorates, serves on the Data Quality Audit subgroup, the Charity committee, and the Arts Committee, as well as providing a specific focus across our communications activities. She is Chief Executive of the Design Dimension Educational Trust, and Vice Chair of Leeds City College.

Non-executive Director – Dianne Willcocks
initially appointed – 1 May 2010 to 30 April 2013

Professor Dianne Willcocks, Emeritus Professor at York St John University, is a leadership consultant, advocate and practitioner for socially inclusive citizenship. As former Vice Chancellor at York St John University, Professor Willcocks engages and publishes in contemporary debates around new learners and new learning styles in higher education and the distinctive role and contribution of church colleges and universities. A social scientist working across boundaries, Professor Willcocks' research is in the field of old-age. She encourages diverse audiences to recognise the significance of the creative/cultural economy. She also engages public policy and practice debates to secure health and wellbeing through social inclusion and cultural engagement.

Professor Willcocks was a founder member of Yorkshire's first and continuing Lifelong Learning Network, Higher York; she has served on the HEFCE Board. She is a trustee of the Higher Education Academy. In the City of York, Professor Willcocks is Chair of the LSP cultural partnership, York at Large and Chair of the York Theatre Royal Trust and Trustee for the Joseph Rowntree Foundation. She is trustee on two higher education Governing Councils: London Metropolitan University and Rose Bruford College of Theatre and Performance.

Chief Executive – Patrick Crowley

Patrick is a Fellow of the Chartered Institute of Management Accountants (FCMA) and has worked with the Trust since 1991 in a variety of finance and performance management roles, and was appointed to the role of Director of Finance and Performance in 2001. He became Interim Chief Executive in November 2007 and was appointed to the role permanently in June 2008. He previously worked for the Ministry of Defence financial management development unit in Bath and in the private sector industry.

Finance Director – Andrew Bertram

Andrew joined the Trust as Finance Director in January 2009 from Harrogate and District NHS Foundation Trust where he held the position of Deputy Finance Director for four years.

Andrew first joined the NHS in 1991 as a finance trainee on the NHS graduate management training scheme. On qualifying as an accountant, he undertook numerous finance manager roles at York before becoming Directorate Manager for medicine and then subsequently joining the senior finance team at York.

Andrew has responsibility for finance and purchasing and is the Trust's Senior Information Risk Owner.

Director of HR – Peta Hayward

Peta has been with the Trust as Director of Human Resources since 2003. She joined the Trust after working at Birmingham Heartlands and Solihull NHS Trust (Teaching) for seven years, and has over 15 years' experience in HR in the acute sector of the NHS. Her experience within HR is broad, covering a wide range of specialist and generalist issues with a particular interest in employment law matters supported by a diploma in employment law and personnel practice. Peta has an honours degree in mathematics and economics and is a member of the Chartered Institute of Personnel and Development.

Chief Nurse – Elizabeth McManus

"Libby" has worked for the NHS for 25 years, mainly in acute hospitals but also with the NHS Modernisation Agency for the two years prior to her appointment as a director at York in spring 2003. As a registered nurse she worked in cardiothoracic surgery and intensive care units before pursuing a managerial role in hospitals.

Safety and quality for patients is at the core of her role as Chief Nurse.

She holds professional responsibility for standards of nursing and midwifery care for patients at the hospital and provides advice to the Board on professional issues. She is the Director responsible for Risk, Legal Services and Compliance - which focus on facilitating the production of evidence for internal and external regulation and assist us in managing the risks which come with a large and complex healthcare organisation.

She is the Executive Director responsible for infection prevention and control (DIPC).

Chief Operating Officer/Deputy Chief Executive – Mike Proctor Ceased being a Board member March 2011

Mike has 35 years' experience in the NHS, 19 as a clinical nurse and a nurse educator and the last 16 years have been spent at York in senior management positions. He has been a director at the Trust since 1998.

Mike's role includes responsibility for strategy and planning. In addition, he is the Trust Board Director with responsibility for performance management and communications.

In March 2011 Mike was appointed Acting Chief Executive of Scarborough and North East Yorkshire Healthcare NHS Trust. This appointment was made on a secondment basis.

Medical Director – Alastair Turnbull Appointed January 2010

Alastair was appointed Medical Director of the Trust in February 2010 having been a consultant in York since 1994. He trained at St Thomas's Hospital, London, with nutrition research in London and Boston USA, and higher training in Newcastle. He has worked in the NHS for 30 years.

He is an active clinical Gastroenterologist, and endoscopist with interests in liver and inflammatory bowel disease. He held the post of Clinical Director (medicine) for 6 years and has a special interest in patient safety. He is a member of the governance and strategy, infection control, art and environment, and trust drugs committees. Alastair chairs the clinical Quality and Safety group and is the Caldecott Guardian.

Register of directors' interests

The Trust holds a register listing any interest declared by members of the Board of Directors. They must disclose details of company directorship or other positions held, particularly if they involve companies or organisations likely to do business or possibly seeking to do business with the Trust. The public can access the register at www.yorkhospitals.nhs.uk or by making a request in writing to:

The Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
York
YO31 8HE
or by e-mailing enquiries@york.nhs.uk

As at 31 March 2011, the Board of Directors had declared these interests:

Public limited companies (PLCs) with the exception of those of dormant companies

John Hutton

Non-executive Director - MEDIPEX Ltd

Executive Director - York Health Economics Consortium

Linda Palazzo

Director - ADS Management Services Ltd

Libby Raper

Non-executive Director - Northwest Vision and Media

Director - The Cookery School at Dean Clough

Peta Hayward

(Husband Dr D Poynton) **Chairman** - Public Sector Consultants Ltd

Ownership, part ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS:

The directors did not make any declarations under this section.

Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS:

The directors did not make any declarations under this section.

A position of authority in a charity or voluntary organisation in the field of health and social care:

Philip Ashton

Act as Trustee - on behalf of the York Teaching Hospital Charity

Member of the Board of Governors - Archbishop Sentamu Academy Hull

Andrew Bertram

Act as Trustee - on behalf of the York Teaching Hospital Charity

Patrick Crowley

Act as Trustee - on behalf of the York Teaching Hospital Charity

Trustee (and Hon. Treasurer) - York Peptic Ulcer Research Trust

Peta Hayward

Act as Trustee - on behalf of the York Teaching Hospital Charity

John Hutton

Act as Trustee - on behalf of York Teaching Hospital Charity

Member - NICE Technology Appraisal Committee

Elizabeth McManus

Act as Trustee - on behalf of the York Teaching Hospital Charity

Linda Palazzo

Act as Trustee - on behalf of York Teaching Hospital Charity

Mike Proctor

Act as Trustee - on behalf of the York Teaching Hospital Charity

Alastair Turnbull

Act as Trustee - on behalf of the York Teaching Hospital Charity

Board Member - York Peptic Ulcer Research Trust

Libby Raper

Act as Trustee - on behalf of the York Teaching Hospital Charity

Chief Executive - Design Dimensions Education Trust

Alan Rose

Act as Trustee - on behalf of York Teaching Hospital Charity

Michael Sweet

Act as Trustee - on behalf of the York Teaching Hospital Charity

Dianne Willcocks

Act as Trustee - on behalf of the York Teaching Hospital Charity

Trustee - Joseph Rowntree Foundation

Member - CoYC without walls Board

Chair - CoYC York at large (cultural arm)

Any connecting with a voluntary of other organisation contracting for NHS services or commissioning NHS services:

John Hutton

Professor of Health Economics - University of York

Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation Trust including but not limited to lenders or banks:

Andrew Bertram

Member - NHS Elect Board as a member representative

Attendance of Board members at Board and sub-committee meetings

Listed in the table below is the attendance of the members of the Board at all Board meetings held during the year and the attendance of members at the Board sub-committee meetings. The Board has two main sub-committees, the Remuneration Committee and the Audit Committee. Details on both these committees can be found later in the document.

	Board of Directors	Remuneration Committee	Audit Committee
Alan Rose Chairman	Attended all meetings	Attended all meetings	Not applicable
Philip Ashton Non-executive Director	Attended all meetings	Attended all meetings	Attended all meetings
John Hutton Non-executive Director, Vice Chairman and Senior Independent Director	Attended all meetings	Attended all meetings	Attended all meetings except May 2010
Linda Palazzo Non-executive Director	Attended all meetings	Attended all meetings	Attended all meetings except June and Dec 2010
Libby Raper Non-executive Director	Attended all meetings except June 4 th 2010, July 10 th and Jan 5 th 2011	Attended all meetings	Not applicable
Michael Sweet Non-executive Director	Attended all meetings	Attended all meetings	Attended all meetings from March 2010
Dianne Willcocks Non-executive Director	Attended all meetings from May 2010 except June 4 th	Attended all meetings	Not applicable

	and 30 th 2010		
Patrick Crowley Chief Executive	Attended all meetings except Dec 2010	Attended all or part of all meetings	Not applicable
Andrew Bertram Director of Finance	Attended all meetings	Not applicable	Attended all meetings
Peta Hayward Director of HR	Attended all meetings except Nov 10 th and Jan 5 th 2011	Attended part of June 2010 and January 2011 meetings	Not applicable
Elizabeth McManus Chief Nurse	Attended all meetings except 4 th June 10	Not applicable	Not applicable
Mike Proctor Deputy Chief Executive	Attended all meetings except July 2010. Mike ceased to attend the Board from February 2011	Not applicable	Not applicable
Alastair Turnbull Medical Director	Attended all meetings except June 4 th 2010 and Jan 5 th 2010	Not applicable	Not applicable

Board sub-committees

The Board has two permanent sub-committees that report on a regular basis.

To support the work being undertaken over the next 12 months on the development of the Trust, the Board has introduced a temporary sub-committee – the Acquisition Assurance Board.

The Audit Committee

The membership of the Audit Committee during 2010/11 consisted of:

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

John Hutton - Non-executive Director

Linda Palazzo - Non-executive Director

Michael Sweet - Non-executive Director

The Committee receives reports from Internal and External Auditors and undertakes detailed examinations of financial and value for money reports on behalf of the Board of Directors.

The Committee's terms of reference require the Committee to:

- Monitor the integrity of the financial performance of the Trust and any formal announcement relating to the Trust's financial performance
- Monitor governance and internal control
- Monitor the effectiveness of the internal audit function

- Review and monitor external audit's independence and objectivity and effectiveness of the audit process
- Develop and implement policy on the employment of the external auditors to supply non-audit services
- Review of standing orders, financial instructions and scheme of delegation
- Review of schedule of losses and compensation
- Review of annual fraud report
- Provide assurance to the Board of Directors on a regular basis
- Report annually to the Board of Directors on its work in support of the statement on internal control

The Committee has met 6 times during the year. Each meeting considers the business that will enable the Committee to provide the assurance to the Board of Directors that all systems and processes in operation within the Trust are functioning effectively.

The list of activities below show some of the work the Committee has undertaken during the year:

- Considered 53 internal audit reports and reviewed the recommendation associated with the reports
- Reviewed the progress against the work programme for internal and external audit and the counter fraud service
- Considered the annual accounts and associated documents and provided assurance to the Board of Directors
- Considered and approved various ad hoc reports about the governance of the Trust
- Received reports from the compliance working group and the data quality and performance working group
- Considered various consultation documents released by Monitor

Compliance Work Group

The Compliance Work Group reports directly to the Audit Committee and addresses the issues relating to compliance. The aim of the group is to consider and test assurance processes on behalf of the Audit Committee and the Board in relation to all aspects of compliance.

Specifically to review:

- Review of the schedule of compliance
- External review requirements and declarations
- Internal policies
- Internal monitoring of compliance
- Any work as directed by the Audit Committee

Membership of the work group includes:

Michael Sweet - Non Executive Director and Chairman of the Group
 Dianne Willcocks - Non Executive Director from June 2010
 Anna Pridmore - Foundation Trust Secretary
 Fiona Jamieson - Deputy Director of Compliance

Internal audit and risk and legal services attend the work group as required

The Data Quality and Performance Work Group

The Data Quality and Performance Work Group reports directly to the Audit Committee and addresses the issues relating to quality of data used in measuring and reporting Trust performance. Its aim is to ensure that the Audit Committee is provided with assurance on the quality, integrity and efficiency of the systems used to collect, apply and report data within the Trust.

The Data Quality and Performance Work Group is charged with ensuring that the Audit Committee is provided with assurance about the quality, integrity and efficiency of the data information systems adopted in the Trust.

In the past year the Work Group reviewed data systems in the key areas of patient information, financial information, human resources information and risk and legal incident information. This involved input from the executive leads in these areas and a review of the internal audit work plan on information generation and application. As a result the need for an updated Data Quality Policy was identified and a more comprehensive policy has been developed and approved.

The membership of the group includes:

John Hutton - Chairman of the work group
Libby Raper - Non-executive Director
Andrew Bertram - Director of Finance and SIRO
Sheila Wilson - Head of Corporate Finance
Fiona Jamieson - Deputy Director of Performance and Compliance
Sue Rushbrook - Director of Systems and Network (Associate)
Helen Kemp-Taylor - Internal Audit
Sue Hall - Information Governance Manager

The future work of the Group will focus on the quality of data generated for use in the internal performance metrics used by the Trust and in the array of external performance measures applied to the Trust. In the former, the use of the Service Line Management system will be an important area of interest. In the latter, the development of data systems for Quality Accounts, patient reported outcomes (PROMs) and key clinical measures such as the Hospital Standardised Mortality Ratios (HSMR) will be the focus. An important issue underlying both these areas is the quality of the clinical coding process.

Remuneration Committee

The Remuneration Committee determines the remuneration of the Chief Executive and Executive and Associate Directors.

The membership of the Committee during 2009/10 was as follows:

Alan Rose - Chairman
Philip Ashton - Non-executive Director and Chairman of the Audit Committee
John Hutton - Non-executive Director, Vice Chairman and Senior Independent Director
Linda Palazzo - Non-executive Director
Libby Raper - Non-executive Director
Michael Sweet - Non-executive Director
Dianne Willcocks - Non-executive Director from May 2010

The Committee met 5 times during the year to consider the remuneration of the Executive and Associate Directors, and consideration of the Executive Directors' portfolios and objectives.

The Remuneration Committee has considered the following during the year:

- Terms of Reference and work programme
- Appraisals of the Executive team members
- Remuneration of the Executive team members, including the relevant benchmarking and impact of the increasing complexities
- Objectives for the Executive team

Going forward, the Committee is planning to examine the approach to senior leadership succession planning at the Trust.

Code of governance

Monitor published the code of governance at the end of October 2006. The code was released on a 'comply or explain' basis. The Trust reviewed its governance arrangements in light of the code and makes the following statement:

Directors

The Trust is headed by a Board of Directors that ensures it exercises its functions effectively, efficiently and economically. The Board is a unitary board consisting of a Non-executive Chairman, six Non-executive Directors and five Executive Directors. The Board of Directors provides active leadership within a framework of prudent and effective controls and ensures it is compliant with its Terms of Authorisation. The Board of Directors meets a minimum of 11 times a year so that it can regularly discharge its duties.

The Non-executive Directors scrutinise the performance of the management, monitor the reporting of performance, and satisfy themselves as to the integrity of financial, clinical and other information and that financial and clinical quality controls and systems of risk management are robust and defensible. The Non-executive Directors fulfil their responsibility for determining appropriate levels of remuneration of Executive Directors.

Annually the Board of Directors reviews the strategic aims after consultation with the Council of Governors and takes responsibility for the quality and safety of the healthcare services, education, training and research. Day-to-day responsibility is devolved to the Executive Directors and their teams. The Board of Directors is committed to applying the principles and standards of clinical governance set out by the Department of Health and the Care Quality Commission. As part of the planning exercise the Board of Directors reviews its membership and undertakes succession planning on an annual basis.

The Board of Directors and Council of Governors hold joint meetings at least once a year to discuss the development of strategy.

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders.

The appointment of the Chairman and Non-executive Directors is detailed in the Trust's annual report. Each year the Chairman and Non-executive Directors receive an appraisal which is reviewed by the Council of Governors.

A clear statement outlining the division of responsibility between the Chairman and the Chief Executive has been approved by the Board of Directors.

Governors

The Trust has a Council of Governors who are responsible for representing the interests of the members of the Trust, partner and voluntary organisations within the local health economy. The Council of Governors holds the Board of Directors to account for the performance of the Trust including ensuring the Board of Directors acts within its Terms of Authorisation. Governors' feed back information about the Trust to members through a regular newsletter and information placed on the Trust's website.

The Council of Governors consists of elected and appointed governors. More than half the governors are public governors elected by community members of the Trust. Elections take place once every 3 years.

Information, development and evaluation

The information received by the Board of Directors and Council of Governors is timely, appropriate and in a form that is suitable for members of the Board and Council to discharge their duty.

The Trust runs a programme of development throughout the year for Governors and Non-executive Directors. All Governors and Non-executive Directors are given the opportunity to attend a number of training sessions during the year.

The Council of Governors has agreed the process for the evaluation of the Chairman and Non-executive Directors and the process for appointment or re-appointment of the Non-executive Directors.

The Chief Executive evaluates the performance of the Executive Directors on an annual basis and the outcome is reported to the Chairman.

Attendance of Non-executive Directors at the Council of Governors

All Non-executive Directors have an open invitation to attend the Council of Governors meetings. Non-executive Directors do attend on a regular basis.

Directors' remuneration

The Remuneration Committee meets, as a minimum, once a year to review the remuneration of the Executive Directors. The Council of Governors has a Nominations/Remuneration Committee which has met during the year. Details of the Nominations/Remuneration Committee can be found on page 87.

Accountability and audit

The Board of Directors has an established Audit Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Audit Committee is on page 45.

Relations and stakeholders

The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year.

The Trust is able to comply with the code in all areas except the following:

Requirements	Explanation
<p>C.2.1 Approval by the board of governors of the appointment of a Chief Executive should be a subject of the first general meeting after the appointment by a Committee of the Chairman and non-executive directors. Re-appointment by the non-executive directors followed by re-approval by the board of governors thereafter should be made at intervals of no more than five years. All other executive directors should be appointed by a Committee of the Chief Executive, the Chairman and non-executive directors and subject to re-appointment at intervals of no more than five years</p>	<p>The Chief Executive and executive directors have their performance reviewed on an annual basis by the Remuneration Committee as part of the annual evaluation appraisal system.</p> <p>The Remuneration Committee considered the issue of five-year contracts and took into account that executive directors hold substantive contracts and are not subject to reappointment at five year periods for the following reasons:</p> <ul style="list-style-type: none"> a) Executive directors are subject to regular review of performance and existing procedures allow for appointment to be terminated if the performance is not satisfactory without the need for formal re-appointment. b) The scope for refreshing the Board exists as executive director posts turnover. The Board has the option of restructuring the executive directors' responsibilities through organisation change in accordance with local HR policies and procedures. c) Fixed-term appointment will create a short-term focus on the part of the executive directors, which in turn will create divergence between managerial and clinical perspective and could be detrimental to the engagement of clinicians, which is vital to the success of any FT.
<p>C.2.2 Non-executive directors may serve longer than nine years (e.g. three three-year terms), subject to annual re-election. Serving more than nine years could be relevant to the determination of a non-executive director's independence (as set out in provision A.3.1).</p>	<p>To ensure compliance with the constitution no Non-executive Director should have more than two re-appointments or serve more than three terms for a maximum of three years each because of the need to maintain independence and refresh the skill set of the Non-executive Director. We do not intend to extend appointment beyond nine years on the basis of annual re-appointment.</p>
<p>Main Principle All Directors and elected Governors should be submitted for re-appointment or re-election at regular intervals. The Board of Directors should ensure planned and progressive refreshing of the Board of Directors.</p>	<p>The CE and Executive Directors have their performance reviewed on an annual basis by the Remuneration Committee as part of the annual evaluation appraisal system.</p> <p>The Remuneration Committee considered the issue of five-year contracts and took into account that Executive Directors hold substantive contracts and are not subject to re-appointment at five year periods for the following reasons:</p> <ul style="list-style-type: none"> a) Executive directors are subject to regular review of performance and existing procedures allow for appointment to be terminated if the performance is not satisfactory without the need for formal re-appointment. b) The scope for refreshing the Board exists as executive director posts turnover. The Board has the option of restructuring the executive directors' responsibilities through organisation change in accordance with local HR policies and procedures. c) Fixed term appointment will create a short-term focus on the part of the executive directors, which in turn will create divergence between managerial and clinical perspective and could be detrimental to the engagement of clinicians, which is vital to the success of any FT.
<p>E1.1 Any performance-related elements of the remuneration of Executive Directors should be designed to align their interests with those of patients, service users and taxpayers and to give these Directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the Remuneration Committee should follow the following provisions:</p> <ul style="list-style-type: none"> (i) The Remuneration Committee should consider whether the Directors should be eligible for annual bonuses. If so, performance conditions should be relevant, stretching and designed to match the long term interests of the public. Upper limits should be set and disclosed. 	<p>The Remuneration Committee considered the introduction of performance-related and pay element to the Executive Director remuneration. It was agreed it should not be introduced because it could substantially undermine the ability to achieve targets and standards. This is because the commitment of all staff to achieve targets and standards has been gained on the basis of the benefits for the organisation and patient services. This commitment will be at risk if PRP for Executive Directors is introduced.</p> <p>The process of review of performance of Executive Directors provides a more than adequate approach for dealing with under performance with the possibility of terminating the employment if unsatisfactory performance persists.</p>

<p>(ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS Foundation Trust. Consideration should be given to criteria, which reflect the performance of the NHS Foundation Trust relative to a group of comparator Trusts in some key indicators.</p> <p>(iii) In general, only basic salary should be pensionable.</p>	
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Resolution of disputes between the Council of Governors and the Board of Directors

The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved.

The Board of Directors promotes effective communications between the Council of Governors and the Board of Directors.

The Chairman of the Trust also acts as Chairman of the Council of Governors. The Chairman's position is unique and allows him to have an understanding of a particular issue expressed by the Council of Governors. Where a dispute between the Council of Governors and the Board of Directors occurs, in the first instance, the Chairman of the Trust would endeavour to resolve the dispute.

Should the Chairman not be willing or able to resolve the dispute, the Senior Independent Director and the Lead Governor of the Council of Governors would jointly attempt to resolve the dispute.

In the event of the Senior Independent Director and the Lead Governor of the Council of Governors not being able to resolve the dispute, the Board of Directors, pursuant to section 15(2) of Schedule 7 of the 2006 Act, will decide the disputed matter.

Board balance, completeness and appropriateness

As at year ending 31 March 2011 the Board of Directors for York Teaching Hospitals NHS Foundation Trust comprised of five Executive Directors, six Independent Non-executive Directors and an Independent Non-executive Chairman.

Dianne Willcocks was appointed Non-executive Director by the Council of Governors on 21 April 2010 and she took up her post from 1 May 2010.

The Council of Governors confirmed Linda Palazzo's re-appointment as a Non-executive Director on 21 April 2010. Her second term of office commenced on 1 May 2010.

Mike Proctor was appointed Interim Chief Executive at Scarborough and East Yorkshire Healthcare NHS Trust. He stepped down from the Board on 6 March 2011 and took up his interim role on 7 March 2011. Mike's appointment is on a secondment basis.

The remainder of the composition of the Board of Directors has not changed during the financial year 2010/11.

The Chairman has conducted a thorough review of each Non-executive Director to assess their independence and contribution to the Board of Directors and confirmed that they all are effective independent Non-executive Directors. A programme of appraisals has been run during 2010/11 and all Non-executive Directors have undergone an annual appraisal as part of the review.

The Board of Directors maintains a register of interests as required by the constitution and Schedule 7 section 20 (1) National Health Service Act 2006.

The Board of Directors requires all Non-executive Directors to be independent in their judgement. The structure of the Board and integrity of the individual Directors ensures that no one individual or group dominates the decision-making process.

Each member of the Board of Directors upholds the standards in public life and displays selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

The Board, in relation to the appointment of Executive does not have a standing Nominations Committee but convenes an ad hoc Nominations Committee, in accordance with the Constitution, as and when required.

Biographies for the Board of Directors can be found on page 39 of the Annual Report and Accounts 2010/11.

Statement of the division of responsibility between the Chairman and the Chief Executive

The Chairman

The Chairman is accountable for the Board of Directors and the Council of Governors.

The Chairman is responsible for ensuring that the Board of Directors operates as a unitary board and effectively develops and determines the Trust's strategy and overall objectives.

The Chairman is responsible for ensuring that the development of the business and the protection of the reputation of the Trust is maintained.

The Chairman is responsible for leadership of the Board of Directors and the Council of Governors, ensuring their effectiveness on all aspects of their role and setting their agenda.

The Chairman is responsible for ensuring that the Board of Directors and the Council of Governors receive accurate, timely and clear information that is appropriate for their respective duties. He is responsible for ensuring effective, prioritised meetings are held where actions are followed up and reported to the Council of Governors or Board of Directors as appropriate.

The Chairman ensures the Trust undertakes effective communication with patients, members, clients, staff and other stakeholders.

The Chairman also facilitates the effective contribution of all Executive and Non-executive Directors and ensures that constructive relations exist between the Executive and the Non-executive Directors, and between the Board of Directors and the Council of Governors.

The Chairman is not responsible for the executive and operational management of the Trust's business.

The Chief Executive

The Chief Executive reports to the Chairman and the Board of Directors.

The Chief Executive is the accountable officer for the Trust and in this regard is accountable to Parliament for the proper management of the public funds available to the Trust. He is responsible for the propriety and regularity of public finances within the Trust and for keeping proper accounts. He is responsible for prudent and economical administration, the avoidance of waste and extravagance and efficient and effective use of all the resources in his charge.

The Chief Executive has responsibility for the overall organisation, management and staffing of the Trust.

The Chief Executive is responsible for executive and operational management of the Trust's business, consistent with the strategy and business objectives agreed by the Board of Directors. All members of the executive team report either directly or indirectly to him.

The Chief Executive is responsible, working with the executive team, for researching, proposing and developing the Trust's strategy and overall business objectives, which is done in consultation with the Chairman.

The Chief Executive is responsible with the executive team for implementing the decisions of the Board of Directors and its Committees.

In delivering the Trust's strategic and business objectives the Chief Executive is responsible for the maintenance and protection of the reputation of the Trust.

The operation of the Board of Directors and Council of Governors including high-level statement of decisions taken by each

The Board of Directors and the Council of Governors recognise the importance of the operational relationship of the two forums. The Board of Directors seeks the opinion of the Council of Governors on strategic issues affecting the Trust.

The scheme of delegation details the decisions that are taken by the Board of Directors.

COUNCIL OF GOVERNORS

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

As a public benefit corporation the Trust is accountable to the local people and staff who have registered for membership and to those elected to seats on the Council of Governors.

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

During the financial year ending 31 March 2011 the Council of Governors met eight times to discuss and comment on a number of aspects of the functioning of the Trust. Four of those meetings were in public, two were held with the Board of Directors and two were held with the Non-executive Directors.

The Council of Governors prime role is to represent the local community and other stakeholders in the stewardship of the Trust. It 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 of Governors is specifically responsible for the:

- Appointment and removal of the Chairman and other Non-executive Directors
- Approval of the appointment of the Chief Executive
- Appointment and removal of the External Auditors

The Council of Governors considers and receives:

- The Annual Accounts, Auditors' Report and Annual Report
- Views from the membership on matters of significance affecting the Trust or the services it provides

The governors elected and appointed to the Council act in the best interest of the NHS Foundation Trust and adhere to the values and code of conduct of the Trust.

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

The Council of Governors has regularly received details of significant projects and strategies. Comments from the Council of Governors are included in any decision-making discussion held at the Board of Directors.

Members wishing to contact governors can do so through the Trust by sending an email to yhs-tr.yorkhospitalgovernors@nhs.net or by contacting the Trust's Membership Manager Penny Goff at penny.goff@york.nhs.uk or by telephone on 01904 725233.

All emails will be passed on to the governor concerned.

Elections

Following the changes made to the election process in 2009, the Trust has held two elections, an election held in January 2010 and an additional by-election for a vacant seat in Selby in July 2010. The next elections will be held in January 2012.

Governors are appointed for a maximum of three years before they are required to stand in a further election. Some governors have resigned during the year and the Trust's constitution allows for the person with the next highest number of votes to stand as a replacement governor for the balance of the term. During December 2011 through to January 2012 the Trust will hold an election for those Governors who held a two year term of office.

Partner organisations will consider the membership of their representatives on the Council at the end of the three year term on 31 March 2013.

Promoting elections

The Trust continues to work to promote elections, as they fall, to encourage greater interest and turnout. It will:

- Work with Electoral Reform Services (the Trust's independent scrutineers) so ensuring a fair election that encourages participation from all active members
- Maintain guidelines for running elections, including policies on canvassing, election expenses and election material
- Work with local media and other organisations (such as local councils) to feature elections and the public governor role in newspapers, magazines and radio media
- Organise election briefing opportunities for members who are potential governor candidates
- Ensure all members are fully informed about elections and the opportunity to become a governor

The Council of Governors

The Council of Governors works 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. Its role 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
- Selecting and appointing Non-executive Directors and the Chairman of the Trust
- Appointing the Trust's auditors
- Attending meetings of the Council of Governors
- Receiving an annual report from the Board of Directors
- 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
- Being consulted on any changes to the Trust's constitution
- Agreeing the Chairman's and Non-executive Directors' remuneration
- Providing representatives to serve on specific groups and committees
- Working in partnership with the Board of Directors
- Informing Monitor if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust

The Council of Governors at York Hospitals NHS Foundation Trust currently has 29 governor seats:

Public Governors	17 elected seats
Staff Governors	Five elected seats
Partner Governors	Eight appointed
Primary Care Trust (PCT)	Two seats (both currently vacant)
Local Authorities	Four seats
Local Universities	One seat (currently vacant)
Voluntary groups	One seat

Appointment of the Lead Governor

Monitor introduced the requirement for a Lead Governor during 2009. The Council of Governors appointed Helen Mackman as the Lead Governor of the Council of Governors in July 2010. The appointment will be reviewed by the Nominations/Remunerations Committee in June 2011 on behalf of the full Council of Governors.

Lead Governor Annual Report

A Foundation Trust's Lead Governor, elected by the Council of Governors, has certain key roles:

- To act as the contact point with Monitor in extreme situations
- To work with the Trust's Senior Independent Director to undertake the Chairman's appraisal and to report this to the Council of Governors
- To sit on the Nomination and Remuneration Committee of the Council of Governors and to take the chair in the absence of the Chairman
- To maintain an overview of the Council of Governors' activities and, with the Chairman and the Foundation Trust Secretary, undertake an annual effectiveness review of the work of this Council
- To work with the Chairman in planning and reviewing the Council of Governors' agenda
- To work with the Chairman and the Foundation Trust Secretary to set the Council of Governors' objectives and maintain systems of accountability, including the various working groups of the Council of Governors

In addition to these key functions, the Lead Governor liaises with officers of the Trust who support the effective running of the Council of Governors and ensures that key matters are taken forward effectively to the most appropriate forum.

Over this past year we have seen the governors' role develop quite considerably.

The eight governors who serve on the Nomination and Remuneration Committee have a key responsibility to make recommendations to the Council of Governors about the effectiveness of the Non-executive Directors and the Chairman, as well as recommending their level of remuneration.

We have a very active Patient Focus Group whose members are committed to ensuring that feedback from patients, on a range of issues, is used to effect change. The Community and Membership Engagement group continues to research ways of reaching out to involve the people that this hospital serves and to encourage new members. These three groups are reported on fully elsewhere in this document.

Governors have been invited to be involved in a variety of other active groups and committees across the Trust. This offers participation beyond our statutory meetings and provides an additional way for the voice of patients to be heard. These groups and committees currently include nutrition, transport, equality and diversity, sustainability, charitable funding, infection control, cancer strategy and arts strategy.

We have set up two additional working groups this year: one to study the Trust's Annual Plan going forward and the other to study the Quality Account. Each of these groups has made recommendations to the Trust as a result of their deliberations. We are looking for greater partnership working and an increase in channels of communication with our local authorities and with voluntary sector partners and stakeholders. With closer partnerships and the transfer of community services to our hospital from 1 April 2011, it is the governors' hope that discharge planning will work more effectively to reduce the number of delayed discharges.

Foundation Trusts are required to be independently audited each year and Governors have been asked to choose a quality performance indicator for this audit. We have recommended the audit of a 90% compliance with an assessment within 24 hours of admission to effect a reduction of venous thrombosis and embolism.

Governors are supported by training events and development days. The latter provide opportunities to share examples of good practice with governors from other foundation trusts in the region. In addition, the Chairman and Executive Team continue to ensure that we are kept fully informed about the Trust's key strategic developments which it is our statutory duty to monitor.

It is a testament to the effectiveness of your Council of Governors that the Trust listens to and acts positively upon our recommendations for the benefit of those needing the patient care provided by this hospital.

Helen Mackman Lead Governor

Amendments to the Constitution

During 2010 the Trust changed its name. This change required amendment to the Constitution. The Governors were consulted on the changes and agreed to the revised name.

The Governors

Listed below are the Governors either elected or appointed to serve on the Council of Governors.

Governors – public governors including patient/carers governors.

Eddie Benson resigned from being a Governor in April 2010. As Eddie resigned within six months of the Trust holding the election, the Trust was entitled to look to the candidate that received the next highest number of votes. The candidate with the second highest number of votes in the election held in January 2010 was David Robson. David will hold the office until the election in January 2012.

Diana Appleby resigned from being a Governor in July 2010. The Trust has not reappointed to the seat at present.

Governor	Initial appointment	Election for appointment or reappointment held	Appointed from	Term	Term of office ends
<i>City of York constituency</i>					
Paul Baines	2006	Jan 2010	April 1 2010	Three years	March 31 2013
David Robson	2010	Jan 2010	May 2010	Balance of the two years Replaced Eddie Benson	March 31 2012
Helen Mackman	2006	Jan 2010	April 1 2010	Three years	March 31 2013
James Porteous	2006	Jan 2010	April 1 2010	Three years	March 31 2013
Stefan Ruff	2006	Jan 2010	April 1 2010	Two years	March 31 2012
Bob Towner	2006	Jan 2010	April 1 2010	Two years	March 31 2012
Eddie Benson	2010	Jan 2010	April 1 2010	Two years	Resigned from the CoG in May 2010

Governor	Initial appointment	Election for appointment or reappointment held	Appointed from	Term	Term of office ends
Helen Butterworth	2010	Jan 2010	April 1 2010	Two years	March 31 2012
Sian Wiseman	2010	Jan 2010	April 1 2010	Two years	March 31 2012
<i>Hambleton constituency</i>					
Jane Dalton	2008 (election held 2006)	Jan 2010	April 1 2010	Three years	March 31 2013
Diane Appleby	-	Jan 2010	April 1 2010	Two years	Resigned in July 2010. The seat remains vacant
<i>Selby constituency</i>					
Nevil Parkinson	2006	Jan 2010	April 1 2010	Three years	March 31 2013
Bob Thomas	2009 (election held 2006)	Jan 2010	April 1 2010	Two years	March 31 2012
Diane Rhodes	2010	July 2010	July 2010	Three years	March 31 2013
<i>Patient/carers constituency</i>					
Jennifer Moreton	2006	Jan 2010	April 1 2010	Two years	March 31 2012
Geoffrey Rennie	2006	Jan 2010	April 1 2010	Two years	March 31 2012
Brian Thompson	2006	Jan 2010	April 1 2010	Three years	March 31 2013
Philip Chapman	-	Jan 2010	April 1 2010	Two years	March 31 2012

Governors – staff governors

There are four staff classes in the staff constituency. One new staff governor joined the Council of Governors during the year.

Governor	Initial appointment	Election for appointment or reappointment held	Appointed from	Term	Term of office ends
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Consultant

Lee Bond	2006	Jan 2010	April 1 2010	Two years	March 31 2012
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Nursing

Anne Penny	2006	Jan 2010	April 1 2010	Two years	March 31 2012
Alison McDonald	-	Jan 2010	April 1 2010	Three years	March 31 2013

Clinical professional

Martin Skelton	2006	Jan 2010	April 1 2010	Three years	March 31 2013
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Non-clinical

Mandy McGale	2006	Jan 2010	April 1 2010	Two years	March 31 2012
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Governors – partner governors

Governor	Initially Appointed from	Renewal appointment from	Period of office	Reappointment due
<i>Primary Care Trust (PCT)</i>				
Alex Morton-Roberts	-	April 1 2010	Three years	Resigned in July 2010. The seat remains vacant
Vacant				The PCT has not appointed to this seat

Local Authority governors

Elizabeth Casling	2006	April 1 2010	Three years	Resigned in July 2010
Alexander Fraser	2006	April 1 2010	Three years	March 31 2013

Madeleine Kirk	2006	April 1 2010	Three years	
John Savage	2010	September 1 2010	Three years	Resigned October 2010
John Batt	2010	November 2010	Three years	November 31 2013
Caroline Patmore	2006	April 1 2010	Three years	March 31 2013

Education governors (appointed by the University of York)

David Blaney	2010	May 2010	Three years	Resigned July 2010
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Voluntary Sector (appointed by York Council for Voluntary Services)

Mike Moran	2006	April 1 2010	Three years	Resigned in July 2010
Catherine Surtees	2010	May 2010	Three years	May 31 2013

Attendance at the Council of Governors meeting during the year April 2010 to March 2011

A record is kept of the attendance at Council of Governor meetings. Below is the table showing which governors have attended during the year.

	21 April 10	9 June 10	14 July 10	8 Sept 10	13 Oct 10	8 Dec 10	12 Jan 11	23 March 11	Total
Diana Appleby	✓	✓	Resigned July 2010						2
Paul Baines	✓	✓	✓	✓	✓	✓	Apol	✓	7
Eddie Benson	✓	Resigned may 2010							1
David Blaney	Appointed May 2010	Apol	Apol	Resigned July 2010					0
Lee Bond	✓	✓	Apol	Apol	✓	✓	✓	Apol	5
Helen Butterworth	✓	✓	✓	✓	Apol	✓	✓	✓	7
Phil Chapman	Apol	✓	✓	✓	✓	✓	✓	✓	7
Jane Dalton	✓	✓	Apol	✓	✓	✓	✓	✓	7
	21 April 10	9 June 10	14 July 10	8 Sept 10	13 Oct 10	8 Dec 10	12 Jan 11	23 March 11	Total
Alexander Fraser	Apol	✓	✓	✓	✓	✓	✓	✓	7
Madeleine Kirk	✓	✓	Apol	✓	Apol	Apol	Apol	✓	4
Alison MacDonald	✓	Apol	Apol	✓	Apol	Apol	✓	Apol	3
Helen Mackman	✓	✓	✓	✓	✓	✓	✓	✓	8
Mandy McGale	✓	✓	✓	✓	✓	✓	Apol	✓	7
Mike Moran	✓	Apol	✓	✓	✓	✓	✓	✓	7

Jennifer Moreton	Apol	✓	✓	Apol	✓	✓	✓	✓	6
Alex Moreton-Roberts	✓	Apol	✓	Resigned July 2010					2
Nevil Parkinson	✓	✓	Apol	Apol	✓	Apol	✓	✓	5
Caroline Patmore	Apol	✓	✓	✓	✓	✓	✓	Apol	6
Anne Penny	✓	✓	✓	✓	Apol	✓	Apol	✓	6
James Porteous	✓	✓	✓	✓	✓	Apol	✓	✓	7
Geoffrey Rennie	✓	✓	✓	✓	✓	✓	Apol	✓	7
Diane Rhodes	Appointed July 2010		Apol	✓	✓	✓	✓	✓	5
David Robson	X	✓	Apol	✓	✓	✓	✓	✓	6
Stefan Ruff	✓	Apol	✓	✓	✓	✓	✓	✓	7
John Savage	Appointed September 2010				Apol	Resigned October 2010			0
Martin Skelton	✓	Apol	✓	✓	✓	✓	✓	✓	7
Catherine Surtees	Appointed September 2010			✓	✓	Apol	Apol	✓	2
Bob Thomas	✓	✓	✓	✓	✓	✓	✓	✓	8
Brian Thompson	✓	✓	✓	✓	✓	✓	✓	✓	8
Bob Towner	✓	✓	Apol	✓	✓	✓	✓	✓	7
Sian Wiseman	✓	✓	✓	✓	Apol	✓	Apol	✓	6
Elizabeth Casling	Apol	Apol	Resigned July 2010						0
John Batt	Appointed November 2010				✓	✓	✓	✓	3

Register of governors' interests

The Trust holds a register listing any interests declared by members of the Council of Governors. Governors must disclose details of company directorships or other positions held, particularly if they involve companies or organisations likely to do business, or possibly seeking to do business with the Foundation Trust. The public can access the register at: www.yorkhospitals.nhs.uk or by making a request in writing to:

The Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
York
YO31 8HE

or by e-mailing: enquiries@york.nhs.uk

The Council of Governors declared the following interests:

Directorships including non-executive directorships held in private companies or public limited companies (PLCs) with the exception of those of dormant companies:

Madeleine Kirk
Trustee – York Theatre Trust

James Porteous

Trustee – Notions Business and Marketing Consultants

Brian Thompson

Trustee – Thompson's of Helmsley Ltd

Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS:

There were no declarations under this section.

Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS:

There were no declarations under this section.

A position of authority in a charity or voluntary organisation in the field of health and social care:

Alexander Fraser

Appointee – City of York Council, non-voting participating observer on York CVS Trustees

Nevil Parkinson

Director – West Riding Masonic Charities Ltd

James Porteous

President – British Polio Fellowship – Yorkshire Region, Leeds and North Yorkshire

Catherine Surtees

Partnership Manager – York CVS

Bob Towner

Vice Chairman – York Older Peoples Assembly

Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services:

Alexander Fraser

Appointee – City of York Council, non-voting participating observer on York CVS Trustees

Member – CYC Overview Committee

Jennifer Moreton

Member – CQC Registration Involvement Group

Caroline Patmore

Councillor – North Yorkshire County Council

Bob Towner

Vice Chairman – York Older Peoples Assembly

Member – York Health Group Public and Patient Forum

Sian Wiseman

Vice Chairman – CYC Overview and Scrutiny Committee

Catherine Surtees

Partnership Manager – York CVS

Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation Trust including but not limited to, lenders or banks:

Jane Dalton

Researcher – Health and Social Care, University of York

Jennifer Moreton

Researcher – Health and Social Care, University of York

Caroline Patmore

Councillor – North Yorkshire County Council

Governor expenses

Governors are not remunerated, but are entitled to claim expenses for costs incurred whilst undertaking duties for the Trust as a governor (i.e. travel expenses to attend the Council of Governors' meetings). The total amount of expenses claim during the year from 1 April 2010 to 31 March 2011 by governors was £4244.21

Related party transactions

Under International Accounting Standard 24 "Related Party Transactions", the Trust is required to disclose, in the annual accounts, any material transactions between the NHS Foundation Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2010 to 31 March 2011.

Membership of the sub-committees and groups

The committees and groups listed below also play a key role in the running of the Council of Governors.

Following the elections the Council of Governors reviewed the sub-committee structures and revised the terms of reference and membership for each committee.

The Council of Governors has delegated authority to a number of sub-committees and groups to address specific responsibilities of the Council of Governors. These are:

Nominations / Remuneration Committee

The Committee met four times during the year to address the appraisals of the Non-executive Directors and the Chairman.

The membership of the Committee is as follows:

James Porteous - Public Governor
Brian Thompson - Public Governor
Mandy McGale - Staff Governor
Geoff Rennie - Patient/Carer Governor
Jane Dalton - Public Governor
Paul Baines - Public Governor
Madeline Kirk - Appointed Governor
Helen Mackman - Lead Governor
Anna Pridmore - Foundation Trust Secretary
Alan Rose - Chairman of the Trust and the Committee

During the year specific topics included:

- Reviewing the terms-of-reference for the Committee
- Reviewing the service contact for Non-executive Directors and Chairman
- Reviewing the annual appraisal process for Non-executive Directors and Chairman
- Discussing the annual appraisals of four Non-executive Directors
- Discussing the terms-of-office dates of Non-executives and Chairman, so as to anticipate when changes may be considered or required
- Discussing the remuneration of the Non-executive Directors and Chairman

- Training session in recruitment policy and practices, in general for this Trust, and specifically in the context of Non-executive appointments
- Reviewing the attendance and code-of-conduct for Governors
- Detailing, reviewing and streamlining the process for recruitment and appointment of Non-executive Directors (see below)

On all of the above topics, recommendations were made to the full Council of Governors, as appropriate.

It was agreed that in the next year, in addition to the annual actions, the Committee will:

- review the role description of the Non-Executive Directors (to improve the recruitment process further);
- review the competency and other profiles of the existing Non-Executive team (to improve the recruitment process further);

Alan Rose, Chairman of the Committee

Process for the appointment of the Chairman and Non-executive Directors

The Trust has developed a formal process for the appointment of a Non-executive Director; this process is adjusted for the appointment of the Chairman.

Once a resignation or an end of term for a Non-executive Director is approaching the following process is followed:

The Nominations/Remuneration Committee will meet to discuss the vacancy. A number of further meetings are arranged with the Nominations/Remuneration Committee to confirm the administrative detail being developed.

Any applications will be reviewed through a long and short listing process and those satisfying the requirements will be invited to an assessment and interview.

The Trust has a policy of including psychometric testing within the process, so all candidates who are invited to interview will be asked to complete a psychometric test.

Following an assessment and interview the members of the Nominations/Remunerations Committee will develop and propose a recommendation for consideration by the full Council of Governors on the appointment.

Once the full Council of Governors have agreed the recommendation the successful candidate will be advised of their appointment.

Community and Member Engagement Group (CMEG)

This group is a formal sub group of the Council of Governors. The Committee membership is as follows:

Jane Dalton – Public Governor
 Philip Chapman – Patient/carer Governor
 Sian Wiseman – Public Governor
 David Robson – Public Governor
 Anne Penny – Staff Governor
 Sandy Fraser – Partner Governor

The final report of the preceding Membership Engagement Committee (March 2010) recommended that the newly-formed group (from August 2010) should:

- Assist in setting the tone, style, and emphasis of the Trust's membership engagement strategy
- Focus on a strategy of engaging and communicating with the whole community, as well as looking for opportunities to recruit new members
- Make greater use of existing networks and governor contacts
- Increase community stakeholder engagement

Revised terms of reference were compiled by the Group in September 2010 under the new name of Community and Membership Engagement Group. The stated objective of the Group is to help facilitate the effective delivery of the Trust's strategy in relation to Community and Membership Engagement. Jane Dalton was elected as Chair.

Since September 2010, the group has met quarterly and worked on the following activities:

- Consulting with the Trust on promotional display items for the 2010 Open Day
- Consulting with the Trust on the new membership leaflet
- Updated membership information provided for broadcast on York Hospital Radio
- Discussing new engagement opportunities as a regular Agenda item
- Suggesting topics for YorkTalk presentations as a regular Agenda item
- Organising business contact cards for Governors
- Regular cross-referencing of Governor-led work on the CMEG and the Patient Focus Group
- Verbal updates of the CMEG work at quarterly Council of Governors meetings
- Introduction of regular governor updates in relevant Hambleton area publications
- Consideration of membership issues relating to proposed East Coast developments
- Consideration of issues around increasing staff membership
- Consideration of introducing a new junior/associate membership category
- Consideration of CMEG contribution to the Trust's Sustainability Management Plan
- Engagement event with Easingwold and Villages Forum
- Engagement event at Hovingham market
- Engagement event at Hull University fresher's fair
- Engagement meeting with North Yorkshire LINK (Hambleton and Selby areas)
- Engagement meeting with the Chair of Friends of St Monica's Hospital in Easingwold

The Membership Development Manager in conjunction with governors planned and attended a number of events in 2010/11 in order to recruit new members and to engage with existing members. The specific activities carried out include:

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

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

Jane Dalton, Chairman of the group

Patient Focus Group (PFG)

This group is a formal sub group of the Council of Governors. The membership is as follows:

Paul Baines – Public Governor
Helen Butterworth – Public Governor
Jane Dalton – Public Governor
Philip Chapman – Patient/carer Governor
Jim Porteous – Public Governor
Geoff Rennie – Patient/carer Governor
Brian Thompson – Patient/carer Governor
Jenny Morton – Patient/carer Governor
Alison McDonald – Staff Governor
Martin Skelton – Staff Governor

The group covered a number of topics during the year including:

Patient Experience Questionnaire

The group arranged for 12 Governors' questions for acute patients to be included with the Hospital's Nursing Care Indicator survey. The Governor questions place heavy emphasis on caring attitudes of staff, and summary results are provided to the PFG by the Chief Nurse every three months, enabling the Group to see that high standards are being maintained.

Governor ward visits

The Group has spent time discussing how Governor ward visits should be undertaken. Discussions are continuing with members of Trust nursing staff in terms of PFG input to conduct qualitative follow-up work with patients on specific issues relating to the NCI survey. Initially, it is proposed that this work will involve two PFG members to explore any discrepancies between staff and patient perceptions of care.

Outpatient Questionnaire

During the year the PFG were able to introduce a new outpatient questionnaire. This new development complements the acute patient questionnaire. The PFG are delighted that the Matron who initiated and developed the system has welcomed their involvement, and sought their comments. We look forward to reviewing the results in due course.

Requests on patient admission documents for a visit from a priest

The group discovered that, on admission, patients were asked whether they would like a visit from a priest, but requests were not being passed on to the clergy. Reports requested by PFG indicated that this matter was resolved, but a recent discussion between PFG and a minister indicates otherwise. PFG have therefore put the problem back on their agenda, and will pursue it to a satisfactory conclusion.

Theatre gowns for larger patients

PFG has responded to comments made to one of its members, concerning the indignity of backless gowns, when moving between examination areas. Three sample gowns have been passed to the patient for trial and comment, and the results will be referred to senior nursing staff for discussion.

Inconsistent menu presentation in wards

PFG became aware of this possible issue when attending a York Talk presentation on nutrition. However, it is believed that the supply of food to wards is currently undergoing change, and so pursuit of this topic is deferred.

Ward closure notices

A PFG meeting with PALS revealed that, when a ward was closed because of infection, visitors tended to go to the PALS desk for information, but PALS don't have individual patient information. PFG lodged a suggestion that ward closure notices should bear the ward phone number to facilitate enquiries, and this has been done.

Paul Baines, Chairman of the group

MEMBERSHIP

Foundation Trust membership

The Trust has three constituencies – staff, community and a patient/carer constituency.

Community membership (2010-2011) – eligibility

The Trust's available public constituency is defined as 'those people (aged 16 and over) living in specific wards of local authorities within the North Yorkshire and York Primary Care Trust area'.

During 2010/11, residents of the following local government administrative areas were eligible for membership of the NHS Foundation Trust (see map below):



York (all wards)

Selby (all wards)

Hambleton (the wards of Easingwold, Helperby, Huby and Sutton, Skipton, Stillington and Tollerton)

Co-terminosity

In the region, the PCT has co-terminosity with several local authority boundaries:

- York City Council
- Selby District Council
- Hambleton District Council
- North Yorkshire County Council

Around 95% of the patients treated at York Hospitals NHS Foundation Trust as inpatients, day cases and outpatients live in these areas.

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

	Last year	Estimated for next year
At year start (1 April 2010)	12,399	11,998
New members	127	5500
Members leaving	528	500
At year end (31 March 2011)	11,998	16,998

Total staff membership size and movement during 2010/11

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

Below are summary tables providing further analysis of the tables above.

Public membership breakdown at 31 March 2011.

Catchment area	Total number of members	Number eligible for membership (aged 16 and over) in catchment *	Number of members as a % of eligible population
City of York	6,985	149,334	4.68%
Hambleton	672	11,371	5.91%
Selby	1,953	60,525	3.23%
Total	9,610	221,232	4.34%

Eligible population by age in each constituency at 31 March 2011

Age	City of York	Hambleton	Selby	Total public membership
0 -16	0	0	2	2
17 - 21	27	3	24	54
22+	6,672	646	1,891	9,209
Unknown	286	23	36	345
Total	6,985	672	1,953	9,610

Age representation at 31 March 2011

In common with most Foundation Trusts over 95% of our membership is in the age range of 22+. Analysis of our membership raw data shows that we are over-represented by people aged 55 to 80 compared to the eligible population. This applies in all three catchment areas.

Equally, less than 1% of our members are in the age range 16 to 21, indicating significant under representation within the eligible population.

Age	Number of members	Representing % of current public membership
0 -16	2	0.02%
17 - 21	54	0.56%
22+	9,209	95.83%
Unknown	345	3.59%
Total	9,610	100%

Eligible population by age in each catchment area at 31 March 2011

Age Range	City of York	Hambleton	Selby	Total public membership
0 -16	2,108	162	1,004	3,274
17 - 21	14,676	679	3,797	19,152
22+	132,484	10,526	55,699	198,709
Total eligible population	149,268	11,367	60,500	221,135

Gender report at 31 March 2011

The Trust has a reasonably balanced male/female representation as the following tables show.

Public membership by gender at 31 March 2011

Gender	City of York	Hambleton	Selby	Total public membership
Male	3,047	280	843	4,170
Female	3,703	380	1,091	5,174
Unknown	235	12	19	266
Total	6,985	672	1953	9,610

Gender breakdown by percentage at 31 March 2011

Gender	Total membership	Gender percentage
Male	4,170	43.39%
Female	5,174	53.84%
Not stated	266	2.77%
Total	9,610	100%

Ethnicity report at 31 March 2011

BME groups form less than 2% of our eligible population. All the BME groups are under represented in our registered membership.

Ethnicity- membership breakdown at 31 March 2011

Ethnicity	City of York	Hambleton	Selby	Total
White	2,147	243	563	2943
Asian	11	1	4	16
Black	3	0	1	1
Ethnicity	City of York	Hambleton	Selby	Total
Mixed	7	1	0	13
Other	0	1	0	1

Unknown	4,817	426	1385	6943
Total	6,985	672	1,953	9,610

Ethnicity of catchment population against membership shown as a percentage

Ethnicity	Catchment	Membership
White	98.43%	30.73%
Asian	0.83%	0.17%
Black	0.16%	0.04%
Mixed	0.41%	0.08%
Other	0.17%	0.01%
Unknown	0.00%	68.97%

Socio-economic report of membership at 31 March 2011

We have analysed our membership using the ACORN consumer classifications. ACORN is a geo-demographic tool used to identify and understand the UK population and the demand for products and services. It is often used to make informed decisions on where direct marketing campaigns will be most effective. ACORN classifies all 2 million UK postcodes which have been described using over 125 demographic statistics and 287 lifestyle variables.

The Trust's external membership management company Capita provided the socio-economic profile in the table below which was mapped from ACORN to National Readership Survey (NRS) gradings.

In terms of being representative of our eligible populations, the Trust is over represented in the wealthy achievers, retired home owners, urban prosperity and comfortably off groups while being under represented in the moderate means and hard pressed groups.

The table below defines our membership breakdown in socio-economic groupings and details the possible pool of members the Trust could access.

NRS Grouping	Number of members	Potential membership (ACORN statistics)
ABC1	7,607	112,570
C2	1,306	35,520
D	322	34,175
E	329	31,560
Unclassified	46	0

Membership strategy

Recruitment activity

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

- Presentation to the Selby Family History Group
- York LINKs conference and AGM
- Selby District and Town Council public meetings
- Volunteers fair at Community House, Selby

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

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

Despite this activity it is disappointing to note that our membership numbers have once again declined this year. Not only have we been unable to recruit the additional 1000 members estimated for this year, but we have been unable to recruit sufficient new members to replace the number of deceased members or those moving away.

Engaging with our members

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

On 17 June we invited over 700 members to an event with the York and District Cancer Partnership Group to discuss the development of services and to provide feedback on the existing service.

On 5 August nearly 100 members attended an event to discuss developments in services for the elderly.

On 6 September, upon completion of the capital scheme to build the new bereavement suite, we invited interested members for an exclusive tour of the new facilities.

On 14 September, the Trust once again threw open its doors to welcome visitors at the annual open event. Around 1500 people attended to take part in behind the scenes tours, presentations and displays on a range of topics. Members of the public were able to meet the managers, governors and front line staff as well as attend the Annual General Meeting of the Trust.

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

Membership management:

The Trust continues to manage its membership effectively. For public and patient/carer membership, the Trust contracts with a specialised database management company. This enables membership growth to be specifically targeted in line with ACORN profiling and census information to ensure the current membership remains representative. Cleansing and review exercises are undertaken with each membership communication to ensure that as far as possible inappropriate contacts are not made.

Staff membership is managed via the Trust payroll/Electronic Staff Record system which automatically enters new staff as members until they chose to opt out.

A process is in operation to encourage leaving and retiring members of staff to transfer to public membership.

Governor activity

Over and above attendance at our Council of Governor meetings, many of our governors are involved in Trust sub committees or special interest groups which include:

- Patient Focus Group, Community and Membership Engagement Group,
- Nomination/Remuneration Committee
- Quality Account Group
- Annual Plan group
- Nutrition Strategy group
- Sustainability Initiative, Equality and Diversity Group
- Travel and Transport group
- Arts Strategy Group
- Charitable Funds committee
- Celebration of Achievement Judging Panels
- York Cancer Locality Committee and York and District Cancer Partnership group
- Open Event planning/judging groups
- The End of Life group

Additionally, a governor is a member of the York community health involvement network (SHINEY), several governors attend local LINKs conferences, Regional Governor Development days and FTN events, on one occasion as a speaker to aspirant Trusts.

Developing the membership

The government announced recently that all NHS Trusts are required to become Foundation Trusts or link with a Foundation Trust by April 2013. In October 2010 Scarborough and North East Yorkshire Healthcare NHS Trust approached the Board of Directors at York and asked them to consider a possible partnership.

The Trust is currently working with Scarborough and East Yorkshire Healthcare NHS Trust to ensure a decision can be made later this year. Once the final decision has been made, the acquisition process is expected to be completed by 1 April 2012. In preparation for extending the area covered by the Trust, the Trust has been developing a membership community for the new constituencies of Ryedale and East Yorkshire, Whitby, Scarborough and Bridlington.

The development of a membership in these new constituency areas is a priority and a recruitment campaign begins in April 2011. This will continue until the Trust has achieved a membership pool of around 5000 (2.5% of eligible population) to ensure contested elections can take place in the four new constituencies. A calendar of events and communication plans has been devised to map out this campaign.

Additionally the Trust has been awarded the contracts for managing the locality community services of York, Selby, Scarborough, Whitby and Ryedale from April 2011 and the staff employed in these services will automatically join the Trust as members. With the subsequent staff transfer following the acquisition of Scarborough Acute Trust our staff membership will increase to around 9500.

Sustainability/climate change

In March 2009, the Trust Board approved a Sustainable Development Statement committing the organisation to continuous improvement in minimising the impact of its activities on the environment and becoming a good corporate citizen. The Sustainable Development Statement was endorsed by the Trust Board of Governors in June 2010 together with strategic delivery proposals.

The strategic delivery proposals embrace three specific areas of development:

- A Sustainable Development Steering Group has been established consisting of Senior Trust Managers with membership provision for Staff Representatives and external Strategic Partners
- The Sustainable Development Steering Group has been tasked with creating a Sustainable Development Management Plan to embrace the Trust's commitment to the NHS Carbon Reduction Strategy. The Sustainable Development Management is required to establish specific, measurable, achievable, realistic objectives set within short term, medium term and long term deliverable timescales
- The Sustainable Development Steering Group has been tasked with adopting the Good Corporate Citizenship Assessment Model. The Model is to provide a Sustainable development road map enabling the Trust to embrace NHS Sustainable Development Unit targets and to demonstrate progress by routinely undertaking the NHS Sustainable Development Unit on a line self assessment exercise

Summary performance

Area		Non Financial Data (Applicable Metric)	Non Financial Data (Applicable Metric)		Financial Data (k£)	Financial Data (k£)
		2009/10	2010/11		2009/10	2010/11
Waste minimisation and management	Absolute values for total amount of waste produced by the Trust	1,015 tonnes	1,068 tonnes	Expenditure on waste disposal	360.0	331.4
	Methods of disposal (optional)					
Finite Resources	Water	138,408 cu m	136,834 cu m	Water	221.0	211.5
	Electricity	50,338 G joules	50,357 G joules	Electricity	1,119.9	1,092.2
	Gas	121,751 G joules	114,142 G joules	Gas	816.9	797.6
	Other Energy Consumption	349.0 G joules	645.3 G joules	Other Energy Consumption	11.3	15.9

Comments

Waste Management information is based on validated invoiced data from suppliers with an element of profiled assessment pending finalised supplier submissions.

Water, Electricity, Gas and Other Energy Consumption are based on validated invoice data from suppliers.

Water and electricity remain year on year, relatively unchanged and broadly in line with expectations. Reduction in electricity costs delivered through commodity market tracking procurement.

Welcome reported reduction in gas consumption achieved despite unfavourable weather conditions experienced over the duration of the financial year.

Increase in Other Energy Consumption is the result of a restoration of routinely running main boilers at York Hospital on fuel oil as an integral element of validating emergency preparedness in the event of a major gas supply outage.

Future Priorities and Targets

Over the next 12 months, the Trust's Sustainable Development Steering Group will continue to progress a Sustainable Development Management Plan for review and adoption by the Board of Directors.

Equality and diversity

The Board of Directors recognises its responsibilities relating to equality and diversity. The Trust lead is the Director of Estates and Facilities (Associate) supported by an Equality and Diversity Committee made up of cross-organisational representatives.

The Equality and Diversity Committee is a sub-committee of the Health and Safety and Non-Clinical Risk Committee, producing quarterly exception reports and an annual report.

The Trust is aware of its requirement to publish information about staff and patients. It has developed an action plan to ensure compliance with these requirements will be fulfilled during the financial year 2011/12.

Summary of performance – workforce statistics

	Staff 2009/10	%	Staff 2010/11	%	Membership 2009/10	%	Membership 2010/11	%
Age								
0 -16	0	0.00	0	0	2	0.02	2	0.02
17-21	109	2.28	89	1.83	44	0.44	54	0.56
22+	4638	97.72	4767	98.17	9491	95.70	9209	95.83
Unknown	0	0.00	0	0	380	3.83	345	3.59
Ethnicity								
White	4371	92.08	4495	92.57	2943	29.67	2953	30.72
Mixed	69	1.45	65	1.34	13	0.13	8	0.08
Asian or Asian British	134	2.82	132	2.72	16	0.16	16	0.18
Black or Black British	58	1.22	57	1.17	1	0.01	4	0.04
Other	115	2.42	107	2.20	6943	70.02	6629	68.98
Gender								
Male	1031	21.72	1083	22.30	4321	43.57	4170	43.39
Female	3716	78.28	3773	77.70	5300	53.44	5174	53.84
Not stated	0	0.00	0	0	296	2.98	266	2.77
Trans-gender	0	0.00	0	0	0	0.00	0	0
Recorded disabilities								
Yes	17	0.36	20	0.41	N/A	N/A	N/A	0
No	95	2.00	305	6.28	N/A	N/A	N/A	0
Not stated	1	0.02	0	0	N/A	N/A	N/A	0
Unknown	4634	97.62	4531	93.31	9917	100	9610	100

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

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

Making effective use of workforce information from a range of sources to aid workforce planning and ensuring best use of our workforce resource will be critical, particularly at a time when NHS resources become tighter.

Staff survey report

This year's staff survey report included a score for staff engagement. This score was calculated based on responses to the individual questions which made up key findings 31, 34 and 35. These key findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work, their willingness to recommend the Trust as a place to work or receive treatment and the extent to which they feel motivated and engaged with their work. The score range was from 1 to 5, with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. The Trust's score of 3.67 was unchanged from the score in the previous year and was above (better) than the average score for acute trusts which was 3.62.

Summary of performance

	2009/10		2010/11		Trust improvement/ deterioration
Response rate	Trust	National average	Trust	National average	
	52%	52%	63%	52%	Improvement of 11%
	2009/10		2010/11		Trust improvement/ deterioration
Top 4 ranking scores	Trust	National Average	Trust	National Average	
Key Finding 33 Staff intention to leave jobs	2.35	2.51	2.33	2.53	No statistically significant change
Key Finding 38 Percentage of staff experiencing discrimination at work in last 12 months	N/A	N/A	9%	13%	No comparable score in the 2009 survey
Key Finding 30 Percentage of staff reporting good communication between senior management and staff	28%	26%	35%	26%	Statistically significant improvement
Key Finding 28 Impact of health and wellbeing on ability to perform work or daily activities	1.55	1.57	1.50	1.57	Statistically significant improvement
Bottom 4 ranking scores	Trust	National average	Trust	National average	
Key Finding 20 Percentage of staff witnessing potentially harmful errors, near misses or incidents in last months	42%	37%	39%	37%	No statistically significant change

Key Finding 13 Percentage of staff having well structured appraisals in last 12 months	30%	30%	28%	33%	No statistically significant change
Key Finding 7 Trust commitment to work-life balance	3.47	3.40	3.35	3.38	Statistically significant deterioration
Key Finding 31 Percentage of staff able to contribute towards improvements at work	62%	61%	60%	62%	No statistically significant change

Taking forward the actions from the staff survey results is fundamental to ensure improvements can be made. Directorates will be provided with their results and will be responsible for identifying specific actions required for their areas, supported by HR. The directorates will manage their action plans and ensure that staff are engaged in the implementation of actions. A corporate action plan will focus on addressing the bottom four ranked scores listed above and will include any other key corporate actions identified via directorate level action plans. The corporate action plan will be developed and managed through the HR team to ensure corporate implementation. The action plans will be monitored through the workforce performance improvement meetings and the Executive Board.

Regulatory ratings report

Monitor apply a series of financial ratios to establish a single-figure overall Financial Risk Rating (FRR) for each Foundation Trust. The rating is expressed on a scale of 1 to 5, with level 5 signalling least financial risk and level 1 signalling greatest financial risk. York has a recent FRR history of reporting at level 3 with the exception of 2009/10 where the writing off of a PCT debt of £4m resulted in an FRR of 2. This was an agreed position with Monitor and, due to the exceptional nature of the debt write off, was not considered by the Trust as reflective of underlying performance. Monitor also applies a governance rating in four levels from green to amber-green to amber-red to red. York has a recent history of achieving green governance.

York's plan for 2010/11 targeted a surplus position to restore the deficit from 2009/10 with an associated FRR of 4. Due to the financial challenges experienced in-year the Trust's underlying surplus was not sufficient enough to deliver the planned FRR and the actual outturn FRR is rated as 3. Most Foundation Trusts have a FRR of 3, recognising broadly balanced income and expenditure and adequate liquidity levels.

In terms of quarterly monitoring through 2010/11, York consistently achieved green governance rating and an in-year FRR of 3. This was slightly below plan.

	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Finance risk rating	3	3	3	3	2
Governance risk rating	Green	Green	Amber	Green	Green
Mandatory services	Green	Green	Green	Green	Green
	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Finance risk rating	4	3	3	3	3
Governance risk rating	Green	Green	Green	Green	Green

PUBLIC INTEREST DISCLOSURES

Throughout the year, staff and community members have been consulted about issues that affect them in the way services are delivered or that mean changes to practices that affect how staff work.

Communication with staff has remained a high priority; staff at the Trust can access a variety of communication material including:

YorkTalk quarterly membership newsletter. With authorisation of Foundation Trust status, the Trust launched YorkTalk, which is distributed to all community and staff members Intranet and Team brief

As an NHS Foundation Trust, the Trust consults with both staff and community members on a regular basis through the various committees outlined in the report. Some examples of consultation and development of services involving staff and patients are given below.

Renal team work

The Department has engaged in a large project to improve the service and facilities provided to patients receiving haemodialysis. This work is being undertaken on a regional and local basis. The work has resulted in patients having an opportunity to have their say about the service.

- The Trust has developed an action learning set at Harrogate renal unit looking at the proposed development of a minimal care unit – this includes a Have Your Say Meeting in Ripon asking patients for their input (patients were also part of the learning set). As a result of those meetings, the Trust is now looking at the opportunity to raise funds to create a self care unit which will allow people who do not have the right facilities at home to come to a unit for haemodialysis at a time that suits them. The unit will be patient lead
- Regionally a project lead by York and Sheffield developing 'shared care' in haemodialysis is being undertaken. This project is designed to facilitate patient and staff involvement at local and regional meetings in the delivery of care to patients. The project is designed to empower patients by getting them to become actively involved in their care. Patients are training in aspects of their care from weighing themselves to undertaking the dialysis. Each patient is encouraged to do as much or as little as they feel comfortable doing
- Locally 'Have Your Say Meetings' are arranged each month so patients and carers can discuss shared care, be consulted on proposed changes and consider renal developments. The meetings are organised by a patient group 'York Renal Reference Group' and is facilitated by members of the renal team.
- The Trust has developed questionnaires which have gone to patients looking at end of life 'advance care planning' in renal services. The questionnaires are designed to engage patients in the development of a document specifically for the advanced care planning, although the Trust is also working with a regional group that is starting to look at this issue (very early days on this one)
- Home haemodialysis, where the patient is trained by staff to undertake their own haemodialysis at home and receives support from staff. Patients were consulted and asked for their opinions on the development of such a service

Development of the Bereavement Suite

This scheme was completed following a successful bid to the Kings Fund, London as part of their End of Life Care Programme in relation to enhancing the healing environment.

The aim of the scheme was to create a non-clinical "special" environment (oasis of calm) to bring together in one location a number of services associated with the activities that need to be carried out following the death of a relative or friend in the hospital such as collection of belongings and certificates, registering the death and obtaining advice about what to do next following a death.

The scheme cost £365,000 to construct and was officially opened by Alan Rose (Chairman of the Trust) and representatives of the Kings Fund late summer 2010.

In terms of consultation -

A governor (Helen Mackman) with a particular interest in involving the community was a member of the project team from conception to completion.

At the start of the scheme development, a questionnaire was developed and distributed to the wards seeking comments about what relatives would like to see in a Bereavement suite and the type of services offered.

Articles about the scheme proposals were included in team brief, York Talk and the local media. Presentations were given about the scheme proposals to Trust governors and the Board of Directors.

A presentation was given to Foundation Trust members about the scheme proposals in the Post-Grad Centre - again seeking feedback on the proposals and these same attendees were given the opportunity to return and visit the completed scheme.

Presentations were given to organisations who contributed financially to the project e.g. Friends of York Hospital, a local group of the Round Table and the Trusts Charitable Funds Committee.

A stand was hosted by the project team at the Trust's Annual General Meeting in September 2008 displaying the scheme proposals to seek feedback from anyone visiting the stand.

The project team consulted with other organisations locally i.e. visited a Funeral Directors, visited the local hospice, etc.

Consultation also took place around the proposals for designing the "logo" associated with the suite which was then used as part of the Wayfinding signage and booklets with the scheme.

Following its opening the suite is now working fully and has provided the environment that family and friends said they would like.

Cancer Care Survey 2010

The Cancer Reform Strategy (CRS) published in 2007 set out a commitment to establish a new NHS Cancer Patient Experience Survey programme. The 2010 National Cancer Patient Experience survey was designed to monitor national progress on cancer care and to help gather vital information on the *Transforming Inpatient Care Programme*, the *National Cancer Survivorship Initiative* and the *National Cancer Equality Initiatives*.

This national survey provides insights into the care experienced by cancer patients across England who were treated as day cases or inpatients.

The results show that many patients reported very positively on their care. The Trust scored in the highest-scoring 20% of trusts in relation to 39 questions, with 19 questions scoring within 60% of all trusts.

Patients' overall responses were positive on most questions in the National Cancer Patient Experience survey. Some of the areas in which the Trust scored in the highest 20% of hospital trusts on the following aspects of care are:

- 92% of patients reported that their admission date had not been changed by the hospital
- 91% of patients reported that they had been given easy to understand written information about their test
- 93% of patients felt that they had received understandable answers to important questions all or most of the time from their Clinical Nurse Specialist
- 94% of patients felt they were always given enough privacy when being examined or treated
- 96% of patients reported that staff told them who to contact if worried post discharge
- 90% of patients felt that staff definitely did everything to control the side effects of chemotherapy

Other surveys carried out during the year include the Paediatric Inpatient 2010 survey and the Maternity Survey 2010, which both provided the Trust with excellent feedback on the services it provides.

York Hospital's Link with Begoro Hospital Ghana

York has a longstanding community link with Begoro, in the Fanteakwa District of Ghana and in recent years teams from the Gillygate General Practice have visited Begoro to provide teaching and other support. This year York Hospital became involved in this initiative and the link thus established has proven to be very successful. Begoro has a hospital built and equipped through international funding and is staffed by three doctors providing a wide range of care but most healthcare is delivered in rural clinics and health centres run by nurses, midwives and medical assistants. Resources are scarce and infectious diseases, in addition to the chronic diseases often seen in the UK population, are common. Health promotion and disease prevention is a particularly important aspect of the work in Fanteakwa. Nearby lies the Salvation Army Hostel, supported by an aid worker and this takes children with disabilities from a very wide geographical area to provide rehabilitation.

York Hospital contributed to shipping a container of equipment to Ghana, has fostered links through the Medical School and in May 2010 a joint team from the Practice and from the Hospital (Chief Nurse and Medical Director) visited Begoro Hospital and its outlying clinics. The team were welcomed by the Link Committee and the Local Chief, which was a great privilege. They learned a little of how healthcare is delivered in Ghana and how best the two hospitals can work together. In August four members of the Begoro Health Team visited the Hospital and the visit was deemed highly successful.

The York Hospital is at the beginning of an exciting partnership with colleagues in Ghana and we look forward to developing this over the years to come.

Patient Safety

Quality and Safety remains the highest priority for the Organisation and as such is placed first at every meeting of the Board of Directors.

We are committed to reducing harm and mortality and improving the patient experience and continue to learn and move forward with this.

Over the last year we have made significant progress in a number of areas and continue to develop our Quality and Safety Strategy to ensure we are focussing on being able to deliver the right care to the right patient at the right time.

We continue to develop our reporting mechanisms and performance management processes in order to ensure we have the best available information to govern practice and the best support to staff caring for our patients.

Excellent progress has been made in the following areas:

- We continue to perform well in the prevention, reduction and management of HCAs. The trust had the lowest C-difficile incidence rate for comparable hospitals at the end of 2010 as recognised by the Department of Health
- After significant focussed work by our critical care team it is 340 days since one of our patients experienced a central line infection on the intensive care unit
- The WHO safety checklist has been extended to all areas undertaking interventional procedures
- Our Nursing Care Indicators are a fundamental part of assurance for patient care standards for Sisters, Matrons and the Board
- We have again declared compliance with the Eliminating Single Sex accommodation guidance improving the patient experience
- We show strong improvement on the scores for our national in-patient survey
- We have introduced a pilot project for a volunteer 'Dining Companion' to further assist patients to improve their nutritional status
- We have established a monthly system for recognising staff contribution to quality and patient safety
- We have established a Clinical Quality and Safety Committee to implement closely monitor and ensure improvements in patient safety using the Quality Governance Framework
- We have seen a dramatic reduction in the incidence of our most serious pressure ulcers by using 'rapid spread' methodology supported by the Department of Health
- Our assessments of patients for risk of developing venous thromboembolism (VTE) is over 90% by the introduction of a computerised system, establishment of a strategic VTE committee and improved guidelines and training for staff

Service user involvement groups

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

Departments who used the touch screen equipment include:

- Orthodontics

The lead clinician for orthodontics wanted to capture new patients' feedback to improve the experience of patients using their services.

- Pharmacy Services

Following patient feedback through the Patient Advice and Liaison Service (PALS), users views were sought on access and waiting issues in relation to the dispensing of prescriptions at the Health Care At Home pharmacy in the hospital.

- Diabetes – Think Glucose Campaign

Sometimes patients' self-management routine of diabetes is disrupted when they are admitted to hospital. The diabetes specialist team were keen to identify the issues that patients with diabetes face whilst in hospital and what support the team can provide.

Health and Safety

During 2010 the health and safety structure was strengthened in recognition of the importance of health and safety within the Trust. This new structure now includes Executive health and safety and non-clinical risk committees to ensure the organisation is suitably advised and protected.

Assurance about risk is provided to the Board of Directors via the Risk and Assurance Committee. The Trust has in place management systems to fully comply with the Health and Safety at Work Act 1974.

During the year the following Health and Safety work was undertaken:

- The Trust health and safety strategy was reviewed following the 2010 health and safety audit. The strategy in place emphasised a continued need for a full health and safety management system in all directorates. This strategy had been approved by the Board of Directors in 2009. The aim of this strategy was to continue raising the safety culture in the Trust, identifying training needs, standardising procedures etc
- Additional improvements have been made in our legionella record keeping within Estates and Facilities departments as a direct result of the further training we delivered in 2010. We have also removed under used items around the hospital which has reduced our exposure to legionella
- The annual health and safety audit took place following the above strategies being implemented. The audit has shown a vast improvement in the overall standard of health and safety management throughout the Trust. A separate report is available showing the extent of the improvement.
- The priorities the Trust will be addressing over the next 12 months are:
 - To complete the Trust Transport Policy and associated risk assessments
 - To continue the work necessary with managing medical gases at all of our facilities
 - To continue with our Asbestos Management process, building on the training we completed in 2010 and ensuring that we continue to manage asbestos on site effectively
 - Slips, Trips and Falls will continue to be focussed upon due to the trends we see from our Adverse Incident Reporting System (AIRS) submissions
 - Maintaining legal compliance will remain key to our successful management of health and safety
 - As a result of the Health and Safety Executive (HSE) visiting the hospital in January 2011, improvements will be made in how we manage dermatitis especially with respect to the use of latex products at our facilities
 - With respect to the same HSE visit, we also be working on improving how we manage sharps at our facilities

REMUNERATION REPORT

The Remuneration Committee

The Trust has two Remuneration Committees. One is made up of a group of Governors to determine the appropriate remuneration for Non-executive Directors, including the Chairman. This Committee reports to the Council of Governors and details of the Committee can be found on page 64 of this report.

The second Committee has delegated authority from the Board of Directors to make decisions in respect of salary and conditions of service for the executive directors, and is made up of the non-executive directors of the Trust. More detail about the Remuneration Committee can be found on page 47.

During the financial year 2010/11 the Committee met on five occasions. The Remuneration Committee was attended by the Non-executive Directors, the Chief Executive and the Director of HR for the June 2010 and January 2011 meetings and all the Non-executive Directors and the Chief Executive for the other meeting. The Chief Executive and the Director of HR attended to provide professional advice and information and were not part of the decision making process. The Chief Executive and the Director of HR left the meeting when there was a discussion about an item that directly affected them.

Remuneration of the Chairman and Non-executive Directors

During 2010/11 the remuneration of the Chairman and the Non-executive Directors was considered by the full Council of Governors. The governors agreed a process where the Chairman and Non-executive Directors would receive an increase in line with Agenda for Change and a benchmarking exercise being undertaken every three years. For 2010/11 it was agreed that the Chairman and the Non-executive Directors would not receive an incremental rise.

Remuneration of the Chief Executive and Executive Directors

The membership of the Remuneration Committee for the remuneration of the Chief Executive and other Executive Directors is the Non-executive Director cohort including the Chairman.

Remuneration policy

With the exception of the Chief Executive, Executive Directors, Associate Directors and medical staff, all employees of the Trust, including senior managers, are remunerated in accordance with the national NHS pay structure, Agenda for Change. It is the Trust's policy that this will continue to be the case for the foreseeable future. The remuneration of the Chief Executive and five other Executive Directors and four Associate Directors is determined by the Board of Directors' Remuneration Committee.

The Chief Executive and the three whole-time Executive Directors (Director of Finance, Chief Nurse and the Deputy Chief Executive) are paid a flat rate salary within the range determined by the Remuneration Committee. The part-time Executive Directors (Medical Director and Director of HR) are paid a flat rate within the range determined by the Remuneration Committee. For the Medical Director this is separate from his salary as a medical practitioner.

In reviewing remuneration, the Committee has regard for the Trust's overall performance, the delivery of the agreed corporate objectives for the year, the pattern of executive remuneration among Foundation Trusts and the wider NHS, and the individual director's level of experience and development in the role. The Remuneration Committee does not review the pension arrangements; they are agreed nationally within the NHS.

There is no performance-related element, but the performance of the Executive Directors is assessed at regular intervals and unsatisfactory performance may provide ground for termination of contract. The Executive Directors do not have fixed term contracts and the Non-executive Directors all have service contracts that are a maximum length of three years. Details of terms of office of the Non-executive Directors are included on page 42.

Salaries and pension entitlements of senior managers

a) Salaries

Name and title	2010/11			2009/10		
	Director salary	Remuneration for other duties	Benefits in kind	Director salary	Remuneration for other duties	Benefits in kind
	(bands of £5000)	(bands of £5000)	(to nearest £100) £	(band of £5000)	(band of £5000)	(to nearest £100) £
Executive Directors						
Mr P Crowley Chief Executive	155-160	-	4,000	160-165	-	4,000
Mr A Bertram Director of Finance	105-110	-	3,800	100-105	-	3,600
Mr M Proctor Deputy Chief Executive	105-110	5-10	6,000	115-120		5,000
Mrs A Hughes Director of Strategy and Facilities (until October 2009)	-	-	-	70-75	20-25	5,100
Ms E McManus Chief Nurse	95-100	-	2,700	95-100	-	2,400
Dr I Woods Medical Director (until 22 February 2010)	-	-	-	120-125	65-70	1,400
Dr A Turnbull Medical Director (from 23 February 2010)	140-145	80-85	-	10-15	175-180	-
Ms P Hayward Director of HR (from October 2009)	75-80	-	-	35-40	35-40	-

Non-executive Directors

Name and title	2010/11			2009/10		
	Director salary	Remuneration for other duties	Benefits in kind	Director salary	Remuneration for other duties	Benefits in kind
	(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £	(band of £5000)	(band of £5000)	(to nearest £100) £
Professor A Maynard Chairman	-	-	-	40-45	-	-

Mr A Rose Chairman (from 1 April 2010)	45-50	-	-	10-15	-	-
Professor J Hutton Non-executive Director and Vice Chairman	10-15	-	-	10-15	-	-
Mr P Ashton Non-executive Director	10-15	-	-	10-15	-	-
Mrs G Fleming Non-executive Director (until January 2010)	-	-	-	10-15	-	-
Mrs L Palazzo Non-executive Director	10-15	-	-	10-15	-	-
Professor D Willcocks Non-executive Director	10-15	-	-	-	-	-
Ms L Raper Non-executive Director	10-15	-	-	5-10	-	-
Mr M Sweet Non-executive Director (from February 2010)	10-15	-	-	0-5	-	-

Mr Alan Rose was appointed Chairman of the Trust from 1 April 2010.
Professor Willcocks was appointed as Non-executive Director from 1 May 2010
Mr Proctor resigned from being a member of the Board of Directors on 6 March 2011 to take up a seconded role as Interim Chief Executive at Scarborough and North East Yorkshire Healthcare NHS Trust from 7 March 2011.

Benefits in kind shown in 2010/11 relate to provision of a lease car and other travel expenses.

b) Pensions

	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2011	Total accrued pension lump sum at age 60 at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2011	Real Increase in Cash Equivalent Transfer Value
Name	Bands of £2500	Bands of £2500	Bands of £5000	Bands of £5000	£000	£000	£000
Mr P Crowley, Chief Executive	2.5-5.0	12.5-15	40-45	125-130	810	820	10
Mr A Bertram, Director of Finance	0.0-2.5	5.0-7.5	25-30	75-80	336	306	-30
Mr M Proctor, Deputy Chief Executive	0.0-2.5	0.0-2.5	45-47	140-145	1004	929	-75
Ms E McManus, Chief Nurse	0.0-2.5	2.5-5.0	25-30	80-85	414	371	-43
Dr A Turnbull, Medical Director	2.5-5.0	10.0-12.5	45-50	145-150	940	906	-35
Ms P Hayward, Director of HR	0.0-2.5	-2.5-0.0	15-20	50-55	246	201	-45

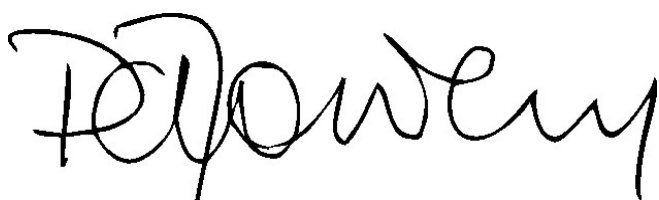
As Non-executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-executive Directors.

Mr Mike Proctor remained an Executive Director of the Trust until 6 March 2011. He resigned from the Board of Directors on 6 March 2011 to take up a seconded role as the Interim Chief Executive of the Scarborough and North East Yorkshire Healthcare NHS Trust. His pension for the whole of the financial year 2010/11 has been included in the table above.

In the budget of 22 July 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Price Index (RPI) to the Consumer Price Index (CPI). As a result the Government Actuaries Department undertook a review of all transfer factors. The new CETV factors have been used in our calculations and are lower than the previous factors we used therefore you will find that the value of the CETV's for some members has fallen since 31 March 2010.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

A handwritten signature in black ink, appearing to read 'P. Crowley', with a stylized, cursive script.

Patrick Crowley
Chief Executive
6th June 2011

ANNUAL GOVERNANCE STATEMENT

1 Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

There are arrangements in place for sharing views and working with other organisations. Those operating at Chief Executive level are as follows:

- Yorkshire & Humberside Chief Executive Forum
- Health Scrutiny Committees
- North Yorkshire Chief Executive Forum
- North Yorkshire Community Review
- Yorkshire Cancer Network
- National Programme for Information Technology (NPfIT) Information Management & Technology (IM&T) Programme Board
- HYMS North Yorkshire Local Steering Group
- Healthy City Board
- Foundation Trust Network (FTN) Chairs and Chief Executives' meeting
- York St John University and York College
- System Management Executive

There are similar arrangements in place for working with partner organisations that operate at director level for finance, HR, business and service planning, clinical alliance, clinical governance and risk management.

2 The purpose of the system of Internal Control

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

- Identify and prioritise the risks to the achievement of the policies, aims and objectives of York Teaching Hospital NHS Foundation Trust
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically

The system of internal control has been in place in York Teaching Hospital NHS Foundation Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

The Chief Executive has overall responsibility for the management of risk. Other members of the Corporate Director Team exercise lead responsibility for the specific types of risk as follows:

- Clinical risk Medical Director/ Chief Nurse
- Financial risk Director of Finance
- Workforce risk Director of HR
- Non-Clinical and organisational risk Director of Estates and Facilities
(Associate)
- Environmental risk Director of Estates and Facilities
(Associate)
- Corporate learning and development Director of Corporate Development
(Associate)
- Operational risk Director of Operations (Associate)
- IT risk Director of Systems and Network
(Associate)
- Strategic risk Chief Executive

Executive Directors ensure that appropriate arrangements and systems are in place to achieve:

- Identification and assessment of risks and hazards
- Compliance with internal policies and procedures, and statutory and external requirements
- Integration of functional risk management systems and development of the assurance framework

These responsibilities are managed operationally by managers supporting the Executive Directors.

The Trust has a Risk Management policy and procedure document, which is reviewed annually and endorsed by the Board. The policy is kept under review during the year to ensure that it is fully embedded into the day-to-day management of the organisation and conforms to best management standards within the organisation. It also sets out the Trust's approach to the identification, assessment, scoring, treatment and monitoring of risk.

The internal systems include a corporate induction and statutory and mandatory training, both for new starters to the Trust and existing staff, this training ensures staff are informed about the systems and processes relating to risk management.

The Trust uses an Adverse Incident Reporting System, which has been evidenced to show an open and fair reporting culture is integrated into the Trust.

Every Directorate has its own Risk Register which is reviewed twice yearly by the Corporate Risk Team, the highest rated risks are taken to every Executive Performance Management Meeting for review of action plans.

The Trust has an active Corporate Risk Register which is reviewed on a quarterly basis by the Corporate Directors and the Risk and Assurance Committee, Audit Committee and Board of Directors.

The department responsible for risk provides regular communications to staff through newsletters and synopses of serious untoward incidents to ensure there is learning throughout the organisation.

On a weekly basis a meeting is held with the Medical Director, Chief Nurse, Head of Risk and Head of Compliance to review all the deaths in the organisation over the previous week, any significant adverse incident reporting (AIRS), Complaints, Claims, Inquests, serious untoward incidents (SUI's), Infection rates, Never Events, clinical alerts (CAS) and anything else that has

come to light as a potential risk to the organisation. This information is then fed to Corporate Directors the following day.

Staff are equipped to manage risk at strategic and operational levels and programmes include:

- Formal in-house training for staff as a whole in dealing with specific everyday risks, e.g. fire safety, health and safety, moving and handling, infection control, security and Statutory and Mandatory training
- Training and induction in incident investigation, including documentation, root cause analysis, serious untoward incidents and steps to prevent or minimise recurrence and reporting requirements
- Developing shared understanding of broader financial, non-clinical, organisational and clinical risks through collegiate clinical, professional and managerial groups (such as Clinical Risk Group, Executive Board and Nursing Board) and sharing good practice with other peer Foundation Trusts through appropriate forums such as the Foundation Trust Network

4 The risk and control framework

Risk Management

The Board of Directors is responsible for the management of key risks. These are managed through:-

- Local directorate risk registers
- A corporate risk register
- An Assurance Framework

The Corporate Risk Register and Assurance Framework are considered by the Risk and Assurance Committee (RAC). The Assurance Framework and corresponding Corporate Risk Register are forwarded to the Audit Committee for consideration. The Audit Committee, a sub-committee of the Board of Directors undertakes a detailed review of the Corporate Risk Register and Assurance Framework and makes appropriate recommendations to the Board.

The Board of Directors, through the Audit Committee reviews the Assurance Framework which monitors the most serious risks facing the Trust in the achievement of its principal objectives and the sources of assurance currently available, both internal and external; the classification of principal risk which identifies the lead responsibilities within the Trust, how the risks are being mitigated, or any gaps in sources of assurance and the actions and timescales for addressing gaps.

The Board of Directors addresses the risks reported in the quarterly self-assessment document submitted to Monitor. This arrangement ensures the Board of Directors understands the strategic risks to the Trust in the context of the Trust's strategic direction.

The Trust continues to review the committee structures and governance arrangements to ensure that they remain appropriate structures and valid and relevant assurance is received by the Board on a regular basis.

The Board of Directors has three sub-committees, the Audit Committee, the Remuneration Committee and the Integrations Board. The Board of Directors also receives reports from the Executive lead of the Efficiency Committee. The Audit Committee has two work groups reporting to it directly, the Compliance Work Group and the Data Quality and Performance Work Group.

Audit Committee

The Audit Committee is chaired by a Non-executive Director and membership consists of three other Non-executive Directors, Executive Directors attend the meeting as required by the Audit Committee.

The Board of Directors delegated authority to the Audit Committee for the development of working groups. The Audit Committee has two working groups, the Compliance Work Group and the Data Quality and Performance Work Group. The Audit Committee Chairman is also a member of the Clinical Quality and Safety Committee – a committee chaired by the Medical Director. The Chairman of the Audit Committee reports back to the Audit Committee on the Clinical Quality and Safety Committee meetings.

The Audit Committee undertakes the following roles:

- Consideration of financial risk management
- Consideration of the annual accounts
- Soundness of overall system of internal control

Compliance Work Group

The Compliance Work Group was tasked with undertaking the following role:

- Review the schedule of compliance including external requirements and declarations, internal policies and internal monitoring of compliance

Data Quality and Performance Work Group

The Data Quality and Performance Work Group was tasked with undertaking the following roles:

- Consider and review integrity and quality of data systems including information governance

Remuneration Committee

- Review of the Executive Directors' Remuneration package and reviews succession planning for the Board of Directors

The Integrations Board

- Responsible for overseeing the integration of the community services and the acquisition of Scarborough and North East Yorkshire NHS Trust

Efficiency Committee

The Board of Directors is assured by the Executive Directors on the achievement of the efficiency agenda through the Efficiency Committee. This Committee is executive lead and monitors progress on the achievement of the cost improvement plan. The Trust has also introduced a dedicated team of staff to support the Directorates in achieving the cost improvement programme initiatives.

The Efficiency Committee replaced the Resource Management Committee and is led by the Chief Executive.

The committee:

- Supports the development of the annual cost improvement plan
- Generates, develops and reviews efficiency initiatives both corporately and in specific areas
- Monitors progress against plan
- Champions and challenges key corporate efficiency projects

The Risk and Assurance Committee

The Risk and Assurance Committee is an executive committee chaired by the Chief Executive, and membership of the committee includes the Executive Directors and attendance from the Chairman of the Trust.

The Committee reports to the Board of Directors through the Audit Committee.

The Risk and Assurance Committee has responsibility to ensure through its review and redesign of management systems and processes that all key and significant risks have been identified and addressed by the risk management processes and mechanisms as detailed in the Risk Management Policy.

The Committee ensures that the Executive Board is informed of any key or significant risks which impact on the organisation.

The Committee has a number of sub-committees that are required to report to the Risk and Assurance Committee on an adhoc basis for any significant and emerging risks and at least once a year with an annual report.

The minutes of the Risk and Assurance Committee are presented to the Executive Board and Audit Committee.

The Risk Management Policy and Procedure:

- Defines the objectives of risk management and the process and structure by which it is undertaken
- Sets out the lead responsibilities and the organisational arrangements as to how these are discharged
- Sets out the key policies, procedures and protocols governing risk management
- Identifies the link between directorate and corporate risk management

Every policy produced in the organisation includes an equality impact assessment which is reviewed as part of the approval system for all policies.

The risk evaluation and treatment model is based on a grading matrix of severity and probability. This produces a risk score to enable the risk to be prioritised against other risks. The score, in turn, is linked to a matrix of the cost and responsibility of risk treatment so that either the risk is addressed locally by the directorate within its resources or it feeds into the Corporate Risk Register.

During 2010/11 the Audit Committee and Board of Directors have received reports from various sources containing assurances including a monthly finance report, Medical Director Reports, Chief Nurse Reports, monthly performance report and internal audit reports.

The Trust employs numerous systems and processes to review and consider quality governance. The Clinical Quality and Safety Committee review the evidence of Quality Governance Framework on a quarterly basis. The Compliance Committee reviews compliance with the Care Quality Commission (CQC) outcomes.

In addition, the organisation has a well developed set of policies and procedures which are supported by a series of staff guides. This includes an Information Security Policy. Information Governance and Information Security are covered within the Statutory and Mandatory Training Programme, and all staff have confidentiality statements within their contracts.

The organisation has a well tested disaster recovery plan for data which aims to ensure that data, and access to data is not compromised or vulnerable at a time of any unexpected system downtime.

The Trust takes data security and management very seriously. The Trust has put in place a number of systems to ensure data security and management. The Trust has a Senior Information Risk Officer (SIRO). The SIRO provides an annual report to the Risk and Assurance Committee on the overview of the information governance activities and the outcome of the Information Governance Toolkit Scores. The Risk and Assurance Committee will receive adhoc reports when a significant issue is identified. The Medical Director is the named Caldicott Guardian and provides the leadership for the management of all clinical risks.

The Trust's strategic direction comprises four key drivers, designed to ensure we focus on our Mission of "being trusted to provide safe, effective healthcare for the communities we serve". These strategic 'frames' provide a focus for our emerging priorities and objectives, and assist in their communication to staff, patients and other stakeholders. They are:

- Improving quality and safety - To provide safe and quality services to all patients underpinned by the specific steps set out in the driver diagram as part of the Quality and Safety Strategy. This includes developing and learning from performance indicators (eg PROMs, NCI etc). Ensuring compliance with national requirements - NPSA, NICE and implementation of results of clinical audit strategies and ensuring consultation and engagement of patients, visitors and staff.
- Developing stronger citizenship through our work with partners and the broader community - To be an exemplar organisation that is responsive to the local and broader community needs and is recognised and trusted. To engage fully in all aspects of community discussion relating to health and provide expert advice and leadership as required. To work with other groups to support the adoption of a consistent approach in the community and demonstrate that the Trust is a community orientated organisation able to achieve and deliver all local and national outcomes.
- Improving our effectiveness: capacity and capability - To provide excellent healthcare with appropriate resources, strong productivity measures and strong top quartile performance being indicative of this. The service will be based on 'needs based care' and staff understand how they contribute to the Trust's successes.
- Improving our facilities and protecting the environment- To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible

The table below identifies our key risks related to each strategy heading.

Strategy	In-year and future risks	Management and mitigation	Outcomes to addressing risk
Improve quality and safety	Not maintaining and improving quality and safety across the whole organisation Not developing the most	Implementation of the Quality Governance Framework and clinical Quality and Safety Strategy across the whole organisation	Effective quality and safety systems and strategy in place

	<p>effective and efficient systems that will support the whole organisation to deliver quality and safety</p> <p>Not reacting to evidence of weaknesses in the systems and processes that manage quality and safety across the organisation</p>	<p>Use of the Assurance Framework and governance systems to check developments</p> <p>Self checking of systems and benchmarking against other Trusts</p>	<p>Considered system development providing a successful whole system approach</p> <p>Assurance of self checking system and excellent comparison of benchmarking. Becoming an exemplar Trust</p>
Develop stronger citizenship through our work with partners and the broader community	<p>Not identifying key parties to engage in the development of services to support the broader community</p> <p>Not reacting to changes in national policy resulting in delayed development in appropriate strategies to engage the community</p> <p>Receiving negative media attention resulting in a poor reputation</p>	<p>Confirmation of parties involved, ensuring Trust maintains open debate with all parties</p> <p>Continuous review of political adjustments and engaging in communication with the public</p> <p>Use CoG meetings to ensure public aware of activity and any issues of concern</p>	<p>Successful identification of appropriate parties to discuss developments with</p> <p>Development of services required by local community in line with national policy</p> <p>Full engagement with and excellent relationship with local community</p>
Improve our effectiveness, capacity and capability	<p>Not managing the resources available to the Trust in an effective and efficient manner</p> <p>Not identifying key service development that would improve the overall capacity and capability of the Trust</p>	<p>Maintenance of current governance systems and debate and review of any areas of non performance through strong performance management regime</p> <p>Use of existing internal systems to confirm effective use of capacity and capabilities</p>	<p>Strong control over the use of resources</p> <p>Strong controls in place</p>
Improve our facilities and protect the environment	<p>Not maintaining a safe environment and infrastructure resulting in non-compliance with legislative standards</p> <p>Not planning effectively for future environment and facility development</p>	<p>Regular audits and completion of work. Updating legislative requirements</p> <p>Engaging with and discussing the service developments and facility requirements</p>	<p>Improvement in the environment and infrastructure so supporting the delivery of quality and safe services for all</p> <p>High quality safe facility that provides environmental benefits for all</p>

The Risk and Assurance Committee is supported by three operational committees as follows:

- Executive Board chaired by the Chief Executive
- Clinical Quality and Safety Committee chaired by the Medical Director
- Risk Register Committee chaired by Head of Risk and Legal Services

The Executive Board

The Executive Board has five operational committees reporting to it:

- The Clinical Quality and Safety Committee chaired by the Medical Director
- IT Strategy Committee chaired by the Chief Executive
- Workforce Board chaired by the Director of HR
- Education Board chaired by the Associate Director for Corporate Development
- Health and Safety and Non-clinical Risk Committee chaired by the Deputy Chief Executive or Director of Finance

The Clinical Quality and Safety Committee

- SUI committee Chaired by the Medical Director
- Information Governance and Records Committee chaired by the Deputy Director of performance
- Clinical Quality and Safety Committee chaired by the Medical Director
- Risk Register Committee chaired by Head of Risk and Legal Services
- Health and Safety and Non-clinical Risk chaired by the Deputy Chief Executive or Director of Finance. (During the year this Committee revised its terms of reference to include Non-clinical Risk)
- Non Clinical Assurance Committee chaired by the Finance Director (during the year this committee was disbanded and replaced by the Health and Safety and Non-clinical Risk Committee)
- Clinical Assurance Committee chaired by the Medical Director. (This committee was disbanded)
- York and Selby Research Committee chaired by a lay Chairman
- Hospital Infection Control Committee chaired by the Chief Nurse

Each committee reports issues of exception that require further debate and consideration by the Executive Directors and Chairman of the Trust.

Risks are identified by the Directorates and recorded in their risk registers. Risks are also identified as a result of an Adverse Incident Report (AIRs) or incident forms and are entered onto the DATIX database along with the directorate risk registers. The Directorates review their risks using a trained risk reviewer linked to the area and the central support team with the Risk Register Committee and the directorate Clinical Governance Committee are now reviewing the registers on a regular basis.

Risk Register Committee

The Corporate Team consider the draft Corporate Risk Register and the high level issues that require consideration for escalation to the Corporate Risk Register. The Corporate Directorates review and agree the Corporate Risk Register prior to presentation at the Risk and Assurance Committee.

All staff have a responsibility to identify risk and report it to their line manager. The managers with responsibility for risk management:

- Ensure the effective identification and treatment of risks in relation to NHSLA standards
- Develop whole system solutions to risks that have the greatest potential to prevent disruption of patient care

A number of forums exist that allow communication with stakeholders. The forums provide a mechanism for risk identified by stakeholders that affects the Trust to be discussed and where appropriate action plans can be developed to resolve any issues.

Examples of the forums and methods of communication with stakeholder are as follows:

Council of Governors

The Council of Governors has a formal role as a stakeholder body for the wider community in the governance of the Trust.

- Hold a minimum of eight meetings a year
- Governors hold working groups to consider issues such as patient experience
- Minutes of the Council of Governors
- Direct communication with members is through a regular newsletter and events including the annual open event and the Annual General Meeting

Staff

- Raising concern policy
- Regular newsletter
- Staff meetings and team briefings
- Staff surveys

Public and service users

- Patient surveys
- PALs service
- Patient forum
- Meetings with the Friends of York Hospitals and self-help groups
- LinKs

Other organisations

- Other health and social care communities
- Clinical and professional network groups in North Yorkshire
- North Yorkshire and York City Council Health Overview and Scrutiny Committees

Changes to the Board during the year

There have been three changes to the Board of Directors during the year:

- Mr Alan Rose was appointed Chairman of the Trust
- Professor Dianne Willcocks was appointed a Non-executive Director of the Trust
- Mr Michael Proctor Deputy Chief Executive has taken up the role of Acting Chief Executive at Scarborough and North East Yorkshire NHS Trust on a secondment basis. During his secondment Mr Proctor will not be a member of the Board of Directors or have any management involvement with the York Teaching Hospital NHS Foundation Trust. The change took effect from 7 March 2011 until further notice

The Board has recognised the additional work involved in the potential acquisition of Scarborough Trust and has put controls in place in order to ensure the level of senior management time spent on Scarborough matters does not impact on the running of York Teaching Hospital NHS Foundation Trust.

Compliance with equality, diversity and human rights legislation

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust has included in the Management of Policies policy a detailed requirement to undertake equality impact assessments as part of the formulation of any new or updated policy. The Trust takes into account equality issues during the development of any service or change to service. The Trust has not routinely published equality impact assessments but will put in place procedures to ensure publication does occur.

Compliance with NHS pension scheme regulations

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Climate change and adaptation requirements under the Climate Change Act 2008

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Information governance assurance programme

The Chief Executive has overall responsibility for all aspects of information management, including security and governance, and is accountable to the Board of Directors.

The Medical Director is the Trust's Caldicott Guardian. The Finance Director is the Senior Information Risk Owner (SIRO) for the Trust. The SIRO takes ownership of the Trust's information risk policy, acts as advocate for information risk on the Board, and provides written advice to the Accounting Officer on the content of our Statement of Internal Control in regard to information risk.

In accordance with the requirements of the Information Governance Toolkit, the Trust has developed an approach of undertaking a regular review of arrangements that are in place to ensure the safe management and control of data. This approach is detailed in our Information Risk Handbook, and nominated officers are required to undertake information risk assessments, develop a resultant treatment plan and then escalate any significant risks to the Information Risk Register. These assessments are reviewed twice a year with the results being fed back to the organisation's Senior Information Risk Owner.

The Deputy Director of Corporate Performance and Compliance acts as the Trust's Data Protection Officer. The Associate Director for Systems and Network has operational responsibility for information management.

Information Governance risks are managed in accordance with compliance with the standards contained within the Information Governance Toolkit, and, where appropriate, recorded on the information risk register.

All staff are governed by the NHS code of confidentiality, and access to data held on IT systems is restricted to authorised users. Information governance training is incorporated into the statutory/mandatory training programme and supplemented as appropriate in all IT training sessions. The corporate induction process has a dedicated IG session.

No information security breaches occurred during the year which was of a scale or severity to require a report to the Information Commissioner.

The Trust complies and has attained level 2 or greater, with all the requirements of version 8 of the Information Governance Toolkit.

The Caldicott Guardian is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.

5 Review of economy, efficiency and effectiveness of the use of resources

During the year the Board of Directors has received regular reports informing of the economy, efficiency and effectiveness of the use of resources. The reports provide detail on the financial and clinical performance of the Trust during the previous period and highlight any areas where there are concerns.

The Efficiency Committee, an Executive Committee, is managed by the Chief Executive and was introduced to ensure there was careful management of the efficiency agenda. The membership of the committee includes all the Corporate Directors.

Internal Audit have reviewed the systems and processes in place during the year and published reports detailing the required actions within specific areas to ensure economy, efficiency and effectiveness of the use of resources is maintained, the outcome of these reports are graded according to the level of remaining risks within the area.

The Board of Directors has also received assurances on the use of resources from agencies outside the Trust including Monitor. Monitor requires the Board of Directors to self assess on a quarterly basis. Monitor scores the assessment on a traffic light system.

The Trust further obtains assurance of its systems and processes and tests its benchmarking through the Foundation Trust network where other Foundation Trusts share good practice.

6 Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare a Quality Report for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the legal requirements of the Act in the NHS Foundation Trust Annual Reporting Manual.

We have appointed the Medical Director and the Chief Nurse to jointly lead and advise the Board on all matters relating to the preparation of the Trust's annual Quality Report.

To ensure that the Trust's Quality Report present a properly balanced picture of its performance over the year we have put in place a Non-executive Director lead.

The Trust's Clinical Quality and Safety Strategy is in place and is updated on an annual basis. The Strategy identifies key goals and objectives to be achieved during the year including the introduction of new and revised systems to support the delivery of the Clinical Quality and Safety Strategy and to ensure a continuation of the delivery of high quality safe clinical care.

The Board has reviewed the draft versions of the annual Quality Report and has considered on going compliance with the priorities identified in the Quality and Safety dashboard and quarterly report presented during the year.

The Chief Nurse has presented the proposed priorities to the Council of Governors and formed a small working group of Governors to work with the Chief Nurse and Medical Director in finalising the development of the annual Quality Report. The Council of Governors have chosen a standard to be reviewed as part of the External Audit assurance review audit.

The Clinical Quality and Safety strategy identifies the organisational priorities. Implementation of the strategy is managed through a robust and embedded performance management framework, with a monthly dashboard and a fuller quarterly report being presented to the Board of Directors and the Council of Governors.

The Trust has invested in teams of staff to undergo additional training in support of the implementation of the strategy, specifically Global Trigger Tool and rapid improvement methodologies.

The Quality Report is a product of the Trust's implementation of the Quality and Safety Strategy. The Quality and Safety Strategy is evidenced by the presentation at the Board of Directors of the monthly Quality and Safety dashboard and a quarterly report. The Board of Directors uses these reports as part of their assurance about the systems and processes that have been implemented as a result of the introduction of the Quality and Safety Strategy.

7 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me.

My review is also informed by comments made by the external auditors in their Reports to those Charged with Governance (Interim & Annual). I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Risk and Assurance Committee and the Clinical Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The level of assurance has been enhanced during the year through continued development and refining of the data.

My opinion is also informed by:

- Maintained accreditation of the trust granted in March 2010 for NHSLA at level one for general standards
- Maintained accreditation granted in March 2010 at level one of the CNST maternity standards

- Achieving Practice Plus accreditation for Improving Working Lives
- External Audit interim report
- Head of internal audit opinion
- The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission
- The Trust has not received any formal reports from the Care Quality Commission during 2010/11
- Confirmation by Monitor, through quarterly monitoring, that the Trust is compliant with Monitor's regime
- Overall the SHA is confident that students\trainees receive teaching training in a supportive environment

Contracts with commissioners for 2010/11 were agreed in a cooperative and collaborative manner through the Trust's engagement with the Systems Management Executive (SME). This engagement has been with NHS North Yorkshire and York, NHS Yorkshire and the Humber and other local trusts in North Yorkshire. The objective of the work is to ensure the financial viability of the North Yorkshire health community going forward and particularly to agree transparent and equitable financial risk management arrangements to deal with contract variations. This engagement has continued throughout the year and has resulted in reduced contract risks and a shared understanding of respective financial positions. All parties have committed to continuing engagement in the SME going forward.

The Board of Directors receive a monthly report from the Medical Director, Chief Nurse, and Chief Executive which provides the Board with assurance about the clinical and corporate issues within the Trust. The performance report is also presented on a monthly basis to the Board of Directors. During the year the Trust continues to refine the levels of assurance available to the Board of Directors. This year the Trust introduced a section in the Board meeting around patient experience. This entails the Board listening to a complaint or compliment that has been received by the Trust. A robust system is applied to the management of complaints and this has been discussed with the Board of Directors and Council of Governors during the year.

The Medical Director report includes a dashboard that identifies the maintained effectiveness of the systems and areas for improvement. The dashboard includes a number of local and national target measures that the Trust benchmarks against. The performance report also provides additional assurance on the achievements of the Trust during the year. The quarterly report provides an overview of the achievements and challenges identified in the period.

The Audit Committee has received a number of audit reports from internal audit at each meeting. The Audit Committee reviews the reports and discusses the recommendations made. The Audit Committee has reviewed and contributed to the development of the Clinical Quality and Safety Committee of which the chairman of the Audit Committee is a member. The minutes of the Clinical Quality and Safety Committee are also provided to the Audit Committee for information.

The Audit Committee review the Assurance Framework and Corporate Risk Register and Internal Audit reports. The Audit Committee will identify and escalate any concerns around assurance to the Board of Directors at Board meetings during discussions about the Quality and Safety report, Performance report or Finance report, or the presentation of the minutes from the Audit Committee.

The Trust continues to receive approval from the SHA about the delivery of the Learning and Development agreement. The Trust also hosted three quality monitoring visits, from the Yorkshire and Humber Deanery for medical specialties, from the North Yorkshire and East Coast Foundation School for Foundation doctors and a General Medical Council (GMC) visit to look at overall quality management within the region. All reinforced the quality of the current processes in place for supporting doctors in training and that they are robust and responsive to needs. Several areas of

notable practice were identified within Postgraduate processes and in wider departmental teaching and the trainees interviewed gave a high satisfaction rating for their training experience.

The Trust has a Clinical Audit Strategy and Policy in place, which outlines the systems and processes to monitor clinical audit undertaken by the Trust. This enables a systematic process to address risks and to provide assurance to the Trust, Commissioners and monitoring bodies.

All clinical audit activity should be registered with the Effectiveness Team and is collated on the Effectiveness Project and Clinical Audit Database. The Effectiveness Team follow up on all reports/briefcases (summary report) and action plans. These are attached to the Database to evidence changes to practice.

A Clinical audit report evidencing key performance indicators and Briefcases are presented to the Clinical Standards Committee every two months. The Clinical Standards Committee is a formal sub committee of, and is accountable to, the Clinical Quality & Safety Committee.

The Risk and Assurance Committee has developed its systems over the last year and reviewed the key risks on the Corporate Risk Register. The Risk and Assurance Committee regularly reviewed compliance with the Care Quality Commission and NHSLA.

Internal Audit is an independent service who has a risk based plan agreed with the Audit Committee for the year. The plan includes areas where controls within the systems and processes may be improved or enhanced. Internal Audit present their findings to the Audit Committee and the Board of Directors through the Audit Committee minutes on a quarterly basis (as a minimum). The Head of Internal Audit Opinion is written as a summary of the findings of all the Audits held.

From the Audit reports presented to the Trust during the year there were no significant areas of concern raised.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the committees identified above, by the Board's monitoring of corporate and directorate performance, by the publication of audit reports in line with their work programme by internal audit during the year, and by the evidence of the assessment of the Trust and the capacity and capability of the Board by Monitor in relation to its financial management, governance arrangements and risk management systems, the Board's self-certification to Monitor.

8 Conclusion

I am satisfied that no significant internal control issues have been identified.

A handwritten signature in black ink, appearing to read 'P. Crowley', with a stylized, cursive script.

Patrick Crowley – Chief Executive

6 June 2011

Annual Accounts



2010/11

York Teaching Hospital NHS Foundation Trust

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Statement of the Chief Executive's responsibilities as the accounting officer of York Teaching Hospital NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed the York Teaching Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of York Teaching Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS foundation trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*

Signed:



Chief Executive

Date: 6th June 2011

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

We have audited the accounts of York Teaching Hospital NHS Foundation Trust ('the Trust') for the year ended 31 March 2011 which comprise the statement of comprehensive income, the statement of financial position, the statement of cash flow, the statement of changes in taxpayers' equity and the related notes. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Council of Governors and Board of Directors of York Teaching Hospital NHS Foundation Trust, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Governors and Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust, the Trust's Governors as a body and the Trust's Board of Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of accounting officer and auditor

As explained more fully in the Chief Executive's Statement, the Chief Executive as Accounting Officer is responsible for the preparation of the accounts and for being satisfied that they give a true and fair view.

The Accounting Officer is responsible for the maintenance and integrity of the corporate and financial information on the Trust's website. Legislation in the United Kingdom governing the preparation and dissemination of the accounts and other information included in annual reports may differ from legislation in other jurisdictions.

Our responsibility is to audit and express an opinion on the accounts in accordance with applicable law, the Audit Code for NHS Foundation Trusts issued by Monitor, and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the accounts

We conducted our audit in accordance with paragraph 1 of Schedule 10 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor, which requires compliance with International Standards of Auditing (UK and Ireland) issued by the Auditing Practices Board.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgements made by the Accounting Officer in the preparation of the accounts, and whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that:

- the accounts are free from material misstatement, whether caused by fraud or other irregularity or error; and
- the accounts and the part of the Remuneration Report to be audited have been properly prepared.

In forming our opinion we also evaluated the overall adequacy of the presentation of information in the accounts.

Opinion on the accounts

In our opinion the accounts:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2011 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with paragraph 25 of Section 7 of the National Health Service Act 2006 and the NHS Foundation Trust Annual Reporting Manual 2010-11 issued by Monitor; and
- the information given in the annual report for the financial year for which the accounts are prepared is consistent with the accounts.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with information of which we are aware from our audit; or
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- the Trust's Quality Report has not been prepared in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual or is inconsistent with other sources of evidence.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of paragraph 4 of Schedule 10 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

A handwritten signature in black ink, appearing to read 'S Howard'.

Sarah Howard
Senior Statutory Auditor
for and on behalf of Grant Thornton UK LLP
Statutory Auditor, Chartered Accountants
Leeds

Date: 6 June 2011

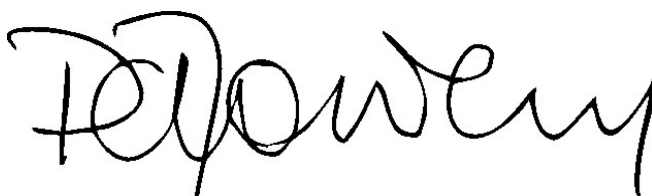
FOREWORD TO THE ACCOUNTS

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

These accounts for the year ended 31 March 2011 have been prepared by York Teaching Hospital NHS Foundation Trust under paragraphs 24 and 25 of schedule 7 of the Health and Social Care (Community Health and Standards) Act 2006 in the form which Monitor has, with the approval of the Treasury, directed.

York Teaching Hospital NHS Foundation Trust Annual Report and Accounts are presented to Parliament pursuant to Schedule 8, paragraph 11(3) of the Health and Social Care (Community Health and Standards) Act 2006.

Signed

A handwritten signature in black ink, appearing to read 'P. Crowley', written in a cursive style.

Patrick Crowley – Chief Executive

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 31 MARCH 2011

	Notes	2010/11 £000	2009/10 £000
Operating income	2	242,797	235,567
Operating expenses	3	(242,961)	(232,310)
Transitional funding *		4,000	0
Operating Surplus Before Impairments		3,836	3,257
Impairment of receivable with PCT		0	(4,000)
Impairment of Property, Plant and Equipment **	6.2	(1,378)	(1,414)
Operating Surplus/(Deficit) After Impairments		2,458	(2,157)
Finance Costs			
Finance Income	5	99	53
Finance expense – financial liabilities	6.1	(155)	(16)
Finance expense – unwinding of discount		(17)	(17)
PDC Dividends Payable		(3,171)	(3,416)
Net Finance Costs		(3,244)	(3,396)
DEFICIT FOR THE YEAR		(786)	(5,553)
Other comprehensive income and expense			
Net Revaluation gains/(losses) on property, plant and equipment		1,171	(9,401)
Increase in the donated asset reserve due to receipt of donated assets		324	276
Reduction in the donated asset reserve in respect of depreciation of donated assets		(122)	(105)
Total Comprehensive Income/(Expense) for the Year		587	(14,783)

The notes on pages 10 to 38 form part of these accounts.

All income and expenditure is derived from continuing operations.

* In 2010/11, the NHS Yorkshire and the Humber Strategic Health Authority (SHA) has provided £4m transitional funding, via NHS North Yorkshire & York to invest in hospital services. During the year, the Trust has worked collaboratively with other local providers, NHS North Yorkshire and York and NHS Yorkshire and the Humber Strategic Health Authority through a System Management Executive, to better understand, manage and share financial risks across the local health economy

** The Trust revalues fixed assets at the end of each year, to reflect in year changes in building costs, and the initial valuation of new material assets. In 2010/11 this gave rise to an impairment loss included in exceptional costs above, of £1.4m, mainly due to an exceptional technical adjustment associated with the commissioning of the new multi-storey car park on the hospital site.

The underlying performance for the current year, excluding impairment costs, generated a net surplus of £0.6m, compared to a planned surplus of £3.7m.

The revaluation of fixed assets also gave rise to an overall net increase in asset values charged against revaluation reserve, of £1.2m, compared with a net reduction of £9.4m in 2009/10.

STATEMENT OF FINANCIAL POSITION
31 MARCH 2011

	Notes	31 March 2011 £000	31 March 2010 £000
Non- current assets			
Intangible assets	8	1,212	787
Property, plant and equipment	9.1	97,779	97,350
Trade and other receivables	11.2	898	860
Total non- current assets		99,889	98,997
Current assets			
Inventories	10	3,882	3,352
Trade and other receivables	11	11,764	9,708
Cash and cash equivalents	18	4,655	4,565
Total current assets		20,301	17,625
Current Liabilities			
Trade and other payables	12	(12,602)	(15,135)
Borrowings	13	(625)	0
Provisions	16	(60)	(70)
Tax payable		(3,207)	(3,043)
Total current liabilities		(16,494)	(18,248)
Total Assets less Current liabilities		103,696	98,374
Non current liabilities			
Trade and other payables	12	0	(55)
Borrowings	13	(6,637)	(1,755)
Provisions	16	(665)	(757)
Total Non current liabilities		(7,302)	(2,567)
Total Assets Employed		96,394	95,807
Financed by (Taxpayers equity)			
Public Dividend Capital		65,293	65,293
Revaluation Reserve	17	17,436	18,875
Donated Asset Reserve		940	771
Income and expenditure reserve		12,725	10,868
Total Taxpayers equity		96,394	95,807

The financial statements on pages 6 to 38 were approved by the Board of Directors on 3 June 2011 and signed on its behalf by:

Signed:  (Chief Executive)

Date: 6th June 2011

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED 31 MARCH 2011**

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Donated Assets Reserve £000	Income and Expenditure Reserve £000
Taxpayers' equity at 1 April 2009	110,108	64,811	28,624	600	16,073
Deficit for the year	(5,553)	0	0	0	(5,553)
Revaluation gains and losses and impairment losses on property, plant and equipment	(9,401)	0	(9,401)	0	0
Increase in the donated asset reserve due to receipt of donated assets	276	0	0	276	0
Reduction in the donated asset reserve in respect of depreciation of donated assets	(105)	0	0	(105)	0
Other transfers between reserves	0	0	(348)	0	348
Public Dividend Capital received	482	482	0	0	0
Taxpayers' equity at 31 March 2010	95,807	65,293	18,875	771	10,868
Deficit for the year	(786)	0	0	0	(786)
Revaluation gains and losses and impairment losses on property, plant and equipment	1,171	0	1,171	0	0
Increase in the donated asset reserve due to receipt of donated assets	324	0	0	324	0
Reduction in the donated asset reserve in respect of depreciation of donated assets	(122)	0	0	(122)	0
Other transfers between reserves	0	0	(2,610)	(33)	2,643
Taxpayers' equity at 31 March 2011	96,394	65,293	17,436	940	12,725

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 MARCH 2011**

	2010/11 £000	2009/10 £000
Cash flows from operating activities		
Operating surplus/(deficit)	2,458	(2,157)
Non Cash Income and Expense		
Depreciation and amortisation	5,487	5,701
Impairments	2,146	1,414
Reversal of Impairments	(782)	0
Transfer from the donated asset reserve	(122)	(105)
(Increase)/Decrease in Trade and other Receivables	(2,372)	5,546
(Increase) in Inventories	(530)	(215)
(Decrease)/Increase in Trade and other Payables	(2,467)	313
(Decrease) in Other Liabilities	0	(371)
(Decrease) in Provisions	(102)	(377)
Increase in Tax payable	164	133
NET CASH GENERATED FROM OPERATIONS	3,880	9,882
Cash flows from investing activities		
Interest received	99	53
Purchase of intangible assets	(609)	(395)
Purchase of Property, Plant and Equipment	(9,489)	(8,184)
Sales of Property, Plant and Equipment	4,219	7
Net cash used in investing activities	(5,780)	(8,519)
Cash flows from financing activities		
Public dividend capital received	0	482
Loans received	5,038	1,755
Loans repaid	(12)	0
Capital element of finance lease rental payments	(50)	0
Interest paid	(88)	(16)
Interest element of finance lease	(7)	0
PDC Dividend paid	(2,891)	(3,700)
Net cash generated from/(used in) financing activities	1,990	(1,479)
Increase/(Decrease) in cash or cash equivalents	90	(116)
Cash and cash equivalents at 1 April	4,565	4,681
Cash and cash equivalents at 31 March	4,655	4,565

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2010/11 NHS Foundation Trust Annual Reporting Manual issued by Monitor - the Independent Regulator of Foundation Trusts. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Joint operations

Joint operations are activities which are carried on with one or more other parties but which are not performed through a separate entity. The NHS Foundation Trust includes within its financial statements its share of the activities, assets and liabilities.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the NHS Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.3 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, plant and equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- individually has a cost of at least £5,000; or
- collectively has a cost of at least £5,000 and individually has a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

Land and buildings used for the NHS Foundation Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement of Financial Position date. Fair values are determined as follows:

- Specialised buildings – depreciated replacement cost based on modern equivalent assets
- Land and non specialised buildings – existing use value
- Non-operational properties (including surplus land) – existing use value

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. The NHS Foundation Trust has applied this basis of valuation from 1st April 2009. A full revaluation was carried out at 31 March 2011 to reflect the changes in building values throughout the year.

All land and buildings are restated to current value using professional valuations in accordance with IAS 16 every five years. Valuations are carried out on a more frequent basis where impairment indicators exist. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) *Appraisal and Valuation Manual*.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

Increases arising on revaluation are taken to the revaluation reserve except when it reverses a revaluation decrease for the same asset previously recognised in the Statement of Comprehensive Income, in which case it is credited to the Statement of Comprehensive Income to the extent of the decrease previously charged there. A revaluation decrease is charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the Statement of Comprehensive Income.

Impairments

In accordance with the Foundation Trust Annual Reporting Manual, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to the operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversal of 'other impairments' are treated as revaluation gains.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

The standard economic lives of Property, Plant and Equipment assets are as follows:

- Buildings	20 to 60 years
- Engineering and fixed plant	5 to 50 years
- Medical equipment and engineering plant and equipment	5 to 15 years
- Transport	3 to 7 years
- Mainframe information technology installations	5 to 8 years
- Furniture and Fittings	5 to 10 years
- Office and information technology equipment	3 to 5 years
- Set up costs in new buildings	10 years

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, Plant and Equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated Property, Plant and Equipment

Donated Property, Plant and Equipment are capitalised at their current value on receipt and this value is credited to the donated asset reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to the income and expenditure account. Similarly, any impairment on donated assets charged to the income and expenditure account is matched by a transfer from the donated asset reserve. On sale of donated assets, the net book value of the donated asset is transferred from the donated asset reserve to the Income and Expenditure Reserve.

1.6 Intangible assets

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the NHS Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust and where the cost of the asset can be measured reliably. They are only capitalised when they have a cost of at least £5,000. Intangible assets

acquired separately are initially recognised at fair value.

The NHS Foundation Trust does not recognise any internally generated assets, associated expenditure is charged to the income statement in the period in which it is incurred.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

Following initial recognition, intangible assets are carried at amortised replacement cost as this is not considered to be materially different from fair value.

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.7 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

When the NHS Foundation Trust acts as a lessee, the following applies:-

- Amounts held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments. The asset is recorded as Property, Plant and Equipment, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are charged directly to the Statement of Comprehensive Income.
- Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.
- Contingent rentals are recognised as an expense in the period in which they are incurred.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. Inventories are valued at actual cost and this is considered to be a reasonable approximation to current cost due to the high turnover of stocks. Partially completed contracts for patient services are not accounted for as inventories, but rather as receivables.

1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Cash and bank balances are recorded at the current values of these balances in the NHS Foundation Trust's cash book. These balances exclude monies held in the NHS Foundation Trust's bank account belonging to patients (see "third party assets" below).

Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, “interest receivable” and “interest payable” in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.10 Provisions

The NHS Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury’s discount rate of 2.2% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury’s pension discount rate of 2.9% in real terms.

1.11 Contingencies

Contingent liabilities are provided for where a transfer of economic benefits is probable. Otherwise, they are not recognised, but are disclosed in a note unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.12 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to operating expenses. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note16.

1.13 Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS Foundation Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses’ payable in respect of particular claims are charged to operating expenses as and when they become due.

1.14 Financial instruments

Financial assets and financial liabilities are initially recognised at fair value. This is determined as follows:

- the fair value of financial assets and financial liabilities with standard terms and conditions and traded on active markets are determined with reference to quoted market prices.
- the fair value of other financial assets and financial liabilities (excluding derivative instruments) are determined in accordance with generally accepted pricing models based on discounted cash flow analysis.
- the fair value of derivative instruments are calculated using quoted prices. Where such prices are not available, use is made of discounted cash flow analysis using the applicable yield curve for the duration of the instrument.

Financial assets

Financial assets are classified into the following categories:

- financial assets 'at fair value through profit and loss'
- 'held to maturity investments'
- 'available for sale' financial assets
- 'loans and receivables'

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

The NHS Foundation Trust's financial assets all fall under the category 'loans and receivables'.

Trade receivables, loans, and other receivables that have fixed or determinable payments that are not quoted in an active market are classed as 'loans and receivables'. They are measured at amortised cost using the effective interest method less any impairment; Interest income is recognised by applying the effective interest rate, except for short-term receivables where the recognition of interest would be immaterial. The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset.

Receivables are assessed for indicators of impairment at each Statement of Financial Position date. Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been impacted. The amount of the impairment is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the financial asset is reduced by the impairment loss directly for financial assets other than trade receivables, where the carrying amount is reduced through an allowance for irrecoverable debts, changes in which are recognised in the Statement of Comprehensive Income.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the Statement of Comprehensive Income to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Financial liabilities

Financial liabilities are classified into the following categories:

- 'financial liabilities at fair value through profit and loss'
- 'other financial liabilities'.

The NHS Foundation Trust's financial liabilities all fall under the category 'other financial liabilities'.

Other financial liabilities including borrowings are initially measured at fair value, less transaction costs. They are subsequently measured at amortised cost using the effective interest method, with interest expense.

1.15 Value Added Tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable the amounts are stated net of VAT.

1.16 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Statement of Comprehensive Income. At the Statement of Financial Position date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the Statement of Financial Position date.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. Details of third party assets are given in note 24 to the accounts.

1.18 Public Dividend Capital (PDC) and PDC dividend

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the original NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the forecast cost of capital utilised by the NHS Foundation Trust, is paid over as Public Dividend Capital Dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for donated assets and cash held with the Government Banking Service, excluding cash balances held in GBS accounts that relate to short-term working capital facility. Average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

1.19 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the Statement of Comprehensive Income on an accruals basis, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which is prepared on a cash basis.

1.20 Corporation Tax

The NHS Foundation Trust has determined that it has no corporation tax liability.

1.21 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions

The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date. The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004.

In order to defray the costs of benefits, employers pay contributions at 14% of pensionable pay and most employees had up to April 2008 paid 6%, with manual staff paying 5%.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme taking effect from 1 April 2008, his Valuation report recommended that employer contributions could continue at the existing rate of 14% of pensionable pay, from 1 April 2008, following the introduction of employee contributions on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings. On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the scheme actuary. At this point the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

The valuation of the scheme liability at 31 March 2011 is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 31 March 2011 with summary global member and accounting data.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

In 2008-09 the NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

i) Annual Pensions

The Scheme is a "final salary" scheme. Annual pensions are normally based on $1/80^{\text{th}}$ for the 1995 section and of the best of the last three years pensionable pay for each year of service, and $1/60^{\text{th}}$ for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

ii) Pensions Indexation

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year.

iii) Lump Sum Allowance

A lump sum is payable on retirement which is normally three times the annual pension payment.

iv) Ill-Health Retirement

Early payment of a pension, with enhancement in certain circumstances, is available to members of the Scheme who are permanently incapable of fulfilling their duties or regular employment effectively through illness or infirmity.

v) Death Benefits

A death gratuity of twice their final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

vi) Additional Voluntary Contributions (AVCs)

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

vii) Transfer between Funds

Scheme members have the option to transfer their pension between the NHS Pension Scheme and another scheme when they move into or out of NHS employment.

viii) Preserved Benefits

Where a scheme member ceases NHS employment with more than two years service they can preserve their accrued NHS pension for payment when they reach retirement age.

ix) Compensation for Early Retirement

Where a member of the Scheme is made redundant they may be entitled to early receipt of their pension plus enhancement, at the employer's cost.

2. Segmental Analysis

All income and activities are for the provision of health and health related services in the UK. The Trust reports revenues on a Trust wide basis in its internal reports and therefore deems there to be a single segment, healthcare.

2.1 Operating Income (by Classification)	2010/11	2009/10
Income from activities		
	£000	£000
Elective income	40,942	38,268
Non elective income	67,145	69,166
Outpatient income	38,497	33,904
A & E income	6,085	6,003
Other NHS clinical income	54,833	53,345
Private patient income	880	930
Other non protected clinical income	1,330	1,289
Total income from activities	209,712	202,905
Other operating income		
Research and development	7,500	7,108
Education and training	9,418	9,573
Charitable and other contributions to expenditure	75	49
Transfer from donated asset reserve in respect of depreciation on donated assets	122	105
Non-patient care services to other bodies	12,373	12,086
Other	3,576	3,735
Profit on disposal of other intangible fixed assets	21	6

Total Other Operating Income	33,085	32,662
TOTAL OPERATING INCOME	242,797	235,567

Included within income, £207,502,000 has arisen from mandatory services and £35,295,000 has arisen from non-mandatory services as set out in the NHS Foundation Trust's Terms of Authorisation.

2.2 Private patient income	2010/11	2009/10	Base year
	£000	£000	£000
Private patient income	880	930	900
Total patient related income	209,172	202,905	113,162
Proportion (as percentage)	0.42%	0.46%	0.80%

Section 15 of the 2003 Act requires that the proportion of private patient income to the total patient related income of NHS Foundation Trusts should not exceed its proportion whilst the body was an NHS Trust using 2002/03 as the base year.

2.3 Operating Lease Income	2010/11	2009/10
	£000	£000
Rents recognised as income in the period	280	291
Total operating lease income	280	291
Future minimum lease payments due		
- Not later than one year	117	137
- Later than one year and not later than five years	318	303
- Later than five years	810	894
Total operating lease income	1,245	1,334

2.4 Operating Income (by type)	2010/11	2009/10
	£000	£000
Income from activities		
Primary Care Trusts	207,502	200,686
Non NHS: Private patients	843	856
Non NHS: Overseas patients non-reciprocal)	37	74
NHS injury scheme (was RTA)	1,077	979
Non NHS: Other	253	310
Total Income from activities	209,712	202,905
Other Operating Income		
Research and Development	7,500	7,108
Education and training	9,418	9,573
Charitable and other contributions to expenditure	75	49
Transfer from donated asset reserve in respect of depreciation on donated assets	122	105
Non-patient care services to other bodies	12,373	12,086
Profit on disposal of other tangible fixed assets	21	6
Other	3,576	3,735

Total other operating income	33,085	32,662
Total Operating Income	242,797	235,567

Analysis of Other Operating Income: Other	2010/11	2009/10
	£000	£000
Car parking	977	1,012
Estates recharges	0	2
Staff accommodation rentals	100	118
Catering	1,399	1,568
Property rentals	180	146
Other	920	889
Total	3,576	3,735

3.1 Operating Expenses (by type)	2010/11	2009/10
	£000	£000
Services from NHS Foundation Trusts	76	563
Services from NHS Trusts	1,667	2,119
Services from other NHS Bodies	408	1,036
Purchase of healthcare from non NHS bodies	3,548	3,346
Employee expenses - Executive directors costs	1,123	1,098
Employee expenses - Non-executive directors costs	132	127
Employee expenses - Staff	156,914	150,337
Drug costs	20,417	17,764
Supplies and services - clinical (excluding drug costs)	26,110	23,691
Supplies and services - general	4,573	4,053
Establishment	2,709	3,178
Research and development	4,933	4,195
Transport	662	891
Premises	7,589	6,974
Bad Debt Expense	142	37
Depreciation on property, plant and equipment	5,165	5,471
Amortisation on intangible assets	322	230
Audit fees - statutory audit	60	73
Audit remuneration – other services	18	0
Clinical negligence	4,097	3,616
Loss on disposal of other property, plant and equipment	26	1
Legal fees	445	243
Consultancy costs	225	613
Training, courses and conferences	573	734
Patient travel	68	68
Redundancy	107	12
Hospitality	16	17
Insurance	339	312
Losses, ex gratia & special payments	63	91
Other	434	1,420
Total Operating Expenses	242,961	232,310

3.2 Arrangements containing an operating lease

	2010/11	2009/10
	£000	£000
Minimum lease payments	3,826	3,069
Total Lease Payments	3,826	3,069

3.3 Arrangements containing an operating lease

	31 March 2011	31 March 2010
	£000	£000
Total future minimum lease payments due:		
- not later than one year;	3,883	2,989
- later than one year and not later than five years;	8,322	7,211
- later than five years	1,658	1,315

4.1 Employee Expenses

	2010/11			2009/10		
	Total	Perm	Other	Total	Perm	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	127,719	120,077	7,642	122,419	107,729	14,690
Social security costs	9,947	9,210	737	9,433	8,301	1,132
Pension costs - defined contribution plans - Employers contributions to NHS Pensions	15,332	14,196	1,136	14,355	12,632	1,723
Termination benefits	107	107	0	12	12	0
Agency/contract staff	5,039	0	5,039	5,228	0	5,228
TOTAL	158,144	143,590	14,554	151,447	128,674	22,773

4.2 Average number of employees (WTE basis)

	2010/11			2009/10		
	Total	Perm	Other	Total	Perm	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	416	235	181	378	222	156
Administration and estates	894	852	42	904	868	36
Healthcare assistants and other support staff	445	435	10	410	401	9
Nursing, midwifery and health visiting staff	1,482	1,459	23	1,420	1,405	15
Scientific, therapeutic and technical staff	672	638	34	663	633	30
Bank and agency staff	194	0	194	202	0	202
TOTAL	4,103	3,619	484	3,977	3,529	448

4.3 Exit Packages

During 2010-11 the Trust provided the following exit packages to staff under nationally agreed arrangements or local arrangements for which Treasury approval was required.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
< £10,000	3	4	7
£10,001 - £25,000	3	3	6
£25,001 - £50,000	2	2	4
Total number of exit packages by type	8	9	17
Total resource cost (£000)	107	138	245

4.4 Employee benefits

	2010/11	2009/10
	£000	£000
Total spend on employee benefits	207	175

4.5 Early retirements due to ill health

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year.

During 2010/11 there were 4 early retirements (2009/10 – 6) from the NHS Foundation Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £123,000 (2009/10 - £314,000). These retirements represented 0.93 per 1000 active scheme members. This information has been supplied by NHS Pensions and the cost of these ill-health retirements will be borne by the NHS Business Services Authority -Pensions Division.

5. Finance income

	2010/11	2009/10
	£000	£000
Interest on loans and receivables	99	53

6.1 Finance costs - interest expense

	2010/11	2009/10
	£000	£000
Interest on loan from the Foundation Trust Financing Facility	150	16
Interest on Finance Leases	5	0
	155	16

6.2 Impairment of assets (PPE & intangibles)

	2010/11	2009/10
	£000	£000
Abandonment of assets in the course of construction	14	0
Changes in market price	2,146	1,414
Reversal of prior years impairments	(782)	0
TOTAL IMPAIRMENTS	1,378	1,414

7. Losses and special payments

	2010/11 Number	Value £000	2009/10 Number	Value £000
Losses	38	6	48	39
Special Payments	107	62	115	98
	145	68	163	137

8. Intangible assets

	Total	Software licences
	£000	£000
Gross cost at 1 April 2009	1,095	1,095
Reclassifications	263	263
Additions - purchased	395	395
Gross cost at 31 March 2010	1,753	1,753
Amortisation at 1 April 2009	736	736
Provided during the year	230	230
Amortisation at 31 March 2010	966	966
Net book value		
NBV - Purchased at 1 April 2009	359	359
NBV - Purchased at 31 March 2010	787	787
Gross cost at April 2010	1,753	1,753
Reclassifications	138	138
Additions - purchased	609	609
Disposals	(28)	(28)
Gross cost at 31 March 2011	2,472	2,472
Amortisation at 1 April 2010	966	966
Provided during the year	322	322
Disposals	(28)	(28)
Amortisation at 31 March 2011	1,260	1,260
Net book value		

NBV - Purchased at 1 April 2010	787	787
NBV - Purchased at 31 March 2011	1,212	1,212

9.1 Property, plant and equipment

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2009	126,271	9,010	88,245	93	1,650	21,037	385	5,834	17
Additions - purchased	8,301	0	4,009	0	3,044	366	16	861	5
Additions - donated	276	0	53	0	0	223	0	0	0
Impairments	(1,985)	(88)	(1,897)	0	0	0	0	0	0
Reclassifications	(263)	0	735	0	(1,478)	60	0	420	0
Revaluation reductions	(12,155)	(512)	(11,652)	2	7	0	0	0	0
Disposals	(2,514)	0	(414)	0	0	(1,144)	(38)	(918)	0
Cost or valuation at 31 March 2010	117,931	8,410	79,079	95	3,223	20,542	363	6,197	22
Accumulated depreciation at 1 April 2009	20,946	0	488	0	0	15,723	318	4,404	13
Provided during the year	5,472	0	3,434	2	0	1,385	26	623	2
Impairments	(571)	0	(571)	0	0	0	0	0	0
Revaluation reductions	(2,753)	0	(2,751)	(2)	0	0	0	0	0
Disposals	(2,513)	0	(414)	0	0	(1,143)	(38)	(918)	0
Accumulated depreciation at 31 March 2010	20,581	0	186	0	0	15,965	306	4,109	15
Net book value									
NBV - Owned at 1 April 2009	104,725	9,010	87,466	93	1,650	5,010	67	1,425	4
NBV - Donated at 1 April 2009	600	0	291	0	0	304	0	5	0
NBV total at 1 April 2009	105,325	9,010	87,757	93	1,650	5,314	67	1,430	4
NBV - Owned at 31 March 2010	96,579	8,410	78,559	95	3,223	4,144	57	2,084	7
NBV - Donated at 31 March 2010	771	0	334	0	0	433	0	4	0
NBV total at 31 March 2010	97,350	8,410	78,893	95	3,223	4,577	57	2,088	7

9.1 Property, plant and equipment (continued)

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2010	117,931	8,410	79,079	95	3,223	20,542	363	6,197	22
Additions - purchased	9,839	0	7,388	0	491	366	4	1,564	26
Additions - donated	324	0	212	0	0	112	0	0	0
Impairments	(1,398)	0	(1,364)	(20)	(14)	0	0	0	0
Reclassifications	(138)	0	2,822	0	(3,041)	60	0	21	0
Revaluation reductions	(1,777)	0	(1,777)	0	0	0	0	0	0
Disposals	(6,317)	(590)	(3,519)	(75)	0	(1,980)	(87)	(66)	0
Cost or valuation at 31 March 2011	118,464	7,820	82,841	0	659	19,100	280	7,716	48
Accumulated depreciation at 1 April 2010	20,581	0	186	0	0	15,965	306	4,109	15
Provided during the year	5,165	0	3,082	1	0	1,216	26	837	3
Revaluation reductions	(2,968)	0	(2,967)	(1)	0	0	0	0	0
Disposals	(2,093)	0	0	0	0	(1,940)	(87)	(66)	0
Accumulated depreciation at 31 March 2011	20,685	0	301	0	0	15,241	245	4,880	18
Net book value									
NBV - Owned at 1 April 2010	96,579	8,410	78,559	95	3,223	4,144	57	2,084	7
NBV – Finance Leased at 1 April 2010	0	0	0	0	0	0	0	0	0
NBV - Donated at 1 April 2010	771	0	334	0	0	433	0	4	0
NBV total at 1 April 2010	97,350	8,410	78,893	95	3,223	4,577	57	2,088	7
NBV - Owned at 31 March 2011	96,359	7,820	82,039	0	659	3,422	35	2,354	30
NBV – Finance Leased at 31 March 2011	480	0	0	0	0	0	0	480	0
NBV - Donated at 31 March 2011	940	0	501	0	0	437	0	2	0
NBV total at 31 March 2011	97,779	7,820	82,540	0	659	3,859	35	2,836	30

Included within the net book value of £97,779k is £480k (2010 NIL) relating to assets held under finance lease agreements. The depreciation charged in the year in respect of assets held under finance agreements is £53k (2010 NIL).

Note 9.2 Analysis of property, plant and equipment

Net book value

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
NBV - Protected assets at 31 March 2010	80,387	5,600	74,783	4	0	0	0	0	0
NBV - Unprotected assets at 31 March 2010	16,963	2,810	4,110	91	3,223	4,577	57	2,088	7
Total at 31 March 2010	97,350	8,410	78,893	95	3,223	4,577	57	2,088	7

Net book value

NBV - Protected assets at 31 March 2011	79,137	5,225	73,912	0	0	0	0	0	0
NBV - Unprotected assets at 31 March 2011	18,642	2,595	8,628	0	659	3,859	35	2,836	30
Total at 31 March 2011	97,779	7,820	82,540	0	659	3,859	35	2,836	30

9.3 Property, plant and equipment (continued)

The total at 31 March 2011 included land valued at £1,850,000 open market value. There were no buildings or dwellings valued at open market value.

10. Inventories	31 March 2011 £000	31 March 2010 £000
Raw materials and consumables	3,882	3,352
	3,882	3,352
11.1 Trade receivables and other receivables	31 March 2011 £000	31 March 2010 £000
Current		
NHS Receivables	4,560	7,068
Other Receivables with related parties	100	0
Provision for impaired receivables	(372)	(743)
Prepayments	1,310	1,029
Accrued income	4,335	887
PDC dividend receivable	4	284
Other receivables	1,827	1,183
Total current trade and other receivables	11,764	9,708
Non-Current		
NHS Receivables	998	953
Provision for impaired receivables	(100)	(93)
Total non-current trade and other receivables	898	860
11.2 Provision for impairment of receivables	2010/11 £000	2009/10 £000
At 1 April	836	2,860
Increase in provision	259	668
Amounts utilised	(506)	(2,071)
Unused amounts reversed	(117)	(621)
At 31 March	472	836
11.3 Analysis of impaired receivables	31 March 2011 £000	31 March 2010 £000
Ageing of impaired receivables		
Up to three months	65	100
In three to six months	0	200
Over six months	407	536

Total	472	836
Ageing of non-impaired receivables past their due date		
Up to three months	995	653
In three to six months	228	563
Over six months	649	600
Total	1,872	1,816

	31 March	31 March
	2011	2010
	£000	£000
12. Trade and other payables		
Current		
Receipts in advance	111	84
NHS payables	1,395	4,411
Trade payables - capital	997	1,180
Other trade payables	1,854	1,471
Other payables	3,507	3,461
Accruals	4,738	4,528
Total current trade and other payables	12,602	15,135
Non-current		
Other payables	0	55
Total non-current trade and other payables	0	55

Other payables include £1,940,000 (2009/10 - £1,858,000) outstanding pensions contributions as at 31 March 2011.

	31 March	31 March
	2011	2010
	£000	£000
13. Borrowings		
Current		
Loans from Foundation Trust Financing Facility	493	0
Other Loans	25	0
Obligations under finance leases	107	0
Total current borrowings	625	0
Non-current		
Loans from Foundation Trust Financing Facility	6,202	1,755
Other Loans	61	0
Obligations under finance leases	374	0
Total non-current borrowings	6,637	1,755

	31 March	31 March
	2011	2010
	£000	£000
14. Finance Lease Obligations		
Gross lease liability	542	0
Of which liabilities are due		
- not later than one year	120	0

- later than one year and not later than five years	422	0
- later than five years	0	0
Finance charges allocated to future periods	(61)	0
Net lease liability	481	0
Net lease liability		
- not later than one year	107	0
- later than one year and not later than five years	374	0
- later than five years	0	0

15. Prudential Borrowing Limit

The Trust is required to comply with, and remain within, a total borrowing limit. This is made up of two elements.

- The maximum cumulative amount of long term borrowing. This is set by reference to the five ratio tests set out in the Prudential Borrowing Code for NHS Foundation Trusts. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit; and
- the amount of any working capital facility approved by Monitor

Further information on the Prudential Borrowing Code for NHS Foundation Trusts and the Compliance Framework can be found on Monitor's website.

The Trust had a prudential borrowing limit of £47,000,000 in 2010/11. During this period the Trust borrowed £4,940,000 from the FT Financing Facility to fund the first phase of the construction of a new car parking facility and £98,000 to assist with reducing carbon emissions.

The Trust had a £19,300,000 approved working capital facility in place although this was unused during the year. The renewal date of this facility is May 2012.

Financial ratio	Actual 2010/11	Approved 2010/11	Actual 2009/10	Approved 2009/10
Maximum debt/capital	0.7	0.6	0.02	0.03
Minimum dividend cover	3.04	3.79	1.47	2.94
Minimum interest cover	62.19	78.22	313.00	181.00
Minimum debt service cover	57.72	78.22	313.00	181.00
Minimum debt service to revenue	0.00	0.00	0.00	0.00
16. Provisions for liabilities and charges		Pensions - other Total £000	Agenda for Change £000	Other £000
At 1 April 2010	827	774	13	40
Change in the discount rate	(80)	(80)	0	0
Arising during the year	72	72	0	0
Utilised during the year	(58)	(58)	0	0
Reverse unused provisions	(53)	0	(13)	(40)
Unwinding of discount	17	17	0	0

At 31 March 2011	725	725	0	0
Expected timing of cash flows				
- not later than one year;	60	60	0	0
- later than one year and not later than five years;	274	274	0	0
- Later than five years.	391	391	0	0
At 31 March 2011	725	725	0	0

£16,608,000 (2009/10 - £7,666,000) is included in the provisions of the NHS Litigation Authority at 31 March 2011 in respect of clinical negligence liabilities of York Teaching Hospital NHS Foundation Trust.

17. Revaluation reserve	Revaluation Reserve £000
Revaluation reserve at 1 April 2009	28,624
Revaluation gains/(losses) and impairment losses property, plant and equipment	(9,401)
Other transfers between reserves	(348)
Revaluation reserve at 31 March 2010	18,875
Revaluation gains/(losses) and impairment losses property, plant and equipment	1,171
Other transfers between reserves	(2,610)
Revaluation reserve at 31 March 2011	17,436

18. Cash and cash equivalents	2010/11 £000	2009/10 £000
At 1 April	4,565	4,681
Net change in year	90	(116)
At 31 March	4,655	4,565
Broken down into:		
Cash at commercial banks and in hand	82	133
Cash with the Government Banking Service	4,573	4,432
Cash and cash equivalents as in SoFP	4,655	4,565
Bank overdraft	0	0
Cash and cash equivalents as in SoCF	4,655	4,565

19. Capital Commitments

Commitments under capital expenditure contracts at 31 March 2011 were £740,000 (31 March 2010 £5,938,000)

20. Contingent Liabilities

There are no contingent liabilities identified for this financial year.

21. Post Balance Sheet Events

From 1 April 2011 the Trust assumed responsibility for the community services under Transforming Community Services for the York & Selby and Scarborough, Whitby & Ryedale areas from North Yorkshire and York PCT. The value of these contracts is £34,233,000 in 2011/12

22. Related Party Transactions

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

During the year none of the Board Members, members of the Council of Governors or members of the key management staff or parties related to them has undertaken any material transactions with York Teaching Hospital NHS Foundation Trust

The Department of Health is regarded as a related party. During the year York Teaching Hospital NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been in the course of the latter's business as government agencies.

Where the balance receivable or payable is in excess of £100k or the value of the transactions during the year is in excess of £1,000k then these bodies are listed below.

The Trust has also received revenue and capital payments from the York Health Services General Charity, the Trustee for which is the NHS Foundation Trust.

	Balances		Income	Expense
	Receivables	Payables		
	£000	£000	£000	£000
Barnsley PCT	531		1,503	
Department of Health			7,296	
DH Compensation Recovery Unit	2,306		1,077	
East Riding of Yorkshire PCT	195		13,101	
Harrogate & District Foundation Trust	192	212	1,486	1,904
HM Revenue & Customs				38,633
Leeds PCT			2,229	

Leeds Teaching Hospital NHS Trust	179			2,552
National Blood Authority				1,417
NHS Litigation Authority				4,097
NHS Pension Scheme				23,124
NHS Business Services Authority		364		7,030
North Yorkshire & York PCT	4,947	708	198,445	
SHA Yorkshire & The Humber			8,858	
	8,409	1,284	233,995	78,757

The Trust also received £4,045k from North Yorkshire and York PCT for the sale of Nelson Court to the PCT.

23. Financial Instruments

FRS 25, 26 and 29 regarding Financial Instruments, require disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with local Primary Care Trusts and the way those Primary Care Trusts are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which FRS 25, 26 and 29 mainly apply.

Liquidity Risk

The NHS Foundation Trust's net operating costs are incurred under annual service agreements with local Primary Care Trusts, which are financed from resources voted annually by Parliament. York Teaching Hospital NHS Foundation Trust is not generally exposed to significant liquidity risks.

Interest Rate Risk

The NHS Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. York Teaching Hospital NHS Foundation Trust is not, therefore, exposed to significant interest-rate risk.

Credit Risk

The Foundation Trust receives the majority of its income from Primary Care Trusts and Statutory Bodies, the credit risk is therefore generally negligible.

Foreign Currency Risk

The Foundation Trust carries out a minimal amount of foreign currency trading therefore the foreign currency risk is negligible.

23.1 Financial assets by category

Loans and receivables £000

Assets as per SoFP

Trade and other receivables excluding non financial assets	9,255
Cash and cash equivalents (at bank and in hand)	4,565
Total at 31 March 2010	13,820

Trade and other receivables excluding non financial assets	11,247
Cash and cash equivalents (at bank and in hand)	4,655
Total at 31 March 2011	15,902

23.2 Financial liabilities by category

Other financial liabilities £000

Liabilities as per SoFP

Borrowings (at 31 March 2010)	1,755
Trade and other payables excluding non financial liabilities (31 March 2010)	15,051
Provisions under contract (at 31 March 2010)	53
Total at 31 March 2010	16,859

Borrowings (at 31 March 2011)	6,781
Obligations under finance leases (at March 2011)	481
Trade and other payables excluding non financial liabilities (31 March 2011)	12,491
Provisions under contract (at 31 March 2011)	0
Total at 31 March 2011	19,753

23.3 Fair Values

York Teaching Hospital NHS Foundation Trust has carried all financial assets and financial liabilities at fair value for the year 2010/11.

24. Third Party Assets

The Trust held £2,000 cash at bank and in hand at 31 March 2011 (31 March 2010 - £3,000) which relates to monies held by the NHS Foundation Trust on behalf of patients.

Quality Report



2010/11

York Teaching Hospital NHS Foundation Trust

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Part 1 – Overview

Letter from the Chief Executive

The quality and safety of the care you receive is our highest priority.

Healthcare is inherently risky business wherever it is delivered. It is our job to keep you safe from harm whilst in our care. It is fundamentally part of our roles to ensure that you are cared for with dignity and with respect and that you receive in York and its surrounding area the best possible healthcare.

We want you to feel both safe and cared for. By that, we mean that not only do we expect that the technical things we do to you will be the safest possible but the way in which we do them will make you feel cared for – as we would all expect for ourselves and our families.

We treat and hear from thousands of people every year who are pleased with the great care we are able to deliver yet there are occasions when we don't get it completely right and your views are important to us on this. We are working with our Governors to ensure that we are asking for feedback on our services and making changes where you and our staff have ideas for improving.

None of this care would be possible without every member of staff here having the right training to support them to do their jobs properly. This year we will focus as priorities on delivering training which ensures that:

- staff are confident and competent in managing some of our sickest patients and
- staff understand how to demonstrate the caring attitude required for working across all our settings

This training supports our strategy set out in 2009 and is contained in the following pages.

At times when we face huge financial challenges it is our job to ensure that these elements are not lost to our hospital.



Patrick Crowley
Chief Executive

Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Report Manual 2010-11
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and paper for the period April 2010 to June 2011
 - Papers relating to Quality report to the Board over the period April 2010 to June 2011
 - Feedback from commissioners dated 16/05/2011
 - Feedback from governors dated 16/05/2010
 - Feedback from LINKs dated 12/05/2011
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25/05/2010.
 - The national patient survey 01/05/2011
 - The national staff survey 27/04/2011
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 03/06/2011
 - CQC quality and risk profiles dated 31 /03/2011.
- The Quality Report presents a balanced picture of the York Teaching Hospital NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate.

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

6 June 2011

.....Date.....Chairman



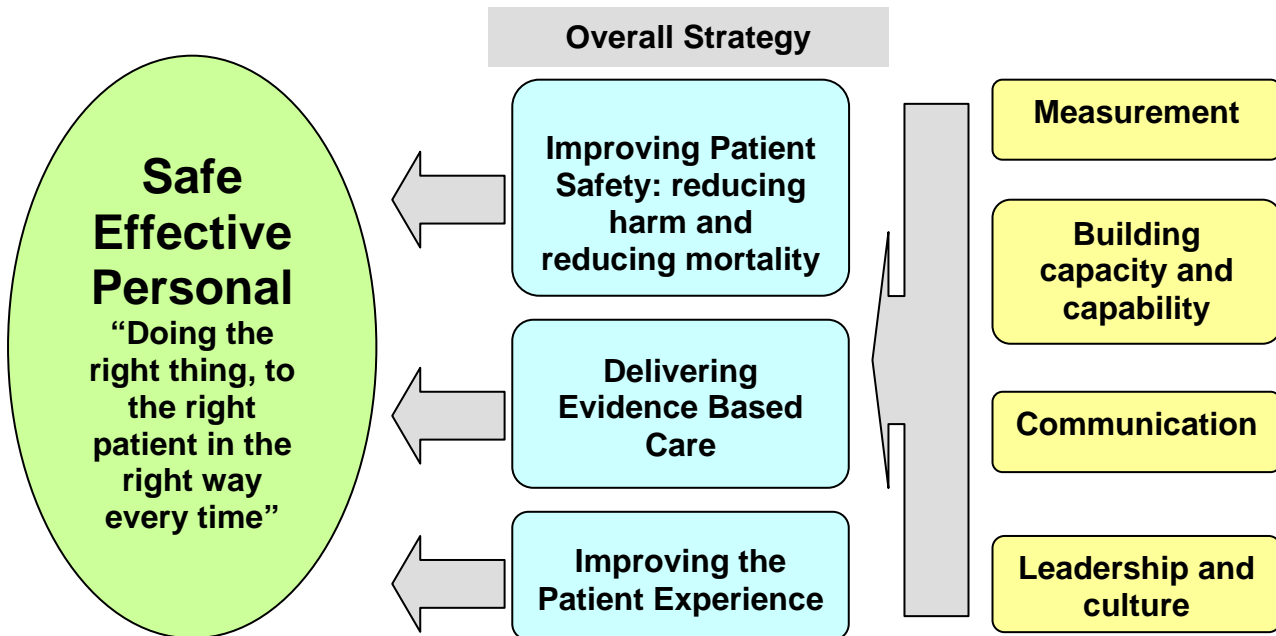
6 June 2011

.....Date.....Chief Executive

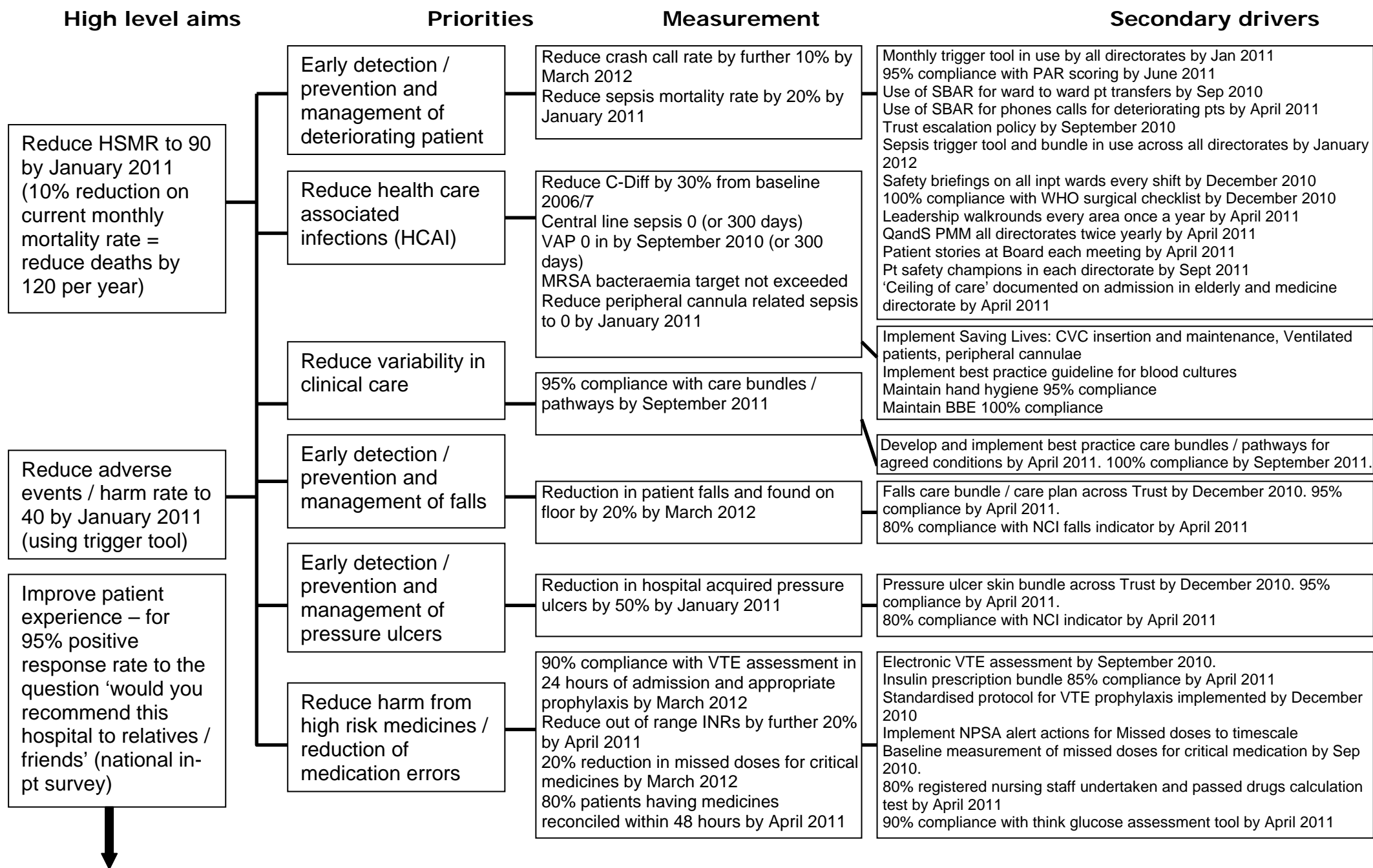


Our Quality and Safety Strategy

In May 2009 we launched our Quality and Safety Strategy. This strategy is about committing to action to improve both the reliability of our care for all our patients and the way in which we deliver it.



The strategy has recently been reviewed and updated and is presented in detail on the next page.



High level aims

Priorities

Measurement

Secondary drivers

Improve patient experience – for 95% positive response rate to the question ‘would you recommend this hospital to relatives / friends’ (national in-pt survey)

Development and implementation of patient and public involvement strategy

Dependant on detail in PPI strategy – will be updated when strategy developed

Appoint patient and public involvement specialist by December 2010
Development of PPI strategy by April 2011
Implementation of PPI strategy starting May 2011
Deliver dignity action plan

Develop capability and capacity with regards to excellent customer care and compassion

Numbers of staff undertaking customer care training
Numbers of staff undertaking learning on compassion
Improve from the baseline % of patients who have been treated with compassion during their stay
Reduction in complaints where attitude / lack of compassion is a theme

Deliver improved customer care training from April 2011
Deliver learning on compassion from April 2011
Update the ‘learning from listening’ DVD by April 2011
Develop a method to test customer care and compassion in recruitment process by April 2011
Introduce into recruitment processes by June 2011
Develop system of measurement of compassion by December 2010.
Introduce system of measurement of compassion through nursing care indicators by January 2011
Monitor customer care / compassion via patient feedback, use of governors, mystery shoppers etc

Improve data on complaints and patient feedback

Dependant on capability of new computer software. Detailed data down to directorates and areas and through to Board.






Development of computer software to improve effectiveness of managing complaints by December 2010
Introduce software by January 2011
Reports to directorates using complaints and patient feedback data by April 2011
Monthly meetings with Risk and Legal services and Effectiveness to detect patient feedback themes and use this in meetings with directorates

Improve quality and amount of patient’s feedback and act on feedback from patients

Increase in number of patients feeding back
Dependant on detail in PPI strategy – will be updated when strategy developed
Increase number of action plans and completed actions

Improve lay input to the work of the PET i.e. appoint non-exec attached to patient experience, governors workplan, external agencies as detailed in PPI strategy
PALS to develop action plans with areas to improve services from November 2010
Complaints officers to review complaints quarterly with directorates to develop proactive approaches to complaint reduction and improvement of patient experience
Development of action plans following in-pt surveys within 2 months of publication and reports back into Board.
Pt feedback information included in QandS reports to the Board

A year of success and achievement

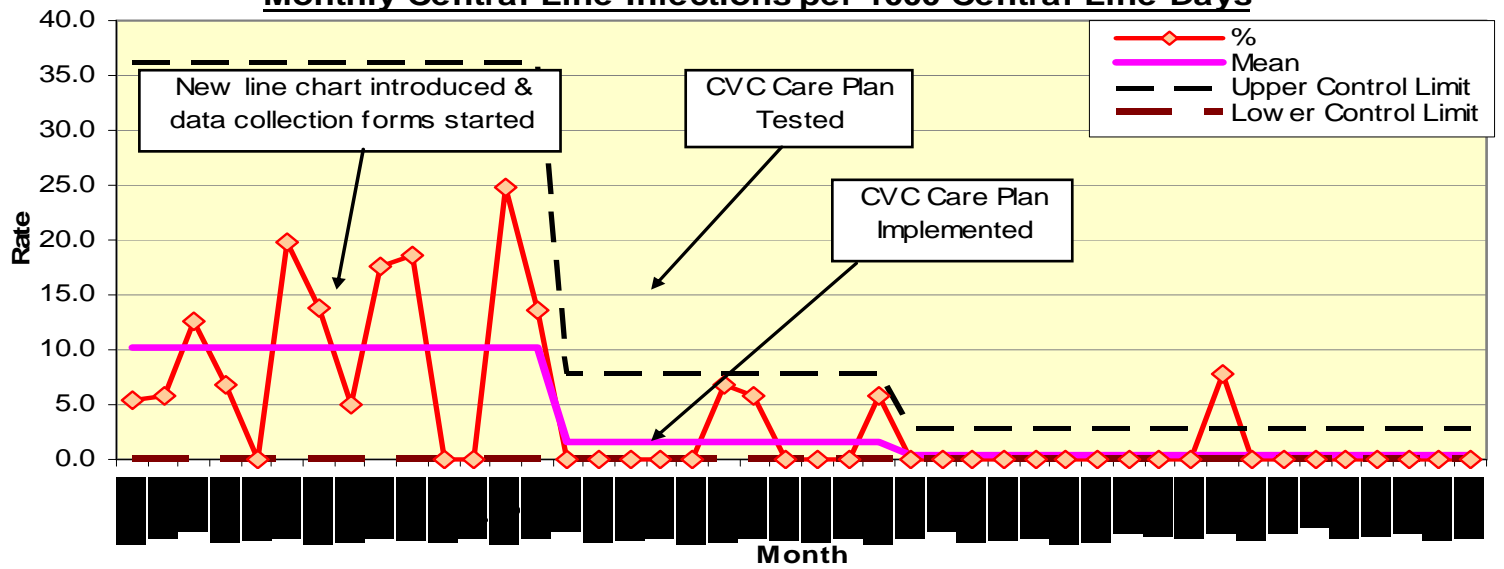
	CQC full registration with no restrictions
	FRR: 3 Governance: Green
	2 nd in the national Tissue Viability Awards March 2010
	Top 40 hospitals winner during the last 10 years
	Runner up in the national maternity awards for Midwifery input into a multi agency specialist programme for younger parents to be.

Other key achievements:

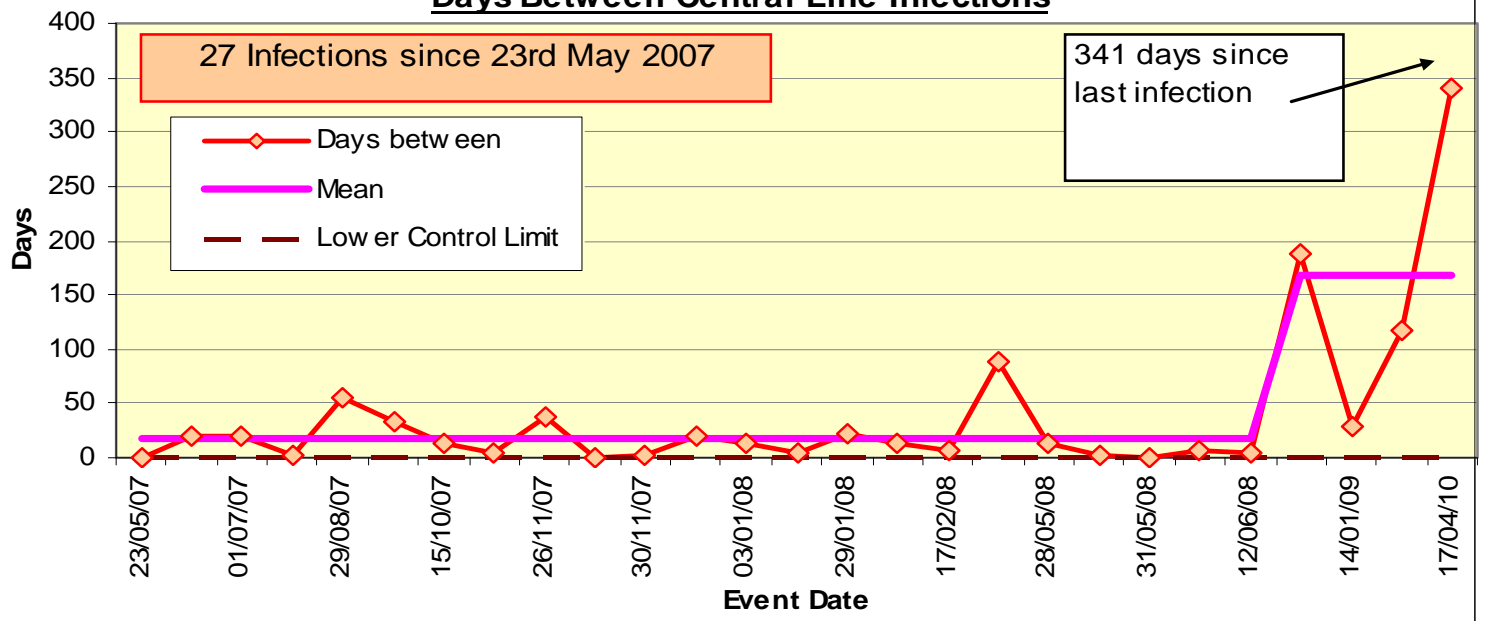
- The Trust has declared compliance with Eliminating Mixed Sex Accommodation guidance.
- The Trust has achieved level 1 compliance against the NHS Litigation Authority Risk Management Standards for maternity care and has achieved level 1 compliance for acute care.
- The Trust has established a monthly system for recognising staff contribution to quality and patient safety.
- The Board of Directors affirms its commitment to patient safety and patient experience by placing at the top of the agenda of any meeting and devoting time to hear patient's stories of their experiences while in our care.
- The Trust had the lowest C-difficile incidence rate for comparable hospitals
- 94% of our patients surveyed would recommend the hospital to family / friends.
- The Trust has introduced a system of testing nurses and midwives' ability to calculate drugs dosages and improved the failure rate by 42%.
- The Trust continues to undertake patient safety leadership walk rounds ensuring that each ward / department is visited at least once a year. We have maintained this standard for the last 3 years.
- The Trust has been rated in the 'top 40' hospitals category for the last 9 years by CHKS.
- The trajectories for improving the Trust C-Diff and MRSA rates have been achieved in

- Our Clinical Quality and Safety Committee has been established using the Trust Quality and Safety Strategy to closely monitor and ensure improvements in system, process and outcomes for patients.
- The Trust was the first in the country to test out a methodology to rapidly introduce change across clinical areas in pressure ulcer and falls reduction. This has resulted in an 80% reduction in our worse grade pressure ulcers over the last year and some clinical areas achieving over 260 days since a patient developed a pressure ulcer. It has also resulted in the increased assessment and management of patients at risk of falling.
- There has been a range of initiatives to improve better use of our workforce including a program to reduce sickness / absence rates (for example we have reduced our overall sickness rates for health care assistants by 23.5%) introduction of roster systems and the development of a robust recruitment and induction program for health care assistants.
- The Trust shows strong improvement on the scores of our national in-patient survey results (25 questions were significantly better than average and 12 improved since last year)
- A system of demonstrating nurses and midwives contribution to patient care has been developed and embedded the last year and includes not only assessment and documentation standards but also patient and staff experience questionnaires which have been developed in conjunction with Governors.
- The Trust has achieved over 90% compliance with venous thromboembolism (VTE) assessment - introducing a computerised system, establishing a VTE Committee at Strategic level and improving the guidelines and training for staff.
- After significant focussed work from our critical care team, it is 341 days since one of our patients experienced a central line infection on the Intensive care unit.

Monthly Central Line Infections per 1000 Central Line Days


















Days Between Central Line Infections



Performance against our strategy

Our Quality and Safety Strategy outlines our high level aims to reduce mortality and harm and to improve the patient experience.

Progress on some of the initiatives and aims are summarised below:

Aims	On target 	Reaching target 	Behind plan 
Reduce mortality and harm			
Deteriorating patient:			
• PAR scoring			
• SBAR for transfers of all patients			
• Trust escalation plans areas			
• Safety briefings all areas			
Reduce health care associated infections • MRSA • C-Difficile			
Reduce falls			
Reduce pressure ulcers			
Reduce variation in clinical care			
Reduce harm from high risk medications			
VTE assessment			
Reduction in missed doses			
Improve the patient experience			
95% response rate to recommending the hospital			
Develop a system to measure compassionate care			



Part 2 – In more detail- Performance for the last 12 months Review of last years priorities

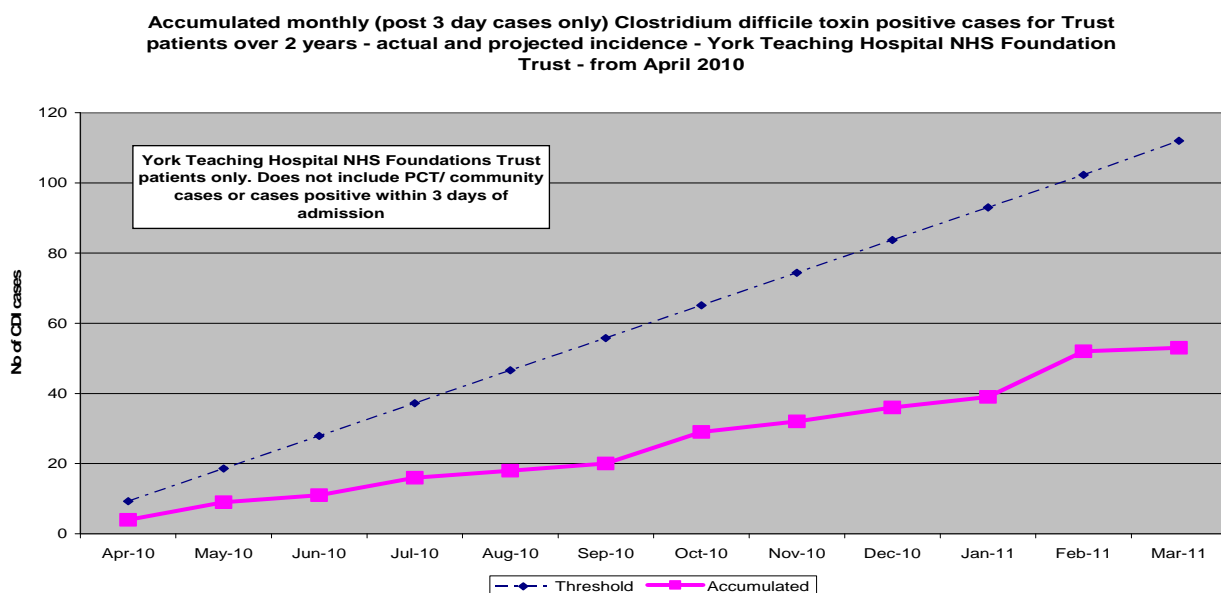
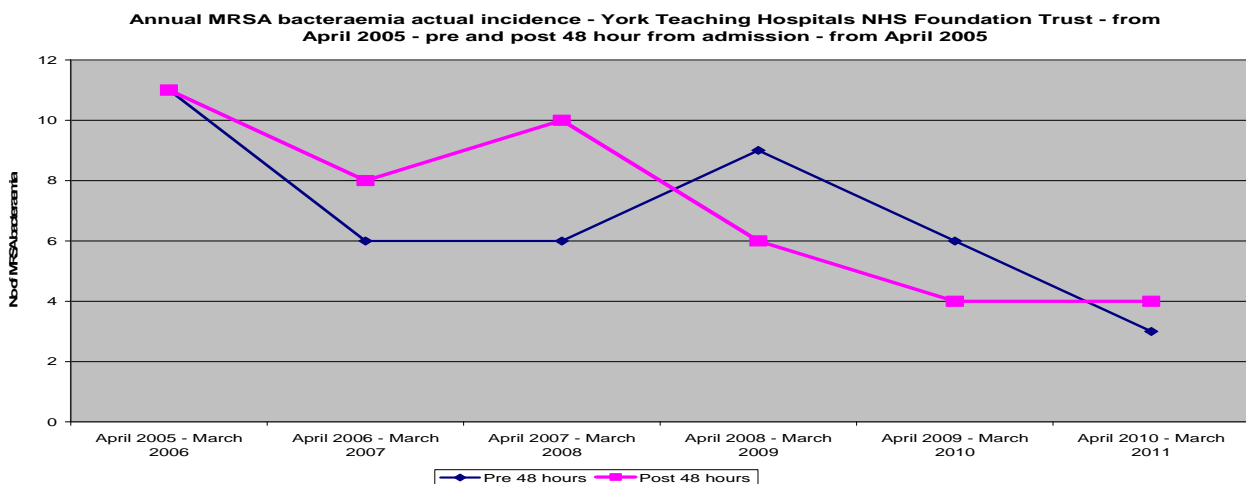
Our safety priorities MRSA and C-difficile

We said:

We would not exceed our thresholds for both MRSA and C-difficile infections

We did:

We did not exceed our thresholds.



Our clinical outcome measures

Stroke care

We said:

we would reduce our mortality from stroke by 5% (patients who die 30 days of emergency admission for stroke)

We would improve the care for those at risk of stroke and those who experience a stroke

We did:

We have reduced our mortality from stroke by 0.45% and we continue to address mortality as part of our stroke strategy.

We are adopting a telemedicine solution with plans to improve and extend our thrombolysis service in partnership with the stroke network. We are above the national average for thrombolysis in acute stroke (7% Trust 5% national). Our business case for an 'early supported discharge team' has been agreed. We have appointed a dedicated resource to manage the stroke strategy and quality assurance targets.

Reduce our crash call rate

We said:

We would reduce our crash call rate by a further 10%

We did:

During the year we re-focussed on improving system and process to collect and analyse data so we are more able to demonstrate improvement. As such we are rebasing the data from April 2011. We undertake case reviews of all deaths that occur in the hospital each week to maximise the learning and have improved and increased our training on 'identifying and managing the deteriorating patient'.

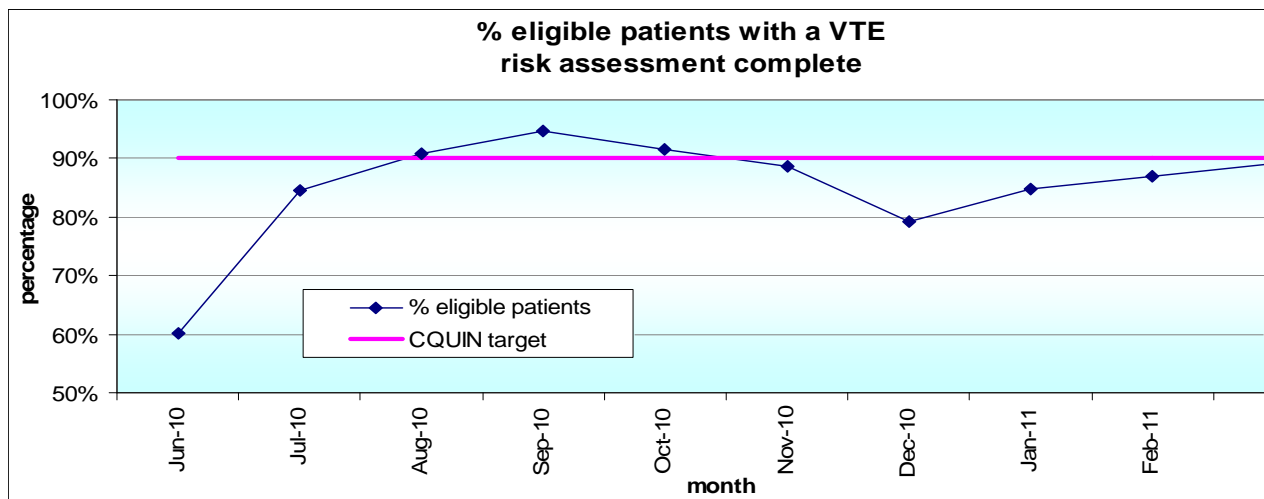
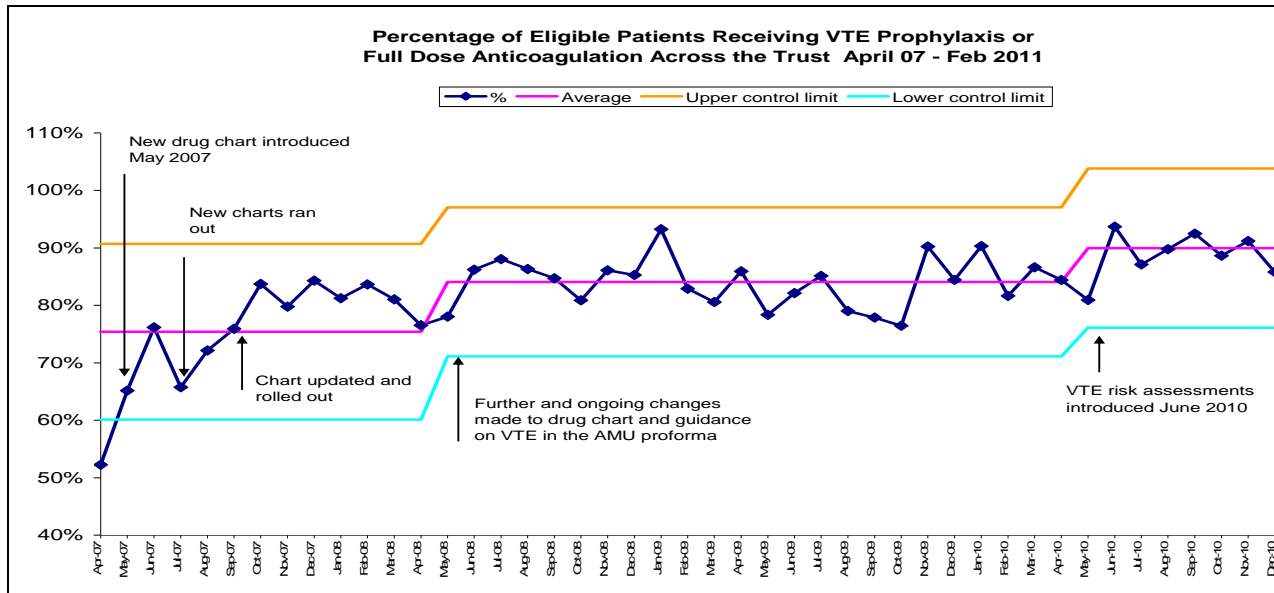
VTE

We said:

We would improve the % of patients undergoing VTE assessment to ensure correct treatment and prevention of VTE

We did:

Achieved



Our patient experience

Increase the percentage of patients who would recommend the hospital

We said:

We would increase the percentage to 95%

We did:

Our results show a 94% response rate to this question. Over the year the Governors and the Trust have together established a patient focus group chaired by one of our Governors. We have embedded our nursing care indicators which include monthly surveys of patient experience. We have appointed a Patient and Public Involvement Specialist who is developing our PPI strategy and engagement with patients, public and staff. We have received very favourable results in our in-patient surveys in maternity, cancer and overall. We have full ward to Board assurance of the themes of complaints and PALs contacts, PPI activity and the use of patient stories at Board.

Priorities for Quality and Safety for 2011/12

Patient safety
<ul style="list-style-type: none"> • Preventing patients from acquiring pressure ulcers whilst in hospital
<ul style="list-style-type: none"> • Keeping acutely ill and deteriorating patients safe
<ul style="list-style-type: none"> • Keeping patients safe from hospital acquired infections
<ul style="list-style-type: none"> • Ensure compliance with the WHO Safer Surgery Checklist
Clinical effectiveness / outcome
<ul style="list-style-type: none"> • Ensure compliance with contractual and safety targets to reduce occurrence of VTE
<ul style="list-style-type: none"> • Reduce avoidable falls in hospital
<ul style="list-style-type: none"> • Continue to reduce errors in prescribing and administration of medicines
Patient experience
<ul style="list-style-type: none"> • Increase the percentage of patients who would recommend the hospital to family / friends
<ul style="list-style-type: none"> • Improve the scores on the National In-patient Survey in response to question 'were you asked for your views on the quality of care'?
<ul style="list-style-type: none"> • Reduce the number of complaints where poor staff attitude is an issue

In more detail - Patient safety

1. Prevent patients from acquiring pressure ulcers in acute and community hospitals

We will	Reduce pressure ulcers
By how much	No more than 4 patients will acquire a category 4 pressure ulcer after admission to the Trust
By when	By the end of March 2012
Progress and plans for this year	<p>Progress</p> <p>First Trust in the country to test out a new methodology in 2010 to rapidly introduce change to improve patient safety. There has been an increased in reporting of pressure ulcers and clinical areas clearly display their incidence of ulcers and the days in between the development of a pressure ulcer.</p> <p>Improved evidence of care delivered by the use of pressure ulcer skin bundle.</p> <p>We have seen a dramatic reduction in the number of category 4 pressure ulcers over the year. Our pressure ulcer incidence has dropped to 0.9%.</p> <p>Full ward to Board assurance regarding system, process and outcome.</p> <p>We have improved training for staff and increased the specialist equipment available for patients.</p> <p>We have saved money by reducing the occurrence of pressure ulcers and also standardising our wound dressings.</p> <p>Priorities for the next twelve months</p> <p>Introduction of 'nursing rounds' to improve compliance with all elements of the skin bundle.</p> <p>Improve the compliance with nutritional assessments for patients.</p> <p>Introduce a 'dining companion' to assist and support patients to eat and drink.</p> <p>In addition we will further embed our working with patients of all ages with learning disabilities.</p>

2. Keeping acutely ill and deteriorating patients safe

We will	Reduce our crash call rate
By how much	10% reduction from April 2011 baseline data this will mean one less patient a month will have a cardiac

arrest.

By when By the end of March 2012

Progress and plans for this year

Progress

We have established a more robust way of gathering and analysing crash call data. We have developed in-house training focussing on the deteriorating patient which will be rolled out quickly throughout the year. We continue to measure monthly our compliance with PAR (patient at risk) scoring and analyse all deaths that occur each week.

We have increased the number of clinical staff trained in the use of the Global Trigger Tool (GTT).

We have embedded ward safety briefings and recently introduced a post-take ward round checklist to prompt medical teams on key patient safety issues that may need addressing. We have developed specialty specific escalation protocols for patients who become acutely unwell or deteriorate.

We have established a Clinical Quality and Safety Committee chaired by the Medical Director which ensures that clinical quality and safety in the Trust attains appropriate top quartile standards and achieves the high level aims of our quality and safety strategy. The Committee takes responsibility for clinical governance and ensure all standards are maintained inline with best practice.

Priorities for the next twelve months

We are undertaking the 'TAPs' (training and action for patient safety) with colleagues at Scarborough Trust to improve patient safety.

We will ensure compliance with PAR scoring reaches 95%.

We will measure the effectiveness of our in-house training and also on the introduction of the post-take ward round checklists.

We will roll out the use of our sepsis care bundle.

3. Keeping patients safe from hospital acquired infections

We will Improve compliance with Aseptic Non Touch Technique (ANTT)

By how much 100% compliance

By when By the end of March 2012

Progress and plans for this year

Progress

We have developed and implemented the ANTT policy and measures for compliance.

We have undertaken a baseline assessment of compliance.

Priorities for the next twelve months

We will continue our staff training program on ANTT principles and continue to measure compliance monthly.

4. Ensure compliance with the WHO Safer Surgery Checklist

We will

Improve compliance with the use of the WHO (World Health Organisation) safer surgery checklist

By how much

100%

By when

By the end of March 2012

Progress and plans for this year

Progress

The use of the WHO checklist has been introduced but is not yet embedded. We have identified a lead consultant to take this work forward and assurance is gained through our Surgical Board. We now report compliance through to Board of Directors every month.

Priorities for the next twelve months

Roll out training for all theatre staff to revisit the principles and benefits of the checklist including the use of an in-house DVD.

Undertake the staff safety culture questionnaire analysing the results, developing and implementing actions.

We will improve the pathway documentation for patients undergoing surgery.

We will audit the effectiveness of both the quality of the safety briefing and the completion of the checklist.

Clinical outcome measures

1. Ensure compliance with contractual and safety targets to reduce occurrence of VTE

We will	Maintain compliance with VTE assessment and ensure compliance with VTE prophylaxis
By how much	90% compliance for both assessment and appropriate prophylaxis
By when	By the end of March 2012
Progress and plans for this year	<p>Progress</p> <p>Assessment and prophylaxis</p> <p>We have made changes to our medication chart, made more available appropriate prescribing information and introduced more visible prompts to prescribe VTE prophylaxis such as the electronic risk assessment tool. These initiatives have influenced and improved prescribing of either pharmacological or mechanical prophylaxis. We have developed a VTE patient information leaflet covering VTE prophylaxis whilst in hospital and information signs and symptoms of a VTE following discharge, as required by the NICE quality standards.</p> <p>RCA (root cause analysis)</p> <p>We have developed an RCA process and for use when a hospital acquired VTE occurs. The aim of which is to establish whether a risk assessment had been completed and appropriate VTE prophylaxis was administered during the inpatient episode and at discharge when necessary.</p> <p>Training</p> <p>Appropriate training to be included in the Trust's induction and mandatory training programme. Training for nurses covers both use of pharmacological prophylaxis and anti embolic stockings. Junior doctors receive training on VTE prophylaxis and completion of the risk assessment form. In addition all junior doctors (F1 and F2) are required to show evidence of completion of the e-learning training on VTE prevention.</p> <p>VTE prescribing guidelines</p> <p>A quick reference guideline for VTE prophylaxis in all specialities across the Trust has been produced and</p>

accessible to all staff.

Priorities for the next twelve months

To continue to work towards implementing and maintaining the current level of practice with respect to VTE prophylaxis.

The VTE Committee will start to review some of the outstanding issues with respect to improving safety when treatment dose anticoagulation therapy using LMWH or oral anticoagulants is prescribed.

To review any preventable hospital acquired VTE events and report back to the Trust Executive Committee.

Prescribing guidance for warfarin and the PE pathway to be revisited and evaluated.

Anticoagulant reversal guidance to be revisited.

The discharge process for patient prescribed warfarin to be reviewed and improved.

2. Reduce avoidable falls in acute and community hospitals

We will	Reduce avoidable slips, trip, falls and patients found on the floor
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By how much	20% reduction
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By when	By the end of March 2012
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Progress and plans for this year	
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Progress

First Trust in the country to test out a new methodology in 2010 to rapidly introduce change to improve patient safety. We have seen an increased focus on falls from all members of the multidisciplinary team and improved reporting from ward to Board.

Wards clearly display their falls data and use this information daily in their safety briefings. We have overhauled our documentation including falls assessment, falls bundle, care plan and post falls checklist.

We have worked with experts from the NPSA to critically evaluate our falls assessment tool in order to make the most appropriate use of in our most vulnerable patients.

Priorities for the next twelve months

Introduction of 'nursing rounds' to improve compliance with all elements of the falls bundle.

Use the NPSA audit of our falls assessment to further adapt and improve our approach.

3. Continue to reduce errors in prescribing and administration of medicines

We will	Reduce the number of missed doses of critical medication
By how much	20% reduction
By when	By the end of March 2012
Progress and plans for this year	<p>Progress</p> <p>We have introduced 'one stop dispensing' in order to allow timely access to patient drugs by ensuring all medication is available at the bedside.</p> <p>We have rolled out the use of patients own drugs in order to make best use of medication available and reducing delays in administering medication to patients.</p> <p>We have introduced a calculations test to all nurses and midwives as part of the annual training program and included this in the recruitment process for all new nurses and midwives.</p> <p>Priorities for the next twelve months</p> <p>Recruit a lead nurse for Medicines Management to work strategically to improve the processes and standards in medication administration.</p> <p>We will roll out the medicines module of 'releasing time to care (productive ward)' to all clinical areas over the year.</p> <p>We will increase the number of patients assessed and able to administer their own medications while in hospital.</p> <p>We will improve access to medicines information and access to emergency medicines out of hours.</p> <p>We will implement a pharmacy robot to improve medicines processes and increase pharmacy technician resource to support ward staff and patients.</p>

Patient experience

1. Increase the percentage of patients who would recommend the hospital to family / friends

We will	Increase the percentage of patients who would recommend the hospital to family / friends
By how much	To 95%
By when	By the end of March 2012
Progress and plans for this year	<p>Progress See above</p> <p>Priorities for the next twelve months We will complete and implement our Patient and Public Involvement Strategy (PPI). We will approve and implement our Dignity Policy and action plan. We will deliver improved customer care training. We will increase lay in-put to gathering patient feedback. We will appoint a Lead Nurse for Patient Experience.</p>

2. Improve the scores on the National In-patient Survey in response to question 'were you asked for your views on the quality of care'?

We will	Improve the scores on the National In-patient Survey in response to question 'were you asked for your views on the quality of care'?
By how much	To improve our score by 20%
By when	By the end of March 2012
Progress and plans for this year	<p>Progress See above</p> <p>Priorities for the next twelve months We will complete and implement our Patient and Public Involvement Strategy (PPI). We will ensure patients understand how we have asked for their views on the quality of care and how we use their feedback. We will increase specialty specific patient surveys. We will implement a staff feedback system to ensure</p>

staff are fully aware of the survey results and their role in improving the patient experience.
The Chief Nurse and Matrons will gather feedback from patients every month on specific issues and act on the results in real time.

3. Reduce the number of complaints where poor staff attitude is an issue

We will Reduce the number of complaints where poor staff attitude is an issue

By how much Reduce by 20% (total number of complaints for 2010/11 was 308)

By when By the end of March 2012

Progress and plans for this year **Progress**
See above

Priorities for the next twelve months

We will update our 'learning from listening' DVD using our patients to tell their story to staff.

We will implement a new software system to more accurately extract complaint data and themes.

We will ensure the action plans are delivered after a complaint has been made.

We will involve governors and undertake mock CQC inspections to gather patient feedback.

We will develop a program to gather patient experience when our staff have been patients in our hospital.



Part 3 - Regulatory requirements and Assurance from the Board of Directors

The Regulations

The Government introduced a specific set of regulations that Foundation Trusts are required to address as part of the Quality Report. These requirements are included in the assurance statements made by the Board of Directors.

Assurance from the Board

As part of the Authorisation to be a Foundation Trust, the Trust agrees a number of mandatory services that will be provided. These are referred to as 'NHS services'. During 2010/11 the York Teaching Hospital NHS Foundation Trust provided and/or subcontracted 36 NHS services.

The Board of Directors and Council of Governors have during the year reviewed data related to the quality of care. The Board of Directors at every meeting and the Council of Governors at the public meetings receives details from the Medical Director and/or Chief Nurse on the quality of care in the organisation. York Teaching Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in 36 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 100 percent of the total income generated from the provision of NHS services by York Teaching Hospital NHS foundation Trust for 2010/11. The income generated has been received from services commissioned by North Yorkshire and York Primary Care Trust (NYY PCT) and East Riding of Yorkshire PCT (ERYPCT).

A proportion of York Teaching Hospital NHS Foundation Trust income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between York Teaching Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

The financial value of the scheme is set at 1.5% of the contract (0.3% national, 0.5% regional and 0.7% local indicators). This equates to £3m in total.

The CQUIN goals are managed through our internal processes and cover a significant number of areas. They fall into three areas:

- National – stretch targets for VTE assessment, national inpatient survey outcomes.
- Regional – maternity indicators including reduction in caesarean sections, end of life care, hip and knee and Myocardial infarction best practice bundles, nutrition and pressure ulcers.
- Local – include reduction in length of stay for fractured neck of femur patient, reduce infections, carotid endarterectomy, reduced surgical terminations of pregnancies, and reduce crash calls.

The Trust has received full payment for each quarter. Further details of the agreed goals for 2010/11 and for the following 12 month period are available on request from the Deputy Director of Finance.

York Teaching Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Registered without conditions'.

York Teaching Hospital is not subject to periodic review by the Care Quality Commission. The Trust is fully registered with the Care Quality Committee and has no conditions attached to our registration.

The Trust also has full registration on Healthcare Associated Infections for 2010/11. The CQC has not taken enforcement action against us during of the reporting year 2010/11. The Trust has not been involved in any special reviews during 2010/11.

Regular engagement meetings have taken place with the CQC local Inspector of Compliance during 2010/11. These meetings have focused primarily on the integration of community services with the Acute Trust and the CQC Quality Risk Profile. The Care Quality Commission's view is that the Trust has a 'healthy' Quality Risk Profile with no significant risks being identified.

The Trust made an application to vary its current registration in March 2011 as the decision to accept the transfer for responsibility for community services was taken. The Care Quality Commission granted this application with no conditions being applied.

The Trust was selected to participate in a Care Quality Commission led study of services provided to the families of children with learning disabilities

Reliable information is fundamental in supporting the Trust to achieve its goals. The Trust recognises that all the decisions, whether clinical, managerial, operational or financial need to be based on information which is

of the highest quality. The Trust recognises the importance of reliable information and views Data Quality as critical to the delivery of better healthcare.

YTH continually strives to improve its data quality by constantly reviewing the data in conjunction with clinical and operational teams and its main commissioner. This may result in changes to systems and processes. Like every other Trust YTH submits records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics. The percentage of records in the published data which included the valid NHS Number were:

99.3 % for admitted patient care;
99.5 % for out patient care; and
94.4 % for accident and emergency care
• which included the patient's valid General Medical Practice Code was:
100% for admitted patient care;
100% for out patient care; and
99.9% for accident and emergency care.

The Trust's score for 2010/11 for Information Quality and Records Management, assessed using the information Governance Toolkit, was 88%.

York Teaching Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

This year Monitor introduced a 'Quality Governance Framework'. The Trust has undertaken an analysis of the level of compliance against the framework and has formulated a plan to ensure the framework is embedded into the organisation.



Part 4 – Clinical Audit

The Trust has a Clinical Audit Strategy and Policy in place, which outlines the systems and processes to monitor National and Local clinical audit undertaken. This enables a systematic process to address risks and to provide assurance to the Trust, Commissioners and monitoring bodies.

All clinical audit activity is registered with the Effectiveness Team and is collated on the Effectiveness Project and Clinical Audit Database. The Effectiveness Team follow-up all reports/briefcases (summary report) and action plans. These are attached to the Database to evidence changes to practice.

The Clinical Standards Committee is a formal sub committee of and is accountable to the Clinical Quality and Safety Committee which provides the central focus on Clinical Quality and Safety.

York Teaching Hospital NHS Foundation Trust is committed to the delivery of best practice and to ensure continuous quality improvement through clinical audit.

The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2010/11, are listed within this report alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Details of Clinical Audit Activity and actions can be found on page 32

National Clinical Audits

During 2010/11, 46 national clinical audits and 4 national confidential enquiries covered NHS services that York Teaching Hospital NHS Foundation Trust provides.

During 2010/11 York Teaching Hospital NHS Foundation Trust participated in 84% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Title	Eligible	Participated	Submitted %	Reviewed	Actions
Child Health					
Perinatal Mortality (CEMACH)	✓	✓			
Neonatal Intensive and Special Care (NNAP)	✓	✓			
Paediatric Pneumonia (BTS)	✓	X	-		
Paediatric Asthma (BTS)	✓	X	-		
Paediatric Fever (BTS)	✓	✓	100%		
Childhood Epilepsy (RCPH National Childhood Epilepsy Audit)	✓	✓			
Diabetes (RCPH National Paediatric Audit)	✓	✓	100%		
Acute Care					
Emergency use of oxygen	✓	✓			
Adult Community Acquired Pneumonia	✓	✓			
Non invasive ventilation (NIV)	✓	✓			
Pleural Procedures (BTS)	✓	X	-		Unable to identify patients
Cardiac Arrest (National Cardiac Arrest Audit)	✓	✓			
Vital signs in majors	✓	✓	100%		
Adult critical care	✓	✓	100%		
Potential donor audit (NHS Blood and Transplant)	✓	✓			
Long Term Conditions					
Diabetes (National Adult Diabetes Audit)	✓	✓	100%		
Heavy Menstrual Bleeding (RCOG National Audit of HMB)	✓	X			
Ulcerative Colitis and Crohn's Disease (National IBD Audit)	✓	✓			

Title	Eligible	Participated	% Submitted	Reviewed	Actions
Parkinson's Disease (National Parkinson's Audit)	✓	X			
COPD (British Thoracic Society/European audit)	✓	✓			
Adult Asthma (BTS)	✓	✓			
Bronchiectasis (BTS)	✓	✓			
Elective Procedures					
Hip, knee and ankle replacements (National Joint Registry)	✓	✓			
Elective Surgery (Hernia PROMs Programme)	✓	✓	76%		
Elective Surgery (Hip PROMs Programme)	✓	✓	77%		
Elective Surgery (Knee PROMs Programme)	✓	✓	81%		
Elective Surgery (Varicose veins PROMs Programme)	✓	✓	62%		
Coronary angioplasty (NICOR Adult cardiac interventions audit)	✓	✓			
Elective Procedures					
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	✓	✓			
Cardio interventions (Cardio Intervention Audit)	✓	✓			
Cardiovascular disease					
Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH)	✓	✓			
Acute Myocardial Infarction and other ACS (MINAP)	✓	✓			
Heart Failure	✓	✓			
Acute Stroke (SINAP)	✓	X			
Stroke Care (National Sentinel Stroke Audit)	✓	✓	98%		

Title	Eligible	Participated	% Submitted	Reviewed	Actions
Renal disease					
Renal Replacement therapy (Renal Registry)	✓	✓			
Patient Transport (National Kidney Care Audit)	✓	✓			
Renal Colic (College of Emergency Medicine)	✓	✓	100%		
Cancer					
Lung Cancer (National Lung Cancer Audit)	✓	✓			
Bowel Cancer (National Bowel Cancer Audit Programme)	✓	✓			
Head and Neck Cancer (DAHNO)	✓	✓			
Trauma					
Hip Fracture (National Hip Fracture Database)	✓	✓	100%		
Severe Trauma (Trauma Audit and Research Network)	✓	✓	100%		
Falls and non –hip fractures (National Falls and Bone Health Audit)	✓	✓	100%		
Blood transfusion					
O neg blood use (National Comparative Audit of Blood transfusion)	✓	✓	100%		
Platelet use (National Comparative Audit of Blood Transfusion)	✓	✓			

National Confidential Enquiries

The Trust participates in National Confidential Enquiries (NCEPOD) and these follow the Clinical Audit process outlined earlier. The Trust has an NCEPOD Ambassador and a NCEPOD Local Reporter to support Clinicians.

A Clinical audit reports evidencing key performance indicators, Briefcases and NCEPOD gap analysis are presented to the Clinical Standards Committee every two months.

	Title	Eligible	Participated	Submitted %	Reviewed	Actions
	Elective and Emergency Surgery in the Elderly	✓	✓		✓	
	Paediatric Surgery	✓	✓	100%		
	Parenteral Nutrition	✓	✓		✓	
	Perioperative Care	✓	✓	100%		

Review of Local Clinical Audit

The reports of 76 local clinical audits were reviewed by the Trust in 2010/11 and York Teaching Hospital NHS Foundation Trust intends to take action to improve the quality of healthcare provided.

Directorate	Specialty	Project Title	Actions
Anaesthetics	Acute Theatre	Activity of endoscopic procedures within the Acute Theatre	Additional training/education and improve communication
Anaesthetics	Anaesthetics	Anaesthetic record keeping	Improve documentation
Anaesthetics	Anaesthetics	Grade 1 caesarean section	Additional training/education
Anaesthetics	Anaesthetics	Hand surgery anaesthesia audit	Improve communication
Anaesthetics	Anaesthetics	Re-audit of Maternity Anaesthetic Charts	Improve communication
Anaesthetics	Anaesthetics	Audit of Patient Recovery after Total Knee Replacement	Improve documentation
Anaesthetics	Anaesthetics	Difficult Airway Trolley Equipment Audit	Funding Issues
Anaesthetics	Theatres	Acutes Audit	Re-audit
Child Health	Childrens Services	Patient outcome audit for enuresis in hospital and community 2008-2009	Additional training/education
Child Health	Paediatrics	QIP: Improving the health care process of Initial Health Assessment of looked after children (Re audit of 1021)	Not required

Directorate	Specialty	Project Title	Actions
Child Health	Paediatrics	Clinical Audit on the management and followup of Children admitted with self-harm to York Paediatric department	Change process and re-audit
Child Health	Paediatrics	Follow up of children with a single kidney	Change process
Child Health	Paediatrics	The use of eye swabs in babies with 'sticky eyes' in SCBU	Not required
Child Health	Paediatrics	Admissions to Ward 17/18 with poor feeding in children under 7 days.	Additional training/education
Child Health	Paediatrics	Prolonged Jaundice Screening/Assessment	Improve documentation and re-audit
Child Health	Paediatrics	QIP: Improving the enteral feeding service in children	Not required
Clinical Support Specialities	Pharmacy	Pharmacy Intervention Audit	Additional training/education, improve communication and re-audit
Clinical Support Specialities	Pharmacy	Audit of stock sheets on wards	Additional training/education, improve communication and re-audit
Clinical Support Specialities	Pharmacy	Medicine adherence	Additional training/education and improve communication
Clinical Support Specialities	Physiotherapy	Stroke Rehabilitation Improvement Project	Increase service
Clinical Support Specialities	Radiology	STUDENT PROJECT: Renal impairment in outpatients presenting for CT with intravenous contrast media	Not required
Elderly Medicine	Elderly Medicine	Evaluating the pattern of strokes presenting to York Stroke Services in 2008 based on the Bamford Classification	Re-audit
Elderly Medicine	Elderly Medicine	The clinical monitoring of skin integrity of patients on a geriatric ward	Actions superseded by Rapid spread project

Directorate	Specialty	Project Title	Actions
Elderly Medicine	Elderly Medicine	Venous Thromboembolism Prophylaxis in Elderly Medicine Patients	Re-audit
Elderly Medicine	Stroke Services	Weight approximation in stroke before thrombolysis	Re-audit
Elderly Medicine	Stroke Services	Audit of nasogastric feeding tube placement	Improve documentation and additional training/education
Emergency Medicine	ED/AMU/SSW	Audit of acute asthma management in adults	Improve documentation and communication
Emergency Medicine	ED/AMU/SSW	Adult Head Injury Audit	Re-audit
Emergency Medicine	ED/AMU/SSW	Cardiac Arrest at YDH AandE	Additional training/education and re-audit
Emergency Medicine	Emergency Department	National Audit Office Study: Urgent Care- Treating the Severely Injured	Not required
Emergency Medicine	Old age psychiatry at BPH (EAU)	The management of self harm in patients over 65 years old presenting in A and E	Additional training/education and improve communication
ENT/MaxFax	ENT (Otolaryngology)	QIP: Reduction in 'on the day' cancellation of surgery in ENT/Maxfax	Not required
ENT/MaxFax	Orthodontics	Patient satisfaction audit: Orthodontic Department, York District General Hospital	Re-audit
ENT/MaxFax	Orthodontics	An audit into the provision of routine dental care for patients undergoing orthodontic treatment	Re-audit
General and Acute Medicine	Acute Medicine	Compliance with pulmonary embolism pathway	Additional training/education, improve communication and re-audit
General and Acute Medicine	Cardiology	Initial management of chest pain	Additional training/education

Directorate	Specialty	Project Title	Actions
General and Acute Medicine	Gastroenterology	National Inflammatory Bowel Disease (IBD) Audit	Improve documentation, additional training/education, improve communication and re-audit
General and Acute Medicine	Renal Medicine	York Renal Services Conservative Care Service Review 2010	Re-audit including additional aims
General and Acute Medicine	Renal Medicine	Peritoneal dialysis infection audit: 2009 - 2010	Improve documentation and change process
General and Acute Medicine	Renal Medicine	York Audit – Acute Sheet	Improve documentation
General and Acute Medicine	Renal Medicine	Hospital acquired Acute kidney Injury	Re-audit
General and Acute Medicine	Respiratory Medicine	Non-Tuberculous Bacteria in York District Hospital	Change process
General and Acute Medicine	Respiratory Medicine	Service Provision for Early Supported Discharge for Chronic Obstructive Pulmonary Disease (COPD)	Change process and re-audit
General Surgery and Urology	Breast	QIP: Patient access to York Hospital breast services for investigation of breast symptoms. Why are we breaching the 2 week wait standard?	Not required
General Surgery and Urology	Breast	Supportive and Palliative Care Audit 2010	Not required
General Surgery and Urology	Colorectal	The outcome of Permacol (collagen, Injectable bulking agents) injections for faecal incontinence.	Change process
General Surgery and Urology	Endocrine	Parathyroidectomy Surgery	Re-audit
General Surgery and Urology	General Surgery	Quality of the Informed Consent in Elective Groin Surgery	Improve documentation and re-audit

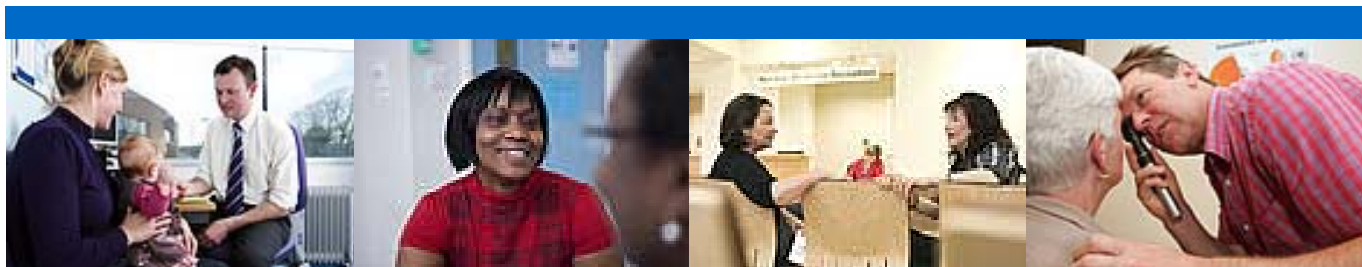
Directorate	Specialty	Project Title	Actions
General Surgery and Urology	General Surgery	Quality of Colonoscopy	Additional training/education
General Surgery and Urology	Stoma Care	Stoma Care questionnaire	Additional training/education
General Surgery and Urology	Urology	Is a single dose of antibiotics prior to transrectal prostate biopsy as effective as a prolonged post-procedure course?	Change process and re-audit
Nursing and Improvement		Evaluation of compliance against chaperone policy	Additional training/education and re-audit
Nursing and Improvement	Infection Control	Mandatory Orthopaedic Surgical Site Infection Surveillance	Not required
Nursing and Improvement	Infection Control	Retrospective review of surgical site infections - gastrointestinal patients	Change process
Nursing and Improvement	Nursing	Medicines Round Interruptions Audit	Change process and additional training/education
Nursing and Improvement	Tissue Viability	Baseline Knowledge of nursing staff regarding pressure ulcers	Improve documentation and additional training/education
Nursing and Improvement	Tissue Viability	Audit of waterlow Tool On Elderly Medical Ward	Improve documentation and additional training/education
Nursing and Improvement	Tissue Viability	York Hospital Pressure Ulcer Prevalence Study	Improve documentation and communication, additional training/education and change process
Nursing and Improvement		Nursing and midwifery documentation audit	Additional training/education and re-audit
Obstetrics and Gynaecology	Gynaecology	QIP: Improvement in patient information and communication in Gynae outpatient clinics.	Not required
Obstetrics and Gynaecology	Maternity	Fetal Blood Sampling (FBS) Audit	Re-audit

Directorate	Specialty	Project Title	Actions
Obstetrics and Gynaecology	Maternity	Continuous Electronic Fetal Monitoring (previously CTG Audit)	Re-audit
Obstetrics and Gynaecology	Maternity	Oxytocin	Improve documentation and communication and additional training/education
Obstetrics and Gynaecology	Obstetrics	Substance Misuse in Pregnancy Policy Audit	Improve documentation and communication
Obstetrics and Gynaecology	Obstetrics	Audit of information and support given to women in the antenatal, and postnatal period	Improve documentation and additional training/education
Obstetrics and Gynaecology	Obstetrics	Novasure Endometrial Ablation	Change process
Obstetrics and Gynaecology	Obstetrics	Patient Satisfaction Survey in York Hospital Antenatal Clinic	Improve communication
Obstetrics and Gynaecology	Obstetrics	Audit of care for women who choose to bottle feed	Additional training/education
Ophthalmology	Ophthalmology	Pilot of 4 week followup after cataract surgery	Change process
Ophthalmology	Ophthalmology	Comparing Lucentis versus Lucentis/PDT for Age related macula degeneration	Change process
Ophthalmology	Ophthalmology	QIP: Managing increasing demand in ophthalmology and looking into use of community services	Not required
Orthopaedics	Orthopaedics	Audit of Orthopaedic Audits since 2003	Additional training/education
Orthopaedics	Orthopaedics	Audit of the Fracture Neck of Femur Pathway	Discuss and re-audit
Sexual Health	Genito-Urinary Medicine	Audit of documentation on confidentiality, consent and chaperone use	Improve documentation, additional training/education and re-audit
Sexual Health	Genito-Urinary Medicine	Audit of documentation on confidentiality, Consent and chaperone use in Harrogate	Change process and re-audit

Directorate	Specialty	Project Title	Actions
Specialist Medicine	Haematology	Management of neutropenic sepsis (reaudit of 1131)	Improve documentation, additional training/education and re-audit
Specialist Medicine	Rheumatology	Rituximab audit for Rheumatology	Improve documentation and re-audit

Research and Development

The number of patients receiving NHS services provided or sub-contracted by York Teaching Hospital NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 3753.



Part 5 – New Initiatives, targets and trajectories

National targets and regulatory requirements	2010–2011 target	2010 – 2011 actual	National target achieved	Target and trajectories 2011-2012
Clostridium difficile year on year reduction	121	53	✓	55
MRSA – maintaining the annual number of MRSA. MRSA bloodstream infections at less than half the 2003	6	4	✓	6
Maximum waiting time of 31 days from decision to 1 st treatment	96%	99.2%	✓	96%
Maximum waiting time of 31 days for 2 nd or subsequent treatment for all cancers - anti cancer drugs	98%	98.6%	✓	98%
Maximum waiting time of 31 days for 2 nd or subsequent treatment for all cancers - surgery	94%	100%	✓	94%
Maximum waiting time of 62 days from all referrals to treatment for all cancers – urgent GP referral	85%	86.2%	✓	85%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers – screening	90%	100%	✓	90%

Maximum waiting time of 14 days from referral to 1 st seen for all cancers	93%	97.7%	✓	93%
Maximum waiting time of 14 days from referral to 1 st seen for breast symptomatic breast patients	93%	95.8%	✓	93%
Admitted patients -18-week maximum wait from point of referral to treatment	90%	93.37%	✓	
Referral to treatment waiting times for admitted patients (95 th percentile)				23 weeks (95% of patients should receive treatment within 23 weeks)
Non-admitted patients -18-week maximum wait from point of referral to treatment	95%	97.95%	✓	
Referral to treatment waiting times for non-admitted patients (95 th percentile)				18.3 weeks (95% of patients should receive treatment within 18.3 weeks)
Maximum waiting time of four hours in A & E from arrival to admission, transfer or discharge	95%	95.71%	✓	
Total time in A & E (95 th percentile)				The targets for emergency care will change during the year. Please see below for the changes. *
Certification against compliance with requirements regarding access to healthcare for people with learning disabilities The Trust has employed a specialist nurse with a focus on learning disabilities to ensure that we are compliant with the criteria				Required to meet the six criteria for meeting the needs of people with learning disabilities. Please see below for the six criteria. **

*A & E targets

From April 11 to June 2011 the target will be ≤ 4 hours.

From July 2011 the targets in A&E will be split as follows:

- Total time in A&E (95th percentile) - ≤ 4 hours
- Time to initial assessment (95th percentile) - ≤ 15 minutes

- Time to treatment decisions (median) - ≤ 60 minutes
- Unplanned re-attendance rate - ≤ 5%
- Left without being seen - ≤ 5%

**Criteria for meeting the needs of people with learning disabilities

- 1 Does the Trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that pathways of care are reasonably adjusted to meet the health needs of these patients?
- 2 Does the Trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?
 - Treatment options
 - Complaints procedures
 - appointments
- 3 Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?
- 4 Does the Trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?
- 5 Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers?
- 6 Does the Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?



Part 6 - Statements from Primary Care Trust, Local Involvement Networks and the Council of Governors

Statement from LINKs York

Thank you for giving York LINK the opportunity to comment on the Quality Accounts for 2010-11.

In the short timescale available the Steering Group have read the Quality Accounts and welcome the drive to improve staff/ patient communication planned for next year.

We look forward to working with York Teaching Hospital NHS Foundation Trust in the future.

Statement from the Council of Governors

The Council of Governors was invited to look at the development of the Quality Report for 2010/2011, through an agreed sub-group.

We put forward a number of recommendations, but, overall we emphasised the importance of engaging with patients, staff, governors, commissioners and other stakeholders in order to capture and respond to feedback, concerns and aspirations. In this way improvement can continue to be made and confidence in services maintained.

We can see evidence that the Trust has worked hard to develop its clinical quality and safety systems. We welcome the priorities identified in the report for the next financial year and recognise the challenges ahead to achieve them.

We note in this Quality Report that the Trust has acted upon our recommendations and we welcome this collaboration.

Statement from North Yorkshire and York

NHS North Yorkshire and York is the lead Commissioner for York Teaching Hospitals NHS Foundation Trust and we are pleased to be able to review and comment on their Quality Account for 2010/11 in conjunction with our Associate Commissioner, NHS East Riding of Yorkshire.

Over the past 12 months we have worked hard together as Commissioners and Providers to improve the quality of patient services for the residents of York and the East Riding. Through the contract management process the Trust has provided assurance to us as Commissioners, by sharing a range of data and quality metrics which have assured us of the quality of patient services.

The Quality Account for York Teaching Hospitals NHS Foundation Trust provides a clear, accurate, open and positive story of the quality of patient care provided. The clinicians and leaders within the Trust have also played a wider role in influencing the agenda around quality, particularly in the work around releasing time for care and patient experience. We are especially pleased to note the following achievements:-

- 94% of patients surveyed would recommend the hospital to family or friends
- The Trust had the lowest C.Difficile incidence rate for comparable hospitals at the end of 2010 as recognised by the Department of Health
- The focus on patient safety and developments in pressure area care has led to a dramatic reduction in the incidence of worse grade pressure ulcers.
- Very good performance of your cancer services, as demonstrated through patient feedback to the National Cancer Patient Survey of 2010.

York Teaching Hospitals NHS Foundation Trust has also demonstrated significant improvements across the CQUIN indicators for 2010/11 although not all agreed targets were achieved. Indicators for 2011/12 have now been agreed for both Acute and Community CQUINS with the Trust.

The priorities identified in the Quality Account for 2011/12 clearly identify the three elements of quality i.e. patient safety, clinical effectiveness and patient experience and have a real synergy with what we are seeking to achieve across the whole of NHS North Yorkshire and York.

During 2011/12 the Trust will rollout the implementation of the Patient and Public Involvement Strategy and Dignity Policy. This will involve customer care and compassion training for staff and an increase the number of volunteers involved in gathering patient feedback.

As a commissioner we commend this Quality Account for its accuracy, honesty, and openness. We recognise that York Teaching Hospitals NHS

Foundation Trust delivers good quality patient care, and we look forward to working with the Trust to bring about further improvements in quality during 2011/12.

Glossary

Anti embolic stockings	Also known as gradient elastic stockings. They come in a variety of sizes depending on the size of a patient's leg and foot. They are usually prescribed by a doctor for those most at risk of developing blood clots in the legs or deep vein thrombosis (DVT).
Aseptic Non Touch Technique (ANTT)	Aseptic technique is a method that is designed to reduce the risk of microbial contamination in a vulnerable body site. This may include such procedures as undertaking a wound dressing or performing an invasive procedure such as inserting a urinary catheter or preparing an intravenous infusion.
Board of Directors	Individuals appointed by the Council of Governors and Non-executive Directors. The Board of Directors assumes legal responsibility for the strategic direction and management of the Trust.
C-difficile (C-Diff)	Clostridium difficile is a species of Gram-positive bacteria of the genus Clostridium that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora are wiped out by antibiotics.
Care bundle	It is a systematic approach to care delivery by ensuring a uniformity of implementation. It is a method of measuring and improving clinical care. All elements are delivered to maximise patient benefits.
Care Quality Commission (CQC)	The Care Quality Commission regulates care provided by the NHS, local authorities, private companies and voluntary organisations. They aim to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. We also seek to protect the interests of people whose rights are restricted under the Mental Health Act.
carotid endarterectomy	is a surgical procedure used to prevent stroke, by correcting stenosis (narrowing) in the common carotid artery. Endarterectomy is the removal of material on the inside (<i>end-</i>) of an artery. The common carotid artery is an artery that supplies the head and neck with oxygenated blood; it divides in the neck to form the external and internal carotid arteries.
CQC Quality Risk Profile (QRP)	<p>QRPs are an essential tool for providers, commissioners and our own staff in monitoring compliance with the essential standards of quality and safety.</p> <p>They help in assessing where risks lie and can play a key role in providers' own internal monitoring as well as informing the</p>

	commissioning of services.
Commissioning for Quality and Innovation payment framework (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) scheme was announced in <i>High Quality Care for All</i> (2008) and introduced through the new standard NHS contracts and the NHS Operating Framework for 2009/10. It is a key element of the NHS Quality Framework, introducing an approach to incentivising quality improvement. CQUIN schemes were mandated for acute contracts from 2009/10.
Council of Governors	<p>Every NHS Foundation Trust is required to establish a Council of Governors. The main role of the Council of Governors is threefold:</p> <p>Advisory - to advise the Board of Directors on decisions about the strategic direction of the organisation and hold the Board to account.</p> <p>Strategic - to inform the development of the future strategy for the organisation</p> <p>Guardianship - to act as guardian of the NHS Foundation Trust for the local community.</p> <p>The Chair of the Council of Governors is also the chair of the NHS Foundation Trust. The Council of Governors does not "run" the Trust, or get involved in operational issues.</p>
Crash calls	A crash call is a cardio-respiratory arrest requiring resuscitation to sustain life.
Department of Health	The Department of Health is a government department with responsibility for government policy for health and social care matters and for the (NHS) in England. It is led by the Secretary of State for Health.
Financial Risk Rating (FRR)	Financial risk ratings are allocated using a scorecard which compares key financial information across all foundation Trusts. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the greatest.
Global Trigger Tool (GTT)	<p>The use of "triggers," or clues, to identify adverse events (AEs) is an effective method for measuring the overall level of harm in a health care organisation. The Global Trigger Tool for Measuring AEs provides instructions for reviewers and methods for conducting a retrospective review of patient records using triggers to identify possible AEs. The tool includes a list of known AE triggers as well as instructions for selecting records, training information, and appendices with references and common questions. The tool provides instructions and forms for collecting the data you need to track three measures:</p> <ul style="list-style-type: none"> • Adverse Events per 1,000 Patient Days • Adverse Events per 100 Admissions • Percent of Admissions with an Adverse Event

Information Governance Toolkit	The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements. The organisations described below are required to carry out self-assessments of their compliance against the IG requirements.
Monitor	<p>We were established in January 2004 to authorise and regulate NHS foundation Trusts. We are independent of central government and directly accountable to Parliament.</p> <p>There are three main strands to our work:</p> <p>Determining whether NHS Trusts are ready to become NHS foundation Trusts.</p> <p>Ensuring that NHS foundations Trusts comply with the conditions they signed up to – that they are well-led and financially robust; and</p> <p>Supporting NHS foundation Trusts development</p>
MRSA	<p>Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It may also be called multidrug-resistant Staphylococcus aureus or oxacillin-resistant Staphylococcus aureus (ORSA).</p> <p>MRSA is, by definition, any strain of Staphylococcus aureus that has developed resistance to beta-lactam antibiotics which include the penicillin (methicillin, dicloxacillin, nafcillin, oxacillin etc) and the cephalosporins.</p>
NHS Litigation Authority	<p>The NHS Litigation Authority is a special health authority of the National Health Service (NHS).</p> <p>It is responsible for handling negligence claims made against NHS bodies in England.</p> <p>In addition it:</p> <ul style="list-style-type: none"> • has developed an active risk management programme to raise NHS standards and reduce incidence of negligence • monitors human rights case law on behalf of the NHS • co-ordinates claims for equal pay in the NHS • handles Family Health Service appeals (i.e. disputes between doctors, dentists, opticians and pharmacists and NHS PCTs) (since April 2005).
National Patient Safety Agency (NPSA)	The NPSA leads and contribute to improved, safe patient care by informing, supporting and influencing organisations and people
National clinical audits	The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a set of centrally-funded national projects that provide local Trusts with a common format by which to collect audit data.

	<p>The projects analyse the data centrally and feed back comparative findings to help participants identify necessary improvements for patients. Most of these projects involve services in England and Wales; some also include services from Scotland and Northern Ireland.</p>
National confidential enquires (NCEPOD)	<p>NCEPOD promote improvements in health care. They are published by the NPSA.</p> <p>The distinctive feature of NCEPOD's contribution is the critical examination, by senior and appropriately chosen specialists, of what has actually happened to the patients.</p>
NICE quality standards	<p>National Innovation and Clinical Excellence (NICE) quality standards are a set of specific, concise statements that act as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.</p> <p>Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.</p> <p>This work is central to supporting the Government's vision for an NHS focussed on delivering the best possible outcomes for patients.</p>
Patient at risk (PAR) scoring	<p>The Patient at Risk Score (PARS) is designed to enable health care professionals to recognize "at risk" patients and to trigger early referral to medical staff, so that early intervention can help to prevent deterioration.</p>
Patient and Public Involvement Strategy (PPI)	<p>The involvement of patients and the public is core to healthcare reform and to a "patient led NHS". As a healthcare organisation the Trust needs to listen, understand and respond to patient and public needs, perceptions and expectations ensuring patients' experiences and preferences inform continuing improvement. Evidence demonstrates that effective patient and public involvement leads to increased patient satisfaction, more positive outcomes and improved professional/patient relationships. Creating such partnership encourages patients to take more responsibility for their personal healthcare and supports the most effective use of resources.</p>
Pressure Ulcers	<p>Pressure ulcers or decubitus ulcers, are lesions caused by many factors such as: unrelieved pressure; friction; humidity; shearing forces; temperature; age; continence and medication; to any part of the body, especially portions over bony or cartilaginous areas such as sacrum, elbows, knees, and ankles.</p> <p>Pressure ulcers are graded from 1 to 4 as follows:</p>

	<p>In Grade 1 Pressure Ulcers there is no breakdown to the skin surface</p> <p>Grade 2 pressure ulcers present as partial thickness wounds with damage to the epidermis and / or dermis.</p> <p>Skin can be cracked, blistered and broken.</p> <p>Grade 3 pressure ulcers develop to full thickness wounds involving necrosis of the epidermis/dermis and extend into the subcutaneous tissues.</p> <p>Grade 4 pressure ulcers present as full thickness wounds penetrating through the subcutaneous tissue</p>
Productive ward	The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.
Quality Governance Framework	Quality governance refers to the Board's leadership on quality and their ability to understand the relative quality of services their Trust provides; identify and manage risks to quality; act against poor performance; and implement plans to drive continuous improvement.
Root cause analysis (RCA)	This is a system of problem solving methods aimed at identifying the root causes of problems or events. The practice of RCA is predicated on the belief that problems are best solved by attempting to address, correct or eliminate root causes, as opposed to merely addressing the immediately obvious symptoms. By directing corrective measures at root causes, it is more probable that problem recurrence will be prevented. However, it is recognized that complete prevention of recurrence by one corrective action is not always possible. Conversely, there may be several effective measures (methods) that address the root cause of a problem. Thus, RCA is often considered to be an iterative process, and is frequently viewed as a tool of continuous improvement.
SBAR	<p>Situation – Background – Assessment – Recommendation (SBAR) is an easy to remember mechanism that you can use to frame conversations, especially critical ones, requiring a clinician's immediate attention and action. It allows for clarity of what information should be communicated between members of the team.</p> <p>The tool consists of standardised prompt questions within four sections, to ensure that staff are sharing concise and focused information. It allows staff to communicate assertively and effectively, reducing the need for repetition.</p> <p>The tool helps staff anticipate the information needed by colleagues and encourages assessment skills. Using SBAR prompts staff to</p>

	formulate information with the right level of detail.
Training and action for patient safety (TAPs)	TAPS is a major new training programme to improve safety in the NHS in Yorkshire, developed by experts in the fields of patient safety and improvement science. The programme provides teams with the knowledge and tools to make significant improvements to patient safety.
Venous thromboembolism (VTE)	Venous thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT). An embolism occurs if all or a part of the clot breaks off from the site where it forms and travels through the venous system. If the clot lodges in the lung a potentially serious and sometimes fatal condition, pulmonary embolism (PE) occurs. Venous thrombosis can occur in any part of the venous system. However, DVT and PE are the commonest manifestations of venous thrombosis. The term VTE embraces both the acute conditions of DVT and PE, and also the chronic conditions which may arise after acute VTE-such as post thrombotic syndrome and pulmonary hypertension-both problems being associated with significant ill-health and disability.
World Health Organisation (WHO)	World Health Organisation is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.
YTH	York Teaching Hospital

