

Our Year

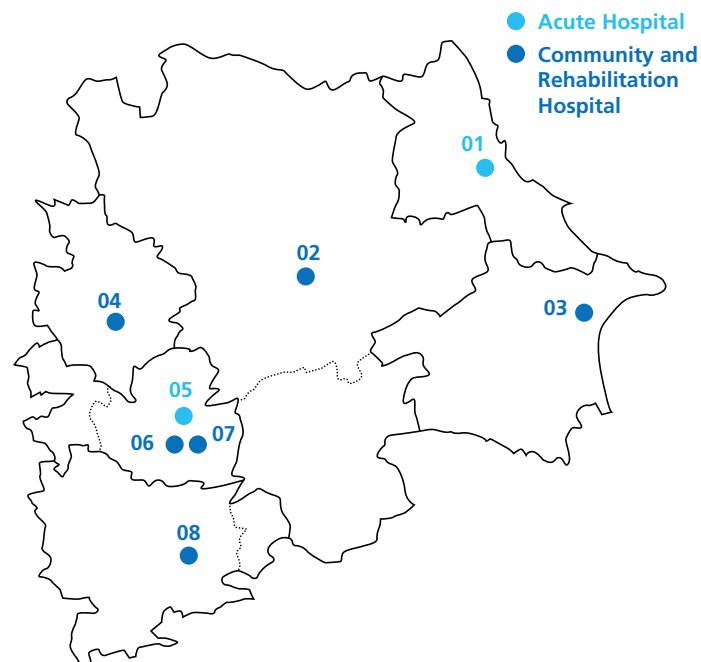
Annual Review

2018-2019



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.



01 Scarborough Hospital

Acute medical & surgical services
Emergency Department
Maternity
Paediatrics
Outpatient services

05 York Hospital

Acute medical & surgical services
Emergency Department
Maternity
Paediatrics
Outpatient services

02 Malton Hospital

Outpatient services
Urology diagnostics

06 St Helen's Hospital 07 White Cross Court

Inter-disciplinary assessment, treatment and rehabilitation facilities

03 Bridlington Hospital

Inpatient rehabilitation
Elective orthopaedics and other surgical specialties

08 Selby War Memorial Hospital

Inpatient rehabilitation
Outpatient services
Hub for community-based teams

04 St Monica's Hospital

Rehabilitation services

9,000

staff



1 = 450

5,000

babies born on average every year



1 = 250

£0.5 billion

annual turnover

Over 150,000

operations and procedures performed on average every year

1,150

hospital beds



1 = 100

8

hospital sites



1 = 1

Over 1 million

outpatient attendances

Over 110,000

attendances to our emergency departments (type 1)

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04 Chair's welcome

The grass certainly did not grow under our collective feet during 2018-19!

Three of the key measures of success for our Trust have shown an upward turn compared to the preceding year, including:

- our financial performance with the achievement of the regulator set control total and overall improved income and expenditure position (referred to as a stretching control total)
- our ECS performance as this year we have seen over 13,000 more patients attending our emergency departments, urgent care centres and minor injuries units than last year. Despite this increase in attendances, our performance against the 4 hour Emergency Care Standard improved from 86.49% in 2017-18 to 87.69% in 2018-19
- our 2018 Staff Survey results indicate an improving picture. The Trust scored average or above average in seven of ten themes when compared to our benchmark group of acute and community trusts. The Trust's overall staff engagement score also improved, with 59% of staff recommending the Trust as a place to work from 56% the previous year, and 67% recommending the Trust to receive treatment, up 2% from 2017.



“Significant change and positive action in our Trust have been the hallmark of this year, with all of our actions strongly focused on our strategic goals and the long-term sustainable future of the services we provide to our patients”

Susan Symington, Chair

We recognise that there remains much work to do, but these results are trending in the right, improved direction and reveal the Trust's commitment to our three strategic goals: our patients, our staff and our financial stability.

These positive trends are a foundation upon which we will build in 2019-20.

We began 2018 with a 26-point action plan as result of an NHSI Licence Investigation: the Board diligently responded to the action plan and when it was reviewed in January 2019 our assessor found the Trust to be in a demonstrably stronger position.

Publication of our five year strategy and its wide dissemination among our staff and our partners signaled the Trust's commitment to building a long-term sustainable future for our Trust and for

our collective work with our partners. The strategy gives us an opportunity to share our ambitions for our Trust, and acts as a cornerstone for our work as a collaborative partner.

Together we have faced up to our long-term challenges, bravely initiating work which will enable us to deliver our strategic ambitions. Not least, with Scarborough and Ryedale CCG and Humber Coast and Vale Care Partnership, initiating a review of services on the East Coast with a particular interest in the future plans for Scarborough Hospital. Our Trust is committed to all of our sites and all of our staff, nowhere is this more evident than in our commitment to a sustainable future for Scarborough Hospital, characterised by our regulators as an 'unavoidably small' hospital. The review, which will continue in 2019-20, prepares for us, our stakeholders and the public a series of options for the sustained shape of services at Scarborough Hospital. To our delight this is supported by a £40m capital investment grant to develop and improve our emergency department, so creating a safe future for the hospital.

Internally we have undertaken a bold restructuring of our 17 clinical directorates to allow the emergence of six care groups. This restructure will provide us with focused clinical leadership which will enable us to make progress and focus on our most important goal of serving our patients in the safest, best, way we can.

Throughout the year, at all levels, we have sought to build and develop relationships across the local and regional health economy. We have given positive energy to this pursuit and will continue to do so. Circumstances cause us all challenges in this endeavour, not least the limitations of the overall funding formula which creates pressures in the system between commissioners and providers alike, and is a genuine obstacle in the achievement of the partnership working we collectively seek to develop.

"It has been a year of great change for the Board of our Trust"

Patrick Crowley, chief executive of the Trust from 2008-2018, retired in May 2018. In this role, Patrick distinguished himself as an advocate of the patient: throughout his career and particularly during times of pressure he ensured that patient focus remained the priority of the Trust, creating a firm foundation from which the Trust has been able to build.

Deputy chief executive Mike Proctor took over the chief executive role and during the course of the year has tirelessly given his leadership, energy, commitment and passion to the ongoing development of the Trust and its partnerships.

The Board also said goodbye and gave significant thanks to the chief nurse, Beverley Geary, the director of systems and networks, Sue Rushbrook, and two non-executives who served full nine year terms with the Trust, Libby Raper and Mike Sweet.

In turn, we welcomed Polly McMeekin to the board as director of workforce and organisational development, and Dr Lorraine Boyd and Lynne Mellor as non-executive directors. In the summer 2019 we will welcome Simon Morritt to the chief executive role upon Mike Proctor's retirement, and Heather McNair as chief nurse. In addition, we will strengthen our non-executive team with the appointment of Steve Holmberg and Jim Dillon.

Finally in 2018, the Trust created a wholly owned subsidiary company called York Teaching Hospital Facilities Management LLP, which went live on the 1 October 2018 with the transfer of approximately 1,000 staff.

We have laid the foundations in 2019 for the positive, ambitious future direction of our Trust: a five year strategy to which the Board is committed, a strengthened Board of directors and associated board governance structures, a clinically-led care group structure, a significant ongoing review of services on the East Coast, a public commitment to building a Digitally Ready Workforce (working with NHS Digital) and a continued commitment to working honestly and openly with our partners.

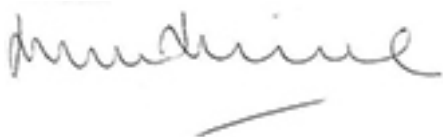
And we are able to anticipate challenges in the year ahead. We know that we have to diligently improve our performance, for the benefit of our patients. We know that recruitment will remain a stretching challenge, but our reinvigorated commitment to working positively with all of our staff at all levels is tangible. We know that our financial position will continue to place pressure on the whole organisation. We know that our planned Well Led Review and our CQC Inspection will challenge us.

There will be pressures we cannot yet anticipate too.

Our Trust looks forward to another year of rapid change, of strategic thinking, practical action and service to the populations we serve.

We will be caring, listening, helpful, and respecting.

This report can only be concluded in one way and that is by giving heartfelt thanks.



Susan Symington
Chair

Thanks to our chief executive who has provided decisive, positive leadership to the Trust.

Thanks to the Board of Directors who have shown grit, resilience and loyalty to the Trust throughout the year.

Thanks to all of our staff, who have unfailingly stuck to our core values of which we are so proud; Caring, Listening, Helpful, Respecting.

Thanks to our Council of Governors who give their time freely and generously in support of the governance of the Trust.

Thanks to our many partners and stakeholders who, like us, tenaciously seek to improve services for patients.

Thanks to the many fundraisers and volunteers who go the extra mile to enhance our patients' experiences.

APRIL 2018

Campaign to end 'Pyjama Paralysis'



Staff came to work wearing their pyjamas, as part of a national NHS campaign to help raise awareness of preventing deconditioning while in hospital.

The **#EndPJparalysis** campaign aims to encourage hospital patients to ditch their pyjamas and get moving, to enable them to get back to their own homes earlier. As part of the challenge, hospital staff wore their pyjamas to work with the aim of showing understanding what it's like when they have to wear pyjamas while in hospital, often feeling vulnerable and uncomfortable.

The day also raised awareness of the health benefits of getting dressed, out of bed and being as active as possible.

08

Listening to patients and the public

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.

**“I had an
emergency
c-section so can’t
remember much
but you saved
mine and my
baby’s life - thank
you”**

In April 2018, our Patient Experience strategy 2015-18 was completed, and we are proud of the progress we have made against our objectives, which are:

- listening to our patients, welcoming feedback and sharing the results from ward to board
- 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
- learning from what patients tell us, identifying actions for improvement and monitoring their delivery
- involving patients in decisions about their care and delivering a service that is responsive to their individual needs
- nurturing a culture of openness, respect and responsibility.

To help us achieve these objectives we received and reported on over 50,000 pieces of feedback.

Compliments and complaints

At the Trust we aim to provide safe, effective healthcare to our community. Feedback, both positive and negative, helps us improve the quality of our care.

Throughout the year our Patient Advice and Liaison Service (PALS) supported 1,735 people by offering impartial advice and assistance to patients, their relatives, friends and carers through listening to feedback, answering questions and helping to resolve concerns about Trust services.

During 2018-19, 445 new complaints were received and the Parliamentary and Health Service Ombudsman conducted three independent investigations.

The common areas of feedback were around clinical treatment (delay or failure of treatment; delay or failure in diagnosis), patient care and communication. We take feedback seriously and learning from these complaints will help us improve our services for the future.

“Heartfelt thanks to everyone. The care was phenomenal and I couldn’t ask for more”

A stylized illustration of a blue hand holding a blue smartphone. The phone screen displays a message in white text. The background of the page features a light blue rectangular area at the top right containing a quote in blue text.

During the year over 6,000 people took the time to write to us or post on social media to say thank you for the excellent care received.

Friends and Family Test

The Friends and Family Test feedback show 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 receive.

The Friends and Family Test asks patients how likely they are to recommend the services they have used, and what improvements they feel we could make. The figures to the right indicate the average rate of those who would recommend our services to friends and family, if they needed similar care or treatment.

“Excellent service in Scarborough emergency department from reception staff, triage nurse, treatment nurses and x-ray staff. All were professional, caring and efficient. Thank you!”



97%

of inpatients would
recommend our services



86%

of patients admitted to the
emergency department
would recommend our
services



97%

of maternity patients would
recommend our services

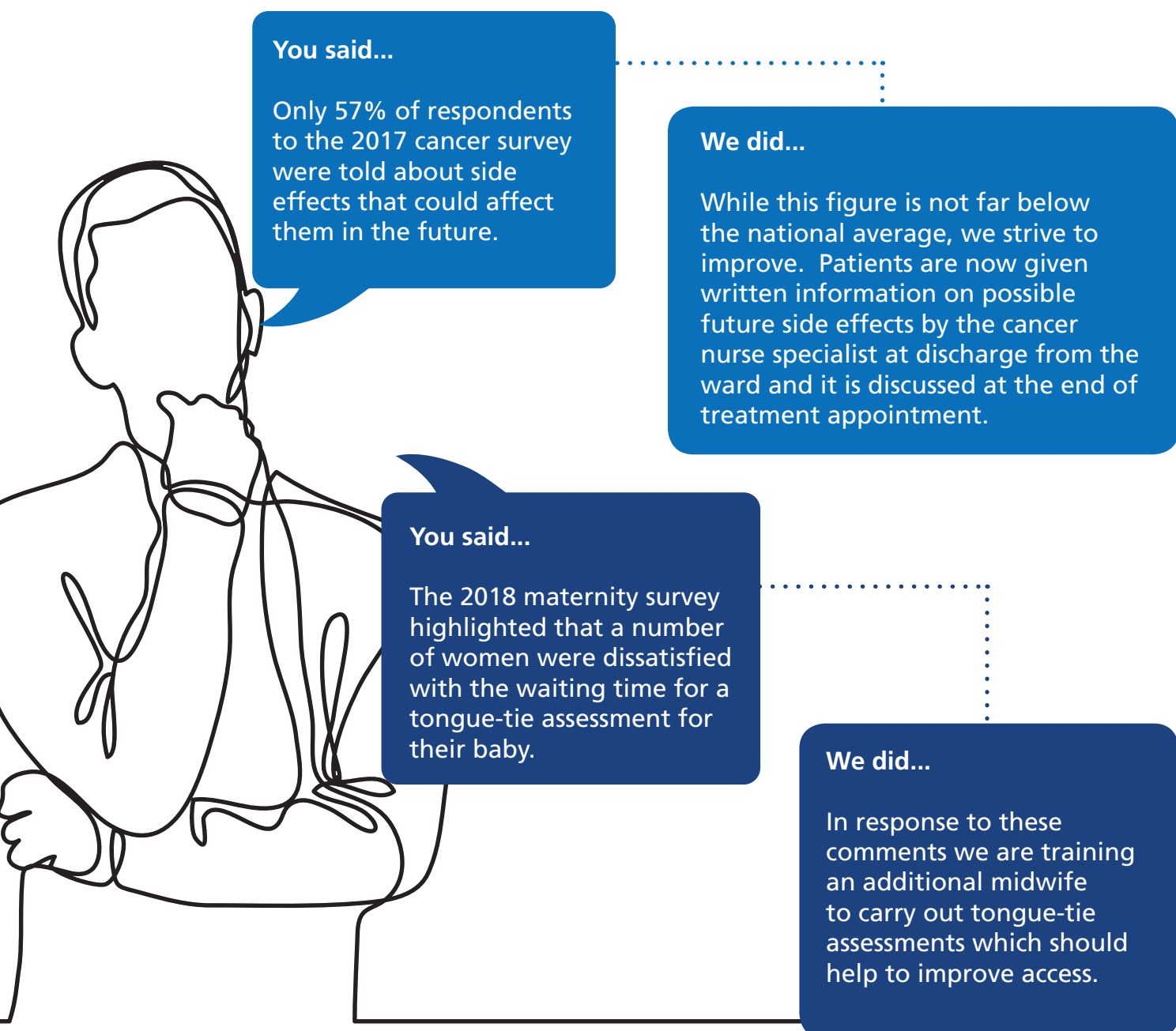
Surveys

In 2018-19 the Trust received the results of three 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.

Below are examples of the work we have undertaken during the year to make sure views are heard, as we review and develop our services.

Patient experience data was also used to help shape the redesign of York Emergency Department (ED), and ED staff also requested a volunteer presence during the works. These volunteers helped patients to navigate the area and kept people informed of waiting times and other important information.

The volunteer intervention is considered so successful that we have increased the number of volunteers assisting in ED even though work is now complete.



MAY 2018

Living With and Beyond Cancer



An event was held at York Hospital aimed at people who are living with and beyond cancer. The event, the first of its kind for the Trust, was an opportunity for anyone affected by cancer, including friends, family and carers, to find out more about the many support and community projects available to help them. The event coincided with National Cancer Survivorship Celebration Day and aimed to show the world that there is life after a cancer diagnosis - and it's something to celebrate.

The Trust's lead cancer nurse, Jackie Frazer, explained: "Cancer survival is improving all the time and has doubled over the last 40 years. For a number of cancers, including breast and skin cancer, more than eight out of 10 people will survive their disease."

JUNE 2018

Students take part in Young Persons' Programme

Students from schools and colleges across Scarborough spent a week at Scarborough Hospital gaining invaluable insight into the NHS.

The hospital's annual Corporate Young Persons' Programme gave 18 year ten students from local schools and colleges the chance to sample some of the many careers on offer, and learn more about life in a busy acute hospital. The week included a packed programme of events including practical training sessions, behind the scene tours of wards, meeting junior doctors,

"Hopefully many of the students will want to come and work for us when they leave school so that we can continue to recruit locally and build a workforce that will grow with the organisation"

pharmacy dispensary, security, estates management and much more.

Anne Devaney, deputy director, learning and organisational development at York Teaching Hospital NHS Foundation Trust said: "The programme is about providing an opportunity for local youngsters to discover what roles are available within the NHS, in addition to medicine and nursing. This understanding will hopefully assist them in choosing a career in healthcare via practice placements or an apprenticeship scheme."



JULY 2018

NHS Trust runs mass casualty incident test

The Army Medical Services Training Centre (AMSTC), part of the Army's 2nd Medical Brigade, supported the Trust in delivering a live training exercise to test the Trust's Major Incident Response Plans.

The event, called LIVEX18, was an immersive simulation exercise based in AMSTC's hospital trainer, which is used to train the military's medical response to major incident and conflict situations. This partnership between the Trust and the Army offered a unique opportunity to test the Trust's reaction to a mass casualty scenario, within a full-scale reconstruction of the emergency departments and supporting areas.

Over 400 participants, including doctors, nurses, managers, allied health professionals, porters and security staff took part in the exercise - giving both Scarborough and York's hospital teams the opportunity to test their response in the first and largest exercise of its kind. Both exercises ran over seven hours with a total of 184 simulated patients treated. Patients were processed as they would be in a real life incident, including moving them through the x-ray and scanning departments, and issuing approximately 200 simulated units of blood and blood products to treat patients.

Dr Phil Dickinson, Consultant Anaesthetist at Scarborough Hospital, Network Lead Clinician for Major Trauma, and the exercise clinical director, explained: "Our emergency departments in York and Scarborough are designated as trauma units and deal with serious injuries every day, but this exercise was an opportunity for them to practice dealing with multiple, severely injured people coming to hospital en masse. It meant staff could test their skills in a high pressure scenario, getting a real feel for what it would be like - but in a safe, simulated environment."



15 Elected to represent you

All NHS foundation trusts are required to have a body of elected and nominated governors.

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

The Council of Governors roles and responsibilities are outlined in legislation and detailed in the Trust's constitution. The primary function of the Council of Governors is:

- to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
- to represent the interests of the members of the Trust as a whole and the interests of the public
- to be consulted on the Trust's strategies and plans, and any matter of significance affecting the services it provides. All governors, both elected and appointed, are required to act in the best interest of the NHS Foundation Trust and adhere to the values and code of conduct of the Trust.

York Teaching Hospital NHS Foundation Trust has a Council of Governors which is responsible for representing the interests of the public in their local areas, Trust members, staff members and partner organisations in the local health economy.

Their duties and responsibilities include:-

- To appoint and remove the chair and other non-executive directors
- To approve the appointment of the chief executive
- To appoint and remove the external auditors
- To ensure one or more of the directors attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance, of its functions, or the directors performance of their duties
- To view from the membership on matters of significance affecting the Trust or the services it provides
- To represent the interests and views of Trust members and local people
- To regularly feedback information about the Trust, its vision and its performance to the communities they represent
- To monitor performance and other targets
- To advise the Board of Directors on its strategic plans
- To make sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by NHS Improvement
- To be consulted on any changes to the Trust's constitution.

Our Governors

Our governors represent different constituencies. From 1 April 2018 to 31 March 2019, the Council of Governors comprised of the following members:

Public governors (elected by Foundation Trust members)

Hambleton (1 seat)



Catherine
Thompson

Selby (2 seats)



Ann
Bolland
(resigned December 18)



Roland
Chilvers

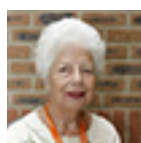
Ryedale and East Yorkshire (3 seats)



Jeanette
Anness

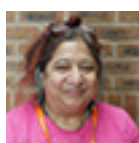


Andrew
Butler



Sheila
Miller

Scarborough and Bridlington (4 seats)



Liz
Black



Patricia
Stovell
(term ended September 18)



Vacancy



Clive
Neale



Richard
Thompson

York (5 seats)



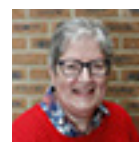
Helen
Fields



John
Cooke
(term ended September 18)



Michael
Reakes



Margaret
Jackson



Sally
Light



Robert
Wright

Whitby (1 seat)



Stephen
Hinchliffe

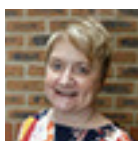
Partner governors (appointed by their organisations)

Voluntary sector (1 seat)



Vacancy

Healthcare organisations (2 seats)



Dawn
Clements



Karen
Porter

North Yorkshire County Council (1 seat)



Chris
Pearson

The University of York (1 seat)



Gerry
Richardson

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

Scarborough and Bridlington (2 seats)



Andrew
Bennett



Helen
Noble

York (2 seats)



Mick
Lee



Jill
Sykes

Community (1 seat)



Sharon
Hurst

18

Lead Governor's report

Once again this has been a very challenging year for the Trust with some particular issues being the ongoing financial position, the recruitment and retention of staff with particular reference to the East Coast, and the ability to meet targets. Governors have been kept briefed at every opportunity and are fully aware of the actions being taken by the organisation to address these issues.

The chair of the Trust 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 firsthand information from the executives and non-executive directors (NEDs). It is also an opportunity for governors to see how the NEDs fulfil their role in challenging the executives and seeking assurance. Part of these meetings are held in public and the community including Trust members are encouraged to attend as observers and find out more about the organisation, what issues are current and how they are being addressed.



"Governors have been kept briefed at every opportunity and are fully aware of the actions being taken by the organisation"

Margaret Jackson, Lead Governor

Governors continue to be encouraged to attend the six monthly 'Board to Council of Governors' meetings which cover particular issues and give the opportunity for governors to hear directly from executives and non-executives, debate issues with them and raise any questions they may have.

These meetings are under constant review and the more recent successful ones have involved governors sending in specific questions before the meeting so that the most relevant executive is available to provide a full response. More recently governors have been attending the various new committees to see the NEDs in action

in preparation for providing feedback to the chair who will be carrying out the appraisals of the NEDs in due course. Despite the challenges, patient stories about their care and safety 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, general issues that affect the clinical environment such as the new open visiting times, complaints and their handling and the development of the volunteer role and scheme. There is regular feedback to governors from the Patient Experience team as the notes of the meeting are distributed to all governors.

Governors continue to be involved as part of the team undertaking the PLACE (Patient-Led Assessment of the Clinical Environment) assessments. These assessments give an opportunity for the governors to visit clinical areas, talk to staff and patients and see how the environment is being looked after, clinical care provided and developed and how patients feel about the care they are receiving and the environment in which this takes place. The outcome of these visits is sent in centrally and a report received by each Trust taking part as this is a national programme. It is planned that governors will be part of the Patient Safety WalkRounds initially in their local hospital.

There has been a very stable non-executive team but a number have come to the end of their term of office. Governors have attended recruitment training for such positions as these are governor appointments and have undertaken the recruitment of two NEDs to start to replace those NEDs due to leave or who have left. These newly appointed NEDs will commence at the beginning of July 2019. Governors have also been involved in the recruitment of a chief nurse, the director of workforce and organisational development

and the new chief executive.

There are a number of groups within the Trust where governors are involved either through election by their governor colleagues or attend on an ad-hoc basis where governors are interested in the subject. The following are just a couple of the groups attended:

Membership group

The Trust is always seeking new members from the community it serves and 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 at both the York and Scarborough events. A stand was also manned for a week in the main reception area of York Hospital.

Out of Hospital group

This group is chaired by a manager from the Trust and meets on a three monthly basis to discuss the schemes being introduced across the community, and discuss any developments that are in place and the outcomes of these.

Governors attend this meeting and a report is received by their colleagues at the Council of Governors to keep them updated. Schemes are being tried that support patients staying in their own homes wherever possible with the appropriate support. These are being well received by patients and their families. Recent discussions have included the scheme to deliver antibiotics for patients in their own homes if the patient meets a strict criteria, and the development and roll out of the electronic prescribing system.

Once again governors were invited to attend this year's Celebration of Achievement awards held at York Racecourse and joined staff with their

families and friends and patients who had nominated members of staff involved in their care for an award. It was a pleasure to listen to and learn about how staff, as individuals or teams, have developed the care they were providing and how well this had been received by patients. Despite staff being under real pressure it is always good to hear this.

Finally I would like to thank Lynda Provins, the Foundation Trust Secretary, her assistant Tracy Astley and the chief executive office team for their ongoing support to governors. I would also like to thank my governor colleagues for their support to me personally and their commitment and dedication to the governor role.

Margaret Jackson
Lead Governor

Once again governors were invited to attend this year's Celebration of Achievement awards held at York Racecourse and joined staff with their families and friends and patients who had nominated members of staff involved in their care for an award.

Congratulations to the winners and to everyone in the Trust on their achievements this year.

Efforts to achieve the very best outcome for patients and their families do not go unnoticed by those receiving care and those managing the organisation.

The governor award this year went to the volunteer of the year, Keelie Mollan.

It was very difficult to pick out one individual as it was felt that all volunteers deserved credit. Sincere thanks go to all who give up their time freely to volunteer in many different capacities.

AUGUST 2018

Project Choice students graduate

Project Choice students from York and Scarborough hospitals marked the completion of their internships with a special graduation event.

Project Choice is a work based programme which supports young people (16-25 years) who have learning disabilities, difficulties or autism with the social and work based skills needed to enable them to become work ready and help them to understand the pathway into employment. The unpaid internship, which lasts one academic year, is sponsored by Health Education England to help young people remain in full time education, while gaining valuable work experience.

Over the year, 22 students undertook placements across the Trust and local organisations, with 12 graduating from York and 10 from Scarborough. Placements were tailored to meet individual needs and included anything from administrative tasks to working in facilities.

Karen Porter, project choice area manager

said: "The majority of people with learning disabilities want to work and can make a valuable contribution to employers. This group has been a pleasure to work with - seven of the interns are already on track for achieving employment/apprenticeships, two have already received job offers and six others are currently attending job trials and interviews."



22

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.

York Teaching Hospital NHS Foundation Trust has more than 10,000 members who provide a voice on how their local hospital is run. Membership is an opportunity to support and participate in this. It is also an opportunity to contribute to and influence future plans and service developments.

The Trust continues in its aim to build a representative membership base to support public accountability and local engagement. It is recognised that a well-informed, motivated and engaged membership help organisations to be more responsive with an improved understanding of the needs of its patients and local communities. It is vital to create a membership that matches the demographic mix of our catchment area and to create a vibrant membership programme to support successful long term engagement with members.

You can find out more about becoming a member of the Trust via our website www.york.nhs.uk/membership/

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.

SEPTEMBER 2018

Hospital highlights the importance of play for poorly children

The 'Superheroes' of York Hospital's childrens ward were and out about in September promoting the power of play in the treatment of poorly children in hospital.



'Play in Hospital Week' celebrates the little known but hugely important role of the play team. They are registered hospital play specialists and qualified nursery nurses who help provide a child friendly and welcoming environment that helps bridge the gap between home and hospital. Behind the scenes the play team help make a child's stay in hospital fun by providing them with activities, toys and equipment.

Part of their role is to prepare children for hospital life and distract them during medical procedures.

Leanne Haycock, hospital play team leader, explained: "Play is very important not just on the children's ward, but throughout the hospital, as it eases hospital fears and anxieties. It helps children to understand treatments and illness, through the use of models, photographs and medical or play equipment. This helps them to prepare for hospital procedures and treatment."

24 Our staff

York Teaching Hospital NHS Foundation Trust has 7,045 permanent employees and 674 staff holding fixed term contracts.



Full time equivalent staff in post by staff group

Additional Prof Scientific and Technic	4%
Additional Clinical Services	22%
Administrative and Clerical	24%
Allied Health Professionals	8%
Healthcare Scientists	3%
Medical and Dental	11%
Nursery and Midwifery Registered	28%

Information about staffing in the York Teaching Hospital Facilities Management is detailed on page 44.

Being attractive to new staff

In July 2018, the Trust launched a new approach to recruitment of medics on the East Coast. The new approach involved a shift away from more traditional approaches to recruitment in favour of greater partnership working with agencies, partners in primary care and local business ambassadors to try and attract more doctors from overseas.

As part of this work, a joint primary-secondary care recruitment event was held at Scarborough Hospital which led to eight doctors being offered and accepting appointment with the Trust. This work has been complemented by the Trust's participation in the BAPIO (British Association of Physicians of Indian Origin) MTI scheme, which has culminated in nine offers of appointment to doctors in General Surgery, Anaesthetics, Paediatrics and Medicine.

In March, the Trust became a pilot site for the Perfect Process, which involved working to streamline the process for junior doctors' changeover. This involved improving the level of information-sharing between organisations via transfers made through the Electronic Staff Record.

In addition, the Trust partnered with recruitment communication experts Jupiter to develop new recruitment branding. This involved extensive consultation with staff to better understand the organisation's culture and the reality of working in our hospitals. Staff were further involved in the selection of a draft concept which was subsequently used in two recruitment campaigns. This concept is now being refined for 2019.

Looking after our current workforce and ensuring their health and wellbeing

A new Health and Wellbeing Strategy was produced for 2018-19. This strategy focused health and wellbeing activity on three main areas, namely mental health, physical health and the effective management of sickness absence. Each of these areas has an action plan, regularly reviewed at the respective working groups.

Sickness absence rates remained a key priority for 2018-19. The Trust's revised Sickness Absence Policy and Procedure was implemented in late 2017 and a programme of management training to support the policy was scheduled through 2018-19.

Mental health accounted for more than 25% of all sickness absence, despite numerous, positively received, interventions to better support employees during 2018-19.

The Trust's Employee Assistant Programme provider provides a 24/7 telephone advice service and counselling; in April 2018 Schwartz Rounds were introduced; and the pilot of the RAFT model commenced which provide a structured way of supporting and signposting employees experiencing traumatic events at work, as well as the continuing clinical psychological support service provided by Occupational Health.

The Trust has continued to promote resources on preventative wellbeing support and educational/self-help wellbeing interventions. Staff are encouraged to take personal responsibility for increasing their physical activity levels and making healthier eating and lifestyle choices. In 2018 these include individual health

“A new Health and Wellbeing Strategy was produced for 2018-19. This strategy focused health and wellbeing activity on three main areas, namely mental health, physical health and the effective management sickness absence”

checks, the introduction of mini health checks, wellbeing workshops including the pilot of a new menopause workshop which was very positively received and the 'Step into Health' programme in partnership with Loughborough University.

Developing a workforce fit for the future

The Trust has trained and subsequently employed fourteen qualified advance clinical practitioners and a further eleven qualified in February 2019, although they have yet to complete a preceptorship year and dissertation.

The Trust continues to invest in advance practitioner training and a further fifteen trainees were recruited towards the end of 2018. They will continue to support service delivery across Emergency Medicine, Trauma and Orthopaedics and Acute Medicine from within a new 'Care Group' model.

In addition, fifteen qualified physician associates (four for GP/community) were recruited in October 2018 to support service delivery across acute and specialist medicine. All have started on a two year preceptorship period to support them with integrating into the NHS and gaining more experience within a range of specialties.

“Across the Trust many areas have now recruited and are supporting staff on apprenticeship programmes, both clinical and non-clinical”

The Trust continues to support the development of support staff within the organisation by providing in-house programmes such as the recently completed Band 4 assistant practitioner (APs) programme. These staff will provide support to those nurses who have foundation degrees or equivalent. A further cohort of twenty one trainee APs were recruited into the Trust in October 2018.

Across the Trust many areas have now recruited and are supporting staff on apprenticeship programmes, both clinical and non-clinical.

There has been a continuing development of our future workforce on the East Coast. Support staff completing the bespoke HNC in Health and Social Care for Support Staff working in Ryedale Community, developed locally with Coventry University Scarborough Campus (CUSC), are now progressing onto the HND programme with support from the Trust.

The Trust, together with the University of York, completed a pilot programme for fifteen trainee nursing associates (TNAs). Following a review of the programme and the need for any subsequent courses to comply with the new Nursing and Midwifery Council (NMC) standards, we are delighted that the programme will continue as an apprenticeship for future cohorts, delivered by a variety of providers.

The Trust has also been working in partnership with CUSC and other organisations to prepare for the BSc Nursing (Adult) programme on the East Coast. This programme was approved by the NMC and the University to begin in September 2018. The 28 new recruits commenced the programme and attended placements in the Trust in March 2019.

OCTOBER 2018

New physician associate role introduced



In October, the Trust welcomed 12 new physician associates to its workforce. The new recruits have graduated from Hull York Medical School, University of Bradford and University of Leeds after completing their MSc in Physician Associate Studies.

Physician associates are medically trained, generalist healthcare professionals who work alongside doctors and provide medical care. The role allows them to take a patient's history, make a simple diagnosis, carry out some physical examinations, formulate diagnosis and develop treatment plans. The new physician associates practice across a range of medical specialties,

freeing up senior doctors to deal with complex cases, as well as providing cover so that trainee doctors and surgeons can attend training, clinics or theatre.

Karen Cowley, directorate manager specialist medicine/general medicine, explained: "Physician associates are unique in that they are trained in a medical model unlike the other professionals - so they develop skill sets and attitudes to deliver healthcare to patients in multiple settings very much like a doctor. Still a relatively new role to the NHS, the introduction of the physician associate role is great news for the Trust as it complements the numbers of the medical workforce, and increases access to quality care for patients."

NOVEMBER 2018

10 years of saving sight across North Yorkshire

Diabetic retinopathy is the number one treatable cause of visual loss in the UK among 16-64 year olds and can have a devastating impact if not detected.

Since 2008 the North Yorkshire Diabetic Eye Screening Programme has been successfully offering eye screening for people with diabetes in the region and in November celebrated 10 years of saving sight.

Diabetic eye screening is a key part of diabetes care. Diabetic retinopathy, caused by high blood sugar levels damaging the blood vessels at the back of the eye, can cause blindness if left undiagnosed and untreated. It is the most common cause of sight loss in people of working age.

Shelley Widdowson, retinal screening grading manager, said: "The programme has gone from screening 29,000 patients in 2008 to over 40,000 people today, and covers a large geographical area. We offer appointments to everyone with diabetes over the age of 12.

"Often people with sight threatening retinopathy have no visual symptoms, and by the time the symptoms become



noticeable, it can be much more difficult to treat.

"Screening reduces the risk of sight loss by detecting sight threatening changes that you don't notice, and this is why attending a screening appointment is so important. We have an increasing number of patients at risk needing eye screening and our aim is to make sure we offer convenient, local screening appointments."

The screening team travels across North Yorkshire as far as the East Coast to meet people in their communities, visiting more than 110 GP practices and health centres.

Managing our finances

Statement of Comprehensive Income 2018-19

Clinical income totaled £440.6m, and arose mainly from contracts with NHS commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£437.5m), with the balance of (£3.1m) from other patient-related services, including private patients, overseas visitors and personal injury cases.

Other income totaled £56.7m and comprised funding for education and training, research and 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, for 2018-19 this was renamed as the Provider Sustainability Fund (PSF). The maximum Trust base allocation in 2018-19 was £12.5m.

“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”

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 emergency care standard (ECS).

The Trust achieved the finance element of its control total but was not successful in achieving the entire ECS element; this led to a shortfall of £3m against the base PSF allocation described above, with the Trust receiving £9.5m from a possible £12.5m allocation. The Trust has also earned an additional £8.3m of incentive PSF, linked to 3 specific bonus pots, £0.6m for over achievement of its control total, £5.7m from the general distribution fund and a £2m bonus for delivery of a significant level of recurrent CIP (£14.3m) in the 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 2018-19, there has been a significant downward valuation of the Trust assets linked to two specific reasons; the Trust revalued the majority of its asset base excluding VAT due to the required changes under the Estates and Facilities LLP and there has also been a

reduction in the national and regional building indices. This has led to a technical and non-cash fixed asset impairment of £13.5m in year.

At the end of the financial year, the Trust reported an income and expenditure deficit of (£9.9m): this position includes £17.8m of PSF (£9.5m base PSF & £8.3m incentive PSF) and a (£13.5m) technical impairment loss and (£0.4m) of other small technical adjustments. If all these items are excluded, the pre PSF position of the Trust is a (£13.8m) deficit which is £0.5m ahead of the original NHSI control total of a (£14.3m) 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.

The table below provides a high level summary of the Trust's financial results for 2018-19.

Summary financial performance 2018-19	Plan £million	Actual £million	Variance £million
Clinical income	429.3	440.6	11.3
Non-clinical income	52.1	56.7	4.6
Total income	481.4	497.3	15.9
Pay spend	-335.0	-341.1	-6.1
Non-pay spend	-144.6	-154.5	-9.9
Total spend before dividend, and interest	-479.6	-495.6	-16.0
Operating surplus (loss) before exceptional items	1.8	1.7	-0.1
Sparsity Funding	2.6	2.6	0.0
Provider Sustainability Funding (PSF)	12.5	17.8	5.3
Dividend, finance costs and interest	-18.8	-32.0	-13.2
Net loss	-1.9	-9.9	-8.0

DECEMBER 2018

Multi-million pound investment announced for Scarborough's A&E

In December, we announced that Scarborough Hospital is to benefit from a £40 million share of funding, following a successful bid by the Trust for capital investment as part of the Humber, Coast and Vale Health and Care Partnership. The funding will enable the creation of a Combined Emergency Assessment Unit, where staff from a range of medical specialties can work side-by-side in a single assessment area, close to the front door and diagnostic support. This will help staff to assess patients more quickly and ensure

they get the most appropriate care and treatment as rapidly as possible.

The Unit will be created alongside the Emergency Department and the on-site Urgent Treatment Centre, creating a comprehensive and integrated urgent and emergency care hub.

Mike Proctor, chief executive, said: "This is the news we've been waiting for and is fantastic for both patients and staff, signaling our commitment to investing in Scarborough Hospital. This much-needed development means we can improve and streamline how patients are assessed, admitted and treated, which should reduce the time that people wait in the department, and ultimately improve patient safety."



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.

The performance position has been challenging throughout the year.

Every month of 2018-19 has seen a higher number of attendances in our main emergency departments (EDs) than the same month in 2017-18. Despite this increase, the emergency care standard performance was better in eight of the months when compared to 2017-18.

For cancer treatment, the number of fast-track referrals received by the Trust in 2018-19 increased by 16% on the same period last year. The Trust has not been able to improve performance on 18 week referral to treatment times, with routine capacity affected by a planned reduction in winter months to create additional capacity for acute demand.

In order to continue to strengthen the Trust's organisational arrangements an 'Operational Review' took place through 2018-19. This will result in a new operational structure being implemented in 2019 with the Trust moving to six care groups, that aims to strengthen clinical leadership and to ensure that each care group benefits from a quadrumvirate

management team (clinical, nursing, allied health professional and general management leadership) delivering strong governance and accountability for delivering key performance standards.

Performance trajectories have been developed in partnership with our commissioners and reviewed by NHS Improvement. The Trust's performance management framework provides the rigour and scrutiny in order to assure the Board that plans are on trajectory or mitigating actions are put in place where performance is off-track. The Trust is working with partners across the system to

improve performance through the Health and Care Resilience Board, Planned Care Steering Group and Cancer Alliance. The Trust is a key member of the Humber Coast and Vale Health and Care Partnership (HCP), with a number of directors and senior managers leading and sitting on HCP workstreams.

An overview of the Trust's performance during the year can be seen in the table below.

Performance against key healthcare targets 2018-19
- Indicator

	2017-18	Target	Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19	Total 2018-19
Total time in ED under 4 hours – national*	86.49%	95%	88.48%	90.25%	89.36%	82.33%	87.78%
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	-	92%	84.0%	83.8%	82.3%	81.2%	81.2%
Cancer 2 week wait (all)	88.7%	93%	93.7%	85.7%	92.1%	90.5%	90.5%
Cancer 2 week wait Breast Symptomatic	95.9%	93%	95.5%	96.9%	95.3%	92.5%	94.9%
Cancer 31 days from diagnosis to first treatment	98.1%	96%	98.8%	98.4%	98.0%	97.2%	98.1%
Cancer 31 days for second or subsequent treatment – surgery	94.8%	94%	98.1%	95.2%	94.8%	93.5%	95.4%
Cancer 31 days for second or subsequent treatment – drug treatment	100%	98%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer 62 day wait for first treatment (urgent GP)	81.9%	85%	79.9%	76.4%	80.0%	81.8%	79.5%
Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)	92.4%	90%	91.4%	90.6%	92.0%	90.7%	91.1%
Diagnostics – 6 week wait referral to test	-	99%	96.2%	94.7%	93.7%	91.7%	91.7%

*The Trust is monitored on the total for the Trust (type 1) and (type 3) the minor injuries units

JANUARY 2019

First 'hip replacement in a day' for Bridlington Hospital

In the New Year, Bridlington Hospital celebrated a milestone with their first patient to have a hip replacement and go home in the same day.

Bridlington has become one of a few units in the country able to provide hip replacements for selected day case patients. Only recently patients would routinely stay in hospital for five days following a hip replacement.

Mr Mark Andrews, senior consultant orthopaedic surgeon at Bridlington Hospital, said: "Over the years we've improved preparation and reduced the trauma of surgery by educating people in advance of their operation so they can prepare physically and psychologically. There have been changes to anaesthetics and medication that allow patients to mobilise safely within hours of surgery.

"Patients often prefer to be at home and increasingly have been asking whether



they could go home on the day of surgery. We have noticed over the last few years of service improvements that some patients didn't really need to stay and so this was the logical next step."

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Out of hospital care

In 2016, the Trust agreed an out of hospital strategy that presented a vision based on 'Home 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.

The Trust has worked with a range of partners to continue to deliver our vision.

Developments during 2018-19 included workforce transformation in community nursing, with a new workforce and care framework to be implemented across community nursing in York, Selby, North Ryedale and South Hambleton by 2020. This will improve the experience of patients receiving care and the daily experience of staff working in the service.

During 2018, three healthcare assistants were appointed jointly to community nursing teams and primary care in the North Locality (Easingwold and North Ryedale). This has enabled workloads to be shared, reduced duplication and is enabling shared learning between community nursing teams and practice nursing.

“This is the first step in locality integration and has been received positively by all who are involved. It is expected that this model will grow and facilitates conversations regarding the optimal staffing model required to support communities - particularly in view of the Long Term Plan expectation of integrated care being provided by integrated teams serving populations of 30-50,000 people”

A number of pilots are underway that see allied health professionals (AHPs) support primary care. These include the development of a pilot of First Contact Practitioner (FCP) roles.

Patients presenting with musculoskeletal (MSK) problems represent up to 20% of primary care consultations and 10% of GP referrals to secondary care.

- Enabling people to self-refer to MSK FCP services can speed up access to treatment, reduce GP workload and associated costs, reduce unnecessary diagnostic referrals, increase self-management and reduce inappropriate referrals to secondary care
- Enabling direct referral from care homes for physiotherapy, occupational therapy, speech and language therapy and dietetics means that GPs don't have to see the patient and complete a referral form prior to getting the assessment and intervention they need
- Development of service level agreements for physiotherapy sessions to support GP Improved Access (evening and weekend routine primary care sessions) by providing therapists to work as part of the primary care clinical workforce.

In December 2018, the first patients were supported at home to receive their long term course of antibiotics by a new Trust service. Recognising the risks of deconditioning, poor patient experience and inefficiency of requiring patients to remain as an inpatient for six weeks, the new service will enable patients to receive treatment at home.

Many of these will be able to self-care and those who cannot will be supported by trained community nurses. A clinic-based alternative will also allow those able to travel to receive treatment on an outpatient basis. This service will be available in all areas with the community element provided by Humber Foundation Trust in Scarborough and Ryedale and by City Health Care Partnership in Bridlington. As well as freeing up around 30 inpatient beds, when fully operational the service will also reduce the Trust's carbon footprint by 378 tonnes of carbon dioxide each year.

The Trust has continued to work with local authorities and community health providers to develop integrated discharge hubs in both York and Scarborough hospitals. These health and social care teams are working to reduce avoidable delays and the numbers of patients who face prolonged stays in hospital.

In the City of York, the 'One Team' continues to develop, bringing together the teams providing short-term support on discharge from hospital (health and social care) and implementing improved pathways that allow assessments of longer-term care needs to be carried out in an individual's home rather than in hospital.

"It is expected that this model will grow and facilitates conversations regarding the optimal staffing model required to support communities"



FEBRUARY 2019

Warm welcome and a fond farewell

In February, the Trust announced that Simon Morritt will succeed current chief executive Mike Proctor, when he retires in July.

Simon (pictured right) will take up his post as chief executive of the Trust on 5 August 2019. He joins the Trust from Chesterfield Royal Hospital NHS Foundation Trust, where he has been chief executive since 2016. Simon has more than 25 years' experience in the NHS, which he joined in September 1989 as a general management trainee in Greater Manchester.



Simon said: "I am delighted to be joining York Teaching Hospital NHS Foundation Trust and look forward to working with staff across the organisation who are clearly caring and committed to doing the best for patients across North and East Yorkshire."

Mike (pictured left) retired after giving more than 40 years of dedicated service to the NHS - and the last 15 months as the chief executive of the Trust.

Susan Symington, Chair, said: "I would like to publicly and personally thank Mike for his remarkable energy, courage and support. Mike has acted at all times in the very best interests of the Trust overall and the NHS at large in his role of chief executive. First and foremost Mike believes in the NHS, he believes in our staff and he cares deeply about our patients.

"My thanks to him are heartfelt - and I wish him a happy, healthy and fulfilling retirement, safe in the knowledge that he has made a huge contribution to the NHS and our Trust in particular."

MARCH 2019

New 'space age' equipment for Scarborough Hospital

In March, a team of specialist nurses from the respiratory unit at Scarborough Hospital found a unique way to celebrate the arrival of their new life-saving equipment - by giving them all names!

The brand new respiratory machines are mainly used for patients with chronic obstructive pulmonary disease (COPD) who are in hospital with respiratory failure. Staff joined in the fun with a space age theme, naming the new machines after fictional robots - R2-D2, Marvin, WALL-E, Optimus Prime and KITT.

Hazel Kavanagh, lead specialist respiratory nurse, explained: "The new machines are replacing equipment that we've had for 12 years, so naturally we were delighted when they arrived. These non-invasive ventilation machines have revolutionised the care of patients with respiratory failure due to COPD, so while we took a light-hearted approach, this is a very serious condition which our team help people manage on a daily basis."

Non-invasive ventilation (NIV) machines feed air into a close fitting face mask to increase the pressure of the air that a patient breathes. It's given while people are fully awake and they usually only need this treatment for a few days. NIV supports the breathing and allows patients to take more air in with every breath. It improves oxygen delivery and importantly, helps the patient to breathe out carbon dioxide.



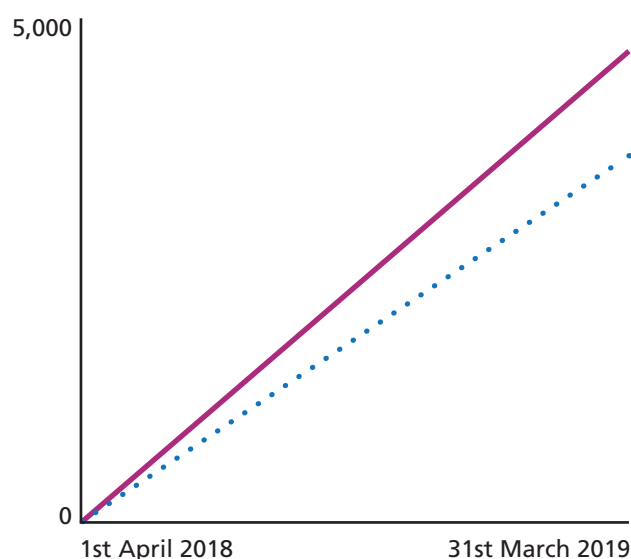
40 Research

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 which may or may not be of benefit to them.

Yorkshire & 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 achieve 10% of the national NIHR target, which puts our regional annual target at 65,000.

This annual target is divided between the 22 partner trusts, of which we are one of them. Each year we are asked to set a target on the number of patient accruals we think we can meet in a year based on our current portfolio, previous history and the numbers of studies closing and possibly opening in the year.

“As well as the many clinical trials we support, the Trust has been involved in the development of a pioneering collaboration that brings together NHS trusts and universities across the Yorkshire and Humber region”



Clinical trials annual target and yearly results

Target	3,800
York Teaching Hospital NHS Foundation Trust	4,940

To reach the 65,000 target, the Trust was set a stretching target of 3,800 patients accrued into clinical trials between 1 April 2018 to 31 March 2019. We were able to recruit 4,940 patients during this period, so surpassing our target easily.

Currently in York and Scarborough we have approximately 130 research studies open to recruitment. Two areas where we have performed really well are sexual health and perioperative medicine.

Sexual Health

Teams across York and Scarborough excelled at their recruitment to the PrEP Impact study. This study assesses the impact of implementing Pre-exposure prophylaxis (PrEP) treatment into the NHS for patients with a high risk of contracting HIV. PrEP is a ground-breaking preventative medication, which when taken routinely alongside contraception has been proven to reduce the risk of contracting HIV by over 90%.

Perioperative Medicine

Anaesthetics trainees recruited patients to the Drug Allergy Label Study, a national study relating to drug allergy labels, their prevalence in elective surgical patients and anaesthetists understanding of these. The study was part of the RAFT initiative (Research and Audit Federation of Trainees) and it was excellent to see the enthusiasm and commitment shown by so many of the anaesthetics trainees. The study was successfully run over a specified three day period in both our York and Scarborough hospitals and recruited 240 participants.

York and Scarborough Gastroenterology Research teams won Yorkshire & Humber Clinical Research Network (CRN) Gastro Team of the Year. Our team won this award in recognition of our collaborative and innovative approach to utilising our staff that helped us achieve the fourth highest recruitment figures in the country.

In addition, during the year we supported two large Trust-wide studies which involved all teams.

The Yorkshire Health Study follows the lives of thousands of people in Yorkshire to help researchers in Sheffield understand our health so that we can find the best treatments to prevent and treat illness in the future. The questionnaires we collected will provide valuable insight into

the health of the people in Yorkshire, in order to improve services for the people who need them most. Our teams recruited an impressive total of 2,353 patients over 18 months.

The 'Stopping Slips among Healthcare Workers' study was widely supported by all our teams and we managed to recruit 908 staff to the study. This study is looking to see if slip resistant footwear reduces slips among healthcare workers.

Working with the NIHR's Collaboration for Leadership in Applied Health Research and Care (CLAHRC), the network aims to improve inter-institutional working and the regions research capacity. This year a total of six CARDINAL Nursing and Allied Health Professional Clinical Doctorate Fellows have been recruited. Our first CARDINAL Clinical Doctoral Fellow has started in September and is working in the inflammatory bowel disease (IBD) specialist nurse team, where she aims to improve the care of IBD.

The Trust has appointed two new clinical leads for research, Prof Martin Veysey, Clinical Academic, Hull York Medical School and Honorary Consultant Gastroenterologist and Dr David Yates Consultant in Anaesthesia, Perioperative Medicine and Intensive Care Medicine. The Clinical Lead for Research role is aimed to support the department to:

- assist with setting the strategic direction of the Trust's research strategy
- support initiatives that will increase the research capacity and capability within the Trust
- offer advice to the Research & Development Unit ensuring that the Trust complies with all aspects of clinical and research governance
- establish and build constructive relationships with the researchers within the Trust and all external collaborators and networks.

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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.



Susan Symington
Chair

Including the Chair, the Board membership during the year was as follows:



Patrick Crowley

Chief Executive
(to May 2018)



Mike Proctor

Chief Executive
(from May 2018)
(Deputy Chief Executive
to May 2018)



Andrew Bertram

Executive Finance
Director
(Deputy Chief Executive
from May 2018)



Wendy Scott

Chief Operating
Officer



James Taylor

Executive Medical
Director



**Beverley
Geary**

Executive Chief Nurse
(to February 2019)



Helen Hey

Interim Executive
Chief Nurse
(from March 2019)



Polly McMeekin

Director of Workforce
and Organisational
Development
(from February 2019)
(Acting Director June
2018 - February 2019)



**Jennie
Adams**

Non-executive
Director



Mike Keaney

Non-executive
Director



Jenny McAleese

Non-executive
Director, Chair of the
Audit Committee



Mike Sweet

Non-executive
Director
(to June 2018)



Lynne Mellor

Non-executive
Director
(Associate Non-executive
Director from April 2018
to Jun 2018)



Lorraine Boyd

Non-executive
Director
(Associate Non-executive
Director from April 2018
to Jun 2018)



**Dianne
Willcocks**

Non-executive
Director, Vice Chair
(until August 2017
and Senior Independent
Director from September
2017)



Libby Raper

Non-executive
Director
(to July 2018 and Vice
Chair from September
2017 to July 2018)

The Board of Directors has included additional non-voting Directors in the membership of the Board. They are:



Sue Rushbrook

Director of Systems
and Networks
(retired July 2018)



Lucy Brown

Acting Director of
Communications
(from June 2018)



Brian Golding

Director Estates and
Facilities
(to October 2018 then
honorary contract which
included the position of
Managing Director of
York Teaching Hospital
Facilities Management
LLP from October 2018)

44 York

Teaching Hospital Facilities Management



Full time equivalent staff in post by staff group


● Healthcare Scientists	2%
● Administrative and Clerical	8%
● Estates and Ancillary	90%

In October 2018 we launched York Teaching Hospital Facilities Management (YTHFM), a Limited Liability Partnership (LLP) providing services including catering, cleaning, maintenance and other core support services previously provided by the Trust's estates and facilities directorate.


By creating an LLP we can keep these services under the ownership of the NHS whilst being able to enjoy a number of commercial advantages, whilst allow the estates and facilities team to focus on its core functions, making YTHFM an employer of choice in our region, providing development opportunities for staff and growing the business as opportunities arise.

YTHFM remains wholly owned and operated by the NHS, and we worked with NHFML, a wholly-owned subsidiary of Northumbria Healthcare NHS Foundation Trust on setting up the company. NHFML created their company more than five years ago, and have considerable experience in this field. They share our values as an organisation and have maintained NHS terms and conditions for both the staff that transferred when the company was created, and for new starters. NHFML are our minority partner in YTHFM.

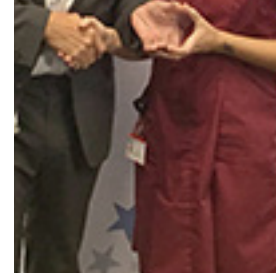
Approximately 1,000 staff transferred to the company with their existing NHS Agenda for Change terms and conditions on 1 October 2018. New starters to the LLP have terms and conditions that mirror Agenda for Change.



**“Significant change
and positive action
in our Trust have
been the hallmark
of this year, with
all of our actions
strongly focused on
our strategic goals
and the long-term
sustainable future
of the services
we provide to our
patients”**



46 Meet our stars







Caring about
what we do



Always doing
what we can to
be helpful



Respecting and
valuing each
other



Listening in
order to improve



To learn more about us or to read our full annual report and accounts for 2018-19 visit: www.york.nhs.uk



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