The Mid Yorkshire Hospitals NHS Trust

ANNUAL REPORT AND FINANCIAL ACCOUNTS

2018/2019

Striving for excellence

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Chairman's statement

Welcome to our Annual Report and Accounts for 2018/2019. Last year I mentioned that the health service had seen consistently high levels of demand and 2018/2019 has continued to see those demands increase; for example, with some 6% increase in attendances at A&E. Whilst we have lower than average lengths of stay in hospital and a smaller percentage of people being admitted, there is still significant pressure on bed usage with the occasional use of escalation beds being necessary. This puts pressure on staff.

What we usually refer to as 'winter pressures' now seem to cover autumn, winter and early spring. Whilst this winter was relatively mild and we have made a great deal of progress, there is still much to do in the context of delivering our vision to achieve an excellent patient experience each and every time.

Across most measures of performance the Trust has managed to maintain its performance levels when compared to 2017/2018, other than finance. Importantly the staff survey reflects an improving perception of the Trust on the key questions of whether staff would recommend the Trust as a place to work/receive care of some 9% compared to the previous year, and staff sickness levels are down: both indications of improved staff morale. Measures across A&E, harm-free care and hospital mortality are all improved and hundreds of patients are no longer waiting many weeks for their first appointment. We had one MRSA infection attributed to the Trust against a target of zero, which is disappointing, but that is compared to four cases in 2017/18. Finance continues to be challenging with a slight deterioration this year. There is some scope for confidence next year.

Achieving our vision means that every contact with a patient should be the best it can be, whether that's with porters, clinical staff or volunteers. In addition to performance figures, the last CQC inspection - whilst marking us as 'Requires Improvement' - did comment we had much improved in several areas including in staff perception of the Trust. It would appear we are on track to deliver our vision so I must thank our hard-working teams for this achievement; everyone's contribution counts.

This year we celebrated the 70th anniversary of the NHS and it was a tremendous honour to attend the York Minster celebration with so many NHS colleagues. I am reminded the NHS was built on certain principles, which are reflected in our values of Caring, Delivering High Standards, Improvement and Respect, all of which link to our vision. Making these values real will deliver quality care free at the point of delivery, but there will need to be a better balance with improved care in the community and better use of primary care.

Finally I would like to reflect on the death in service of the following friends and colleagues who are sadly missed:

Mrs Diane Balmforth, Switchboard Operator
Mrs Amanda Clarke, Domestic Assistant
Mrs Vera Cook, Healthcare Support Worker
Miss Caroline Greatorex, Healthcare Assistant

Mrs Jill Leahy, Midwife
Mrs Diane Storey, Healthcare Assistant Advanced
Mrs Marilyn Syson, Healthcare Assistant
Mrs Claire Willett, Team Leader

I would like to offer my condolences to their families. On behalf of the Board and their colleagues, I thank them for their service to the NHS and our patients.

I commend this Annual Report to you.

Jules Preston MBE
Chairman

CHAPTER ONE

PERFORMANCE REPORT

Chief Executive's performance statement

This Annual Report covers the period of my third year as the Accountable Officer for the Trust. Despite ongoing pressures, the Trust has demonstrated both maintained performance and saw improvements in a number of areas.

In common with many organisations in the NHS, the Trust has had another challenging financial year and has reported a deficit of £18.4 million. Although this is worse than the target we were set, it is in line with the deficit reported last year.

The year saw the Trust perform better than the England average across the majority of the NHS Constitutional Standards. However, the Trust still needs to do more in order to achieve the national targets, particularly around the 18 week referral to treatment standard, the cancer two-week wait and the cancer 62-day wait from urgent GP referral to first definitive treatment.

The number of people attending our A&E departments has increased by 5.8% and equates to 14,635 more patients than 2017/18. Despite the significant increase in demand, the Trust has managed to increase the percentage of patients admitted, transferred or discharged within four hours of arrival. April 2018 saw the unit at Pontefract Hospital transition from being an A&E department to an Urgent Treatment Centre. The transition went very well and has seen the percentage of patients seen within four hours at Pontefract increase from 95.3% in 2017/18 to 98.8% in 2018/19.

However, as a Trust we are still short of meeting the 95% standard. In particular we need to reduce the length of time patients who are to be admitted have to wait in the A&E Department for a bed on a ward to become available.

Such delays do not result in a good experience for patients and lead to overcrowding in the A&E Department at Pinderfields Hospital. The timely availability of beds remains a key priority.

The Care Quality Commission returned to carry out a full inspection of the Trust's services. Whilst the overall outcome was to classify the Trust as 'Requires Improvement', the inspectors noted a number of important improvements since their previous inspection. For example, Medical Services are now rated as 'Good'. The number of Good ratings in our hospital services has doubled since 2014. Nevertheless, we remain determined to ultimately achieve a rating of 'Outstanding', and achieve a rating of 'Good' at the next inspection. Implementing our CQC Improvement Plan is a very high priority in 2019/20.

The outcome of the assessment reflects our own view, i.e. that we are an improving Trust whilst still having some way to go to achieve NHS Constitutional Standards, and our ambition for our patients to have an excellent experience each and every time.

I continue to be impressed and humbled by the motivation, expertise and hard work of our staff. In my 46 years in the NHS I have never seen so many staff work under so much pressure for such prolonged periods of time. I am not just talking about the impact of 'winter pressures' - the gap between demand and capacity - but also the pressure caused by the Trust having vacancies for many clinical staff reflecting the regional/national shortage of doctors and registered nurses in particular. The Trust will continue to strive to retain our existing staff and recruit to the vacancies.

Another key priority is ensuring the Trust is a good place to work. The Care Quality Commission annual staff survey continues to show year-on-year improvement in the feedback from staff, but in some key areas we have low scores in comparison to

similar trusts. However, there was a substantial year-on-year increase of 9% in the two crucial questions about recommending the Trust as a place for treatment and as a place to work.

I have had the privilege of working with our Chairman, Jules Preston, for three years. Sadly, his term of office finished at the end of May 2019, after serving the Trust for more than six years. I have found him to be an excellent Chairman, and more importantly he is very popular with the staff because of his humanity, warmth, integrity and support. He will be greatly missed, and I am sure I speak for everyone in conveying our thanks and very best wishes for a happy retirement.

A great deal has been achieved in 2018/19 and much of this is featured in this Annual Report. There is firm evidence of the Trust being an 'improving Trust'. We will continue our work of continuous improvement for both patients and staff.

The Trust does not work in isolation – we are part of an integrated health and care system. Many of the improvements that have taken place could not have done so without the support of others, especially the two main local authorities and clinical commissioning groups (North Kirklees and Wakefield). Besides thanking these organisations, other partner organisations and GPs, my heartfelt thanks go to our magnificent workforce and volunteers.

Signature:

M J Barkley

Chief Executive and Accountable Officer: Martin Barkley
Organisation: The Mid Yorkshire Hospitals NHS Trust
Date: 23 May 2019

Overview: About the Trust

This overview section sets out: the purpose and activities of the Trust; the issues and risks which could affect the Trust in delivering its objectives; an explanation of the adoption of the going concern basis; and a summary of performance for 2018/19 against the national standards.

The Mid Yorkshire Hospitals NHS Trust provides acute and community health services to more than half a million people living in the Wakefield and North Kirklees districts of West Yorkshire.

It offers services in three main hospitals – Pinderfields (Wakefield), Dewsbury and District and Pontefract – as well as in a range of community settings such as health centres, clinics, GP surgeries, family centres and in people's own homes.

Trust hospital locations

The Trust offers an extensive range of services, spanning hospital, intermediate and community care. This means patients benefit from hospital and community services working closely together to ensure they receive their care in the most appropriate place for them – when and where they need it.

The Trust provides two specialist regional services, in burns and spinal injuries, which are renowned across the North of England and beyond.

A snapshot of the Trust:

- Three hospitals – Pinderfields (Wakefield), Dewsbury and District and Pontefract
- Adult community nursing across the Wakefield district
- Around 8,600 staff
- In 2018/19:
    - There were over 260,000 attendances to A&E
    - Over 130,000 patients were admitted
    - Patients attended more than 480,000 outpatient appointments
    - Nearly 6,000 babies were delivered
    - There were over 300,000 face-to-face contacts by our adult community nurses/therapists

With 8,622 staff and an operating income around £527 million it delivers services by working in partnership with two local authorities, two clinical commissioning groups (CCGs), and a wide range of other providers including voluntary organisations and the private sector, as well as patients, their carers and the public.

Trust strategic direction, vision and values and behaviours

The Trust Strategy provides a clear line of sight for all staff to the goals of the Trust and its vision; providing clarity around purpose, priorities and aligning the resources of the Trust to achieve its ambition of providing an excellent patient experience each and every time.

The Trust's mission/purpose is as follows.

- **To provide high quality healthcare services at home, in the community and in our hospitals, to improve the quality of people's lives.**

The Trust's vision or ambition is:

- **We strive to achieve excellent patient experience each and every time.**

The Trust's strategic aims are:

1. **Keep our patients safe at all times.**
2. **Provide excellent patient experiences that deliver expected outcomes.**
3. **Be an excellent employer.**
4. **Be a well-led Trust that delivers value for money.**
5. **Have effective partnerships that support better patient care.**
6. **Provide excellent research, development and innovation opportunities.**

- **Strategic aim one: Keep our patients safe at all times**

Patient safety is of paramount importance to the Trust. It is committed to keeping patients safe at all times.

This means the Trust will:

- eliminate avoidable harm to patients
- ensure patients are safe in our care
- ensure all staff understand their roles in keeping patients safe and are competent in doing so
- ensure staff feel able to raise concerns and they are swiftly responded to
- ensure our environment and equipment is safe, functional, suitable, secure and clean
- ensure we have effective quality governance arrangements
- have a below average Hospital Standardised Mortality Rate (HSMR)
- ensure we learn from experience.

- **Strategic aim two: Provide excellent patient experiences that deliver expected outcomes**

Achieving the Trust's vision and mission means providing excellent patient experience to the people it serves, every time they encounter the care it delivers.

This means the Trust will:

- provide clinically effective treatment and care, which is delivered safely
- provide services which are accessed with ease and in a timely manner
- ensure patients have a positive experience of care at the Trust
- ensure patients are actively engaged in their care, they understand what is happening with their care and our communication with them is excellent
- listen and act upon feedback and evidence learning when things have gone wrong
- use national data to support our ambition for striving for excellence
- work in accordance with national guidelines and best practice
- meet national clinical standards and best practices.

- **Strategic aim three: Be an excellent employer**

The Trust values its staff and aspires to be an excellent employer – one which people choose to join, want to stay and where they can develop their careers.

This means the Trust will:
- value our staff and their contribution
- have effective clinical leadership
- create the right conditions so people want to work here and choose to stay
- support all staff to live by our values and behaviours
- provide healthy and safe workplaces
- invest and promote appropriate education, training, development and leadership opportunities for all staff
- support staff to achieve their career ambitions
- provide high quality clinical education and professional development that is valued by our student placements
- be an equal opportunities employer.

- **Strategic aim four: Be a well-led Trust that delivers value for money**

The Trust is an NHS organisation with responsibility for providing best value for the use of the public's money. It will pledge to spend resources to meet the objectives.

This means the Trust will:
- know our business and be flexible to change
- invest in innovation and transformation which enables us to provide high quality care to patients
- consistently comply with our regulators' standards
- ensure there is a clear line of sight from 'ward to board' and manage and monitor issues effectively
- consistently meet financial obligations
- support all staff to understand their role in relation to the use of public resources and act responsibly to deliver best value
- provide best value whilst improving patient care
- ensure our performance management framework is patient-centric and provides foresight and actively supports us towards our vision
- ensure it has effective governance arrangements.

- **Strategic aim five: Have effective partnerships that support better patient care**

The direction of the NHS is to work more collaboratively with other providers and with commissioners for the benefit of patients and to safeguard the sustainability of services.

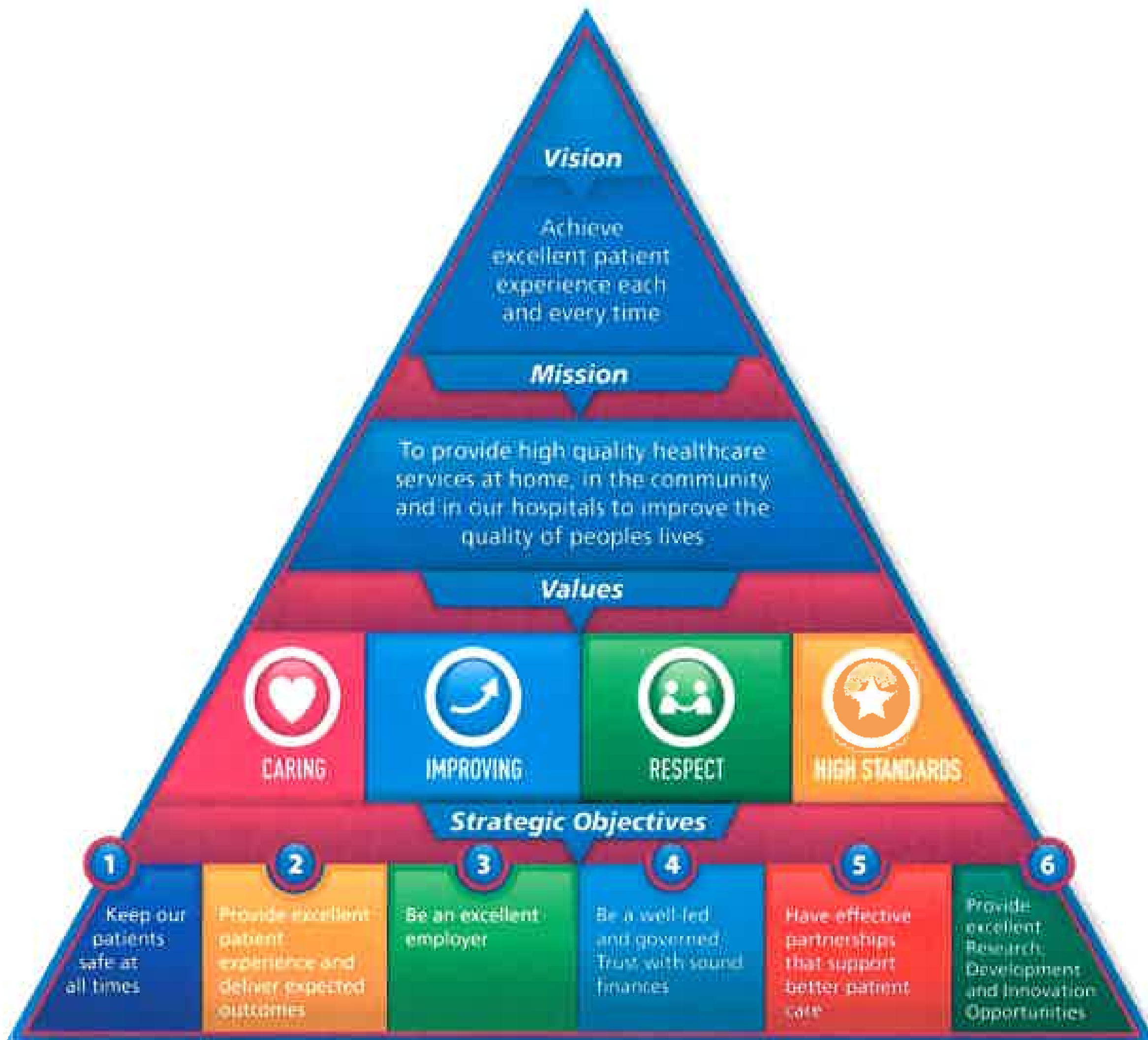
This means the Trust will:
- work with other organisations to provide seamless patient care
- have partnerships to deliver efficiencies and sustainability
- explore and adopt new models of care
- be an active member of Sustainability and Transformation Plan work streams to support the change and collaboration required
- support and work with primary care to improve patient outcomes and experience
- work with the third sector where and when it will enhance patient experience or support better patient outcomes
- make a full contribution to West Yorkshire Association of Acute Trusts
- make a full contribution to the Health and Wellbeing Boards to improve the health of the people of Mid Yorkshire.

- **Strategic aim six: Provide excellent research, development and innovation opportunities**

As a learning organisation, with three acute hospitals and vibrant community services, the Trust is perfectly positioned to be actively involved in research, development and innovation opportunities. Enhancing its involvement in these will strengthen the offering to patients and staff as well as to the healthcare evidence base.

This means the Trust will:

- make it easy for staff to present ideas and innovations
- support staff to realise ideas quickly and effectively
- work with academic and healthcare organisations to explore and support appropriate research partnerships to improve our care
- actively engage our patients and the public in delivering effective research and development projects.



MY BEHAVIOURS

The Mid Yorkshire Hospitals
NHS Trust

OUR MISSION (PURPOSE): To provide high quality healthcare services, to improve the quality of people's lives.

OUR VISION (AMBITION): We strive to achieve excellent patient experience each and every time.

HIGH STANDARDS

Taking responsibility for providing the best services and patient experience.

- I will strive to do things right first time, every time.
- I will speak up about and report any concerns I have.
- I will support and encourage others in the team.
- I will make first impressions count by being professional in my appearance, communication, body language and attitude.
- I will recognise, praise and celebrate a job well done.
- I will commit to continuing my development, learning new skills and sharing knowledge.
- I will take responsibility for my actions.
- I welcome feedback.

CARING

Ensuring quality of care is at the heart of everything we do.

- I will avoid making assumptions and always treat people as individuals.
- I will make eye contact, smile and introduce myself with, "Hello, my name is…"
- I will listen and welcome different opinions.
- I will put myself in the other person's shoes and take time to understand their needs.
- When I make a commitment, I do what I say I am going to do.
- I will aim to give the standard of care or service I would expect for myself or my relative and ask myself, "would I be happy with this?"
- I will give time to people in distress or who need me.
- I will show genuine compassion to others by being kind and thoughtful.

RESPECT

Showing value and respect for everyone and treating others as they would wish to be treated.

- I will protect the privacy and dignity of patients, service users and colleagues.
- I value the opinions of others and show consideration for their feelings.
- I will take the time to listen to others and consider their perspective, even if it is different to my own.
- I will treat people as individuals, taking into account their personal circumstances.
- I will listen, check my understanding and act with fairness, honesty and consistency.
- I will show appreciation by saying thank you for work well done.
- I will respect the confidential nature of information.
- I will strive to develop insights into how I impact on others, accepting and acting on feedback.

IMPROVING

We always look for ways to improve what we do. We encourage involvement, value contributions and listen to and positively act on feedback.

- I will be responsive and adaptable to changing circumstances and new expectations.
- I appreciate learning can come from mistakes and I will take positive steps to change.
- I will continually reflect on my actions and take every opportunity to make improvements.
- I will work as part of a cohesive team, praise co-operation and value the views and contributions of others.
- I will learn from others, be receptive to new ideas and look elsewhere to see what works.
- I will speak up when I see or hear behaviour which does not reflect the Trust values.
- I will help seek opportunities to improve and take part in the way it is done.
- I will encourage creativity and support new ideas by suspending judgement until all the benefits and risks have been fully explored.

About the Trust and our place in the region's health system

Working in partnership

The Trust works in partnership with other organisations across the locality it serves, both formally and informally. In line with the NHS Long Term Plan some partners are looking to work collaboratively in a very different way. In 2018/19 the Trust continued with a number of arrangements to work more closely together. These partnerships included the following.

- **West Yorkshire and Harrogate Health and Care Partnership**

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 sustainability and transformation partnerships (STPs). It became a 'second wave integrated care system'. It includes nine clinical commissioning groups, eight local councils, and services provided by a number of health and social care organisations, including trusts. All partner organisations have now formally approved the Partnership's Memorandum of Understanding. A new Partnership Board will also bring NHS, councils and communities closer together. The first meeting in public will take place in June 2019.

West Yorkshire and Harrogate
Health and Care Partnership

Partners work together on priority programmes for the whole of West Yorkshire and Harrogate, including mental health, hospitals working together, maternity, urgent and emergency care, preventing ill health and improving peoples' wellbeing. The HCP does this where it makes sense to share learning, expertise and workforce skills. The plans of the HCP will be refreshed in 2019 to describe how it will take forward the ambitions set out in the NHS Long Term Plan published in December 2018.

The NHS Long Term Plan also gives formal backing to systems like the West Yorkshire and Harrogate Health and Care Partnership, and provides a further boost to the priorities it has been working on locally and the help it needs to deliver reductions in health inequalities and unwarranted care variation.

To find more about the work the Partnership is doing, go to www.wyhpartnership.co.uk.

- **West Yorkshire Association of Acute Trusts**

The West Yorkshire Association of Acute Trusts (WYAAT) is a collaboration of NHS acute hospitals from across the region to drive forward the best possible care for our patients. Our vision is to create a region-wide efficient and sustainable healthcare system which embraces the latest thinking and best practice so we can consistently deliver the highest quality of care and outcomes for our patients in the WYAAT area.

West Yorkshire
Association of
Acute Trusts

The WYAAT six acute trusts are: Mid Yorkshire Hospitals NHS Trust; Airedale NHS Foundation Trust (FT); Bradford Teaching Hospital NHS FT; Calderdale and Huddersfield NHS FT; Harrogate and District NHS FT; and Leeds Teaching Hospitals NHS Trust.

Together we are aiming to make the most of our resources and expertise, and provide:

- the highest quality of services and care
- improved access to healthcare services
- better and more coordinated pathways of care
- access to a wider range of clinical specialists
- the best NHS care with local healthcare working as efficiently as possible.

WYAAT has 12 programmes in three key areas to be the focus of our work together:

Corporate
1. Procurement
2. Estates and facilities
3. Information management and technology
4. Workforce

Support services
5. Scan4Safety
6. Pharmacy
7. Pathology
8. Radiology (transformation)
9. Radiology technology

Clinical services
10. Service sustainability
11. Elective surgery
12. Vascular services

For more information, see www.wyaat.wyhpartnership.co.uk.

- **Wakefield New Models of Care Board**

The Trust is a member of the New Models of Care Board, which is the vehicle for leading closer integration of out-of-hospital services to improve outcomes and support for the people of Wakefield. The New Models of Care Board is intended to facilitate the district-wide health and social care integration agenda, and to remove historical barriers that have prevented joined-up patient care across primary, community, mental health, social care and acute services.

Connecting Care is the programme of work that delivers the integration model and as such the Trust has staff who work within the Connecting Care Hubs, which allow multiple organisations to work together to support patients with complex needs who could otherwise receive disjointed care, with multiple referrals and handovers.

Made up of specialist workers from different health, social care, voluntary and community organisations across Wakefield, patients are referred directly into the Hubs to receive an integrated care plan. The Hubs allow staff from each organisation to work seamlessly together to support patient/service user's health and care requirements. This integrated approach provides individual and bespoke support packages to help those people most at risk to stay well and out of hospital. This ensures that all service users referred into the Connecting Care Hubs get the right care, at the right time, in the right place and by the right person.

Equality, diversity and inclusion

The Trust recognises the diversity and difference that exists within our workforce and the communities we serve. We continue to ensure that in delivery of our services we give regard to the needs of diverse groups within our workforce and the wider population.

We are committed to promoting inclusive practices in our day-to-day interactions with all our patients, carers, visitors and staff regardless of their race, ethnic origin, gender, age, gender identity, mental or physical disability, religion and belief, sexual orientation, maternity or social class.

In July we celebrated the graduation of the six interns from our first Project SEARCH cohort. The programme provides work experience for young people with learning disabilities. Of the six, three secured paid employment within the Trust and we have continued to support another two in their job search. September saw the arrival of the second Project Search cohort which comprised 11 interns. Although only part way through the programme, two of the interns have already secured jobs within the Trust and others are being encouraged to apply for vacancies when they arise.

Working in partnership with the local clinical commissioning groups and other NHS service providers, we again used the NHS Equality Delivery System (EDS) as a framework to engage local community groups across both Wakefield and North Kirklees. These groups provided comment on our efforts to improve access to our Diabetic Eye Screening Programme for a range of different communities, which will be used to help improve the service.

In collaboration with the local Alzheimer's Society, the Trust became involved in the production of a play for the South Asian community about the journey taken in dealing with dementia, which has been well received. 'Ammi is fine' (Ammi means 'mum') is a poignant and uplifting story of one family's struggle to overcome the stigma, lack of awareness and understanding surrounding dementia. Asked to recruit performers, four of the Trust's South Asian healthcare professionals volunteered as actors, and devoted evenings and weekends to rehearsals. Over the five performances some 450 people attended across North Kirklees and Greater Huddersfield.

Activity levels in 2018/19

	2018/19	2017/18
Emergency Department attendances	260,895	246,166
Patients who were admitted as an emergency admission	62,551	61,773
Total outpatient appointments	488,918	466,893
Patients admitted as an elective (planned) admission/day case	70,255	70,908
Total number of births/deliveries	5,999	6,055
Radiology examinations	534,417	516,833
Home visits in the community	325,636*	331,045
Total number of referrals from GPs	123,997	117,536
Total number of referrals to the Trust	209,334	191,799

*Please note: there has been a decrease in the number of home visits mainly due to efficiency changes relating to repeat visits for assessing patients with pressure ulcers and those who use equipment. This has facilitated the teams being able to manage the 7.1% increase in referrals (2,707), which require a more time consuming initial assessment, and a higher acuity of patients being cared for at home.

Financial sustainability

Like many NHS trusts, Mid Yorkshire faced significant financial and operational pressures throughout the year. In order to deliver the financial control target of a £5.4 million deficit set by NHS Improvement (NHSI), the Trust embarked on an ambitious £24 million savings programme.

The financial control total included an opportunity to earn £14.3 million of income through the national Provider Sustainability Fund (PSF). The Trust managed to secure £7.1 million of this income and received a year end distribution of £5.8 million. Against the original opportunity of £14.3 million this represents a £1.4 million shortfall. In addition the Trust did not meet its savings target in full which contributed to a reported deficit of £31.3 million before any PSF income and a net deficit of £18.4 million after the receipt of the STF.

This comes on the back of deficits reported by the Trust for a number of years. The Trust's auditors, as part of the annual audit, produce a statement which reviews the Trust's ability to remain as a going concern. The audit opinion draws attention to this matter.

The Trust has a financial plan agreed with NHS Improvement, which includes the provision of cash support from the Department of Health and Social Care to ensure cash flows can be maintained. In line with the requirements of the International Accounting Standard (IAS 1), the Trust Board considers the organisation to be a going concern for at least the next 12 months.

There are no events since the end of the financial year affecting the financial statements of the Trust.

Trust procurement

The Trust's Procurement Policy includes a section on governance which covers the following issues and ensures the Trust works in an ethical and responsible way:

- ethical procurement
    - corporate social responsibility
- environmental procurement
    - Packaging and Waste Directive
- conflicts and declarations of interest
- openness and accessibility
- freedom of Information
- press releases
- Bribery Act.

In accordance with Section 54 of the Modern Slavery Act, the Trust is committed to ensuring workers:

- are not exploited
- are safe
- have the right to work and remain in the country
- their employment standards and human rights are adhered to.

The Trust expects the same from its suppliers and is committed to working with them to ensure any issues are identified and proactively managed.

2018/19 performance

MYHT has an established Performance Management Framework, which acknowledges the importance of embedding robust performance management across all levels of the organisation and is integral to achieving the Trust's strategic objectives.

The framework specifies the structure, processes and principles in place to ensure the sustainable delivery of mandatory and locally agreed performance targets, strategic and corporate objectives; further strengthening the Trust's commitment to continuous improvement.

The Well-led Framework used by NHS Improvement identifies effective oversight by trust boards as essential to ensuring trusts consistently deliver safe, sustainable and high quality care for patients. This includes robust oversight of care quality, operations and finance. At the Trust, an Integrated Performance Report is submitted monthly to the Board for assurance. For the purpose of reporting, indicators are grouped into the five domains of quality ('Caring', 'Safe', 'Effective', 'Responsive' and 'Well-led') identified by the Care Quality Commission.

The monthly report to the Trust Board identifies performance against: key operational and quality requirements mandated nationally; activity against planned levels; and finance. In addition, a number of locally determined indicators are reported to provide further intelligence to the Board. Further information is provided to the Board on an exception basis where underperformance in a particular area or against a specific target is identified.

The performance framework describes the process of performance management from Board to ward/service level. Through a defined governance structure, services are held to account against the key performance indicators (KPIs) that are reported to Board and have the opportunity to escalate risk and concerns up through the organisation.

In summary, the Trust's rating against the five CQC domains at the end of March 2019 is as follows:

	Green	Amber	Red
Caring	7		1
Safe	8		12
Effective	6	2	
Responsive	10		15
Well-led	10		6

Data is reported using a scorecard approach and, with the exception of measures under the 'Effective' section, performance is assigned a Red or Green rating based on achievement against pre-defined thresholds. Under these assessments the ratings are:

- Red - Not Achieved: the level of attainment has not been met for this indicator
- Green – Achieved: the indicator has been met.

Effective ratings only:

- Red - Not Achieved: the KPI has not been met and performance is not within an agreed tolerance
- Amber – Within National Average: the KPI has not been met but performance is within an agreed tolerance (national average)
- Green – Achieved: the KPI has been met.

The 2018/19 Trust performance against the five domains of quality is detailed in this section.

Caring

The single national target within this domain is 'mixed sex sleeping accommodation breach' and the Trust remained compliant with this standard in 2018/19.

All local targets in this domain were achieved for the year, with the exception of 'the proportion of staff that would recommend the Trust to friends and family as a place to receive care/treatment'.

The quarterly target for staff recommending the Trust as a place to receive care is ≥70.7% and ≤18% for not recommended. Performance in quarter four of 2018/19 was 70% and 11% for these two indicators respectively. This is an improvement on the same period last year for both indicators.

Safe

Of the 12 national indicators under this domain, the Trust has achieved four of the targets and improved performance on 2017/18 against 4 standards.

There are 10 locally defined indicators in the safe domain, of which four are achieving the target set.

The Trust had one confirmed case of Methicillin-resistant Staphylococcus aureus (MRSA) in 2018/19.

Reportable incidents which are harmful at Trust level is outside the targets, with the highest contributing factors being pressure ulcers and falls which continue to be a concern for the Trust. Improvement has been seen in the reportable incidents which are harmful in acute services, which demonstrates the impact of the work focused on reducing falls in a hospital setting.

There were two Never Events that occurred in 2018/19.

The Trust's annual objective is to have no more than 26 Trust-attributable Clostridium difficile infection (CDI) cases. As at March 2019, the Trust reported 46 cases of Trust-attributable CDI. However, only two of these cases at the time of writing were linked to a lapse in care after review.

Effective

The national indicator under this domain is the Stroke care: SSNAP domain score. The Trust has seen an improvement in this score this year and met the target for quarters 1, 2, 3 and 4 of 2018/19.

There are seven local indicators which have either met the required standard or are within national average (agreed tolerance).

Hospital Standardised Mortality Ratio (HSMR) – relative risk is the ratio of observed (actual) deaths in a period against the expected deaths in the period, standardised for factors known to impact the risk of death, for example age, sex, primary diagnosis, etc. The calculation covers a basket of 56 diagnosis codes known to account for approximately 80% of in-hospital deaths. A relative risk above 100 indicates the number of actual deaths was higher than the expected number, and vice versa for a relative risk of less than 100.

There are three HSMR indicators included in the performance report to the Trust Board. Based on the most recent data available, the Trust is currently statistically better than average in both overall HSMR and Weekday HSMR. Although within national benchmark, Weekend HSMR is

slightly above the target of 100. Overall, these all show a slightly worse position on 2017/18. Year-end information will not be available until June 2019, beyond the time of writing this report.

Responsive

There are 21 nationally mandated standards within this domain. Performance within this domain has been a significant challenge throughout the year, in line with the national trend of increased activity and demand on both urgent and elective services resulting in challenging performance.

In March 2019, 88.2% of patients attending the Trust's emergency care services were admitted, transferred or discharged within four hours of arrival. Performance was therefore below the ≥95% standard mandated nationally but was higher than the national average of 84.3%. The Trust's performance benchmarks well against other organisations, especially when taking into account the high demand on local emergency services. The Trust agreed a trajectory for further improvement during 2018/19, though performance in this area remains reliant on system-wide actions taking place. The conversion rate from Emergency Department attendance to emergency admission remained lower than the national average throughout the year at a time when the Trust remained as one of the busiest in the country – across its three emergency departments –for attendances during 2018/19.

There are two national quality requirements relating to the timeliness of handovers between the Emergency Department and ambulance staff. The national standard is all handovers should take place within 15 minutes of arrival, with none taking place over 30 minutes and 60 minutes from arrival. In March 2019, there were 41 breaches of the 30-minute target and 3 of the 60 minute target. The Trust performs well against regional peers, continuing to have one of the best performance positions in Yorkshire and Humber.

At the end of March 2019, 86.7% of patients waiting on incomplete referral to treatment (RTT) pathways were waiting less than 18 weeks, which was below the 92% standard mandated nationally. This is an improvement from 85.1% reported in March last year.

In March 2018, there were 4,643 patients waiting over 18 weeks but as at March 2019, this had reduced to 4,467. Nationally performance has worsened against this target but MYHT has improved its performance from 85.1% to 86.7% and has improved our ranking position by 36 places (ranking is based on February data).

At the end of March 2019, of the 79,752 patients waiting for a diagnostic test, 782 had waited over six weeks. This is compared to 1,681 waiting over six weeks during 2017/18 and has resulted in a 0.95% improvement compared to the previous year.

The latest un-validated data for cancer access performance is March 2019, which shows 77.3% of patients receiving first definitive treatment for cancer in the month waited less than 62 days from GP referral. This was below the ≥85% standard mandated nationally.

In February 2019 the Trust achieved 81.7% and performed above the national average of 76.1%, and ranked 61 out of 154 reporting organisations across England.

Throughout the year the Trust failed to meet the 85% target for quarters 1, 2 and 3 but did perform better than national average in all three quarters.

Well-led

There are two national indicators within this domain, both of which are being met consistently.

Local indicators in this domain that were below target include those related to Friends and Family Test (FFT) for response rates in A&E services, staff friends and family response rates and those that would recommend work, staff sickness, staff vacancy rate and non-medical annual appraisal rate.

The annual target for sickness absence performance at the Trust was set locally for 2018/19 at ≤4.6%. The Trust's rate for the year as a whole was 4.72%. Trends in sickness absence performance show an improvement in 10 out of the previous 12 months of 17/18.

Improvements have been seen in staff turnover rate and consistently the Trust is meeting appraisal rate targets for medical staff. The Trust has also achieved against locally determined targets for safe staffing fill rates and met targets for reducing agency spend.

Performance against indicators with national targets

Performance against indicators with a national target are summarised in the next three pages of this report. These figures are based on the year end position reported to the Trust Board, or on the latest information available where different. The tables provide a comparison of performance in 2018/19 compared to 2017/18, as well as how the Trust has performed in 2018/19 against the 2018/19 national targets. The information is reported using a scorecard approach and performance is assigned a Red or Green rating based on achievement against pre-defined thresholds. The definition of these ratings is set out below.

2018/19 actual performance compared to 2018/19 national target

Status	Performance description
Red	**Not achieved:** the required standard has not been met for this indicator
Green	**Achieved:** the required standard has been met for this indicator

2018/19 performance compared to 2017/18 (improved position?)

Status	Performance description
Red (N)	**Declined:** 2018/19 has declined based on the 2017/18 performance position
Green (Y)	**Improved:** 2018/19 has improved based on the 2017/18 performance position
n/c	**No change in performance but achieving target**
n/c	**No change in performance and not achieving target**

Performance Indicator	2017/18	2018/19	Improved position?	18/19 national target
Caring				
Mixed sex sleeping accommodation breach	0	0	n/c	0
Safe				
Trust attributable MRSA infection cases	4	1	Y	0
Trust attributable C. difficile infection cases	37	46	N	26

Trust attributable C. difficile infection cases where lapse in care identified	9	2	Y	26
Venous Thromboembolism (VTE) risk assessment of eligible in-patients	95.3%	90.4%	N	≥95%
Duty of candour breaches	0	0	n/c	0
Never Events	2	2	n/c	0
Medication errors causing serious harm	0	0	n/c	0
Reported patient safety incidents that are harmful: Trust level	30.52%	28.70%	Y	≤22%
Reported patient safety incidents that are harmful: acute services	24.51%	23.60%	Y	≤31%
Maternity: maternal deaths	1	2	N	0
Outstanding open CAS alerts	1	4	N	0
Effective				
Stroke care: SSNAP stroke unit domain score	72.1 Dec'17-Mar'18	71.8 Oct'18-Dec'18	N	>70
Responsive				
A&E waiting times – admitted, transferred or discharged within 4 hours (Type 1 & 3)	85.2%	85.9%	Y	≥95%
Trolley waits in A&E longer than 12 hours	3	1	Y	0
Ambulance handovers >15 minutes from arrival	3923	2274	Y	0
Ambulance handovers >30 minutes from arrival	1049	425	Y	0
Ambulance handovers >60 minutes from arrival	137	47	Y	0
Referral to treatment (RTT): incomplete <18 weeks	85.1%	86.7%	Y	≥92%
Referral to treatment (RTT): 92% incomplete pathways <18 weeks at specialty level	5	3	N	17

Referral to treatment (RTT): incomplete >52 week waits at month end	0	0	n/c	0
Diagnostic waiting times: >6 weeks from referral for test	98.07%	99.02%	Y	≥99%
Cancer: 2 weeks from urgent GP referral to 1st outpatient	96.0%	94.2%	N	≥93%
Cancer: 2 weeks from urgent GP referral for breast symptoms to 1st outpatient	97.2%	76.2%	N	≥93%
Cancer: 31 days from diagnosis to first definitive treatment	97.7%	97.8%	Y	≥96%
Cancer: 31 days to subsequent treatment - surgery	94.5%	93.1%	N	≥94%
Cancer: 31 days to subsequent treatment - drug	100%	99.7%	N	≥98%
Cancer: 62 days from urgent GP referral to first definitive treatment	84.9%	80.3%	N	≥85%
Cancer: 62 days from referral from NHS screening service to first definitive treatment	96.4%	85.7%	N	≥90%
Last minute cancelled operations (non-clinical reasons) not re-booked within 28 days	0	0	n/c	0
Delayed transfers of care – acute beds	4.27%	5.06%	N	≤3.5%
Delayed transfers of care – community beds	5.99%	7.09%	N	≤7.5%
Urgent operations cancelled for a second time	0	0	n/c	0
Well-led				
Completion of valid NHS number in acute commissioning dataset submitted via SUS	99.8%	99.8% (Feb'19)	n/c	≥99%
Completion of valid NHS number in A&E commissioning dataset submitted via SUS	99.4%	99.3% (Feb'19)	N	≥95%

Sustainability report

The NHS and the Trust needs to demonstrate that it is taking action on climate change by planned reduction of its environmental impact and creating long-term sustainable Trust services. This report highlights how this objective is being delivered locally in the Trust.

In 2018/19 the Trust took forward a number of projects to play our part in ensuring that we actively support the Government's sustainability agenda. A particular emphasis by the Trust was to ensure that our organisation makes effective use of our hospitals and services by having strategies in place to improvement environmental performance and reduce consumption.

The Trust has in place active carbon management arrangements across a range of service areas, which will contribute to reducing our overall carbon footprint.

A commitment to reduce carbon emissions, manage energy consumption and make effective use of resources for service delivery is of crucial importance. These strategies are required to reduce the consumption of the earth's scarce resources.

The Trust is not only working towards a target set by the NHS Sustainable Development Unit to deliver a 34% carbon dioxide (CO_2) reduction by 2020; it is also implementing measures to improve the environmental impact of hospital services by the adoption of 'green sustainable' practice.

Energy management

With the NHS spending approximately £544 million on energy each year, there is great pressure to reduce consumption. Energy management also maintains an emphasis to reduce carbon emissions from the previous year's baseline; this remains a core requirement for Trust engineers and our estates PFI partners. Both the Trust and our PFI partners have continued to invest in energy reduction schemes.

These include the following.

- Taking forward a plan to implement further combined heat and power (CHP) installations to build on the successful unit installed in the Eye Centre at Pinderfields Hospital. The Trust has undertaken a full feasibility study to implement a larger CHP unit on its Dewsbury site. The larger unit will provide a greater carbon reduction by reducing the energy needs of the hospital.
- The 2018 CHP feasibility study has completed its project to take forward further CHP units across the organization.
- Improved lighting – the 2018 program of lighting upgrades has continued in the Trust. The program has seen the successfully introduction of a number of energy efficient LED (light emitting diode) lighting schemes to upgrade internal and external lighting. The new units reduce consumption, improve lighting levels and make our external areas safer. These schemes will continue in future years.
- Building management system (BMS) – the Trust has continued to invest in its BMS systems, which continue to demonstrate that computerised controls to manage temperature paid dividends by reducing any unwarranted use of energy in the Trust's hospitals. The BMS system has a particular application to manage and control the efficiency of the Trust Energy Centre.

Emissions are also reported through Trust participation in both the EU Emissions Trading Scheme and the CRC Energy Efficiency Scheme. 2019 will be the last year of reporting a reduction; following this a carbon tax will be implemented.

For 2018/19 the Trust's utility consumption and our carbon emissions are reported in the table below.

Energy Efficiency – carbon reduction table (tCO2)

Hospital	2017/18	2018/19	Reduction
Dewsbury	5,409	4,651	758
Pinderfields	10,640	9,577	1,063
Pontefract	2,456	1,869	587
Totals	**18,505**	**16,097**	**2,408**

Travel and transport

The Trust's current transport strategy was originally produced in 2003 with updates in 2006, 2013 and 2016. Recognising the growing need to improve environmental performance and service quality, including the access needs of patients, the 2019 strategy is a major review of our transport and travel arrangements.

The strategy seeks to maintain the original key objective, which is to implement environmentally sustainable travel management systems, but is to be expanded to specifically relate to the Trust's evolving acute services reconfiguration and ongoing car parking matters.

The Trust has continued its environmental focus on public transport and has maintained an effective staff shuttle bus service across the three sites. This service has been supplemented by an additional public bus service operated free of charge and focused on providing travel support to patients and hospital staff.

Both services make a major contribution to the transport infrastructure, reducing individual car journeys and contributing to a reduction of CO2 as detailed in the table below.

Improvements to the fuel efficiency of the Trust's own transport fleet continued. A sustainable focus within the travel and transport strategy is to increase the number of electric/hybrid electric vehicles in the Trust's directly managed fleet. Trials of both types of vehicles were undertaken in 2018. These new and developing technologies will continue to be the focus for future fleet procurement.

Following the successful introduction of an electric charging station at Dewsbury for electric and plug in hybrid vehicles, the Trust has joined a national project in partnership with the local authority to install rapid high specification vehicle charging units.

The project will see the introduction of a Trust-wide vehicle charging capacity for staff and the general public. These units will fully charge a car within 40 minutes.

Vehicle connected to the electric charging point at Dewsbury hospital

Fuel	Type	Miles	Co2 Savings
Diesel	Shuttle Bus	354,998	77.03
Total CO2 savings by introducing the shuttle bus			**77.03 CO2 (tonnes)**

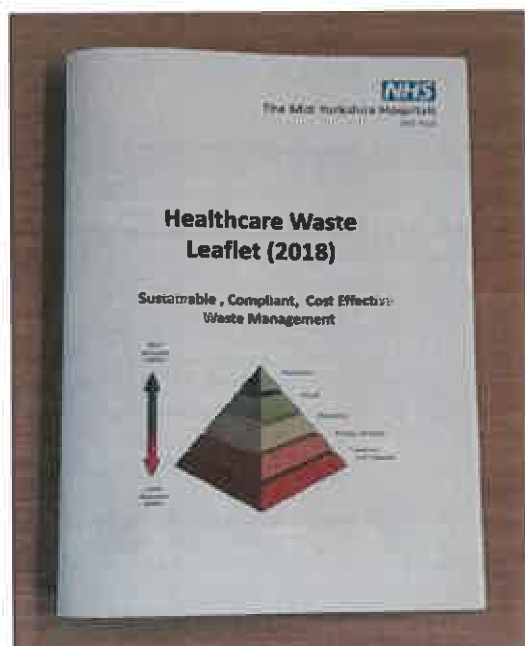
Waste management

The Trust waste strategy in 2018 has been to focus on key aspects of sustainability including waste reduction and improved performance on recycling. In addition staff training on segregation of the complex waste streams the hospitals manage has also been given priority in 2018.

Nationally with 8.3 billion tonnes of plastic going to landfill each year and only 9% recycled and 12% incinerated, there is a high need for the Trust to play its part in a recycling agenda.

In busy clinical departments and wards there is significant pressure on staff to ensure they appropriately segregate and handle waste safely. Hospitals produce high levels of hazardous waste (clinical waste), for which we have a high 'duty of care' to ensure we maintain safe arrangements.

In 2018 the Trust produced a new training booklet to support staff.



The booklet was supplemented with the introduction of further leaflets and posters, and in 2018 the safer management of clinical waste was included in the infection prevention and control section of mandatory training for new staff.

In 2018 most trusts in Yorkshire had a change of contract partners; facilities and waste managers worked closely with the new provider to ensure that safe systems of waste management were maintained and that segregated waste streams were adhered to in line with Trust policy.

Despite the increased volumes, the Trust has maintained a very stable level of segregation and is able to take assurance that its waste management systems across the Trust are effective.

Recycling and waste reduction continue to be priorities for the Trust: the recent global changes in exporting plastic continue to put pressure on the sustainability agenda. The waste sector has had added pressure to provide innovative solutions in terms of waste, especially in the plastic and cardboard market.

The Trust has internally been able to improve recycling and move away from plastic as a base material in several areas, particularly in its catering service where packaging is moving to alternatives including cardboard and biodegradable plastic.

CHAPTER TWO

HIGHLIGHTS OF THE YEAR

CQC inspection

The Care Quality Commission (CQC) carried out two unannounced inspections of the Trust's core services, including urgent and emergency care, medical wards, maternity and critical care, an unannounced inspection of outpatients and a well-led inspection, incorporating an assessment of our use of resources, between the beginning of July and the beginning of August 2018.

The CQC rates NHS services by classifying them as 'Outstanding', 'Good', 'Requires Improvement' or 'Inadequate' against five criteria, including whether services are safe, effective, caring, responsive and well-led. Although the report rated the Trust overall as 'Requires Improvement', the CQC reflected improvements made at the Trust since last year's inspection by awarding almost 70% of our ratings for services as Good or Outstanding, including an overall Good rating in the category of effective services, as well as a Good rating for caring as in previous years.

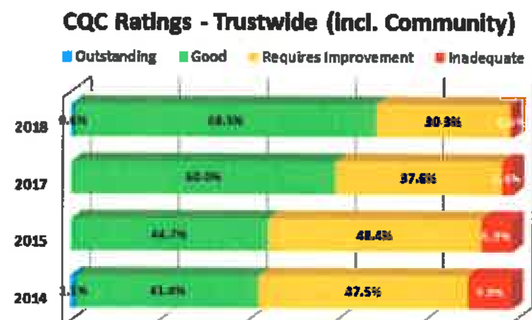
The CQC recognised our staff's dedication to providing compassionate care, and in particular noted the outstanding work of our Critical Care Team in listening to and involving patients and families in their care. The CQC report also described the excellent work of the Rapid Elderly Acute Care Team at Dewsbury in getting patients home or to their place of residence as quickly and safely as possible.

With regard to our medical wards on our sites at Pinderfields and Dewsbury, CQC inspectors noted the positive changes in the last year, including the effectiveness of leadership, the sharing of learning and the extensive work undertaken around patient falls, which has resulted in a 7.5% decrease between April and November this year compared to the number of falls during the same period last year.

The CQC report also noted:

- significant improvements in the culture of the Trust, with staff reporting an open and supportive environment
- the development of a School of Nursing at Dewsbury & District Hospital - currently the only one in West Yorkshire
- the number of staff being nominated for and winning national awards over the last year
- the Trust's involvement with Project SEARCH, an international training programme aimed at supporting young people with learning disabilities into paid employment (see page 40 for more).

The progress the Trust has made can be seen below, which demonstrate how significantly our Good ratings have increased since 2014.



The CQC report did also highlight the ongoing challenges the Trust faces, including recruiting and retaining nursing and medical staff, and the difficulties in patients getting timely access to some services during peak demand. The report also highlighted concerns about staffing levels at the Medical & Stroke Rehabilitation Unit at Pontefract.

You can view the full CQC report at: www.cqc.org.uk.

More information about the inspection and the actions the Trust has taken in response is available in both Chapter Four and the Appendices of this report.

CQC judgement on quality and care

Overall rating	Requires improvement
Are services caring?	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services responsive?	Requires Improvement
Are services well-led?	Requires Improvement

School of Nursing

In June 2018, in conjunction with the University of Bradford, the Trust opened our new School of Nursing and Healthcare Leadership at Dewsbury and District Hospital. The facilities comprise of a new learning suite, with state-of-the-art technology to enable students to engage in learning through problem-solving and reflection, dedicated seminar rooms for interactive learning activities, and a bespoke clinical skills suite and laboratory.

The collaboration is part of our work to boost nursing recruitment locally, with the Trust offering registered nurse posts to students on successful completion of the programme. Having the school based on our Dewsbury site will enable students to learn within a fully working hospital, bringing their studies to life; clinical practice experience makes up 50% of time on the three-year programme.

The school has received validation from the Nursing and Midwifery Council and had 28 students signed up for the year 1 intake. The second cohort of students started in April 2019.

Further information about the programme can be found at: https://www.bradford.ac.uk/courses/ug/nursing-adult-dewsbury-bsc/.

New state of the art scanner

Patients are set to benefit from a new state-of-the-art CT scanner (which uses x-rays and a computer to create detailed images of the inside of the body), which has been installed at Wakefield's Pinderfields Hospital. The £700k investment has enabled the replacement of an old scanner, which was installed over 10 years ago, and had become increasingly unreliable.

The investment is part of the Trust's radiology equipment replacement programme, which will ensure that new, reliable and more efficient equipment is installed to improve the quality of the service the Trust provide to patients.

Mid Yorkshire Hospitals Radiology staff and their colleagues with the new CT scanner

Dr Richard Robinson, Head of Clinical Service for Radiology, at The Mid Yorkshire Hospitals NHS Trust, said: "Demand for imaging has increased significantly in the last five years by 10% year on year. CT scanning is crucial to support the speedy treatment for critically ill patients who attend, for example following a stroke or trauma.

"In addition, CT scanning is often a crucial part of making a cancer diagnosis. This investment will help us to ensure that we enable the treatment of patients to take place quickly."

End-of-life fast track discharge

Previously there was a lengthy multi-agency process to effect a safe and appropriate discharge for patients at the end of their life who had chosen to leave hospital, which resulted in patients sometimes waiting two or three weeks for discharge and, on occasions, passing away in hospital rather than their preferred place of death.

As part of the Mid Yorkshire Quality Improvement System, the Trust, with partner organisations, held a rapid process improvement workshop (RPIW) on this issue; these workshops engage a number of frontline staff in redesigning and improving a particular service or process. The workshop focused on how the Trust could ensure effective discharge from hospital through joint working between hospital teams and external partner organisations.

End-of-life fast track discharge RPIW team

As a consequence, a number of changes were made, including:

- funding for care packages to support patient's preferred place of end-of-life care
- a fast track discharge process
- nursing homes providing the Trust with daily vacancy updates so options can be provided to families, rather than a patient's family having to find a nursing home themselves.

It is now the case that 96% of patients discharged at the end of their life achieve their preferred place of care and death, whereas before it was only 8%. And the previous waiting time of 13 days to be discharged home with a package of care has been reduced to 21 hours, with those patients being discharged to a hospice taking 34 hours.

The positive impact of enabling patients to spend more of their last precious days with those they love most, in the place they wish to be, has received national recognition, with the team being runners up for the 'Turning It Around' category in the Patient Experience Network National Awards (PENNA) 2018.

Autism assessment

The Trust has redesigned the pathway for children referred for an Autism Spectrum Disorder (ASD) assessment, which has drastically reduced waiting times. Youngsters and their families who are sent to a consultant for a diagnosis are now waiting an average of 16 weeks for results, compared to 100 weeks in February 2015. Over the same time period, the waiting list for children referred to the Trust has fallen from above 800 to below 20 in December 2018.

This has partly been achieved by allowing school nurses as well as GPs to refer a child for an assessment. Changes to the process have also cut down the number of inappropriate referrals, and mean there is more meaningful information at the first appointment. In other areas of the country, youngsters are still waiting more than three years for assessment, according to the National Autistic Society.

A Wakefield GP has said of the changes:

"Before the new ASD recovery pathway started I would have a very stressed parent and their child in front of me at my practice and only 10 minutes to decide clinically if that child needed a referral for an ASD assessment. Now I can make sure the person that knows that child's needs is completing a full and detailed referral and the quality of information I now receive back at my practice about the child is very much improved."

Continence pathway redesigned

Continence pathway RPIW team

In 2018 the Trust held a rapid process improvement workshop (RPIW) to redesign the process for patients waiting for continence assessments. Previously there was a substantial waiting time and inappropriate referrals within our community services.

Due to this wait within the system our patients had to purchase their own continence products, potentially costing them a considerable amount, and the wait potentially putting patients at risk of related harm.

As a result of staff – in conjunction with our CCG and GP partners - redesigning the process, the waiting time has now reduced from 69 days to 4 days (an overall 94% reduction). A patient representative who spoke at the workshop said: *"I cannot stress how impressed I was at the commitment all staff displayed to improving such an important service and the dedication to getting the service right first time for the patient."*

E-consultations

The Trust has implemented an e-consultation service across 14 specialities, which provides GPs the opportunity to ask questions of consultants about patients in advance of, or potentially as an alternative to, a GP referral for an appointment with a consultant. For example, a referral may be unnecessary once simple advice has been given about medications or reassurance can be offered about certain symptoms. The Trust completed 15,000 e-consultations in 2018/19, resulting in giving GPs rapid access to specialist advice which may have avoided unnecessary outpatient consultations for patients.

Further roll out of the e-consultation service is planned for the forthcoming year across a number of other specialities, including dermatology, plastics, ENT and neurology.

New Cancer and Palliative Care Psychology Service

Pictured (l-r): Jessica Lane, Fiona Thorne (Clinicians), Nicola Thompson (Team Administrator), Adrienne Vince (Clinician) and Dr Anita Wraith (Speciality Lead)

The Trust launched a new service offering psychological and emotional support to patients affected by cancer in 2018. The Cancer and Palliative Care Psychology Service, based at Woodkirk House, Dewsbury and District Hospital, provides psychological assessment and therapy to adult patients living with cancer or a palliative diagnosis and who are experiencing psychological difficulties related to their health.

The aim of the service is to support people to develop a clear understanding of their emotional responses and how best to manage them. It is available to any adult living within the Trust's geographical area who has a diagnosis of cancer or a palliative condition, and is under the care of a medical consultant or specialist palliative care team at the Trust's hospitals (Pinderfields, Pontefract or Dewsbury). Appointments are tailored to meet individual patient needs at every stage of treatment.

One of our patients, Emma, has received support from the service following a diagnosis of breast cancer. She was seen by one of the service's Senior Clinical Psychologists, Dr Adrienne Vince. She said: "At first I struggled to be positive in the sessions – I felt as though my whole life had ground to a halt," she said, "but with Dr Vince's support, I learnt to come to terms with my diagnosis and look at life with a different perspective."

Emma has been meeting with Adrienne for regular sessions of psychological therapy since her initial assessment. When Emma subsequently found out that her cancer had spread, Adrienne was there to help her process this unwelcome news.

Emma said: "The support has helped me understand my own mental health better and provided me with coping strategies which help me look at things differently and deal with problems one at a time....It's an absolutely invaluable service and I don't think I could have got through this and come to terms with my diagnosis as well as I have done without it."

Harvey's Gang

Over the last year the Trust starting taking part in a charity initiative called Harvey's Gang, formed to allow young people with long-term health conditions and needle phobias to visit medical laboratories and see what happens to their blood.

Nine year old Thomas Pickard, who has spent his whole life having weekly blood tests, was the first person to be invited to Pinderfields Hospital pathology lab in August 2018 to find out what happens to his blood samples.

Pictured (back l-r): Sarah Seymour – Hospital Play Leader, Suzanne Hullah, Scot Pickard, Dr Iain Woodrow - Clinical Biochemist with Ben Pickard (6) and Thomas Pickard (9)

Thomas said, "Going round the lab was good. There were footprints on the floor I had to follow which is the way the blood goes round the lab. I got to go in a big fridge where they keep all the blood and look down a microscope at some blood cells. They were all purple. I also got to wear a lab coat so I looked like a scientist – they let me keep it."

Thomas' parents have now been trained to be able to test his blood at home which makes life a little easier for the family.

MY Digital Future

The Trust has published its strategy for MY Digital Future, which outlines how we intend to embrace digitally integrated care across our hospitals and community services. Over the past three years, there has been significant investment in improving services for our patients and part of this challenge is to improve patient outcome and experience through new technologies.

Experience in everyday life demonstrates that technology is transforming the way people receive and use services, and the way that services and organisations connect with each other to improve and provide seamless working, all of which is underpinned and supported by technology.

MY Digital Future aims to ensure the Trust takes full advantage of all appropriate technological opportunities. It is not one individual plan, but rather a compendium of plans that will maximise the potential benefits that technology advancements can deliver to support the health and wellbeing of our patients and staff. Already we have:

- replaced over 500 PCs across the Trust
- implemented a new system into our Outpatient Therapy Services to more effectively manage staffing and calls from patients
- implemented a patient reminder service via text message
- supported information sharing across agencies for the Connecting Care Multi-Agency Hubs in the community.

Over the next period we are aiming, among many other projects, to:

- implement digital appointment letters
- implement an electronic patient records system
- roll out the digitalisation of our medicines administration system
- upgrade systems to better facilitate collaborative working across the region for radiology
- implement barcode technology, called Scan4Safety, to improve patient safety.

Research in diabetes saves patient's leg

Pictured (l-r): Philip Herbert, with Specialist Diabetes Podiatrist Nicola Murphy and Diabetes Research Nurse Mymy Del Rosario)

One of our diabetes patients benefitted from taking part in a research trial which saved his leg.

Philip Herbert, who has type 2 diabetes, developed an ulcer on his foot which wouldn't heal, so he was put forward to take part in the device trial called "LeucoPatch® in the Management of Hard-to-heal Diabetic Foot Ulcers."

The patch – created from the patient's own blood by centrifugation - is used as a dressing for the diabetic foot ulcer and applied weekly in clinic. After six weeks Philip's wound had completely healed. "The LeucoPatch® was absolutely amazing," said Philip, "I'd been told that I was going to have to have my foot taken off and because I have a metal plate in my ankle it would have meant amputating at the knee. I'm a self-employed mechanic and driver so losing part of a leg would have had a tremendous effect on my life."

Dr Ryan D'Costa, the study's Principle Investigator at the Trust, said: "The results of this clinical trial speak for themselves. Saving Mr Herbert's foot is without doubt the best outcome we could have hoped for."

Microscopic device saving eyes

Pontefract Hospital was the first hospital in Yorkshire to treat glaucoma patients with iStent inject; the smallest device implanted in humans.

The tiny iStent, which measures 0.3mm by 0.3mm, is implanted following completion of cataract surgery with the aim of increasing the outflow of fluid from the eye, to reduce pressure.

The surgery is being led by consultant ophthalmologist Ms Nadhu Nagar. She said: "Glaucoma is a chronic condition, where a reduction in the outflow of fluid causes pressure to build up in the eye. In time this high eye pressure causes damage to the optic nerve and affects peripheral vision. If left untreated the disease can eventually lead to blindness. The difference such a tiny device is making to my glaucoma patients is amazing."

Almost 100 patients have already benefitted from the treatment, including 86 year old Ronald Bretherton. He had been using eye drops to treat his glaucoma for at least 20 years, but with prolonged use the effectiveness of these drops reduced.

He was due to undergo surgery to remove his cataracts and Ms Nagar offered to implant the iStent during the same

procedure. He had no hesitation in opting for it.

"Since having the device fitted I haven't looked back," he said. "I no longer have to use eye drops every day to treat my glaucoma, it's marvellous."

Dewsbury Hospital refurbishment

The Trust continued its investment and development of Dewsbury Hospital, in line with our Clinical Services Strategy.

This has included essential maintenance on the electrical services and upgrades to the fireworks and lifts in the Bronte Tower. In November, refurbishment of the surgical wards commenced and this should be completed by autumn 2019. The second stage of the programme will see refurbishment take place on the medical wards. These artist's impressions show how the wards will look.

Acute Care of the Elderly (ACE) units

These units were opened at Dewsbury and Pinderfields to support an early specialist geriatrician assessment and discharge of frail patients. The main aim of the short stay units is to try and prevent patients de-conditioning by reducing their length of stay in hospital.

In October 2018 the Dewsbury ACE unit (DACE) commenced a direct admissions pathway, which we developed in collaboration with the Yorkshire Ambulance Service (YAS). It allows YAS to take frailty patients - who meet specific criteria - directly to the unit, avoiding the need for these patients to go to the Emergency Department.

During the first three months, 74 patients accessed the pathway, with 96% of them having a length of stay on the DACE unit no longer than 48 hours. The seven-day readmission rate for this group of patients is substantively lower than that of both the overall Trust readmission rate and the national average for this cohort of patients. The pathway has also promoted some very positive patient experiences.

The relative of one gentleman, living with dementia, who had recently accessed the direct admissions pathway said: "This was so much better for him, because it meant he didn't have to cope with long periods of waiting in a strange place with lots of noise and people he didn't know."

Virtual fracture clinic

The Trust launched a virtual fracture clinic in 2018 which has helped to ensure our patients are only attending hospital when absolutely necessary.

Previously, all patients seen at our emergency departments with a suspected fracture would have been referred to the fracture clinic. Now, patients are clinically triaged within 72 hours of attending ED and have their injury immobilised with an appropriate splint, plaster cast or sling and those who require specialist orthopaedic review are booked onto the virtual fracture clinic.

We have been thanked by a number of patients for the information given to them, and have been able to offer reassurance when they have had questions about their injury. Patients have commented they are happy they do not need to come to a face-to-face clinic when we have explained self-management of their injury.

In the first two weeks 175 patients were reviewed with 22% discharged not requiring a face-to-face appointment. Where necessary, patients were referred to the most suitable clinician, reducing wasted appointments, streamlining the pathway and getting patients to the right professional first time.

Newly refurbished relatives' rooms

In summer 2018 the Trust officially launched five newly refurbished relatives' overnight rooms. The rooms are available to be used by the families of patients who are in the palliative or critical care stages of their treatment, to give them more privacy and dignity.

The rooms have new furniture, reclining chairs, decoration, facilities to make hot drinks, a TV, USB charger points and bathroom facilities. The refurbishment of the rooms was made possible thanks to the help and support of a lot of different people from across the Trust, including Charitable Funds and our Volunteering teams who funded the project.

Fractured Neck of Femur pathway improves Best Practice Tariff

In order to improve the care of our elderly hip fracture (neck of femur or NoF) patients, we introduced several changes to the way these vulnerable patients are assessed and treated.

We now ensure the same senior anaesthetist covers all the cases in one of the trauma theatres for a whole week. This has provided greater continuity of care and allows earlier assessment of patients prior to surgery. This anaesthetist now attends the morning trauma meeting and works closely with the orthopaedic surgeons to ensure these high-risk patients are prioritised and optimised prior to surgery. The same consultant is also able to provide an increased presence on the elderly care ward, reviewing patients post operatively and working closely with the nursing staff and the ortho-geriatric team.

Having a senior clinician providing continuity of care for these patients ensures their surgery is not delayed for inappropriate reasons. It also provides junior orthopaedic doctors with a single point of contact when a patient is admitted to A&E, enabling the consultant to provide early assessment and advice.

These changes have had a dramatic effect on our Best Practice Tariff performance (BPT): in 2017 we achieved the BPT in only 44.9% of patients which improved to 81.6% for 2018 – going from one of the worst performing trusts in the country to one of the best.

Pontefract Urgent Treatment Centre

In April 2018 we launched the Urgent Treatment Centre (UTC) at Pontefract Hospital and were one of the first places in the country to offer this service.

Open 24/7 365 days a year it treats people with non-life-threatening conditions, providing some same day booked appointments, via 111, and walk in urgent care services.

Up to the end of March 2019, 98.8% of patients attending the UTC were seen within the four-hour target set by the Government.

Project Search

Pictured (l-r): Dave Brady (Project Search Tutor), Stephen Hicks (Teaching Assistant), Luke Anderson (Intern), Joe Morris (Intern), Liam Newbigging (Intern), Jules Preston (Chairman of MYHT), Godspower Nnamdi (Intern), John-Connor Widdop (Intern) and Marcia Haigh (Project Search Job Coach)

Following last year's success of Project Search, we again partnered with Highfield School, Wakefield Council, HFT Supported Employment Agency, Pennine Camphill Community and Wakefield College to offer the programme and welcomed our second cohort of interns to the Trust.

Project Search is a one year supported training and employment opportunity for adults aged 17-25 with a learning disability. The learning programme provides real life work experience combined with training in employability and independent living skills, as well as formulating a CV, to help young people make successful transitions from school to productive adult life. Last year we saw six of our interns develop the employment skills necessary to help them acquire their first paid job.

The programme was also shortlisted for the University of Bradford award for cross-sector working category in the Healthcare People Management Association (HPMA) Excellence Awards 2018, which recognise and reward outstanding work in healthcare human resource management.

Trust occupational health team receives prestigious award

SEQOHS
Safe Effective Quality Occupational Health Service

Our Occupational Health and Wellbeing Service received national recognition for the high standard of service it provides our employees.

The team was re-accredited with the SEQOHS accreditation (Safe, Effective, Quality Occupational Health Service), a scheme run by the Royal College of

Physicians in association with the Faculty of Occupational Medicine.

To achieve the accreditation the team was measured against a set of comprehensive standards designed to help raise the level and quality of care provided.

The assessors' feedback said:

"*This has been an outstanding assessment and is one of the best services we have seen so far. What you have achieved in the last two to two and a half years is evident. You have good, strong, robust evidence.*

"There are some examples of exceptional practice, such as the training programmes delivered by your physiotherapy and clinical psychology teams. It's nothing like we have seen before in Occupational Health and Wellbeing. We have nothing to recommend – all absolutely fantastic!"

Smokefree status

In April 2019 the Trust was delighted to receive a score of 7/7 and a 'Green' rating from Public Health England in recognition of our ongoing commitment to the Trust achieving smokefree status. This is defined as:

- every frontline professional discussing smoking with their patients
- stop smoking support offered on site or referral to local services
- no smoking anywhere in NHS buildings or grounds.

Recent figures have revealed that around 4,400 patients are admitted a year in Wakefield as a result of smoking-related illnesses. The Trust's Smokefree Service provides one-to-one support and treatment to help smokers in Wakefield, Pontefract and the surrounding districts. We have run publicity campaigns encouraging staff and patients to use the service to help them quit.

Pictured: (L-R): Nicola Whittingham (Senior Specialist at Yorkshire Smokefree Wakefield), Jez Mitchell (Public Health Principal at Wakefield Council), Michelle Gascoigne (Stop Smoking Specialist Midwife at MYHT), Martin Barkley (Chief Executive at MYHT), Eddie Emsworth (Service Improvement & Development Manager at MYHT), Sonia Brown (Service Co-ordinator at Yorkshire Smokefree Wakefield)

In 2018 the Trust also undertook a concerted campaign to stop smoking outside the front entrances to our hospitals, including the installation of a loud speaker at Pinderfields hospital whereby staff, visitors or patients can push a button to activate one of nine pre-recorded messages, which are then broadcast outside the hospital asking smokers to put out their cigarette. The initiative received widespread national press coverage and generated national debate on the issue.

Dr Andrew Furber from Public Health England in Yorkshire and Humber said: "Congratulations on such impressive progress on this important issue."

Patients benefit from robot-assisted surgery

The Trust's Pinderfields site took delivery of a brand new, state of the art, da Vinci X

Robot, in our Operating Theatres Department. The new robot allows the Trust's surgical teams to further expand their capacity to provide keyhole specialist surgery for complex, life-threatening conditions.

Pioneered by the Trust's Urology Team, the robot is initially being used for patients with cancer, concentrating on prostate, bladder and kidney, with the intention to roll out this technique to other surgical specialties. The Trust's Colorectal Team will also be going on line with the robot in 2019. The new da Vinci robot's features include a 3D camera system enabling a clearer view during the operation. The three robotic arms allow 7 degrees of freedom, which allows more precise surgical dissection, improving the functional outcomes for patients (such as continence and erectile function).

Jo Halliwell, Director of Operations - Surgery, Access, Booking and Choice, said: "This new robot will allow us to perform more complex procedures with a few small incisions and less complications, leading to reduced blood loss and infection, faster recovery times and a reduced length of stay in hospital.

"Our focus is on delivering this fantastic innovative service to our patients, providing them with the highest standard of surgery and the fastest possible recovery time."

Pictured: urology consultants along with theatre staff and their colleagues involved in the purchase of the robot with the new da Vinci X surgical robot

Research and innovation

The Research Team

The NHS Constitution made a commitment for research and innovation to 'improve the current and future health and care of the population'. NHS England has made a commitment to ensure systems are in place to promote and support participation by NHS organisations and NHS patients in research to contribute to economic growth. The Trust strategy describes the strategic objective to 'provide excellent research, development and innovation opportunities'.

The Trust recognises that it is perfectly positioned to be actively involved in research, development and innovation opportunities. Enhancing the Trust's involvement in these will strengthen our offering to patients and staff. We actively engage with academic and healthcare organisations to explore and support research partnerships to improve our care. The Trust is a partner organisation in the Yorkshire & Humber Clinical Research Network (YHCRN). This partnership working helps the Trust to support national commitments to research, including the NHS Mandate, the NHS Operating Framework and NHS Commissioning Guidance.

Between 1 April 2018 and 31 March 2019, over 270 studies were active within the Trust. Of those, 46 studies were new and opened during 2018-19. The number of patients receiving relevant health services provided or subcontracted by Mid Yorkshire Hospitals NHS Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 2663.

98% (2620 participants) of this activity is related to research adopted onto the National Institute of Health Research (NIHR) portfolio. NIHRs 'adoption' is a nationally recognised sign of quality, meaning studies "attempt to derive generalisable (ie of value to others in a similar situation) new knowledge by addressing clearly defined questions with systematic and rigorous methods". Other studies were local, student or commercial and are peer reviewed internally at Mid Yorkshire Hospitals NHS Trust by an expert Trust group, again ensuring high quality standards are maintained.

The Trust is pleased to say that NIHR recruitment figures have exceeded the target set for us by NIHR for 18/19, and that the Trust successfully recruited 2471 participants into non-commercial NIHR studies against the target of 1485.

The Trust has research activity across a wide range of clinical specialties. In 18/19 the 39 new NIHR portfolio adopted studies were in the following areas:

Anaesthetics	1
Cancer – breast	3
Children's	4
Colorectal cancer	3

Critical care	1
Dentistry	1
Diabetes	3
Gastroenterology	1
Haematology	1
Health services & delivery research	1
Infectious diseases	1
Reproductive health and childbirth	2
Lung cancer	1
Mental health	1
Metabolic	1
Musculoskeletal disorders	2
Neurology	2
Orthopaedic	1
Primary care	1
Renal	1
Stroke	2
Urology	4
Vascular	1

These run alongside studies opened in previous years.

Research activity is overseen quarterly by a multidisciplinary Research Committee, chaired by the Trust's Research Director. Regular external and internal monitoring and audit are conducted on research activity with research quality overseen by a Research Quality Group, which reports to the Research Committee. Additionally, performance against the high-level objectives is managed by the YHCRN and National Coordinating Centre.

The Trust reports quarterly to the Department of Health on the following performance measures. It also publishes the reports quarterly on both the Trust intranet and internet.

- Every clinical trial (regardless of funder or inclusion in NIHR CRN Portfolio) where the date site selected falls within the previous 12 months. A trial is classed as a clinical trial if one of the first four boxes on the IRAS form are checked. Studies which have not been reviewed under the new HRA system are no longer included. Further, when the Trust acts as a Participant Identification Centre, these studies do not count towards this figure.

  In May 2018, the Department of Health and Social Care announced its decision to remove the 70-day benchmark for clinical trials in England. The Government is committed to reducing the time it takes to initiate and deliver studies. Publication of accurate and transparent performance data using the agreed Minimum Data Set, rather than measurement against the 70-day benchmark, better meets the needs of organisations working to improve timelines as well as industry partners seeking to use such data in research site selection.

- Every commercial clinical trial hosted by the NHS provider closed to recruitment in the previous 12 months.

In 18/19 the Trust opened 18 clinical trials.

In 18/19 the Trust closed three commercial studies to recruitment.

The Trust is an active member of the local Academic Health Science Network, which

brings together organisations in Yorkshire and Humber that have an interest in the health and wealth of the region. We are a member of Medipex, a healthcare innovation hub for NHS organisations across the Yorkshire & Humber and East Midlands regions, and industry and academia internationally.

We also have a track record of engagement with commercial research organisations such as pharmaceutical companies, and have been selected to recruit into eight new multi-centre international commercial studies in the last year.

In April 2018 the Trust held a research event attended by over 110 people, to share the impact of our research with colleagues and external partners and to facilitate new research partnerships.

Highlights and successes

Some highlights have included the following.

- We have a growing portfolio of vascular research. 40 patients took part in a study which has informed the use of compression first over any other treatment and led to the creation of the new local patient pathway, which will be adopted by the wider venous community.
- In a study looking at the management of hard to heal diabetic foot ulcers, 21 patients took part in a study which has helped test a treatment which has helped to significantly reduce the healing time of diabetic foot ulcers. This was the first time both Pinderfields and Pontefract podiatry clinics were involved in research.
- Between 2014 and 2016, 67 of our patients took part in the MINEES study, which was the first multi-centre research study of risk factors for stillbirth in the UK. Findings contributed to the #sleepontheside campaign developed by Tommy's and NHS England.
- In urology research, five of our patients took part between 2014 and 2018 in a study to assess the safety and efficacy of BAY1841788 (ODM-201) in patients with non-metastatic castration-resistant prostate cancer. This is a group of patients for which there is not normally treatment and, as a result of this study, treatments may be developed. There was also improved patient safety for patients in the trial as pathology and radiology were peer reviewed, leading to progression being identified earlier. Integration between medical and clinical oncology within the Trust improved due to taking part in the study, and researchers in the Trust developed their roles, taking on an extended role training in phlebotomy and ECG so as not to impact on other departments in the Trust.
- In 2018 we were the first hospital in the UK to recruit a patient to a research trial which is looking at the novel therapy alternative to Botox, which can reduce urinary incontinence in patients with two distinct neurological conditions such as spinal cord injuries and multiple sclerosis.

In our desire to continuously improve, the Trust has undertaken a review of patient research experience. In December 2018/January 2019, 93 research patients completed a survey about their experiences.

Findings are being analysed and will feed into service improvement. 81% of patients in research studies said that participating in research here had a positive impact on their wellbeing. Comments made by

patients completing these surveys have included the following:

- ***"My personal journey has been well supported by the research team. Whenever I have needed assistance, they have been there to offer help and support."***
- ***"All the treatment was done in a professional way, by people who are committed and really dedicated."***
- ***"I am a big believer in research to help in the future."***

Charitable funds

Every year the Trust continues to be impressed by the generosity and support directed towards MY Hospitals Charity (The Mid Yorkshire Hospitals NHS Charitable Funds) from members of staff, the general public and corporate organisations.

Donations are vitally important as they enable the Trust to go above and beyond for patients by providing additional resources which would not be routinely funded as NHS provision. MY Hospitals Charity has been through a rebrand and relaunch throughout 2018, and as a result the fundraising team now have strategies and plans in place to deliver and drive fundraising throughout the coming year. The fundraising team has also recruited additional resources in order to support and further the charity endeavours.

All donations are managed by The Mid Yorkshire Hospitals NHS Trust Charitable Fund (Charitable Funds) which has a specific committee, in order to safeguard donations and legacies. The Committee ensures that all expenditure approved is with a view of funding additional resources, and not those that should be routinely funded and classified as basic care provision needs. Key items and areas recently funded through charitable support include the creation of the relatives' rooms, camp trips for children and families affected by life-changing burns injuries, and supporting staff to attend key training events to develop our workforce for the benefit of our patients.

MY Hospitals Charity is a registered Charity (number: 1067163) which is governed by the laws applicable to trusts, ie the Trustee Act 2000 and the Charities Act 2011.

The aims and objectives of the charity are:

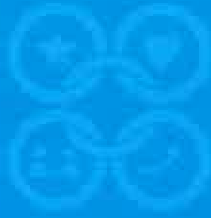
To enhance patient care and experience by supporting the provision of additional resources above and beyond the basic NHS provision.

Donation of £3000 to our Neonatal Unit from Kettlethorpe High School

The charity endeavours to ensure the wishes of those making donations are respected and upheld by reaching the designated department. There is also a General Purpose Fund which offers the opportunity for donations to reach a number of areas rather than a designated departmental fund.

For more information about charitable funds, please contact a member of the team via email: charitablefunds@midyorks.nhs.uk.

For fundraising enquiries please contact myhospitalscharity@midyorks.nhs.uk.



CHAPTER THREE

THE ACCOUNTABILITY REPORT

Directors' report

The Trust Board meets in public and the meetings are open to anyone who wants to attend. Details, including agenda and papers, are available on the Trust website.

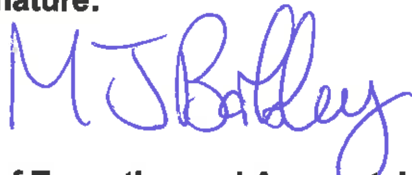
The Trust Board is made up of six Non-Executive Directors, including the Chair, and five Executive Directors, including the Chief Executive, and each member brings a variety of individual skills and experience.

The Trust also has two Associate Non-Executive Directors and a further three Executive Directors, all of whom do not have voting rights.

Non-Executive Directors are not employees of the Trust and are appointed to provide independent support and challenge to the Trust Board.

All Board directors are required to comply with the Trust Standards of Business Conduct, including declaration of any actual or potential conflict of interest.

Signature:



Chief Executive and Accountable Officer: Martin Barkley
Organisation: The Mid Yorkshire Hospitals NHS Trust
Date: 23 May 2019

Board of Directors as at 31 March 2019

NON-EXECUTIVE DIRECTORS
Jules Preston – Chair
Simon Stone – Senior Independent Director
Naseer Ahmed – Non-Executive Director
Julie Charge – Non-Executive Director
Jane Gilbert – Non-Executive Director
Lenore Ogilvy – Non-Executive Director
EXECUTIVE DIRECTORS
Martin Barkley – Chief Executive
Trudie Davies – Chief Operating Officer
Jane Hazelgrave – Director of Finance
David Melia – Director of Nursing and Quality/ Deputy Chief Executive
Dr Karen Stone – Medical Director
ASSOCIATE NON-EXECUTIVE DIRECTORS
Guy Cattell – appointed 1 September 2018
Simon Harrison
NON-VOTING EXECUTIVE DIRECTORS
Mark Braden – Director of Estates, Facilities and IMT
Phillip Marshall – Director of Workforce and Organisational Development, appointed 10 September 2018
Debbie Newton – Director of Community Services

Board members who left the Trust in 2018/19

NON-VOTING EXECUTIVE DIRECTOR
Angela Wilkinson – Interim Director of Workforce and Organisational Development, from 1 April 2018 to 9 September 2018

Declarations of interests for Directors in post at 31 March 2019

Non-Executive Directors (NEDs) in post as at 31 March 2019

Name	Title	Directorships, including non-executive directorships in private companies or plcs	Ownership/Part Ownership of private companies and businesses	A position of authority in a charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services
Jules Preston MBE	Chair	Nil	Nil	Patron, SPINE charity	Nil
Naseer Ahmed	NED	Nil	Director, Unify Communities Limited	Non-Executive Director, Unity Housing Association, Leeds	Nil
Julie Charge	NED	Director of Finance, Salford University	Nil	Nil	Nil
Jane Gilbert	NED	Investment Director, Lloyds Development Capital	Nil	Nil	Nil
Lenore Ogilvy	NED	Nil	Owner and Director of ConBrio Associates, which provides consultancy to clients including NHS bodies and companies delivering services to the NHS	Nil	Associate of mHabitat, a digital innovation team hosted by Leeds and York Partnership Foundation Trust
Simon Stone	NED	Nil	Owner and Director, Digitising Healthcare Ltd	Nil	Nil
Simon Harrison	Associate NED	Nil	Director of SCW Harrison Consulting Limited, which provides consultancy in relation to the provision of medical care	National Clinical Lead for Urology in the NHS Improvement 'Getting It Right First Time' programme	Undertakes medico-legal work for a range of firms Previously employed by Mid Yorkshire Hospital NHS Trust as Consultant Urologist (to December 2016)
Guy Cattell	Associate NED	Nil	Director, GC2 Retail Solutions	Trustee, Wakefield Hospice Director, Wakefield Hospice Trading Limited	Nil

Declarations of interests for Directors in post 2018/19

Executive Directors in post as at 31 March 2019

Name	Title	Directorships, including non-executive directorships in private companies or plcs	Ownership/Part Ownership of private companies and businesses	A position of authority in a charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services
Martin Barkley	Chief Executive	Nil	Nil	Nil	Nil
Mark Braden	Director of Estates, Facilities and IMT	Nil	Nil	Nil	Nil
Trudie Davies	Director of Operations – Hospital Services	Nil	Nil	Nil	Nil
Jane Hazelgrave	Director of Finance	Nil	Nil	Nil	Nil
Phillip Marshall	Director of Workforce and Organisational Development	Nil	Nil	Nil	Nil
David Melia	Director of Nursing and Quality / Deputy Chief Executive	Nil	Nil	Trustee, Wakefield Hospice	Nil
Debbie Newton	Director of Operations – Community Services	Nil	Nil	Nil	Sister in Law is employed in a clinical role by Mid Yorkshire Hospitals NHS Trust
Dr Karen Stone	Medical Director	Nil	Nil	Nil	Nil

Declarations of interests for Directors in post 2018/19

Directors who have left during 2018/19

Name	Title	Directorships, including non-executive directorships in private companies or	Ownership/Part Ownership of private companies and businesses	A position of authority in a charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services
Angela Wilkinson	Interim Director of Workforce and Organisational Development, from 1 April 2018 to 9 Sept 2018	Nil	Nil	Nil	Nil

Arrangements for the performance review of Board members

All Board members have an annual appraisal. The Chair has his appraisal with the appropriate Director of NHS Improvement. The Chair conducts performance review meetings with all Non-Executive Directors and an appraisal. The annual objectives of the Chief Executive reflect the priorities of the Trust set by the Trust Board and are agreed with the Chair. The Chair reviews the Chief Executive's performance against these objectives. Each Executive Director agrees objectives with the Chief Executive. The Chief Executive conducts quarterly performance reviews for each Director. The annual appraisals for all Executive Directors, including the Chief Executive, are reported to the Remuneration and Terms of Service Committee.

Attendance at Trust Board meetings in 2018/19

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Feb 2019	Mar 2019	Attendance
Jules Preston	✓	✓	✓	✓	NO MEETING	✓	✓	✓	✓	✓	✓	100%
Simon Stone	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	100%
Julie Charge		✓	✓			✓	✓	✓	✓	✓	✓	80%
Naseer Ahmed	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	100%
Lenore Ogilvy	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	100%
Jane Gilbert						✓	✓	✓	✓	✓	✓	100%
Guy Cattell						✓	✓	✓		✓	✓	83%
Simon Harrison	✓	✓	✓	✓		✓	✓	✓	✓		✓	90%
Martin Barkley	✓	✓	✓	✓		✓	✓		✓	✓	✓	90%
David Melia	✓	✓	✓	✓		✓		✓	✓	✓		80%
Jane Hazelgrave	✓		✓	✓		✓	✓	✓	✓	✓	✓	90%
Karen Stone	✓	✓	✓			✓	✓	✓	✓	✓	✓	90%
Trudie Davies	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	100%
Phillip Marshall						✓	✓	✓	✓	✓	✓	100%
Debbie Newton	✓		✓	✓		✓	✓	✓		✓	✓	80%
Mark Braden	✓	✓	✓	✓		✓	✓	✓	✓		✓	90%

The Trust is governed by the Trust Board and the overarching governance framework is set out in detail in the Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.

The Board has overall responsibility for determining the future direction of the Trust and ensuring delivery of safe and effective services in accordance with legislation and principles of the NHS. The Board also ensures that the organisation complies with relevant regulatory standards.

The Board considers performance against national priorities set out in the the NHS Improvement *Single Oversight Framework for NHS Providers*, which sets out how NHS Improvement works alongside trusts

to support the delivery of high quality and sustainable services for patients.

Performance is reported and discussed monthly at the Trust Board meeting in an integrated report to ensure that quality and finance, as well as workforce and access, are considered together.

During 2018/19, there was good attendance at Board and Committee meetings by Board members. Quality, finance and workforce governance are all overseen by Tier 1 Committees to provide assurance to the Trust Board. Committee roles and responsibilities are set out in Terms of Reference approved by the Board and described in the Trust Scheme of Delegation and Reservation. Each Committee has an annual work plan. The Trust Board routinely receives the minutes of all Tier 1 committees, as well as a summary of the key issues and assurances from the meetings to be brought to the whole Board's attention.

Three of the committees are statutory and two are for assurance. A Tier 1 Risk Committee will be established in 2019/20. The Trust also participates in two Committees in Common with other provider trusts.

Remuneration Committee (Statutory)

The purpose of the Remuneration and Terms of Service Committee is to determine, on behalf of the Trust Board, the remuneration and terms of service for the Chief Executive and other Executive Directors (both voting and non-voting members of the Trust Board) and to recommend the level and structure of Executive Directors' pay.

The Committee oversees, via six monthly reviews, the performance and appraisal of the Chief Executive and Executive Directors. Membership of the Committee is restricted to Non-Executive members of the Trust Board. Executive Directors have no involvement in determining their own remuneration.

The Committee fulfilled its objectives for the year and the Chair of the Committee drew to the attention of the Trust Board any issues that required disclosure to the Board, or required Executive action. The Committee also has responsibility for considering any issues pertaining to the Fit and Proper Tests for Board members; there were no issues arising in 2018/19.

Audit and Governance Committee (Statutory)

The Audit and Governance Committee, which meets five times per year, reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities that support the achievement of the Trust's objectives. The Committee is a Non-Executive Committee made up of three Non-Executive Directors.

The Director of Finance (lead Executive Director), Financial Controller and the Company Secretary attend the meetings. Representatives from external audit, internal audit and the Local Counter Fraud Specialist also attend. Individual Executive Directors and other senior managers are invited to attend as required where the Committee is discussing items relevant to their areas, and where there is concern or further assurance is required. The Chief Executive and Trust Chair attend the Committee once per year.

The Chair of the Committee provides a written report to the Trust Board after each meeting. This report sets out where the Committee has received assurance, risks and gaps in assurance to escalate to the Board, matters that need to be reported to another Tier 1 committee, and anywhere that further work or investigation has been

requested. The Trust Board has been able to take this assurance into account in the performance of its functions.

During 2018/19 the Committee has received updates from Internal Audit and External Audit at each meeting and have noted a continued trend of improving numbers of significant assurance audit reports being received. The Committee has escalated concerns where individual reports have received limited assurance, including reports on business continuity and IT security (cyber security) which was followed up and subsequently received a significant assurance opinion. The Committee also received assurance with regards to a specific operational issue where procedures had been reviewed. The internal follow up actions have also continued to improve throughout the year. The Committee undertook an annual review of risk management and were satisfied with arrangements. The newly appointed external auditors, Mazars, have begun their work on the 2018/19 audit and have been making positive contributions to meetings.

Charitable Funds Committee (Statutory)

The role of the Charitable Funds Committee is to provide assurance that charitable funds are managed appropriately in line with regulatory requirements. The Trust is the Corporate Trustee of MY Hospitals Charity (the Charity). The Board members of the Trust act as agents on behalf of the Corporate Trustee (Trustees). The Charitable Funds Committee is a sub-committee of the Board and reports matters to Board to enable it to fulfil its role as Corporate Trustee. The Committee was chaired by the Trust's Chair and the membership included the Director of Finance and another two Non-Executive Directors.

To provide a patient and public perspective on the committee, a member of the Stakeholder Forum also attended. The Head of Communications now attends alternate meetings. The Committee has reviewed its terms of reference during the year, it has developed and completed its Committee work plan in 2018/19 and has planned the programme for 2019/20. During 2018/19 the Committee met four times and routinely reviewed:

- the Charity's financial activities, acceptance of legacies, any expenditure proposals above £25,000 and the benefits realised from the grants provided by the Charity on a sample basis
- the performance of the Charity's investments, supported by professional advice from CCLA, the appointed Fund Managers, monitored spend against the policy of seeing donations being spent within two years
- the Charity's risk register to gain assurance that adequate controls were in place to minimise risks.

The Committee has seen considerable progress with regards to promotion of the Charity and increasing fundraising activities following the appointment of the Charitable Funds Coordinator, and have agreed to support expansion of the team to further enable this.

Quality Committee (Assurance)

The Quality Committee provides assurance to the Board on matters relating to clinical quality, patient and staff safety and experience as well as the adequacy of systems governing quality and its associated risks. The Committee has met monthly throughout 2018/19.

The role of the committee is to:

- provide assurance to the Trust Board that there are robust systems of governance across the organisation
- foster the development of a learning organisation ensuring we are listening

to feedback from patients and carers, learning from concerns, complaints, compliments and incidents and acting to improve care
- provide assurance to the Trust Board on the clinical quality and safety of all services across the organisation ensuring all required standards are achieved
- allow for planning and driving continuous improvement
- identify and manage risks to quality of care
- identify, share and ensure delivery of best practice
- investigate and take action on substandard performance.

The terms of reference were reviewed in Committee and approved by the Trust Board. The Non-Executive Committee Chair reports a summary of assurances and issues discussed by the Committee each month to the Trust Board.

An annual Committee work plan is developed and also approved by the Trust Board. As a matter of routine the Committee reviews:
- performance against key indicators relating to clinical quality and patient safety as set out in the Quality Strategy
- Trust compliance with the Care Quality Commission requirements and associated internal programmes of work/action plans
- divisional governance performance
- patient experience reports
- serious clinical incidents
- infection protection and control
- complaints
- legal claims
- safeguarding issues
- mortality rates.

During the year, the Committee had a particular focus on:
- improvement work on divisional governance arrangements and how they interface with the Quality Committee
- public, patient and family/carer experience on accessing the Trust's services
- improving the governance and monitoring the delivery of the CQC Chief Inspector of Hospitals Improvement Plan and the provision of assurance
- improved format of reports on quality and safety to provide clearer assurance on the oversight of patient safety and quality
- identifying specific risks that need to be escalated to the Board and maintaining oversight of these as well as existing key risks to quality and safety.

Resources and Performance Committee (Assurance)

The Resources and Performance Committee met 10 times in 2018/19. The role of the Committee is to provide assurance to the Trust Board on matters of financial performance, operational performance and workforce including organisational development and equality and diversity.

Membership of the Committee consists of three Non-Executive Directors, Director of Finance, Medical Director, Director of Nursing and Quality, Director of Workforce and Organisational Development, Chief Operating Officer and Director Community Services. Other Trust directors and senior officers attend the meeting to present papers in line with the Committee's work-plan.

The main duties and responsibilities of the Committee are to:
- consider reports on the financial position and overall performance of the Trust, identifying and highlighting significant risks to the Board

- standing agenda items include review of the latest financial position, updates on both the in-year and future savings plans, a report on workforce and associated issues
- reports on the overall performance of the Trust, including a report on latest activity position, contract performance including Commissioning for Quality and Innovation (CQUIN) payments, and financial penalties
- in line with good practice, the agenda and work plan have been reviewed during the year in order to focus the Committee on items of greatest concern to the Trust.

The Chair of the Committee provides a written exception report to the Trust Board after each meeting. This report sets out where the Committee has received assurance and where it believes issues need to be escalated to the Board. The Trust Board has been able to take this assurance into account in the performance of its functions.

For example, the Committee has escalated concerns for Board consideration on the Trust's overall financial position, the Trust's inability to meet NHS Constitutional Standards and staffing issues, in particular high vacancy levels. The Committee is provided with assurances from the Trust's monthly divisional Finance and Performance Group (FPG) meetings, which are chaired by the Director of Finance, where these issues are discussed in more detail with each division.

Remuneration report

Salary and pension entitlements of senior managers
A) Remuneration - Non-Executive Directors

Name and title	(A) Salary (bands of £5,000)	(B) Expense payments (taxable) total to nearest £100	(C) Performance pay and bonuses (bands of £5,000)	(D) Long term performance pay and bonuses (bands of £5,000)	(E) All pension-related benefits (bands of £2,500)	(F) Total (A to E) (bands of £5,000)
2018-19						
	£000	£00	£000	£000	£000	£000
Jules Preston MBE, Chairman	35-40	8	0	0	0	40-45
Simon Stone, Non-Executive Director	5-10	1	0	0	0	5-10
Guy Cattell, Associated Non-Executive Director from 1 September 2018	0-5	0	0	0	0	0-5
Julie Charge, Non-Executive Director	5-10	3	0	0	0	5-10
Lenore Ogilvy, Non-Executive Director	5-10	1	0	0	0	5-10
Jane Gilbert, Non-Executive Director to 31 March 2019	0-5	1	0	0	0	0-5
Naseer Ahmed, Non-Executive Director	5-10	1	0	0	0	5-10
Simon Harrison, Associate Non-Executive Director	5-10	0	0	0	0	5-10
2017-18						
Jules Preston, Chairman	35-40	7	0	0	0	40-45
Simon Stone, Non-Executive Director from 1 June 2015	5-10	2	0	0	0	5-10
Terry Moran CB, Non-Executive Director up to 31 May 2017	0-5	0	0	0	0	0-5
Julie Charge, Non-Executive Director	5-10	0	0	0	0	5-10
Lenore Ogilvy, Non-Executive Director from 1 May 2017	5-10	1	0	0	0	5-10
Professor Mike Smith, Associate Non-Executive Director up to 31 March 2018 (E)	5-10	0	0	0	0	5-10
Jane Gilbert, Non-Executive Director from 1 June 2017	0-5	0	0	0	0	0-5
Naseer Ahmed, Non-Executive Director from 1 April 2017	5-10	0	0	0	0	5-10
Simon Harrison, Associate Non-Executive Director from 1 June 2017	5-10	0	0	0	0	5-10

A) Remuneration - Executive Directors*

Name and title	(A) Salary (bands of £5,000)	(B) Expense payments (taxable) total to nearest £100	(C) Performance pay and bonuses (bands of £5,000)	(D) Long term performance pay and bonuses (bands of £5,000)	(E) All pension-related benefits (bands of £2,500)	(F) Total (A to E) (bands of £5,000)
2018-19						
	£000	£00	£000	£000	£000	£000
Martin Barkley, Chief Executive	195-200	0	0	0	0	195-200
Jane Hazelgrave, Director of Finance	145-150	4	0	0	7.5-10	150-155
Dr Karen Stone, Medical Director (A)	195-200	40	0	0	40-42.5	240-245
David Melia, Director of Nursing and Quality	140-145	4	0	0	10-12.5	155-160
Trudie Davies, Chief Operating Officer from 1 March 2018	135-140	0	0	0	57.5-60	190-195
Debbie Newton, Director of Operations (C)	110-115	4	0	0	7.5-10	120-125
Phillip Marshall, Director of Workforce and Organisational Development from 10 September 2018 (C)	70-75	0	0	0	32.5-35	105-110
Angela Wilkinson, Interim Director of Workforce and Organisational Development from 1 April 2018 to 10 September 2018 (C)	45-50	30	0	0	12.5-15	65-70
Mark Braden, Director of Estates, Facilities and IMT (C)	115-120	18	0	0	42.5-45	160-165

In accordance with NHS Improvement (NHSI) guidance the Trust will seek approval from NHSI in cases where it wanted to recruit a director on a salary of £150,000 per annum or more, or should it wish to further uplift the remuneration of any existing director who is already paid more than £150,000 per annum.

The Trust had no reason to seek any approval from NHSI during 2018/19.

A) Remuneration - Executive Directors (continued)*

Name and title	(A) Salary (bands of £5,000)	(B) Expense payments (taxable) total to nearest £100	(C) Performance pay and bonuses (bands of £5,000)	(D) Long term performance pay and bonuses (bands of £5,000)	(E) All pension-related benefits (bands of £2,500)	(F) Total (A to E) (bands of £5,000)
2017-18						
	£000	£00	£000	£000	£000	£000
Martin Barkley, Chief Executive	195-200	0	0	0	0	195-200
Jane Hazelgrave, Director of Finance	140-145	0	0	0	17.5-20	160-165
Dr Karen Stone, Medical Director (A)	190-195	0	0	0	47.5-50	240-245
Caroline Griffiths, Director of Planning and Partnerships to 21 July 2017 (B)	85-90	1	0	0	2.5-5.0	90-95
David Melia, Director of Nursing and Quality	140-145	0	0	0	37.5-40	175-180
Matthew England, Interim Director of Planning and Partnerships. From 1 April 2016 to 31 July 2017	30-35	0	0	0	0	30-35
Debbie Newton, Director of Operations (C)	110-115	1	0	0	45-47.5	155-160
Trudie Davies, Chief Operating Officer from 1 March 2018 Director of Operations from 1 September 2016 to 28 February 2018 (C)	125-130	0	0	0	105-107.5	230-235
Andrew Jones, Director of Workforce and OD from 1 December 2016 to 31 March 2018 (C)	115-120	0	0	0	117.5-120	235-\240
Mark Braden, Director of Estates, Facilities and IMT (C)	110-115	1	0	0	70-72.5	180-185
Sally Napper, Chief Nurse to 23 May 2017 (D)	20-25	0	0	0	0-2.5	20-25

*These tables have been audited.

Notes to remuneration - Executive Directors' tables

A - Salary includes Medical Director Payment Clinical Excellence Award, on-call allowance and Additional Programmed Activity

B – Salary includes additional responsibilities for the West Yorkshire Association of Acute Trusts. From 12 April 2016, 75% of the total remuneration has been recharged to Leeds Teaching Hospitals NHS Trust in respect of the secondment and no Board duties have been undertaken at Mid Yorkshire Hospitals NHS Trust. The table above includes 25% of the remuneration and a contractual payment for loss of office included within the exit package note.

C – Non-Voting Directors.

D – No Board duties have been undertaken at Mid Yorkshire Hospitals NHS Trust since May 2016 due to long term sickness and a subsequent secondment to NHS England from May 2016. Full remuneration costs are included in the table above.

E- Non-Executive Director not paid via the Trust's payroll for part or all of the year.

Salary includes all amounts paid and payable in respect of the period the individuals held office, any salary sacrifice elements have been deducted from the salary as they are included in the taxable expense amount. Taxable expenses relate to salary sacrifice deductions which are classed as a benefit in kind and any expenses paid which are taxable.

B) Pension benefits – Executive Directors*

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2019 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash equivalent transfers value at 1 April 2019	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2019	Employers contribution to stakeholder pension
2018-19								
	£000	£000	£000	£000	£000	£000	£000	£000
Jane Hazelgrave, Director of Finance	0-2.5	2.5-5	40-45	125-130	838	94	978	0
Dr Karen Stone, Medical Director	2.5-5	0-2.5	60-65	145-150	1,117	24	1,198	0
David Melia, Director of Nursing and Quality	0-2.5	2.5-5	55-60	175-180	1,067	134	1,253	0
Trudie Davies, Director of Operations	2.5-5	2.5-5	40-45	95-100	523	112	670	0
Debbie Newton, Director of Operations	0-2.5	2.5-5	35-40	105-110	698	81	816	0
Phillip Marshall, Director of Workforce and Organisational Development from 10 September 2018	0-2.5	0-2.5	50-55	125-130	766	78	947	0
Angela Wilkinson, Interim Director of Workforce and Organisational Development from 1 April 2018 to 10 September 2018	0-2.5	0	5-10	0	75	12	117	0
Mark Braden, Director of Estates, Facilities and IMT	2.5-5	0-2.5	35-40	80-85	521	97	650	0

The above table includes full year pension costs

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. The increase in CETV reflects the amount funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

*This table has been audited.

Staff report

The Trust's integrated workforce strategy supports the Trust's ambitions to be a well-led organisation and an excellent employer. The strategy sets out four key priorities. These are:

- being an excellent employer - creating a great place to work
- recruitment and retention - attracting, selecting and retaining the 'right' number of the 'right' people
- developing staff and their skills
- inclusive leadership to inspire and deliver improvements, and meet required standards and obligations.

The strategy is underpinned by a number of plans. These include:

- nurse and midwifery recruitment and retention framework
- medical workforce strategy
- equality, diversity and inclusion strategy
- health and wellbeing strategy
- communications strategy.

The delivery of the strategy is monitored by a number of workforce metrics and a number of strategic measures.

A monthly, divisional Finance and Performance Group reviews information provided to each senior divisional management team regarding workforce metrics, such as recruitment activity, turnover, sickness absence and vacancy rates, and mandatory training and appraisal compliance. The group provides assurance on performance and local actions to resolve workforce risks to the Resources and Performance Committee.

The Committee receives a monthly report containing similar workforce metrics, reported at Trust level, and provides assurances to the Trust Board regarding local and Trust-wide actions to ensure the delivery of the workforce strategy.

The Trust Board also receives information regarding the impact of the strategy through a twice-yearly strategic scorecard, which measures a number of strategic measures, such as the number of people recommending the Trust as a place to work.

The Trust continues to undertake a range of work to increase the number of people who recommend it as a place to work.

One of the key factors impacting staff experience at work is the number of vacancies across the Trust and the time taken to fill these.

To support this, the Trust has undertaken a number of pieces of work to further reduce the time taken to fill vacancies and to support our ambition of providing every candidate with an excellent experience during the appointment process.

A number of campaigns and events took place in 2018/19 to address our immediate staffing position and increase entry routes into employment for our local community. Activities also focused on selecting individuals who share the Trust's core values, and using opportunities to provide candidates with realistic job preview during the selection process to increase candidate retention once in employment.

These events have resulted in:

- over 260 healthcare assistants and 45 apprentice healthcare assistants through fast-tracked assessment centres during 2018 and up to the end of March 2019
- over 50 individuals providing services to our patients in patient administration roles, appointed

through quarterly patient administration assessment centres

- over 60 members of our local community working in ancillary roles through our Sector Skills Academy; the Academy is run in partnership with Wakefield College and Job Centre Plus, Wakefield, enabling students to attain nationally recognised qualifications in customer service and food hygiene as well as permanent employment at the Trust within six weeks of the assessment centre
- over 100 newly qualified nurses and midwives taking up employment upon qualification between autumn 2018 and spring 2019
- registered nurses across a variety of disciplines appointed through our fortnightly nurse recruitment events, and additional bespoke events for elderly, stoke, neurology, acute, emergency medicine and for services across our Dewsbury site
- over 30 appointments to a variety of roles within our Theatre Team including a number of specialist roles and a further eight individuals who will take up post later in 2019, following their qualification as operating department practitioner
- increased numbers of appointments to our Radiology and Physiotherapy Teams.

A number of pieces of work commenced to address local and national shortages that affect our ability to recruit and the number of vacancies as part of our long-term workforce plan:

- Recruitment events have taken place in late 2018 and early 2019, resulting in the appointment of a large number of nurses and operating department practitioners who are due to qualify between autumn 2019 and spring 2020.

- A number of new roles were introduced into our nursing workforce during 2018/19 to support individuals through career pathways and provide opportunities for individuals to develop more specialist skills. New roles included the appointment of a number of advanced clinical practitioners; and approximately 60 apprentice nurse associates delivered in partnership with the Universities of Bradford and Huddersfield.

- During 2018/19, the Trust launched the Bradford School of Nursing, which is an on-site nurse training provision in partnership with Bradford University. Students are supported with training placements across the Trust during their studies.

- Having developed our employer brand, we have attended an increasing number of external events to raise the profile of the Trust across the region and more widely, and we have utilised alternative advertising media to support this. This includes advertising on our large service vehicles; launching our recruitment microsite www.midyorksjobs.co.uk; and utilising various social media and externally hosted media.

Analysis of ethnicity of staff

	Total	%
Asian	818	9.5%
Black	160	1.8%
Mixed	106	1.2%
Other	120	1.4%
Unknown	57	0.7%
White	7,361	85.4%
Total	**8622**	**100%**

Staff in post by band*

	Number of people	
	2018/19	2017/18
Other	15	29
Medical	816	795
Band 9	7	8
Band 8	315	279
Band 7	552	544
Band 6	1,204	1,187
Band 5	1,571	1,577
Band 4	414	385
Band 3	989	996
Band 2	2,090	1,966
Band 1	507	632
Apprentices/trainees	142	8
Total	**8622**	**8,406**

* Above figures include ENGIE (facilities) staff but exclude staff on External Secondment

Staff profile*

	Number of people	
	2018/19	2017/18
Add prof scientific and technical	251	234
Additional clinical services	1,894	1,859
Administrative and clerical	1,674	1,625
Allied health professionals	622	621
Estates and ancillary	1,001	938
Healthcare scientists	159	151
Medical and dental	816	795
Nursing and midwifery registered	2,204	2,181
Students	1	2
Total	**8,622**	**8,406**

Age profile of staff

	Number of people	
	2018/19	2017/18
< 25	541	532
25 - 34	2,043	1,950
35 - 44	1,922	1,872
45 - 49	1,074	1,066
50 - 54	1,188	1,224
55 - 59	1,047	1,024
60-64	629	591
65+	178	147
Total	**8,622**	**8,406**

Annual Staff Survey 2018

February 2019 saw the publication of the results of the national NHS Staff Survey 2018. The survey was open between the beginning of October and the end of November 2018. The Trust invited a sample of around 1200 staff to take part and 515 did, giving a response rate of 42%, which is 1% better than average.

The national results compare the Trust to other, similar trusts and the final report benchmarks Mid Yorkshire against the 42 other combined trusts in England.
The results of the survey are based on 102 questions. Of those 102 questions the Trust improved on 37 compared to 2017, deteriorated on 37, stayed the same on 15 and there were 13 new questions.

Feedback from staff is more positive than in 2017. The Trust is continuing to move in the right direction in many of the questions. The Trust made significant improvements on the two key questions in the survey:

- Would you recommend the Trust as a place to work?
- If a friend or relative needed treatment, would you be happy with the standard of care provided?

On both questions there was a 9% improvement, with significant increase to 56% and 58% respectively. In 2013 Mid Yorkshire was 25% below the average for people recommending it as a place to work. This has reduced to 5% in 2018. Likewise in 2013 Mid Yorkshire was 24% below average for staff who would be happy with the standard if a friend or relative needed care and this has now reduced to 12% in 2018.

One of the key measures in the survey is overall staff engagement, in view of its link to patient care. This measure is derived from nine of the 102 questions. The Trust improved its scores on all nine of these questions in 2016, continuing the trend with further improvements in five of these questions in 2017 and again in 2018 improving on six of them. Areas where the Trust will focus its improvements include health and wellbeing, discrimination, management development and staff's ability to suggest and make improvements in their areas of work.

The national NHS Staff Survey results for 2018 can be found at www.nhsstaffsurveys.com

Working with our staff

We recognise how vitally important it is that staff are engaged and involved in the working of the Trust. This means ensuring staff are given the opportunity to become familiar with the Trust's values and strategic goals, and how they are relevant to their particular area of work. It is essential that staff are aware of both our challenges and our achievements, that they feel able to speak up and that they can contribute and influence decisions.

The Trust uses a variety of tools to communicate with staff so they are kept up to date with important news and information. These include face-to-face meetings; team briefings (process where information cascades through line managers); traditional newsletters; social media channels like Facebook and Twitter; and through digital communications such as screensavers and the intranet.

The Trust recognises the important of senior leaders being visible and each month, after the Trust Board meeting, all members of the Board visit wards and departments to speak to staff and listen directly to their views. In addition to this staff can raise any concerns they have through a number of routes including confidential emails directly to the Chief Executive as well as through the Trust's Freedom to Speak Up Guardian.

Meaningful staff engagement in service delivery and design is also achieved through staff participation in rapid improvement events as part of the Mid Yorkshire Quality Improvement System work.

There are also two formal negotiating forums where the Trust works in partnership with trade union colleagues to discuss and manage issues relating to organisational change, employment policies/practice, and the application of terms and conditions of employment. The Joint Consultative and Negotiating Committee (JCNC) undertake this role for non-medical staff and the Local Negotiating Committee (LNC) performs the same role for medical staff.

In the final quarter of 2018/19 the Trust began work, in partnership with trade unions, to explore how we can improve when responding to patient safety incidents. This initiative builds on the similar work of Mersey Care NHS Foundation Trust and will be an important step towards further establishing a fair and just culture, where staff increasingly feel able to speak up and where we can maximise our ability to learn and improve.

Training and development

The Organisational Development Team continued to lead improvements to the Trust's mandatory training provision and the numbers of staff accessing it, which in turn helps keep patients and staff safe. The Trust monitors this very closely and during the year achieved the training targets set.

In addition to closely assessing the competence and values of all new consultants and senior managers, the Trust insists that all those appointed attend a new consultant programme or a new managers' induction programme. This ensures they are familiar with the way the Trust works and the expectations of them as senior team members.

Late in 2018 a new, three-day senior leadership development programme was mandated for all staff in pay bands 7 and 8, who are in formal management or leadership positions. The programme supports the Trust's aims and ambitions to deliver its Striving for Excellence strategy. Central themes of empowerment and embedding the Trust's values and behaviours on this programme is echoed in all the other leadership courses the Trust offers.

Organisational Development stepped up its staff engagement facilitation, with the aim of improving the working lives for staff and listening to suggestions on how they could improve the service for patients.

All new clinical support staff successfully completed their Care Certificate and attended their Skills in Practice Programme before commencing work on wards and departments. Some of these staff also commenced work as apprentices, as the Trust supported 179 staff to commence apprenticeship training in the year.

In October 2018, the Trust chose to be assessed against the international standard Investors in People for the first time. It was judged to have met three quarters of the standard and hopes to achieve full accreditation next year.

Human resource policies

The Trust has a range of policies and procedures which support its commitment to being a good employer and to providing equal opportunities to present and potential members of staff. Policies are developed in partnership with trade union colleagues and are regularly reviewed to ensure compliance with legislation and good practice.

The Trust recognises that staff have different commitments outside of work and that people are at their most productive when they are able to balance their professional and personal commitments and responsibilities. The Trust's flexible working policy offers a variety of arrangements to support staff in achieving a good work-life balance.

The sickness absence management procedure is used to help ensure that a fair and effective approach to the management of sickness absence is adopted throughout the Trust.

The Trust takes all reasonable measures to support employees when they encounter difficulties and has developed a guide to 'good health and wellbeing' that can be accessed on the Trust's intranet. A sickness absence management service also operates to support line managers to proactively manage an employee's absence where it exceeds 21 days, and to support the employee through the period of absence with the aim of facilitating a successful return to work.

The recruitment and selection policy aims to ensure full and fair consideration is provided to all applications for employment, including those made by

people with a disability or other protected characteristics described by the Equality Act 2010. The policy is based upon national recruitment standards including NHS Employers' employment check standards and the Department of Health Good Practice Guidance on the National Health Service (Appointment of Consultants) Regulations 1996.

In addition, the Trust holds the Disability Confident status, which demonstrates its public commitment to disabled people, including a guarantee to interview all applicants with a disability who meet the minimum criteria for a job vacancy and to consider them on their merits.

Library services

The aim of the library service is to enable, encourage and promote evidence-based practice for the very best in patient care and service development. The service is available to all staff within the Trust (clinical and non-clinical), and all learners including students on placement and staff members engaged in professional development initiatives.

During 2018-19 the Mid Yorkshire Hospitals Library Service has:

- increased its national quality improvement score to 96% compliancy
- increased its membership to 2422
- increased its visitors to 28000
- continued to develop successful marketing activities to supply timely and tailored information to over 45 specialisms
- continued to develop and promote current awareness bulletins – subscribers to *What's New?* now stand at over 500
- satisfied 533 requests for interlibrary lending and document supply
- provided 175 literature searches and/or search strategy training sessions
- increased our followers on social media to 1800 across Facebook and Twitter.

To encourage use of evidence-based online information as provided by the NHS nationally, regionally and locally, the team also administers the NHS Athens accounts for Mid Yorkshire Trust for 1251 members and GPs, practice staff and CCG staff in Calderdale, Kirklees and Wakefield for 181 members.

Celebrating staff

The Trust has many fantastic employees and it has initiatives in place to recognise and reward staff. Each month staff can nominate their colleagues for a MY Star Award.

All the nominations are then reviewed and a winner is selected. The winner receives £100 of high street gift vouchers and a framed certificate at a surprise presentation.

Annually the Trust runs its Celebrating Excellence Awards. The aim of the awards is to recognise and celebrate the fantastic achievements of individuals and teams across the Trust.

Every day colleagues and teams go above and beyond the call of duty to make a difference to Trust services, patients and staff. These awards are the Trust's annual opportunity to acknowledge these outstanding contributions and to show appreciation to staff for what they do.

The 2018 awards also included the Dr Kate Granger Compassionate Care Award, which was nominated by patients and members of the public. This was won by Dr Jay Naik and his team (below, at the awards ceremony) for the outstanding care they deliver in Oncology at Pinderfields and Dewsbury.

Teams of the week

The Trust introduced Team of the Week to recognise the team that has gone 'the extra mile'. The staff receive a certificate and a tin of chocolate biscuits.

In 2018/19 teams which received this recognition were:

April 2018

- Charlie Keith from Hospital Radio
- Pain Management Team
- Ophthalmology Service
- Gate 46a - now Flu Ward
- Capital Team
- Sharon Brown & Kim Purssell

May 2018

- Division of Surgery Team that ran the Admin Recruitment Day with the HR Recruitment Team
- Pharmacy Team
- Paediatric Radiology Team
- Staff Benefits Team
- Theatres

June 2018

- Finance Team
- Continence Team
- Clinical Audit Team
- Shamila Jivan and the Clinical Leads within Division of Surgery, and Joanne Freeman

July 2018

- Division of Surgery Secretariat and Typing Pool
- Paediatric Sepsis Team
- Tissue Viability Nurse, Sharon Scattergood, who delivered baby in car at Pinderfields
- Pathology
- Payroll Team

August 2018

- Access Booking and Choice Team
- Maternity Clinical Negligence Scheme for Trusts Team
- Adult Burns Team
- Finance & Procurement Team

September 2018

- Individuals involved in the birth of a baby within the Radiology Department
- Teams involved in the Symphony Upgrade
- Consultant for delivery of baby in ED toilets
- Multidisciplinary team dealing with resilience activities

October 2018

- Neo-Natal Team
- Cardiac Rehabilitation Team
- Paediatric Diabetes Team
- Cancer Fast Track Booking Team
- Therapies Management Team

November 2018

- Flu Vaccine Team
- Gate 36
- Ophthalmology Team
- Staff Benefits Team
- Collaborative Ophthalmic Team who have worked on TheatreMan and SSDMan Upgrade Project which has taken six years to complete

December 2018

- Acute Assessment Unit Night Shift Team
- Autism Spectrum Disorder Community Paediatric Team
- Professional Development and Education Unit

January 2019

- Tracheostomy and Laryngectomy Team
- Pinderfields Emergency Department Daytime Team
- Dewsbury Silver Command Team that were involved in the MADE Event
- Receipt and Delivery Team
- Weekend Theatre Team

February 2019

- Hameed Jasat and Becky Richardson from IT and the team at Wakefield Intermediate Care Unit
- Extra Capacity Installation Team, Trust Rapid Cleaning Team and Richard Miller
- Teams that managed a serious burns incident
- Operations Team, Operations Centre, Pinderfields
- Office moves team

March 2019

- Musculoskeletal disorder bid submission team
- Radiology and Portering Teams
- Rehabilitation Prescription Implementation Team
- CT scanner installation project team

Staff health and wellbeing

The Occupational Health and Wellbeing Service has successfully gained full SEQOSH accreditation for the fifth consecutive year (Safe, Effective, Quality Occupational Health Service - a scheme run by the Royal College of Physicians in association with the Faculty of Occupational Medicine). The year 5 re-accreditation included an onsite evaluation and inspection by three SEQOHS inspectors and we were very proud to pass this inspection with no recommendations or key findings to implement. The inspectors gave the following feedback:

"The assessors were very impressed by the overall standard, ambition and strategic direction of the Occupational Health Service. The assessors were particularly impressed by the integrated multi-disciplinary approach, which provides the holistic nature of the support they provide to staff wellbeing. The service is well managed with excellent and proactive leadership, and this is evident through the enthusiasm and dedication of the whole team. The facilities are well designed and maintained to a high standard."

The Health and Wellbeing Team at the Trust is continuing to deliver services to staff to help improve and maintain their health and wellbeing. The recommendations and themes within the 2017 Stevenson and Farmer review, *Thriving at Work*, have been adopted and become a cornerstone of the wellbeing agenda.

A number of new initiatives have been launched this year to support the mental health wellbeing of the workforce, including Mental Health First Aid Training, Mental Health Awareness, Schwartz rounds and specific stress and anxiety awareness sessions to support the Nurse Preceptorship programme, which complement the support already available in the form of stress awareness courses and mental health wellbeing courses.

Other activities and facilities which serve to assist the workforce to improve their health and wellbeing include the following.

- Staff fitness centre at Dewsbury – the fitness centre continues to evolve with an increasing membership which is also open to family members of employees. There is a developing partnership between the Occupational Health (OH) Physiotherapy Team and the fitness instructor on rehabilitation programmes and lifelong fitness plans to support the ageing workforce and staff with long-term ill health issues.

- Hydro fitness – these classes are continuing at Pinderfields and provide staff with the benefits of exercise in water.

- Pilates - physio-led modified pilates is a conditioning routine of mat exercises utilising strengthening, mobilising and stretching techniques. These sessions continue to run at Pinderfields and at Pontefract physiotherapy gyms with plans to create an offer at Dewsbury physiotherapy gym.

- There is active signposting to weight management support and smoking cessation.

- Health improvement education opportunities - supported by expert speakers including Dr K Haendlmayer, Consultant Orthopaedic Surgeon. These include men's and women's health sessions being available throughout

the year on things like menopause courses, general health checks, sleep health, hydration and stress and their influence on eating.

- Learning at Work Week - during which our OH Team will facilitate and deliver health checks, relaxation sessions, exercise sessions, DSE assessments, Tai Chi, sleep taster sessions and OH information sessions.

Attendance at roadshows and initiatives such as Learning at Work Week provide the opportunity to speak to a large number of employees across all three sites and for staff to participate in taster sessions including Tai Chi, relaxation and sleep health. The Health and Wellbeing Team also run various health awareness campaigns linked to national awareness campaigns throughout the year to inform staff and support them in making healthier choices.

Staff sickness absence

	2018/19	2017/18
Total FTE days lost	77,121	80,334
Average staff in post	7,255	6,918
Average working days lost	**11**	**12**

Staff sickness absence data is based on full-time equivalent days for the calendar year January 2018 to December 2018.

Staff facts and figures

Average numbers of employees based on Whole Time Equivalent (WTE)*

Staff group	2018-19 Total	2018-19 Permanently employed	2018-19 Other	2017-18 Total	2017-18 Permanently employed	2017-18 Other
	Number - WTE	Number - WTE	Number - WTE	Number - WTE	Number - WTE	Number - WTE
Medical and dental	933	818	115	860	754	106
Ambulance staff	2	2	0	0	0	0
Admin and estates	1,334	1,278	56	1,377	1,247	130
Healthcare assistants and other support	879	713	166	821	671	150
Nursing, midwifery and health visiting	3,140	2,978	162	3,033	2,862	171
Nursing, midwifery and health visiting learners	2	2	0	34	34	0
Scientific, therapeutic and technical staff	988	971	17	945	911	34
Healthcare science	303	298	5	305	300	5
Other	64	64	0	44	44	0
Total average numbers	**7,645**	**7,124**	**521**	**7,419**	**6,823**	**596**
Number of employees (WTE) engaged on capital projects	**9**	**7**	**2**	**3**	**2**	**1**

*This table has been audited.

Medical and dental WTE has increased in 2018/19 due to the commencement of trainee general practitioners being paid by the Trust.

Analysis of gender distribution of staff

	Female	Male	Total	% Female	% Male
Directors	7	9	16	43.8%	56.3%
Other senior managers	36	17	53	67.9%	32.1%
Employees excluding the above categories	7,014	1,570	8,584	81.7%	18.3%
Total	**7,057**	**1,596**	**8,653**	**81.6%**	**18.4%**

Employee benefits gross expenditure*

	2018 - 19			2017-18		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000s	£000s	£000s	£000s	£000s	£000s
Salaries and wages	262,965	261,388	1,577	244,582	243,117	1,465
Social security costs	21,239	21,239	0	22,166	22,166	0
Apprenticeship Levy	1,194	1,194	0	1,198	1,198	0
NHS Pensions Scheme	29,904	29,636	268	28,310	28,310	0
Other pension costs	78	71	7	35	35	0
Termination benefits	86	86	0	0	0	0
Temporary staff	30,248	0	30,248	36,890	0	36,890
Total - including capitalised costs	**345,714**	**313,614**	**32,100**	**333,181**	**294,826**	**38,355**
Costs capitalised as part of assets	413	343	70	199	138	61
Total - excluding capitalised costs	**345,301**	**313,271**	**32,030**	**332,982**	**294,688**	**38,294**

*This table has been audited.

Expenditure on consultancy

In 2018/19 the Trust's expenditure on consultancy was £231,000 (2017/18: £433,000). These costs mostly relate to property and construction, organisation and change management, and finance consultancy.

Pay multiple statement*

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind but not severance payments.

It does not include employer pension contributions and the cash equivalent transfer value of pensions. The median total remuneration above is the total remuneration of the staff member lying in the middle of the linear distribution of the total staff in the Trust, excluding the highest paid director. This is based on the annualised full-time equivalent remuneration as at the reporting period date.

The banded remuneration of the highest paid director in Mid Yorkshire Hospitals NHS Trust in the financial year 2018/19 was £195,000 to £200,000 (£195,000 to £200,000 in 2017/18).

This was 7.53 times (2017/18, 7.89) the median remuneration of the workforce, which was £25,000 - £30,000 (£25,000 - £30,000 in 2017/18).

The ratio has decreased this year as, although the median remuneration is within the same band as the prior year, the actual amount is slightly higher in 2018/19 compared to 2017/18.

In 2018/19 eight employees received remuneration in excess of the highest paid director. Remuneration ranged from £195,000 to £275,000 (in 2017/18 there were eleven employees ranging from £195,000 to £380,000). The range has reduced due to a review of pay for agency doctors.

	2018/19	2017/18
Range – based on bands of £5000	£15,000 - £275,000	£15,000 - £380,000
Highest paid director's total remuneration	£195,000 - £200,000	£195,000 - £200,000
Median total remuneration	£25,000 - £30,000	£25,000 - £30,000
Ratio	7.53	7.89

*This section has been audited.

Pay policy

The Trust continues to adhere to national pay and terms and conditions of service but also utilises provisions related to recruitment and retention premia where necessary, and in order to assist staffing and service delivery.

Exit packages agreed*

Cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies (£)	Number of other departures agreed	Cost of other departures agreed (£)	Total number of exit packages	Total cost of exit packages (£)	Number of departures where special payments have been made	Cost of special payment element included in exit packages (£)
2018-19								
< £10,000	0	0	36	109,144	36	109,144	0	0
£10,001 - £25,000	0	0	3	45,331	3	45,331	0	0
£25,001 - £50,000	0	0	2	55,400	2	55,400	0	0
£50,001 - £100,000	1	86,000	0	0	1	86,000	1	86,000
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
> £200,000	0	0	0	0	0	0	0	0
Total	**1**	**86,000**	**41**	**209,875**	**42**	**295,875**	**1**	**86,000**
2017-18								
< £10,000	0	0	41	133,613	41	133,613	0	0
£10,001 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	1	60,000	0	0	1	60,000	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
> £200,000	0	0	0	0	0	0	0	0
Total	**1**	**60,000**	**41**	**133,613**	**42**	**193,613**	**0**	**0**

*This table has been audited.

This note provides an analysis of exit packages agreed with staff during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure.

Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Exit packages – other departures analysis*

	2018-19 Agreements	2018-19 Total value of agreements	2017-18 Agreements	2017-18 Total value of agreements (£)
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	41	209	41	134
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**41**	**209**	**41**	**134**
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

*This table has been audited.

This disclosure reports the number and value of exit packages agreed in the year. The expense associated with these departures may have been recognised in part or in full in a previous period.

A single exit package can be made up of several components each of which will be counted separately in this note; the total number will not necessarily match the total numbers in the note above which will be the number of individuals.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that report.

Off-payroll engagements

Table 1: Off-payroll engagements longer than six months
For all off-payroll engagements as of 31 March 2019, greater than £245 per day and that last for longer than six months:

	Number
Number of existing engagements as of 31 March 2019	3
Of which the number that have existed:	
for less than one year at the time of reporting	
for between one and two years at the time of reporting	1
for between two and three years at the time of reporting	
for between three and four years at the time of reporting	2
for four years or more at the time of reporting	

Table 2: New Off-payroll engagements
For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months duration, between 1 April 2018 and 31 March 2019	3
of which:	
the number assessed as caught by IR35	0
the number assessed as not caught by IR35	3
the number engaged directly (via PSC contracted to department) & are on the departmental payroll	0
number of engagements reassessed for consistency/assurance purposes during the year	3
number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: Off-payroll board member/senior official engagements
For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed 'board members, and/or, senior officials with significant financial responsibility', during the financial year. This figure should include both on payroll and off-payroll engagements	0

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Mid Yorkshire Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Mid Yorkshire Hospitals NHS Trust for the year ended 31 March 2019 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk and the risk and control framework

Within the Trust, overall responsibility for risk management is held by the Chief Executive in line with the Trust Scheme of Reservation and Delegation.

The Chief Executive discharges this responsibility as follows.

- The Director of Nursing and Quality is responsible for risk management and this is discharged within the Quality and Safety Team.
- Divisions manage divisional risk registers in accordance with the Trust Risk Management Framework and part of the Trust DATIX system.
- Executive Directors manage directorate risk registers in accordance with the Trust Risk Management Framework.
- The Trust Level Risk Register (TLRR) is a collated summary of the risks identified as being the high-level risks to the Trust, as set out in the Risk Management Framework. This is not necessarily the highest rated risks. Risks for the TLRR are identified at Clinical Executive Group meetings (CEG) having been escalated from divisional or directorate risk registers. Items may also be escalated to the TLRR by the Trust Board. The Company Secretary maintains the TLRR; however, all of the individual risks are identified to the relevant Executive Director.
- The CEG (meets bi-monthly) reviews the TLRR, divisional risk registers and the directorate risk registers in accordance with the Risk Management Framework, at every meeting.
- The Trust has a Board Assurance Framework (BAF) which is maintained by the Company Secretary but which is a Board-owned document.

- Internal Audit review risk every year as part of their Internal Audit Plan, with a rolling programme of review across the Trust registers within DATIX.

The Audit and Governance Committee is tasked with reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

Internal Audit review the Board Assurance Framework annually. For 2018/19 they concluded that "*the audit has found that there is a sound system of control in place to ensure the completeness of the Trust's BAF. An opinion is not given for this review as it is included within the Head of Internal Audit Opinion on the overall system of internal control. No issues were identified.*"

The Trust Risk Management Framework sets out the responsibilities for the effective implementation of risk management arrangements in the Trust. For example, patient service managers, heads of clinical services, matrons and departmental managers are responsible for ensuring effective systems for risk management in their specialty areas. This includes identifying competent staff to lead on risk management and being familiar with the Risk Management Framework, and having attended training. The Framework includes detailed guidelines on the use of DATIX and how to complete risk assessments on the system. There are also face to face training sessions for staff on managing risk.

External Audit review the Annual Governance Statement annually, which is derived from the BAF.

The Care Quality Commission (CQC) considered risk management as part of their 2018 inspection process and their report, published in December 2018, referred to risk, stating "*We found some examples of where the Board and leaders were not fully sighted on some of the risks in the organisation. This did not give us assurance about the flow of information and escalation of risk from 'ward to board'.*" This resulted in one of the 62 improvement actions – "*The Trust must ensure that effective and robust systems are in place to support and drive performance and the identification and management of risk.*" An improvement action plan is in place to mitigate this finding, a key element of which will be the establishment of a Tier 1 Risk Committee.

The Audit and Governance Committee, at their meeting in December 2018, assessed the Trust Risk Management arrangements against the common steps in the approach to risk management as set out in the HFMA NHS Governance Handbook (4th edition, 2017):

Consideration	In practice at Mid Yorkshire Hospitals NHS Trust
Risk identification and assessments	Since 2013/14, all Trust risks have been recorded using the DATIX system. Prior to this, risks were recorded in a variety of ways in different departments and divisions and there was no means of accessing the overall information. The DATIX system is menu based and there is a standard form to complete, so all staff are recording risks on the same basis Access to DATIX is via username and password, staff only receive log on details once they have been trained in the use of the system and the wider risk management system, ie how to recognise, assess and record risks, control and actions
Risk evaluation (scoring)	The Risk Management Framework sets out the scoring methodology and this is used universally across the Trust for risks. This is tested in a number of places: Divisional management teams – review all new risks and therefore should be able to consider if risk scoring is appropriate and consistent. Clinical Executive Group – all divisional, corporate and Trust-level risks are reviewed monthly at CEG; one focus of this review is the consistency of scoring and recording of risks across the Trust. Divisional risk deep dive – the Assistant Director of Nursing – Patient Safety, and the Company Secretary carry out regular deep dive risk register reviews with the divisions to identify risks recorded properly, out-of-date actions, risks no longer required, consistency of scores, etc.
Risk treatment	The DATIX system is menu driven and requires those recording risks to identify the controls in place, and any gaps; this then forms the basis of the action plan to mitigate the risk. Review dates are set, DATIX has an audit trail of updates and reviews and risk scores are adjusted where appropriate, risks may be escalated, de-escalated or closed. These decisions and updates are made by the risk owner and then 'signed off' in DATIX by the appropriate manager.
Risk appetite	The Trust Board considered risk appetite at the Board seminar in February 2017. The Company Secretary presented a paper which set out the high level features for risk appetite and an example of a risk tolerance matrix. The Board considered the application of a risk tolerance matrix in practice and concluded that this was not the approach for the Trust to take at this stage. The matrix could become prescriptive and without regular review and

	update, could become out of date and irrelevant. Instead, the Board considered the Assurance and Escalation Policy, which sets out what issues Directors would escalate, when and where to.
Risk registers	The Trust Board and Committees should be familiar with the suite of risk registers used in the Trust, as follows: Trust level 4 separate operational divisions (Surgery; Medicine; Care Closer to Home; Families and Clinical Support Services) 5 directorate risk registers (Finance; Workforce and OD; Estates, Facilities and IM&T; Nursing and Quality; and Medical Directorate) Specialty and department risk registers ALL risk registers are maintained on DATIX.
Escalation procedures	The Risk Management Framework sets out the review and escalation procedures for risk from ward to board. This is tested by risk deep dives and Internal Audit reviews and consideration at CEG.

The Trust Board has agreed to establish a Tier 1 Risk Committee from April 2019.

The HFMA Governance Handbook refers to the Alarm (National Risk Management Association) National Performance Model for Risk Management in Public Services and the five levels of maturity. The Audit and Governance Committee assessed the level of maturity the Trust is at in relation to risk management as Level 4 (out of 5, with 5 being the highest), 'Embedded and Integrated'.

Major risks

The risks currently included in the Trust Level Risk Register cover the risks of:

- not achieving financial plan and statutory duties
- failure to comply with infection prevention and control policies and procedures
- inability to successfully fill our level of registered nurse and care staff vacancies
- harm to patients caused by poor falls prevention initiatives and management
- cyber security risk across the organisation
- recognition, escalation and response to the deteriorating patient
- risk of the March 2019 referral to treatment active waiting list size being above March 2018 in contravention of Operating Plan Guidance 2018/19.

The Trust has eight principal risks included in the Board Assurance Framework as follows:

- failure to maintain the safety of patients
- failure to maintain and develop Trust estate and equipment
- failure to provide excellent patient experience and expected outcomes including not meeting NHS Constitution Standards
- failure to recruit, train and sustain and engaged and effective workforce
- failure to achieve financial sustainability and value for money
- failure to comply with targets, statutory duties and functions
- failure to work with partners effectively

- failure to support research, development, transformation and innovation for the benefit of patients and the NHS.

All of these risks have identified controls in place and action plans to mitigate the risks to the target scores identified.

The Board Assurance Framework is reviewed annually by the Audit and Governance Committee as part of their overall review of the system of risk management, and quarterly by the Trust Board alongside the Trust Level Risk Register. During the year, the Board Assurance Framework records actual examples of assurance to provide a comprehensive summary of mitigations against the principal risks. Gaps in assurances and controls are also identified and where necessary, actions are taken to close the gaps.

One risk identified and managed during 2018/19 was in relation to 'Failure to achieve Endoscopy Service JAG Accreditation by July 2018'. Failure to be ready to apply for accreditation was identified in June 2018 and was a reflection of a number of issues within the project. An external review was commissioned and the findings received in October 2018. The external review highlighted a number of key actions for the Trust to address to reduce the risk of a similar situation happening again. The risk rating has been reduced and the risk is now managed on the Divisional Risk Register rather than Trust Level.

The Board Assurance Framework is a strategic document and the principal risks mirror the risks of not achieving the Trust strategic objectives within the Trust Strategy.

Discussion on risk takes place at the Trust Board, at Clinical Executive Group and in divisional governance meetings. Risks and concerns identified within the normal course of Board and Committee business will be added to the DATIX system as appropriate. A Tier 1 Risk Committee, reporting to Trust Board, will be established from 1 April 2019 with a focus on progress with mitigation actions.

The Head of Internal Audit has concluded that the system of internal control in place during 2018/19 offered Significant Assurance. This is based on a range of work undertaken as part of the annual internal audit plan, including assessment of the BAF and an assessment of the range of individual opinions arising from risk based audit assignments throughout the year.

Review of performance information (including quality performance) is included in the internal audit programme on a rolling basis, every year.

Internal Audit

Internal Audit has issued 33 (89%) High/Significant assurance reports during the year (20 (80%) in 2017/18):

- Medical Consent *
- 18 Week RTT Indicator*
- IT Security (Cyber Security)*
- Infection Control*
- Cancer Wait Indicator*
- Risk Registers*
- Learning From Incidents / Duty of Candour /Root Cause Analysis - update only*
- Capital Schemes*
- Clinical Applications (PAS)*
- Patients Monies
- Nurse Rostering
- Hospital Travel Costs Scheme
- PFI Management
- Professional Registrations – Health and Care Professional Council
- Health Care Records Management
- Medical Devices Follow Up

- Business Continuity Follow Up
- Community Services Pressure Ulcers
- PALS
- Discharge Management Follow Up
- Register of Interests Gifts and Hospitality
- Car Parking
- Budgetary Control
- Long Term Absences
- Appraisals
- Repair and Maintenance of Infrastructure
- Infection Control
- Capacity Planning
- Data Security and Protection Toolkit
- Cash Management
- Emergency Access Indicators
- Order and Receipt of Goods
- Payroll.

******These reports were part of the 2107/18 audit year but issued in 2018/19.*

Internal Audit issued 7 (11%) limited assurance reports during the year (4 (16%) were issued in 2017/18):

- Community Mobile Devices
- Improvements from CQC Recommendations
- IR35
- General Ledger
- Waste Management
- Learning From Deaths
- Locum Doctors/Medical Absences.

Well-led assessments

The Board has carried out self-assessments against the Well Led Framework in 2014-2017. Action plans were developed and implemented with all actions complete. In 2018/19, directorates and divisions self-assessed against the NHS Improvement Developmental Well Led Framework and an external assessment has taken place in quarter four. The external assessment focused on risk management, Board development and divisional governance. The report is due to be received by the Trust in May/June 2019.

Quality governance arrangements

The Trust has robust and effective quality governance arrangements which include:

- a Tier 1 Quality Committee with sub-committees focusing on patient experience, safety and clinical excellence
- an annual clinical audit programme which is approved at Quality Committee
- all Serious Incidents and Never Events are subject to root cause analysis and are reported to the Quality Committee for discussion and understanding of the learning from the event
- all staff are encouraged to report incidents and learning is shared across the organisation
- the Trust has a full time Freedom to Speak Up Guardian and a Speaking Up Strategy will be developed in early 2019/20
- the Trust Board is assured by minutes and a report from the Chair of the Quality Committee and reporting in the Reportable Issues Log which is presented to the Board each month in private
- a Quality Strategy is in place and accompanying dashboard
- the Board Assurance Framework provides assurance against the strategic objectives of keeping our patients safe at all times and providing excellent patient experience and delivering expected outcomes.

The Trust has a Clinical Audit Programme, with an Annual Audit Priority Programme which is approved by Patients Safety and Clinical Effectiveness Sub-Committee. During the year 2018-19 the Trust participated in 45, (96%) of the Quality Account national clinical audits and 5, (83%) of the national confidential enquiries, it was eligible to participate in.

A further 87 audits in addition to those in the Quality Accounts tables were

completed between 1 April 2018 and 8 February 2019. Quarterly audit reports for each division are published Trust wide and shared across all clinical and management groups.

The reports of all national clinical audits were reviewed by the Trust in April 2018 to March 2019 and the Trust intends to take the necessary actions to improve the quality of healthcare provided, based on the national recommendations and individual results when available.

Data quality

The Trust has a data quality team whose role and purpose is to ensure that data is recorded accurately and in accordance with standard definitions. This includes the data to record elective waiting times.

The Trust's approach to recording and reporting data is clearly documented, each department has documented procedures complying with NHS data standards for recording waiting time data. Data is monitored and shared on a monthly basis to highlight recording issues to relevant departments and support is provided to ensure issues are addressed.

Mandatory training ensures that staff understand all aspects of the data they collect and how others use the data. The Trust undertakes routine data quality audits, including elective referral to treatment incomplete waiting list audit, clinical coding audits, and case note audits as required by the Information Governance Toolkit.

Internal Audit tests and validates the recording of access waiting times on an annual basis. This work focuses on the processes for accurately collating and reporting on the performance indicators and also assesses the Trust's processes for identifying adverse performance, assigning responsibility for taking remedial actions and monitoring the implementation and effectiveness of these actions.

Workforce and pension

The Trust can demonstrate it complies with the recommendations in 'Developing Workforce Safeguards' in a variety of ways as described in this section of the Statement.

Effective workforce planning is a significant part of the Trust's annual operational planning cycle that includes monthly returns to NHS Improvement and annual returns to Health Education England. Patient service leads are responsible for producing workforce plans and monitoring them through Finance and Performance Group meetings. Plan deviations are monitored and escalated to the Trust Board's Tier 1 Resource and Performance Committee, which in turn provides assurance for the Trust Board.

Patient service leads take account of national or professional guidance in relation to staffing levels, skill mix or role design when confirming plans, which are subsequently approved and monitored by the appropriate professional lead. Leads consider new roles such as the nursing associate and the advanced clinical practitioner. The introduction of new roles are risk assessed, and along with traditional workforce plans, subjected to corporate oversight from groups such as the Nursing and Midwifery Recruitment and Retention Workforce Group.

Nurse staffing levels are set in accordance with National Quality Board guidance and reviewed monthly as part of the Trust's divisional roster performance reviews and Executive-led nurse establishment meetings. Nurse staffing levels are reported to the Trust Board by the Director of Nursing and Quality/Deputy Chief Executive with a focus on safety, quality and vacancy tolerance within inpatient

areas. This is also monitored by the Quality Committee as part of the Quality Account.

The Trust's nursing leads undertake regional, peer staffing reviews on behalf of NHS England, which enables benchmarking against Trust peers. Medical workforce plans are developed by patient service leads and are overseen by the Medical Director's office. These plans are tested against the Royal College standards where available. The Trust uses its Temporary Workforce Planning Group to address the needs of supplying the right staff, with the right skills at the right time and place. A key aim of the group is to minimise the financial and quality impact of a temporary workforce. In 2018/19 there has been a significant reduction in the use of agency and locum staff. Data from the Electronic Staff Record, E-Rostering and Electronic Job Planning systems are used in delivering its aims.

Staff appraisal sits at the heart of the Trust's workforce strategies, and staffing systems and appraisal compliance along with other key workforce metrics are reported monthly to the Trust's Executive, Resource and Performance Committee, Finance and Performance Group and the Trust Board. Significant workforce risks are included on the Trust's Corporate Risk Register, which is reviewed by the Trust Board's Tier 1 Clinical Executive Group and provides assurance to the Trust Board. Strategic workforce risks are identified on the Board Assurance Framework which is considered by the Trust Board.

A succession planning process is in place to focus on the development of our existing and future leaders. The Trust's vision is to strive to achieve excellent patient experience each and every time. As part of this approach, our leaders are expected to role model the agreed values and behaviours associated with High Standards, Caring, Respect and Improving, whilst supporting the development of a 'just and learning culture'.

The Trust works in partnership with our local clinical commissioning groups and other local organisations to implement the objectives associated with the integrated workforce transformation strategies. The strategies identify and offer solutions to a number of cross cutting strategic priorities and challenges that need to be addressed to ensure the health and social care workforce of tomorrow, both paid and voluntary, is equipped and able to respond to the changing needs of the sector and that local citizens demand.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Care Quality Commission

During 2018/19, the CQC carried out a full inspection. They published their findings, on their website on 9 December 2018. The overall rating for the Trust is 'Requires Improvement'. A detailed improvement plan is in place to address all of the actions identified by the CQC in their report.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

Register of interests

The Trust has published on its website, an up-to-date register of interests for decision-making staff, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

Trust Board

The Trust is governed by the Trust Board comprising of six Non-Executive Directors including the Chairman, two Associate Non-Executive Directors (non-voting), and eight Executive Directors (three non-voting), including the Chief Executive. During 2018/19, there have been the following changes to Board members:

- Jane Gilbert, resigned as Non-Executive Director from 31 March 2019
- Guy Cattell, appointed as Associate Non-Executive Director from 1 September 2018
- Phillip Marshall, appointed as Director of Workforce and Organisational Development from 1 September 2018.

The overarching governance framework for the Trust is set out in detail in the Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.

The Board has overall responsibility for determining the future direction of the Trust and ensuring delivery of safe and effective services in accordance with legislation and principles of the NHS. The Trust Board also ensures that the organisation complies with relevant regulatory standards.

The Trust Board consider performance against national priorities set out in the NHS Improvement Single Oversight Framework for NHS Providers, which sets out how NHS Improvement works alongside trusts to support the delivery of high quality and sustainable services for patients. The Trust is rated as '3' on the NHS Improvement Finance Score Metric where 1 is the best score with 4 the worst. An overall score of 4 or 3 indicates that support may be required.

Performance is reported and discussed monthly at the Trust Board meeting in an integrated report to ensure that quality and finance, as well as workforce and access, are considered together.

Sustainable development

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust also submitted a bid to NHSI for LED funding which was made available in December 2018 but was unsuccessful. The Trust is now in the process of applying to Salix which provides interest-free Government funding to the public sector to improve energy efficiency, reduce carbon emissions and lower energy bills.

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

The Trust has an established governance framework to underpin economy, efficiency and effectiveness of its use of resources in delivering its strategic objectives, operational plans and financial plans. Key matters are reported to Board through this framework which includes the following.

A monthly Finance and Performance Group (FPG) chaired by the Director of Finance and attended by Executive Directors to hold divisions to account for their overall performance including finance, performance, HR and activity. This balanced view of performance facilitates an in-depth scrutiny of economy, efficiency and effectiveness at a more granular level. Differential reporting arrangements have been introduced during this financial year whereby those divisions with higher risk

have enhanced reporting to FPG on a fortnightly basis

The efficiency agenda is led by the Chief Executive Officer. A Programme Management Office (PMO) oversees the development of the robust Cost Improvement Plan (CIP). To facilitate delivery of the CIP plan, these plans are monitored at weekly meetings chaired by the Director of Finance and monthly by the Chief Executive.

The Trust completed a Finance and Service Sustainability plan which was submitted to NHSI at the end of October 2018. The plan set out a medium term financial recovery plan, based on a set of assumptions. The plan used the most up to date Service Line Reporting/model hospital information focusing in on the top 10 specialities that contribute most to the Trust deficit. The plan will be taken forward into the next financial year to support the Trust to deliver its financial target over the medium term.

The Trust has effective, robust budgetary control systems, internal financial controls and procurement and tendering systems in place.

The Trust has reported a deficit of £18.4 million including Provider Sustainability Funding of £13 million at 31 March 2019, which is £12.9 million worse than the financial plan deficit of £5.4 million, and £1.9 million better than the previous year. The Trust's financial performance is reviewed and scrutinised in detail at the Resource and Performance Committee and at Trust Board.

It should be noted that during 2018/19, the Trust commissioned an external review from BDO to support the Trust in achieving its control total and to check the Trust analysis of the underlying deficit and its causes.

Information governance

The Trust has an Information Governance Steering Group (CIGSG) which meets every eight weeks chaired by the Trust Caldicott Guardian. Membership includes the Trust's Senior Information Risk Officer and Data Protection Officer. The Group takes an active role in overseeing the delivery of information governance within the Trust, to ensure that all information used, especially that relating directly or indirectly to patient care, is managed carefully, responsibly, within current law and with due regard to considerations of privacy such as those defined in the Data Protection Act 2018 (incorporating the General Data Protection Regulations EU GDPR 2016/679) and the Caldicott Principles.

The NHS Data Security and Protection Toolkit for Acute Trusts provides an annual, mandatory assessment of Trust standards. The toolkit is completed by completed by the Information Governance team and specialists from across the organisation.

Information Governance training, required annually, ensures staff are familiar and knowledgeable regarding their individual responsibilities to safeguard the confidentiality of data and its handling. The training includes the Caldicott principles, Data Protection Act 2018 Awareness incorporating EU GDPR 2016/679, National Data Guardian for Health and Care (2015) and Common Law Duty of Confidence.

Compliance is tested by regular internal audits and spot checks, data privacy impact assessments on new information assets and changes to use of those assets, annual risk assessments of information assets, annual review of processes involving the use of personal identifiable data, annual review of data sharing

agreements, annual review of data processing agreements, review of supplier contracts, annual review of security policies, and annual penetration testing including NHS Digital's CareCert audit.

During the year, the Trust experienced a loss of data due to a fire at an outsourced medical records scanning company. This incident was reported through the Information Commissioners' Office reporting mechanisms and remains under investigation.

Also, in 2018/19, there was an incident where the pathology and general ledger daily backup tapes for one day were misplaced. This was reported as an incident and a full investigation took place. Actions required have been completed. There is considered to be a low risk of re-occurrence and a low information governance risk.

The Trust has had some minor breaches of confidentiality during the year and in all cases the incidents have been reported and investigated. Of the incidents reported to the Information Commissioner's Office (ICO), the ICO has stated that they were non-reportable and no actions have been required from the Trust. However, the ICO has required the Trust to develop a Subject Access Request Policy and this has now been published on the Trust intranet policy library.

Annual Quality Account

The directors are required under the Health Act 2009 and the NHS (Quality Account) Regulations 2010 (as amended) to prepare a Quality Account for each financial year. The Quality Account priorities are set at the start of the year and progress is monitored by the Quality Committee. The performance data for these measures is derived from the Trust performance management system and is subject to validation checks and a rolling internal audit data quality review.

Compliance with the NHS Provider Licence

Since 2017/18, NHS trusts have been required to make an annual statement of confirmation in relation to compliance with elements of the NHS Provider Licence as follows:

- G6 – Meeting the requirements of the licence and the NHS Constitution, and having implemented effective arrangements for the management of risk
- FT4 – Relates to corporate governance arrangements covering systems and processes of corporate governance in place and effective; effective Board and Committee arrangements; compliance with healthcare standards; effective financial decision making; sufficient capability and capacity at Board and all levels in the organisation; accountability and reporting lines.

The Board was provided with assurance of how the Trust meets these requirements in May 2019 and confirmed that the statement of compliance was appropriate.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and

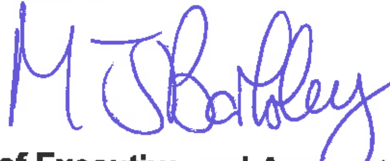
other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Governance Committee, the Resource and Performance Committee and the Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Conclusion

In conclusion, the Trust had the following significant internal control issues in 2018/19:

- Achievement of the Trust Financial Plan for 2018/19, which is described in the Review of Economy Efficiency and Use of Resources Section above, and included in the Board Assurance Framework. It should be noted that during 2018/19, the Trust commissioned an external review from BDO to support the Trust in achieving its control total and to check the Trust analysis of the underlying deficit and its causes.
- Failure to achieve Endoscopy Service JAG Accreditation by July 2018. Failure to be ready to apply for accreditation was identified in June 2018 and was a reflection of a number of issues within the project. An external review was commissioned and the findings received in October 2018. The external review highlighted a number of key actions for the Trust to address to reduce the risk of a similar situation happening again.

Signature:



Chief Executive and Accountable Officer: Martin Barkley
Organisation: The Mid Yorkshire Hospitals NHS Trust
Date: 23 May 2019

CHAPTER FOUR

THE QUALITY ACCOUNT

Chief Executive's quality statement

We are pleased to present the Mid Yorkshire Hospitals NHS Trust Quality Account 2018-2019. This document is an honest reflection of our performance, challenges and achievements during 2018/19 and describes revised quality improvement priorities for 2019-2020. To the best of my knowledge, the information in the Quality Account is accurate.

Our regular Friends and Family Test surveys show that most people who encountered our services during the year had a positive experience. 96.8% said they would recommend the Trust to friends or family. This is a testimony to our dedicated staff, who constantly go the extra mile.

Whilst we have seen some significant and sustained improvement against indicators of safety and quality, such as mortality and infection prevention in recent years, we continue to face challenges in relation to matching our capacity to the demand for our services. Whilst more patients have been seen and treated within the four-hour standard, we nevertheless do not achieve 95%.

Our Urgent Treatment Centre at Pontefract Hospital was opened in April 2018 and has consistently achieved the Emergency Care Standard. Currently 99.2% of patients attending the Urgent Treatment Centre are seen within four hours. Waiting time for our patients and for treatments are sometimes longer than the 18-week standard but the number of patients waiting longer than 18 weeks has reduced. More than 86% of patients are seen and treated within 18 weeks, a 1.6% improvement from March 2018 (85.1%) to March 2019 (86.7%).

In 2018 the Care Quality Commission (CQC) carried out two unannounced inspections of our services in Pinderfields Hospital, Pontefract Hospital and Dewsbury & District Hospital. Whilst we received an overall provider rating of 'Requires Improvement' which is unchanged from our previous inspections, there were a great many demonstrated improvements in the quality and safety of our services. The Trust overall 'Effective' rating was improved to 'Good'. There was also notable improvement in core services such as medical care in Pinderfields and Dewsbury & District Hospital, which achieved a rating of 'Good'. We are proud to say that the Critical Care Unit in Pinderfields Hospital was rated 'Outstanding' against the Caring key question. We continue to work hard to achieve an overall rating of 'Outstanding' for our Trust. The Trust Board monitors the quality of services against the CQC domains of caring, safe, effective, responsive and well led through monthly reports, which are reviewed in detail by the Quality Committee.

During 2018/19, the Trust has worked in collaboration with the University of Bradford to establish a School of Nursing based at Dewsbury and District Hospital. This is a valuable opportunity for more local people to qualify as a registered nurse whilst being based at a hospital site rather than a university campus. It is hoped that this venture will encourage people from the local area to join the profession. The first cohort is just about to enter their second year of study and the second cohort start their degree course in April 2019.

Members of the Board and Executive Team regularly visit the wards and departments across the Trust. This provides the opportunity for the Board to see first-hand the care being provided to patients and for staff to provide feedback on their own experiences.

An important part of the Quality Account is looking forward to the year ahead. We are pleased to include our new Quality Improvement Priorities for 2019/20, which will support our endeavours to provide excellent and high quality healthcare for our patients.

Progress made against the new Quality Improvement Priorities will be monitored and reported via the established governance structure. This includes monitoring each of the priorities via the Quality Committee sub-committees where indicators and metrics are reported through the Quality Dashboard directly to the Tier 1 Quality Committee which, in turn, reports to Trust Board.

Signed: MJ Barkley

Chief Executive and Accountable Officer: Martin Barkley
Date: 23 May 2019

Priorities for improvement and statements from the Board

Review of 2018/19 Quality Priorities

Domain	Priority number	Outcome measure/indicator	Metric	2017/18 performance	2018/19 performance	Performamnce improved?
Safe	1	Reducing all forms of preventable Trust attributable healthcare associated infection (HCAI): MRSA bloodstream infections , Clostridium Difficile infections ,(CDIFF) including a reduction in Gram Negative Blood Stream Infections-% reduction yet to be determined.	Total number of MRSA bloodstream infections-national objective being a Zero tolerance to preventable infections.	4	1	
			Total number of CDIFF cases-national objective for 2018/19 no more than 26 cases	37	46	
			Total number of gram negative blood stream infections-reduction to be determined.	108	101	
	2	Continually improve clinical services and practice with regard to two areas which can be a significant cause of mortality, namely Acute Kidney Injury (AKI) and Sepsis	=/> 90% of patients to be screened for Acute Kidney Injury	55%	65%	
			=/> 90% of patients to be screened for sepsis in ED	93%	98%	
	3	As part of its commitment to delivering 'Harm Free Care', the Trust will continue to build on work undertaken in 2015/16 to prevent avoidable harm from falls	Rate of falls resulting in harm per 1,000 bed days to equate to 1.53	1.59	1.36*	
	4	Reducing the consumption of antibiotics and optimising prescribing practice	Reducing the use of Carbapenems by 2%	-30.1%	-60%	
			Reducing overall consumption of antibiotics by 1%	Increase of 14%	15% increase	
	5	Reduce the incidence of pressure ulcers	Reduce the incidences of category 2-4 pressure ulcers in the community by 10% from 2017/18 baseline data - presented as a % of the patients held on the community caseloads	18.33%	16.48%	
			Reduce the rate of incidence of category 2-4 pressure ulcers in the Acute Hospital to 4.23	1.93	2.09	
Experience	6	Review all ward nursing models of care to investigate alternatives roles to delegate identified tasks to other roles'	Nurse staffing review for each area twice a year	Annual staffing reviews complete. Bi-annual check and challenge - latest undertaken Oct 18.		New to 2018/19
	7	To provide our patients with the best possible experience demonstrated by better than the national average Friends and Family score.	=/> 95.7%	96%		
			Inpatient/Daycase	97.2%	97.3%	
			A&E Services	95%	95.2%	
			Maternity (Postnatal Ward)	92.8%	93.5%	
	8	Improve the understanding of information given to patients at discharge about the effects of their medication	Increasing % of patients reporting being told about medication side effects to watch out for when they go home	44% (Sept 2017)	55% (Sept 2018)	
Effective	9	Electronic discharge summaries will be sent to GPs within 24 hours	90% electronic discharges sent <24 hours.	35.3%	37.70%	

*Falls rate for 2018/19 reflects the position at time of publication and is subject to change.

Key	
Performance improved	(green)
Performance has not improved	(red)

What the Trust has done to address the Quality Improvement Priorities

Priority One: Reducing all forms of preventable Trust attributable healthcare associated infection (HCAI): MRSA bloodstream infections, Clostridium Difficile infections (CDIFF) including a reduction in Gram Negative Blood Stream Infections.

The Trust has a comprehensive and robust infection prevention and control annual programme. This involves working with staff and the wider health economy to take the opportunity to learn from cases of infection across our services and educating, supporting and facilitating clinical colleagues in evidence based infection prevention practices.

At the end of March 2019, the Trust had reported 46 Trust-attributed Clostridium Difficile Infection (CDI) cases (37 cases in 2017/18). This is against the nationally set objective to have no more than 26 cases in 2018/19. 40 of the cases were deemed not preventable, whilst two were deemed as preventable (six preventable cases in 2017/18) and four cases remain in the review process.

A comprehensive Clostridium Difficile infection reduction plan is in place led by the Head of Infection, Prevention and Control. A rigorous post-infection review is undertaken on all cases of CDI and the cases are reviewed jointly with the patient's clinical team, the Infection Prevention and Control Team and representatives of the Kirklees Infection Prevention and Control Team who advise the Wakefield and North Kirklees Clinical Commissioning Groups (CCGs). The remit of this panel is to scrutinise the cases to determine if there were any lapses in care that contributed to the development of the infection. This allows us to determine if the infection was preventable.

Colleagues from Public Health England attended the Trust 13 November 2018 to review the Trust CDI position. Recommendations from Public Health England included:

- continue to promote multi-disciplinary review of all CDI cases including doctors
- review testing and diagnostic procedures, particularly in the emergency departments
- look at options for implementing antimicrobial three-day review: stop-start-continue antibiotics
- provide prompts for medical reflection on prescribing behaviour or post infection review, including information to clinicians for immediate patient review
- positive reinforcement for good practice
- develop a robust plan for using HPV post CDI infection
- introducing toxin gene PCR testing to distinguish between toxigenic and non-toxigenic CDI strains to free up space for others needing side rooms.

The above recommendations will be included in an improvement plan.

A number of clinical issues have been identified through the review process. These are a delay in:

- testing of stool samples on patient presentation to our emergency departments and/or on admission and recording of diarrhoea on a stool chart
- isolating patients with symptoms of a CDI was also identified and the review has also indicated a suboptimal antibiotic management

by primary care and hospital clinicians.

To address these issues, the Infection Prevention and Control Team has taken a number of actions including:

- hosting a CDI Summit in May 2018 where learning was shared and improvement pledges made by clinical staff
- feedback on all cases has been given to clinical teams and ward managers so that learning could be shared at their team meeting
- learning has been reinforced through staff training and safety briefs
- issues regarding antibiotic management and prescribing have been shared with prescribers and the wider health economy through the CCG Medicines Optimisation Teams
- lessons learned are disseminated through staff communication channels.

Whilst there is no national objective for Methicillin-Susceptible Staphylococcus Aureus (MSSA) bloodstream infection cases, the reduction of cases of MSSA was included as a Quality Improvement Priority in the Trust Quality Account for 2018/19. At the end of March 2019 the Trust had reported 17 Trust attributed cases (26 cases at the end of 2017/18).

There is a national objective to reduce gram negative (E-coli, Klebsiella and Pseudomonas) bloodstream infection cases by 25% by 2021 with an aspiration of 50% reduction by 2023-24. At the end of March 2019 the Trust had reported 70 E-coli cases (72 cases at the end of 2017/18), 18 Klebsiella cases (21 cases at the end of 2017/18) and 13 Pseudomonas cases (15 at the end of 2017/18). The Trust has a comprehensive reduction plan to reduce E coli bloodstream infections. This plan aligns to the health economy reduction plan; however, the majority of these infections are not thought to be associated with prior healthcare.

Priority Two: Continually improve clinical services and practice with regard to two areas which can be a significant cause of mortality, namely acute kidney injury (AKI) and sepsis.

Sepsis and acute kidney injury (AKI) were selected as Quality Improvement Priorities for this year because we know that a significant improvement in clinical outcomes can be achieved through early detection of these conditions.

In line with national expectations the aim was that 90% of eligible patients in the Trust's emergency departments would be screened for sepsis. To date during 2018/19, 98% of eligible patients were screened for sepsis; this is an improvement on 93% the previous year. A number of junior doctors are working in collaboration with the sepsis lead consultant in undertaking quality improvement projects in relation to increased use of the sepsis screening tool, which will be written up and presented on completion.

For AKI the Trust committed to ensuring key information showing that patients had been screened was to be recorded in discharge summaries. Performance during the year is 65% compared to 55% last year showing an upward trend (target is ≥90%). The Trust has not seen the expected improvement and further actions have been identified to deliver this improvement although some improvement has been demonstrated.

This year has seen a number of initiatives and actions that have kept Trust-wide focus on sepsis and AKI and there have been some positive improvements, particularly in relation to antibiotic

administration in sepsis. This is largely due to the collaborative working between the Medical Director's Office, the Trust sepsis group, Pharmacy and engagement with clinical leaders. The introduction of the national Antibiotic Review Kit (ARK) study, which has changed the process by which antibiotics are reviewed, appears to have had a positive impact on performance in this area with 71% in 2018/19 compared to 63% last year.

Although our hospital standardised mortality ratio (HSMR) for Aug 17- July 18 is 115.9 compared to 103.3 last year, a review of sepsis deaths undertaken by members of the sepsis group revealed that around 50% of deaths coded as sepsis did not have sepsis identified on their death certificate. Work is ongoing in relation to how the Trust can monitor this information as a way of assurance. It is believed that increased awareness and knowledge are linked to increased diagnosis and therefore an increase in clinical coding for sepsis

Other sepsis work streams delivered throughout 2018/19 have included:

- engagement from the Infection Prevention and Control (IPC) team with community care settings, particularly in relation to urinary tract infections (UTIs), to provide education, awareness and documentation to keep patients out of hospital; a catheter passport has been devised in an attempt to reduce the number of catheter related UTIs
- a pilot in respiratory areas in use of Procalcitonin tests in order to exclude sepsis in patients presenting with exacerbation of chronic obstructive pulmonary disease (COPD)
- consultant-led multidisciplinary team sepsis ward rounds, enabling on the spot microbiology advice
- an annual sepsis campaign week.

From April 2018 to present day, the Trust has seen a total of 1922 patients who have presented with or developed a stage 2 or 3 AKI. These are logged and tracked by the Sepsis/AKI nurse and followed up within the clinical setting, giving advice and input into clinical management and discharge information.

AKI work streams delivered throughout 2018/19 have included:

- a focused fluid balance month concentrating on education for nursing staff
- an AKI/hydration awareness campaign targeted at staff and visitors focusing on healthy kidneys
- a review and update of the fluid balance policy
- approval to trial an AKI care bundle to help guide more timely and appropriate treatment.

The Trust has recently appointed an Associate Medical Director for Quality and Patient Safety whose remit will incorporate working closely with the sepsis and AKI leads, and overseeing the work streams and performance. A more collaborative approach between sepsis and AKI is being adopted, and it is anticipated that further improvements will be made over the next year.

Priority Three: As part of its commitment to delivering 'harm free' care, the Trust will continue to build on work undertaken in 2015/16 to prevent avoidable harm from falls.

This Quality Improvement Priority focuses specifically on harm caused by falls and aims to reduce the number of people who have a fall that results in harm per 1,000 bed days by 10%. The Trust position for the year end of 2018/19 showed an overall 11.1% decrease against the total number of falls recorded compared to 2017/18.

The Trust falls prevention programme was developed using evidence and experience from other trusts, the Royal College of Physicians and NICE guidance.

In 2018/19 the Trust has worked hard to build on the achievements of the previous year and to expand the 'reduce falls culture' within the Trust by developing a 'harm free' approach to falls prevention. This has been achieved by working alongside the Falls Workstream Group and with other 'harms' workstreams including Pressure Management and Nutrition/Hydration Groups, harnessing a collaborative approach to patient safety. A number of projects have been introduced and are summarised below.

- Trust-wide roll out of the 'falls risk' wrist bands.

- 'Falls February' was held in February 2019 to promote and to help raise awareness to staff and demonstrate the support available. The month included information stands from Carelink, Age UK and Live Well Wakefield. Activities incorporating PJ Paralysis, Dementia Awareness, including the empathy suit, lie-flat hoist demonstrations and 'Pimp My Zimmer' competition.

- Continued expansions of safety huddles alongside the Improvement Academy; the Trust has more coaches trained and able to support more wards. We have also celebrated success through Twitter, with the help of the Communications Team.

A number of other practical falls prevention initiatives were launched across the Trust in 2018/19 to assist all staff, clinical and non-clinical, to help reduce the risk of patients falling whilst in the Trust's care. Examples include the following.

1. Participating in the National Audit for In-Patient Falls (NAIF).
2. Purchase of five lie flat hoists.
3. Research project on red Zimmer frames.
4. Development of post falls proforma documentation which is now Trust wide.
5. In situ falls prevention training for individual wards
6. A pilot of the 'bedside vision check for falls prevention'.
7. Falls screening tool in Emergency Department has been redesigned.
8. Revision of the Falls Policy has commenced with a working group.
9. Multifactorial Falls Risk Assessment Tool has been redesigned.
10. There has been a trial of the post falls root cause analysis document, which is ongoing.

Priority Four: Reducing the consumption of antibiotics and optimising prescribing practice.

During 2018/19, there has been a concerted effort by Antimicrobial Pharmacy, Infection Prevention and Control (IPC) and Microbiology Teams to lead improvements in antimicrobial use to achieve better experience and health outcomes for patients. Notable activities by the Antimicrobial Stewardship (AMS) Team include the following.

- Introduction of the ARK study (Antibiotic Review Kit), a National Institute for Health Research portfolio study to improve review of antibiotics within 72 hours, which has improved antibiotic review by senior medical staff within 72 hours.
- Influenza point of care testing during the winters 2017/18 and 2018/19 has improved treatment and isolation of patients with influenza. In 2017/18 a positive point of care test was associated with a two-day reduction in antibiotic use per patient.
- Updated local antimicrobial resistance reports on the Trust intranet (antibiograms) to inform guideline development, led by the Information Analyst – Antimicrobials.
- Regular presentations of audits and updated guidelines to Executive, divisional, and specialty meetings.
- Support for the junior doctor antimicrobial prescribing audit.
- Education sessions for doctors, nurses and pharmacists.
- Regular antimicrobial ward rounds on the Intensive Care Unit, Gate 21 Haematology, Acute Care of the Elderly Unit, Infection Prevention and Control (Trust wide) and sepsis review (Pinderfields site).
- Improved use of home intravenous antibiotics, led by the Specialist

Pharmacy Technician - Antimicrobials.

- Emergency department antimicrobial prescribing behaviour project led by the Advanced Clinical Pharmacist - Antimicrobials and HIV.

Targets for 2018/19 and 2019/20 in relation to antimicrobials are as follows.

- A 1% reduction in Meropenem consumption compared with January – December 2017. This target is currently being achieved due to guideline restriction.
- A 2% reduction in overall antimicrobial consumption compared with January - December 2017. This target is not currently being achieved as of March 2019, with an increase in consumption noted. This relates partially to an improvement in the pattern of prescribing, with more targeted antibiotics being used for patients. This increases the overall figure because more antibiotic combinations are required.
- Incorporation of antimicrobial stewardship into electronic prescribing and medicines administration, for implementation in 2019.

A significant risk to the achievement of the above indicators is the shortage of specialist infection doctors. This has necessitated a creative approach to provision of infection expertise, involving more pharmacy, nursing and scientist input, locum staff, and support from medical microbiologists across Yorkshire and the Humber.

Priority Five: Reduce the incidence of pressure ulcers.

Ensuring patients do not come to harm whilst in the Trust's care is a key priority. Pressure ulcers are a key quality indicator and over the last few years there have been widespread changes in clinical practice including the introduction of systematic risk assessment processes, investment in pressure relieving mattresses and numerous other quality improvement initiatives.

In June 2018 NHS Improvement published the Pressure Ulcers: Revised Definition and Measurement summary and recommendations for trusts in England; these support a consistent approach to defining, measuring and reporting pressure ulcers. The intention is to provide each trust with an accurate profile of pressure damage so it can improve.

In May 2018, the Trust joined 22 other trusts in the NHSI Stop The Pressure Ulcer Collaborative. This was a great opportunity for the Trust to learn some new skills, to network with colleagues from around England who are working to reduce pressure ulcers, and a space for us to test improvement ideas in the Trust.

The Trust has a priority to reduce the incidence of pressure ulcers both within the hospital and also in the community, and the measures set to demonstrate achievement are as follows:

- At the end of 2018/19, the Trust achieved an overall decrease in Category 2-4 pressure ulcers of 19.7% compared to 2017/18.
- In 2019/20 we aim to reduce the incidence of Category 2-4 pressure ulcers in the Trust by 10% from 2018/19 baseline data.

Over the last 12 months the Trust has continued to strive towards reducing the number of hospital and community acquired pressure ulcers.

In the community the Trust introduced camera phones to record images of pressure ulcers. This has aided correct categorisation of wounds, early review and treatment guidance from the Tissue Viability Team and subsequent monitoring of any healing or deterioration of the wound. MY Therapy and community podiatry have completed training, and can now order pressure relieving equipment to prevent any delay in patients receiving pressure relieving devices. In June 2018 a 'dressings on the shelf' initiative commenced, ensuring the patient receives the right dressing at the first visit and there are no delays in treatment.

A senior nurse reviewer has been implemented to confirm and categorise pressure ulcers, alongside a daily handover and aide memoire which includes a review of pressure ulcer compliance. Many community patients reside in care homes. The Trust community nursing teams are supporting care homes with education and training regarding pressure ulcer prevention and management.

In the acute hospital the Trust has implemented training regarding skin assessments and preventative care into all the emergency departments and maternity wards.

A new pathway has been developed to complement the Purpose T Pressure Ulcer Risk Assessment Tool. This now directs staff to the actions they should take dependent on the level of risk of developing a pressure ulcer. The Trust continues to review and assess the SSKIN (Surface, Skin Integrity, Keep Moving, Incontinence, Nutrition) Assessment document to ensure it is user friendly and fit for purpose.

In May 2018 several wards in the Trust signed up to the 70-day PJ Paralysis Challenge. The campaign was aimed at improving patient activity and reducing the risk of complications associated with immobility, including the development of pressure ulcers.

In September 2018 the Tissue Viability Team and members of the Quality and Safety Team led a staff and public awareness campaign for International Stop the Pressure Day. The campaign was aimed at increasing healthcare professional and public awareness about the damaging impact of pressure ulcers.

Staff were asked to wear a red dot in key pressure points to start the conversation around preventing pressure ulcers.

In November 2018 the Pressure Ulcer Prevention and Management Care Bundle was launched. The pressure ulcer care bundle is a group of best practice interventions, tested locally and nationally, that when utilised help to reduce the development of pressure ulcers.

A Rapid Programme of Improvement Work was undertaken in December 2018. As a result of the improvement work the Tissue Viability Nurses are currently reviewing all hospital inpatients across the acute Trust within one or two working days.

Priority Six: Review all ward nursing models of care to investigate alternative roles to delegate identified tasks to other roles.

The National Quality Board (NQB) issued guidance to all trusts in July 2016 entitled 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing' to apply to nursing and midwifery staff and the broader multi professional workforce, in a range of care settings, to help NHS make local decisions that will support optimisation of productivity, efficiency whilst maintaining the focus on improving quality delivering high quality care for patients within the available staffing resource.

This gave an approach to deciding staffing levels and skills based on patient need, acuity and risks, which is monitored ward to board.

The development of new models of care through the Sustainability and Transformation Plans requires the Trust to think differently about staffing decisions, building teams across traditional boundaries and ensuring they have the full range of skills and expertise to respond to patient need across different settings, and allowing for alternative roles to be introduced to the traditional model of the nursing workforce.

The guidance gave three key measures that need to be considered when looking at alternative models of care to implement new roles. These are:

- introducing the care hours per patient day (CHPPD) metric as a first step in developing a single and consistent way of recording and reporting staff deployments and understanding the number of hours of care required by each patient
- identifying a triangulated approach - 'right staff, right skills, right place and time' - to staffing decisions
- offering guidance on using other measures of quality, alongside CHPPD to understand how staff capacity may affect the quality of care.

The Trust has therefore taken the following approach when introducing new roles into the non-medical workforce.

- An annual strategic staffing review is undertaken using evidence based tools (Safer Nursing Care Tool - SNCT) and professional judgment. Comparison with peers in local surrounding hospital trusts is also used to benchmark our decisions.
- The Trust Board is provided with a staffing review report following the review within six months, making recommendations of staffing, role and service changes.

By undertaking this approach the Trust has introduced a number of new roles in to the workforce. The nursing associate is a new role which is aimed at bridging the gap between the non-registered workforce and the registered nurse. The role is still registered and regulated but is designed to support the implementation of the planned care identified by the registered nurse.

To date the Trust has employed 89 apprentices on to the Trainee Nursing Associate Programme over three cohorts, the first due to qualify in June 2020. In

addition, the Trust is piloting a new role of advanced pharmacy technician where this worker is part of the nursing team, administering medication for part of the 24-hour period and providing advice on medication to patients. This releases the registered nurses' time to undertake other care needs of patients that cannot be undertaken by a non-registrant in the workplace. The pilot is already showing very positive results and it is anticipated further development in recruitment of this role will occur in the next 12 months.

Implementing a new role in to the workforce can be challenging. However, the Trust has followed national recommendations and guidance to ensure a robust governance process is in place to monitor the impact on quality and safety of patient care, and is reassured that this measured approach will prevent any of these issues arising.

Priority Seven: To provide our patients with the best possible experience demonstrated by better than the national average Friends and Family Test Score.

The Friends and Family Test (FFT) is a national initiative which gives patients the opportunity to provide feedback on the care they have received, and gives staff valuable information to support service improvement.

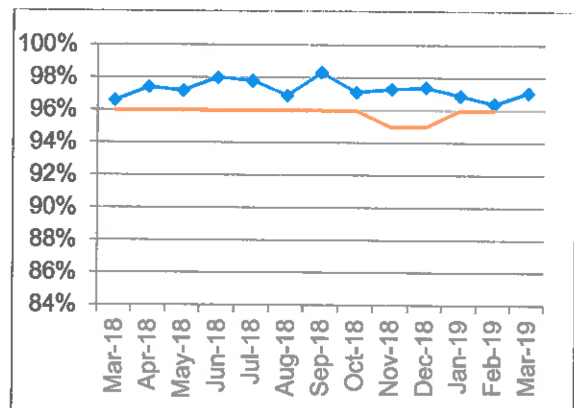
The FFT question asks users of Trust services how likely they would be to 'recommend' the services they have used. There is also the opportunity to leave comments on what was 'particularly good' or what 'could be improved', which provides a rich source of feedback on both good and poor patient experience.

The Trust 'recommend' scores for inpatients and day case, emergency services, outpatient and community services have remained above the national average. Maternity services (at birth) have shown the most variation in scores with two months' results dropping below the national average. Maternity staff have reflected on these results and triangulated these with other sources of feedback to look at ways to make improvements.

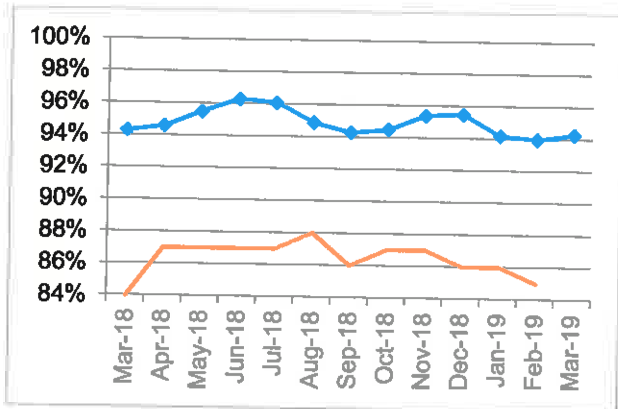
The graphs below show the proportion of patients who say they would 'recommend' the relevant service as a place to receive care if family or friends needed similar care or treatment.

The following key relates to all graphs. National average for FFT data is late in publication; therefore March 2019 national average is not available at time of report.

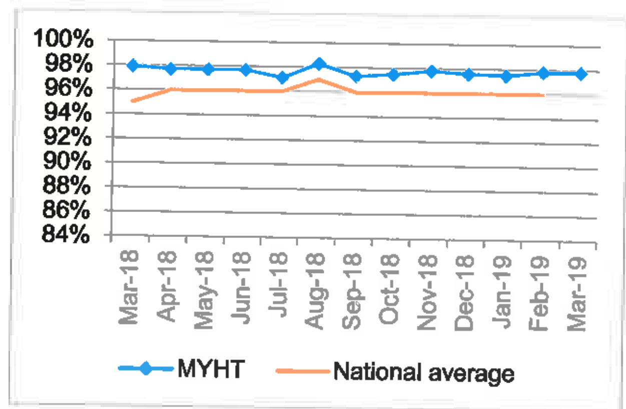
Inpatients and day cases – recommend scores



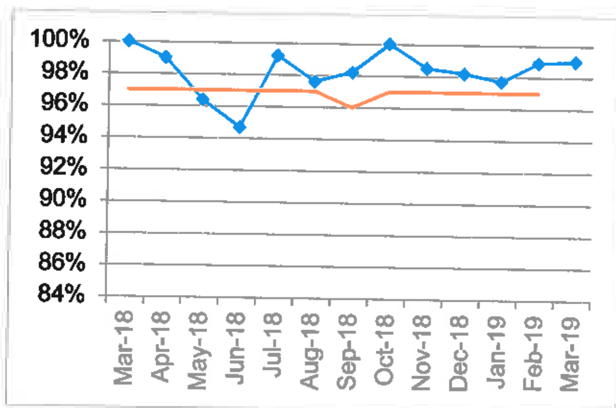
Emergency services – recommend scores



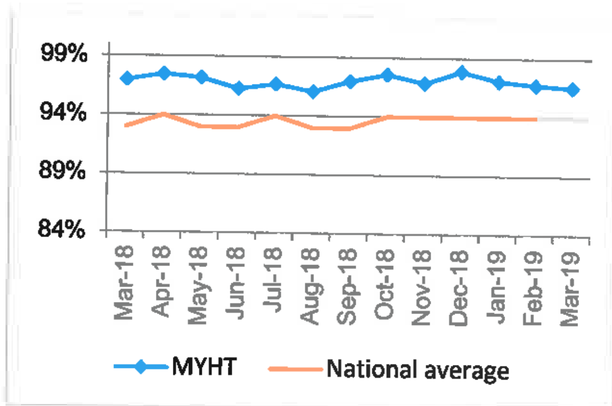
Community services – recommend scores



Maternity services (at birth) – recommend scores



Outpatient services – recommend scores



The Trust continues to monitor and encourage participation in the national FFT. Suggestions for improvement within the comments are used alongside other sources of patient experience feedback to support the implementation of changes. The majority of the feedback is positive, and very much welcomed, and is used to identify ideas for sharing and helps raise morale amongst staff.

Priority Eight: Improve the understanding of information given to patients at discharge about the effects of their medication.

The Trust values feedback from patients through the national patient survey. In response to this feedback, the Trust is working hard to improve the quality of information that patients receive about their medication when they are discharged from hospital.

Actions have focused on listening to what patients fed back about their experience and also on encouraging patients to ask questions about their medicines. Feedback from the national patient survey has been reviewed and the Pharmacy Patient Experience Group continues to work to improve information provided to patients.

The group reports into divisional and Trust-wide patient experience groups, overseen by the Quality Committee (a sub-committee of the Trust Board), as it is recognised that a multi-disciplinary approach is required to maximise benefit to patients.

In-house patient surveys were carried out in September 2018 and March 2019, to ascertain patient satisfaction with information they receive regarding their medicines in hospital. These surveys demonstrated that patients continue to report greater satisfaction levels in our surveys than to the Picker survey, with a 47% improvement over the last 12 months in patients reporting they were told about medication side-effects. Additional patient surveys are being coordinated with the Trust's provider of outpatient pharmacy services to understand patients' experiences and check that patients are receiving appropriate information about their medications, and patients routinely report their satisfaction with the outpatient services.

A training package was developed and delivered to pharmacy staff in June 2018 to allow medicines optimisation staff to be able to counsel patients at ward level more effectively around their direct oral anticoagulant medications.

A patient information leaflet has been devised for patients who have recently suffered a myocardial infarction to give them more information about their new medications; piloting of this leaflet in early 2019 was successful and this has now been rolled out to the Cardiology Ward at Pinderfields and is being used by the Cardiac Rehabilitation Nursing Team also.

A further two near-patient dispensing terminals were implemented in the Pinderfields Hospital site during 2018/19; these were in addition to the two trolleys introduced in 2017/18 at Pinderfields allowing patients to be discharged more quickly and for the Pharmacy Team to provide all necessary information to patients at the point of discharge.

During July 2018, the Medicines Optimisation Team repeated the 'STOP' campaign (Speak To Our Patients), to maximise our interactions with patients. This was followed by the 'Ask your Pharmacy Team' promotion week in November 2018, where advice services to staff and patients were promoted; this encouraged patients and staff to ask questions about their medicines and links to the national 'Ask your Pharmacist' week.

Work also continues with the pharmacy IT system provider to look at larger print labels for visually impaired patients; however, this is dependent upon a national update to software and capabilities of the system.

The Pharmacy Team is exploring the use of a commercial tool to support development of more patient-friendly information about medicines and larger print leaflets.

Priority Nine: Electronic discharge summaries will be sent to GPs within 24 hours.

The NHS Standard Contract stipulates that discharge summaries (inpatient, day case and A&E attendances) are shared with GPs/referrers within 24 hours of discharge and that this information is shared electronically. It also states that the format and headings within the letter should be to a standard as set out by the Academy of Medical Royal Colleges (AoMRC).

The majority of discharges from the Trust are completed on a software system, SystmOne, that ensures they can be sent electronically, directly to GP practices who

use the same system. GPs who use a different software system are sent the summaries via NHSMail. The Trust uses other clinical systems such as EuroKing and BadgerNet from which, currently, it is not possible to send summaries electronically to GPs. The current practice is that the summaries are printed and posted to GPs, which does not meet the contractual requirement.

In January the SystmOne performance for discharge summaries, completed within 24 hours, was 47.8%. The overall Trust position was 37.7%, which is inclusive of all discharges. This shows that where discharge summaries cannot be sent electronically, this brings overall performance down.

So that the Trust can understand why compliance with SystmOne discharges is low, even though systems and processes are in place to achieve the 24 hours standard, observations were carried out in clinical areas over a number of months during 2018. These observations identified a number of issues and opportunities across a range of themes including:

- clinical engagement – so that clinicians complete discharge summaries in a comprehensive and timely manner and are aware of the importance of sending this information to GPs
- addressing technical barriers to transmission of discharge summaries electronically which is ongoing and is in testing phase; in addition, the access to and use of smart cards and the upgrade of systems to support electronic discharge
- addressing gaps in training and education to reduce variation in practice
- discharge summaries and supporting processes should not be reliant on one person or a particular clinician to complete; there is an opportunity for other types of clinician and staff members to be trained to complete discharge summaries and be involved in the process.

A number of specific actions and initiatives have been identified and implemented to address the particular themes outlined above, and performance over the year has continued to improve.

Priorities for improvement 2019/20

The Trust has undertaken a full review of progress made against the nine Quality Improvement Priorities set for 2018/19, including a review of the areas of the Quality Dashboard where the Trust is currently not achieving the agreed standard.

This review was undertaken by the sub-committees responsible for management of each priority and recommendations were made to the Quality Committee with regard to continuation or amendment. Therefore, taking into account recommendations from the sub-committees, progress update on priorities and a review of the Quality Dashboard, the Quality Committee approved the recommendation that the 2018/19 Quality Improvement Priorities be continued into 2019/20 to deliver further improvements.

The Trust has considered the views of the Trust's Stakeholder Forum, Healthwatch, the local authority overview and scrutiny committees and commissioners. Stakeholders confirmed that the priorities focused on last year remain highly relevant and therefore, the Quality Improvement Priorities for 2019/20 remain the same as in 2018/19 except for the following amendments:

- Metrics for all priorities except for Priority 1 have been updated.
- Priority 6, Review all Ward Nursing Models of Care, has been removed.

The following list of Quality Improvement Priorities for 2019/20 is therefore a product of this process.

Domain	Priority number	Outcome measure/indicator	Metric
Safe	1	Reducing all forms of preventable Trust attributable healthcare associated infection (HCAI): MRSA bloodstream infections, Clostridium Difficile infections (CDIFF) including a reduction in Gram Negative Blood Stream Infections (% reduction yet to be determined).	Total number of MRSA bloodstream infections-national objective being a Zero tolerance to preventable infections.
			Total number of CDIFF cases-national objective for 2019/20 no more than 73 cases
			Total number of gram negative blood stream infections-National objective to reduce gram negative bloodstream infection cases by 25% by 2021.
	2	Continually improve clinical services and practice with regard to two areas which can be a significant cause of mortality, namely Acute Kidney Injury (AKI) and Sepsis	**AKI:** • For all stage 2 and 3 patients who are for active treatment, establish a baseline position AND 75% to have an appropriately completed fluid balance chart by the end of Q1 • 100% of the above group of patients to have appropriately completed fluid balance charts by the end of Q4 • 90% of the patients above to have appropriately completed discharge letters
			Sepsis: 90% of patients to be screened for sepsis in ED 60% completion of the sepsis screening tool for appropriate inpatients
	3	As part of its commitment to delivering 'Harm Free Care', the Trust will continue to build on work undertaken in 2015/16 to prevent avoidable harm from falls	Number of falls resulting in harm per 1,000 bed days to equate to 1.37
	4	Reducing the consumption of antibiotics and optimising prescribing practice	1% reduction in meropenem consumption 2% reduction in overall antimicrobial consumption Incorporation of antimicrobial stewardship into electronic prescribing and medicines administration, for implementation in 2019.
	5	Reduce the incidence of pressure ulcers	Reduce the incident of Category 2-4 pressure ulcers in the Trust by 10% from 2018/19 baseline.
Experience	6	To provide our patients with the best possible experience demonstrated by better than the national average Friends and Family score.	Metrics to reflect those in the Integrated Performance Report. 'FFT scores are better than national average'
	7	Improve the understanding of information given to patients at discharge about the effects of their medication	Increasing % of patients reporting staff explained purpose of medicines – performance progress measured by the month +5 FFT data.
Effective	8	Electronic discharge summaries will be sent to GPs within 24 hours	90% electronic discharges sent <24 hours.

Statements of assurance from the Board

Review of services

During 2018/19, the Trust provided 131 relevant health services. These are:

Accident & Emergency	High Dependency Unit
A&E Primary Care Support	Intensive Care Unit
Anaesthetics	Intermediate Care
Anticoagulants	Interventional Radiology
Audiology	Looked after Children
Breast Surgery	Macmillan
Burns Care	Maternity Pathway
Burns Care Clinical Psychology	Medical Oncology
Burns Care Occupational Therapy	Neonatal Outreach
Burns Contract Adjustment	Neonatology
Burns Critical Care	Neurology
Cancer MDT	Neurology Learning Disabilities Epilepsy
Cancer Nurse Specialist	Obstetrics
Cardiac Rehab Post Discharge	Occupational Therapy
Cardiology	Ophthalmology
Children's Community Nursing	Oral Surgery
Child Community Medical	Orthodontics
Child Death Review	Orthoptics
Child Health Admin	Orthotics
Clinical Haematology	Pacemaker checks
Clinical Oncology	Paediatric Burns Care
Clinical Psychology	Paediatric Cardiology
Colorectal Surgery	Paediatric Diabetes Nurse Specialist

Community - Care Home Vanguard	Paediatric Diabetic Medicine
Community - Connecting Care Hubs	Paediatric Endocrinology
Community - Home First	Paediatric Epilepsy
Community Cardiology	Paediatric Gastroenterology
Community Dental	Paediatric High Dependency Unit
Community Diabetes	Paediatric Nephrology
Community Dietetics	Paediatric Neuro-Disability
Community Geriatrics	Paediatric Neurology
Community NIV	Paediatric OT
Community Rehab	Paediatric Respiratory Medicine
Community Specialist Nurses	Paediatric Rheumatology
Critical Care Medicine	Paediatric Therapies
Critical Care Outreach	Paediatrics
DAFNE	Pain Management
Dermatology	Palliative Care Team
DESP	Palliative Day care
Diabetes Foot Protection Team	Palliative Medicine
Diabetic Medicine	PERT
Diagnostic Imaging	Physiotherapy
Dietetics	Plastic Surgery
Direct Access Cardiology	Podiatry
Direct Access Dietetics	Radiology
Direct Access EEG	Rehabilitation
Direct Access Pathology	Respiratory Medicine
Direct Access Physiotherapy	Respiratory Physiology
Direct Access Radiology	Rheumatology
EEG	Speech and Language Therapy

Emergency Assessment Team	Spinal Injuries
Endocrinology	Spinal Injuries Clinical Psychology
Ear Nose and Throat	Spinal Injuries Occupational Therapy
Epilepsy	Single Point of Contact
Gastroenterology	Stroke Medicine
Gen Med - Ambulatory Care	Tissue Viability
General Community Nursing	Transient Ischaemic Attack
General Medicine	Trauma & Orthopaedics
General Pathology	Trauma & Orthopaedics Fracture Clinic
General Surgery	Upper Gastrointestinal Surgery
Geriatric Medicine	Urology
Gynaecological Oncology	Vascular Surgery
Gynaecology	Wakefield intermediate care unit
Gynaecology Early Pregnancy Assessment Unit	Weight Management Service
Hand Therapy	Youth Offenders Team
Hepatology	

The Quality Account is based on a review of data available on the quality of care in all 131 of these services. The Mid Yorkshire Hospitals has reviewed all the data available on the quality of care in 131 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by the Mid Yorkshire Hospitals NHS Trust for 2018/19. The whole of the income the Trust received in 2018/19 was spent on these services.

Further information about the services the Trust provides can be found at http://www.cqc.org.uk/provider/RXF/services.

Participation in clinical research

The NHS Constitution made a commitment for research and innovation to 'improve the current and future health and care of the population'. NHS England has made a commitment to ensure research systems are in place to promote and support participation by NHS organisations and NHS patients in research to contribute to economic growth. The Trust strategy describes the strategic objective to "provide excellent research, development and innovation opportunities".

The Trust recognises that it is perfectly positioned to be actively involved in research, development and innovation opportunities. Enhancing the Trust's involvement in these will strengthen our offering to patients and staff. The Trust actively engages with academic and healthcare organisations to explore and support research partnerships to improve care. The Trust is a partner organisation in the Yorkshire & Humber Clinical Research Network (YHCRN - a regional network to support research). This partnership working helps the Trust to support national commitments to research, including the NHS Mandate, the NHS Operating Framework and NHS Commissioning Guidance.

Between 1 April 2018 and 31 March 2019, over 270 studies were active within the Trust. Of those, 46 studies were new and opened during 2018-19.

The number of patients receiving relevant health services provided or subcontracted by Mid Yorkshire Hospitals NHS Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 2663. 98% (2620 participants) of this activity is related to research adopted onto the National Institute for Health Research (NIHR) portfolio. NIHRs 'adoption' is a nationally recognised sign of quality, meaning studies "attempt to derive generalisable (ie of value to others in a similar situation) new knowledge by addressing clearly defined questions with systematic and rigorous methods". Other studies were local, student or commercial and are peer reviewed internally at the Trust by an expert Trust group, again ensuring high quality standards are maintained.

The Trust is pleased to say that NIHR recruitment figures have exceeded the target set for us by NIHR for 2018/19, and that the Trust successfully recruited 2471 participants into non-commercial NIHR studies against the target of 1485.

The Trust has research activity across a wide range of clinical specialties. In 2018/19 the 39 new NIHR portfolio adopted studies were in a wide range of areas. These run alongside studies opened in previous years and new non-portfolio studies.

Research activity is overseen quarterly by a multidisciplinary Research Committee, chaired by the Trust's Research Director. Regular external and internal monitoring and audit are conducted on research activity with research quality overseen by a Research Quality Group, which reports to the Research Committee. Additionally, performance against the high-level objectives is managed by the YHCRN and National Coordinating Centre.

The Trust is an active member of the local Academic Health Science Network which brings together organisations in Yorkshire and Humber that have an interest in the health and wealth of the region. The Trust is also a member of Medipex, a healthcare innovation hub for NHS organisations across the Yorkshire and Humber and East Midlands regions, and industry and academia internationally. The Trust also has a track record of engagement with

commercial research organisations such as pharmaceutical companies and has been selected to recruit into eight new multi-centre international commercial studies in the last year.

In April 2018, the Trust held a research event attended by over 110 people, to share the impact of our research with colleagues and external partners and to facilitate new research partnerships.

Some highlights have included the following.

- The Trust has a growing portfolio of vascular research. 40 patients took part in a study which has informed the use of compression first over any other treatment and led to the creation of the new local patient pathway which will be adopted by the wider venous community.
- In a study looking at the management of hard to heal diabetic foot ulcers, 21 patients took part in a study which has helped test a treatment which has contributed to significantly reducing the healing time of diabetic foot ulcers. This was the first time both Pinderfields and Pontefract podiatry clinics were involved in research.
- In 2018 we were the first hospital in the UK to recruit a patient to a research trial which is looking at the novel therapy alternative to Botox which can reduce urinary incontinence in patients with two distinct neurological conditions such as spinal cord injuries and multiple sclerosis.

In the Trust's desire to continuously improve, a review of patient research experience has been undertaken. In December 2018/January 2019, 94 research patients completed a survey about their experiences. Findings are being analysed and will feed into service improvement. Comments made by patients completing these surveys have included the following.

"My personal journey has been well supported by the research team. Whenever I have needed assistance, they have been there to offer help and support."

"All the treatment was done in a professional way, by people who are committed and really dedicated."

"I am a big believer in research to help in the future."

Participation in clinical audit

Clinical audit helps the Trust to identify ways in which it can improve the care it provides for patients. During 2018/19 48 national clinical audits and six national confidential enquiries covered relevant health services that the Mid Yorkshire Hospitals NHS Trust provides. During 2018/19 the Mid Yorkshire Hospitals NHS Trust participated in 45, (96%) of the national clinical audits and 5, (83%) of the national confidential enquiries, it was eligible to participate in. Of the remaining two projects, both are under negotiation for delivery in 2019-20 and plans are in place for these to be undertaken locally using the national data set, giving the best achievable compliance with the audit programme. The national clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2018-19 are shown in a table included here as Appendix IV.

This also shows the National Clinical Audits and National Confidential Enquiries that the

Mid Yorkshire NHS Hospitals NHS Trust participated in and for which data collection was completed during 2018/19 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or entry.

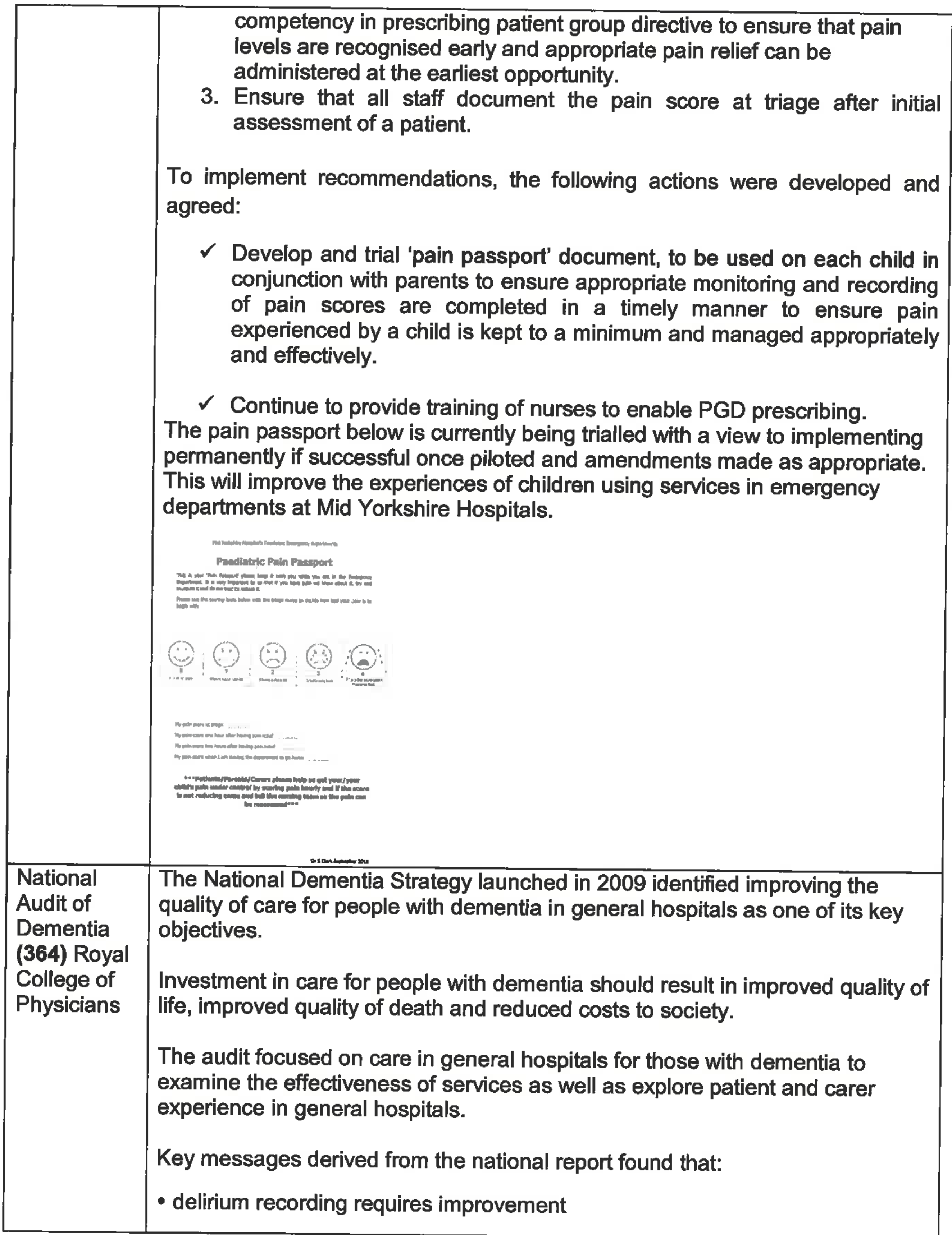
Local actions developed from national clinical audits

Quarterly audit reports for each division are published Trust-wide and shared across all clinical and management groups and include:

- project plans for all level 1 audits started from the Annual Audit Priority Programme (AAPP)
- project summaries with action plans for all completed audits
- activity tracking tables for each speciality to monitor progress of audit projects identified on the AAPP
- action tracking tables where actions have been identified for all completed projects.

The reports of 52 national clinical audits were reviewed by the Trust in April 2018 to March 2019, and the Mid Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National audit	Local actions/recommendation from national audit
Pain in Children **563** (College of Emergency Medicine)	Pain in children is one of the Royal College of Emergency Medicine (RCEM) clinical audit topics for 2017/2018. The purpose of the audit was to identify current performance in emergency departments against RCEM clinical standards. The five clinical standards audited against were: STANDARD 1: Pain score is assessed within 15 minutes of arrival STANDARD 2: Patients in severe pain (pain score 7 to 10) should receive appropriate analgesia in accordance with local guidelines (unless documented reason not to) STANDARD 3: Patents in moderate pain (pain score 4-6) should receive appropriate analgesia in accordance with local guidelines (unless there is a documented reason not to) STANDARD 4: 90% of patients with severe or moderate pain should have documented evidence of re-evaluation and action within 60 minutes of receiving the first dose of analgesic. STANDARD 5: If analgesia is not prescribed and the patient has moderate or severe pain the reason should be documented in the notes. The Trust's results showed a higher than national median percentage in all five standards. In order to maintain current practice and to further improve performance locally the following recommendations were identified: 1. All patients presenting with moderate or severe pain should have their pain reassessed 15 minutes after analgesia and 1 hour after analgesia. 2. Ensure appropriate nursing staff completed required training for



	competency in prescribing patient group directive to ensure that pain levels are recognised early and appropriate pain relief can be administered at the earliest opportunity. 3. Ensure that all staff document the pain score at triage after initial assessment of a patient. To implement recommendations, the following actions were developed and agreed: ✓ Develop and trial 'pain passport' document, to be used on each child in conjunction with parents to ensure appropriate monitoring and recording of pain scores are completed in a timely manner to ensure pain experienced by a child is kept to a minimum and managed appropriately and effectively. ✓ Continue to provide training of nurses to enable PGD prescribing. The pain passport below is currently being trialled with a view to implementing permanently if successful once piloted and amendments made as appropriate. This will improve the experiences of children using services in emergency departments at Mid Yorkshire Hospitals.
National Audit of Dementia (364) Royal College of Physicians	The National Dementia Strategy launched in 2009 identified improving the quality of care for people with dementia in general hospitals as one of its key objectives. Investment in care for people with dementia should result in improved quality of life, improved quality of death and reduced costs to society. The audit focused on care in general hospitals for those with dementia to examine the effectiveness of services as well as explore patient and carer experience in general hospitals. Key messages derived from the national report found that: • delirium recording requires improvement

	• personal information to support better care must be accessible • services must meet the nutritional needs of people with dementia • championing dementia means supporting staff • involve the person with dementia in decision making. Based on those, a comprehensive action and quality improvement plan was developed and agreed and has now been completed, led and supported by the Trust Dementia Lead and Dementia Lead Nurse. Delirium: • identification and management on wards • promote completion of cognitive score (AMTS) by junior doctors via ward based education sessions • senior management (Deputy Chief Executive/Director of Nursing and Quality) support of delirium and dementia screening by ward nurses • review of Trust's Dementia Care Pathway to ensure clear links to delirium pathway from dementia pathway. Personal information use: • audit of 'Forget-me-not' document throughout the year by Dementia Support Team with findings shared at the Dementia Steering Group • widen sharing of the findings to include Trust Dementia Champions meetings, ward managers and at ward meetings with staff • Trust Dementia Lead to discuss with local clinical commissioning group (CCG) the proposal of having a nationally backed monitoring programme aimed at embedding the collection, sharing and use of person centred information. Nutrition: • Dementia Lead Nurse to contact Catering Lead Manager to obtain support for future tendering for catering contracts to request provision of finger foods for main meals and access to a range of snacks 24 hours a day • ongoing promotion of open visiting and John's Campaign by Dementia Lead and Dementia Lead Nurse to ensure Medical and Nursing Directors continue to promote attendance of key carers to complement support care provided by staff • invite representatives from Catering Department to attend Dementia Steering Group meeting to address any barriers to introducing finger foods • Dementia Lead Nurse to monitor carer feedback and complaints to assess access of carers to patients to support nutrition at mealtimes.

	Championing dementia: • Dementia Lead Nurse and Dementia Lead to gain agreement from Trust Lead Nurse for the aim of assessing ward staffing rotas across the Trust to ensure a Trust Dementia Champion is available to support staff 24 hours a day, 7 days a week. Decision making: • Dementia Lead to contact Trust Safeguarding Lead to support plans to enhance education of all staff in capacity, consent and Mental Capacity Act to improve documentation. Patient care: • Dementia Lead Nurse and Dementia Lead to gain agreement from Trust Lead Nurse for the Trust to work towards enhanced activity programmes to provide opportunities for social interaction for people with dementia - especially for patients experiencing longer lengths of stay – including extra resources and training for volunteer befrienders, healthcare assistants and expansion of the Dementia Support Team to enable this.
National Prostate Cancer Audit (NPCA) **(600)**	NPCA is the first national clinical audit of the care that men receive following a diagnosis of prostate cancer. It is designed to collect information about the diagnosis, management and treatment of every patient newly diagnosed with prostate cancer in England and Wales, and their outcomes. The findings from the audit contribute to changes in clinical practice ensuring that patients receive the best care possible and experience an improved quality of life following a diagnosis of cancer. **Summary of national findings** • In England and Wales, the proportion of men diagnosed with metastatic disease at presentation has stabilised compared with previous years (but with some variation between providers). • 55% of the men were 70 years old or over. • 8% of men with low-risk, localised disease underwent radical treatment and are potentially 'over-treated' which compares favourably with 12% in 2014/15. • Fewer men with high-risk localised/locally advanced disease were potentially 'under-treated' in 2015/16 – 73% of these men received radical treatment, which is an improvement compared with 61% of men in 2014/15. • 4% were readmitted to hospital as an emergency within 90 days following radical prostatectomy. • The number of men with low-risk, localised disease receiving radical therapies continues to reduce over time and more men are now being managed safely with active surveillance.

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- Within two years of undergoing radical treatment, one in ten men experience at least one severe genitourinary complication after undergoing radical prostatectomy, or a severe gastrointestinal complication following external beam radiotherapy.
- The findings demonstrate the importance of appropriate counselling of patients regarding potential treatment-related toxicity and the provision of support services beyond the immediate post-treatment period.
- Improvements are still required in other key data items including ASA score, performance status and key bespoke NPCA specialist surgery and radiotherapy.

MYHT performed above national average in five out of the eight criterion. Data completeness was better than national in the following:

✓ ASA completed
✓ Performance status
✓ PSA completed
✓ Multipara metric MRI performed
✓ At least one planned treatment recorded.

Improvements are required in completion of the following:

- Gleason score
- TNM staging
- At least one treatment modality recorded.

An action plan was put in place which has now been completed to further improve areas falling below national results and to enhance the progress of the patient pathway:

- MDT co-ordinators to record TNM staging at MDT meetings.
- Set up joint clinics to include surgeon, oncologist and CNS to ensure more effective and timely joined-up approach to seeing patients in clinic.

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<tr><td>National Parkinson's UK Audit (883)</td><td>

Parkinson's disease (PD) is a common, chronic, progressive neurological condition, estimated to affect 100–180 people per 100,000 of the population (between 6 and 11 people per 6000 of the general population in the UK), and has an annual incidence of 4–20 per 100,000. There is a rising prevalence with age and a higher prevalence and incidence of PD in males.

Although PD is predominantly a movement disorder, other impairments frequently develop including psychiatric problems such as depression and dementia. Autonomic disturbances and pain (which is rarely a presenting feature of PD) may later ensue, and the condition progresses to cause significant disability and handicap with impaired quality of life for the affected person. Family and carers may also be affected indirectly.

The aim of the audit was to ascertain if the assessment and management of

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	patients with an established diagnosis of Parkinson's complies with national guidelines in the new Parkinson's service provided by Care of the Elderly in Mid Yorkshire Hospitals NHS Trust. Also to identify areas where the service may not be providing approved care to enable improvement in service and practice delivery. MYHT Service at one year of development was largely compliant to national guidelines and appreciated by patients – 16 out of 17 patients surveyed felt that the service was 'improving' or 'very good'. Improvements required in the following: a) inquiries about daytime sleepiness and driving b) ICD monitoring c) lying and standing BP in last year d) assessment of fracture risk. In addition to the clinical audit data, patient reported experience measures were included, which may or may not have been the same patients as included in the audit data. MYHT patients reported that: • they were not notified to inform DVLA of their diagnosis • poor support was offered for carers • lack of information around lasting power of attorneys (LPAs). Based on the findings, a comprehensive action and quality improvement plan, which has now been completed, was put in place whereby team education was provided within Elderly Medicine in respect of: ✓ daytime sleepiness and driving ✓ lying and standing blood pressure ✓ assessment of fracture risk ✓ DVLA information at diagnosis and review every time ✓ identify resources to provide support for carers ✓ provision of information about LPAs ✓ dopamine agonist consent leaflet is currently being developed within the Trust for ICD monitoring
National Oesophago-Gastric Cancer Audit **(372)** NHS Digital	The National Oesophago-Gastric Cancer Audit (NOGCA) was established to investigate the quality of care received by patients with Oesophago-gastric (OG) cancer. Its long-term goals are to provide a benchmark against services to enable them to compare their performance and to identify areas where aspects of care can be improved. Results are presented at a national level, strategic clinical network (SCN) level and individual NHS trust/health board level, and are primarily published to support the quality improvement activities in hospitals providing OG cancer care as well as the commissioners of cancer services. MYHT performed better when compared nationally in the following measures: ✓ high grade dysplasia plan discussed at MDT ✓ treatment plan for active treatment in place ✓ first line treatment – endoscopic therapy.

	Improvements are required in the recording of the following: • referral source • CT staging. Overall findings show that clinicians are generally providing a high quality of care for patients with Oesophageal-Gastric cancer and high grade dysplasia. There has been an increased uptake of definitive chemo-radiotherapy among patients with oesophageal squamous cell carcinoma, and a greater use of combined therapies (surgery, radiotherapy and chemotherapy), demonstrating services are responding to a greater understanding of best practice.
7 Day Service (773)	National debate continues around differences in care and outcomes based on which day, and what time, emergency patients attend and are admitted to acute hospital care. This prompted the development of national standards of care that were mandated to be adopted by all trusts by 2017. In order to support the introduction of the standards a national audit was instigated to raise awareness and allow for self-assessment of current practice, to enable healthcare organisations to aim to achieve the standards. The audit focused on current availability and provision of services, providing trusts with the tools to self-assess against the clinical standards, identify gaps in current service provision, and understand what would be required locally to deliver safe, integrated care, seven days a week. It also enabled trusts to: • monitor progress towards achieving the national clinical standards • benchmark against others nationally, regionally and in comparator group • produce trust reports prior to the national reports indicating areas for development • consider how to use the views of patients and the public to inform services. The clinical audit comprised two auditable standards: • First consultant review within 14 hours of admission (90%) MYHT achieved 93% (within 15 hours 95.5%) • Ongoing consultant review, this covered once and twice daily (90%) MYHT achieved once daily review = 97% MYHT achieved twice daily review = 99%. Mid-Yorkshire NHS Trust evidenced excellent compliance with each standard for seven-day services. The 'good news' was shared throughout the organisation and was displayed across the Trust on all Trust PC screen savers to acknowledge the efforts of all involved in a fantastic achievement.

Presentation of completed audits takes place at a number of forums including the Clinical Governance Speciality and Divisional meetings. Findings and key learning for cross-divisional audit such as record keeping and consent are benchmarked and shared cross the Trust.

Examples of changes resulting from audit projects are included below. Action plans for each completed audit are available in the Directorate Quarterly Audit Reports and on the clinical audit intranet site. Actions are tracked and monitored until they are completed. A key focus throughout the year has been supporting development and improving the quality of action plans produced from clinical audits to ensure changes in practice are made to improve the services offered to patients at the Trust.

Actions developed from local clinical audits

The reports of 87 local clinical audits were reviewed by the provider in April 2018 to March 2019 and the Mid Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Examples of actions to improve patient safety, quality and/or experience

Acute kidney injury discharge information (872)

The Five Year Forward View (FYFV) has set out the vision for promoting wellbeing and preventing ill health, which among other things focuses on the care of patients with acute kidney injury. Acute kidney injury (AKI) is defined as a sudden reduction in kidney function and can usually occur without symptoms. Over half a million people in England sustain AKI every year, with this accounting for 5-15% of hospital admissions. As an organisational priority an audit was carried out to identify elements included on discharge summaries of patients with AKI in order to work towards improving follow up and recovery for individuals who have sustained AKI, reducing the risks of readmission, re-establishing medication for other long-term conditions.

Documentation was poor for the following elements:

- documentation of AKI stage
- medication review/changes to medication
- monitoring bloods/instructions for GPs.

Education around the importance of documenting these elements has been promoted around the Trust using screensavers. Changes on SystmOne have included mandated fields for completion of discharge letters and blood monitoring section is highlighted to prompt completion.

Sepsis (548)

Sepsis is a common condition where the body's immune system goes into overdrive in response to an infection. Sepsis can potentially be life threatening in that it sets off reactions in the body that can lead to widespread inflammation, swelling and blood clotting which can lead to decrease in blood pressure, which can mean the blood supply to vital organs such as the brain, heart and kidneys is reduced. It is an acute condition that can affect all age groups and is a significant cause of mortality and morbidity in the NHS with around 35,000 deaths attributed to sepsis annually. Ensuring that the delivery of basic elements of sepsis care is undertaken is estimated to save up to £150 million annually and save 11,000 lives. Problems with the detection and rapid treatment of sepsis have been identified in two recent reports by the Parliamentary and Health Service Ombudsman. This is

thought to contribute to a large number of preventable deaths from sepsis. Sepsis had therefore become a key priority for NHS England and healthcare organisations. In order to continuously review and improve the care for patients with sepsis, MYHT have implemented a continuous audit process which focuses on patients arriving in the hospital via the Emergency Department (ED) who have sepsis and inpatients who develop sepsis. As well as a range of actions for sepsis, rapid administration of antibiotics is the single most crucial action that can prevent deaths from sepsis and can be easily measured and reported on. The correct use of antibiotics and timely review are also essential to ensure effective management and improve survival.

Improvement work has continued throughout the year resulting in a gradual increase in improved performance for screening patients for sepsis and timely administration of antibiotics.

- During September the team initiated a sepsis awareness week as part of the National Sepsis Week, which included a re-launch of the sepsis screening tool, education and training around completion of the screening tool and importance of its use. The team also initiated a competition for the best pledges around sepsis awareness; the winners were presented with various prizes and teams produced some excellent work around awareness and the importance of recognising and treating sepsis early.

- Sepsis ward rounds have also been implemented to aid education and awareness of treating and recognising sepsis.

Food allergy (908)

Food allergy has been defined as an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food.

- Food allergy is one of the most common types of allergy.
- It is a major health problem in Western countries. This is because of the potential severity of the allergic reactions (which can be life threatening if not treated quickly).
- There has been a dramatic increase in their prevalence.
- The National Institute for Clinical Excellence guideline on food allergy in under 19s states that the prevalence of food allergy in children under three years in Europe and North America ranges from 6% to 8%.

The NICE Quality Standard 118 is made up of six statements; the audit covered four statements which are relevant to the Mid Yorkshire Hospitals NHS Trust:

- Quality statement 1: Allergy focused clinical history
- Quality statement 2: Diagnosing IgE mediated food allergy
- Quality statement 3: Diagnosing non-IgE mediated food allergy
- Quality statement 6: Nutritional support for the food allergy.

100% compliance was evidenced in all four quality statements audited. Whilst results were excellent, the team felt that improvements could still be made in the following areas:

- devise proforma to include allergy focused clinical history, store with paediatric guidelines on the intranet for ease of use and access

- trained nurse to perform a skin prick test which would be more cost effective to the organisation – skin prick test 20p when compared to RAST test (specific IgE) which is nearly £30 for each test
- develop a secondary care allergy service according to standards set by BSACI to attract commissioners
- improve coding – allergy appointments should be coded as 255 Paediatric Clinical Immunology and Allergy – feedback to coding department
- carry out a prospective audit to enable identification of accurate cohort of patients seen in clinic.

This audit provides excellent assurance that the food allergy service at the Trust is in line with NICE guidance and meets the quality standard statements.

Breast MRI usage and Oncotype (589)

Breast cancer is the second biggest cause of death after lung cancer and is the most common cancer in women in England and Wales. Some patients are diagnosed in the advanced stages, when the tumour has spread significantly within the breast or to other organs of the body. In addition, a considerable number of people who have been previously treated with curative intent subsequently develop either a local or regional recurrence or metastases.

NICE quality standards set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. An audit carried out focused on two quality statements which form part of Quality Standard 12.

- Quality statement 2: Preoperative MRI scan
- Quality statement 3: Gene expression profiling.

Findings showed that Oncotype DX testing has been shown to be effective in predicting the course of disease in people with ER-positive, HER2-negative and lymph node-negative early breast cancer who have been assessed as being at intermediate risk of distant recurrence. This audit has reinforced that where Oncotype DX testing is not offered, there should be a clear reason documented for this, to ensure that there is consistent clinical care for all patients with the aim to improve outcomes in breast cancer recurrence, mortality from breast cancer and incidence of adverse effects from chemotherapy for all patients. This audit has reinforced that breast MRIs should only be requested when it is clinically appropriate to reduce any unnecessary, unbeneficial stress on patients and reduce the burden on healthcare resources. The audit identified the need for a new neoadjuvant chemotherapy protocol to be developed to clarify the role of MRI scanning in patients receiving neoadjuvant chemotherapy, to ensure the provision of consistent clinical care.

Local audit reports are reviewed through the following mechanism within the Trust:

- divisional governance committee meetings
- specialty and sub specialty meetings
- quarterly audit reports (circulated Trust wide and available on the intranet)
- Patient Safety and Effectiveness Committee (and relevant sub groups)
- Medical Director's Office
- steering groups (eg Falls Work Stream).

Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of the Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person

or body it entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation Payment Framework. The financial value attached through the framework to delivery of the agreed improvement goals in 2018/19 was 2.5% of the value of all healthcare services commissioned through the respective contracts. This equated to just above £9 million for the Trust in 2018/19.

There were 25 schemes related to 11 CQUIN goals for 2018/19. This includes eight national (CCG) goals and three NHS England specialised commissioning goals. A summary of the Trust's performance against the CQUIN indicators for 2018/19 is provided in the table below, as well as the actual and forecasted achievement.

Further details of the agreed goals for 2018/19 and for the following 12-month period are available electronically at www.england.nhs.uk/nhs-standard-contract/cquin-19-20.

CQUIN Indicator	Q1 Status	Q2 Status	Q3 Status	FOT Status
Commissioner: National (CCG)				
Acute				
Improvement of health and wellbeing of NHS Staff	n/a	n/a	n/a	◆
Healthy food for NHS staff, visitors and patients	n/a	n/a	n/a	●
Improving the update of flu vaccinations for frontline clinical staff	n/a	n/a	n/a	●
Timely identification and treatment for patients with sepsis in ED and acute IP	!	!	!	▲
Assessment of clinical antibiotic review	✓	✓	✓	●
Reduction in antibiotic consumption per 1,000 admission	!	!	!	▲
Improving services for people with mental health needs who present to A&E	✓	✓	✓	●
Advice & Guidance	✓	✓	✓	▲
Tobacco screening	✓	✗	✗	◆
Tobacco brief advice	✓	✗	✗	◆
Tobacco referral and medication	✓	✗	✗	◆
Alcohol screening	✓	✗	✓	▲
Alcohol brief advice or referral	✓	✓	✗	◆
Community				
Tobacco screening	✓	✓	✓	●
Tobacco brief advice	✓	✓	✓	●
Tobacco referral and medication	✓	✓	✓	●
Alcohol screening	✓	✓	✓	●
Alcohol brief advice or referral	✓	✓	✓	●
Improving the assessment of wounds	✓	✓	✓	●
Personalised care and support planning	✓	✓	✓	●
Commissioner: NHS England - Specialised Services				
Hospital Pharmacy Transformation and Medicines Optimisation	✓	✓	!	▲
Optimising Palliative Chemotherapy Decision Making	✓	✓	✓	●
Nationally Standardised Dose Banding for SACT	✓	✓	✓	●
Data Quality - Secondary Care Dental	✓	✓	✓	●
Public Health - Health Inequalities	✓	✓	✓	●

	Actual	Expected
Achieved or expected to achieve	✓	●
Part achievement or risk to part achievement	!	▲
Non achievement or expected non achievement	✗	◆

Information on registration with the Care Quality Commission (CQC)

The Mid Yorkshire Hospitals NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions".

In July 2018 the CQC carried out two unannounced inspections of hospital services across our three acute sites. These inspections covered five core services (urgent and emergency services, medical care including older people's care, maternity, critical care and outpatients) and were followed by an announced three-day inspection of the well-led key question at Trust level. This was the Trust's first inspection under the revised CQC inspection methodology introduced in spring 2017.

The final inspection reports were published on 7 December 2018. The Trust received an overall provider rating of 'Requires Improvement'.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018

Whilst this means that the Trust's overall rating was unchanged from the previous inspection, the latest ratings clearly demonstrate improvements in the quality and safety of our services achieved on our improvement journey to date, as assessed by our regulator. The Trust's overall rating against the 'Effective' key question improved to 'Good', as did ratings against the 'Well-led' key question at site level for Pinderfields and Dewsbury, and the 'Responsive' rating for Pontefract Hospital.

There was also notable improvement in a number of core service areas, including medical care at Pinderfields and Dewsbury which achieved an overall rating of 'Good' in 2018, and critical care at Pinderfields which achieved a rating of 'Outstanding' against the 'Caring' key question and was rated as 'Good' overall. As shown in the chart below, 70% of our CQC ratings are now a rating of 'Good' or above, compared to less than 50% in 2015.

The CQC has not taken enforcement action against the Mid Yorkshire Hospitals NHS Trust during 2018/19. The CQC inspection report identified a total of 62 improvement actions for the Trust. Of these, 26 actions are 'must do' actions (actions subject to requirement notices which the Trust must take to comply with its legal requirements) and 36 'should do' actions, which the Trust should take to address a minor breach or improve services.

A detailed action plan has been developed to address the areas for improvement identified which, in line with post-inspection requirements, was submitted to the CQC on 25 January 2019. Progress against the plan will be monitored regularly through the Trust's internal governance arrangements, overseen by the Quality Committee and Trust Board.

In line with the CQC revised approach to regulation, the Trust actively participates in routine engagement meetings with CQC inspectors; the purpose of which is to facilitate more timely and manageable exchange of information and therefore response to risk, in addition to supporting openness and transparency in relation to challenges and concerns.

The Mid Yorkshire Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during 2018/19.

Update on the review of services for looked after children and safeguarding (CLAS) in Kirklees undertaken in 2017/18

The Children in Care Team for The Mid Yorkshire Trust do not visit children who are looked after by Kirklees in the Kirklees area even if they attend Dewsbury & District Hospital. The Kirklees's Looked after Children's team have responsibility for their own looked after children residing in the Kirklees area.

Information Governance Toolkit attainment levels

The Trust has an Information Governance Steering Group (CIGSG) which meets every eight weeks chaired by the Trust's Caldicott Guardian. The group's membership also includes the Trust's Senior Information Risk Officer and Data Protection Officer. The Group takes an active role in overseeing the delivery of Information Governance within the Trust, to ensure that all information used, especially that relating directly or indirectly to patient care, is managed carefully, responsibly, within current law and with due regard to considerations of privacy such as those defined in the Data Protection Act 2018 (incorporating the General Data Protection Regulations EU GDPR 2016/679 and the Caldicott Principles).

The NHS Information Governance Toolkit for Acute Trusts, via its 45 requirements, provides an annual, mandatory assessment of the Trust's standards (current scores in brackets) in: Information Governance Management (100%), Confidentiality and Data Protection (87%), Information Security (93%), Clinical Information (86%), Secondary Use (79%) and Corporate Information (77%). The toolkit is completed by our specialist 'requirement owners' and is audited by internal audit prior to the 31 March final submission.

The Mid Yorkshire Hospitals NHS Trust Information Governance Toolkit Assessment report score for 2017/18 currently stands at 87% and was graded 'Satisfactory' (Green).

In addition, the Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security, and that personal information is handled correctly. The toolkit is completed by our specialist 'requirement owners' and is audited by Internal Audit prior to 31 March final submission.

The Mid Yorkshire Hospitals NHS Trust Data Security and Protection Assessment was submitted in March 2019 with 100% completion.

Each NHS organisation is required to have a Caldicott Guardian. This was mandated for the NHS by Health Service Circular: HSC 1999/012. The mandate covers all organisations that have access to patient records, so it includes acute trusts, ambulance trusts, mental health trusts, primary care trusts, strategic health authorities and special health authorities.

Each organisation that has regular contact and processing of Personal Identifiable Data must also have a Data Protection Officer in place as mandated by the EU GDPR 2016/679.

Clinical coding

The Mid Yorkshire Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2018/19.

Information on the quality of data

Comprehensive accessible information is an asset of fundamental value to the NHS. It is a critical factor to support decision making in clinical and management settings. Accurate and timely information is essential to ensure high quality patient care, to improve patient safety and thus ensure a safe environment and to protect patients from avoidable harm.

Improving data quality remains one of the Trust's key strategic priorities. The Mid Yorkshire Hospitals NHS Trust has a Data Quality Policy and Strategy which it will continue to review, maintain and monitor.

The Mid Yorkshire Hospitals NHS Trust will continue to ensure that the following actions remain in place to assure its quality of data.

- All clinical and administrative staff (where appropriate) are given IT system and contextual training on how to input timely and accurate data onto the hospital systems. No staff member is allowed to use the systems until they have received this training.
- The Trust is continually promoting the use of the Summary Care Records (SCR) to trace and confirm patient demographic information.
- The Trust routinely uses the Spine Demographic Service to automatically trace patients; this is to ensure the optimal accuracy of demographic information, in particular patient NHS numbers.

The Mid Yorkshire Hospitals NHS Trust submitted records from April 2018 to January 2019 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) that are included in the latest published data. The percentage of records in the published data with valid NHS numbers and valid General Medical Practice codes are as follows:

Measure and CDS Type	Target	Trust 2015/16	Trust 2016/17	Trust 2017/18	* Trust 2018/19
Valid NHS number					
Admitted patient care	99%	99.8%	99.9%	99.9%	99.9%
Outpatient care	99%	99.9%	99.9%	99.9%	99.9%
Accident and emergency care	95%	99.2%	99.4%	99.5%	99.3%
Valid General Medical Practice Code					
Admitted patient care	99%	100%	100%	100%	100%
Outpatient care	99%	100%	100%	100%	100%
Accident and emergency care	99%	100%	100%	100%	100%

***Months April 2018 – January 2019**

Learning from deaths

During the reporting period April 2018 and March 2019, 1,998 of Mid Yorkshire Hospitals NHS Trust patients died as inpatients. This comprised the following number of deaths which occurred in each quarter of that reporting period:

2018/19	Deaths
Q1	467
Q2	450
Q3	501
Q4	580

The crude mortality rate was 2.40% and the relative risk of mortality (12 month rolling, latest available period (January 18 - December 18) has been reduced from 98.87 to 98.30 when comparing the same period (January 2017 – December 2017).

By 15 March 2019, 161 case record reviews and five investigations have been carried out in relation to 161 of the deaths in the table above.

The Trust process is to use the Structured Judgement Review methodology. 21 cases progressed to a second stage review, with 5 resulting in a Serious Incident investigation.

Therefore, in 5 cases a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or investigation was carried out was:

2018/19	Deaths reviewed in quarter	% of total deaths in quarter
Q1	11	2.3%
Q2	42	9.3%
Q3	66	12.9%
Q4	57	9.8%

Five deaths representing 0.25% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

3 representing 0.64% for the first quarter

2 representing 0.44% for the second quarter

zero cases, representing 0% for the third and fourth quarter.

These numbers have been estimated using the Structured Judgement Case Note Review methodology.

The Trust uses a variety of mechanisms to communicate to staff the lessons that can be learned from patient deaths. These include: a fortnightly Patient Safety Bulletin; specific communications to medical staff via email; a regular blog; and circulation of standard presentations for use at specialty governance meetings. Some of the learning that has been identified from the reviews includes:

- poor fluid balance monitoring
- poor completion of medical and nursing notes
- poor communication between clinicians
- poorly documented escalation plans
- missed opportunities for do not attempt cardiopulmonary resuscitation (DNACPRs).

A number of actions have already been implemented/introduced to address these learning points:

- visual aids to prompt timely escalation and SBAR template available at the point of care delivery (laminated info sheets attached to every dinamap)
- collaboration between divisions and Palliative Care Team in relation to having difficult conversations and appropriate DNACPR completion
- NEWS scores added to and discussed at safety huddles
- fluid balance awareness and training month in November
- review and update of fluid balance policy.

In addition, the Sepsis Group has actioned a number of initiatives including the provision of appropriate education; appointing a quality improvement sepsis/AKI nurse; introducing sepsis trolleys; redesigning/ relaunching the sepsis screening tool; and making stronger links with the newly appointed consultant antimicrobial pharmacist.

It is difficult to quantify the individual effects of these actions. However, we have seen:

- an improvement in the percentage of patients with identified sepsis having their antibiotics administered within one hour
- improvement in the monitoring of fluid balance and the management of acute kidney injury
- improvements in the engagement of the Palliative Care Team with patients at the end of life
- improved compliance with nursing observations and the surveillance and management of non-compliance
- improved engagement of the divisional clinical teams.

11 case record reviews or investigations were completed after 1 April 2018 which related to deaths before the start of the reporting period.

Of these one representing 0.05% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Structured Judgement Case Note Review methodology.

Seven representing 0.3% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Review of other quality performance

MY Quality Improvement System (MYQIS)

The Mid Yorkshire Trust's Quality Improvement System (MYQIS) is designed to continually improve quality, and eliminate waste using the approach developed by the Virginia Mason Health System based in turn on the Toyota Production System. It is central to the MYHT approach to building quality improvement and capacity and capability. The Kaizen Promotion Office (KPO) facilitates and supports MYQIS.

MYQIS is used to improve the quality and value of services by looking at existing ways of working, removing waste from processes and maximising activities that add value. Processes are observed, analysed and are redesigned by operational staff using the best ideas and concepts to ensure high quality service delivery.

This is driven by rapid process improvement workshops (RPIWs). The ethos of the RPIW is that staff involved develop and find their own solutions to the problems being addressed, and are empowered, with the full support of the organisation, to implement change using improvement cycles or Plan, Do, Study, Act (PDSA). The legacy of each RPIW will be staff that have learned new skills and participated in driving and taking control of improvement; participants then take this learning back to their own areas and can drive improvement in their own environment as well of course resolving or reducing the problem that was the focus of the RPIW.

MYQIS education and training

Improvement events run regularly in the Trust, ranging from week-long RPIWs through to small local team improvements. As part of these events, training and education in MYQIS is delivered in various ways.

Classroom-based training programmes are aimed at all levels of healthcare staff to expand networks, share ideas and experiences with colleagues, solve issues and lead on their own improvement project. Staff are then able to apply new tools in their own workplace.

MYQIS training so far within the Trust has resulted in:

- 45 certified leaders
- 25 MYQIS foundation
- 25 MYQIS leaders
- 375 RPIW day one training.

MYQIS Leader course

This is a six half-day taught day course over a six-month period and the participants present their improvements back to the rest of the group. MYQIS Leader is designed for service and department changes and is aimed at leaders in the Trust to understand the QIS toolkit and run smaller scale improvement projects. This group of staff can also provide support to certified leaders during rapid improvement events.

MYQIS foundation course

This is a two-day course over a three-month period and the participants present their improvements back to the rest of the group. It's suitable for any staff wanting to make improvements by using the MYQIS tools day to day to continuously improve their own workplace.

Rapid process improvement workshops

During 2018/19, there have already been some real success stories, as a result of 29

RPIWs. In the RPIWs, staff have implemented their ideas to make improvements to their service, reducing waste and improving outcomes for patients and colleagues. Examples of these include the following.

Serious Incident (SI) Process
The SI RPIW team have 'reframed' and streamlined the front end of the SI process to put patient safety first.

From observation and gathering information by studying the process, they have made it easier for staff to do the right thing, by structuring the early learning response from ward to board level, structuring the expected response to an SI and incorporating the 72 hour report, including that all communications are now captured within Datix.

They have eliminated 54 wastes and 51 defects to free up on average 1978 mins per month of staff time.

Pathology
Blood samples taken from the Emergency Department were often rejected, impacting on the four hours Emergency Care Standard. This was due to samples being incorrectly labelled or haemolysed which in turn required repeating.

Following the completion of the RPIW event, the time for the entire process, calculated from placing the sample in the Pneumatic air tube system in ED to entering the analytical equipment in Pathology, reduced from 980 seconds (approx. 16 minutes) to just 292 seconds (approx. 5 minutes), an improvement of 70.2%.

Furthermore, the number of samples incorrectly labelled reduced from 72 per month to 18, an improvement of 75% which is continuing to reduce the number of ED breaches due to blood samples.

Community Continence Service
Due to inappropriate referrals to the Community Continence Service, patients were waiting 69 days on average for continence assessments. This often resulted in patients buying their own continence products or being admitted to hospital.

As a result of this RPIW patients now receive their treatment within 3.2 days.

Datix
This RPIW focused on investigating low harm/no harm incidents due to the continuing and escalating challenges of a backlog of 947 incidents as at December 2017. This signified a lack of learning from incidents in a timely manner, often taking on average 35 working days to investigate.

This RPIW resulted in a Trust-wide improvement to the Datix system with new deadlines in line with national guidelines, resulting in a total time of 23 working days for investigation and the backlog totally eliminated.

Duty of candour

During 2018, the Trust reviewed the duty of candour/being open policy; amendments included a change to the duty of candour template letter to ask if patients, families or carers had any questions regarding the investigation or if they would like to be involved.

Duty of candour is also included within Datix, root cause analysis and human factors training sessions. Advice and information has also been shared with staff through attendance at divisional meetings and on an individual basis as required.

The Trust monitors duty of candour adherence of the verbal and written duty of candour notifications on a daily basis.

In 2018 an internal audit was undertaken in response to 'Learning from Incidents/Duty of Candour/Root Cause Analysis'. The overall opinion of the review was 'High Assurance'.

Information is on the Trust's internet page for patients, carers, staff and relatives and leaflets are available.

There has been no duty of candour breaches in 2018/19.

Number of Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented.

There have been two Never Events in the Trust during 2018/19 which is comparable with 2017/18 when there were two reported Never Events.

Using the national Never Event criteria, the two Never Events reported in 2018/19 were:

- wrong site surgery - an invasive procedure performed on the wrong patient or at the wrong site
- misplaced naso- or oro-gastric tubes - misplacement of a naso- or oro-gastric tube in the pleura or respiratory tract that is not detected before starting a feed, flush or medication administration.

Number of Serious Incidents (SIs)

There have been 83 Serious Incidents reported in 2018/19; three incidents were de-logged following initial reviews, therefore there were 80 Serious Incidents reported. This is a decrease from 2017/18 where there were 104 Serious Incidents.

The main themes remain pressure ulcers, falls and diagnostic incidents including delay (including failure to act on test results).

All category 3 and 4 pressure ulcers where lapses in care have been identified are reported as Serious Incidents. Falls, which result in fractured neck of femur, cerebral bleed and severe harm/death are reported as Serious Incidents. Pressure ulcers accounted for 21 of reported Serious Incidents and falls were reported in 20 episodes. The number of Serious Incidents per 1,000 bed days was 0.18 (based on 83 reported incidents).

There were:

- 13 serious incidents reported in quarter 1
- 24 serious incidents reported in quarter 2
- 28 serious incidents reported in quarter 3
- 18 serious incidents reported in quarter 4.

The sharing of Serious Incidents and incident analysis and lessons learned to Trust Board is through the Patient Safety and Clinical Effectiveness Committee. The monthly and quarterly reports provide oversight on identifying and managing risks to safe care, investigating and taking action on sub-standard performance, sharing learning and ensuring delivery of best practice. Any key concerns are raised directly to Trust Board via the Reportable Issues Log.

Learning from Serious Incidents, incidents, safeguarding, Health & Safety, RIDDOR and Mortality Reviews are shared and cascaded via the Patient Safety Bulletin to all staff in the Trust and 'learning lessons' posters distributed from the pressure ulcer and falls panels. 'Risky Business' is a Trust newsletter to share more detailed information and learning from Serious Incident themes. Scenarios and themes

from incidents are also used in training sessions and there is a range of opportunities for face-to-face discussions where learning is shared. In 2018 an internal audit was undertaken in response to 'Learning from incidents/duty of candour/root cause analysis'. The overall opinion of the review was 'High Assurance'.

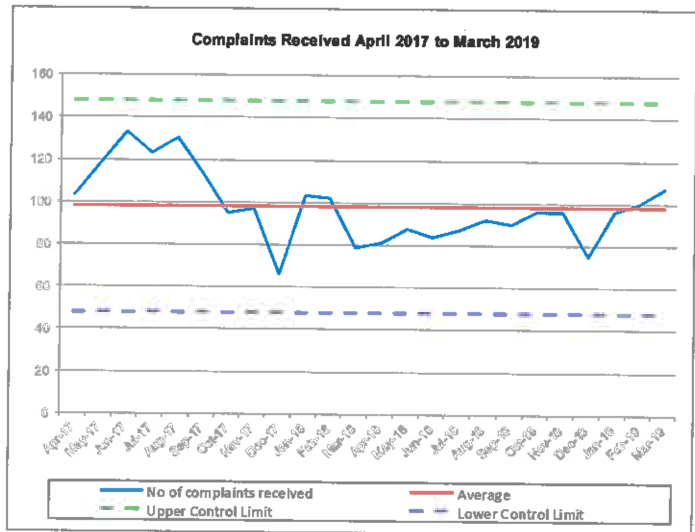
Learning from complaints

The Trust recognises that sometimes things can go wrong and people wish to complain, and it is the Trust's duty to undertake a full investigation of the complaint in line with the Trust's constitutional responsibility. The complaints process is an important mechanism for patients to provide feedback regarding the quality of our services. This feedback is highly valuable and the Trust works hard to use this to improve services.

Considerable effort has been made to improve how complaints are managed to ensure that any complaints that can be appropriately resolved quickly through an informal route, are being managed informally.

During the period 1 April 2018 to 31 March 2019, 1076 formal complaints were received. The Trust is pleased to report that this represents an overall 15% improvement compared with the same period in 2017/18.

The graph below shows the number of complaints received from April 2017 to March 2019. The figures clearly show that there is a downward trend in the number of complaints received. This can be attributed to the PALS team being pro-active in the early resolution of informal concerns and low graded complaints.



A robust process is in place to monitor all complaints and concerns closely, noting any recurring themes and trends.

The top categories of formal complaints received have continued to be:

- clinical treatment (in particular, pain management)
- staff attitude/behaviour.

In response to these themes, task and finish group and projects were established, across divisions and led by matrons, to address these areas of concerns. The groups established include the following.

Pain Management Task and Finish Group (to address clinical treatment)
The Pain Management Task and Finish Group aims to co-design improvements in the management of patient pain. Areas of work will include reviewing patient feedback relating to pain, identifying specific areas of concern then co-designing and testing out a number of small changes in pilot sites.

Compassion in Care Project
The Compassion in Care (to address staff attitude/behaviour) project group has been developed to lead on a number of

improvement initiatives focused on how to enable a compassionate workforce.

One of those initiatives is a Compassion in Care Card which has been developed to award those members of staff who have gone 'above and beyond' their normal duties with regards to caring for patients.

A 'culture of care barometer' designed by NHS England has been used across the Trust to gauge whether the culture of care in different parts of an organisation is conducive to delivering compassionate, patient-centred care.

To ensure organisational learning from complaints, any recommendations made following the investigation of a complaint are recorded and monitored through the Patient Experience Sub-Committee meeting and the Patient Experience Working Group Divisional Reports.

National Patient Safety Alerts

The Department of Health and its agencies have systems in place to receive reports of adverse incidents and to issue alert notices and other guidance where appropriate. These alerts provide the opportunity for trusts to identify deficiencies in their systems and to correct them by learning lessons from identified risks.

All NHS bodies have a duty to promptly report adverse incidents and take prompt action on receipt of alert notices.

For the period 1 April 2018 to 31 March 2019 the Trust has been issued with a total of nine Patient Safety Alerts (PSA) from the Central Alerting System.

Five of these alerts have been completed:

- four in line with the stipulated completion periods
- one completed but beyond the stipulated deadline.

There are four remaining PSAs:

Three still within the completion dates:

- 8 May 2019
- 5 June 2019
- 18 June 2019.

These alerts are still to be completed and the relevant leads will work towards completion within the timescales.

One alert is outstanding – completion date 25 January 2019. This alert is very near to completion.

Quality Improvement Strategy

The Trust's new Quality Strategy sets out the Trust's ambitions for improving quality for the next four years.

This strategy identifies the quality priorities for the Trust. These quality priorities reflect national priorities and are underpinned by measureable and reported improvement goals. The quality priorities are overarched by three areas:

- reduce avoidable harm
- improve patient experience
- improve patient outcomes and reduce mortality.

Ward to board assurance is achieved through the Quality Strategy and Clinical Assurance Framework. This enables the Trust Board to monitor the quality of - and risks to the delivery of - our services, ensure delivery of the Quality Strategy and outline the systems and processes that we use to monitor and measure quality. The divisional clinical governance groups and corporate teams provide controls by the management of the policies, procedures and work programmes they are responsible for.

The data they collate and information they produce, for feedback to the clinical services, acts as a further control enabling services to reflect on their performance, highlight and manage potential risks and secure improvement. The Trust is shifting its assurance model to an enabling improvement model as part of the journey of growing a culture of continuous quality improvement.

Nursing Quality Governance Framework

The Nursing Quality Governance Framework was developed as a means of improving standards whilst providing assurance through clinical and quality indicators collated from Trust-wide statistics, ward level metrics and ward accreditation inspections.

This is with the aim of providing evidence of effective performance at ward level and ensuring control systems are in place, with potential areas for improvement set out.

To ensure that performance and updates are communicated from ward to board, the outcomes from the quality and clinical indicators are discussed at divisional governance meetings and at a Trust committee level via the Patient Safety and Clinical Effectiveness Committee, providing a means of assurance and as a measure of continuous improvement.

The information gained from the indicators collated is embedded into nursing practice, providing useful ways for ward managers to develop and continually improve while monitoring improvements as well as divisional and Trust level management. This information also directs the Quality Improvement Team to areas that may require more assistance than others, so that those resources are distributed more effectively.

Patient safety walkabout visits

Both Wakefield and North Kirklees Clinical Commissioning Groups (CCGs) visit the Trust on a monthly basis to assess standards of care in clinical services and assist the achievement of continuous improvement.

As in all patient safety walkabout visits, initial feedback is provided to the visited areas and the division so that appropriate immediate action can happen.

Once the formal report is received from the CCG it is disseminated to the appropriate clinical areas and divisions, to ensure that any learning from the feedback can be embedded quickly and effectively.

The expectation is that the reports are reviewed and that practice is improved based on any issues identified. The improvements made are reported at a Trust level to the Patient Safety and Clinical Effectiveness Committee via the Quality Improvement Lead.

In addition, the clinical division report any required actions and evidence of improvement directly to the same committee. Patient safety walkabout visit reports are discussed at divisional governance meetings and at a Trust Committee level via the Patient Safety and Clinical Effectiveness Committee every three months to ensure the appropriate level of oversight.

Implementation of priority clinical standards for seven day services

The seven day services programme is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. Ten clinical standards for seven day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh. These standards define what

seven day services should achieve, no matter when or where patients are admitted

With the support of the Academy of Medical Royal Colleges, four of the 10 clinical standards were identified as priorities on the basis of their potential to positively affect patient outcomes and identified as being 'must do' by 2020. This will ensure patients admitted to hospital in an emergency:

- don't wait longer than 14 hours to initial consultant review – standard 2
- get access to diagnostic tests with a 24-hour turnaround time — for urgent requests, this drops to 12 hours and for critical patients, one hour - standard 5
- get access to specialist, consultant-directed interventions – standard 6
- with high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds – standard 8.

For the last three years trusts have been asked to complete a self-assessment tool in the spring and autumn of each year, which included a case note review of over 200 patients admitted over a consecutive seven-day period to assess compliance with standards 2 and 8. The results of the spring survey from 2018 are shown below:

- Standard 2 (14-hour review)
    - Compliance standard = 90%
    - MYHT performance = 93% (within 15 hours 95.5%)
- Standard 5 – compliant
- Standard 6 – compliant
- Standard 8
    - Compliance standard = 90%
    - MYHT performance once daily review = 97%
    - MYHT performance twice daily review = 99%

As part of the pilot Board Self-Assessment Framework for Seven Day Services, the Trust has reported that it remains compliant against these standards.

Junior doctor rotas

The Medical Director's Office reports gaps in its junior doctor rotas to the Trust Resources and Performance Committee on a quarterly basis. Rota fill is determined by allocation from Health Education England of doctors within national training programmes, and the individual recruitment activities of the Trust.

The rota gap position at the last rotation of doctors in training programmes is shown below.

Trust		DoM	
Total Number on rotas	426	Total Number on rotas	173
Total Gaps	54.52	Total Gaps	24.42
Fill percentage	87	Fill percentage	86
DoS		F&CSS	
Total Number on rotas	167	Total Number on rotas	86
Total Gaps	20	Total Gaps	10.1
Fill percentage	88	Fill percentage	88

In order to fill gaps in the rotas the Trust has carried out a range of actions including:

- recruitment to Trust-appointed posts
- consideration of an appointment to alternative clinical roles
- appointment of temporary medical locums through the Trust neutral vendor and managed bank arrangements.

Access to care

The Trust is committed to improving access to services either in line with constitutional targets or in line with guidance from regulators and commissioners on expectations for

2018/19; however, there continue to be risks related to continued demand pressure (urgent and planned) and workforce gaps.

To mitigate these risks, the Trust is working closely with commissioners (clinical and managerial), regulators and other local providers of healthcare to improve the delivery of access to care for patients. This joint working is largely (but not entirely) coordinated through the Urgent Care Board and the Planned Care Improvement Group. The Trust has also developed internal governance to manage internal transformation and improvements outside of those being worked jointly with external partners.

The Emergency Care Standard (ECS)

The Emergency Care Standard states that 95% of patients are required to be seen, treated and discharged within four hours of attendance at an emergency department (ED). This target is a challenge nationally but is a key indicator of patient experience and safety, and reflects the hospital's ability to deal with patients in the ED and also to manage the flow of patients through the hospital to discharge.

In April 2018, the Pontefract Emergency Department successfully converted to an Urgent Treatment Centre (UTC). Since re-opening as an UTC, the department has consistently achieved >95% performance in the Emergency Care Standard.

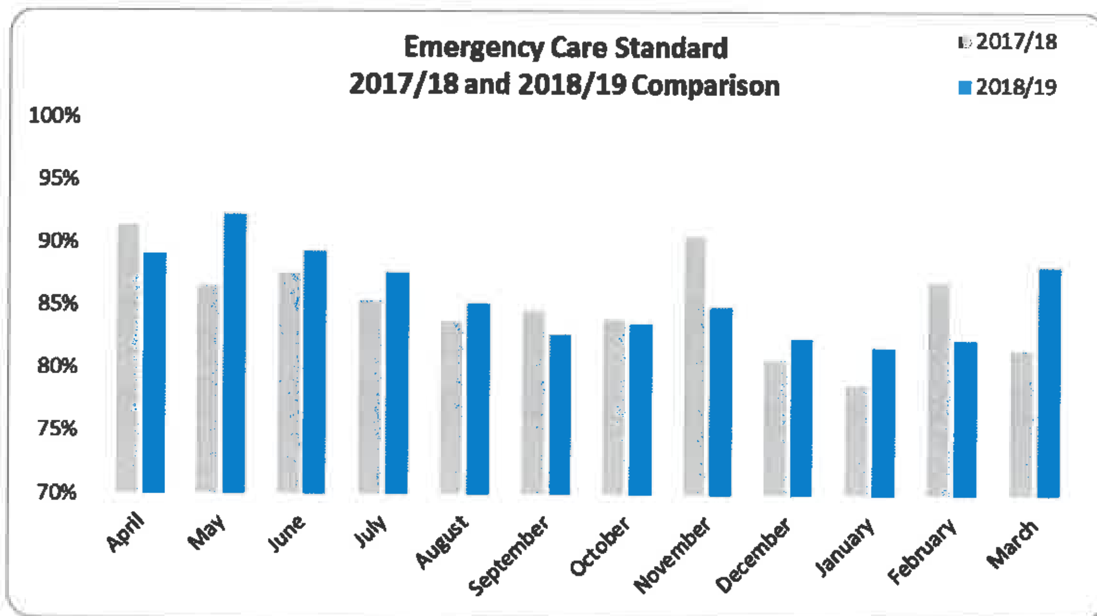
In November 2018, the Mid Yorkshire Winter Room was re-launched (open 12 hours a day, seven days a week), following a very successful period during the 2017/18 winter months. Led by a director, the winter room has once again brought together a number of key individuals to aid with the flow of patients in and out of the Trust's two emergency departments, the Urgent Treatment Centre as well as through the wider hospital by ensuring patients are discharged as soon as they are medically fit.
The Trust continues to engage with the wider health economy recognising that the delivery of this standard is an endeavour that spans outside our organisational boundaries. Collective effort has and continues to go into the management of 'stranded patients' (over seven days in hospital) and super-stranded patients (over 21 days in hospital). There has been a 26% decrease in the number of super-stranded patients Trust wide. Further efforts continue to focus on reducing the number of patients who have delayed transfers of care (DTOC) requiring social input for discharge, and other complex discharge-related matters.

Following further improvement work and the implementation of a dedicated 'flow nurse' in Pinderfields and Dewsbury EDs, the Trust has and continues to see significant improvement in its ambulance turnaround performance; up to February 2019, performance has been consistently above 90%, with the Trust regularly outperforming other regional trusts on this indicator.

The Trust continues to progress its internal plans to support patient flow. This year, this has included among other initiatives:

- conversion of Pontefract Emergency Department to an Urgent Treatment Centre
- the continuation of a primary care stream in the EDs at Pinderfields and Dewsbury; patients of lower complexity are now seen by a GP allowing clinical staff to focus on treating more complex patients
- 'Fit2Sit' initiative at Pinderfields ED to improve flow throughout the ED
- ENT Ambulatory Clinics, accepting direct referrals from ED
- virtual fracture clinics to improve waits for fracture clinic appointments

and reduce the number of re-attendances to ED
- extended roll out of access to ICE referral pathways into specialty clinics to allow ED staff faster access to urgent outpatient appointments
- established a direct admission pathway to the Frailty Admissions Unit at the Dewsbury site with plans to extend this to the Frailty Assessment Unit on the Pinderfields site
- introduced a 'tele-medicine surgical abscess initiative' at Dewsbury to prevent unnecessary transfers between Dewsbury and Pinderfields Hospitals
- Mental Health Frequent Attenders CQUIN Initiative – this initiative has introduced a multi-disciplinary approach in patients' care pathways which has successfully reduced the number of attendances for a cohort of patients
- investment in seven-day therapy to support weekend discharges.



Cancer services

The Trust's two-week performance has been an area of success in the first eight months of 2018/19. However, due to capacity issues arising within Breast Surgery, the number of patients seen within two weeks with suspected breast cancer has reduced and subsequently reduced the Trust's overall position.

Cancer 2 Week (≥93%)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
England %	90.8%	92.2%	91.3%	91.9%	91.7%	91.2%	92.3%	92.5%	93.7%	91.7%	93.4%		91.4%	91.6%	92.8%	
MYHT %	95.7%	93.3%	95.4%	95.9%	98.3%	97.9%	97.8%	98.1%	95.7%	90.4%	88.0%		94.8%	97.4%	97.3%	

The Trust's 31-day performance in cancer services has been another success story during 2018/19, with the Trust exceeding the national target in nine of the 11 months reported to

date, with an average of 98% of patients seen within 31 days compared to the national target of at least 96%.

Cancer 31-day (≥96%)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
England %	97.3%	97.8%	97.4%	97.2%	97.0%	96.3%	96.6%	96.6%	97.1%	95.4%	96.7%		97.5%	96.8%	96.7%	
MYHT %	99.4%	99.1%	97.4%	98.7%	95.3%	97.9%	97.5%	95.9%	98.4%	99.0%	97.9%		98.6%	97.4%	97.3%	

The Trust has, however, struggled to meet the 62-day standard throughout the year which was also reflected throughout England.

Cancer 62-day (≥85%)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
England %	82.3%	81.1%	79.5%	78.3%	79.2%	78.3%	78.4%	79.2%	81.0%	76.2%	76.1%		80.9%	78.6%	79.5%	
MYHT %	80.7%	84.1%	81.9%	79.2%	79.6%	77.1%	85.1%	78.8%	81.8%	76.7%	81.7%		82.3%	78.7%	82.3%	

During quarters 1, 2 and 3 of 2018/19, the Trust has consistently outperformed the English average in the two-week-wait standard, 31-day standard and 62-day Referral to Treatment Standard.

The Cancer Services Team have worked hard to recover performance and deliver sustainable services and are currently working on improving the capacity issues in Breast Surgery. In addition, focused work has taken place to reduce the volume of the longest waiting patients. This is in the context of growing demand for cancer services.

Referral to treatment time

The Referral to Treatment (RTT) Standard states that at least 92% of patients are treated within 18 weeks of their referral to hospital. This standard has been difficult to achieve at Mid Yorkshire; a significant imbalance between capacity and demand contributes to this. A collaborative improvement plan, in partnership with commissioners and GPs, was launched in November 2016 and has covered an extensive remit of work to support sustainable delivery of routine elective work.

During 2018/19, the Trust focus has been on:

- improving efficiencies and productivity in outpatients and theatres
- increasing use of alternative providers over a long period of time to redirect demand
- increasing internal capacity (particularly at weekends and at the Pontefract Hospital site)
- working with CCGs on demand management interventions including an online advice and guidance service (OSCAR) and the increased implementation of electronic advice and guidance
- in-depth service review of Ophthalmology, Gastroenterology, Respiratory and Urology as clinical services via collaborative clinical summits that identify key actions for improvement
- modernising processes and systems, with a project to switch off paper referrals from GPs to consultant-led services and an increase of the electronic referral service
- specialty level sustainable recovery plans to deliver performance improvement

- validation of waiting lists and learning lessons to improve data quality at point of entry
- targeted actions to reduce the active waiting list to the same levels as March 2018.

Although performance against the incomplete 92% standard has improved over the last 12 months, progress since the start of the financial year has slowed. The Trust has not been able to meet the national standard which has also been reflected across England.

The Trust compares favourably (as of latest national data available – February 2019) against 10 England average specialties – outperforming Urology and Cardiology by near 4%. The Trust's largest improvements in RTT performance since April are seen in General Surgery (7.7%), Ophthalmology (8.8%), Oral Surgery (5.7%), Respiratory (6.7%) and Urology (4.5%).

RTT - Incomplete Pathways (≥92%)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
England %	87.1%	87.2%	87.4%	87.1%	86.8%	86.2%	86.6%	86.8%	86.2%	86.3%	86.5%	
MYHT %	86.1%	87.7%	88.7%	88.7%	88.3%	87.9%	88.7%	88.7%	87.4%	88.1%	87.7%	

The Trust remains committed to ensuring that patients are treated fairly in clinical and chronological order and as such monitor this compliance on a weekly basis.

Focus on patient experience

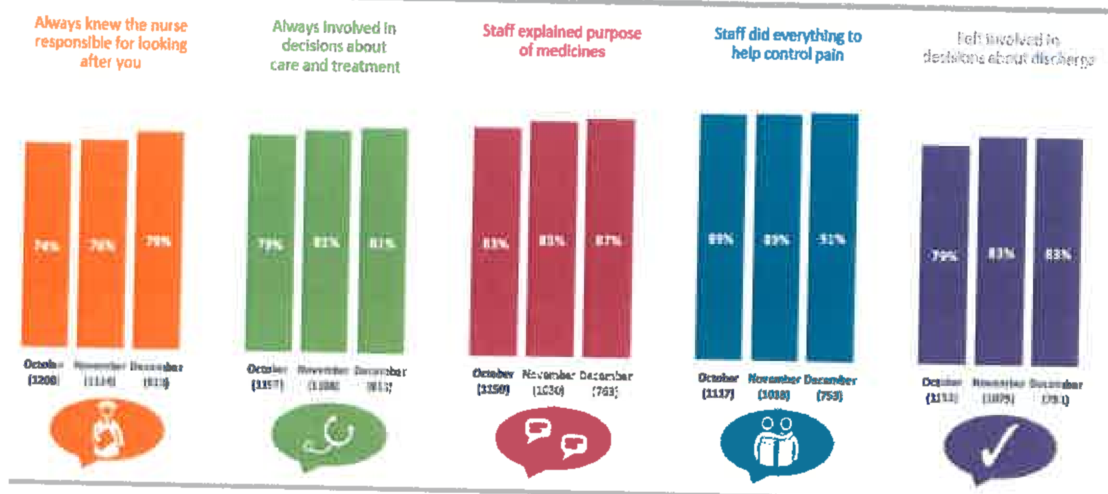
Our patient experience priorities for improvement are identified on an annual basis by undertaking a review of all our key sources of patient experience feedback and are based on what is important to patients.

Our current patient experience priorities are:

- discharge (including internal transfers and medicines awareness)
- communication (access to information, knowing who is responsible for my care and what's happening next)
- respect and dignity (involved in decisions, compassion emotional needs and attitude)
- pain management.

The Trust's Patient Family and Carer Experience action plan, led by the Patient Experience Sub Committee, aims to achieve improvements against the patient experience priorities. The approach is based on the national 'Always Events®' initiative whereby improvements are based on what matters most to patients and achieved by working together with service users. Action plans are also developed and implemented at divisional, service and ward level.

Questions relating to the Trust patient experience priorities have been added to the Inpatient Friends and Family Test (FFT) cards so that the impact of any changes can be monitored on a monthly basis. Work is ongoing making improvements in these key areas. These questions were updated to reflect the new priorities in October 2018.The following chart shows the results for October 2018 to December 2018.



We are using your valuable feedback to continuously improve the quality of our service and the care you receive.

Patient experience feedback is also gained from the Trust's participation in the national survey programme, which allows the Trust to compare itself against other trusts nationally. The Trust uses the results to identify areas of good practice and ideas for improvement.

National Maternity Survey 2018

Areas where the Trust is performing well include midwives providing relevant information about feeding, offering consistent advice and asking how mothers are feeling emotionally. Areas identified for improvement include providing information about mother's physical recovery after birth, having a choice of venue for antenatal care and offering mothers the opportunity to discuss their birth experience.

National Adult Inpatient Survey 2017/18

Areas where the Trust is performing well included ensuring specialists give all the necessary information prior to a planned admission, cleanliness, ensuring patients get enough drinks, and not changing planned admission dates. Areas identified for improvement included improvements in discharge planning and information sharing, pain management, compassion in care, and ensuring patients know what's happening next.

Initiatives to improve patient experience

Key projects for action have been based around the patient experience priorities. A selection includes:

- The Trust has been successful in taking part in a national 'Always Events® initiative led by NHS England. The focus has been on achieving improvements in care based on what matters most to patients. The Patient Experience Team have been working with staff and patients on Gate 34 to look at supporting emotional needs and improving communication.

  A visitor's information board was designed and is updated on a monthly basis with latest figures around patient safety and feedback. There has been a cultural shift in relation to including patients in 'what's happening next?' The Trust is also using Always Event® methodology to work in partnership with other wards including Gate 32a and Gate 38.

- The Trust is making improvements in end of life care as part of a national Gold Standard Framework (GSF) project. Workshops and group meetings have been held to support evidence-based improvements in identifying, documenting and co-ordinating care to support those patients in the palliative stage of life. Work undertaken with a focus on fast-track discharge has been nominated for a Patient Experience Network National Award. The Patient Experience Team was shortlisted for the Enhancing Patient Dignity category of the Nursing Times Awards for the end of life care resource drawers.

- Maternity services have worked in partnership with recent users of the service to prioritise actions for improvement based on 'what matters most' to mothers. A self-assessment against the 'Fifteen Steps for Maternity' toolkit was also undertaken using an observational approach to understanding service users' experience. Improvements have included further development of welcome information, changes made to the format of the postnatal records and introduction of a dedicated Birth Matters clinic to support women with de-brief, discussion and support around care planning outside of pathways of care.

- The volunteer ward befriender scheme has continued to expand with more students joining the scheme supporting vulnerable patients who may require regular reassurance and assistance. During winter pressures, dining companions have been assisting the wards to ensure that patients receive and are supported with food at mealtimes.

- Many items have been regularly kindly donated by volunteers. Items such as toiletries, clothing, property and syringe driver bags all support our aim to welcome and offer comfort to both our patients and their carers. Around Christmas many essential and luxury items were donated to hospital inpatients. Volunteers assembled over 500 stockings, a large proportion kindly handmade, for older people in hospital over the festive period.

- The family waiting and viewing area within Pinderfields hospital mortuary has been refurbished to provide a more comfortable and calm environment. This was officially opened on the 4 February 2019.

- Pinderfields hospital's relatives overnight stay rooms have been refurbished to provide a more comfortable and private area to utilise whilst visiting their loved ones. Plans are underway to develop a similar room at Dewsbury hospital.

- A children's menu has been designed and implemented as well as a dementia friendly menu to allow for greater, more accessible choice at mealtimes.

NHS Staff Survey

The Trust participates in the NHS Staff Survey, which is designed to collect the views of staff about their work and the healthcare organisation they work for. The survey was sent to a sample of 1,250 staff working at the Trust and ran from the beginning of October 2018 until 30 November 2018. Over 500 members of staff in the Trust responded which equates to 42% of staff and is 1% better than the average response rate for combined acute and community trusts.

The detailed content of the questionnaire has been summarised and presented in the form of 10 key themes such as morale, quality of care and health and wellbeing, etc. Full results can be found at www.nhsstaffsurveys.com.

The five questions where the Trust most improved on the 2017 scores were:

- 10% improvement from 31% to 41% of respondents saying they are satisfied with their level of pay
- 9% improvement from 47% to 56% of respondents who would recommend the Trust as a place to work
- 9% improvement from 49% to 58% of respondents who would be happy with the standard of care provided by the Trust if a friend or relative needed treatment
- 8% improvement from 84% to 92% of respondents saying they had an appraisal in the last 12 months
- 8% improvement from 50% to 58% of respondents saying their manager supported them to receive the training, learning or development identified at their appraisal.

The Trust's best five ranking scores compared to peers were:

- % of respondents report working additional unpaid hours
- % of respondents said senior managers act on staff feedback
- % of respondents saying they had an appraisal in the last 12 months
- % of respondents saying their manager supported them to receive training, learning or development identified at their appraisal
- % of respondents saying they receive regular updates on patient experience feedback in their directorate.

The five questions for which the Trust compares least favourably with other combined acute and community trusts were:

- % of respondents saying they or a colleague reported physical violence at work the last time they experienced it
- % of respondents who have any physical or mental health conditions, disabilities or illnesses say the Trust has made adequate adjustments to enable them to carry out their work
- % of respondents would be happy with the standard of care provided by the Trust if a friend or relative needed treatment
- % of respondents say they have experienced musculoskeletal problems in the last 12 months as a result of work activities
- % of respondents saying during the last 12 months they have felt unwell as a result of work-related stress.

The Trust is required to report against the following indicators:

- 16% of staff said they experienced discrimination in the last 12 months (12% in 2017/18)
- 81% of staff said they believed the organisation offers equal opportunities for career progression (83% in 2017/18)
- 27% of staff said they had experienced bullying or harassment by patients, relatives or members of the public (26% in 2017/18)
- 38% of staff said they had reported their most recent experience of bullying or harassment (41% in 2017/18).

The results of the survey are based on 102 questions. Of those 102 questions the Trust improved on 37, deteriorated on 37, stayed the same on 15 and there are 13 new questions. Feedback from staff is more positive than last year and the Trust

has shown some significant improvements on some key areas, especially regarding the percentage of respondents who would recommend the Trust as a place to work and would be happy with the standard of care provided if a friend or relative needed treatment. There are a number of key areas where the Trust is below average and these will be areas of focus. Improvement plans will be developed with staff in the coming year to address the key issues.

Freedom to Speak Up

The Trust Board is committed to ensuring that there are effective speaking up arrangements in place within the organisation which will help to protect patients and improve staff experience. The Trust believes that a healthy speaking up culture is one of the very important characteristics of the Trust being well-led. The Trust also believes that making it easy for staff to speak up about their concerns, and protecting them from detriment when they do, is very consistent with the Trust's values and behaviours.

The Freedom to Speak Up Guardian role was established on a part-time basis in November 2016 in response to a directive from the Department of Health, to fulfil a key recommendation of the Francis Review 2015, and became a full-time role from January 2018.

The Guardian offers a face-to-face meeting with all colleagues wishing to speak up, to establish the full details of the issues and to agree the necessary 'next steps' towards escalation. Staff can contact the Guardian by phone or email, or can choose to share concerns anonymously, posting details using internal/external mail services. Discussion with the reporter focuses on how concerns can be referred to senior managers for investigation and further action. Where an issue includes a patient safety concern, the Guardian will always escalate that concern, even in circumstances where a reporter expresses reluctance for that to happen. Feedback on actions taken by managers is shared with all those reporting concerns, and feedback from the reporters is then gathered to establish their level of satisfaction with the support provided by the Guardian.

For those colleagues who do not wish to contact the Guardian directly, they have other options. The Trust has a team of volunteer Freedom to Speak Up Champions, clinical and non-clinical staff, working across all Trust sites. Staff can also contact the Chief Executive directly via a web-based reporting system: www.myconcerns.org. Details of all these options are included in Freedom to Speak Up publicity materials and on the 'Speaking Up' page on the Trust intranet, and are shared at a range of publicity and staff engagement events across the year. In circumstances where the Guardian is not available (annual leave, training, etc), out of office messages give details of how staff can speak up and who they can speak up to.

The Freedom to Speak Up Guardian has two key functions:

- to receive and manage concerns raised by staff, to ensure that issues of patient safety and staff experience are effectively addressed
- to drive a programme of cultural change, to promote an open and transparent ethos within the organisation so that colleagues can have confidence that the concerns they raise will be well received, and that meaningful investigations will be undertaken to achieve best outcomes for patients.

For the financial year 2018/19, the Guardian was contacted on 227 occasions

by staff wishing to speak up, across a wide range of issues including:

- concerns over the quality of care delivered on a ward
- bullying behaviour by colleagues
- recruitment practice
- a staff member acting outside the scope of their role, compromising the quality of patient care
- sharing of information leading to a breach of patient confidentiality.

A key focus of Francis' enquiries was the experience of staff who speak up, and the reasons they may feel reluctant to do so. Francis' findings suggested that it is often an anxiety that speaking up will lead to professional or personal repercussions; that a staff member may suffer a detriment, which acts as a barrier to speaking up. Over and above the legal protection afforded to staff members, enshrined in a wider policy framework, fundamental to the work of the MYHT Freedom to Speak Up Guardian has been the development of a service which seeks to remove that barrier.

This includes:

- **Offering a confidential service**: There are some situations where it isn't possible for the Guardian to assure complete confidentiality:
    - where the staff member has already shared an intention to speak to a member of the Freedom to Speak Up Team with their colleagues
    - where the staff member shares a concern which has a safeguarding, or criminal element
    - should an issue be raised which results in a Public Interest Disclosure Act claim, and a tribunal judge subpoenas information held by a Guardian.

  Outside of those situations, the Guardian commits to maintain the confidentiality of staff members. All feedback received by the Guardian for this reporting period indicates that those staff members who have made contact, have been confident that appropriate confidentiality has been maintained.

- **A discussion around detriment with reporters:** As part of the initial contact with all colleagues who speak up, the Freedom to Speak Up Guardian makes sensitive and appropriate reference to the aspect of the role which focuses on identifying situations where a detriment might result, and the support that would be available should that happen.

- **A close partnership with human resources colleagues:** In situations where reporters indicate that they feel they may have been treated differently as a result of speaking up, the Guardian will alert colleagues in the HR team, and seek advice on the most appropriate support and management of the situation (with due consideration of the need to maintain confidentiality).

- **A close partnership with union colleagues:** In situations where reporters indicate that they feel they may have been treated differently as a result of speaking up, the Guardian will advise contact with an appropriate union colleague, to ensure they secure adequate representation and support to raise the issue more formally, should they choose to do so.

- **Seeking support from the National Freedom to Speak Up Guardian:** The office of the National Guardian

offers Freedom to Speak Up Guardians advice and support to ensure an effective response, where reporters have suggested they have suffered a detriment as a result of speaking up. The MYHT Guardian has consulted the national office for advice in this reporting period.

- **Training for the Freedom to Speak Up Guardian and Champions:** The MYHT Guardian and Champions have all completed appropriate and recognised training, in line with recommendations of the National Guardian's Office. This training includes reference to the Public Interest Disclosure Act, to ensure an awareness of the protection available to those who believe they have suffered a detriment as a result of speaking up.

In the context of organisational governance, the Guardian meets monthly with the Chief Executive, allowing oversight at senior level of the issues which are causing anxiety for members of staff across the Trust. During this discussion the Guardian is able to highlight issues of particular concern. The regular contact between Guardian and Chief Executive is in line with the recommendation of the National Freedom to Speak Up Guardian. The Guardian also contributes to a regular monthly report to the Trust Board, submitting anonymised details of all concerns raised within the previous reporting period. A comprehensive 'stand-alone' Freedom to Speak Up report is delivered in person to the Trust Board every six months; again, in line with the recommendation of the National Guardian.

This report focuses on demonstrating progress towards achieving defined priorities in the context of Freedom to Speak Up service developments.

Fundamentally, however, it serves the operational function of enabling Board members to review the nature of concerns, to explore emerging themes and patterns. In line with the principles outlined in the Freedom to Speak Up Review (Francis, 2015) this reporting mechanism enables prompt and necessary action at the highest level, to ameliorate organisational risk.

Statements from our stakeholders

Quality Accounts 2018/19

Statement from Mid Yorkshire Hospitals NHS Trust Stakeholder Forum

The Quality Accounts are a thorough indication of the direction of travel for the Mid Yorkshire Hospitals NHS Trust. The areas for improvement and those targeted for the specific needs of the service that is to be delivered are clearly outlined in the report.

The accounts are a demonstration of the challenges faced by the Trust given the limited resources in terms of money and staffing levels, and the Trust relies heavily on the goodwill and cooperation of the dedicated staff that work within the Trust. It highlights the current and future demands that will be placed on the Trust during the coming five years. There is always room for improvement but the Trust seems to be well placed to rise to the challenge ahead.

The current Quality Accounts are just a snapshot in time as the targets, priorities and future legislation will inevitably change during the period and lifetime of the accounts and so the ability of the management team to adapt the future changes is of paramount importance.

NHS Wakefield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group

MYHT Quality Account 2018/19

The following statement is presented on behalf of Wakefield and North Kirklees Clinical Commissioning Groups. We welcome the opportunity to comment on the 2018/19 Quality Account. Throughout the year we have had access to a range of information about the quality and safety of services provided by the Trust. We are assured that this information is thoroughly assessed by the Trust Board and its subcommittees, it informs our regular dialogue with the Trust, and is used to identify areas for improvement. We are confident that the Quality Account provides an accurate and balanced summary of the quality of care provided by MYHT.

The Trust has accurately described the progress made against their quality priorities which aim to reduce harm, improve experience and ensure delivery of effective care. The Trust has been transparent in describing the reasons they have not been able to meet a number of the quality priorities, and as commissioners these are areas we will continue to support and influence, where possible. We are pleased to see that initiatives implemented to support a reduction in the number and severity of pressure ulcers in the community has been successful, and learning from this work is informing improvement within hospital based services.

Although disappointing that the Trust's overall CQC rating did not improve following the inspection in summer 2018, it is testament to the work the Trust has undertaken that the improvements in individual services have been recognised, and that the CQC continue to rate the 'Caring' domain as 'Good'. We will continue to receive assurance on progress with the CQC action plan, and will utilise our patient safety walkabouts to 'test' these improvements in the areas we visit each month.

Our quality assurance and governance processes have been reviewed over the past year with the establishment of a clinical executive group which discusses finance, contracting, transformation and quality every month. Since October 2018, we have attended the Trust's Quality Committee which gives further assurance for commissioners about the safety, effectiveness and experience of the Trust's acute and community services. This has given us greater confidence that the Trust has a full understanding of the quality of care it provides to patients, and the MYQIS structure is being used consistently across the Trust as a comprehensive and consistent approach to quality improvement. We have welcomed the Trust's invitation to be involved in a number of the rapid process improvement workshops, and hope our input and influence with primary care colleagues has helped to achieve the desired outcomes.

Over the year we have built on our system-wide working to implement specific workstreams which support demand and capacity management, improve patient flow, reduce length of stay and ensure timely discharge from hospital. This has meant that our health and care systems have been able to respond to the shared

financial challenge and more effectively manage the increasing demand on the services the Trust provides.

We fully support the Trust's decision to continue to focus on the existing quality priorities, including the timeliness of sending discharge summaries to GPs. We continue to receive negative feedback from GPs about the late receipt of discharge letters, particularly where medication has been changed while the patient was in hospital. Although the pressure ulcer measure is now combined for the whole Trust, we would recommend that the data remains separated between acute and community services to ensure progress can be tracked.

As in previous years, the report is largely focused on the quality of services provided in hospitals. The Trust is undertaking work to improve the quality of care in community services, and is an active partner as part of the emerging Integrated Care Partnership. We would have liked to have seen more information about this work in the Quality Account.

Statement from Wakefield MDC Adults Services, Public Health and the NHS Overview and Scrutiny Committee - Mid Yorkshire Hospitals NHS Trust Quality Account 2018/19

Through the Quality Accounts process the Adults Services, Public Health and the NHS Overview and Scrutiny Committee (OSC) have engaged with the Trust to review and identify quality themes, and the Trust has sought the views of the Overview and Scrutiny Committee with the opportunity to provide pertinent feedback and comments.

This has included discussions on progress against the areas for improvement identified in the 2017/18 Quality Account, including a dedicated session with the Trust on the 11 April 2019. This allowed consideration of any potential issues that may have been of concern and has helped the OSC build up a picture of the Trust's performance in relation to the Quality Account.

In addition, the Committee has worked with the Trust over the last year and has challenged those areas most visibly under pressure – with particular focus on quality, patient experience, safety and clinical effectiveness – the three aspects of the Quality Account. Consequently, the Committee believes that the Trust's priorities identified in the Quality Account broadly match those of the public.

Whilst the Committee accepts that the continuum of improvement should be maintained, specifically by retaining the 2018/19 priority improvement targets, the Committee questioned whether the Trust should consider other, equally important areas for improvement. In response the Trust agreed that improvement must be sustained in those areas where this was required, but it was accepted that the process should be kept under review.

The Committee accepts that the content and format of the Quality Account is nationally prescribed. The Quality Account is therefore having to provide commentary on a wide range of services to a broad range of audiences and is also attempting to meet two related, but different, goals of local quality improvement and public accountability. However, the Committee was concerned with the large number of acronyms used in the report.

In order for the public to make sense of information presented requires the provision of standard, consistent and comparable measures, published in a format that enables interpretation and comparison. Priorities for improvement should then be given benchmark or trend information to provide some context for interpretation. The Committee therefore welcomes the intention of the Trust to provide a reader friendly summary document which hopefully will provide public clarity and relevance to the Quality Account.

The Committee is aware that the Trust has experienced difficulty in delivering key constitutional access standards and, as a result, to provide assurance of long-term improvement. Access to services is a fundamental indicator of patient experience and improved outcomes. This is the most prevalent concern raised by member constituents.

The challenge of matching the Trust's capacity to demand for services is clearly reflected in the Quality Account and this is supported through the Committee's anecdotal evidence from patients, particularly in relation to the number of patients seen and treated within the four-hour standard, together with the number of patients waiting longer than the 18-week standard. This position has continued into 2018/19 despite efforts by the Trust to improve performance.

The Committee is concerned in relation to medication delays which could increase hospital length of stay with examples being given of patients having to stay overnight because their medication was not available at the point of discharge. Members welcomed the increased involvement of Pharmacy which should improve the process.

The Committee welcomes the sustained improvement in sepsis awareness leading to better practice and reduced mortality. It was disappointing to note that the Trust had not seen the expected improvement in acute kidney injury. However, members noted the further actions that have been identified to deliver this improvement.

The Committee remains committed to a zero tolerance approach to pressure ulcers amongst inpatients with a focus on prevention in the first instance; thereby reducing the incidence of pressure ulcers, both new and inherited. Members firmly believe that pressure ulcer prevention is a fundamental part of ensuring high quality patient care, promotion of patient safety and health service efficiency. It is therefore pleasing to see the improvements in relation to pressure ulcers in the community but equally disappointing to see an increase in the acute Trust.

It is acknowledged that the Trust is treating more patients than ever before but the objective of significant and sustained improvement in the reduction of pressure ulcers has not met the overall aim of eliminating this avoidable harm to patients.

The Committee noted that a significant risk to reducing the consumption of antibiotics was a shortage of specialist infection doctors. The Committee acknowledged that there was a national shortage but welcomed the number of local initiatives to address the problem, including innovative ways of using existing staff.

The Committee has continued to consider actions to reduce hospital-acquired harms which disproportionately affect the frail and elderly, which can lead to rapid decompensation, higher mortality and longer hospital stays. The Committee therefore was pleased to note that the falls prevention target had been met.

The Committee was disappointed that insufficient progress had been made in relation to electronic discharge letters but acknowledged the specific actions and processes that have been put in place to achieve the 24 hours standard.

Overall the Committee would like to see improvement priorities more explicitly aligned to the Trust's core values that reinforce behaviours and ways of working in order to underpin a culture of service improvement and better quality care.

Finally, the Committee believes that the Quality Account is a fair reflection of the Trust's performance, challenges and achievements during 2018/19.

Healthwatch Wakefield comment on the Quality Account of Mid Yorkshire Hospitals NHS Trust

Healthwatch Wakefield is pleased once again to comment on the Quality Account of the Mid Yorkshire Hospitals NHS Trust ('the Trust') for the year 2018/2019. We are pleased to report that the Trust has continued to involve Healthwatch Wakefield on a number of issues.

The Healthwatch Wakefield Quality Account Task & Finish Group has collected information and intelligence over the year via a variety of methods, including:

- an ongoing programme of face to face meetings and discussions with colleagues within the Trust
- feedback received by Healthwatch Wakefield from service users
- our engagement work across the District with community groups and voluntary organisations
- our volunteer activities including visiting our hospitals and other services.

General commentary

The opening statement on quality from the Chief Executive provides an honest reflection on the Trust's progress in improvement against safety and quality indicators over the course of 2018/19, whilst recognising that the Trust continues to face challenges particularly regarding matching capacity to demand. This is a summary that Healthwatch Wakefield are in agreement with, and would take this opportunity to commend the Trust on their continued provision of healthcare services to the people of Wakefield and surrounding area.

It is heartening to see that the Trust's collaboration with the University of Bradford in setting up a School of Nursing at Dewsbury and District Hospital. This will undoubtedly provide a boost not only for local healthcare services but also for the reputation of the hospital. We do, however, note that the CQC rating remains at 'Requires Improvement', although it is good to see improvements in many of the indicators the CQC inspect. Whilst we recognise there is still work to be done, Healthwatch Wakefield remains happy to see steps being taken in the right direction.

Review of 2017/18 Quality Priorities

Although the challenging target of zero was narrowly missed, it is nevertheless encouraging to see a good result against the target to reduce cases of healthcare associated MRSA cases (one reported case compared to four in 2017/18), especially considering this was an area for concern last year. It is, however, slightly disappointing to note that the number of Clostridium Difficile infections has increased, significantly missing its target.

Delivering harm free care for all patients is a key national priority and Healthwatch Wakefield support the Trust in their efforts to improve this in our region. We are pleased to see the initiatives continue to have a positive impact, and particularly commend the Trust on their achievement in again reducing the number of people who have a fall which results in harm per 1,000 bed days to 1.34 (compared with the 2017/18 figure of 1.59).

Healthwatch Wakefield were interested to see how performance in terms of reducing the consumption of antibiotics and optimising prescribing practice developed over 2018/19 and were hoping to see ongoing improvements in this area. This has again proved to be an apparently challenging area for the Trust with overall consumption increasing by 7%. It is noted, however, that Carbapenem usage has reduced by half, and this is a welcome result.

Reducing the incidence of pressure ulcers is always a challenging area, particularly as many of the factors that affect this are beyond the Trust's direct control. It is heartening to see that improvements have been made in reducing the incidences of category 2-4 pressure ulcers in community settings (15.23% as opposed to 18.33% in 2017/18), especially as this was an area of concern last year.

We are pleased to again see improvements in the Friends and Family Test feedback, both staff and patient related, and hope that this can be maintained. We remain particularly disappointed that no improvements in the delivery of electronic discharge summaries to GPs within 24 hours have been made, and urge the Trust to rectify this situation with utmost urgency in order to provide high quality continuing care for their patients when transferred back to primary or community care settings.

Healthwatch Wakefield is concerned to note that there has been a further 'Never Event' during the course of 2018/19, and whilst this is a replication of last year (when there was again a single Never Event), we strongly urge the Trust to take steps to ensure such incidents do not occur at all. We will continue to hold the Trust to account in this area.

Priorities for improvement 2018/19

Healthwatch Wakefield welcomes the fact that, given performance against all 2017/18 priorities has not been completely successful, the vast majority of priorities are being rolled over into next year. We also agree that realigning the metrics used to measure the incidence of pressure ulcers is necessary, and will be worthwhile in making performance measurements against this priority clearer. We are hopeful that this change will help continue to drive improvements in this area.

Overall summary

The draft document that was presented to Healthwatch Wakefield for review is well designed and comprehensive. We again like the clear summary of performance against 2018/19 priorities which is then followed by a section with further detail for those who need it.

However, Healthwatch Wakefield Task and Finish Group members have again raised concerns regarding the accessibility of this document. All NHS and adult social care organisations are required to have an Accessible Information and Communications Policy within which they should identify when and how they will provide information and communicate in alternative formats.

The Quality Account annual reports need to be made available to the public, and the Trust should decide what actions they wish to take to proactively or reactively publish documents in alternative formats. Good practice would be that an accessible summary of the account should be made available in at least one other format. Indeed, we are aware that other Trusts produce the information in easy read alongside the original report, and we would recommend that Mid Yorkshire Hospitals take at least the same approach.

We would also be keen to see a new target regarding patients being readmitted within 28 days of leaving hospital. There may not yet be a national target but we feel it would be best practice to introduce a local one, or identify steps to reduce the number of patients being readmitted.

Nevertheless, there is evidence of strong performance against most of the priorities the Trust set for itself, and although many of the targets were missed, we are encouraged by the efforts already made, the future plans, and the dedication of the team to continue driving through improvements despite the continuing challenges in the healthcare macro and micro environments.

Healthwatch Wakefield commends the Trust on its performance in delivering quality healthcare services to the people of Wakefield and surrounds, and we look forward to continuing to support and work with the Trust to help ensure continuous improvements are sustained.

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF THE MID YORKSHIRE HOSPITALS NHS TRUST ON THE QUALITY ACCOUNT

We have been engaged by Mid Yorkshire Hospitals NHS Trust to perform an independent assurance engagement in respect of Mid Yorkshire Hospitals NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein.

NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011, the National Health Service (Quality Account) Amendment Regulations 2012 and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations").

Scope and subject matter
The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- Percentage of patients safety incidents resulting in severe harm or death; and
- Rate of clostridium difficile infections.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors
The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care (DHSC) has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with DHSC guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;

- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the DHSC on 29 January 2015 ("the Guidance") and applicable to 2018-19; and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and consider whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to April 2019;
- papers relating to quality reported to the Board over the period April 2018 to April 2019;
- feedback from NHS Wakefield and NHS North Kirklees Clinical Commissioning Groups;
- feedback from Healthwatch Wakefield;
- feedback from Wakefield MDC Adults Services, Public Health and the NHS Overview and Scrutiny Committee;
- the Trust's latest complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the latest national patient survey;
- the latest national staff survey;
- Care Quality Commission inspection report, dated December 2018;
- the Head of Internal Audit's annual opinion over the trust's control environment for the year ended 31 March 2019;
- the annual governance statement for 2018/19; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts. We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

This report, including the conclusion, has been prepared solely for the Board of Directors of Mid Yorkshire Hospitals NHS Trust.

We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Mid Yorkshire Hospitals NHS Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and Social Care. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations. In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Mid Yorkshire Hospitals NHS Trust.

Qualified conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;

- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and supporting Guidance.

Cameron Waddell
Partner, for and on behalf of Mazars LLP

Chartered Accountants and Statutory Auditor
Salvus House
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23 May 2019

CHAPTER FIVE

THE EXTERNAL AUDITOR'S REPORT AND OPINION

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF THE MID YORKSHIRE HOSPITALS NHS TRUST

Opinion on the financial statements

We have audited the financial statements of Mid Yorkshire Hospitals NHS Trust ('the Trust') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as interpreted and adapted by the Government Financial Reporting Manual 2018/19 as contained in the Department of Health and Social Care Group Accounting Manual 2018/19, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England ("the Accounts Direction").

In our opinion, the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006 and the Accounts Direction issued thereunder.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material uncertainty related to going concern

We draw attention to Note 2 in the financial statements, which indicates that the Trust incurred a deficit for the year ended 31 March 2019 of £18.338 million. This is in line the prior year deficit and results in an accumulated deficit of £158.689 million. The Trust has submitted a financial plan for 2019/20 that forecasts a breakeven position for the year which is dependent on delivering Cost Improvement Programme (CIP) savings of £19 million, receipt of conditional Provider Sustainability Funding (PSF) of £10.4 million and receipt of Financial Recovery Funding (FRF) of £10.4 million from the Department of Health and Social Care. At present there is no plan in place to repay the accumulated deficit or return the Trust to a recurrent break-even position. As stated in Note 2, cash funding loan finance from the Department of Health and Social Care is expected to continue without interruption. These events and conditions, along with the other matters explained in Note 2, constitute a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other information
The directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements
As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014

We are required to report to you if we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have a reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

On 23 May 2019, we issued a referral to the Secretary of State under section 30b) of the Local Audit and Accountability Act 2014 in relation to the breach of the Trust's statutory financial duty at 31 March 2019 under Paragraph 2(1) of Schedule 5 of the National Health Service Act 2006 that:

'Each NHS trust must ensure that its revenue is not less than sufficient, taking one year with another, to meet outgoings properly chargeable to revenue account'.

Other matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS Improvement; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

The Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Adverse conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2017, we are not satisfied that, in all significant respects, Mid Yorkshire Hospitals NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Basis for qualified conclusion
In considering the Trust's arrangements for securing sustainable resource deployment, we identified the following matters:

- The Trust incurred a deficit of £31.3 million in 2018/19 against an original planned Control Total deficit of £19.7 million.
- A key contributory factor was that the Trust did not meet its original Cost Improvement Programme (CIP) savings target for 2018/19. The target set at the beginning of the year was a challenging £24 million, of which only £16 million of savings were delivered. Failure to deliver the Control Total (and Accident and Emergency performance standards for much of the year) limited the Trust's access to the Provider Sustainability Fund (PSF) with only £7.1 million of the £14.3 million originally available received.
- The cumulative impact of the above is that the Trust's reported financial position (after PSF) was a £18.3 million deficit - significantly worse than the planned £5.4 million deficit.
- The outturn for 2018/19 resulted in a cumulative deficit of £158.7 million as at 31 March 2019 (over 30% of the Trust's operating income) - representing a breach of the Trust's statutory 'break-even' duty.
- The Trust's 2019/20 Financial Plan is for a break even position comprising a control total deficit of £20.8 million (before conditional PSF of £10.4m and a further £10.4m of Financial Recovery Funding). Integral to achieving the agreed control total is a required CIP of £19.0m. Whilst the CIP requirement is less than in previous years and good progress has been made in identifying CIP schemes to deliver this target, delivering such CIP savings will be a significant challenge (not least as the Trust has not delivered its financial plan and associated CIP savings in any of the previous four years).
- There is no plan in place to repay the accumulated deficit or return the Trust to a recurrent break-even position. We understand that part of the Trust's structural deficit relates to the additional costs associated with its significant PFI scheme.
- The Trust received a combined quality and resources CQC report in December 2018. The combined rating for quality and use of resources was 'requires improvement' including for both the 'use of resources' and 'well led' domains. The report does however comment on some improvements since the 2017 CQC report.
- Whilst the Trust has developed a comprehensive action plan to address the issues raised within the CQC report and has secured early progress in addressing some of the 'must do' actions, progress against the overarching CQC Improvement Plan remains in progress.

These issues are evidence of significant weaknesses in the Trust's arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Responsibilities of the Accountable Officer
As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust the Accountable Officer of the Trust is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by section 21(3)(c) and schedule 13(10)(a) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Use of the audit report

This report is made solely to the Board of Directors of Mid Yorkshire Hospitals NHS Trust NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of Mid Yorkshire Hospitals NHS Trust NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Cameron Waddell
For and on behalf of Mazars LLPSalvus House
Aykley Heads
Durham
DH1 5TS

23 May 2019

CHAPTER SIX

THE FINANCIAL ACCOUNTS

Financial overview 2018/19

In 2018/19, we agreed a plan with NHS Improvement which provided for a deficit of £5.4 million; this included £14.3 million of Provider Sustainability Funding (PSF).

Within this plan we provided for a cost improvement programme (CIP) of £24 million which equates to around 5% of the Trust's turnover.

2018/19 was a very challenging year and the Trust fell short of making the required level of CIP, which resulted in the Trust failing to meet the NHS Improvement target, and a year on year increase in the Trust's deficit.

Our financial position in 2018/19

- The Trust planned for an income and expenditure deficit of £5.4 million, which included £14.3 million of PSF income.
- For 2018/19 the Trust has reported a deficit of £18.4 million which is £13 million worse than planned. The main reasons for this were the £8 million shortfall on efficiency savings where the Trust delivered £16 million against the target of £24 million, and also a £1.4 million shortfall in the overall amount of PSF income available.

The table below summarises how the position has changed between 2017/18 and 2018/19.

	Position at 31/3/18	Position at 31/3/19		
		Plan	Actual	Variance
	£m	£m	£m	£m
Surplus/(Deficit) Excl. STF/PSF	(27.7)	(19.7)	(31.3)	(11.6)
Add STF/PSF	7.4	14.3	12.9	(1.4)
Control total surplus/(deficit) Incl. STF/PSF	(20.3)	(5.4)	(18.4)	(13.0)

Revenue

The total revenue in 2018/19 amounted to £527 million, an increase on the prior year total of £505.6 million. Revenue in 2018/19 includes £12.9 million STF income, which is a £5.5 million increase on the £7.4 million in 2017/18. Around £468 million (89%) of our income is received from NHS commissioning bodies for the purchase of clinical activity.

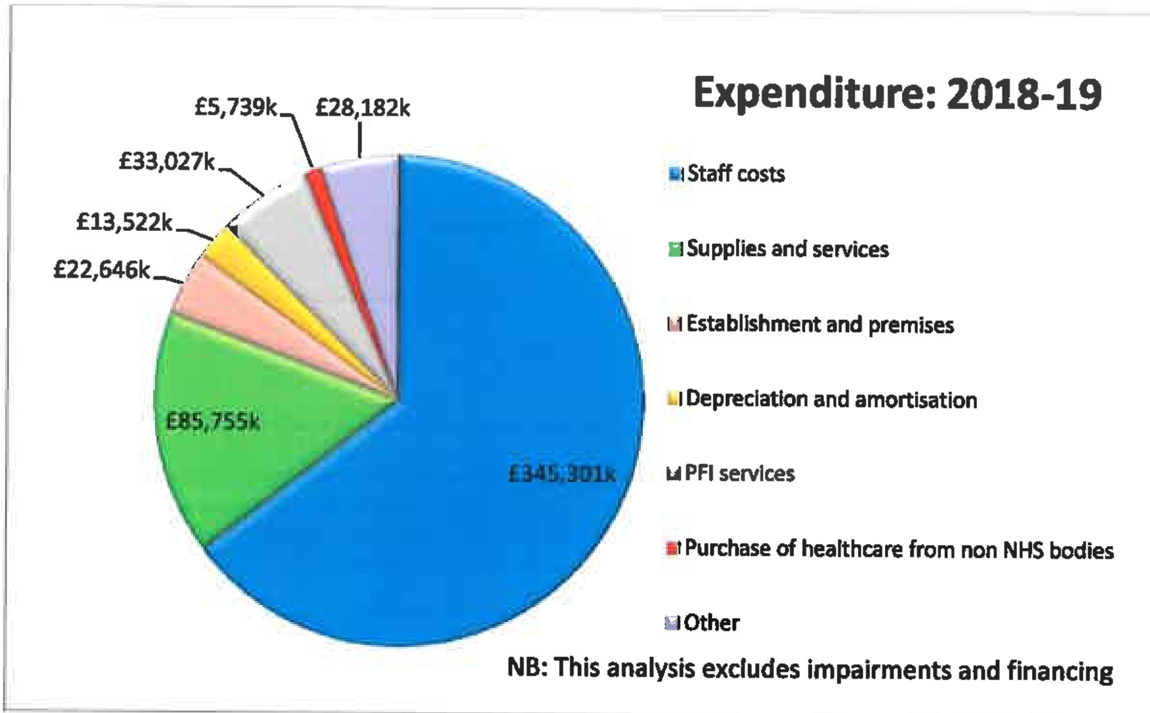
Expenditure

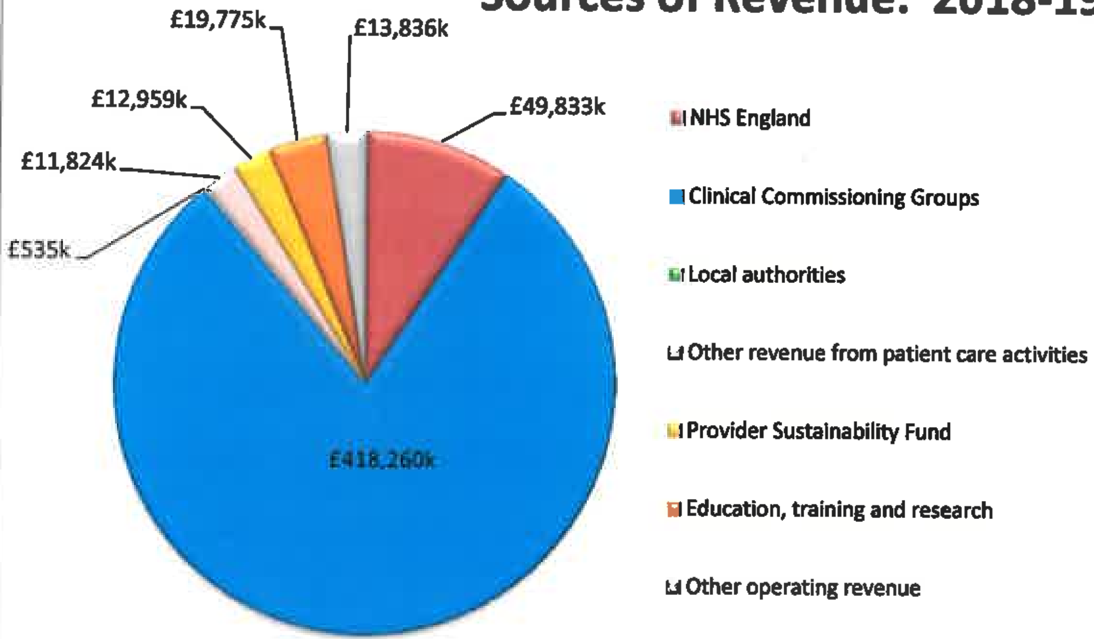
Our operating expenditure excluding financing costs and impairments was £534.2 million and the largest element of this is the pay bill for our staff cost of £345.3 million (65%). Other significant components of the Trust's expenditure baseline are supplies and service costs of

£43.7 million (8%), drug costs of £42 million (8%) and establishment and premise costs of £22.6 million (4%).

Capital expenditure

In 2018/19 we invested £16.9 million in capital expenditure, including £5.6 million invested in our healthcare facilities, £6.3 million in replacing our information technology and £5 million on new medical equipment. In 2019/20 we plan to spend a further £16.3 million on developing our healthcare facilities and equipment, subject to securing funding.




Sources of Revenue: 2018-19
£19,775k
£13,836k
£12,959k
£49,833k
£11,824k
£535k
£418,260k
NHS England
Clinical Commissioning Groups
Local authorities
Other revenue from patient care activities
Provider Sustainability Fund
Education, training and research
Other operating revenue

Looking forward to 2019/20

Our financial challenge will continue into 2019/20 and we have agreed a financial plan with NHS Improvement to break-even. This will be a significant challenge and all services across the Trust are working very hard to deliver the plan.

For the Trust to achieve break-even we will need to secure the planned income from the Provider Sustainability Fund and the Financial Recovery Fund which is contingent on the Trust delivering its planned financial performance set by NHS Improvement.

The financial target we have been set will mean we have to make a further £19m of cost improvements and efficiencies. This forecast takes into account the 0.5% efficiency target that all trusts are required to deliver and to address the underlying deficit position brought forward from 2018/19. All of our cost improvement schemes will be assessed for the impact on patient safety and patient experience by our Medical Director and Chief Nurse.

We continue to work with our stakeholders and we are supporting initiatives to drive efficiencies and transform healthcare services across the health economy to enable us to provide safe, quality and sustainable care for our patients.

In 2019/20 we will be investing in essential medical and radiology equipment replacements, IT system upgrades, estate maintenance and ward modifications.

External auditors

Mazars LLP were the Trust's external auditors in 2018/19. The cost of the work undertaken by Mazars LLP was £0.1 million (inclusive of VAT). This includes the fees for audit services in relation to the statutory audit (£54,000) and the quality accounts (£8,000), excluding VAT.

Auditing standards require the directors to provide the external auditors with representations on certain matters material to their audit opinion.

The Board has confirmed and provided assurance via a statement of representation to its auditors that there is no information relevant to the audit that they are aware of that has not been made available to the auditors. Directors have taken all steps necessary to make themselves aware of any relevant audit information and established that the auditors are aware of that information.

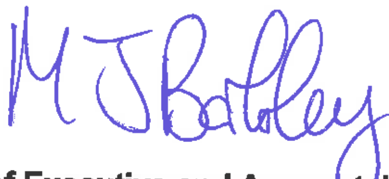
Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:



Chief Executive and Accountable Officer: Martin Barkley
Date: 23 May 2019

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

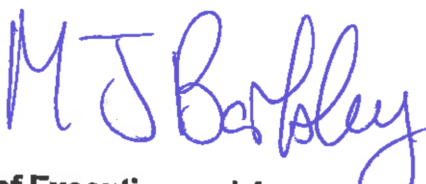
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

Signed:



Chief Executive and Accountable Officer: Martin Barkley
Date: 23 May 2019

Signed:

Director of Finance: Jane Hazelgrave
Date: 23 May 2019

Statement of Comprehensive Income

	2018-19	2017-18
	£000s	£000s
Operating income from patient care activities	480,452	467,063
Other operating income	46,570	38,521
Employee benefits	(345,301)	(332,982)
Other operating expenses	(188,871)	(177,092)
Operating surplus/(deficit) from continuing operations	(7,150)	(4,490)
Finance income	212	46
Finance expenses	(11,526)	(11,385)
Net finance costs	(11,314)	(11,339)
Other gains/(losses)	126	(25)
Surplus/(deficit) for the year from continuing operations	(18,338)	(15,854)
Other comprehensive income		
Reversal of impairments/(impairments)	3,355	265
Total comprehensive income / (expense) for the period	(14,983)	(15,589)
Adjusted financial performance (control total basis)		
Surplus / (deficit) for the period	(18,338)	(15,854)
Add back all SOCI impairments / (reversals)	0	(2,503)
Retain impact of Departmental Expenditure Limit (impairments) / reversals	0	(1)
Remove I&E impact of capital grants and donations	(21)	(48)
CQUIN risk reserve adjustment (2017/18 only)	0	(1,891)
Adjusted financial performance surplus / (deficit)	(18,359)	(20,297)

An NHS Trust's reported financial performance is assessed on its retained surplus/deficit adjusted for items that the Department of Health and Social Care does not consider to be part of the organisation's performance.

Breakeven duty financial performance

	2018-19	2017-18
	£000s	£000s
Adjusted financial performance surplus / (deficit) (control total basis)	(18,359)	(20,297)
Remove impairments scoring to Departmental Expenditure Limit - impairments	17	1
Add back CQUIN risk reserve	0	1,891
Breakeven duty financial performance surplus / (deficit)	(18,342)	(18,405)

In 2018/19 £17k of impairments scoring to DEL was retained by the Trust (2017/18: £1,000). In 2017/18 the CQUIN risk reserve was added back in the calculation of breakeven duty.

Provider Sustainability Fund income of £12,959k (2017/18: STF £7,441k) is included in the reported financial performance.

Statement of Financial Position

	31 March 2019	31 March 2018
	£000s	£000s
Non-current Assets		
Intangible assets	1,245	1,910
Property, plant and equipment	387,031	379,649
Total non-current assets	388,276	381,559
Current Assets		
Inventories	6,820	7,654
Trade and other receivables	25,745	22,148
Cash and cash equivalents	7,115	8,194
Total current assets	39,680	37,996
Current Liabilities		
Trade and other payables	(38,327)	(34,228)
Borrowings	(29,592)	(28,973)
Provisions	(902)	(1,586)
Other liabilities	(2,389)	(2,013)
Total current liabilities	(71,210)	(66,800)
Total current assets less current liabilities	356,746	352,755
Non-current Liabilities		
Borrowings	(346,363)	(330,974)
Provisions	(6,806)	(6,691)
Total non-current liabilities	(353,169)	(337,665)
Total assets employed	**3,577**	**15,090**

Financed by		
Public dividend capital	206,609	203,139
Revaluation reserve	38,174	35,481
Other reserves	2,685	2,685
Income and expenditure reserve	(243,891)	(226,215)
Total taxpayers' equity	**3,577**	**15,090**

The financial statements were approved by the Board on 23 May 2019 and signed on its behalf by:

Signature:

Chief Executive and Accountable Officer: Martin Barkley
Organisation: The Mid Yorkshire Hospitals NHS Trust

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2019

	Public Dividend Capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total reserves
	£000s	£000s	£000s	£000s	£000s
Taxpayers' equity at 1 April 2018 - brought forward	203,139	35,481	2,685	(226,215)	15,090
Surplus/(deficit) for the year	0	0	0	(18,338)	(18,338)
Other transfers between reserves	0	(662)	0	662	0
Reversal of impairments/(impairments)	0	3,355	0	0	3,355
Public dividend capital received	3,470	0	0	0	3,470
Taxpayers' equity at 31 March 2019	206,609	38,174	2,685	(243,891)	3,577

In 2018/19, the Trust received £340,000 of permanent Public Dividend Capital (PDC) for patient wifi, £1,600k for e-prescribing, £1,514k for an electronic patient record system and £16k for the pharmacy infrastructure scheme.

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2018

	Public Dividend Capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total reserves
	£000s	£000s	£000s	£000s	£000s
Taxpayers' equity at 1 April 2017 - brought forward	202,719	37,107	2,685	(212,252)	30,259
Surplus/(deficit) for the year	0	0	0	(15,854)	(15,854)
Other transfers between reserves	0	(654)	0	654	0
Reversal of impairments/(impairments)	0	265	0	0	265
Transfer to retained earnings on disposal of assets	0	(1,237)	0	1,237	0
Public dividend capital received	420	0	0	0	420
Taxpayers' equity at 31 March 2018	203,139	35,481	2,685	(226,215)	15,090

In 2017/18, the Trust received £220,000 of permanent Public Dividend Capital (PDC) for cyber security and £200,000 for West Yorkshire and Humber Cancer Alliance digital pathology scheme.

Statement of Cash Flows

	2018-19	2017-18
	£000s	£000s
Cash flows from operating activities		
Operating surplus/(deficit)	(7,150)	(4,490)
Non-cash income and expense:		
Depreciation and amortisation	13,522	14,079
Net impairments	17	(2,503)
Income recognised in respect of capital donations	(225)	(263)
(Increase)/decrease in receivables and other assets	(3,567)	(2,178)
(Increase)/decrease in inventories	834	575
Increase/(decrease) in payables and other liabilities	2,861	(949)
(Increase)/decrease in provisions	(576)	(379)
Net cash generated from / (used in) operating activities	5,716	3,892
Cash flows from investing activities		
Interest received	182	61
Purchase of intangible assets	(51)	(619)
Purchase of property, plant and equipment	(14,616)	(6,599)
Sales of property, plant and equipment	126	1,226
Receipt of cash donations to purchase capital assets	225	263
Net cash generated from / (used in) investing activities	(14,134)	(5,668)
Cash flows from financing activities		
Public dividend capital received	3,470	420
Movement on loans from the Department of Health and Social Care	24,910	18,661
Capital element of finance lease rental payments	(709)	(422)
Capital element of PFI	(8,887)	(8,633)
Interest on loans	(2,050)	(1,654)

Interest paid on finance lease liabilities	(20)	(24)
Interest paid on PFI	(9,375)	(9,664)
Net cash generated from / (used in) financing activities	(7,339)	(1,316)
Increase / (decrease) in cash and cash equivalents	(1,079)	(3,092)
Cash and cash equivalents at 1 April - brought forward	8,194	11,286
Cash and cash equivalents at 31 March	7,115	8,194

A full set of the Trust's Financial Accounts 2018/19 is available at www.midyorks.nhs.uk

CHAPTER SEVEN

LOOKING FORWARD

Looking forward to 2019/20

Looking forward to the financial/planning year starting April 2019, I am pleased to say there are several new things going to happen in the Trust that will mean we will be on a par with most similar trusts. Our first Da Vinci Robot starts to be brought into use in April. Hitherto the Trust has been only one of two trusts that carry out prostate cancer surgery that does not have a Da Vinci Robot. We also start to implement an electronic patient record system in partnership with our next door trust, Leeds Teaching Hospitals NHS Trust, known as PPM+, and an electronic prescribing system known as eMeds, as well as Scan4Safety.

The most significant challenge the Trust has (like most other trusts) is matching the Trust's capacity to effectively respond to the demand for the services the Trust provides, and to do so in a timely way. This gap usually shows itself through waiting times to access services, or to be admitted onto a ward, or insufficient staff to provide the service that patients (rightly) expect to receive. We will continue to prioritise the retention of existing staff, recruit new staff into existing as well as new roles, improving patient flow in our hospitals and reducing the delays that some medically optimised patients experience in being discharged from hospital. We have some particular 'hot spots' that we must improve, for example gastroenterology, endoscopy, radiology, oncology and Pinderfields emergency department. We are planning to see more outpatients, both new and follow-up, than ever before, as well as more elective surgery to reduce waiting times and the number of patients on the waiting lists.

The other key challenge we have is reducing our cost base by eliminating waste and improving productivity in order to achieve financial balance at worst, and make progress to achieve a surplus for investment in the Trust. Another aspect of our financial challenge is that the Trust generates a limited amount of funds for operational capital. We have therefore applied for a capital loan to supplement what we do generate in 2019/20.

Last, but by no means least we will be welcoming a new Chairman of the Trust in June 2019.

Signature:

Chief Executive

APPENDICES

Appendix I: Summary of actions the Trust must or should do: CQC report published December 2018

Must/ Should	Action	Core Service	Site
Must	Ensure that at all times and across all services there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels	Trust-wide	All
Must	Across all relevant services the trust must ensure that patient group directions are in date and are compliant with the relevant Trust policy	Trust-wide	All
Must	Continue to improve staff compliance with core mandatory and statutory training and role specific mandatory training	Trust-wide	All
Must	Ensure potassium containing intravenous fluids are stored separately from other intravenous fluids and ensure the new process of medicines stock checks including expiry date checking is sustained	Trust-wide	All
Must	Ensure compliance with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014)	Trust-wide	All
Must	Ensure that effective and robust systems are in place to support and drive performance and the identification and management of risk	Trust-wide	All
Must	Establish accountability and effective clinical leadership throughout the organisation	Trust-wide	All
Must	Confidential records - ensure that patient information and records are managed appropriately, stored safely and confidentiality is maintained at all times	UES, Medical Care	Trust-wide
Must	Ensure that, where clinical streaming is undertaken by a receptionist, all patients are then triaged by a registered practitioner in line with best practice guidance	UES	Trust-wide
Must	Ensure that staff consistently apply the principles of the Mental Capacity Act and where patients lack capacity, staff record that the decision was in the patient's best interests	UES, Medical Care	Trust-wide
Must	Improve governance processes to ensure robust action planning and oversight of action plans	Maternity	Trust-wide
Must	Continue to prioritise and monitor the maternity audit programme; and increase local audit activity to encourage continuous improvement, in line with the revised audit agenda	Maternity	Trust-wide
Must	Ensure that a robust system is put in place to ensure that clinical validation has taken place for every patient on a waiting list backlog	Outpatient	Trust-wide
Must	Take action to reduce the backlog of patients waiting for an appointment	Outpatient	Trust-wide
Must	Ensure that risks within the department are clearly identified and escalated	UES	Pontefract
Must	Ensure that environments used for patients with mental health conditions are ligature free and have access to equipment to summon for help if required	UES	Pontefract
Must	Review the quality of patient care delivered on the unit, by participation in clinical audits to measure patient outcomes	UES	Pontefract
Must	Ensure that there is adequate medical cover including a junior doctor on site from Monday to Friday at the Pontefract Medical and Stroke Rehabilitation Unit (PMSRU). This includes cover when doctors are on annual leave	Medical Care	Pontefract

Must	Ensure that patient risk assessments for falls, pressure damage and nutrition are updated weekly and following transfer to the PMSRU	Medical Care	Pontefract
Must	Ensure that all staff on the PMSRU receive an annual appraisal in line with Trust policy	Medical Care	Pontefract
Must	Ensure the environment at the PMSRU is suitable to meet the needs of patients with dementia and that reasonable adjustments are made	Medical Care	Pontefract
Must	Review the designated mental health room and complete regular risk assessments of the room	UES	Dewsbury
Must	Ensure patients using the discharge lounge receive their medicines on time	Medical Care	Dewsbury
Must	Ensure that there is consistent use of risk assessments for patients self-administering their medication	Medical Care	Pinderfields, Dewsbury
Must	Ensure oxygen for patients is prescribed, in line with national guidance	Critical Care	Pinderfields
Should	Review record keeping, including notes storage. Notes should be appropriately stored, without loose sheets, clearly labelled, up to date and legible	Medical Care	Trust-wide
Should	Ensure that attendance at perinatal mortality and morbidity meetings and review of previous meeting minutes (to monitor agreement and follow up) are formally recorded, and changes to practice are recorded in, and monitored through, action plans	Maternity	Trust-wide
Should	Continue to work to improve access and flow in antenatal, triage and induction of labour services as a priority to reduce delays and improve women's experiences of care. This should include ensuring staff are sufficiently allocated across the service to meet service need. Where not already implemented, they should consider measuring delays against NICE red flag staffing guidance, for comparability and consistency	Maternity	Trust-wide
Should	Continue to work towards increasing performance in relation to referral to treatment times for non-admitted and incomplete pathways	Outpatient	Trust-wide
Should	Review its systems for checking resuscitation equipment and make sure that all staff are clear who is responsible for these	UES	Pontefract
Should	Review governance procedures in relation to monitoring of the private GP contract, especially in relation to DBS compliance and training compliance for the GP's working on the unit	UES	Pontefract
Should	Ensure that doors to wards and equipment stores on the PMSRU are not propped open as this may compromise patient safety	Medical Care	Pontefract
Should	Ensure that staff decontaminate their hands when entering and leaving wards	Medical Care	Pinderfields, Pontefract
Should	Ensure that there are regular team meetings for nursing staff at the PMSRU to provide a forum where shared learning from incidents and complaints can be discussed	Medical Care	Pontefract
Should	Ensure patients receive adequate therapy at weekends so that their rehabilitation does not stall or deteriorate due to a lack of input	Medical Care	Pontefract
Should	Continue to review consultant presence in the department, in line with RCEM guidance	UES	Pinderfields, Dewsbury
Should	Ensure that patient records are completed consistently, particularly in relation to pain scores, NEWS, nutrition and hydration of patients	UES	Pinderfields, Dewsbury
Should	Sepsis - continue to improve care and consistency in care of patients with sepsis	UES	Pinderfields, Dewsbury
Should	Review security within the department	UES	Dewsbury

Should	Ensure storeroom doors are not left open or unlocked and accessible to patients or members of the public	Medical Care	Dewsbury
Should	Improve staff compliance/ competence regarding aseptic non-touch technique	Medical Care	Dewsbury
Should	Ensure staff are clear who is accountable for the oversight of the discharge lounge and ambulatory care environment and governance of practice and processes at Dewsbury and District Hospitals, and ensure relevant staff are consulted about the development of these services	Medical Care	Dewsbury
Should	Consider the benefits of developing specific suitability criteria and or a triage system for the ambulatory care service at Dewsbury and District Hospital	Medical Care	Dewsbury
Should	Monitor transfer waiting times for patients who need to go from Dewsbury and District Hospital to Pinderfields Hospital for admission or treatment and work with transport providers to make improvements where necessary	Medical Care	Dewsbury
Should	Take steps to remove the old outpatient department signs	Outpatient	Dewsbury
Should	Ensure that patients are assessed in a timely manner, both in the department and when referred to other specialities within the hospital, in line with Trust policy	UES	Pinderfields
Should	Ensure that risks within the department are reflected in the risk register	UES	Pinderfields
Should	Improve RCEM audits and action plans to achieve the required standard	UES	Pinderfields
Should	Ensure that dates of all curtains changes are clearly recorded, and that the staff who make the changes are aware of the need to keep a record	UES	Pinderfields
Should	Ensure that there is consistent use of the assessment tool to identify and assess patients with possible mental health conditions	Medical Care	Pinderfields
Should	Continue to improve the consistent completion of 24-hour fluid balance charts where appropriate to the patient	Medical Care	Pinderfields
Should	Monitor and make efforts to reduce the number of patients moved out of hours	Medical Care	Pinderfields
Should	Finalise and implement the draft critical care strategy and action plan and continue to work towards compliance with Guidelines for the Provision of Intensive Care Services (GPICS) standards	Critical Care	Pinderfields
Should	Strengthen and embed governance arrangements in relation to: ▪ management meetings ▪ mortality and morbidity reviews ▪ oversight of audit activity ▪ formal review of risk register ▪ induction checklist for bank and agency staff.	Critical Care	Pinderfields
Should	Ensure that correct recording of prescription pads is taking place	Outpatient	Pinderfields

Appendix II: Mandatory indicators

Each year, the NHS identifies a range of indicators that all providers of hospital services must report on in the Quality Account. The indicators below are those that we are required to report on in 2018/19.

Summary Hospital Level Mortality Indicators

The Trust considers this data is as described for the following reasons:

- The Trust Learning from Deaths Group continues to meet and reports regularly to the Trust's Quality Committee. The Group's function is to monitor and analyse mortality data in order to fully understand the basis for the results. This group has carried out a number of deep dive analyses of mortality rates within specific conditions and have tasked operational services with identifying improvement actions to meet the findings of these analyses.

- The Trust has taken a number of actions to improve the accuracy of data submitted and so the quality of services, from which mortality rates are calculated including improving palliative care coding rates. A number of other actions have also been taken including continuing to roll out Structured Judgement Review training to clinicians, strengthening palliative care services and improving the response to deteriorating patients. The Trust continues to use VitalPac as the system for recording and tracking nursing observations.

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Oct16-Sept17	MYHT Oct17-Sept18	National Average	Other Trusts – Best	Other Trusts – Worst
1: Preventing People from dying prematurely; and 2: Enhancing quality of life for people with long-term conditions	12 a)	Summary hospital-level mortality indicator (SHMI)					
		SHMI Value	98.45	99.07	-	69.17	126.81
		SHMI Banding	As expected	As expected	-	Lower than expected	Higher than expected
	12 b)	Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	25.4%	31.3%	33.6%	59.5%	14.3%

Patient Reported Outcome Measures (PROMS)

The patient reported outcome score for groin hernia surgery

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason. Provisional data for April 2017 to September 2017 shows an improvement in PROMs score from 2015/16 for groin hernia based on the EQ-5D Index metric and the Trust is reporting a score at the national average. The national collection of this data ceased at this time.

The patient reported outcome measures scores (PROMS) for varicose vein surgery

The national collection of this data ceased during the reporting period and the Trust's results are not available.

The patient reported outcome measures scores (PROMS) for hip replacement surgery

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason. Provisional data for April 2017 to March 2018 remains below national average performance but has shown improvement when compared to previous years.

The Mid Yorkshire Hospitals NHS Trust has taken the following action to improve this score, and so the quality of its services, by continuing to review the patient pathway to improve this score and so the quality of its services.

The patient reported outcome measures scores (PROMS) for knee replacement surgery

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason. Provisional data for April 2017 to March 2018 shows the Trust's PROMs scores for knee replacement surgery have improved and are now above or at national average for all indicators.

The Mid Yorkshire Hospitals NHS Trust has taken the following action to improve this score, and so the quality of its services, by continuing to review the patient pathway to improve this score and so the quality of its services.

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Apr16-Mar17	MYHT Apr17-Mar18	National Average	Other Trusts - Best	Other Trusts - Worst
3: Helping people to recover from episodes of ill health or following injury	18 (i)	Adjusted Average Health Gain: groin hernia surgery					
		EQ VAS	-1.2	*-2.49*	*-1.16*	*3.61*	*-9.2*
		EQ-5D Index	0.08	*0.07*	*0.09*	*0.14*	*0.03*
	18 (ii)	Adjusted Average Health Gain: varicose vein surgery					
		EQ VAS	0.61	*n/a*	*-0.09*	*5.35*	*-5.42*
		EQ-5D Index	0.11	*n/a*	*0.1*	*0.13*	*0.03*
		Aberdeen Score	-13.09	*n/a*	*-8.45*	*-0.93*	*-14.02*
	18 (iii)	Adjusted Average Health Gain: hip replacement surgery					
		EQ VAS	10.28	9.92	13.88	18.9	7.19
		EQ-5D Index	0.39	0.41	0.46	0.55	0.36
		Oxford Hip Score	19.7	19.8	22.21	25.09	18
	18 (iv)	Adjusted Average Health Gain: knee replacement surgery					
		EQ VAS	4.95	8.4	8.15	14.68	1.75
		EQ-5D Index	0.31	0.34	0.34	0.41	0.24
		Oxford Knee Score	16.41	17.57	17.1	20.39	12.59

Italics: Contains April 2017 to September 2017 only - Nationally ceased collection of GH and VV data.

Percentage of Patients aged 0-15 and 16 or over readmitted within 28 days

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason. The latest information available through NHS Digital for the percentage of patients readmitted to a hospital within 28 days of discharge remains as 2011/12, the same as last year. The Trust has therefore taken a decision to use and publish data made available through Dr Foster Intelligence. This shows that for the 0-15 age range 8.42% of patients were readmitted during the 28 days period post-discharge which represents an improvement in performance from data reported last year.

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Apr'17-Aug'17	MYHT Apr'18-Aug'18	National Average	Other Trusts – Best	Other Trusts – Worst
3: Helping people to recover from episodes of ill health or following injury	19 (i)	The percentage of patients 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	9.83%	8.80%	5.93%	2.63%	16.34%
	19 (ii)	The percentage of patients 16 and over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	8.14%	8.50%	8.73%	6.04%	11.89%

Data provided via Dr Foster Intelligence as NHS Digital only contains results up to 2011/12
As data derived from Dr Foster, their methodology looks at the Superspell so the results will contain readmissions to other Trusts where we have been involved in the patients pathway (superspell)

The Mid Yorkshire Hospitals NHS Trust has taken the following action to improve this percentage, and so the quality of its services, by achieving an understanding of this performance. It is still felt that this performance relates slightly to the coding of patients seen with the Children's Assessment Unit and the coding of activity within this unit will be reviewed. For patients aged 16 and over the Trust performance has improved throughout the year and is better than national average.

Responsiveness to the personal needs of patients

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT 2016/17	MYHT 2017/18	National Average	Other Trusts – Best	Other Trusts – Worst
4: Ensuring that people have a positive experience of care	20	The Trust's responsiveness to the personal needs of its patients during the reporting period (score out of 100).	64.2%	63.0%	68.6%	85.0%	60.5%

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons. The data shown is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals. The Trust is supported in carrying out the survey by The Picker Institute which is approved by the CQC to undertake this survey work. The Trust's score for responsiveness to personal needs of patients remains below the national average.

The Mid Yorkshire Hospitals NHS Trust has taken the following action to improve this percentage, and so the quality of its services, by implementing the Patient Family, & Carer Experience action plan, developed by the Patient Experience Sub Committee, which aims to achieve improvements against the Trust's priorities for improvement. The focus is on improving patient involvement in and experience of the discharge process; improving communication and access to information; ensuring patients, families and carers are treated with respect and dignity and to improve the management of those patients suffering from pain. Questions relating to these priorities have been added to the Inpatient Friends and Family Test (FFT) in order to identify information on a monthly basis and monitor the impact of change over time.

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT 2017	MYHT 2018	National Average	Other Trusts – Best	Other Trusts – Worst
4: Ensuring that people have a positive experience of care	21	Staff Friends & Family - Staff who would recommend the Trust as a provider of care to their family or friends.	49.2%	57.7%	69.9%	90.3%	49.2%

National Average and Other Trusts Best and Worst for Combined Acute and Community Trusts

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons. The data shown is based on NHS Staff Survey 2018 data which shows the Trust has improved significantly on last year's score but still remains in the lowest quartile. Key challenges for the Trust have related to staffing levels and service pressures, and this is reflected in the feedback from staff.

The Mid Yorkshire Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services, by continuing to embed the MYQIS approach to quality improvement and continuing to listen and act on all sources of staff and patient's feedback.

Patients who would recommend the Trust to their family or friends

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Feb'18	MYHT Feb'19	National Average	Other Trusts – Best	Other Trusts – Worst
4: Ensuring that people have a positive experience of care	21.1	A&E Friends & Family Test – Patients who would recommend the Trust as a provider of similar treatment or care to their family or friends.	94.3%	94.3%	85.3%	99.3%	57%

There is a not a statutory requirement to include this indicator in the quality accounts reporting but NHS provider organisations should consider doing so.

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason. This data is based on patients attending the Trust emergency department services. The Trust is supported in carrying out the survey by The Picker Institute and reported by NHS England. The data shows that the Trust score remains well above the national average.

This is the Trust's score based on a single question in the Friends and Family survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The Trust continues to monitor and encourage participation in the national Friends and Family Test (FFT). Actions identified within service, divisional and Trust level actions plans aim to achieve improvements in patient experience against priorities for improvement, which will be reflected in the Trust's FFT 'recommend' score.

Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason. The Trust has consistently reported achievement on a monthly and quarterly basis the performance standards set out in the NHS Standard Contract relating to the risk assessment for VTE of patients admitted to our hospitals. The Trust has a reporting system in place, which allows analysis of performance at divisional, and ward level. Work continues to ensure that systems and processes remain fit for purpose and a number of improvement actions have been identified.

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Q3 17/18	MYHT Q3 18/19	National Average	Other Trusts – Best	Other Trusts – Worst
5: Treating and caring for people in a safe environment and protecting them from avoidable harm	23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	95.01%	89.21%	95.65%	100%	54.9%

Acute Trusts only

Rate of C Difficile Infections (CDI)

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason. The national objective for CDI for 2018/19 is no more than 26 Trust-attributed cases.

At the end of February 2019 the Trust had reported 43 Trust-attributed CDI cases. This is an increase of 18 cases from the previous reporting year. 36 of the cases were deemed not preventable, two preventable cases and five cases remain in the review process at the end of February 2019.

A post infection review (PIR) is undertaken on all cases of CDI and reviewed with health economy colleagues, on behalf of the Wakefield and Kirklees Clinical Commissioning Groups (CCG). It is at this review where a decision on preventable/not preventable is made dependent upon whether a lapse in care has been identified and contributed to the development of the infection.

Learning from cases has been shared through the divisional infection prevention and control meeting. In addition, a CDI summit was held 9 May 2018 where a CDI improvement plan was implemented and educational sessions have taken place with clinical staff where learning has been shared and improvement pledges made. Public Health England colleagues were invited into the Trust on 13 November 2018 to review the CDI position and made the following recommendations:

- continue to promote multi-disciplinary review of all CDI cases including doctors
- review testing and diagnostic procedures, particularly in the emergency departments
- look at options for implementing antimicrobial three-day review: stop-start-continue antibiotics
- provide prompts for medical reflection on prescribing behaviour or post infection review, including information to clinicians for immediate patient review
- positive reinforcement for good practice
- develop a robust plan for using HPV post CDI infection
- introducing toxin gene PCR testing to distinguish between toxigenic- and non-toxigenic CDI strains to free up space for others needing side rooms.

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT 2016/17	MYHT 2017/18	National Average	Other Trusts – Best	Other Trusts – Worst
5: Treating and caring for people in a safe environment and protecting them from avoidable harm	24	The rate per 100,000 bed days of cases of C difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.	13.2	10.76	13.65	0.0	91.0

Patient safety incidents

The Trust considers that this data is as described for the following reasons. The data reflects incidents reported to the National Reporting and Learning System (NRLS) over a given period. The Trust has a dedicated Quality and Safety Team that is responsible for the identification and investigation of Serious Incidents (SIs) that occur within the Trust. The guidance for such investigations is the NHS England Serious Incident Framework (2015) which stipulates best practice for investigations – the Trust policy reflects this. The Trust Policy was updated in 2018. There is no definitive list of events/incidents that constitute a serious incident, each must be considered on an individual case-by-case basis. Outcome alone is not always enough to delineate what counts as a Serious Incident.

Patient safety incidents are reported via Datix (electronic incident reporting system) and these incidents are reviewed by the relevant clinical governance team. The Quality and

Safety Team also produce a daily report which highlights any moderate and above incidents that have occurred.

Overall, 2017/18 has seen a slight decrease in the number of incidents reported compared to 2016/17 and a reduction of incidents that resulted in severe harm or death.

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT 2016/17	MYHT 2017/18	National Average	Other Trusts – Best	Other Trusts – Worst
5: Treating and caring for people in a safe environment and protecting them from avoidable harm	25	Patient safety incidents and those that resulted in severe harm or death					
		Number of incidents reports (all harm)	16,230	16,084	-	-	-
		Rate per 1,000 occupied bed days (all harm)	48.68	46.33	42.17	23.85	117.9
		Number that resulted in severe harm or death	54	48	-	-	-
		Percentage that resulted in severe harm or death	0.33%	0.3%	0.35%	0.0%	1.76%

National average and Other Trusts Best and Worst for Acute (Non Specialist) Trusts

Appendix III: Statement of Directors' responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality Account, Directors should take steps to assure themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the reporting period
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice
- the data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with any Department of Health guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board,

Jules Preston
Chairman

Martin Barkley
Chief Executive

Appendix IV: National clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2018-19

National Clinical Audit and Clinical Outcome Review Programme	Host Organisation	MYH	Number Included (%)
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	698
Adult Asthma	British Thoracic Society	Yes	10 – 100% agreed with NACAP monthly sample of 5 patients
Adult Cardiac Surgery	National Institute for Cardiovascular Outcomes Research (NICOR)	N/a	
BAUS Urology Audits: Cystectomy	British Association of Urological Surgeons	Yes	32 (100%)
BAUS Urology Audits: Nephrectomy	British Association of Urological Surgeons	Yes	87 (100%)
BAUS Urology Audits: Percutaneous Nephrolithotomy	British Association of Urological Surgeons	Yes	37 (100%)
BAUS Urology Audits: Radical Prostatectomy	British Association of Urological Surgeons	Yes	72 (100%)
BAUS Urology Audits: Female Stress Urinary Incontinence	British Association of Urological Surgeons	Yes	37 (100%)
Bowel Cancer (NBOCAP)	Royal College of Surgeons	Yes	337 (100%)
Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	40 Loops ICD/CRTD/P unvalidated
Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)	Yes	854 (100%)
Child Health Clinical Outcome Review Programme a) Young Peoples Mental Health b) Chronic Neurodisability c) Cancer in Children	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	a) 2/2 (100%) b) 1/1 (100%) c) no applicable patients

and Young Adults			
Congenital Heart Disease (CHD)	National Institute for Cardiovascular Outcomes Research (NICOR)	N/a	
Coronary Angioplasty National Audit of Percutaneous Coronary Interventions (PCI)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	434 (100%)
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	Yes	187 – Pontefract and Pinderfields 120 – Dewsbury Hospital
Elective Surgery National PROMs Programme a) Hips b) Knees	NHS Digital	Yes	a) 274/305 (89.8%) 60/123 (48.8%) b) 475/520 (91.3%) 112/229 (48.9%)
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons	No	
Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	Yes	Inpatient falls 30 (100%) Hip fracture database 578 (100%)
Fractured Neck of Femur	Royal College of Emergency Medicine	Yes	50 (100%)
Head and Neck Cancer Audit	Saving Faces - The Facial Surgery Research Foundation	N/a	
Inflammatory Bowel Disease (IBD) Programme	Inflammatory Bowel Disease (IBD) Registry	No	
Learning Disability Mortality Review (LeDeR)	University of Bristol	Yes	5/5 (100%)
Major Trauma Audit	Trauma Audit and Research Network (TARN)	Yes	500 (unconfirmed as not verified)
Maternal, New born and Infant Clinical Outcome Review Programme	MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)	Yes	7 neonates 19 maternal
Medical & Surgical Clinical Outcome Review Programme a) Acute Heart Failure b) Non Invasive Ventilation c) Diabetes post-operative Care d) Young person's	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	a) 7/7 (100%) b) 0 – cases identified for sample c) 5/5 (100%)

mental health			d) 2/2 (100%)
Mental Health Clinical Outcome Review	National Confidential Inquiry into Suicide and Homicide (NCISH)	N/a	
National Audit of Anxiety and Depression	Royal College of Psychiatrists	Yes	30/30 (100%)
National Audit of Breast Cancer in Older Patients (NABCOP)	Clinical Effectiveness Unit, The Royal College Surgeons of England	Yes	638 (100%)
National Audit of Dementia	Royal College of Psychiatrists	Yes	50 (100% case notes) 53 (eligible staff questionnaires) 62 (eligible career questionnaires)
National Audit of Intermediate Care (NAIC)	NHS Benchmarking Network	Yes	47/50 (94%)
National Audit of Psychosis		N/a	
National Audit of Rheumatoid and Early Inflammatory Arthritis	British College of Psychiatrists	Yes	Dewsbury 56 Pinderfields 54 Pontefract 66 Total 176 (100%)
National Audit of Seizures and Epilepsies in Children and Young People	Royal College of Paediatric and Child Health	Yes	27 (100%)
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)	Yes	43 (100%)
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)	Yes	Number of calls 670 Cardiac arrests 93 Number of patients 93
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Royal College of Physicians	Yes	Dewsbury 242 Pinderfields 1970 Total 2212 (100%)
National Clinical Audit of Specialist Rehabilitation	London North West Healthcare NHS Trust	N/a	
National Comparative Audit of Blood Transfusion Programme; Massive Haemorrhage Red Cell and Platelet Transfusion in	NHS Blood and Transplant	Yes	5 (100%) 43 (100%)

Haematology Adult Patients			
National Diabetes Adults; a) National Diabetes Inpatient Audit (NaDIA) b) National Pregnancy in Diabetes (NPD) c) National Foot Care Audit (NFA)	Health and Social Care Information Centre (HSCIC)	Yes	a) Pinderfields 106 Dewsbury 28 b) 17 c) 16
National Emergency Laparotomy Audit (NELA)	The Royal College of Anaesthetists	Yes	116/121 (96%)
National End of Life Care Audit		Yes	80 (100%)
National Heart Failure Audit	National Institute for Cardiovascular Outcomes	Yes	909 (100%)
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership	Yes	1282/1303 (98%) Unvalidated
National Lung Cancer Audit (NLCA)	Royal College of Physicians	Yes	523 (100%)
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	Yes	6276
Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health *(babies may have more than one episode)*	Yes	476 (100%) episodes 434 (100%) babies
National Neurosurgical Audit Programme	Society of British Neurological Surgeons	N/a	
National Ophthalmology Audit (2017 patients)	Royal College of Ophthalmologists	Yes	1668 patients 2086 cataract ops (100%)
National Vascular Registry	Royal College of Surgeons of England	N/a	
National Oesophago - Gastric Cancer Audit (NOGCA)	Royal College of Surgeons	Yes	108 tumours 3 HGD (100%)
Paediatric Intensive Care (PICANet)	University of Leeds	N/a	
Pain in Children	Royal College of Emergency Medicine	Yes	100 (100%)
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists	N/a	
Procedural Sedation in Adults (Care in Emergency Department)	Royal College of Emergency Medicine	Yes	44 (100%)

National Prostate Cancer Audit	Royal College of Surgeons	Yes	276 (100%)
Sentinel Stroke National Audit Programme (SSNAP)	Royal College of Physicians	Yes	681 (100%)
Serious Hazards of Transfusion (SHOT): UK	Serious Hazards of Transfusion National Haemovigilance Scheme Transfusion Associated Circulatory Overload (TACO)	Yes	21 (100%)
UK Parkinson's Audit	Parkinson's UK	No	20 (100%)

Other National Audits non QA 2017-18	Provider	%/number of Cases
Penile Prosthesis	British Association of Urologists (BAUS)	10
Each Baby Counts	Royal College of Obstetricians and Gynaecologist	12 (100%)
iBRA-2: Immediate Breast Reconstruction and Adjuvant Therapy Audit -	Association of Breast Surgery (ABS), British Association of Plastic and Reconstructive Surgery (BAPRAS), Royal College of Radiologists (RCR) and Oncologists	10 (100%)
National Audit of Small Bowel Obstruction (NASBO)	Bowel Disease Research Foundation (NASBO)The Association of Coloproctological of Great Britain and Ireland (ACPGBI)	23/24 (100%)
BAD Non-Melanoma Skin Cancer Excisions Audit	British Association of Dermatologists	100%
7 Day Service (773)	NHS England	246 (100%)
Breast and Cosmetic implant Registry (Keogh review Recommendation)	National Registry Association of Breast Surgery	85 (entered onto register unvalidated)

Appendix V: Glossary of terms

Board/Board of Directors: The Trust is run by the Board of Directors made up of the Chairman, Chief Executive, Executive and Non-Executive Directors. The Board is responsible for ensuring accountability to the public for the services it manages.

Care Quality Commission (CQC): the independent regulator of health and social care in England who regulate the quality of care provided in hospitals, care homes and people's own homes by the NHS, local authorities, private companies and voluntary organisations, including protecting the interests of people whose rights are restricted under the Mental Health Act.

Clinical Commissioning Groups (CCGs): NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. CCGs are overseen by NHS England.

Clostridium Difficile: a species of bacteria of the genus Clostridium that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.

Commissioners: the organisations that have responsibility for buying health services on behalf of the population of the area work for.

Commissioning for Quality and Innovation (CQUIN): is a payment framework such that a proportion of NHS providers' income is conditional on quality and innovation. Its aim is to support the vision set out in High Quality Care for All of an NHS where quality is the organising principle.

Data Protection Act 1998: the law that regulates storage of and access to data about individual people.

DATIX: electronic system for collecting data about clinical, health and safety and information governance incidents.

Duty of candour: from 27 November 2014 all NHS bodies have been legally required to meet the duty of candour. This requires healthcare providers to be open and transparent with those who use their services in relation to their care and treatment, and specifically when things go wrong.

Emergency readmissions: unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission.

Freedom of Information Act 2000: a law that outlines the rights the public have to request information from public bodies (other than personal information covered by the Data Protection Act), the timescales they can expect to receive the information, and the exemptions that can be used by public bodies to deny access to the requested information.

Friends and Family Test: a survey question put to patients, carers or staff that asks whether they would recommend a hospital/community service to a friend of family member if they needed that kind of treatment.

General Medical Practice Code: is the organisation code of the GP practice that the patient is registered with. This is used

to make sure that our patients' GP practice is recorded correctly.

Health and Wellbeing Board: The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system would work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way.

Healthwatch: local bodies made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. They aim to ensure that each community has services that reflect the needs and wishes of local people.

Hospital Episode Statistics (HES): is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals.

Hospital standardised mortality ratio (HSMR): an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for.

Information Governance Toolkit & Assessment Report: is a national approach that provides a framework and assessment for assuring information quality against national definitions for all information that is entered onto computerised systems whether centrally or locally maintained.

Methicillin-resistant Staphylococcus aureus (MRSA): is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is especially troublesome in hospitals, prisons and nursing homes, where patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.

Multi-agency: this means that more than one provider of services is involved in a decision or a process.

National Confidential Inquiries (NCI) and National Clinical Audit: research projects funded largely by the National Patient Safety Agency (NPSA) that examine all incidents of, for example suicide and homicide by people with mental illness, with the aim to improve mental health services and to help reduce the risk of these tragedies happening again in the future. Supported by a national programme of audit.

National Institute for Clinical Excellence (NICE): NHS body that provides guidance, sets quality standards and manages a national database to improve care.

National Institute for Health Research (NIHR): an NHS research body aimed at supporting outstanding individuals working in world class facilities to conduct leading edge research focused on the needs of patients and the public.

National Reporting and Learning System (NRLS): the National Reporting and Learning System (NRLS) is a central (national) database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

Never Events: serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

NHS Digital: the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

NHS Staff Survey: an annual survey of staffs' experience of working within NHS trusts.

Overview and Scrutiny Committee (OSC): these are statutory committees of each local authority which scrutinise the development and progress of strategic and operational plans of multiple agencies within the local authority area.

Patient Advice and Liaison Team (PALs): the Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient reported outcome measures (PROMs): tools we use to measure the quality of the service we provide for specific surgical procedures. They involve patients completing two questionnaires at two different time points, to see if the procedure has made a difference to their health.

Patient safety incident: any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care as defined by the National Patient Safety Agency.

Payment by Results (PBR): a system implemented across the NHS, and piloted in mental health trusts, to provide a transparent, rules-based system for paying NHS trusts. The system aims to reward efficiency, support patient choice and diversity and encourage activity for sustainable waiting time reductions. Payment will be linked to activity, adjusted for case-mix, and outcomes. Importantly, this system aims to ensure a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers.

PPI: patient and public involvement.

Pressure ulcer: a type of injury that affect areas of the skin and underlying tissue. They are caused when the affected area of skin is placed under too much pressure. They can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

Project: a one-off, time limited piece of work that will produce a product (such as a new building, a change in a service or a new strategy/policy) that will bring benefits to relevant stakeholders.

Quality Account: a Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider.

Quality Committee: sub-committee of the Trust Board responsible for quality and assurance.

Quality Improvement Strategy: This is a Trust strategy. The current strategy covers 2015 – 2019. It sets a clear direction and outlines what the Trust expects from its staff to work towards our vision of providing excellent quality care. It helps the Trust continue to improve the quality and value of our work, whilst making sure that it remains clinically and financially sustainable.

Quality Risk Profile Reports: the Care Quality Commission's (CQC) tool for providers, commissioners and CQC staff to

monitor provider's compliance with the essential standards of quality and safety.

Root cause analysis (RCA): a technique employed during an investigation that systematically considers the factors that may have contributed to the incident and seeks to understand the underlying causal factors.

Safety thermometer: a local improvement tool for measuring, monitoring and analysing patient harms and harm free care. It provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time. The safety thermometer records pressure ulcers, falls, catheters with urinary tract Infections and venous thromboembolisms (VTEs).

Serious Untoward Incidents (SUIs): defined as an incident that occurred in relation to NHS-funded care where the consequences are significant or where the potential for learning is high.

Stakeholder: a person, group, organisation, member or system who affects or can be affected by an organisation's actions.

Trust Board: see 'Board/Board of Directors'.

Trust wide: this means across the whole geographical area served by the Trust.

Unexpected death: a death that is not expected due to a terminal medical condition or physical illness.

Urinary tract infection (UTI): an infection that can happen anywhere along the urinary tract. Urinary tract infections have different names, depending on what part of the urinary tract is infected. They are caused by bacteria entering the urethra and then the bladder which can lead to infection.

Venous thromboembolism (VTE): a blood clot within a blood vessel that blocks a vein or an artery, obstructing or stopping the flow of blood. A blood clot can occur anywhere in the body's bloodstream. There are two main types; venous thromboembolism (VTE) which is a blood clot that develops in a vein; and arterial thrombosis which is a blood clot that develops in an artery.

WHO checklist: The World Health Organization Surgical Safety Checklist was introduced in 2008 to increase the safety of patients undergoing surgery. The checklist ensures that surgical teams have completed the necessary listed tasks to ensure patient safety before proceeding with surgery.

The Mid Yorkshire Hospitals
NHS Trust

Mid Yorkshire Hospitals NHS Trust

Annual accounts for the year ended 31 March 2019

Statement of Comprehensive Income

	Note	2018/19	2017/18
		£000	£000
Operating income from patient care activities	4	480,452	467,063
Other operating income	5	46,570	38,521
Employee benefits	7.1, 10	(345,301)	(332,982)
Other operating expenses	7.2	(188,871)	(177,092)
Operating surplus/(deficit) from continuing operations		**(7,150)**	**(4,490)**
Finance income	13	212	46
Finance expenses	14	(11,526)	(11,385)
Net finance costs		**(11,314)**	**(11,339)**
Other gains / (losses)	15	126	(25)
Surplus / (deficit) for the year from continuing operations		**(18,338)**	**(15,854)**
Surplus / (deficit) for the year		**(18,338)**	**(15,854)**
Other comprehensive income			
Reversal of impairments	9	3,355	265
Total comprehensive income / (expense) for the period		**(14,983)**	**(15,589)**

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	16	1,245	1,910
Property, plant and equipment	17	387,031	379,649
Total non-current assets		**388,276**	**381,559**
Current assets			
Inventories	21	6,820	7,654
Trade and other receivables	22	25,745	22,148
Cash and cash equivalents	24	7,115	8,194
Total current assets		**39,680**	**37,996**
Current liabilities			
Trade and other payables	25	(38,327)	(34,228)
Borrowings	27	(29,592)	(28,973)
Provisions	29	(902)	(1,586)
Other liabilities	26	(2,389)	(2,013)
Total current liabilities		**(71,210)**	**(66,800)**
Total assets less current liabilities		**356,746**	**352,755**
Non-current liabilities			
Borrowings	27	(346,363)	(330,974)
Provisions	29	(6,806)	(6,691)
Total non-current liabilities		**(353,169)**	**(337,665)**
Total assets employed		**3,577**	**15,090**
Financed by			
Public dividend capital		206,609	203,139
Revaluation reserve		38,174	35,481
Other reserves		2,685	2,685
Income and expenditure reserve		(243,891)	(226,215)
Total taxpayers' equity		**3,577**	**15,090**

The notes on pages 7 to 44 form part of these accounts.

The financial statements were approved by the Board on 23rd May 2019 and signed on its behalf by

Chief Executive MJ Barkley Date: 23/5/19

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 - brought forward	**203,139**	**35,481**	**2,685**	**(226,215)**	**15,090**
Surplus/(deficit) for the year	-	-	-	(18,338)	**(18,338)**
Other transfers between reserves	-	(662)	-	662	**-**
Reversal of impairments / (impairments)	-	3,355	-	-	**3,355**
Public dividend capital received	3,470	-	-	-	**3,470**
Taxpayers' equity at 31 March 2019	**206,609**	**38,174**	**2,685**	**(243,891)**	**3,577**

Statement of Changes inTaxpayers' Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	**202,719**	**37,107**	**2,685**	**(212,252)**	**30,259**
Surplus/(deficit) for the year	-	-	-	(15,854)	**(15,854)**
Other transfers between reserves	-	(654)	-	654	**-**
Reversal of impairments / (impairments)	-	265	-	-	**265**
Transfer to retained earnings on disposal of assets	-	(1,237)	-	1,237	**-**
Public dividend capital received	420	-	-	-	**420**
Taxpayers' equity at 31 March 2018	**203,139**	**35,481**	**2,685**	**(226,215)**	**15,090**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves
This represents the net value of assets transferred from the reconfiguration of healthcare trusts in 2002/2003.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(7,150)	(4,490)
Non-cash income and expense			
Depreciation and amortisation		13,522	14,079
Net impairments	9	17	(2,503)
Income recognised in respect of capital donations	5	(225)	(263)
(Increase) / decrease in receivables and other assets		(3,567)	(2,178)
(Increase) / decrease in inventories		834	575
Increase / (decrease) in payables and other liabilities		2,861	(949)
Increase / (decrease) in provisions		(576)	(379)
Net cash generated from / (used in) operating activities		**5,716**	**3,892**
Cash flows from investing activities			
Interest received		182	61
Purchase of intangible assets		(51)	(619)
Purchase of property, plant, equipment		(14,616)	(6,599)
Sales of property, plant and equipment		126	1,226
Receipt of cash donations to purchase capital assets		225	263
Net cash generated from / (used in) investing activities		**(14,134)**	**(5,668)**
Cash flows from financing activities			
Public dividend capital received		3,470	420
Movement on loans from the Department of Health and Social Care		24,910	18,661
Capital element of finance lease rental payments		(709)	(422)
Capital element of PFI		(8,887)	(8,633)
Interest on loans		(2,050)	(1,654)
Interest paid on finance lease liabilities		(20)	(24)
Interest paid on PFI		(9,375)	(9,664)
Net cash generated from / (used in) financing activities		**7,339**	**(1,316)**
Increase / (decrease) in cash and cash equivalents		**(1,079)**	**(3,092)**
Cash and cash equivalents at 1 April - brought forward		**8,194**	**11,286**
Cash and cash equivalents at 31 March	24	**7,115**	**8,194**

Notes to the Accounts

1 Accounting policies and other information

1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

1.1.2 Going concern

These accounts have been prepared on a going concern basis. See note 2 Going concern.

1.2 Interests in other entities

Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Typically, timing of payments, are 30 days from satisfaction of performance obligations in line with NHS standard terms and conditions. Revenue from the Trust's main commissioners is received monthly as agreed within the contracts. Lifetime expected credit allowances are applied to contract assets based on expected recovery rates for each asset type.

1.3.1 Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for healthcare services. A performance obligation relating to delivery of a spell of healthcare is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end this portion of revenue is deferred as a contract liability.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

1.3.2 Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

1.3.3 NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.3.4 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.3.5 Other income

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

1.4 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

1.5 Expenditure on other goods and services

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

1.6 Property, plant and equipment

1.6.1 Recognition

Property, plant and equipment is capitalised where:

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

1.6.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use, are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- land and non-specialised buildings – market value for existing use
- specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

For assets held at depreciated replacement cost, where there is no practical requirement for healthcare delivery to be at the same site, an alternative site valuation has been considered.

PFI assets are valued net of VAT and in accordance with the Trust's approach for each relevant asset class.

Properties in the course of construction for service or administration purposes are carried at cost, excluding borrowing cost and less any impairment loss. Costs includes professional fees which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such an item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefit or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

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

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

1.6.3 De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:
• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable:

- management are committed to a plan to sell the asset
- an active programme has commenced to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.6.4Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.6.5Private Finance Initiative (PFI)

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to the Statement of Comprehensive Income.

Services received
The cost to the Trust of services received in the year is recorded within 'operating expenses'.

PFI Asset
The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

PFI liability
A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to finance costs within the Statement of Comprehensive Income.

The element of the annual unitary payment apportioned to finance lease rental is split between an annual finance cost and repayment of the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement
Components of the asset replaced by the operator during the contract (lifecycle replacements) are not expected to meet the Trust's criteria for capital expenditure. For such lifecycle replacement costs these are recognised as an expense, as a proxy to depreciation.

Assets contributed by the Trust to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator
Cash payments, surplus property or any other assets contributed by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.6.6Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	2	90
Dwellings	30	80
Plant & machinery	3	25
Transport equipment	5	10
Information technology	2	10
Furniture & fittings	5	15

Finance leased assets are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated as owned assets.

1.7 Intangible assets

1.7.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware is capitalised as an intangible asset.

1.7.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses, and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

1.7.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	2	10

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method or the weighted average cost method. This is considered to be a reasonable approximation to fair value due to the high turnover of stock.

1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.10 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO_2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO_2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO_2 emissions are made.

1.11 Financial assets and financial liabilities

1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics

This includes the purchase or sale of non-financial items, which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ordinarily when receipt or delivery of the goods or services is made.

1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses are determined based on the performance of asset categories. For contract trade receivables, less than 12-months overdue, the non-performance of this debt is used to calculate any likely loss when the debt is incurred. Any contract trade receivable overdue for more than a year is expected to be unrecoverable.

Receivables with NHS bodies are assumed to be collectable. If a receivable is deemed uncollectable, ordinarily a reversal of the receivable is made.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.11.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.12 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.12.1 The Trust as lessee
Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.12.2 The Trust as lessor
Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.13 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 29.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 Contingencies

Contingent assets arise from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control. Contingent assets are not recognised but are disclosed in note 30 where an inflow of economic benefit is probable

Contingent liabilities are not recognised, but are disclosed in note 30, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.19 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Pinderfields and Pontefract Hospitals, constructed under the Private Finance Initiative (PFI), meet the criteria for inclusion in the financial statements as Finance Leases as the Trust bears the risks and rewards of ownership. See note 1.12 Leases and paragraph 1.6.5 PFI transactions.

1.19.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- property, Plant and Equipment - paragraph 1.6 and note 17
- PFI - paragraph 1.6.5 and note 32
- allowances for credit losses - note 22.1
- provisions - paragraph 1.13 and note 29

1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

The GAM does not require the following IFRS Standards and Interpretations to be applied in 2018/19. These standards are still subject to HM Treasury FReM adoption or are not yet effective.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019. This is for implementation in 2020/21. IFRS 16 will require the Trust to recognise a liability and an associated right of use asset for leases currently classified as operating leases.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted. The Government implementation date for IFRS 17 is still subject to HM Treasury consultation.

- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

The impact of the above standards is not expected to be material.

2 Going Concern

The accounting concept of Going Concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate indefinitely and not go out of business or liquidate its assets in the foreseeable future.

Under International Financial Reporting Standards, management are required to assess, as part of the accounts process, the Trust's ability to continue as a going concern. For public sector entities, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern. DHSC group bodies must prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

In preparing the financial statements on a going concern basis the directors have considered the Trust's overall financial position and expectations of future financial support. The Trust incurred a deficit of £18,338k for the year ended 31 March 2019 which results in an accumulated Income and Expenditure Reserve deficit of £243,891k. The Trust is in regular dialogue with NHS Improvement and the Board receives and reviews financial reports in respect of the financial position, cash flow and statement of financial position. The loan from the Department of Health and Social Care due for repayment in 2018/19 was extended and financing options are being considered between the Trust and NHS Improvement.

The Trust closed the year with a cash balance of £7,115k and net assets of £3,577k. The classifications of borrowings are stated within current and non-current liabilities based on the contractual terms of the current agreements and not the expected dates of repayment.

Further areas considered by the Trust in demonstrating it is a going concern are:

• NHS Improvement's support in the Trust's financial plan for 2019/20 to deliver a balanced plan and break even
• the continuation of services included within aligned incentive contracts agreed with the lead commissioners including, Wakefield CCG and North Kirklees CCG
• the Trust's commitment to deliver cost improvement savings of £19,000k, a Programme Management Office is established to support the delivery of this target
• cash support from the Department of Health and Social Care in 2019/20 to maintain in-year liquidity included within the plan

The matters referred to above represent a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern. The financial statements do not include any adjustments that would result in the basis of preparation being inappropriate. Based on these indications the directors believe that it remains appropriate to prepare the financial statements on a going concern basis.

3 Operating Segments

All of the Trust's activities are in the provision of healthcare, which is an aggregate of the individual specialty components included therein. The majority of the Trust's revenue originates from the UK Government and expenditure mainly relates to staff costs, supplies and overheads. The activities which earn revenue and incur expenses are of one broad, combined nature to deliver healthcare.

The Trust's chief operating decision maker is deemed to be the Board. The finance report considered monthly contains summary figures for the whole Trust and includes the statement of financial position, statement of comprehensive income and cash flow statement. Therefore one segment of healthcare is considered in the Board's decision making process.

The single segment of 'healthcare' is deemed appropriate and is consistent with the core principles of IFRS8 to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

4 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

4.1 Income from patient care activities (by nature)	**2018/19**	**2017/18**
	£000	**£000**
Acute services		
Elective income	66,865	68,658
Non elective income	151,281	146,453
First outpatient income	31,043	29,281
Follow up outpatient income	39,462	38,536
A & E income	30,771	28,899
High cost drugs income from commissioners (excluding pass-through costs)	27,407	26,823
Other NHS clinical income	85,856	96,202
Community services		
Community services income from CCGs and NHS England	31,969	25,500
Income from other sources	24	172
All services		
Private patient income	44	16
Agenda for Change pay award central funding	5,573	-
Other clinical income	10,157	6,523
Total income from activities	**480,452**	**467,063**

Other NHS clinical income is activity that is out of scope of Payments by Results and includes such items as direct access, elements of critical care and income from quality and innovation schemes.

Other clinical income includes income received from the Injury Costs Recovery scheme.

4.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2018/19**	**2017/18**
	£000	**£000**
NHS England	49,833	50,116
Clinical commissioning groups	418,260	411,939
Department of Health and Social Care	5,573	-
Other NHS providers	2,434	754
Local authorities	535	482
Non-NHS: private patients	44	16
Non-NHS: overseas patients (chargeable to patient)	233	103
Injury cost recovery scheme	3,006	2,485
Non NHS: other	534	1,168
Total income from activities	**480,452**	**467,063**
Of which:		
Related to continuing operations	480,452	467,063

Injury cost recovery income is subject to an allowance for expected credit losses of 21.89% (2017/18: 22.8%) to reflect expected rates of collection.

4.3 Overseas visitors (relating to patients charged directly by the provider)

	2018/19	2017/18
	£000	£000
Income recognised this year	233	103
Cash payments received in-year	59	50
Amounts added to provision for impairment of receivables	87	47
Amounts written off in-year	-	3

5 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	1,707	1,678
Education and training (excluding notional apprenticeship levy income)	17,726	13,602
Non-patient care services to other bodies	603	5,034
Provider Sustainability / Sustainability and Transformation Fund income (PSF / STF)	12,959	7,441
Income in respect of employee benefits accounted on a gross basis	2,402	353
Other contract income	9,702	9,256
Other non-contract operating income		
Education and training - notional income from apprenticeship fund	342	-
Receipt of capital grants and donations	225	263
Charitable and other contributions to expenditure	290	287
Rental revenue from operating leases	614	607
Total other operating income	**46,570**	**38,521**
Of which:		
Related to continuing operations	46,570	38,521

In 2018/19 the Trust received Provider Sustainability Fund income of £12,959k and in 2017/18 received Sustainability and Transformation Fund income of £7,441k. These funds were linked to the achievement of financial and performance targets. The Trust failed to meet its financial target and some elements of the performance fund and did not receive its full allocation of £14,254k (2017/18: £13,515k).

Other contract income includes income from car parking of £3,950k (2017/18: £3,858k). Income generating activities are not considered to be material and any surplus is used in patient care.

In 2018/19 the Trust adopted a standard chart of accounts within an NHS consortium. As a consequence there are some variances between years within income categories. None of these are material and the Trust is satisfied that the current mapping is appropriate.

6 Additional information on revenue from contracts with customers recognised in the period

	2018/19
	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	624

6.1 Transaction price allocated to remaining performance obligations

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

7 Operating expenses

	2018/19	2017/18
	£000	£000
7.1 Employee benefits		
Staff and executive directors costs	**345,301**	**332,982**
7.2 Other operating expenses		
Purchase of healthcare from NHS and DHSC bodies	180	402
Purchase of healthcare from non-NHS and non-DHSC bodies	5,739	4,450
Remuneration of non-executive directors	83	85
Supplies and services - clinical (excluding drugs costs)	41,362	37,076
Supplies and services - general	2,352	4,048
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	42,041	43,201
Inventories written down	53	70
Consultancy costs	231	433
Establishment	4,632	4,252
Premises	18,014	16,671
Transport (including patient travel)	338	378
Depreciation on property, plant and equipment	12,806	13,245
Amortisation on intangible assets	716	834
Net impairments	17	(2,503)
Movement in credit loss allowance: contract receivables / contract assets	790	-
Movement in credit loss allowance: all other receivables and investments	22	817
Change in provisions discount rate(s)	(118)	81
Statutory audit	65	85
Other external auditor remuneration - audit related assurance services	10	10
Internal audit costs	137	137
Clinical negligence	18,927	19,065
Legal fees	205	515
Insurance	543	499
Research and development	30	-
Education and training	1,287	889
Rentals under operating leases	471	495
Charges to operating expenditure for on-SoFP IFRIC 12 schemes	33,027	30,395
Car parking & security	334	-
Hospitality	34	37
Other	4,543	1,425
	188,871	**177,092**
Total operating expenses	**534,172**	**510,074**
Of which:		
Related to continuing operations	534,172	510,074

In 2017/18 the Trust revalued its land and buildings as at 31 March 2018. The valuations are on a modern equivalent asset basis with the revalued assets having the same service potential as the existing ones. The valuations resulted in a net reversal of impairments of £2,503k see note 9.

In 2018/19 the Trust adopted a standard chart of accounts within an NHS consortium. As a consequence there are some variances between years within expenditure categories. None of these are material and the Trust is satisfied that the current mapping is appropriate.

8 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2018/19 or 2017/18.

9 Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	17	4
Changes in market price	-	(2,507)
Total net impairments charged to operating surplus / deficit	**17**	**(2,503)**
Reversal of impairments to the revaluation reserve	(3,355)	(265)
Total net impairments	**(3,338)**	**(2,768)**

9.1 Events and circumstances giving rise to impairments and reversal of impairments

2018/19	Total	(Reversed) /Charged to revaluation	(Reversed) /Charged to expenditure
	£000s	£000s	£000s
Land was revalued to existing site for PFI buildings by a professional valuer as at 31 March 2019	(3,355)	(3,355)	-
Impairment resulted from evidence of physical damage to an asset - this affected an asset classified as plant and machinery	17	-	17
Total	(3,338)	(3,355)	17

2017/18	Total	(Reversed) /Charged to revaluation	(Reversed) /Charged to expenditure
Land, buildings and dwellings were revalued by a professional valuer as at 31 March 2018	(2,772)	(265)	(2,507)
Impairment resulted from evidence of physical damage to an asset - this affected an asset classified as plant and machinery	4	-	4
Total	(2,768)	(265)	(2,503)

10 Employee benefits

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	262,965	244,582
Social security costs	21,239	22,166
Apprenticeship levy	1,194	1,198
Employer's contributions to NHS pensions	29,904	28,310
Pension cost - other	78	35
Termination benefits	86	-
Temporary staff (including agency)	30,248	36,890
Total gross staff costs	**345,714**	**333,181**
Of which		
Costs capitalised as part of assets	413	199
Total employee benefits excluding capitalised costs	**345,301**	**332,982**

Additional analysis of staff numbers and costs are included in the annual report.

10.1 Retirements due to ill-health

During 2018/19 there were 9 early retirements from the Trust agreed on the grounds of ill-health (9 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £474k (£773k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

11 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) Pension Costs Other Schemes

Under the terms of the Pensions Act 2008 the Trust is required to provide a pension scheme for employees who are not eligible for membership of the NHS Pension Scheme. Qualifying employees are enrolled in the National Employment Savings Trust (NEST) managed scheme.

NEST is a defined contribution scheme managed by a third party organisation. It carries no possibility of actuarial gain or loss to the Trust and there are no financial liabilities other than payment of the 2% employer's contribution of qualifying earnings. This contribution increased to 3% in 2018/19. Employer contributions are charged directly to the Statement of Comprehensive Income and paid to NEST monthly.

12 Operating leases

12.1 The Trust as lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

	2018/19	2017/18
	£000	£000
Operating lease revenue		
Minimum lease receipts	515	507
Contingent rent	99	100
Total	**614**	**607**

	31 March 2019	31 March 2018
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	200	200
- later than one year and not later than five years;	200	399
Total	**400**	**599**

12.2 The Trust as lessee

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

	2018/19	2017/18
	£000	£000
Operating lease expense		
Minimum lease payments	471	495

	31 March 2019	31 March 2018
	£000	£000
Future minimum lease payments due:		
- not later than one year;	698	645
- later than one year and not later than five years;	1,281	599
- later than five years.	150	-
Total	**2,129**	**1,244**

The Trust leases equipment, vehicles and short term property lets. None of these are individually significant.

13 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19	2017/18
	£000	£000
Interest on bank accounts	212	46

14 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	2,124	1,678
Finance leases	20	25
Finance cost on PFI obligations	9,375	9,664
Total interest expense	**11,519**	**11,367**
Unwinding of discount on provisions	7	18
Total finance costs	**11,526**	**11,385**

14.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

Interest of £160 (2017/18: £68) was paid for late payments under The Late Payments of Commercial Debts (interest) Act 1998.

15 Other gains / (losses)

	2018/19	2017/18
	£000	£000
Gains on disposal of property, plant and equipment	126	5
Losses on disposal of property, plant and equipment	-	(30)
Total gains / (losses) on disposal of assets	**126**	**(25)**

16 Intangible assets - 2018/19

	Software licences
	£000
Valuation / gross cost at 1 April 2018 - brought forward	7,820
Additions	51
Valuation / gross cost at 31 March 2019	7,871
Amortisation at 1 April 2018 - brought forward	5,910
Provided during the year	716
Amortisation at 31 March 2019	6,626
Net book value at 31 March 2019	1,245
Net book value at 1 April 2018	1,910

16.1 Intangible assets - 2017/18

	Software licences
	£000
Valuation / gross cost at 1 April 2017	7,478
Additions	342
Valuation / gross cost at 31 March 2018	7,820
Amortisation at 1 April 2017	5,076
Provided during the year	834
Amortisation at 31 March 2018	5,910
Net book value at 31 March 2018	1,910
Net book value at 1 April 2017	2,402

Purchased computer software is amortised and charged to the income statement on a straight line basis over the shorter of the term of the licence or their useful lives.

The remaining lives for purchased computer software are 2 to 10 years. Amortisation periods and methods are reviewed annually and adjusted if appropriate to reflect fair value.

17 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**18,386**	**332,743**	**2,650**	**1,378**	**64,463**	**24**	**28,070**	**3,696**	**451,410**
Additions	-	2,770	-	6,091	5,252	-	2,726	11	**16,850**
Reversals of impairments	3,355	-	-	-	-	-	-	-	**3,355**
Disposals / derecognition	-	-	-	-	(2,899)	-	-	-	**(2,899)**
Valuation/gross cost at 31 March 2019	**21,741**	**335,513**	**2,650**	**7,469**	**66,816**	**24**	**30,796**	**3,707**	**468,716**
Accumulated depreciation at 1 April 2018 - brought forward	-	-	-	-	**46,988**	**24**	**22,184**	**2,565**	**71,761**
Provided during the year	-	5,671	55	-	4,976	-	1,758	346	**12,806**
Impairments	-	-	-	-	17	-	-	-	**17**
Disposals / derecognition	-	-	-	-	(2,899)	-	-	-	**(2,899)**
Accumulated depreciation at 31 March 2019	-	**5,671**	**55**	-	**49,082**	**24**	**23,942**	**2,911**	**81,685**
Net book value at 31 March 2019	**21,741**	**329,842**	**2,595**	**7,469**	**17,734**	-	**6,854**	**796**	**387,031**
Net book value at 1 April 2018	**18,386**	**332,743**	**2,650**	**1,378**	**17,475**	-	**5,886**	**1,131**	**379,649**

17.1 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	18,386	333,040	2,653	1,473	62,236	24	26,467	3,696	447,975
Additions	-	1,610	-	853	4,105	-	1,603	-	8,171
Impairments	-	(4,126)	-	-	-	-	-	-	(4,126)
Reversals of impairments	-	2,971	-	-	-	-	-	-	2,971
Revaluations	-	(1,440)	(2)	-	-	-	-	-	(1,442)
Reclassifications	-	688	(1)	(948)	261	-	-	-	-
Disposals / derecognition	-	-	-	-	(2,139)	-	-	-	(2,139)
Valuation/gross cost at 31 March 2018	18,386	332,743	2,650	1,378	64,463	24	28,070	3,696	451,410
Accumulated depreciation at 1 April 2017 - as previously stated	-	-	-	-	43,759	22	20,029	2,209	66,019
Provided during the year	-	5,315	54	-	5,363	2	2,155	356	13,245
Impairments	-	-	-	-	4	-	-	-	4
Reversals of impairments	-	(3,875)	(52)	-	-	-	-	-	(3,927)
Revaluations	-	(1,440)	(2)	-	-	-	-	-	(1,442)
Disposals / derecognition	-	-	-	-	(2,138)	-	-	-	(2,138)
Accumulated depreciation at 31 March 2018	-	-	-	-	46,988	24	22,184	2,565	71,761
Net book value at 31 March 2018	18,386	332,743	2,650	1,378	17,475	-	5,886	1,131	379,649
Net book value at 1 April 2017	18,386	333,040	2,653	1,473	18,477	2	6,438	1,487	381,956

Impairments and reversal of impairments on land and buildings relate specifically to a revaluation as at 31 March 2018. Notes 9 and 19 provide further information.

17.2 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019									
Owned - purchased	21,741	109,710	2,595	7,469	17,329	-	5,389	734	**164,967**
Finance leased	-	-	-	-	11	-	1,311	20	**1,342**
On-SoFP PFI contracts and other service concession arrangements	-	217,800	-	-	-	-	-	-	**217,800**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	2,332	-	-	394	-	154	42	**2,922**
Net book value total at 31 March 2019	**21,741**	**329,842**	**2,595**	**7,469**	**17,734**	**-**	**6,854**	**796**	**387,031**

17.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	18,386	109,536	2,650	1,378	17,011	-	4,647	1,063	**154,671**
Finance leased	-	-	-	-	105	-	1,042	23	**1,170**
On-SoFP PFI contracts and other service concession arrangements	-	220,917	-	-	-	-	-	-	**220,917**
Owned - government granted	-	138	-	-	-	-	-	-	**138**
Owned - donated	-	2,152	-	-	359	-	197	45	**2,753**
Net book value total at 31 March 2018	**18,386**	**332,743**	**2,650**	**1,378**	**17,475**	**-**	**5,886**	**1,131**	**379,649**

18 Donations of property, plant and equipment

Donated assets are from grants provided by the Trust's related charity The Mid Yorkshire Hospitals NHS Trust Charitable Fund and other local charities. No conditions or restrictions are imposed by the donors.

The Trust received a grant of £138k in 2017-18 from the City of Wakefield Metropolitan District Council to extend the childcare facility to support the provision of 30 hours free nursery childcare. There is a seven year claw back period and a reducing percentage of capital funds is repayable should there be change in use of the facilities or a disposal of the property.

19 Revaluations of property, plant and equipment

In 2018/19 the Trust assessed the value of its land and buildings using information from its valuers. The assessment concluded that land and buildings are not materially misstated and no formal revaluation was required. At the PFI sites, Wakefield and Pontefract, the Trust has reverted to current site land valuation rather than alternative site, this change in estimate is included in 2018/19.

In 2017/18 land and buildings were revalued by a professional independent valuer as at 31 March. The Valuer used the independent index issued by the Building Cost Information Service (BCIS) of the Royal Institute of Chartered Surveyors (RICS). Valuations are at depreciated replacement cost using the Modern Equivalent Asset (MEA) approach (Note 1.7). The MEA valuation is based on maintaining three hospitals within the current localities, not necessarily on the existing sites.

The PFI buildings are valued net of VAT, reflecting the cost at which the service potential would be replaced by a PFI Operator. All other valuations are at replacement cost inclusive of VAT.

The Valuer advises changes to asset lives when they undertake a full valuation. Building lives vary between 1 to 86 years and assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust.

Buildings, installations and fittings are depreciated at current value over the estimated remaining life of the asset as advised by the Valuer. Leaseholds are depreciated over the primary lease term, buildings (excluding dwellings) over 1 to 86 years and dwellings over 33 to 73 years.

Equipment is depreciated on current cost over the estimated life of the asset using the following lives:

Software licences	2 to 10
Plant and machinery	3 to 25
Transport equipment	5 to 10
Information technology	2 to 10
Furniture and fittings	5 to 15

Values of properties held at existing use are not materially different to market values.

The nature and value of impairments are detailed in note 9

20 Disclosure of interests in other entities

From 2013-14, the Trust has been required to consider consolidating the results of The Mid Yorkshire Hospitals NHS Trust Charitable Fund over which it considers it has the power to exercise control in accordance with IFRS10 requirements. The transactions are immaterial in the context of the group and have not been consolidated. Details of the transactions with the Charity are included in note 37, the related party note.

21 Inventories

	31 March 2019	31 March 2018
	£000	£000
Drugs	1,853	2,269
Consumables	4,793	5,302
Energy	174	83
Total inventories	**6,820**	**7,654**

Inventories recognised in expenses for the year were £81,688k (2017/18: £69,097k). Write-down of inventories recognised as expenses for the year were £53k (2017/18: £70k).

22 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables* - invoiced	9,353	-
Contract receivables* - not invoiced	11,753	-
Trade receivables*	-	6,171
Accrued income*	-	6,068
Allowance for impaired contract receivables / assets*	(1,728)	(1,663)
Allowance for other impaired receivables	(105)	-
Prepayments (non-PFI)	2,929	3,152
Interest receivable	19	(11)
VAT receivable	2,666	2,733
Other receivables	858	5,698
Total current trade and other receivables	**25,745**	**22,148**
Of which receivables from NHS and DHSC group bodies:		
Current	13,093	8,427

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlement to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Under IFRS 15, in 2018/19 receivables due from the NHS injury cost recovery scheme of £4,503k are included within contract receivables - not invoiced and in 2017/18 are included within other receivables of £4,922k.

22.1 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward	-	**1,663**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,572	(1,572)
New allowances arising	974	53
Reversals of allowances	(184)	(31)
Utilisation of allowances (write offs)	(634)	(8)
Allowances as at 31 Mar 2019	**1,728**	**105**

Amounts written off in the year are still subject to enforcement activity.

22.2 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
Allowances as at 1 Apr 2017 - as stated	**1,518**
Increase in provision	959
Amounts utilised	(672)
Unused amounts reversed	(142)
Allowances as at 31 Mar 2018	**1,663**

In 2017/18 trade receivables were reviewed for impairment on an individual basis, depending on the size of the receivable and the period for which it is overdue. Where trade receivables were estimated to be less than their carrying values, provisions were made to write them down to their estimated recoverable amounts.

22.3 Exposure to credit risk

In 2018/19 allowances for expected credit losses were calculated on a general provision basis. This was by category of contract receivable less than 12 months overdue for payment; these range from 7% to 44% for non NHS contract receivables. Items over 12 months past due for payment are deemed non-collectable.

For 50% of the overseas visitor receivable the local CCG is liable for any credit loss, therefore only 50% is at risk and assessed for expected credit losses.

NHS contract receivables have been assessed for recoverability, no provision has been made against these receivables.

23 Non-current assets held for sale and assets in disposal groups

	31 March 2019 £000	31 March 2018 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	1,250
Assets sold in year	-	(1,250)
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	-

In 2017/18 land at a non-operational site was sold.

24 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	31 March 2019 £000	31 March 2018 £000
At 1 April	8,194	11,286
Net change in year	(1,079)	(3,092)
At 31 March	7,115	8,194
Broken down into:		
Cash at commercial banks and in hand	57	219
Cash with the Government Banking Service	7,058	7,975
Total cash and cash equivalents as in SoFP	7,115	8,194

24.1 Third party assets held by the Trust

Cash and cash equivalents held on behalf of patients or other parties is excluded from the cash and cash equivalents figure reported in the accounts. In 2018/19 no third party assets were held (2017/18: £2k).

25 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	11,175	8,381
Capital payables	6,169	4,490
Accruals	10,066	10,836
Social security costs	3,491	3,329
Other taxes payable	3,120	2,783
Accrued interest on loans*	-	66
Other payables	4,306	4,343
Total current trade and other payables	**38,327**	**34,228**
Of which payables from NHS and DHSC group bodies:		
Current	2,297	2,046

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within the note. IFRS 9 is applied without restatement therefore comparatives have not been restated.

26 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	1,865	1,990
Deferred grants	100	23
Other deferred income	424	-
Total other current liabilities	**2,389**	**2,013**

27 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care	19,789	19,650
Obligations under finance leases	637	436
Obligations under PFI	9,166	8,887
Total current borrowings	**29,592**	**28,973**
Non-current		
Loans from the Department of Health and Social Care	78,935	54,024
Obligations under finance leases	-	356
Obligations under PFI	267,428	276,594
Total non-current borrowings	**346,363**	**330,974**

27.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Finance leases £000	PFI schemes £000	Total £000
Carrying value at 1 April 2018	73,674	792	285,481	359,947
Cash movements:				
Financing cash flows - payments and receipts of principal	24,910	(709)	(8,887)	**15,314**
Financing cash flows - payments of interest	(2,050)	(20)	(9,375)	**(11,445)**
Non-cash movements:				
Impact of implementing IFRS 9 on 1 April 2018	66	-	-	**66**
Additions	-	554	-	**554**
Application of effective interest rate	2,124	20	9,375	**11,519**
Carrying value at 31 March 2019	**98,724**	**637**	**276,594**	**375,955**

28 Finance leases

28.1 The Trust as a lessee

Obligations under finance leases.

	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	**637**	**803**
of which are due:		
- not later than one year;	637	447
- later than one year and not later than five years;	-	356
Finance charges allocated to future periods	-	(11)
Net lease liabilities	**637**	**792**
of which are payable:		
- not later than one year;	637	436
- later than one year and not later than five years;	-	356
	637	**792**
Contingent rent recognised as an expense in the period	(449)	(406)

The Trust uses finance leases or arrangements containing finance leases to acquire plant and equipment. Where the implicit rate of interest cannot be determined the long term real rate of interest, at the date of inception of the contract, has been applied. The long term real rate of interest has been sourced from Treasury interest rate tables.

29 Provisions for liabilities and charges

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Other £000	Total £000
At 1 April 2018	4,226	2,961	914	176	**8,277**
Change in the discount rate	(37)	(81)	-	-	**(118)**
Arising during the year	283	576	92	13	**964**
Utilised during the year	(415)	(138)	(244)	-	**(797)**
Reversed unused	(20)	-	(521)	(84)	**(625)**
Unwinding of discount	4	3	-	-	**7**
At 31 March 2019	**4,041**	**3,321**	**241**	**105**	**7,708**
Expected timing of cash flows:					
- not later than one year;	417	139	241	105	**902**
- later than one year and not later than five years;	1,668	556	-	-	**2,224**
- later than five years.	1,956	2,626	-	-	**4,582**
Total	**4,041**	**3,321**	**241**	**105**	**7,708**

The early departure provision relates to pension costs for certain staff taking early retirement and is determined by capitalising the cost using a formula agreed by NHS Pensions. The formula assumes that the member of staff will live beyond normal retirement age.

Other provisions include pay costs associated with current rebanding claims £105k (2017/18: £176k).

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

29.1 Clinical negligence liabilities

At 31 March 2019, £282,592k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2018: £240,182k).

30 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	(98)	(165)

Clinical negligence claims are managed by NHS Resolution on behalf of the Trust. The value of contingent liabilities for legal claims is provided by NHS Resolution for cases where the amount and timing remain uncertain.

31 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	1,845	243
Intangible assets	-	6
Total	**1,845**	**249**

32 On-Statement of Financial Position PFI

The Trust entered into a PFI contract to provide new hospital facilities and associated support services in Wakefield and Pontefract on 28 June 2007 with a 35 year term. The facilities were phased in and were fully operational from 2012/13.

32.1 Imputed finance lease obligations

Mid Yorkshire Hospitals NHS Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI:

	31 March 2019	31 March 2018
	£000	£000
Gross PFI liabilities	399,644	418,040
Of which are due		
- not later than one year;	18,379	18,396
- later than one year and not later than five years;	76,782	75,835
- later than five years.	304,483	323,809
Finance charges allocated to future periods	(123,050)	(132,559)
Net PFI obligation	276,594	285,481
- not later than one year;	9,166	8,887
- later than one year and not later than five years;	43,219	40,909
- later than five years.	224,209	235,685
	276,594	285,481

32.2 Total future obligations of On-Statement of Financial Position PFI scheme:

	31 March 2019	31 March 2018
	£000	£000
Total future payments committed in respect of the PFI	1,466,090	1,490,971
Of which are due:		
- not later than one year;	47,067	45,277
- later than one year and not later than five years;	253,597	192,723
- later than five years.	1,165,426	1,252,971
	1,466,090	1,490,971

The commitment assumes inflation at 2.5% (2017/18: 2.5%) for the remaining life of the contract. This is the rate used in the contractor's model.

32.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19	2017/18
	£000	£000
Unitary payment payable to service concession operator	51,289	48,692
Consisting of:		
- Interest charge	9,375	9,664
- Repayment of finance lease liability	8,887	8,633
- Service element and other charges to operating expenditure	30,487	27,944
- Revenue lifecycle maintenance	2,540	2,451
Total amount paid to service concession operator	51,289	48,692

33 Financial instruments

33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust drew down a £15m capital loan on 15 December 2010, repayable over 14 years and 9 months. The interest rate is fixed at the National Loans Fund rate applicable on the issue date of the loan documents by the Department of Health and Social Care. The interest rate charged is 2.98%. The Trust received a capital loan of £8.8m in 2018/19 and £2.5m in 2017/18 with a fixed interest rate of 1.25%, repayable from 18th September 2020 in six monthly instalments with the last payment due 18th March 2028.

The Trust accessed interim revenue loans from the Department of Health and Social Care. The loans are interest bearing, fixed at 1.5%, repayable on or before the specified repayment dates.

The Trust has a working capital facility with the Department of Health and Social Care. It is a fixed rate (3.5%) interest bearing facility based on the daily outstanding balance.

The Trust invests cash in other liquid resources at the National Loans Fund rate. The Trust is therefore susceptible to movements in current interest rates.

Credit risk

As the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its capital resource limit. The Trust is not, therefore, exposed to significant liquidity risks.

33.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost
	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9	
Trade and other receivables excluding non-financial assets	20,150
Cash and cash equivalents at bank and in hand	7,115
Total at 31 March 2019	**27,265**

	Loans and receivables
	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39	
Trade and other receivables excluding non-financial assets	12,788
Cash and cash equivalents at bank and in hand	8,194
Total at 31 March 2018	**20,982**

33.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost
	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9	
Loans from the Department of Health and Social Care	98,724
Obligations under finance leases	637
Obligations under PFI	276,594
Trade and other payables excluding non-financial liabilities	31,716
Total at 31 March 2019	**407,671**

	Other financial liabilities
	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39	
Loans from the Department of Health and Social Care	73,674
Obligations under finance leases	792
Obligations under PFI	285,481
Trade and other payables excluding non-financial liabilities	30,129
Total at 31 March 2018	**390,076**

33.4 Fair values of financial assets and liabilities

Due to the nature of the Trust's financial assets and financial liabilities the book value (carrying value) is considered a reasonable approximation of fair value.

33.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	61,308	59,102
In more than one year but not more than two years	55,264	10,522
In more than two years but not more than five years	59,740	80,705
In more than five years	231,359	239,747
Total	**407,671**	**390,076**

34 Losses and special payments

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	1	-
Bad debts and claims abandoned	1,520	607	4,459	672
Stores losses and damage to property	7	53	4	70
Total losses	**1,527**	**660**	**4,464**	**742**
Special payments				
Ex-gratia payments	62	249	76	167
Total special payments	**62**	**249**	**76**	**167**
Total losses and special payments	**1,589**	**909**	**4,540**	**909**

There are no individual cases that exceed £300k

35 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £66k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model did not result in a change in the carrying value of receivables at 1 April 2018.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £3,473k.

36 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

37 Related parties

The Department of Health and Social Care is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent. The main entities are NHS England, Wakefield CCG, North Kirklees CCG, Leeds South & East CCG and Leeds West CCG.

Services were also purchased from: Yorkshire Ambulance Service NHS Trust, Leeds Teaching Hospitals NHS Trust, NHS Blood and Transplant, NHS Resolution and NHS Professionals.

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Wakefield Council and Kirklees Council.

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as the Trust is the corporate trustee of the linked NHS Charity (The Mid Yorkshire Hospitals NHS Trust Charitable Fund), it effectively has the power to exercise control so as to obtain economic benefits. The transactions are immaterial in the context of the group and transactions have not been consolidated. The transactions with the charity are disclosed in the table below and the audited accounts of The Mid Yorkshire Hospitals NHS Trust Charitable Fund.

Transactions with related parties are disclosed below. There are no bad debt expenses or provisions in respect of these organisations.

2018/19 **Nature of Relationship**	**Related Party**	**Payments to Related Party** **£000s**	**Receipts from Related Party** **£000s**	**Amounts owed to Related Party** **£000s**	**Amounts due from Related Party** **£000s**
Julie Charge, Non-Executive Director, Director of Finance to Salford University	Salford University	3	-	-	-
David Melia, Director of Nursing and Quality, Trustee of Wakefield Hospice	Wakefield Hospice	20	174	8	27
Board Members, Corporate Trustee to The Mid Yorkshire Hospitals NHS Trust Charitable Fund	The Mid Yorkshire Hospitals NHS Trust Charitable Fund	-	505	-	121
		23	679	8	148

2017/18 **Nature of Relationship**	**Related Party**	**Payments to Related Party** **£000s**	**Receipts from Related Party** **£000s**	**Amounts owed to Related Party** **£000s**	**Amounts due from Related Party** **£000s**
Julie Charge, Non-Executive Director, Director of Finance to Salford University	Salford University	1	-	-	-
Mike Smith, Associate Non-Executive Director to 31 March 2018, Chair and NED to Medipex Ltd	Medipex Ltd	8	-	-	-
Mike Smith, Associate Non-Executive Director to 31 March 2018, Fellowship with and Advisor at Sheffield Hallam University	Sheffield Hallam University	5	-	-	-
David Melia, Director of Nursing and Quality, Trustee of Wakefield Hospice	Wakefield Hospice	14	194	5	-
Board Members, Corporate Trustee to The Mid Yorkshire Hospitals NHS Trust Charitable Fund	The Mid Yorkshire Hospitals NHS Trust Charitable Fund	-	644	-	105
Matt England, Interim Director of Planning and Partnerships to 31 July 2018, partner works at Leeds Teaching Hospital	Leeds Teaching Hospitals NHS Trust	3,559	1,833	920	806
		3,587	2,671	925	911

38 Better Payment Practice code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	69,278	270,352	74,553	203,111
Total non-NHS trade invoices paid within target	37,993	204,118	40,425	153,469
Percentage of non-NHS trade invoices paid within target	54.8%	75.5%	54.2%	75.6%
NHS Payables				
Total NHS trade invoices paid in the year	2,876	40,092	3,083	44,745
Total NHS trade invoices paid within target	1,167	27,524	1,413	29,601
Percentage of NHS trade invoices paid within target	40.6%	68.7%	45.8%	66.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

39 External financing

The Trust is given an external financing limit against which it is permitted to underspend:

	2018/19 £000	2017/18 £000
Cash flow financing	19,863	13,118
External financing requirement	**19,863**	**13,118**
External financing limit (EFL)	26,427	19,580
Under / (over) spend against EFL	**6,564**	**6,462**

40 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	16,901	8,513
Less: Disposals	-	(1,251)
Less: Donated and granted capital additions	(225)	(263)
Charge against Capital Resource Limit	**16,676**	**6,999**
Capital Resource Limit	16,676	7,562
Under / (over) spend against CRL	**-**	**563**

41 Breakeven duty financial performance

	2018/19 £000	2017/18 £000
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	(18,338)	(15,854)
Add back all SOCI impairments / (reversals)	-	(2,503)
Retain impact of Departmental Expenditure Limit (impairments) / reversals	-	(1)
Remove I&E impact of capital grants and donations	(21)	(48)
CQUIN risk reserve adjustment (2017/18 only)	-	(1,891)
Adjusted financial performance surplus / (deficit) (control total basis)	**(18,359)**	**(20,297)**
Remove impairments scoring to Departmental Expenditure Limit - impairments	17	1
Add back CQUIN risk reserve	-	1,891
Breakeven duty financial performance surplus / (deficit)	**(18,342)**	**(18,405)**

In 2018/19 £17k of impairments scoring to DEL was retained by the Trust (2017/18: £1k).

In 2017/18 the CQUIN risk reserve was added back in the calculation of breakeven duty

42 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Breakeven duty in-year financial performance		871	983	(19,217)	(21,839)	(19,171)	(9,056)	(20,530)	(7,873)	(18,405)	(18,342)
Breakeven duty cumulative position	(26,110)	(25,239)	(24,256)	(43,473)	(65,312)	(84,483)	(93,539)	(114,069)	(121,942)	(140,347)	(158,689)
Operating income		395,875	430,417	456,954	460,792	456,810	483,428	482,792	504,454	505,584	527,022
Cumulative breakeven position as a percentage of operating income		(6.4%)	(5.6%)	(9.5%)	(14.2%)	(18.5%)	(19.3%)	(23.6%)	(24.2%)	(27.8%)	(30.1%)

The Department of Health and Social Care has determined that a trust's breakeven duty will be assumed to have been met if expenditure is covered by income over a three year period. The Trust has been unable to meet this duty. The impact of this on the Income and Expenditure Reserve is referred to in note 2 'Going concern'.

The Trust entered into a Financially Challenged Trust agreement in 2008/09 receiving permanent PDC and a loan and met its in-year financial performance in 2009/10 and 2010/11. The Trust received support on a non-recurrent basis for the PFI implementation costs and to support the re-configuration of services. The Trust has been unable to meet the significant Cost Improvement Programme challenges in recent years and is currently working on a recovery plan to be agreed with NHS Improvement and the local health economy.