York Teaching Hospital NHS Foundation Trust provides a comprehensive range of specialist acute and community healthcare services for approximately **800,000** people living in York, North and East Yorkshire and Ryedale - an area covering **3,400** square miles.

We manage community-based services in Selby and York, and deliver a wide range of acute and elective services in our hospitals in Scarborough, York and Bridlington, as well as outpatient services across all of our localities.

Our annual turnover is over **£0.5bn**. We manage eight hospital sites, and have a workforce of almost **9,000** staff working across our hospitals and in the community.
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Chair’s welcome

At her recent appraisal, our senior independent director described the year gone by as being “like white water rafting”. This seems an accurate reflection of our year! The challenges we have faced have tested our skills and courage, and required us to dig deep into our collective resilience.

Alongside many trusts, we began our year with priorities we knew would challenge us: maintaining financial balance, achieving the Emergency Care Standard, finding ways to recruit to our Trust in a diminishing market and finding new ways with our partners to continually improve services while living within our means.

As well as the challenges we could anticipate we also encountered challenges that were unforeseen, including a cyber-attack and the longest of winters, creating prolonged pressures on our acute hospital beds, which impacted on smooth patient flow throughout the Trust.

Collectively staff at all levels have demonstrated resilience and tenacity, facing into the weather, remaining steadfastly focused on our patients and their quality of care. The cornerstone of this Trust in good times and bad is a shared commitment to our values which are about actively caring, respecting, listening and helping.

This commitment to our values shone through in the CQC inspection which took place in the early autumn where our services were rated good for being caring and effective. Inspectors saw staff working together as teams for the benefit of patients and saw our staff care for patients with compassion. Patients told inspectors that staff treated them well and with kindness. It is this culture of care and kindness that we collectively

Collectively staff at all levels have demonstrated resilience and tenacity, facing into the weather, remaining steadfastly focused on our patients and their quality of care
We are set to launch a new 5-year strategy which captures our vision to deliver safe, quality services, in partnerships with our communities in ways which are wholly sustainable and in line with our values. Importantly, this prioritises supporting and developing an engaged, healthy and resilient workforce.

2018-19 is set to be equally as challenging as 2017-18, however, a positive course is set. We have faith and confidence in our staff - who we recognise and thank for their commitment to our Trust and to our patients in the year gone by. Their spirit, tenacity and values will ensure that we remain on course to achieve our Trust’s important ambitions, which have the quality and safety of services to our patients at their very heart.

Susan Symington
Chair
A NEW method of testing patients for serious bowel complaints won a regional award for service improvement for the Trust at the prestigious Medipex NHS Innovation Awards.

The pioneering approach, designed by consultant gastroenterologist James Turvill, has revolutionised treatment for hundreds of people in the York area and is set to save £1.4 million for the NHS in the Yorkshire and Humber region.

Recognition for pioneering bowel test

Pioneering training programme for nursing associates starts at Trust

A PIONEERING programme which will help transform the nursing and care workforce of the future started at Scarborough and York hospitals and in the community.

The first sixteen trainees enrolled at the Trust, which is one of the sites nationally chosen to provide the second wave of training. Once qualified, nursing associates will be able to support registered nurses with a range of duties, within a defined scope of practice. The two-year programme includes a mixture of ward and community based learning, academic study at the University of York, with support from onsite clinical tutors.
Trust marks Dementia Awareness Week in a very special way

IN MAY, Ward 37 at York Hospital officially opened its new ‘Café 37’ dementia activity room - a safe space on the ward open to patients and their visitors.

The concept of the activity room is to help improve the overall wellbeing of patients with dementia by encouraging mobility and to give patients the opportunity to engage in conversation, as well as join in with activities.

The café was funded with money raised by York Teaching Hospital Charity’s Roaring 20’s Ball, held in July 2016.

The ball inspired the charity’s Dementia Appeal, which aims to raise £200,000 to provide a better experience for patients living with dementia throughout the Trust.

In the news..............In the news..............In the news..............In the news..............In the news..............

Opening of the new Dementia Café

The café was funded with money raised by York Teaching Hospital Charity’s Roaring 20’s Ball, held in July 2016
Patient experience is a key element of quality. Patients tell us that they care about their experience as much as clinical effectiveness and safety.

Patients tell us they want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as individuals and value efficient processes.

We want patients to receive the best possible care and treatment from our Trust, and we are committed to improving the experiences of our patients and their families when they access our services.

We are now in the final year of our three-year Patient Experience Strategy 2015-18, and in the last year we have made real progress with delivering the five commitments. These are:

1. Listening to our patients, welcoming feedback and sharing the results from ward to board
2. Responding to feedback in an open and timely manner and reporting on themes and trends so people can see what matters most to patients, celebrate success and identify what needs improving
3. Learning from what patients tell us, identifying actions for improvement and monitoring their delivery
4. Involving patients in decisions about their care and delivering a service that is responsive to their individual needs
5. Nurturing a culture of openness, respect and responsibility.
In 2017-18 the Trust received the results of five national surveys. Based on the results of these surveys the managers and clinicians involved in delivering the care in each service have developed an action plan to improve services for the future, as well as to celebrate success.

<table>
<thead>
<tr>
<th>We Asked...</th>
<th>You Said...</th>
<th>We did...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You said...</strong> the Emergency Department survey told us that people didn’t feel they were kept informed about waiting times or the priority they had been given for being seen.</td>
<td><strong>You said...</strong> the Inpatient survey told us that some of our patients struggle to get a good night’s sleep.</td>
<td><strong>We did...</strong> we have introduced volunteers to the waiting area to help keep people better informed about waiting times and provide information about hospital facilities, such as parking and refreshments. We are also redesigning the waiting area which will include clearer signage.</td>
</tr>
<tr>
<td><strong>We did...</strong> we continue to engage all our staff in our Night Owl Project to reduce noise and disruption on our wards and help patients get a good night’s sleep. We have already provided sleep packs with eye masks and ear plugs to over 4,000 patients. We have also commenced a research project with the University of York to help us better understand our sound environment and develop innovative ways to engage staff in reducing unnecessary noise.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Surveys continued

You said... the Cancer survey said we could improve the communication between primary and secondary care.

You said... The Children and Young People’s survey told us we need to have more age-appropriate activity resources for children eight years and older.

We did... we have secured Macmillan funding for a three year project to introduce the Macmillan Recovery Package into practice. This includes an holistic needs assessment, care plan, treatment summary and cancer care review. It will particularly focus on communication links between primary and secondary care.

We did... we invited the children from Westfield Primary School to give us their thoughts about the resources we need as part of the Children’s Takeover Challenge. As a result, a new activity room for older children has been created.

The Maternity survey told us we have significantly improved the proportion of women who were satisfied with the time their partners are able to stay with them after the birth of their baby. This is the result of extending our chosen companion approach, where partners are able to stay longer on the postnatal ward if they wish to do so rather than leaving at a set time.
The Friends and Family Test feedback shows that the Trust continues to maintain consistently high levels of satisfaction – demonstrated in both the recommendations scores, as well as the hundreds of comments we received.

The ranges below indicate the lowest and highest scores over the last 12 months, of the patients who would recommend each service to their family and friends.

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Emergency Department</th>
<th>Maternity</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>Highest</td>
<td>Lowest</td>
<td>Highest</td>
<td>Lowest</td>
</tr>
<tr>
<td>95.8%</td>
<td>97.6%</td>
<td>93%</td>
<td>97.9%</td>
<td>80.7%</td>
</tr>
<tr>
<td>96.7%</td>
<td>99%</td>
<td>93.0%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

“Staff are excellent and professional. I am just very grateful for the excellent care I received”

“All medical staff were brilliant and I received excellent service and no waiting”

“Despite the pain, best experience I’ve ever had. Trusted everyone around me and felt like me and my son received the best possible care”
You said…the Emergency Department survey told us that people didn’t feel they were kept informed about waiting times or the priority they had been given for being seen.

We did…we are introducing volunteers to the waiting area to help keep people better informed about waiting times and provide information about hospital facilities such as parking and refreshments. We are also redesigning the waiting area which will include clearer signage.

You said…the Inpatient survey told us that some of our patients struggle to get a good night’s sleep.

We did…we continue to engage all our staff in our Night Owl Project to reduce noise and disruption on our wards and help patients get a good night’s sleep. We have already provided sleep packs with eye masks and ear plugs to over 4,000 patients.

We have also commenced a research project with the University of York to help us better understand our sound environment and develop innovative ways to engage staff in reducing unnecessary noise.

You said…the Cancer survey said we could improve the communication between primary and secondary care.

We did…we have secured Macmillan funding for a three year project to introduce the Macmillan Recovery Package into practice. This includes an holistic needs assessment, care plan, treatment summary and cancer...
Youngsters take over hospital as part of Takeover Challenge!

YOUNG people from Westfield Primary Community School took over the running of York Hospital in June, as part of the Children’s Commissioner’s Takeover Challenge.

The event gave young people the chance to ‘takeover’ parts of the hospital for the day. In doing so, they got to experience what it’s like to be in a real work environment and take on important responsibilities. The children also had the opportunity to ask questions about how decisions are made and understand the affect these decisions can have on young patients.

The 30 young people from the school spent the day taking part in many activities, including an inspection of the Children’s Ward in order to feedback how the Trust can make the environment better for young patients.

They also learnt about different therapy techniques which included lessons on sign language and anatomy, discovered more about healthier eating from the hospital dieticians and took a behind the scenes visit to A&E.

In the news.............In the news.............In the news.............In the news.............In the news.............
First mobile chemotherapy unit in the county launched

THE FIRST mobile chemotherapy unit in Yorkshire was launched in July, commissioned by the charity York Against Cancer to serve patients of the York Teaching Hospital NHS Foundation Trust. The £700,000 unit gives patients from outlying areas, who would otherwise travel to the Trust’s main hospitals in York or Scarborough, the chance to be treated closer to home.

It also ensures capacity at the main hospitals for longer or more complex procedures.
Elected to represent you

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

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

Its prime role is to represent the local community and other stakeholders in the stewardship of the Trust. They work with the Board of Directors in an advisory capacity, bringing the views of staff and local people forward, and helping to shape the Trust’s future.

The Council has a right to be consulted on the Trust’s strategies and plans and any matter of significance affecting the Trust or the services it provides.

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

The Council of Governors is specifically responsible for:
- The appointment and removal of the Chair and other non-executive directors
- The approval of the appointment of the Chief Executive
- The appointment and removal of the Trust’s external auditors

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

Our governors represent different constituencies. From 1 April 2017 to 31 March 2018, the Council of Governors comprised the following members:

Public governors (elected by Foundation Trust members):

- **Hambleton 1 seat**
  - Catherine Thompson

- **Whitby (1 seat)**
  - Stephen Hinchcliffe

- **Scarborough (2 seats)**
  - Diane Rose*
  - David Wheeler*

- **Bridlington (2 seats)**
  - Clive Neale
  - Patricia Stovell

- **Selby (2 seats)**
  - Ann Bolland
  - Roland Chilvers

- **Ryedale and East Yorkshire (3 seats)**
  - Jeanette Anness
  - Andrew Butler
  - Sheila Miller

- **York (5 seats)**
  - Michael Reakes
  - Helen Fields
  - Margaret Jackson
  - Robert Wright
  - John Cooke

*denotes governors who resigned during 2017/18
Partner Governors (appointed by their organisations):

North Yorkshire County Council (1 seat)
Chris Pearson

The University of York (1 seat)
Gerry Richardson

Voluntary sector (1 seat)
Vacant
(ASF director)

Healthcare organisations (2 seats)

Dawn Clements
Karen Porter

Staff Governors (elected by staff members of the Foundation Trust)

Scarborough and Bridlington (2 seats)
Helen Noble
Andrew Bennett

Community (1 seat)
Sharon Hurst

York (2 seats)
Mick Lee
Jill Sykes

*denotes governors who resigned during 2017/18
This has been a very challenging year for the Trust with particular issues being the financial position, the recruitment and retention of staff and the ability to meet targets - with particular reference to the four hour emergency care standard. Governors have been briefed at every opportunity and are fully aware of the actions being taken by the organisation to address these issues.

Susan Symington is Chair of the Council of governors as well as the Board and both the Chair and the Chief Executive provide regular updates for the governors. By attending the public board meetings as observers, governors receive first-hand information from the executives and non-executive directors (NEDs). These meetings are public and members of the community, including staff members, are encouraged to attend and find out more about the organisation, what issues are current and how they are being addressed. The dates can be found on the Trust’s website - www.york.nhs.uk

Governors have also been encouraged to attend the six-monthly Board to Council of Governor meetings, which cover particular issues and give the opportunity for governors to hear updates directly from executives and NEDs. Here they can debate issues and raise any questions they may have. More recently governors have been attending the various committees to see the NEDs in action in preparation for providing feedback to the Chair who carries out the appraisals of the NEDs.

Stories about the care and safety of patients are discussed at every opportunity and governors are represented at the Patient Experience Steering Group which is chaired by the Chief Nurse or her deputy. Developments in clinical practice are part of this meeting as well as patient feedback and general issues that affect the clinical environment. These include the new open visiting times, complaints and their handling, and the development of the volunteer role and scheme. There is also regular feedback from the Patient Experience team.
Governors have been involved as part of the team undertaking Patient-Led Assessment of the Clinical Environment (PLACE) and this year attended the updated training programme. These assessments give an opportunity for the governors to visit clinical areas, talk to staff and patients, see how the environment is being looked after, the clinical care provided and developed, and how patients feel about the care they are receiving.

The outcome of these visits is collated centrally and a report is received by each Trust taking part in this national programme. Some governors have been to other trusts to participate in their PLACE assessments and make comparisons of how the assessment takes place and the results.

There has been a very stable NED team but a number are coming towards the end of their term of office. Governors have attended recruitment training for the NED positions, as these are governor appointments and have recruited two associate NEDs to replace those NEDs due to leave. These newly appointed Associate NEDs commenced in April 2018. More recruitment will be taking place at a later date.

There are a number of groups within the Trust where governors are involved. These are either by election by their governor colleagues, or attended on an ad-hoc basis because of interest in the subject.

Governors are involved in the membership group, which discusses ways in which membership can be developed. A number of recruitment fairs have been held and governors held a membership recruitment drive event at both York and Scarborough.

The Out of Hospital Group, meets on a three monthly basis to discuss the schemes being introduced across the community, any developments that are in place and their outcomes. Representatives from the Council of Governors attend this meeting and provide a report to colleagues to keep them updated.

Schemes to support patients to stay in their own homes are being well...
Our Year | 

Lead Governor’s report continued

Continued from previous page

Efforts to achieve the best outcome for patients and their families do not go unnoticed.

By Lead Governor
Margaret Jackson

received by patients and their families. The community teams receive training and development, including the use of laptops in the home to record activity where information can be shared with colleagues involved in the patient’s care.

Governors attended the launch of the mobile chemotherapy unit which was very well received by the community.

Once again governors were invited to attend this year’s Celebration of Achievement awards held at Bridlington Spa. It was again a pleasure to listen to, and learn about, how individuals and teams had developed the care they were providing and how well this had been received by patients. Despite staff being under real pressure, it is really good to hear this. Congratulations to the winners and to everyone in the Trust on their achievements.

Their efforts to achieve the best outcome for patients and their families do not go unnoticed. The Governor award went to the team at the Magnolia Centre in York.

Finally I would like to thank Lynda Provins, Foundation Trust Secretary, and the Chief Executive Office team for their on-going support to governors and to my Governor colleagues for their support to me and their commitment and dedication to the Governor role.

“Efforts to achieve the best outcome for patients and their families do not go unnoticed”
PATIENTS with chronic kidney disease at York Hospital can keep fit while receiving dialysis thanks to a generous donation from York Lions Club.

The Lions have donated £2,000 to purchase specialised equipment for the renal unit’s physiotherapy team to help patients stay fit while they are having their treatment. Two new static chair cycles have been purchased initially so that patients can pedal while hooked up to their dialysis machine.

A NEW text messaging service was launched in August to help remind outpatients about their appointments. The new service allows people with an outpatient appointment to receive a text message reminder, with details of where to contact if they wish to rearrange or cancel their appointment. It is aimed at easing hospital outpatient waiting times by reducing the number of patients missing appointments.

SCARBOROUGH Hospital cancer care centre and cancer support charity, Look Good Feel Better (LGFB), teamed up to provide a series of support sessions for women who are struggling with the side-effects associated with cancer treatments. They are designed to help women of all ages with practical support to tackle the visual signs of cancer treatment though two-hour, free of charge skincare and make-up workshops. Each workshop is run by a team of qualified beauty volunteers who come with a wealth of experience working within the beauty industry for large chains, departments and or as self-employed independents.

In the news
Our membership

One of the benefits of being a Foundation Trust is that the structure allows us to work more closely
with local people and service users to help us better respond to the needs of our communities.
People can become involved in this process by becoming a member of the Foundation Trust.

We have seven public constituencies, and governors are elected for each of these by the members.
We also have governors who have been elected by staff members, as well as those who have been
nominated by various partner organisations. Our governors are listed on pages 16-17.

You can find out more about becoming a member of the Trust via our website - www.york.nhs.uk/membership
New nursing degree course is announced

In September, Coventry University Campus in Scarborough announced that it was launching a new nursing degree course on the East Coast.

The university has been working with local healthcare partners to address the nursing shortfall and train the workforce of the future. Students starting the course will receive their training in a brand new, fully equipped clinical skills facility at the campus, whilst attending placements in local healthcare settings.

In the news..............
Our staff

The Trust has 8,210 permanent employees and 619 staff holding fixed term contracts.

**Full time equivalent staff in post by staff group:**

- Add Prof Scientific and Technic: 3%
- Additional Clinical Services: 26%
- Administrative and Clerical: 20%
- Allied Health Professionals: 9%
- Estates and Ancillary: 11%
- Healthcare Scientists: 7%
- Medical and Dental: 3%
- Nursery and Midwifery Registered: 21%

**Being attractive to new staff**

In 2016-17 the Trust moved to a centralised recruitment process to enhance the candidate experience and improve consistency; this has continued, been refined and embedded during 2017-18.

The Trust continued to reap the benefits of using the Trac recruitment system to deliver a more personalised experience and improve average time to hire. The Trust also continued to engage directly with potential applicants through a range of different local events, including job and university fairs, and school events. The Trust’s own recruitment fairs were hugely successful and social media continued to play an active part in our recruitment processes, enabling us to reach large numbers of prospective applicants.

During the year we embarked on a project to build
our employer brand, after conducting research within the Trust to understand what current employees look for and appreciate about working here. We are looking to use this work to build our brand and attract new candidates during 2017-18.

Looking after our current workforce and ensuring their health and wellbeing
The Trust launched a new Health and Wellbeing strategy in April 2018, which focuses on three main areas; improving physical health; supporting mental health and the effective management and reduction of sickness absence. It aims to bring a joined-up approach to addressing rising absence rates and improving employee wellbeing.

The Trust continued to increase and improve resources on preventative support and self-help interventions available to staff, who are encouraged to take personal responsibility for their physical activity levels, eat healthy and make better lifestyle choices. There were a number of proactive interventions to support this; for example during 2017 individual workplace healthchecks were made available to all staff and over 400 staff took up this opportunity. In addition, regular wellbeing workshops were run on themes such as Eat Well and Sleep Well.

Mental health and stress accounted for more than 25% of all sickness absence in 2017-18. Interventions to support employees experiencing stress included a new telephone counselling service, Health Assured, which commenced in 2017 and the introduction of wellbeing resilience action plans available for employees who experience recurrent mental health problems.

The Trust’s Staff Benefits team continued to provide employees with access to a variety of discounted and subsidised health and wellbeing services.

Developing a workforce fit for the future
The Trust trained and subsequently employed 14 qualified advance clinical practitioners, with a further cohort due to qualify in 2019. They will support service delivery across emergency medicine, trauma and orthopaedics and acute medicine. Physician associates are also being explored to support service delivery across acute and specialist medicine.

The Trust continued to support the development of support staff by providing in house programmes, such as the Band 4 assistant practitioner programme to supplement those who have foundation degrees or equivalent. We also recruited and supported staff on apprenticeship programmes and our Learning team continues to advise on the implementation of these in order to meet identified targets.

There was continued development of our future workforce on the East Coast (Scarborough, Bridlington hospitals and communities). A bespoke HNC in Health and Social Care for support staff working in the Ryedale community was developed in partnership with Coventry University and Scarborough Campus (CUSC), which staff are now progressing on. Further work got underway with CUSC to develop a career pathway for Health and Social Care students using an apprenticeship model. The Trust is working in partnership with CUSC and other organisations to prepare for the BSc Nursing (Adult) programme, which will be begin in September 2018.

The Trust and the University of York are currently piloting a programme of trainee nursing associates, who successfully completed their first year during 2016-17.

There are steps to review the programme in order to support another cohort in 2019.
Local children attempt record lifesaving training

LOCAL schoolchildren from Hackness Primary C of E School were trained in crucial lifesaving skills as part of a national attempt to set a record for the most people simultaneously learning resuscitation skills.

The event was part of a Guinness Book of Records national challenge celebrating the Royal College of Emergency Medicine’s 50th anniversary.

Staff from Scarborough Hospital’s Emergency Department visited the school where 30 children, aged between six and eleven, were taught cardiopulmonary resuscitation (CPR) on lifelike training manikins.

Ed Smith, lead consultant for emergency medicine at Scarborough Hospital led the team of skilled resuscitation trainers.

Ed said: “Everyone can learn to help save a life, including children. They are capable of assessing a situation, responding calmly, remembering their training, and saving lives.

“There are many instances of children saving the lives of other children and even adults when they know what to do.

“Hopefully our event has helped highlight how emergency medicine has made a real difference to the lives of millions. To have made it to 50 years as a specialty is a real achievement.”

There are many instances of children saving the lives of other children

In the news
Revolutionary electronic prescribing starts in York

THE TRUST’S project to change the way that medicines are prescribed and recorded officially launched at York Hospital in November.

Paper prescription charts were replaced with an electronic prescribing and medicines administration system called ePMA, which provides a legible, accessible and fully auditable record for all medication transactions.

Donald Richardson, Deputy Medical Director, said: “As medicines increase in number, the complexity and the interactions between them also increases.

“The new ePMA system provides us with more robust monitoring and additional tools to manage medicines safely.”

Cold cot donated to York Hospital

IN NOVEMBER, York Hospital received a cold cot which offers parents, who suffer the heartbreak of losing their baby, the chance to spend more time with them to say goodbye. The emergency department were given a cold cot by York Stillbirth and Neonatal Death Society (SANDS) and the family of a baby who died aged 16 days old.

The cot regulates the baby’s temperature, allowing parents to keep their baby with them a little bit longer to say goodbye. The baby is able to stay in the cold cot for around two weeks.

Natasha Limbert, her mum Sabine O’Dwyer and other members of her family have been raising funds for York SANDS, which supported them after the death of Natasha’s daughter, Alexis Nikita, who sadly passed away on Christmas Eve 2015.
Managing our finances

The table below provides a high level summary of the Trust’s financial results for 2017/18.

Summary Financial Performance 2017/18

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Clinical income</td>
<td>437.8</td>
<td>439.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Non-clinical income</td>
<td>41.5</td>
<td>44.1</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>479.3</strong></td>
<td><strong>483.6</strong></td>
<td><strong>4.3</strong></td>
</tr>
<tr>
<td>Pay spend</td>
<td>-324.5</td>
<td>-333.2</td>
<td>-8.7</td>
</tr>
<tr>
<td>Non-pay spend</td>
<td>-146.1</td>
<td>-158.0</td>
<td>-11.9</td>
</tr>
<tr>
<td><strong>Total spend before dividend, and interest</strong></td>
<td><strong>-470.6</strong></td>
<td><strong>-491.2</strong></td>
<td><strong>-20.6</strong></td>
</tr>
<tr>
<td><strong>Operating surplus before exceptional items</strong></td>
<td><strong>8.7</strong></td>
<td><strong>-7.6</strong></td>
<td><strong>-16.3</strong></td>
</tr>
<tr>
<td>Sparsity Funding</td>
<td>2.6</td>
<td>2.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Sustainability &amp; Transformation Funding</td>
<td>11.8</td>
<td>3.1</td>
<td>-8.7</td>
</tr>
<tr>
<td>Dividend, finance costs and interest</td>
<td>-19.8</td>
<td>-18.2</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Net surplus</strong></td>
<td><strong>3.3</strong></td>
<td><strong>-20.1</strong></td>
<td><strong>-23.4</strong></td>
</tr>
</tbody>
</table>
Statement of comprehensive income 2017/18

Clinical income totalled £439.4m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£435.9m), with the balance of (£3.5m) from other patient-related services, including private patients, overseas visitors and personal injury cases.

Other income totalled £44.1m and comprised funding for education & training, research & development, and for the provision of various non-clinical services to other organisations and individuals.

As part of the action to strengthen financial performance and accountability in the NHS, a Sustainability and Transformation Fund (STF) was created nationally in 2016-17 and all Trusts with an emergency care contract were allocated a proportion of the fund. The maximum Trust allocation in 2017-18 was £11.8m.

Access to the funding was linked to both financial performance (70%) based on the achievement of agreed quarterly financial control totals and operational performance criteria (30%), which was directly linked to the achievement of improvement trajectories against the ECS. The Trust did not achieve its financial control total or the required ECS improvement in 2017-18, therefore did not receive any of our £11.8m allocation. However, the Trust was allocated £3.1m from a general STF distribution at the end of the 2017-18 financial year.

The Trust re-values all of its property fixed assets, including land, buildings and dwellings, at the end of each year, to reflect the true value of land and buildings, taking into account in year changes in building costs, and the initial valuation of new material assets. In 2017-18, there was a significant increase in the national and regional building indices; this, coupled with a significant amount of work undertaken by the Trust, gave rise to an impairment gain of £1.8m, which is included in the operating loss above.

At the end of the financial year, the Trust reported an income and expenditure deficit of £20.1m taking into account all adjustments. Excluding the general unallocated STF allocation of £3.1m, the Trust’s deficit of £23.2m fell £14.5m short of its pre-STF control total of an £8.7m deficit. The main component of this variance related to additional staff costs linked to agency/locum usage, bank usage and decisions made to supplement staffing above budgeted levels in the interests of safety.
New Endoscopy Unit on the way

Work to build a brand new endoscopy unit at York Hospital started in December, which will be one of the most modern and largest endoscopy units in England. The £10 million project will take around a year to complete and will increase capacity from three treatment rooms to seven, reflecting the growing need for endoscopic investigations nationally.

The building has been designed to increase capacity to meet growing demand, improve the efficiency of patient flow and enhance the patient experience. The new unit will deliver improvements to diagnostic and therapeutic endoscopy waiting times and increase the range of procedures offered, meaning fewer patients will have to travel to Leeds or Hull.

The new unit will be operational in 2019.

Meritorious Service Award for top Trust Consultant

In December, York Hospital Consultant Physician, John White, was recognised by his peers at the British Thoracic Society (BTS) for providing exceptional service to the society when he was presented with the Meritorious Service Award for 2017 at a BTS ceremony.

John is currently co-chair of the BTS and has held this post for five years alongside his role as a hospital consultant. He has served BTS in a number of capacities, most recently as a Council member, a member of the Sleep Apnoea Advisory Group, and as Chair of the Standards of Care Committee between 2008 and 2012.
Performance

The Trust uses a number of key performance measures to assess the success of the organisation, looking at both hospital and community measures. These measures include the 4 hour Emergency Care Standard (ECS), cancer targets, infection controls standards, 18-week wait targets, data completeness targets and delivery of healthcare for people with learning disabilities.

An overview of the Trust’s performance during the year can be seen in the following table.

Performance against key healthcare targets 2017-18

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total time in Emergency Department under 4 hours - national</td>
<td>95%</td>
<td>90.89</td>
<td>86.16</td>
<td>86.97</td>
<td>81.46</td>
</tr>
<tr>
<td>Referral to treatment time, 18 weeks in aggregate, incomplete pathways</td>
<td>92%</td>
<td>89.2</td>
<td>87.5</td>
<td>86.8</td>
<td>84.4</td>
</tr>
<tr>
<td>Cancer 2 week wait (all)</td>
<td>93%</td>
<td>86.6</td>
<td>83.6</td>
<td>90.8</td>
<td>94.2</td>
</tr>
<tr>
<td>Cancer 2 week wait Breast Symptomatic</td>
<td>93%</td>
<td>93.8</td>
<td>97.9</td>
<td>94.9</td>
<td>97.5</td>
</tr>
<tr>
<td>Cancer 31 days from diagnosis to first treatment</td>
<td>96%</td>
<td>97.2</td>
<td>98.0</td>
<td>98.2</td>
<td>98.9</td>
</tr>
<tr>
<td>Cancer 31 days for second or subsequent treatment - surgery</td>
<td>94%</td>
<td>94.5</td>
<td>95.2</td>
<td>92.9</td>
<td>96.4</td>
</tr>
<tr>
<td>Cancer 31 days for second or subsequent treatment - drug treatment</td>
<td>98%</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Cancer 62 day wait for first treatment (urgent GP)</td>
<td>85%</td>
<td>80.3</td>
<td>80.6</td>
<td>82.7</td>
<td>84.2</td>
</tr>
<tr>
<td>Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)</td>
<td>90%</td>
<td>93.3</td>
<td>93.4</td>
<td>90.3</td>
<td>92.9</td>
</tr>
<tr>
<td>Diagnostics - 6 week wait referral to test</td>
<td>99%</td>
<td>98.1</td>
<td>99</td>
<td>98.1</td>
<td>97.6</td>
</tr>
</tbody>
</table>
The performance position has been challenging across the year, with the organisation significantly affected by the winter pressures experienced nationally. There has been improvement from last year on quarterly performance on ECS in Q1 and Q3, and through the year we have seen significant improvements in cancer 2 week waits. The Trust has not been able to improve performance on 18 week Referral to Treatment times; routine capacity has been affected by emergency care pressures through the year.

The Trust has continued to implement a comprehensive performance recovery plan across the Emergency Care Standard, Referral to Treatment, Diagnostic performance and Cancer Waiting times. We are working with partners across the system to improve performance through the A&E Delivery Board, Cancer Alliance, with CCGs on planned care and through engagement with the STP.
Fairness Champions

A NEW and dynamic volunteer team was recruited to help create an inclusive and welcoming environment for everyone who works for the Trust.

The champions act as a point of contact for information and guidance and raise concerns about any behaviour that may conflict with, or undermine equality, diversity, human rights or the Trust values.

As part of their training the fairness champions looked at equality and diversity and the work of the freedom to speak up guardian. They also learned about the role of HR, what part the unions play and what is available via the wellbeing team.

Patrick Crowley, Chief Executive, said: “Whilst the fairness champion is a voluntary role designed to signpost and support staff to live our Trust values, I cannot underestimate its importance.

“Staff can raise concerns to champions about any behaviour that may conflict with or undermine our values and working with the freedom to speak up guardian and myself, will have my unconditional support to do so.”

Fond farewell to Alan

IN JANUARY, the Trust recognised the sad passing of Professor Alan Maynard. Alan was chairman of the Trust between 1997 and 2010 and then served as lay chair of Vale of York Clinical Commissioning Group for three years from 2012.

Patrick Crowley, Chief Executive, said: “I was privileged to work with him throughout his time with the Trust and regarded him as both a colleague and a friend. He had a profound influence on those he worked with and was an inspiration to many.

“Alan made a tremendous contribution to improving all our understanding of the role of healthcare at a national and local level, and was a lifelong champion of the NHS. We are grateful and proud of his long and valuable contribution to the Trust.”
Out of hospital care

In 2016, the Trust agreed an out of hospital strategy that presented a vision based on ‘Community First’. The three key themes for the strategy are to:

- Develop integrated community services for localities
- Develop the interface between acute and community services
- Move services from acute to community settings

In last year’s report we set out a range of innovations that would support us in delivering the strategy. These included:
- Working with our public reference group to develop a ‘One Team’ approach in York, bringing together a range of services that provide short term support to people at home (intermediate care and reablement) – preventing admissions to hospital and supporting people to return home sooner following a hospital stay
- Working to understand why patients are waiting in hospital, informing plans that have developed with partner organisations to reduce unnecessary delays and taking a multi-agency approach to implementing these
- Investing in 180 mobile devices to allow clinical staff in the community to access and update patients’ electronic records during their visit; improving real-time recording of information and reducing duplicate recording
- Re-launching the services we provide to people with muscle and joint problems – including the www.yourphysio.org.uk website that provides a range of self-care support and advice. We also became the provider of these services to people who live in the East Riding of Yorkshire, working in partnership with City Health Care Partnerships
- Undertaking an extensive workforce project with our community nursing teams, designing roles that are fit for the future and a training programme to equip our staff with the skills that they need to meet the ambitions of our strategy
- Working with the Child Health Directorate, local authority colleagues and our commissioners to design and deliver elements of the Child Health Strategy
- Working closely with a range of partners, including building closer alliances with general practice, developing integrated models of care with social care, testing innovative contracting arrangements with the voluntary sector and strengthening our relationships with neighbouring hospital Trusts. An example of this has been developing a service with Age UK to provide evening and overnight support to patients to prevent the need for a patient to come into hospital or to support them in their return home

We have worked closely with Scarborough and Ryedale CCG as they have undertaken their procurement of a Multi-Specialty Community Provider model of care for their local population.
What is next for 2018-19?
Since the agreement of our strategic approach in 2016, we have seen two years of intense work to develop new ways of working and forge strong partnerships with fellow service providers. We therefore expect that 2018-19 will provide a period of consolidation where we seek to ensure that the changes we have tested are implemented sustainably. We will continue on our journey of integration with primary and social care services, continuing to develop and strengthen our links with the community and voluntary sector and mental health services.

We will be active participants in the development of local ‘place-based’ plans, working with emerging new models of primary care to build integrated teams that support their local communities.

Given the harm associated with the deconditioning that takes place during a hospital stay, we will continue to focus efforts on reducing unnecessary delays in hospital for our patients. This will include reviewing our internal systems and processes, supporting staff in different ways of working and working with our commissioners to develop additional capacity in the community to support people to return home as soon as they are able. An example of this will be continuing to develop the Integrated Discharge Hub which brings together discharge specialists from the Trust with hospital social work teams and Continuing Health Care (CHC) assessment staff, working with patients, their families and carers to improve the experience of being discharged from hospital for those with more complex needs.

We will also work with local groups to explore what a ‘Home First’ approach should look like for our communities and what we will need to do differently to achieve this. We will seek to learn from national best practice and social movements such as the #endPJparalysis campaign.

We will continue to develop our partnership with City Health Care Partnerships as we deliver care to our patients who live in the East Riding, particularly pathways out of hospital for patients living in the Bridlington area.

As the Trust will no longer be the community services provider for the Scarborough and Ryedale populations from 1 May 2018, we will work closely with the new provider (Humber NHS FT) to ensure that we can continue to deliver on our aspirations for improving the interface between acute and community services.

We will seek to develop further innovative partnerships with the voluntary sector, recognising their unique contribution and the opportunities that this can bring to improve the holistic care we offer.

We will work with partners on the City of York Health and Wellbeing Board to implement the recommendations from the recent CQC review of the health and social care interface in the city. These will allow us to continue to improve the experience of older people living in the city, promoting independence and wellbeing and making it easier to obtain the right support, in the right place at the right time.
Families stay connected with BabyView

A GROUND-BREAKING new system that connects mothers separated from their newborns was installed in the Special Care Baby Unit at York Hospital in February. BabyView provides a video link so that parents are able to see close-up images and sounds of their neonatal babies on a PC screen, a tablet or smartphone, wherever they are. A screen in the incubator gives parents a close up view of their baby just by linking to a web address on their internet browser or by downloading an app.

The new system was funded by York Teaching Hospital Charity.

One of the first patients to use BabyView

A screen in the incubator gives parents a close up view of their baby just by linking to a web address on their internet browser or by downloading an app
Hull York Medical School to train 90 more doctors a year

Following the Department of Health initiative to expand the number of medical school places in England, Hull York Medical School announced it had been awarded an additional 90 places. Of these places, 25 will be available for students choosing to study medicine from 2018 and 65 from 2019. This represents a 69% increase in places - from 130 home places available in 2017 to 220 in 2019. The expansion of undergraduate medical education is in direct response to a growing shortage of doctors within the UK, particularly in the areas of psychiatry and general practice, and follows an announcement by Health Secretary Jeremy Hunt in 2017 to increase the number of medical school places available by 1500 by 2020.
Research

The aim of clinical trials is to increase knowledge about treatments to ensure we are treating based on the best possible evidence. Research offers participants the opportunity to be involved in research studies which may benefit them.

Yorkshire and Humber (Y&H) is one of 15 regions that form part of the Clinical Research Network (CRN). Every CRN is targeted with a figure by the National Institute for Health (NIHR) on the number of patients entered into a clinical trial in a given financial year. As Y&H is 10% of the national population, we are expected to meet 10% of the national NIHR target, which puts our regional annual target at 65,000.

To reach the 65,000 the Y&H CRN requires, our Trust was set a stretching target of 3689 patients accrued into clinical trials from 1 April 2017 to 31 March 2018. We exceeded this target as we had 131 research studies open to recruitment in York and Scarborough, which resulted in 3841 patients being recruited into clinical trials last year.

These patients were recruited across a wide range of specialties. Listed below is the range of patient accruals across our teams as of 31 March 2018.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Accruals Running Total 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>265</td>
</tr>
<tr>
<td>Cardiology</td>
<td>119</td>
</tr>
<tr>
<td>Dermatology</td>
<td>21</td>
</tr>
<tr>
<td>Diabetes</td>
<td>56</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>48</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>50</td>
</tr>
<tr>
<td>Generic - Scarborough</td>
<td>206</td>
</tr>
<tr>
<td>Generic - York</td>
<td>322</td>
</tr>
<tr>
<td>Haematology</td>
<td>107</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>24</td>
</tr>
<tr>
<td>Scarborough</td>
<td>133</td>
</tr>
<tr>
<td>Oncology-York</td>
<td>303</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Accruals Running Total 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>83</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>26</td>
</tr>
<tr>
<td>Renal</td>
<td>167</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>38</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>34</td>
</tr>
<tr>
<td>Stroke</td>
<td>67</td>
</tr>
<tr>
<td>OCC Health</td>
<td>294</td>
</tr>
<tr>
<td>Misc</td>
<td>1589</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>61</td>
</tr>
<tr>
<td>ENT</td>
<td>17</td>
</tr>
<tr>
<td>Respiratory</td>
<td>8</td>
</tr>
<tr>
<td>Neurology</td>
<td>1</td>
</tr>
</tbody>
</table>
All research-active NHS trusts (450 in total) are measured on two key metrics at the end of the financial year:

1) Number of studies open for recruitment
Our hospital is 42nd in the league table (same as last year) with 131 open trials (small drop of 2.2% from last year when we had 134 trials open). Most of the trusts in the region had fewer clinical trials open this year compared to last year.

2) Number of patients recruited to clinical trials
Our hospital is 44th in the league table with 3841 patients accrued into clinical trials (drop of 15.7% from last year that put us 33rd in the league table). Most of the larger hospitals increased the number of patients accrued into trials, but we saw a drop of 771 patients this year, which amounted to an 11 place drop in the table. This was due to the fact that we wished to concentrate our efforts on more complex studies, which results in lower accruals.

For further information visit the National Institute for Health Research: www.nihr.ac.uk to read more about research performance.

Some of our research highlights from this year have been:
• Haematology/oncology team for being the highest recruiters in region for the Facilitating Informed Decision Making in Haemato-Oncology (FIDO) trial by a significant number. So far the team has recruited an impressive 638 patients to this trial
• The research midwife team recruited 152 patients to the PRIDE trial. This trial is aimed at looking at micronutrients in the blood of pregnant women at risk of gestational diabetes
• The occupational therapy team recruited 294 patients to the occupational therapist Intervention Study (OTIS). This trial is investigating whether the use of a home environment assessment delivered by Occupational Therapists for elderly patients with a high risk of fall-related injuries can reduce the number of hospital admissions in relation to such falls. The intervention is hoped to improve the safety and wellbeing of elderly patients throughout York whilst also providing significant cost savings in the NHS due to a reduction of hospital admissions
• We also had three occasions where our Trust recruited the first UK patient to a trial as follows
  - The York Renal Research Team to ASCEND-ND trial. This is a worldwide phase 3 study focusing on patients who have anaemia caused by chronic kidney disease. The study is comparing an investigational oral medication to the standard anaemia treatment which is currently an injection.
  - The neurology research team to the EXIST 3 trial. The rollover study continues to monitor patients with tuberous sclerosis complex (TLC) and refactory seizures that have so far proven to benefit from continued treatment of Everolimus. Unfortunately this drug has not yet been licenced by NICE to use in the NHS for these specific neurologic conditions. By continuing to undertake this study here at York, it is not only helping to show improvements into managing TLC and refactory seizures but is striding towards providing the evidence needed to support this drug for future use; to be licenced for these specific neurologic conditions within the NHS.
  - The Cardiology research team to the Parallax study. This is a commercial drug study, funded by Novartis looking at whether the study drug is more effective than individualised medical therapy for co-morbidities in patients with heart failure.

If you are interested in finding out more about our research or getting involved please contact the Head of Research and Development Lydia Harris (Lydia.harris@york.nhs.uk) or call 01904 726606.
Board of Directors

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

Some of our Board meetings are held in public, and anyone is welcome to attend. You can find the dates for the meetings along with the agenda and papers on our website: www.york.nhs.uk

The Board membership during the year was as follows:

Ms Susan Symington - Chair

Mr Philip Ashton - Non-executive Director, Chair of the Audit Committee and Senior Independent Director

Mr Mike Keaney - Non-executive Director

Mr Patrick Crowley - Chief Executive

Mrs Jennifer Adams - Non-executive Director

Ms Libby Raper - Non-executive Director and Vice Chair from September 2017
The Board of Directors has included additional non-voting Directors in the membership of the Board. They are:

Mrs Wendy Scott – Interim Chief Operating Officer from September 2017 (Director of Out of Hospital Services until August 2017)

Mrs Sue Rushbrook – Director of Systems and Networks

Mr Brian Golding – Director Estates and Facilities

Mr Michael Sweet – Non-executive Director

Professor Dianne Willcocks – Non-executive Director and Vice Chair until August 2017 and Senior Independent Director from September 2017

Mrs Jenny McAleese – Non-executive Director

Mr Andrew Bertram – Finance Director

Mr Jim Taylor – Medical Director

Mr Mike Proctor – Deputy Chief Executive

Mrs Beverley Geary – Chief Nurse

Mrs Juliet Walters – Chief Operating Officer (left in August 2017)
Given the harm associated with the deconditioning that takes place during a hospital stay, we will continue to focus efforts on reducing unnecessary delays in hospital for our patients.
Nurses deal with life, death, and everything in between. But the job is also considered to be one of the most satisfying and all-encompassing jobs in healthcare.

“During my 26 years working in the NHS I’ve worked with some amazing individuals and teams who, on a daily basis, go above and beyond to deliver the best care.”

“I was lucky enough to get this opportunity to study medicine, fulfilling my lifelong dream of becoming a doctor and doing something positive with my life.”

“Despite the fact there is currently no cure for Dementia, there are many interventions available to support and alleviate the effects of dementia.”
“I was attracted to the NHS because I feel passionate about spiritual care and the need to treat all people with dignity and respect, and as unique individuals.”

Rachel Bailey
#NH70 #facesoftheNHS

“I have loved all of the roles I have had over the last 30 years. I started work at Bridlington Hospital on 9 May 1988 as a ward clerk – when it first opened!”

Sherry Patterson
#NH70 #facesoftheNHS

“I still love my job, even after 23 years, and a lot of that is down to the people I am surrounded with at work and the support they give me.”

Giles Farrington
#NH70 #facesoftheNHS

“The prospect of providing play to poorly children, making their stay in hospital a happier one, was something I felt was not only highly important but very rewarding.”

Tracey Clemison
#NH70 #facesoftheNHS
Find out more...

To learn more about us or to read our full annual report and accounts for 2017/18 visit: www.york.nhs.uk

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YouTube: York Teaching Hospital

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Email membership@york.nhs.uk
Join online www.york.nhs.uk/membership

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