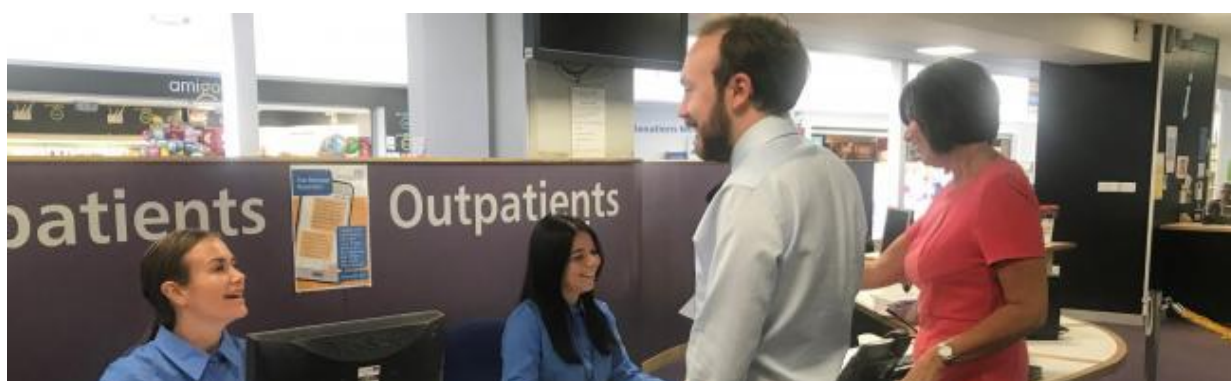


# Annual Report & Accounts 2018-19





# **York Teaching Hospital NHS Foundation Trust**

## **Annual Report & Accounts 2018-19**

Presented to Parliament pursuant to Schedule 7,  
paragraph 25(4)(a) of the National Health Service  
Act 2006



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This Annual Report and Accounts have been prepared on a Group basis and include references to York Teaching Hospital Facilities Management Limited Liability Partnership which is a wholly owned subsidiary.

# Our vision, mission and values

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## Vision

Be collaborative leaders in a system that provides great care to our communities

## Mission

Start well, live well, age well. We want everyone in our area to have a great start in life and to have the opportunities and support they need to stay healthy and to age well

## Strategic Goals

To delivery safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

## Strategic Themes

Develop people to improve care

Deliver clinically sustainable services

Adopt a Home First approach

Work collaboratively in our partnerships and alliances

Make best use of every pound

## Values

Caring about what we do

Always doing what we can to be helpful

Respecting and valuing each other

Listening in order to improve

# Statement from the Chair

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## Welcome to York Teaching Hospital's Annual Report



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

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

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

- our financial performance with the achievement of the regulator set control total and overall improved income and expenditure position (referred to as a stretching control total);
- our ECS performance as this year we have seen over 13,000 more patients attending our Emergency Departments, Urgent Care Centres and Minor Injuries Units than last year. Despite this increase in attendances, our performance against the 4 hour Emergency Care Standard improved from 86.49% in 2017-18 to 87.69% in 2018-19; and
- our 2018 Staff Survey results indicate an improving picture. The Trust scored average or above average in seven of ten themes when compared to our benchmark group of acute and community trusts. The Trust's overall staff engagement score also improved, with 59% of staff recommending the Trust as a place to work from 56% the previous year, and 67% recommending the Trust to receive treatment, up 2% from 2017. We recognise that there remains much work to do, but these results are trending in the right, improved direction and reveal the Trust's commitment to our 3 strategic goals: our patients, our staff and our financial stability.

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

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

Publication of our 5-year Strategy and its wide dissemination among our staff and our partners signalled the Trust's commitment building a long-term sustainable future for our trust and for our collective work with our partners. The strategy gives us an

opportunity to share our ambitions for our Trust, and acts as a cornerstone for our work as a collaborative partner.

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

Internally we have undertaken a bold restructuring of our 17 clinical directorates to allow the emergence of 6 Care Groups. This restructure will provide us with focused clinical leadership which will enable us to make progress and focus on our most important goal of serving our patients in the safest, best, ways we can.

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

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

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

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

The Board also said good bye and gave significant thanks to the Chief Nurse, Beverley Geary, the Director of Systems and Networks, Sue Rushbrook, and 2 non-executives who served full 9-year terms with the Trust, Libby Raper and Mike Sweet.

In turn, we welcomed Polly McMeekin to the board as Director of Workforce and Dr Lorraine Boyd and Lynne Mellor as Non-executive Directors. During the first few months of 2019 we will welcome Simon Morritt to the CE role upon Mike Proctor’s retirement, and Heather McNair as Chief Nurse. In addition, we will strengthen our non-executive team with the appointment of Steve Holmberg and Jim Dillon.



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

\*

We have laid the foundations in 2019 for the positive, ambitious future direction of our Trust: a 5-year strategy to which the Board is committed, a strengthened Board of directors and associated board governance structures, a clinically-led Care Group structure, a significant ongoing review of services on the East Coast, a public commitment to building a Digitally Ready Workforce (working with NHS Digital) and a continued commitment to working honestly and openly with our partners.

And we are able to anticipate challenges in the year ahead.

We know that we have to diligently improve our performance, for the benefit of our patients.

We know that recruitment will remain a stretching challenge, but our reinvigorated commitment to working positively with all of our staff at all levels is tangible.

We know that our financial position will continue to place pressure on the whole organisation.

We know that our planned Well Led Review and our CQC Inspection will challenge us.

There will be pressures we cannot yet anticipate too.

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

Thanks to our CE who has provided decisive, positive leadership to the Trust. Thanks to the Board of Directors who have shown grit, resilience and loyalty to the Trust throughout the year. Thanks to all of our staff, who have unfailingly stuck to our core values of which we are so proud; Caring, Listening, Helpful, Respecting. Thanks to our Council of Governors who give their time freely and generously in support of the governance of the Trust. Thanks to our many partners and stakeholders who, like us, tenaciously seek to improve services for patients. Thanks to the many fundraisers and volunteers who go the extra mile to enhance our patients' experiences.

Our Trust looks forward to another year of rapid change, of strategic thinking, practical action and service to the populations we serve. We will be caring, listening, helpful, and respecting.



**Susan Symington**  
Chair

**24 May 2019**

# Performance Report

## Statement from the Chief Executive

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At time of writing I am approaching my retirement after over 40 years in the NHS, and we will welcome Simon Morritt as the new Chief Executive of York Teaching Hospital NHS Foundation Trust. I took the role of Chief Executive at the start of June 2018 following Patrick Crowley's retirement, and I would like to thank the Board of Directors and the wider organisation for the support I have received during this time.

I worked alongside Patrick for many years, the last ten of these as Deputy Chief Executive, and I want to take this opportunity to thank Patrick on behalf of the organisation which owes him a debt of gratitude for his many years of service, and to acknowledge the support that he has given to me personally over the years that we have worked together at this Trust.

The year 2018-19 has been both interesting and challenging for our Trust, and the context we work in continues to change around us. The financial picture in our patch remains a significant issue for us, and we have looked at how we can work differently as a system to deliver what we need within the extremely challenging financial constraints placed upon us as a result of national funding systems. We have worked with different contracting arrangements with our Clinical Commissioning Groups, for the first time entering into an aligned incentive contract. In contract terms, this means agreeing funding up front for the hospital to pay for staff, equipment and treatments, moving away from the "Payment by results" (PBR) system which relies on counting and coding activity.

As you will see in the annual accounts, we able to meet our financial target – our control total – and as a result received additional sustainability funding, leading to a small end of year surplus. We also achieved, for another consecutive year, our efficiency target, which is a tremendous achievement in the current financial climate.

Our operational performance continues to challenge us, and whilst we have seen improvements in key access targets such as the four-hour emergency care standard, we still have further work to do to enable us to consistently achieve the standards we aspire to and are expected of us. Demands for our services continue to increase relentlessly, and simply keeping up with this demand does place significant pressure on our services.

As always it is our staff who keep services running despite these pressures, and I want to thank all of our 9,000 staff for their individual contribution. Each month I have the privilege of presenting our star award to those staff who have been nominated by colleagues and patients for making a difference, and this demonstrates to me time and again just how many of our staff are going above and beyond to make a difference, and the positive impact this has not just on our patients but on our

colleagues too. It is inspiring to hear these stories and proves to me that we truly have an excellent and committed team at this Trust.

Recruitment challenges in some specialist roles are by no means unique to our Trust, however some of our recruitment challenges, particularly in Scarborough are longstanding and well documented.

I am therefore delighted that our focused efforts to recruit, particularly to medical staffing vacancies on the East Coast, are having an impact.

I know that for many of our staff, dealing with the day-to-day challenges of delivering our services can feel like the only focus, however it is important that we don't lose sight of the future and of our aspirations, and that we continue to set a clear vision for the future for our staff, our partners and our patients. At our AGM in 2018 we launched our five year strategy which seeks to describe how we will meet increasing demands, think differently - and create and take opportunities to integrate with partners in the future.

Having a strategy is crucial for our Trust and means that we can establish a picture of our intentions in relation to how we will work differently; developing new partnerships, embracing new technologies and ways of working, and changing how clinical care is delivered to best meet the changing and growing needs of our communities.

A demonstration of this continued ambition is the number of significant developments we have begun to shape over the last year.

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

The way that we operated estates and facilities had not changed for many years and with the continued financial pressure across the NHS, both nationally and locally, it is becoming increasingly difficult to maintain the standards that we aspire to for these essential services.

If no action was taken by the Trust, the pressure to reduce budgets further would inevitably continue and there was the very real risk that the Trust will need to put these services out to tender. By creating an LLP we can keep these services under the ownership of the NHS whilst being able to enjoy a number of commercial advantages, whilst allow the estates and facilities team to focus on its core functions, making YTHFM an employer of choice in our region, providing development opportunities for staff and growing the business as opportunities arise.

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

that transferred when the company was created, and for new starters. NHFML are our minority partner in YTHFM.

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

A key priority for our Trust is the sustainability of services on the East Coast.

The geography and demography of the east coast, alongside a range of recruitment challenges, have meant that this has become increasingly difficult over a number of years. At the same time, new technologies and ways of working have enabled more services to be provided outside of hospitals, in GP practices and community-settings.

We have worked with partner organisations through the Humber, Coast and Vale Health and Care Partnership to review the way in which services are currently delivered in this area in order to find the best possible way to provide care for local people and ensure the future of those services in the longer term.

The starting point for this work was a clear commitment to having an emergency department in Scarborough, and the review has focused on how we can ensure that services are configured to support this.

The review began in August 2018 and the conclusions of the first phase were published in March 2019.

Work is now underway on the next phase of the review. This will involve using the information gathered so far to look at a range of possible ways these services might be delivered. It is expected that from this work a shortlist of possible options will be developed.

We now need to build on this work and develop our workforce models to make sure that people who live in the Scarborough area can continue to access the care they need now, and the care they will need in the future.

In support of our commitment to emergency and acute services in Scarborough, the Trust bid for capital investment as part of the Humber, Coast and Vale Health and Care Partnership.

It was fantastic news for the Trust and for the staff and patients of Scarborough that this bid was successful, and we were awarded £40 million for the creation of a Combined Emergency Assessment Unit at Scarborough Hospital, where staff from a range of medical specialties can work side-by-side in a single assessment area, close to the front door and diagnostic support.

This will help staff to assess patients more quickly and ensure they get the most appropriate care and treatment as rapidly as possible.

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

This significant investment is in addition to the £1m of work already completed Scarborough's emergency department in December 2018 to create an additional space for five cubicles in the department helping treat patients more quickly and effectively.

Both of these investments underline the importance we place on keeping emergency care in Scarborough and are tangible demonstrations of our absolute commitment to this.

We have also invested significantly on the York site this year, with the start of the build of a new endoscopy unit which will be one of the most modern and largest endoscopy units in England.

The £10 million project will increase capacity to meet growing demand, improve the efficiency of patient flow and enhance the patient experience. The new unit will deliver improvements to diagnostic and therapeutic endoscopy waiting times and increase the range of procedures offered, meaning fewer patients will have to travel to Leeds or Hull.

In the health service one thing we can always be certain about is that we will need to adapt and change to continue to meet the ever-growing needs of our patients. As I retire from the NHS and hand over to our new Chief Executive, I am confident that our organisation has the ambition to thrive in the years ahead, and a 9,000 strong team who can make this happen.

A handwritten signature in black ink that reads "Mike Proctor". The signature is written in a cursive, flowing style.

**Mike Proctor**  
**Chief Executive**

**24 May 2019**

## Overview of Performance

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The purpose of the overview is to provide a short summary of the organisation, its purpose, key risks and how it has performed during the year.

### **Statement of Purpose and Activities**

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

The Trust is registered with the Care Quality Commission to provide safe care that is responsive and effective. The Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale – an area covering 3,400 square miles.

Our annual turnover is approaching £0.5bn. We manage eight hospital sites and have a workforce of around 9,000 staff working across our hospitals and in the community. The main sites are York, Scarborough and Bridlington Hospitals, two Community Hospitals (Selby and Malton), and three Community Rehab Hospitals.

The Trust provides:

- Outpatient and diagnostic services;
- Surgical procedures;
- Management and assessment of medical conditions;
- Family planning and sexual health services;
- Maternity services;
- Terminations of pregnancy;
- Management and supply of blood derived products;
- Treatment of patients detained under the Mental Health Act;
- Out of hospital care (community services).

The Trust is a NHS Foundation Trust. Foundation Trusts operate independently of the Department of Health, but remain part of the National Health Service. This gives greater freedom and more formal links with patients and staff. We are accountable to them through an elected and appointed Council of Governors.

The Trust is proud to be a partner with the Hull York Medical School (HYMS) in providing clinical placements and training for future doctors at Scarborough and York Hospitals.

The National Health Service (NHS) is one of the largest public sector organisations in the world. It was set up in 1948 to provide healthcare for all British Citizens based on need and not the ability to pay.

York Teaching Hospital NHS Foundation Trust covers one of the biggest geographical areas in the country. The Trust works in partnership with local Clinical

Commissioning Groups (CCGs) and local authorities to ensure services are developed to continue to meet the needs of our patients. Our main partners include:

- Vale of York CCG
- Scarborough and Ryedale CCG
- East Riding of Yorkshire CCG
- City of York Council
- North Yorkshire County Council
- East Riding of Yorkshire Council

The challenging environment facing the Trust presents an opportunity for us to work in new ways, working across traditional boundaries and seeking innovative solutions that will help all parts of our health and social care system become truly integrated around the needs of our communities. We also know that the role of the hospital is changing, and we recognise the part we must play in preventing ill health.

Providing great care is the result of thousands of daily human interactions and the efforts of individuals working across multi-disciplinary teams.

The Trust developed a new five year strategy in 2018, which has been shaped by what we know about the people we serve, including:

- Demographic changes and the ageing population;
- Deprivation in some of our communities;
- The national move towards integrated care systems;
- The drive to avoid unnecessary hospital admissions and longer stays;
- Public perception and expectations.

In this strategy we describe how we will support our staff to do this. We celebrate diversity whilst recognising our collective strength. The strategy will guide us through the transformation required to deliver this alongside our values which remain constant. We always put patients at the centre of everything that we do.

Our strategy pyramid on page 6 shows how all of the elements fit together and support the achievement of our ambitions.

## **Brief History**

York Hospital opened on its current site, on Wigginton Road in 1976. When it first opened the Hospital had 600 beds and replaced numerous smaller sites including Acomb Hospital, City Hospital, York County Hospital, Deighton Grove Hospital, Fulford Hospital, Military Hospital and Yearsley Bridge Hospital.

York Health Authority became a single district Trust in April 1992, known as York Health Services NHS Trust and became York Hospitals NHS Foundation Trust on 1 April 2007. The Trust then decided to adopt 'Teaching' into its name, which was approved by NHS Improvement (formerly Monitor) and came into effect from 1 August 2010.



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

The Trust provides specialist services from other sites, including renal dialysis in Easingwold and Harrogate, and sexual health services in Monkgate Health Centre in York. The Trust also works collaboratively in certain specialties through clinical alliances with Harrogate and District NHS Foundation Trust, and Hull Teaching Hospital NHS Trust to strengthen the delivery of services across North and East Yorkshire.

### **York Teaching Hospital Facilities Management**

York Teaching Hospital NHS Foundation Trust's Limited Liability Partnership (LLP) formally came in to being on 1 October 2018. 'York Teaching Hospital Facilities Management' provides the Trust's estates and facilities services, including catering, cleaning, maintenance and other core support services previously provided by the Trust's estates and facilities directorate.

After looking carefully at all of the available options, the Trust's Board of Directors chose to create a Limited Liability Partnership (LLP). Several NHS organisations had already been through this process and we worked with NHFML, a wholly-owned subsidiary of Northumbria Healthcare NHS Foundation Trust on setting up the company. NHFML created their company more than five years ago, and have considerable experience in this field. They share our values as an organisation and have maintained NHS terms and conditions for both the staff that transferred when the company was created, and for new starters. NHFML will also be our minority partner in YTHFM and are offered advice and support in setting up the company.

The background to this decision was that the way that we operated estates and facilities had not changed for many years and with the continued financial pressure across the NHS, both nationally and locally, it is becoming increasingly difficult to maintain the standards that we aspire to for these essential services.

If no action was taken by the Trust, the pressure to reduce budgets further will inevitably continue and there will be the very real risk that the Trust will need to put these services out to tender. By creating an LLP we can access the commercial benefits enjoyed by the private sector whilst keeping these services under the ownership of the NHS. This change will bring not only commercial advantages to the Trust, but will allow the estates and facilities team to focus on its core functions, making YTHFM an employer of choice in our region, providing development opportunities for staff and growing the business as opportunities arise.

Approximately 1,000 staff transferred to the company with their existing NHS Agenda for Change terms and conditions on 1 October 2018. New starters to the LLP have terms and conditions that mirror Agenda for Change, to ensure that the Trust does not create a 'two tier' workforce.

A Membership Agreement has been agreed between the Trust and NHFML and York Teaching Hospital Facilities Management Group which sets out the agreement between the partners, the representation of members and all decisions which require a member's resolution. A Master Services Agreement has also been agreed and this sets out how the partnership will operate.

The LLP has set up a Management Group which has three Trust representatives (Brian Golding, Andy Bertram and Mike Keaney) and one NHFML representative and other officers of the Trust attend as required. The Management Group provides feedback to the Board and this has now been formalised to go through the Resources Committee.

## Key Issues and Risks

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### Financial Sustainability

The new funding settlement announced by the Prime Minister in June 2018 promised NHS England's revenue funding would grow by an average of 3.4% in real terms a year over the next five years delivering a real terms increase of £20.5 billion by 2023-24.

Putting the NHS back onto a sustainable financial path is a key priority in the Long Term Plan and is essential to allowing the NHS to deliver the service improvements in this Plan. This means:

- The NHS (including providers) will return to financial balance;
- The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care;
- The NHS will reduce the growth in demand for care through better integration and prevention;
- The NHS will reduce variation across the health system, improving providers' financial and operational performance;
- The NHS will make better use of capital investment and its existing assets to drive transformation.

YTHFT as an organisation has been able to develop a credible financial plan and accept its financial control total for 2019-20, although it must be noted this is not without significant risk; however the York and Scarborough health system (the system) which includes YTHFT and our two main CCGs remains under significant financial constraint.

The system has continued to respond to this financial challenge by continuing to work collaboratively under the System Transformation Board (STB). The Trust is also working closely with its partners within the Humber, Coast & Vale System Transformation Partnership (STP) footprint in the development of a multi-year system recovery plan.

Given the scale of the financial challenge within the local health economy, the Trust and its 3 main clinical commissioners moved away from the standard NHS contract

to work more collaboratively in an Aligned Incentive Contract (AIC), in 2018-19 and this collaborative approach is expected to continue in 2019-20.

The Board of Directors is fully sighted on this challenge and has approved the plan which underpins the delivery of this challenging position, but it is recognised this is not without significant risks, including the availability of key staff, delivery of commissioner QIPP plans, the further development of an AIC approach and the availability of external capital funding required to further develop and maintain key services and assets.

## **ISA 570 Going Concern Statement**

This report outlines the concept of the going concern accounting basis and considers the appropriateness of this for the 2018-19 Trust Annual Accounts.

International Accounting Standard (IAS) 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern.

International Standards for Auditors (ISA) 570 requires the auditor to consider the appropriateness of managements' assessment as part of the annual accounts audit.

**Going Concern Concept** - The going concern basis assumes that the Trust will be able to realise its assets and liabilities in the normal course of business and that it will continue in business for the foreseeable future. The future should be at least, but is not limited to a period of twelve months from the end of the reporting period. For Foundation Trusts there is no automatic presumption that they will always be a going concern, particularly where difficult economic conditions and/or financial difficulties prevail.

The Department of Health Group Accounting Manual (DHSC GAM) 2018-19 outlines the interpretation of Going Concern for the public sector context.

**Paragraph 4.12 states:** For non-trading entities in the public sector, 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 therefore 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. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

**Paragraph 4.15 states:** Where a DHSC group body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.

**Paragraph 4.16 states:** Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether) it must raise the issue with its sponsor division or relevant national body as soon as possible.

**IAS 1** - requires management to assess, as part of the accounts preparation process, the NHS foundation trust’s ability to continue as a going concern. The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of services to another entity, or has no realistic alternative but to do so.

**Directors’ Assessment** - The specific factors that the Directors should consider include:

- a) Financial conditions:
  - A poor financial risk rating;
  - Significant operating losses, historical or projected;
  - Loss of income from commissioners actual or anticipated;
  - Major cost improvement programme with high risk of non-achievement;
  - Major losses and/or cash flow problems;
  - Inability to repay loans.
- b) Operating conditions:
  - Loss of key staff and/or management without replacement;
  - A poor governance risk rating;
  - Significant failure to achieve Care Quality Commission standards;
  - Fundamental market changes to which the Trust is unable to adapt.
- c) Other conditions:
  - Serious non-compliance with regulatory or statutory requirements;
  - Pending legal or regulatory proceedings against the Trust;
  - Changes in legislation or Government policy expected to adversely affect the Trust.

**Trust position and national context 2018-19** - At the end of the financial year, the Trust reported an income and expenditure deficit of (£9.9m); this position includes £17.8m of Provider Sustainability Funding (PSF) - (£9.5m base PSF & £8.3m incentive PSF) and a (£13.5m) technical impairment loss and (£0.4m) of other small technical adjustments, if all these items are excluded the pre PSF position of the Trust is a (£13.8m) deficit which is £0.5m ahead of the NHSI control total of a (£14.3m) deficit. The Trust reported a positive cash position of £9.7m at the end of the financial year.

This financial position is very encouraging, especially in the context of a very significant (£20m) deficit in 2017-18 and also in the context of the wider NHS acute sector position which posted a deficit of £2.168b (excluding unallocated PSF) at the end of Q3, with 71% of acute providers in deficit. In spite of the extremely

challenging local and national financial position, the Trust has continued to provide uninterrupted, high quality clinical services to its patients and the Directors fully expect this to continue for the foreseeable future.

The main component of this variance related to additional staff costs linked to agency/locum usage, bank usage and decisions made to supplement staffing above budgeted levels in the interests of safety.

The Trust did achieve the finance element of its control total but was not successful in achieving the entire ECS element. This led to a shortfall of £3m against the base PSF allocation, with the Trust receiving £9.5m from a possible £12.5m allocation. The Trust has however earned an additional £8.3m of incentive PSF, linked to 3 specific bonus pots, £0.6m for over achievement of its control total, £5.7m from the general distribution fund and a £2m bonus for delivery of a significant level of recurrent CIP (£14.3m) in the year.

The Trust has applied for and received revenue support loans to the value of £6.0m in 2018-19.

Financial Year 2019-20 - The issues noted above, in particular the wider system financial pressures, represents a level of uncertainty that may cast some doubt about the Trust's ability to continue as a going concern. However, this is mitigated by the following:-

**Planning and Budgets** - Following the recent release of the planning guidance the Trust has prepared a 1 year operational plan for the Board of Directors which has been approved:

- Trust management have engaged with the NHSI regional team on the significant components of the operational plan, the plan has been prepared on the basis of being both 'stretching and realistic'. The final plan meets the NHSI control total for 2019-20;
- The final Board agreed plan will be used to set the Trust operational budgets.

**Working Capital & Liquidity** - The Trust continues to operate enhanced cash management with weekly operational cash meetings and regular cash meetings with the Director of Finance and the Senior Finance Team:

- The main commissioner contracts have been substantially agreed for 2018-19 which ensures no significant activity, cash or payment risk will carry over into 2019-20;
- The Trust will continue to receive sparsity income of £1.6m from Scarborough & Ryedale CCG in 2019-20;
- The Trust has received revenue support loans of £6m in 2018-19. This last borrowing requirement is expected to continue in 2019-20. However this will be to cover month to month cash flow shortfalls only, with the end of year borrowing position not expected to increase;
- The Trust's cash forecast has also strengthened following the submission of the 2019-20 plan due to the Trust earning a further £8.3m PSF incentive

bonus. It is fully expected any further application will be supported by both NHSI and the DHSC.

**Sustainable Resource Deployment** - The Trust has worked closely with the NHSI Operational Productivity team on an extensive programme of work using the Model Hospital over the last 12 months. This work is expected to continue over the next 12 months:

- The Trust has fully engaged and started to work closely with the national Getting It Right First Time (GIRFT) team in 2018-19;
- Positive engagement continues with Lord Carter to support the development of a strategic solution for financially challenged health economies with diverse geographies;
- During 2018-19 the Trust set up a wholly owned subsidiary which became operational on 1 October 2018. This has started to deliver significant service and financial benefits to the Trust;
- The Trust has a solid record in over delivery of its Cost Improvement Programme (CIP) and has over delivered by £3.1m in 2018-19, of which £14.3m (66%) was recurrent delivery, earning the Trust £2m in PSF incentive bonus;
- The Trust continues to make progress in reducing agency and locum expenditure and has reduced expenditure in this area to £16.3m, which is £1.7m lower than 2017-18 and £3.7m lower than 2016-17.

**Financial and Operational Risk Management** - The Trust continues to address shortfalls in meeting the 4 hour Emergency standard. Actions are being taken to meet the standard and improve patient flows across the Trust, including full engagement with regulators. The members of the east coast health economy commissioned a very significant piece of work during the year with McKinsey to begin the process of evaluating sustainable clinical models for east coast services:

- During 2018-19 the Trust was successful in its outline bid for £40m capital for a major investment in the Scarborough Hospital site. This process will now move through the formal Treasury Business Case approval process to progress the scheme and this shows a high level of confidence in the system;
- The Trust continues to address shortfalls in RTT performance and to achieve long term sustainability in this area. This position will now be managed in line with the revised planning guidance;
- The Trust has a well-developed performance management framework with all Directorates attending an executive or operational performance management meeting monthly;
- Corporate governance continues to be high on the Trust's agenda. Revised arrangements have been implemented and governance continues to be monitored, reviewed and strengthened where applicable;
- Following the NHSI licence breach investigation last year, the Trust has been re-visited by NHSI and they have reported that the Trust has made significant progress and the Trust is in the process of applying to have the licence breach undertakings lifted.

**Partnership Working** - The system continues to work collaboratively under the System Transformation Board (STB), the membership includes the Trust CEO, and our 2 main Commissioners Chief Officers and a number of other executives and senior managers; the STB is overseeing the development of a multi-year system recovery plan:

- The Trust is in positive dialogue with its 3 main clinical commissioners and the system regulators to develop a sustainable financial plan for 2019-20;
- The Trust is fully engaged in the Humber, Coast & Vale (HCV) STP work programme on the development of an STP multi-year financial recovery plan;
- The trust is a member of the local Health & Wellbeing Board.

As is the case for most of the NHS, the Trust is facing extremely challenging trading conditions given the overall financial climate. However, the Trust has and is taking significant actions to mitigate and manage these and the Board of Directors is fully sighted on this challenge.

In summary, after making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources, or access to appropriate support should this be necessary, to continue in operational existence and to continue to provide all licensed services for the foreseeable future. Therefore the Directors consider it appropriate to prepare the Trust's accounts on a going concern basis.

### **Clinical Sustainability**

The Trust has continued to work with some of our most challenged and pressured specialties across all sites to improve outcomes for patients and ensure service provision in the long term.

As a main strategic objective for 2019-20, the Trust is undertaking a dedicated work programme to formally assess the clinical sustainability of key clinical services at its main sites. The work will include an analysis of the current and future workforce requirements, current and future activity in that service and an assessment of how dependent other clinical services are on that service in order to function safely and efficiently.

As part of this programme a review of Scarborough Acute Services is underway to ensure that services are configured in a way that ensures they are clinically sustainable.

The review has the active involvement of clinicians and managers from the locality and wider Trust along with a number of partners and colleagues from primary care, commissioning organisations and the Humber, Coast and Vale Health and Care Partnership.

The review has been focussing on a detailed appraisal of existing clinical services, evaluating potential clinical models to address identified issues which contain proposals for future service delivery. Documents summarising the first phase of the review can be found at <https://humbercoastandvale.org.uk/scarboroughreview/>.

The second stage of the review will look at implementation of potential clinical models in more depth along with a detailed financial analysis of the impact in activity and workforce terms.

A further strand of work focussing on development of a potential vision, plan and implementation programme for integrated out of hospital care is being considered by the multi-agency North Yorkshire System Leaders Executive Group (which includes the Trust as a member).

Notwithstanding the work that will be undertaken in 2019-20, the Trust has already been working on a number of transformational initiatives and service changes to improve the clinical sustainability of some of its services. In working with Health and Care Partnership partners on a larger geographical footprint, the Trust is part of collaborative networks for radiology and pathology services. The Radiology group is establishing a cross organisational reporting hub to share capacity across partner Trusts, improve access to specialist reporting and maximise flexibility and working patterns for our staff.

The Pathology group is developing a detailed work programme of shared equipment investment to improve reporting, training of advanced practitioner staff to create additional capacity and progression of a common information management system.

Outside of the Humber, Coast and Vale Health and Care Partnership, the Trust continues to work and develop its longstanding relationship with Harrogate and District NHS Foundation Trust on a number of service areas, where there are mutual benefits. This includes working together on vascular, cardiology and breast screening services to improve clinical quality and sustainability for patients in our region.

The Trust recognises that the retention of existing staff and recruitment of new staff is a crucial part of the sustainability work. Further recruitment campaigns for key clinical groups and new degree and apprenticeship qualifications are being developed in partnership with local universities and colleges.

## **Workforce Sustainability**

During 2018-19, the Trust has continued to be challenged by vacancies in its clinical workforce. Its vacancy factor for registered nurses and midwives stands at 15%. The vacancy factor for medical and dental is lower at 10.1%; however, this masks areas of difficulty, in particular on the East Coast where 17.9% of these posts are vacant. In the context of tens of thousands of clinical vacancies nationally, it has been more important than ever for the Trust to take new approaches and develop different workforce models to mitigate staffing shortages, in line with the recommendations for 'Developing workforce safeguards' from NHS Improvement. The Trust has taken some significant steps to start to address some of these challenges in the previous 12-months, details of which are provided below.

In July, the Trust launched a new project in an attempt to revitalise the approach to the recruitment of medics on the East Coast. The new approach involved a shift away from more traditional approaches to recruitment in favour of greater



partnership working with agencies, partners in primary care and local business ambassadors to try and attract more doctors from overseas. As part of this work, a joint primary-secondary care recruitment event was held at Scarborough Hospital on 20 October 2018, which led to eight doctors being offered and accepting appointment with the Trust. This work has been complemented by the Trust's participation in the BAPIO (British Association of Physicians of Indian Origin) MTI scheme, which has culminated in 9 offers of appointment to doctors in General Surgery, Anaesthetics, Paediatrics and Medicine. Since the project began, the Trust has reduced its medical vacancy rate at Scarborough by 3% (from 21.3% to 17.9%).

In the autumn, the Trust recruited 11 newly-qualified Physician Associates from local universities including University of Leeds, University of Bradford and Hull York Medical School. In addition, the Trust entered into an agreement to work with Priory Medical Group to support 6-month placements for a further 4 Physician Associates working in primary care. The PA role is one of several that is emerging in the field of Medical Associate Professions, and supports hospital doctors in the diagnosis and management of patients. The Trust's PAs have been deployed in a diverse range of medical specialties, including Paediatrics, Care of the Elderly, Acute Medicine and Rheumatology and will rotate at 6-monthly intervals during the period of their 2-year preceptorship. The PAs have settled very well into their new multi-disciplinary teams and are receiving strong support from their Educational and Clinical Supervisors.

In December, a further 14 Trainee Advanced Clinical Practitioners were recruited for Emergency Medicine in Scarborough and the Acute Medical Unit in York. The new trainees are the fourth cohort of ACPs recruited by the Trust in recent years. The third cohort, recruited in 2016, completed the academic elements of their Masters course in February 2019 and will continue to be supported through their final dissertation/preceptorship year.

December also saw two cohorts of Trainee Nursing Associates appointed alongside a small cohort of Trainee Associate Practitioners. The training will be delivered in partnership with the University of York and Coventry University, and represents the start of a rolling programme for clinical apprenticeships at the Trust.

Progress has also been made with non-clinical Apprenticeships based on an organisational training needs analysis. This number continues to increase with a 189 in post in March 2019. Beyond this, starting numbers will be determined by the rate at which standards are approved nationally and how quickly HEIs can adapt their Level 7 courses to meet these standards.

Two important initiatives to strengthen the Trust's approach to recruitment have been seeded during 2018-19. In March, the Trust became a pilot site for the Perfect Process, which involved working to streamline the process for junior doctors' changeover. This involved improving the level of information-sharing between organisations via transfers made through the Electronic Staff Record. The pilot identified a number of issues, including the readiness of the Trust's systems to manage receipt of information on mandatory training and occupational health records from other NHS Trusts, and the limited availability and quality of data being transferred from other Trusts. On the back of this experience, the Trust – in partnership with Humber, Hull and East Yorkshire and Northern Lincolnshire and

Goole Trusts – made a business case to Health Education England to run a streamlining project across the Humber, Coast and Vale STP. This was accepted, and detailed planning for the project will commence in 2019, following the appointment of a Project Manager.

In addition, the Trust partnered with recruitment communication experts Jupiter to develop new recruitment branding. This has involved extensive consultation with staff to better understand the organisation's culture and the reality of working in our Hospitals. Staff were further involved in the selection of a draft concept which was subsequently used in two recruitment campaigns. This concept is now being refined, and in 2019 the Trust plans to scale up this work to increase its presence on social media and undertake more targeted recruitment of nurses in particular.

In regard to its learning infrastructure, work has got underway to source additional teaching facilities in response to an increase in undergraduate places at the Hull York Medical School (HYMS). HYMS has been working to develop Teaching Fellowships (TF) for post Foundation doctors wanting to step off their training programmes for two years to gain more experience in a particular area. The TF posts have been developed to include a day's teaching expectation with the rest of the week dedicated to clinical work in a speciality that is experiencing staffing shortages. By December 2018, five TFs had been appointed and this number will grow as the different phases of the curriculum roll out.

After its successful application for employer provider status on the Register of Apprenticeship Training Providers (RoATP) in 2017, the Trust has been developing a pilot apprenticeship programme for Internal Healthcare Support workers. This will commence no later than September 2019. In the background, the RoATP is being reviewed in line with a more rigorous specification, and the Trust will be invited to re-apply for member status. This will involve Ofsted visits to evaluate the quality of the programme and our readiness to proceed. The long term aspiration is that the Trust becomes a main training provider allowing us to deliver training to other organisations.

The Trust also completed a successful application to become part of a regional Excellence Centre (National Skills Academy) in April 2018 and continues to collaborate with partners across the STP and within the Excellence Centre to develop appropriate projects. An application for 'Kite Mark' status, which assesses the quality of teaching programs and in house faculty, was submitted at the end of 2018. The provision of further documentation and approval visits towards this award, has started early in 2019.

The Trust has also undertaken work this year to improve workforce planning and utilisation. A process for formal workforce planning was approved in September by the Trust's Corporate Directors. Given the context the Trust is now working in, with various challenges across a range of staff groups and roles, it is important that there is a route through which Care Groups can work and be supported to consider what their future workforce might look like and to develop Care Group specific plans. The outcome of these plans can be used to help inform our discussions with external stakeholders, including our STP partners and local education providers, ensuring

that we have a valuable and meaningful input into securing the supply of our workforce for the future.

Approval was also given in 2018 to centralise the management of all non-medical temporary staffing requirements into one team (this team previously managed just the requirements for nursing). Medical temporary staffing requirements will continue to be managed by the Medical Rota Co-ordination Team.

The project to centralise the management of non-medical temporary staffing requirements has a number of aims including; reduction in agency expenditure, reduction in unwarranted variation with regards to the booking process for agency use and so ensures that NHSI and IR35 regulations are adhered to and the ability to more closely monitor agency usage and where necessary apply more scrutiny. The latter stages of the project will also see work focussing on growing our internal banks across all staff groups (we currently have centrally managed nurse and medical banks). This ensures that the Trust is working to NHSI best practice guidelines for temporary staffing arrangements and also helps to ensure the safest and most cost effective solutions are found for workforce gaps.

With regards to workforce deployment, the Trust commenced a small pilot in the use of Patchwork Bank Management software for supporting the management of medical bank. This pilot is being extended in 2019 to cover the entire Trust. The use of the software supports the Medical Rota Co-ordination team in managing medical temporary staffing requirements more cost effectively. The Trust has agreed a subscription fee with Patchwork, however, it is intended that as a minimum use of the software will be cost neutral, if not delivering some cost savings. This will be achieved through growing the internal medical bank through recruitment campaigns supported by Patchwork and converting some of the current agency use to bank.

Discussions are in the formative stages with DRS (rota management software) and HCL the Trust's master vendor for Medical Locums to interface with Patchwork so we have an end to end system from rota design to the day to day management of rotas covering vacant shifts with Bank or Agency Locums.

The Trust is currently in year two of a five year plan to roll out electronic rostering to all staff groups. This will ensure compliance with the recommendations in the Carter review around unwarranted variations and enables the Trust to maximise workforce efficiency through the effective planning of annual leave and monitoring of contractual hours worked.

We continue to explore options for the provision of more flexible working opportunities for our workforce and have recently undertaken a self-rostering pilot in a nursing area. This is currently being evaluated with a plan for further roll out.

## Performance Analysis

### How performance is measured in the organisation

The Trust provides services within hospitals and to the community, using a variety of measures to track performance. These measures cover areas including emergency care, cancer care, waits for elective treatment, infection controls standards, the delivery of healthcare for people with learning disabilities and data completeness.

On a monthly basis the Board considers performance against these measures, and on a quarterly basis the Board confirms the position of each of the metrics to NHS Improvement. More detailed discussions take place in the Board's sub Committees which meet bi-monthly. Details of the Trust's performance during the year can be seen in the following table.

### Performance against key targets 2018-19

Indicator	2017-18	Target 2017-18	Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19	Total 2018-19
<b>Total time in ED under 4 hours – national*</b>	<b>86.49%</b>	<b>95%</b>	<b>88.48%</b>	<b>90.25%</b>	<b>89.36%</b>	<b>82.33%</b>	<b>87.78%</b>
*The Trust is monitored on the total for the Trust (type 1) and (type 3) the minor injuries units Type 1 attendances at the main Emergency Departments only, compliance for 2017-18 was 76.92%							
Referral to treatment time, 18 weeks in aggregate, incomplete pathways		92%	84.0%	83.8%	82.3%	81.2%	81.2%
Cancer 2 week wait (all)	88.7%	93%	93.7%	85.7%	92.1%	90.5%	90.5%
Cancer 2 week wait Breast Symptomatic	95.9%	93%	95.5%	96.9%	95.3%	92.5%	94.9%
Cancer 31 days from diagnosis to first treatment	98.1%	96%	98.8%	98.4%	98.0%	97.2%	98.1%
Cancer 31 days for second or subsequent treatment – surgery	94.8%	94%	98.1%	95.2%	94.8%	93.5%	95.4%
Cancer 31 days for second or	100%	98%	100.0%	100.0%	100.0%	100.0%	100.0%

subsequent treatment – drug treatment							
Cancer 62 day wait for first treatment (urgent GP)	81.9%	85%	79.9%	76.4%	80.0%	81.8%	79.5%
Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)	92.4%	90%	91.4%	90.6%	92.0%	90.7%	91.1%
Diagnostics – 6 week wait referral to test		99%	96.2%	94.7%	93.7%	91.7%	91.7%

The performance position has been challenging throughout the year. Every month of 2018-19 has seen a higher number of attendances in our main Emergency Departments (EDs) than the same month in 2017-18. Despite this increase in attendances, Emergency Care Standard performance for the Trust's main EDs has been better than the same month in 2017-18 for seven of the last nine months. For cancer treatment, the number of fast-track referrals received by the Trust in 2018-19 to date has increased by 16% on the same period last year. The Trust has not been able to improve performance on 18 week referral to treatment times, with routine capacity affected by a planned reduction in winter months to create additional capacity for acute demand.

In order to continue to strengthen the Trust's organisational arrangements an 'Operational Review' took place through 2018-19. This will result in a new operational structure being implemented in 2019 (with the Trust moving to six 'care groups') that aims to strengthen clinical leadership and to ensure that each care group benefits from a quadrumvirate management team (clinical leadership, nursing leadership, Allied Health Professional leadership and general management leadership) delivering strong governance and accountability for delivering key performance standards.

Performance trajectories have been developed in partnership with our commissioners and reviewed by NHS Improvement. The Trust's performance management framework provides the rigour and scrutiny in order to assure the Board that plans are on trajectory or mitigating actions are put in place where performance is off-track. The Trust is working with partners across the system to improve performance through the Health and Care Resilience Board, Planned Care Steering Group and Cancer Alliance. The Trust is a key member of the Humber Coast & Vale Health and Care Partnership (HCP), with a number of Directors and Senior Managers leading and sitting on HCP workstreams.

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)  
Emergency Preparedness, Resilience and Response (EPRR) assurance 2018-2019**

**STATEMENT OF COMPLIANCE**

York Teaching Hospital NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, York Teaching Hospital NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	The organisation is 100% compliant with all core standards they are expected to achieve.  The organisation's Board has agreed with this position statement.
<b>Substantial</b>	The organisation is 89-99% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Partial</b>	The organisation is 77-88% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Non-compliant</b>	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.  The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.



Signed by the organisation's Accountable Emergency Officer

Date signed 17/09/2018

26/09/2018	26/09/2018	01/09/2019
Date of Board/governing body meeting	Date presented at Public Board	Date published in organisation's Annual Report

## **New and Significantly Revised Services**

The Trust has continued to innovate in order to achieve our aim of delivering high quality services, better clinical outcomes and improving the experience of patients. This includes our approach to transforming services through quality improvement and workforce redesign to maximise effectiveness, efficiency and productivity. To do this we are working in partnership across the Humber, Coast and Vale Health and Care Partnership, through our alliances with neighbouring hospitals and at a local level with primary care, local authorities and community organisations.

The Trust's Corporate Improvement Team supports a multi-faceted approach to quality improvement via its 'Dial I for Improvement' toolkit across the organisation, utilising a variety of tools and techniques to address problems and systematic issues. The Trust approach to quality improvement applies a systematic method to engagement and involves all key stakeholders to help discover and develop solutions to complex problems or issues.

The Trust has been engaged with the NHS Improvement Operational Productivity team over the last 18 months, working closely on a number of work streams including Trauma & Orthopaedics, Cardiology and Radiology. This collaborative piece of work between NHS Improvement and the Trust's clinical, operational, improvement, finance and efficiency teams uses information from a variety of sources including the national 'Model Hospital', Service Line Reporting and the 'Getting It Right First Time' (GIRFT) programme.

The Trust has also recently established a GIRFT Project Assurance Board to ensure corporate oversight of the GIRFT programme. The local NHS Improvement GIRFT team is working closely with the Trust's Programme Manager to support our delivery of best practice.

The Trust is one of six in the region to receive additional support to improve theatre productivity through collaborative working and shared learning. The support offer involves a new approach to transforming theatre services, with NHS Improvement and the national GIRFT team supporting the Trust. The support will start from April 2019 and should last for six months.

The Trust continues to increase and develop its use of new and alternative roles and to develop different workforce models. These include:

- Physician Associates - these have already been deployed in a diverse range of medical specialties, including Paediatrics, Care of the Elderly, Acute Medicine and Rheumatology.
- Trainee Advanced Clinical Practitioners (ACPs) - ACPs were recruited for Emergency Medicine in Scarborough and the Acute Medical Unit in York during 2018. The new trainees are the fourth cohort of ACPs recruited by the Trust in recent years.
- Trainee Nursing Associates - 2018 also saw two cohorts of Trainee Nursing Associates appointed alongside a small cohort of Trainee Associate Practitioners. The training is being delivered in partnership with the University

of York and Coventry University, and represents the start of a rolling programme for clinical apprenticeships at the Trust.

In 2018, the Trust commenced a new service called “Advice & Guidance”. The service allows teams in GP surgeries to send a clinical query directly to the relevant specialist at the hospital for a quick written response. By communicating directly and quickly with specialists, patients can be better supported by their general practice team, often without the need to be seen at the hospital. It also means for patients that do need to be seen by a specialist, relevant tests and treatments have already been completed outside the hospital, all helping to deliver a safer more efficient service.

For patients with skin conditions, the specialist dermatology team have worked with GP colleagues to ensure that practices have access to dermatoscopes – cameras that can take detailed images which can be included with referrals. This has supported a reduction in the time patients with a suspected skin cancer wait for a specialist review and improved communication between clinical teams.

For patients in York requiring blood thinning medication (anti-coagulation), the service has moved from being provided by a hospital-based team to teams based in GP practices. The Trust, Vale of York Clinical Commissioning Group and local GP practices have worked collaboratively to manage the change and address any issues as they have arisen.

A number of pathway changes have been agreed, both locally with commissioners and GPs and across the wider Humber, Coast and Vale Health and Care Partnership. These are being implemented throughout 2019 to improve the effectiveness of services, reduce waiting times and help patients to get the right diagnostic test, first time. They include pathways for patients with new atrial fibrillation, back pain and glaucoma.

July 2019 will also see the opening of the new Endoscopy Unit at York Hospital, reducing the time patients wait for an endoscopy procedure and supporting improved access to bowel screening to identify colorectal cancer earlier. The Trust has also approved a business case for a new Radiology Information System which will be implemented during 2019 and supports delivery of a two year transformation of diagnostic imaging services.

The Trust has expanded services available for children who require urgent assessment in both York and Scarborough Hospitals. The Child Assessment Units provide a child-friendly environment to diagnose and treat illnesses, reducing the time children need to spend in the Emergency Department. On both hospital sites, the service has extended the hours it is available each day.

The Trust has also worked with colleagues in the Yorkshire Ambulance Service to reduce the time spent in Emergency Departments by ambulance crews who have brought patients to hospital. This has initially focused on the Scarborough Hospital site, with the lessons learnt being applied through a similar initiative at York Hospital in 2019. It is recognised that this represents an ongoing challenge for the organisation, particularly during periods with high numbers of ambulance arrivals.



The Trust also continues to develop its approach to providing same-day emergency care. Sometimes referred to as ambulatory care, this prevents the need for patients to stay in hospital overnight. In Scarborough, investment in the Dales Unit (attached to the Emergency Department) has developed a dedicated five-trolley Same Day Emergency Care Unit which opened in January 2019. In York, there has been expansion of senior medical roles (supported by the wider multi-disciplinary team) providing earlier specialist assessment of patients who present in an emergency.

## **Out of Hospital Care**

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

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

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

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

During 2018, three Health Care Assistants have been appointed jointly to community nursing teams and primary care in the North Locality (Easingwold and North Ryedale). This has enabled workloads to be shared, reduced duplication and is enabling shared learning between community nursing teams and practice nursing. This is the first step in locality integration and has been received positively by all who are involved. It is expected that this model will grow and facilitates conversations regarding the optimal staffing model required to support communities – particularly in view of the Long Term Plan expectation of integrated care being provided by integrated teams serving populations of 30-50,000 people.

A number of pilots are underway that see allied health professionals (AHPs) support primary care. These include:

- The development of a pilot of First Contact Practitioner (FCP) roles. Patients presenting with musculoskeletal (MSK) problems represent up to 20% of primary care consultations and 10% of GP referrals to secondary care. Enabling people to self-refer to MSK FCP services can speed up access to treatment, reduce GP workload and associated costs, reduce unnecessary diagnostic referrals, increase self-management and reduce inappropriate referrals to secondary care;
- Enabling direct referral from care homes for physiotherapy, occupational therapy, speech and language therapy and dietetics means that GPs don't have to see the patient and complete a referral form prior to getting the assessment and intervention they need;

- Development of service level agreements for physiotherapy sessions to support GP Improved Access (evening and weekend routine primary care sessions) by providing therapists to work as part of the primary care clinical workforce.

In December 2018, the first patients were supported at home to receive their long term course of antibiotics by a new Trust service. Recognising the risks of deconditioning, poor patient experience and inefficiency of requiring patients to remain as an inpatient for six weeks, the new service will enable patients to receive treatment at home. Many of these will be able to self-care and those who cannot will be supported by trained community nurses. A clinic-based alternative will also allow those able to travel to receive treatment on an outpatient basis. This service will be available in all areas with the community element provided by Humber Foundation Trust in Scarborough and Ryedale and by City Health Care Partnership in Bridlington. As well as freeing up around 30 inpatient beds, when fully operational the service will also reduce the Trust's carbon footprint by 378 tonnes of carbon dioxide each year.

The Trust has continued to work with local authorities and community health providers to develop integrated discharge hubs in both York and Scarborough Hospitals. These health and social care teams are working to reduce avoidable delays and the numbers of patients who face prolonged stays in hospital. In the City of York, the 'One Team' continues to develop, bringing together the teams providing short-term support on discharge from hospital (health and social care) and implementing improved pathways that allow assessments of longer-term care needs to be carried out in an individual's home rather than in hospital.

### Review of Financial Performance- Fair view of the Trust

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

**Table 1 - Summary financial performance 2018-19**

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

**Statement of Comprehensive Income 2018-19** - Clinical income totalled £440.6m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£437.5m), with the balance of (£3.1m) from other patient-related services, including private patients, overseas visitors and personal injury cases.

Other income totalled £56.7m and comprised funding for education & training, research & development, and for the provision of various non-clinical services to other organisations and individuals.

As part of the action to strengthen financial performance and accountability in the NHS, a Sustainability and Transformation Fund (STF) was created nationally in 2016-17 and all Trusts with an emergency care contract were allocated a proportion of the fund, for 2018-19 this was renamed as the Provider Sustainability Fund (PSF). The maximum Trust base allocation in 2018-19 was £12.5m.

Access to the funding was linked to both financial performance (70%) based on the achievement of agreed quarterly financial control totals and operational performance criteria (30%), which was directly linked to the achievement of improvement trajectories against the emergency care standard (ECS). The Trust achieved the finance element of its control total but was not successful in achieving the entire ECS element; this led to a shortfall of £3m against the base PSF allocation described above, with the Trust receiving £9.5m from a possible £12.5m allocation. The Trust has also earned an additional £8.3m of incentive PSF, linked to 3 specific bonus pots, £0.6m for over achievement of its control total, £5.7m from the general distribution fund and a £2m bonus for delivery of a significant level of recurrent CIP (£14.3m) in the year.

The Trust re-values all of its property fixed assets, including land, buildings and dwellings, at the end of each year, to reflect the true value of land and buildings, taking into account in year changes in building costs, and the initial valuation of new material assets. In 2018-19, there has been a significant downward valuation of the Trust assets linked to two specific reasons; the Trust revalued the majority of its asset base excluding VAT due to the required changes under the Estates and Facilities LLP and there has also been a reduction in the national and regional building indices. This has led to a technical and non-cash fixed asset impairment of £13.5m in year.

At the end of the financial year, the Trust reported an income and expenditure deficit of (£9.9m): this position includes £17.8m of PSF (£9.5m base PSF & £8.3m incentive PSF) and a (£13.5m) technical impairment loss and (£0.4m) of other small technical adjustments. If all these items are excluded, the pre PSF position of the Trust is a (£13.8m) deficit which is £0.5m ahead of the original NHSI control total of a (£14.3m) deficit. The main component of this variance related to additional staff costs linked to agency/locum usage, bank usage and decisions made to supplement staffing above budgeted levels in the interests of safety.

**Accounting policies** - The Trust has adopted international financial reporting standards (IFRS), to the extent that they are applicable under the Department of Health Group Accounting Manual (DH GAM).

**Cash** - The Trust's cash balance at the end of the year totalled £9.7m.

**Capital investment** - During 2018-19, the Trust invested £22.9m in capital projects across the estate. The major projects on site during this period included:

- Scarborough – Radiology lift replacement
- Scarborough and York – Radiology equipment replacement
- Scarborough MRI
- York – Endoscopy development
- York & Scarborough – Essential fire alarm replacement

The Trust continued its programme of essential replacement of medical and IT equipment and plant across all sites, through a combination of purchasing and lease finance.

**Planned capital investment** - Capital investment plans for 2019-20 include:

- York - Endoscopy Unit
- York - Vascular Imaging Unit
- Scarborough – 2<sup>nd</sup> CT scanner

During 2018-19 the Trust was successful in its outline bid for £40m capital for a major investment in the Scarborough Hospital site; £22m has been allocated for the redesign and build of a major new facility to modernise the delivery of emergency care services on the east coast and £18m has been allocated for essential enabling and infrastructure work on the site; this process will now move through the formal Treasury Business Case approval process to progress the scheme. This project is expected to be finally completed in 2024.

A key Trust focus remains on reducing backlog maintenance and investing in our IT infrastructure across all Trust sites.

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

**Investments** - There are no significant differences between the carrying amount and the market value of the Trust's investment holdings.

**Value for money** – 2018-19 has proved to be another extremely challenging year both financially and operationally, with demand on services continuing to grow putting significant pressure on the Trust ECS and referral to treatment (RTT) targets. The Trust has however managed to deliver to its financial control total and achieve a total of £17.8m of cash backed PSF funding.

In spite of these challenges, 2018-19 saw the Trust over deliver its £21.7m efficiency target by £3.1m, delivering a total of £24.8m, of which £14.3m was recurrent delivery, which gave the Trust an additional PSF bonus of £2m; this was a tremendous organisational effort. The Trust also reduced the level of agency and locum expenditure by £1.7m in the year from £18m in 2017-18 to £16.3m, which was

marginally over our £14.9m agency cap set by NHS Improvement (NHSI). The Trust has reduced agency and locum expenditure by £3.7m in the last 2 years, which also has a positive impact on the quality and safety for our patients.

The Trust has a proven record of implementing and delivery of a resource management cost improvement programme aimed at delivering efficiencies, to support the Trust in making outstanding use of its available money, staff, equipment and premises. Good resource management provides clarity of focus and is usually linked to improved patient care, when backed by a rigorous Quality Impact Assessment (QIA) process. The work involves linking across the Trust to identify and promote efficient practices.

One of the most significant changes in the Trust efficiency programme was a much more focused effort on transformational efficiency schemes which delivered in excess of £5m in 2018-19, this work continued alongside the more traditional transactional programme, which remains an extremely important element of the programme.

The Trust continues to engage positively with both the NHSI Operational Productivity and the national GIRFT teams, with the Model Hospital being a major source of information for efficiency identification; a member of the Trust Corporate Efficiency Team is also a Model Hospital Ambassador, this network allows for national networking opportunities to share good practice and ideas.

Work is continuing with the Trust's 3 main commissioners in terms of working much more closely together to provide system benefits, particularly in the areas of system savings, efficiencies and potential service re-design and provision.

**Better payment practice** - The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or receipt of a valid invoice, whichever is later. The Trust's in year performance is detailed in Table 2 below:-

**Table 2**

	Number	Value
		(£'000)
Total Non-NHS trade invoices paid in year	101,055	246,623
Total Non-NHS trade invoices paid within target	14,824	46,690
Percentage of Non-NHS trade invoices paid within target	14.7%	18.9%
Total NHS trade invoices paid in year	5,276	32,321
Total NHS trade invoices paid within target	548	4,321
Percentage of NHS trade invoices paid within target	10.4%	13.4%

The Trust's performance in this area is clearly very disappointing and has been mainly due to the implementation of a new Finance and Procurement system during the year. This position has been further exacerbated by the Trust's extremely tight cash position in 2018-19. The total amount of any liability to pay interest which accrued by virtue of failing to pay invoices within the 30 day period was £12,000.

The Trust has complied with the cost allocation and charging requirements set out in the HM Treasury and Office of Public Sector Information guidance.

**Income disclosure** - Section 43 (2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of the goods and services for the purpose of the health service in England must be greater than its income for the provision of goods and for any other purposes. The Trust can confirm it has met these requirements.

**Insurance Cover** - The Trust has purchased Officer and Liability Insurance that covers all officers of the Trust against any legal action, as long as the officer was not acting outside their legal capacity.

**Political and charitable donations** - No political or charitable donations were made during the year.

**Accounting policies for pensions and other retirement benefits** - Past and present employees are covered by the provisions of the NHS pension scheme. The scheme is accounted for as a defined contribution scheme. Further details are included in the accounting policies notes to the Trust's annual accounts.

**Overseas operations** - The Trust has no overseas operational activity and has received no commercial income from overseas activity during the year.

**Statement as to disclosure to auditors** - Each Director at the time of approving this report has confirmed that, as far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust's Auditor is unaware. The Director has taken all the necessary steps in order to be aware of the relevant audit information and to establish that the Trust's Auditor is aware of that information.

**Modern Slavery and Human Trafficking Act 2015** - The Board of Directors approved a statement at its meeting in March 2019 confirming compliance with the requirements of the Slavery and Human Trafficking Act 2015. The required statement has been published on the Trust's website.

**Counter Fraud Policies and Procedures** – The Foundation Trust's counter fraud arrangements are in compliance with the NHS Standards for Providers: fraud, bribery and corruption. These arrangements are underpinned by the appointment of accredited Local Counter Fraud Specialists and a Trust-wide countering fraud and corruption policy. An annual counter fraud plan identifying actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud, is produced and approved by the Trust's Audit Committee.

**Significant Events Since Balance Sheet Date** – none reported.

**Overseas Operations** - the Trust has no overseas operational activity and has received no commercial income from overseas activity during the year.

### **In the News – Moments in Our Year**

**April 2018 - Campaign to end ‘Pyjama Paralysis’** - Staff came to work wearing their pyjamas, as part of a national NHS campaign to help raise awareness of preventing deconditioning while in hospital.

The #EndPJparalysis campaign aims to encourage hospital patients to ditch their pyjamas and get moving, to enable them to get back to their own homes earlier. As part of the challenge, hospital staff wore their pyjamas to work with the aim of showing understanding what it's like when they have to wear pyjamas whilst in hospital, often feeling vulnerable and uncomfortable. The day also raised awareness of the health benefits of getting dressed, out of bed and being as active as possible whilst in hospital.

**May 2018 - Living With & Beyond Cancer** - An event was held at York Hospital aimed at people who are living with and beyond cancer. The event, the first of its kind for the Trust, was an opportunity for anyone affected by cancer, including friends, family and carers, to find out more about the many support and community projects available to help them.

The event coincided with National Cancer Survivorship Celebration Day and aimed to show the world that there is life after a cancer diagnosis - and it's something to celebrate.

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

**June 2018 - Students take part in Young Persons' Programme** - Students from schools and colleges across Scarborough spent a week at Scarborough Hospital gaining invaluable insight into the NHS.

The hospital's annual Corporate Young Persons' Programme gave 18 year 10 students from local schools and colleges the chance to sample some of the many careers on offer and learn more about life in a busy acute hospital. The week included a packed programme of events including practical training sessions, behind the scene tours of wards, meeting junior doctors, pharmacy dispensary, security, estates management and much more.

Anne Devaney, Deputy Director - Learning and Organisational Development at York Teaching Hospital NHS Foundation Trust said: "The programme is about providing an opportunity for local youngsters to discover what roles are available within the NHS, in addition to medicine and nursing. This understanding will hopefully assist

them in choosing a career in healthcare via practice placements or an apprenticeship scheme.

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

**July 2018 - NHS Trust runs mass casualty incident test** - The Army Medical Services Training Centre (AMSTC), part of the Army’s 2nd Medical Brigade, supported the Trust in delivering a live training exercise to test the Trust’s Major Incident Response Plans.

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

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

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

**August 2018 - Project Choice students graduate** - Project Choice students from York and Scarborough Hospitals marked the completion of their internships with a special graduation event.

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

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



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

**September 2018 - Hospital highlights the importance of play for poorly children** - The 'Superheroes' of York Hospital's Childrens ward were and out about in September promoting the power of play in the treatment of poorly children in hospital.

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

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

**October 2018 - New physician associate role introduced** - In October, the Trust welcomed 12 new physician associates to its workforce. The new recruits have graduated from Hull York Medical School, University of Bradford and University of Leeds after completing their MSc in Physician Associate Studies. Physician associates are medically trained, generalist healthcare professionals who work alongside doctors and provide medical care. The role allows them to take a patient's history, make a simple diagnosis, carry out some physical examinations, formulate diagnosis and develop treatment plans. The new physician associates will practice across a range of medical specialties, freeing up senior doctors to deal with complex cases, as well as providing cover so that trainee doctors and surgeons can attend training, clinics or theatre.

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

**November 2018 - Taking the test for World Aids Day** - To mark World AIDs Day, 1 December 2018, Margaret Sentamu, wife of the Archbishop of York, joined NHS staff from York's sexual health services and charity Yorkshire MESMAC to highlight the importance of taking a HIV test.

Demonstrating how simple a HIV test can be, Margaret took a finger prick test where the result can be given within 20 minutes.

Speaking about World AIDS Day, Margaret said: "It's important to raise awareness not just for one day, but all year round of the importance of getting tested. There have been fantastic advances in medication which means people can now live a completely normal life, particularly when they get an early diagnosis."

While the HIV epidemic is slowing in the UK, nearly half of people who test positive are finding out they have HIV very late, meaning the virus may have damaged their health permanently.

Dr Ian Fairley, Clinical Director for Sexual Health Services at York Teaching Hospital NHS Foundation Trust, explained: "There are over 100,000 people living with HIV in the UK and around a quarter of them don't know they're HIV positive."

"HIV is a treatable condition and no longer a terminal illness. Knowing whether or not you're HIV positive is essential so that you can access specialist HIV services and HIV treatment."

"Effective HIV therapy not only keeps the individual well but it also prevents them from passing the virus onto others. If someone with HIV is diagnosed early and is able to access treatment then their life expectancy is as good as if they were HIV negative."

**December 2018 - Multi-million pound investment announced for Scarborough's A&E** - In December, we announced that Scarborough Hospital is to benefit from a £40 million share of funding, following a successful bid by the Trust for capital investment as part of the Humber, Coast and Vale Health and Care Partnership. The funding will enable the creation of a Combined Emergency Assessment Unit, where staff from a range of medical specialties can work side-by-side in a single assessment area, close to the front door and diagnostic support. This will help staff to assess patients more quickly and ensure they get the most appropriate care and treatment as rapidly as possible.

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

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

**January 2019 - First 'hip replacement in a day' for Bridlington Hospital** - In the New Year, Bridlington Hospital celebrated a milestone with their first patient to have a hip replacement and go home in the same day.

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

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

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

**February 2019 - New Chief Executive announced for Trust** - In February, the Trust appointed a new chief executive, Simon Morritt, who will succeed current Chief Executive Mike Proctor when he retires in July after giving more than 40 years of dedicated service to the NHS.

Simon will join the Trust from Chesterfield Royal Hospital NHS Foundation Trust, where he has been Chief Executive since 2016. He has more than 25 years' experience in the NHS, which he joined in September 1989 as a general management trainee in Greater Manchester.

Susan Symington, Chair of York Teaching Hospital NHS Foundation Trust, said: "Simon joins us at an important time as we work towards building sustainable solutions to the challenges we face, as well as building on our many areas of strength. His commitment and experience will help us to strengthen our partnerships across the healthcare community in readiness for the ambitious plans we will deliver together.

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

**March 2019 - New 'space age' equipment for Scarborough Hospital** - In March, a team of specialist nurses from the respiratory unit at Scarborough Hospital found a unique way to celebrate the arrival of their new life-saving equipment - by giving them all names!

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

Hazel Kavanagh, Lead Specialist Respiratory Nurse, explained: "The new machines are replacing equipment that we've had for 12 years, so naturally we were delighted when they arrived. These non-invasive ventilation machines have revolutionised the

care of patients with respiratory failure due to COPD, so while we took a light-hearted approach, this is a very serious condition which our team help people manage on a daily basis.”

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

## **Improving our facilities and protecting the environment**

### **Capital Projects - Significant Planned Developments 2019-20 onwards**

During 2018-19, the Trust has invested significantly in Radiology equipment replacement and facilities upgrade schemes. At Scarborough Hospital, two X-Ray machines have been replaced and their accommodation upgraded and the static MRI machine has also been replaced along with upgrades to various elements of its accommodation and infrastructure. At York Hospital, one of the two static MRI machines was replaced and, again, upgrades to various elements of its accommodation and infrastructure were completed. Additional improvements to the Scarborough ED accommodation were made in the form of further assessment facilities for patients: this was funded via a successful bid to NHSI. Similarly, significant improvements were made to the ED facilities at York Hospital in order to create additional assessment space and to improve the streaming of patients to the most appropriate clinical function as quickly as possible.

In the 2018-19 financial year, the Trust has also been investing in the reduction of backlog maintenance: at Scarborough Hospital an important lift replacement scheme was completed successfully and significant progress was made with the delivery of the multi-year project to replace the site's fire alarm system. At York Hospital, the project to replace the site's fire alarm system was progressed virtually to the point of completion and a further lift replacement project was completed successfully.

Looking forwards to the 2019-20 financial year, at York Hospital the new Endoscopy Unit will be completed in the summer of 2019. The proposed Vascular Imaging Unit project at York Hospital has, to date, been progressing through the design stages of project delivery but it is expected that the construction of the unit will begin later in 2019. The total combined value of both schemes is in the region of £16 million. To support this development, and future developments at the site, a further project to upgrade the York Hospital electrical infrastructure will be completed in 2019-20.

The Trust has a priority list of other developments that it wishes to undertake, but recognises that many of them will be difficult to fund with its own internally-generated capital funding. However, the Trust will continue to explore external funding opportunities to finance the priority schemes that will support the achievement of its corporate objectives. One example of this is the Trust's participation in the Humber, Coast & Vale STP's Wave 4 capital investment submission in 2018-19. The STP submitted a bid themed around urgent, emergency and assessment services and

diagnostics at a total value of £88m. The Trust's element of this bid was for new urgent and emergency care and assessment facilities at Scarborough Hospital. In addition, the Trust bid for associated site engineering infrastructure upgrade and replacement work because the existing site infrastructure would not be sufficient to support new urgent and emergency / assessment facilities. The total value of the Trust's element of the STP bid is £40m and the Capital Projects Team is now starting work on the Strategic Outline Case for the project in order to progress through the business case process imposed by NHSI and HMT and ultimately unlock the funding.

## Sustainability

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of by making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

In order to fulfil our responsibilities for the role we play, York Teaching Hospitals NHS Foundation Trust has the following sustainability mission statement located in our sustainable development management plan (SDMP):

**The York Teaching Hospital Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does.**

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020.

**Policies** - In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Travel	Yes
Business Cases	Yes
Procurement (environmental & social aspects)	Yes
Suppliers' impact	Yes

Our organisation embeds sustainability is through the use of a Sustainable Development Management Plan (SDMP). The Board approved our SDMP and then reviews progress annually so our plans for a sustainable future are well known within the organisation and are clearly laid out. The Director of Estates and Facilities is the Board level lead for Sustainability who provides quarterly updates to the Resources

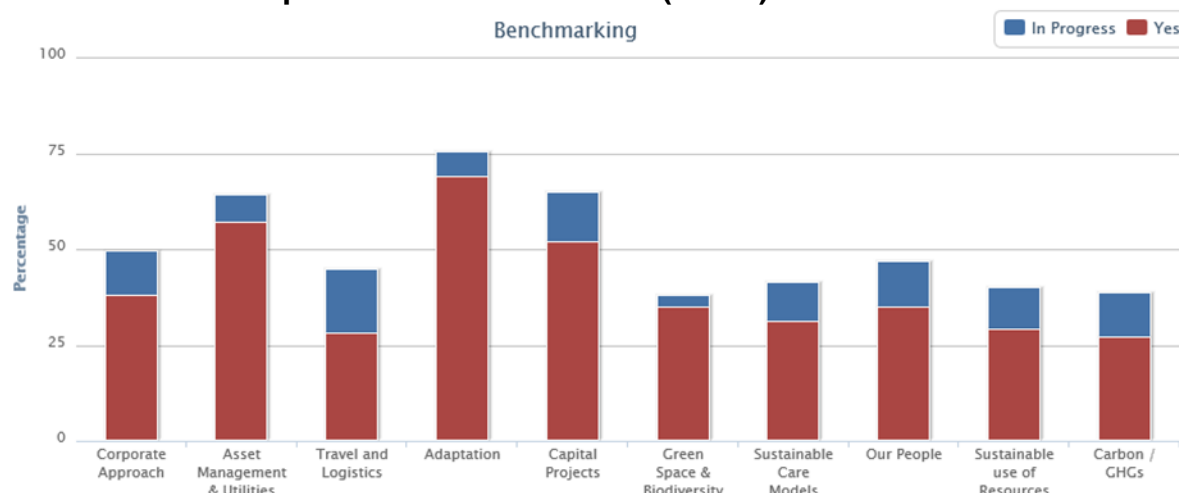
Committee on the work of the Trust wide Sustainable Development Group (facilitated by the Head of Sustainability).

This sustainability commitment includes measuring carbon reduction, environmental, social and economic impacts through the Sustainable Development Assessment Tool (SDAT) and the NHS Sustainability Reporting Portal.

Our organisation adopts a sustainability impact assessment to evaluate environmental and socio economic opportunities during business case development which leads on to a procurement process incorporating a specification and tender evaluation award. The Sustainability Impact Assessment is mandatory part of Business cases and contract award procedures require evidence of the account taken in relation to the Public Services (Social Value) Act.

One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the Sustainable Development Assessment Tool (SDAT). The last time we used the Sustainable Development Assessment Tool (SDAT) was in March 2019, scoring 58% (as compared with 49% on last years' score).

### Sustainable Development Assessment Tool (SDAT) Results for 2019



As an organisation that acknowledges its responsibility towards creating a sustainable future, we undertake awareness raising events and campaigns that promote the benefits of sustainability to our staff. It is the personal responsibility of all staff to ensure that the Trust's resources are used efficiently with minimum wastage throughout their daily activities. This is now in all new job descriptions (since 2017). The Trust is currently recruiting an Environmental Awareness Officer who will establish a team of green champions and will have a key role to play in delivering the Sustainability Engagement and Carbon Reduction programme which is anticipated to start in the summer months 2019.

## United Nations Sustainable Development Goals (SDGs)

The SDAT process (mentioned above) also identifies which Sustainable Development Goals are being tackled that contribute to the UK's national contribution to this UN commitment (see the table below).



The Trust attaches great importance to sustainability and Corporate Social Responsibility. Our statement on Modern Slavery is available to view at <https://www.yorkhospitals.nhs.uk/search-results/?search=modern+slavery>

**Adaptation** - Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our Board approved SDMP makes reference to the plans to address the potential need to adapt the delivery the organisation's activities and infrastructure to climate change and adverse weather events.

Formal emergency planning procedures are in place to deal with any adverse circumstances which would include current and future climate change risks.

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies.

The Emergency Planning Steering Group (EPSG) maintain a risk register including the risks of severe weather including flooding, heatwave etc. Issues arising from these risks can include risk to life, damage and disruption to properties, utilities and infrastructure, short term homelessness and increased admissions and hospital attendances. The EPSG also test, review and monitor related plans and policies such as the Incidence Response Plan, the Heatwave Plan and Adverse Weather Plan.

The Trust's Business Continuity Management Policy sets out the Business Continuity Planning process including guidance for the writing, implementation, annual review and monitoring of Business Continuity Plans, which are tested by

the Business Continuity Sub Group, and then any concerns are raised through the Emergency Planning Steering Group (EPSG). Work during the last year has included an update of the business continuity plans, which still require further consideration of the reporting and monitoring of the consequences arising from disruptive weather events, but action cards now exist in all departments relating to business continuity for the following impacts:

- Loss of power;
- Denial of building;
- Fuel shortages including Gases;
- Staffing shortages;
- Loss of IT.

In addition to the above, the Trust's Sustainable Building Design Guide was introduced in 2018 to provide guidance on the measures which can be taken to reduce the impact of the changing climate.

**Sustainable Care Models** - 2018 saw the introduction of the Trust's first case study which starts to develop an organisational approach and understanding of the wider benefits of developing sustainable care models, by examining the business case for development of the Outpatient Parenteral (IV) Antibiotic Therapy (OPAT) service as the targeted model. The figures used in the calculation have been based on national SD Unit sustainable care pathways guidance and show that the move from 30 patients, at any given time, moving from inpatient care with an equal split between the three new pathways (10 patients on each) can result in an estimated 75% (378 tonnes) reduction in carbon emissions, a 79% reduction on water use and an 83% reduction on waste generated. Discussions are on going as to how this might be used in future redevelopment of care models to reduce environmental impact.

The Trust works with partners in the health and care system (and through our Sustainable Transformation Partnership) to promote prevention and self-care. This is a key element of the Trust Out of Hospital Care Strategy.

The community nursing redesign workforce recommendations included the need for all staff to be trained in 'health coaching' to optimise patients to be more involved in their condition and treatment. This also covers 'prevention' and links to the 'every contacts counts' agenda. 15 community staff have been trained as facilitators and at the end of July 2018, 243 community staff had received health coaching training.

The Trust is an active member of local Better Care Fund planning arrangements where prevention has been identified as a priority in the development of plans and the Trust continues to support the planning and delivery of this, for example through the Pharmacy Interface service or through participation in the Primary Care Home model.

During 2017-18 staff within the community undertook two specific initiatives – the first was to identify those who smoke or drink excessively and offer brief intervention; the second was to use a patient activation tool in a cohort of patients



with long term conditions. In May 2018, the Trust provided brief intervention for alcohol and tobacco (screening, brief advice and referral) and this is captured on the electronic patient record and shared as part of discharge notifications.

Advice to patients is core function of dietetics including website and leaflets. The Trust has also been working in conjunction with the local council on this, as part of the Healthy Weight Steering group, which is a multi-agency group looking at health and wellbeing in the community. Advice and support is offered by the nutrition & dietetic department to those who are working in this area. There are several initiatives being run by the Council working with Food Banks, looking at Food Poverty, families, and offering support around cooking skills, knowledge etc. our part in this has been supportive and advice giving, and checking over documents etc.

The Trust's Muscular Skeletal Team have launched a self-care website and a number of services such as the diabetes team have structured education on healthy lifestyles as part of their care pathways.

The Trust also engages with local Healthwatch colleagues. This has included a recent co-production in developing integrated intermediate care and re-enablement services which included a number of focus groups and the setting up of a public reference group.

The Trust's Global Health Steering Group is leading a project to involve those interested in developing and publicising potential staff exchange programmes. The Steering Group is already working on a number of possible staff exchange projects with Chinese, Sri Lankan, Peruvian and Indian Health Service contacts and would wish to publicise these more extensively once its membership is augmented.

A partnership arrangement involving reciprocal staff exchange visits with the Chinese Health Authorities started in early 2019 and a similar scheme involving the Sri Lankan Health Service is also being developed. The Steering Group has established Trust membership of the British Association of Physicians of Indian Origin (BAPIO) and will be involved in an ongoing middle grade doctor fellowship recruitment exercise which has in its first phase resulted in offers being made to six candidates.

The work of the Global Health and Philanthropy Steering Group (including overseas development opportunities) is now well established and will feed into potential plans for an overall Trust Institute co-ordinating, research, audit, service improvement and staff development activities.

**Capital Projects** - A Sustainable Building Design guide has been developed and was introduced in 2018 to incorporate capital project procedures and sustainability checklists together with the objectives to achieve BREEAM 'Excellent'/'Very Good', including the need to gain 'innovation credits' in the field of sustainable performance by incorporating innovative technology where practicably feasible and economically viable to do so, also tackling issues around resilience, biodiversity and the use of green space. The use of the Design Guide will embed sustainability

into work to refurbish and develop the estate through the use of a whole life costing approach which will help to reduce running costs and future proof the organisation.

The Trust's Capital Project meetings include input from the Head of Sustainability and the Estates Strategy also includes a section on sustainability and sets out how the Trust buildings can serve the needs of the sustainable healthcare in the local community.

**Our People** - NHS Health Checks are now offered to all staff over 40 years of age, with advice provided which is tailored to the individual. In addition, positive management behaviours training has been introduced particularly in relation to supporting mental wellbeing and staff with mental ill health.

In relation to physical activity/sedentary behaviour, the Trust is continuing to widen and improve the offers around physical activity via Staff Benefits. There is a staff cycle scheme / salary sacrifice promotion that has good levels of uptake. A cycle mileage rate is also available for those who cycle whilst at work. In 2017-18, 10,943 miles were cycled for business purposes. This is a significant increase on the 599 miles claimed in the previous year. Recent cycle promotions at York hospital incorporated City of York Council cycle training offers and the partnership with North Yorkshire County Council at Scarborough Hospital included similar promotions and offers.

The Trust has a Modern Slavery statement on its website and also promotes fair opportunities through its fairness champions.

In 2019, work will commence to establish green champions and will promote sustainability opportunities more widely with new staff, continuing staff and also introduce Board learning and development.

**Green Space and Biodiversity** - Supporting access to green space has benefits for mental and physical wellbeing. It also can lead to improved air quality, noise reduction, and supports the local biodiversity, to combat some of the impacts of our changing climate.

In the past where sites have been developed consideration has been given to making best use of green space. e.g. around Scarborough Hospital car park, areas to encourage wildlife.

In 2018, the Trust started to review local greenspace and also has approached York Beekeepers Society who have suggested options to support local biodiversity through links with local bee keepers. Further discussions are planned in 2019 to develop a proposal.

The Trust's Sustainable Design Guidance, introduced in 2018 for all new building and major refurbishment projects, highlights the need to give consideration to green walls and green roofs. These additions have biodiversity benefits, as well as improving the appearance, reduce the impact of surface water flooding and surface water drainage, provide insulation and it can also protect underlying building

materials from increasing rainfall intensity. Any new building schemes under development will now follow this guidance.

**Partnerships** - The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

Strategic partnerships are already established with the following organisations: Humber, Coast and Vale Health and Care Partnership and the Clinical Commissioning Groups, North Yorkshire County Council, and City of York Council and its partners. For commissioned services here is the sustainability comparator for our CCGs:

Organisation Name	SDMP	GCC	SD Reporting score
NHS East Riding Of Yorkshire CCG	Yes	No	Good
NHS Scarborough and Ryedale CCG	Yes	Yes	Excellent
NHS Vale Of York CCG	Yes	Yes	Minimum

The Trust's Sustainable Development Group has continued to deliver sustainability communication and engagement work through a range of events and activities across several sites e.g. personal travel planning and active travel advice, electric vehicles promotions, NHS Sustainable Health & Care Week, National Clean Air Day, recycling promotions, energy efficiency advice, energy centre open day and staff messages on a variety of climate change, sustainability and carbon/energy reduction measures. Many of these activities have been undertaken in partnership with others, for example local Councils, Citizens Advice, contractors and are often based on best practice from other Trusts and the Sustainable Development Unit.

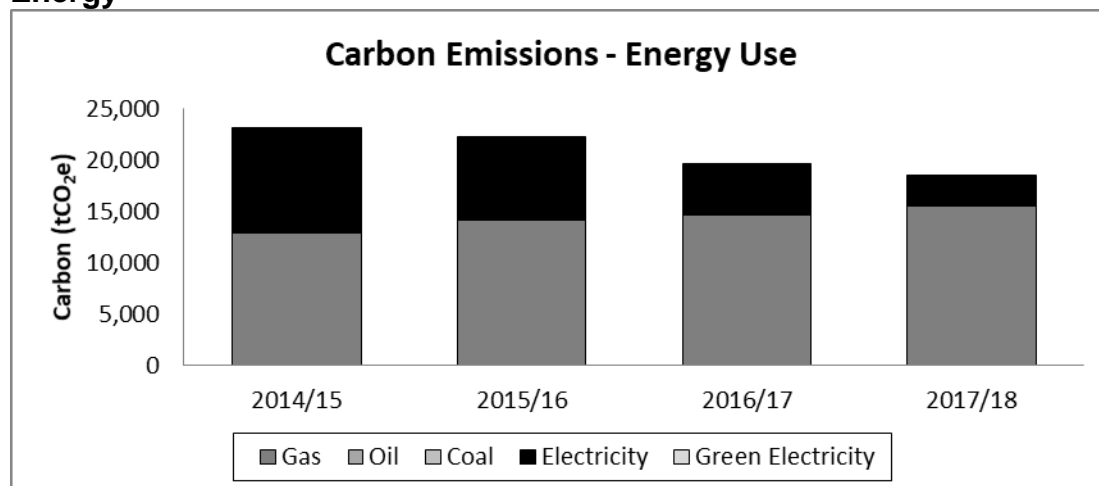
**Performance - Organisational change** - Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. Therefore in order to provide some organisational context, the following tables may help explain how both the organisation and its performance on sustainability has changed over time.

Context info	2014-15	2015-16	2016-17	2017-18
Floor Space (m <sup>2</sup> )	188,455	204,404	191,234	158,642
Number of Staff	6,980	6,838	6,968	8,621

In 2014 the Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS as a system by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:

- Significant reduction in our carbon emissions by installing combined heat and power plants at our major sites along with improvements insulation, lighting and heating controls;
- Encouraging staff to use the travel hierarchy and consider alternatives to travelling by car as a sole occupant;
- Considering our procurement options and undertaking sustainability impact of all new business cases;
- Ensuring that as much of our waste is recycled or used in waste to energy plant as possible.

## Energy



Resource		2014-15	2015-16	2016-17	2017-18
Gas	Use (kWh)	61,374,319	68,020,203	70,495,528	73,615,758
	tCO <sub>2</sub> e	12,877	14,235	14,733	15,608
Oil	Use (kWh)	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Coal	Use (kWh)	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Electricity	Use (kWh)	16,630,271	14,046,336	9,579,760	6,629,918
	tCO <sub>2</sub> e	10,300	8,076	4,951	2,955
Green Electricity	Use (kWh)	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Total Energy CO <sub>2</sub> e		23,176	22,311	19,683	18,563
Total Energy Spend		£ 3,968,638	£ 3,454,371	£ 2,660,680	£ 2,796,746

Trust carbon emissions have reduced from 23,176 tonnes CO<sub>2</sub> in 2014-15 to 18,563 tonnes CO<sub>2</sub> in 2017-18. This represents a reduction of 19.9%. This

reduction has been achieved as a result of adopting gas fired CHP technology at the Trust four critical care hospital sites. The adoption of gas fired CHP technology has deliver a saving to the Trust for the period shown of 29.6%, ignoring any potential influence of energy inflation over the period.

York Teaching Hospital NHS Foundation Trust has spent £2,796,746 on energy in 2017-18, which is a 5.1% increase on energy spend from last year. In 2017-18 our contracted suppliers reported generation of electricity from renewable sources as:

- EDF Energy – 11.7%
- Npower - 18.7%
- British Gas - 43.0%

**Re-use of goods and equipment** - The re-use of goods and community equipment in the NHS has several key co-benefits, reducing cost to the NHS, it also reduces emissions from procuring and delivery of new goods and can provide social value when items are re-used in the community;

Currently where applicable some items are reused internally or sent to developing countries for reuse, but this information is not currently collated as a data set. However, work will commence in 2019 to look at the reuse of goods and equipment, the cost and carbon savings and the monitoring of opportunities through an on line market place which allows surplus assets to be re-used, traded or donated to reduce unnecessary procurement and disposal costs.

Within the last few months work has also begun to address the use of non- useable and non-recyclable **plastics** in our catering facilities at York and Scarborough starting with a discount for those bringing re-useable hot drinks cups at our York restaurant and the removal of plastics straws from the Scarborough restaurant. To date 1,627 disposable hot drinks cups have been replaced . The Trust plans to reduce and where possible remove plastics from its catering facilities in 2019.

**Paper** - The movement to a Paperless NHS can be supported by staff reducing the use of paper at all levels, this reduces the environmental impact of paper, reducing cost of paper to the NHS and can help improve data security.

Webex is currently being introduced for meetings which allows the sharing of meeting documents on line

In 2018 the Trust introduced unbleached 100% recycled paper. 2017-18 was the first year we quantified our paper use and this equated to 8 tonnes of paper and 7 tonnes of carbon emissions.

**Travel and Logistics** - We can improve local air quality and improve the health of our community by promoting active travel – to our staff and to the patients and public that use our services.

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO2) reductions. We support a culture for

active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

The 2017 NICE Guidance (NG70) on Air Pollution Outdoor Air Quality and Health, which covers road-traffic related air pollution and its links to ill health, has served to highlight the need for action based on the links between action to improve air quality and the prevention of a range of health conditions and deaths. The Trust has recorded its current status on NG60 as 'Partially compliant with an action plan'. The work streams for this action plan have now been included in the Trust's Travel Plan.

Category	Mode	2014-15	2015-16	2016-17	2017-18
Patient and visitor own travel	miles	37,062,229	39,590,804	45,354,442	44,472,456
	tCO <sub>2</sub> e	13,617.75	14,317.45	16,391.57	15,846.64
Staff commute	miles	6,704,688	6,568,424	6,696,334	8,281,484
	tCO <sub>2</sub> e	2,463.50	2,375.38	2,420.12	2,950.90
Business travel and fleet	miles	3,631,424	4,055,948	4,747,830	4,167,890
	tCO <sub>2</sub> e	1,334.29	1,466.78	1,715.92	1,485.51
Active & public transport	miles	0	0	599	529,878
	tCO <sub>2</sub> e	0.00	0.00	0.00	46.76
Owned Electric and PHEV mileage	miles	0	0	44,540	83,845
	tCO <sub>2</sub> e	0.00	0.00	5.06	9.53

Currently the Trust mileage and associated carbon footprint for major element of transport, namely "Patient and visitor own travel" and "Staff commute" is calculated from formulae generic within the model. The automatic outcome is as patients treated increase and staff to meet demand increase, mileage and associated carbon emissions increase. The Trust has a well-established and well supported car share scheme in place to reduce the impact of "staff commute" mileage which has reported an increased membership over the last year and therefore the Trust now has:

- 491 Members;
- 315 Members that have added a journey available for sharing;
- 205 Members who have sent a request to share;
- 59 Liftshare teams.

The recently approved Trust wide travel plan sets out five key aims around which various targets and prioritised actions have been developed. The five key aims are as follows:

1. Support and encourage healthy and active travel;
2. To reduce travel related pollution and traffic congestion;
3. To reduce single occupancy car journeys;
4. To ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors;
5. To contribute to the Trust wide environmental sustainability agenda.

Work has continued to promote healthy and active travel through a range of promotional events at our York and Scarborough hospital sites and this has been combined with new supporting infrastructure and policy review projects consistent with meeting the above aims as follows:

- The introduction of secure staff cycle storage adjacent to the front entrance at Scarborough Hospital which provides 36 spaces accessible with Staff ID badges with publicity through the intranet;
- Discussions with First Group York (the local bus service provider) regarding establishing a new park and ride service directly to the York hospital site have resulted in the agreement for a shuttle service that will be accessible to staff, patients and visitors as well as the general public from Monday 29<sup>th</sup> April 2019. The buses will travel from Rawcliffe Bar to York hospital. It will be a significant addition to the transport network to the York hospital site, and should ease traffic congestion on Wigginton Road and thus cut down air pollution;
- Discussions with the Energy Savings Trust about options for improving the cost and carbon efficiency of the Trust fleet, including staff travel whilst at work and a review of the Trust's electric vehicle and other fleet vehicle use. Whilst the Trust has a travel hierarchy in terms of travel choices whilst at work, this review will look in more detail at current use and trends;
- Discussions with City of York Council around the introduction of an 8 car rapid charging electric vehicle hyperhub for York Hospital for use by staff, patients, taxis and other services which rely on transport.

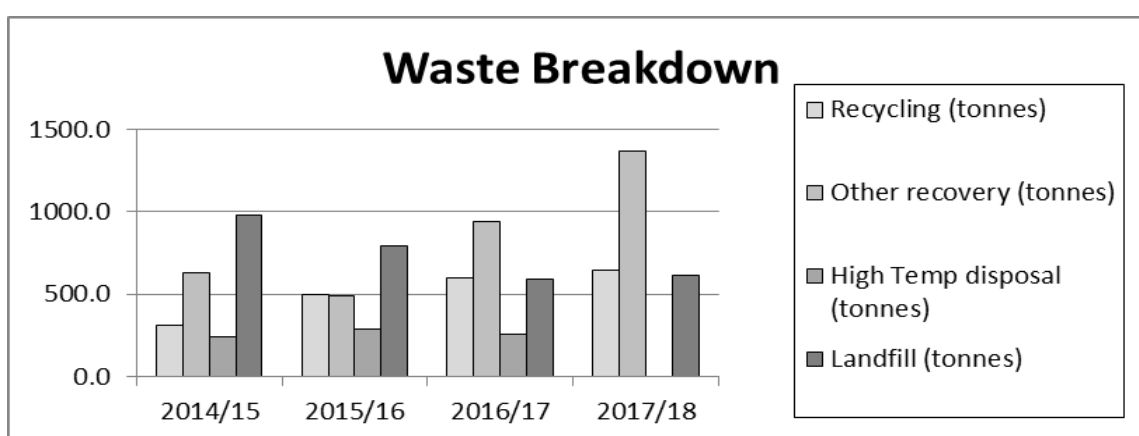
The Trust is also working in partnership with NHS Supply Chain to consolidate the number of deliveries that are made to site. Currently 35% of our goods are received via this route but over the next year we are seeking to move this to 50%.

**Waste** - In 2017-18, the performance above shows an encouraging reduction in waste to landfill, elimination of high temperature disposal (by ensuring that this waste enters the waste to energy stream where recycling is not an appropriate waste stream) and a significant increase in recycling since 2014-15. The reduction of waste carbon emissions from 312.99 tonnes CO<sub>2</sub> in 2014-15 to 254.2 tonnes CO<sub>2</sub> in 2017-18 represents a reduction of 18.8%.

<b>Waste</b>		<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Recycling	(tonnes)	313.80	496.00	599.30	644.80
	tCO <sub>2</sub> e	6.59	9.92	12.59	14.03
Other recovery	(tonnes)	628.32	487.00	938.00	1370.71
	tCO <sub>2</sub> e	13.19	9.74	19.70	29.83

High Temp disposal	(tonnes)	243.63	284.00	253.00	0.00
	tCO <sub>2</sub> e	53.60	62.20	55.66	0.00
Landfill	(tonnes)	980.33	791.00	590.00	612.68
	tCO <sub>2</sub> e	239.61	193.33	182.90	211.06
Total Waste (tonnes)		2166.08	2058.00	2380.30	2628.19
% Recycled or Re-used		14%	24%	25%	25%
Total Waste tCO <sub>2</sub> e		312.99	275.19	270.84	254.92

During the last 2 years staff have been encouraged to improve separation of waste into the various waste streams and more work is planned to raise awareness with staff on the need to improve waste separation to achieve higher rates of recycling and waste recovery.



The proportion of waste being sent to landfill has reduced from 49% (723 tonnes) in 2013-14 to 23% (616 tonnes) in 2017-18, the proportion of waste recycled has also improved as in 2013-14 only 16% was recycled but in 2017-18, 25% was recycled.

A 27% recycling target was set for 2017-18.

Historically it has proved challenging to compare the waste produced against patient activity across the Trust. Using the patient attendances has enabled a reasonable comparison of weight and cost of the waste produced per patient activity. For example, in for 2013-14 some 1.4kgs of weight at a cost of £0.38p was attributed to single patient activity and is then compared against 1.7kgs of weight at a cost of £0.38p during 2017-18. Clearly, whilst the cost per patient activity is the same, the weight ratio is some 18% higher in 2017-18 and needs reducing.

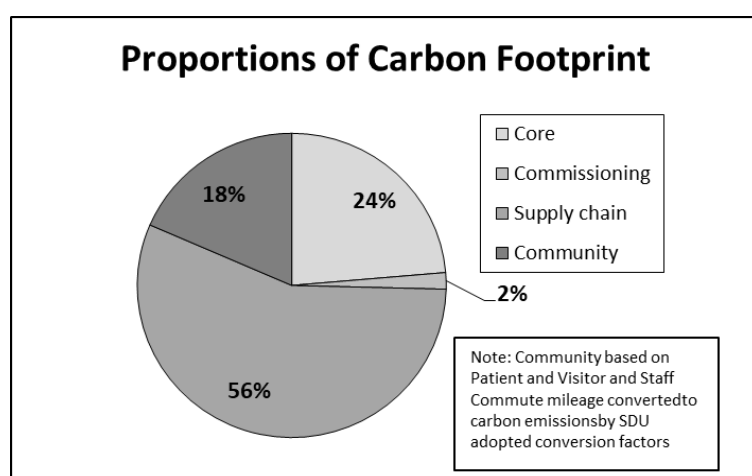
Financial Year FY)	Total tonnes	Total Cost	Cost per tonne	Patient Contacts *	% patient contact against previous year
2015-16	2,058	£610,492	£297	1,138,321	+ 6.4 % increase
2016-17	2,381	£520,432	£219	1,304,038	+ 12.8% increase
2017-18	2,628	£566,371	£215	1,486,954	+ 14% increase



**Finite resource use – Water** - Water consumption is monitored and reported internally at all sites on a monthly basis (along with electricity and gas use). Any significant variation in consumption and cost from the budget projections is reviewed and investigated as necessary

Water		2014-15	2015-16	2016-17	2017-18
Mains Water	m <sup>3</sup>	276,699	274,172	270,981	287,488
	tCO <sub>2</sub> e	252	250	247	262
Water & Sewage Spend		£ 614,787	£ 554,745	£ 558,727	£ 609,078

**Modelled Carbon Footprint** – 2017-18 activity resulted in an estimated total carbon footprint of 102,128 tonnes of carbon dioxide equivalent emissions (tCO<sub>2</sub>e). Our carbon intensity per pound is 141 grams of carbon dioxide equivalent emissions per pound of operating expenditure (gCO<sub>2</sub>e/£). The average emissions for acute services is 200 grams per pound spent.

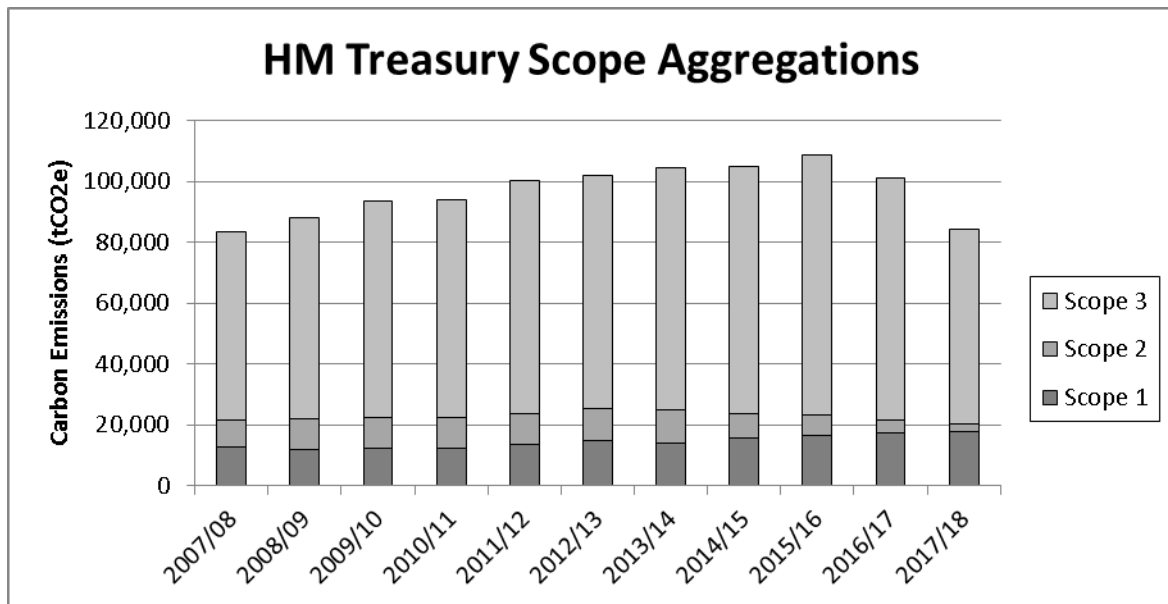


Commissioning referred to in the table is healthcare commissioned by an NHS Trust of other healthcare providers or SMEs that may support services – typically a trust will use other service providers to support. In the national carbon reporting tool provided, it is modelled from organisation type and non-pay spend.

Below is a breakdown of the carbon emission categories:

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e) Profile		2017-18
Total		102,128
Community	Patient & Visitor travel	15,847
	Staff commuting	2,951
	Other Community	0
Procurement	Pharmaceuticals	6,544
	Paper products	2,257
	Other procurement	0
	Other manufactured products	2,759
	Medical Instruments /equipment	16,576
	Manufactured fuels chemicals and gases	3,224
	Information and communication technologies	1,175
	Freight transport	2,986
	Food and catering	5,649
	Business services	7,759
	Construction & Capital spend	8,103
	Other Aol procurement	0
Commissioning	Commissioning	1,773
Core	Anaesthetic Gases	3,903
	Water and sanitation	262
	Waste products and recycling	255
	Business and Fleet travel	1,542
	Imported Heat/Steam	0
	Renewable Heat	0
	Electricity	2,955
	Coal	0
	Oil	0
	Gas	15,608
	Other Core	0

**Climate Change Act Targets** - The 2009 approved targets were to achieve NHS **carbon emission targets of 10 per cent by 2015** (from 2007 baseline), and **80 per cent by 2050**. These targets were re-stated in the 2015 report and other targets were adopted in line with national NHS guidance including **34 per cent by 2020** from a 1990 baseline (which is stated to be equivalent for Health and Social Care England) to **28 per cent from a 2013 baseline**.

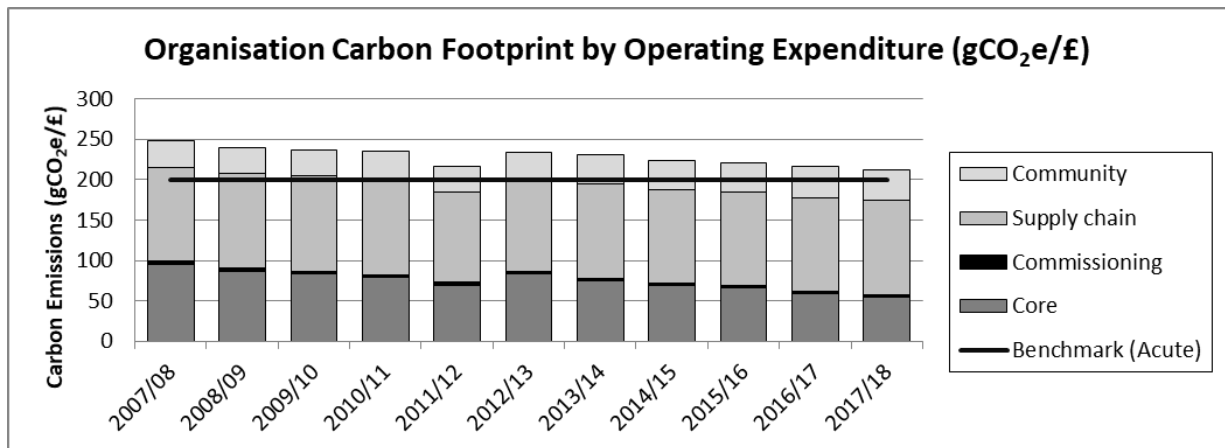


Whilst the total reported carbon emissions increased year on year since 2007-08 to 2015-16 the last 2 years have shown a significant decrease in scope 3 (the indirect emissions with the largest decrease as a result of our procurement decisions) and scope 2 (electricity purchased from the grid – reduced as a result of the efficient operation of the Combined Heat and Power Plants at 4 of the Trust’s major sites), with scope 1 (gas, anaesthetic gases and fleet vehicle usage) increasing since 2007-8.

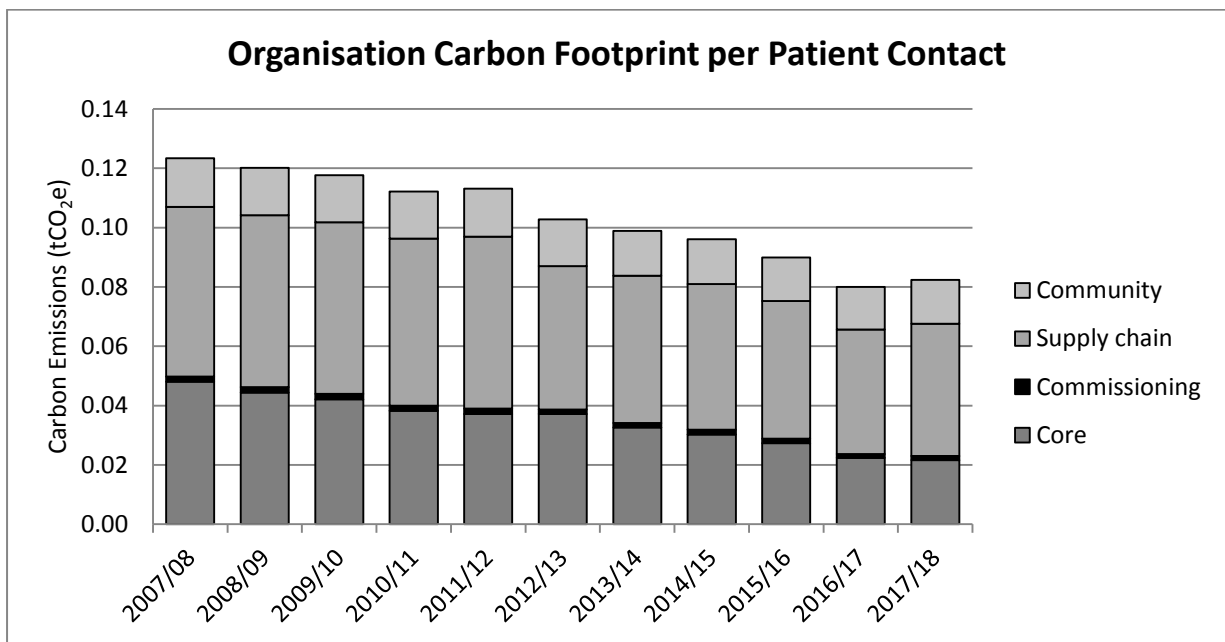
2017-18 shows a 22.4% reduction in carbon emissions from 2015-16 levels. This is the second time the Trust has been able to record an overall reduction in annual carbon emissions since adopting the NHS Sustainable Development Unit Annual Report format, and the Trust is also able to report a 19.4 % reduction against the 2013-14 baseline. Although this is a good result, carbon emission levels are still significantly higher than the original adopted baseline year of 2007-08 and our ultimate objective is to reduce total carbon emissions below this baseline number, and also work towards the 28% reduction target from 2013-14 by 2020-21.

This result also shows that we are contributing to achieving the remaining system wide 28% reduction in carbon emission required to meet the legally binding national 2020 Climate Change Act target.

If this data is benchmarked against the acute sector, this Trust is now approaching the benchmark.



This carbon data can also be benchmarked against the number of patient contacts and using this data this Trust can show a 33% reduction in carbon footprint per patient contact since 2007 which is consistent with the Climate Change Act target of the achievement of 34% by the end of 2020.



# Accountability Report

## Directors' Report

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### Composition of the Board of Directors

The Board membership during the year was as follows:

Susan Symington – Chair;  
Patrick Crowley – Chief Executive to May 2018;  
Mike Proctor – Deputy Chief Executive to May 2018; Chief Executive from May 2018;  
Andy Bertram – Executive Finance Director (Deputy Chief Executive from May 2018);  
Wendy Scott – Chief Operating Officer;  
Jim Taylor – Executive Medical Director;  
Beverly Geary – Executive Chief Nurse to February 2019;  
Helen Hey, Interim Executive Chief Nurse from March 2019;  
Jennie Adams – Non-executive Director;  
Mike Keaney – Non-executive Director;  
Jenny McAleese - Non-executive Director, Chair of the Audit Committee;  
Mike Sweet – Non-executive Director to June 2018;  
Lynne Mellor – Non-executive Director (Associate NED from April'18 to Jun'18);  
Lorraine Boyd – Non-executive Director (Associate NED from April'18 to Jun'18);  
Dianne Willcocks – Non-executive Director, Vice Chair until August 2017 and Senior Independent Director from September 2017;  
Libby Raper – Non-executive Director to July 2018 and Vice Chair from September 2017 to July 2018.

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

Sue Rushbrook – Director of Systems and Networks (retired July 2018);  
Brian Golding – Director Estates and Facilities to October 2018 then honorary contract which included the position of Managing Director of YTH FM LLP from October 2018;  
Polly McMeekin – Acting Director of Workforce & Organisational Development from June 2018, substantive appointment in February 2019.  
Lucy Brown – Acting Director of Communications

The following changes occurred in the Board membership during the year:

- Lynne Mellor was appointed Associate NED in April 2018 and appointed a NED in July 2018;
- Lorraine Boyd was appointed Associate NED in April 2018 and appointed a NED in July 2018;
- Patrick Crowley, Chief Executive, retired from the Trust in May 2018;
- Mike Proctor, Deputy Chief Executive, was appointed Interim Chief Executive in May 2018;

- Andy Bertram, Finance Director, was appointed Deputy Chief Executive in May 2018;
- Lucy Brown was appointed Acting Director of Communications in June 2018;
- Polly McMeekin was appointed Acting Director of Workforce & Organisational Development in June 2018. She became substantive in February 2019;
- Mike Sweet, NED, resigned in June 2018;
- Libby Raper, NED, completed her time in post in July 2018;
- Sue Rushbrook, Director of Systems & Network, retired from the Trust in July 2018;
- Brian Golding became the Managing Director of the newly formed York Teaching Hospital Facilities Management Limited Liability Partnership in October 2018 together with his position of Director of Estates and Facilities;
- Beverley Geary, Chief Nurse, left the Trust in February 2019;
- Helen Hey was appointed Interim Chief Nurse in February 2019.

The Trust took the decision to recruit 2 new NEDs in January 2018 and, following a recruitment process by the Governors, were appointed as Associate NEDs and took up their role in April 2018 and became Non-Executive Directors in July 2018. These roles formed part of the succession planning system in place for the NEDs leaving in 2018-19.

The gender balance and age profile of the Board at 31 March 2019 was:

	Female	Male	Age	Number of Directors
Non-executive Directors	6	1	18-39	1
Executive Directors	3	3	40-49	3
Corporate Directors	1	1	50-59	8
			60-69	3
			0+	1

## Directors' Biographies

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



**Chair – Susan Symington**  
**Appointed 1 April 2015 to 31 March 2018**  
**Reappointed 1 April 2018 to 31 March 2021**

Prior to being appointed as Chair of our Trust on 1 April 2015, Susan was a Non-executive Director and Vice Chair of Harrogate and District NHS Foundation Trust. She served on the Board at Harrogate District NHS Foundation Trust from 2008 and continues to act as a Non-executive Director at the Beverley Building Society since appointment in 2013. Susan's executive background is within human resources / organisational development. She was previously HR Director for Bettys and Taylors of Harrogate.



**Chief Executive – Patrick Crowley**  
**Appointed November 2007 to May 2018**

Patrick worked with the Trust since 1991 in a variety of finance and performance management roles, and was appointed to the role of Director of Finance and Performance in 2001. He played a significant role in securing the required Trust's licence to become a Foundation Trust in April 2007 and was subsequently appointed Chief Executive in November 2007. Patrick retired in May 2018 to pursue other interests.



**Executive Deputy Chief Executive – Mike Proctor**  
**Appointed 1993**  
**Interim Chief Executive - appointed May 2018**

Mike joined the NHS in 1975 as a Trainee Operating Department Assistant in Sheffield. He undertook nurse training from 1982-85 before working in a variety of clinical roles at the Royal Hallamshire Hospital Sheffield. He became a Charge Nurse in Intensive Care Northern General Hospital, Sheffield in 1987. Mike undertook various nurse and business manager roles at York before becoming Director of Nursing in 1998. Mike was then appointed to Chief Operating Officer/Deputy Chief Executive in 2005. Mike continued as Deputy Chief Executive and took executive responsibility for education, training and organisational development and research. He was appointed Interim Chief Executive in May 2018 until a new Chief Executive was appointed.



**Executive Finance Director – Andy Bertram**  
**Appointed January 2009**  
**Deputy Chief Executive - appointed May 2018**

Andrew has previously held a number of roles at the Trust, first joining in 1991 as a Finance Trainee as part of the NHS Graduate Management Training Scheme. On qualifying as an accountant, he undertook a number of finance manager roles supporting many of the Trust's clinical teams. He then moved away from finance taking a general management role as Directorate Manager for Medicine. Andrew then joined the senior finance team, firstly at York, subsequently at Harrogate and District NHS Foundation Trust, as their Deputy Finance Director, and then returning to York to become the Executive Finance Director. He has since been appointed Deputy Chief Executive in May 2018.



**Executive Medical Director – Jim Taylor**  
**Appointed October 2015**

Jim graduated with a dental degree from Glasgow University in 1983. He then worked in posts in Bristol, Manchester and Greater London before re-entering medical school and graduating from Charing Cross and Westminster Medical School in 1993. Jim was appointed Medical Director for the Trust in October 2015. He has served as a Consultant Maxillofacial Surgeon with the Trust since 2001, providing services across North Yorkshire, including Scarborough and Bridlington, during that time.





**Executive Chief Nurse – Beverley Geary**

**Appointed to the Trust 2011**

**Appointed as Executive Chief Nurse October 2014 – February 2019**

Beverley started her nursing career in the acute sector training as an RGN in 1987, working in cardiology and acute medicine before undertaking further qualifications in mental health in the early 1990s. Beverley worked in a specialist cardiothoracic unit in Leeds where she gained a keen interest in teaching and mentorship and began the Certificate in Education programme. She worked in education for a number of years before returning to full-time clinical practice in 2001 and then worked in Quality and Governance. Beverley was Director of Infection Prevention and had professional responsibility for Nursing and Midwifery, Patient Experience, Quality of Care and was Executive Lead for Safeguarding (adults and children).



**Interim Executive Chief Nurse – Helen Hey**

**Appointed as Deputy Chief Nurse - 2015**

**Appointed as Interim Executive Chief Nurse – February 2019**

Helen has worked at York Teaching Hospitals NHS Foundation Trust as Deputy Chief Nurse for 4 years. Prior to this Helen held senior nursing posts in Mid Yorkshire and in Bradford. Helen's background is in cancer care as a Cancer Nurse Specialist and as Lead Cancer Nurse supporting people having chemotherapy and radiotherapy. Helen entered nursing as a diploma nurse and studied specialist diplomas, a degree and a masters during her career. In Helen's last three jobs she has managed patient experience and is passionate about giving people the best care and exploring every opportunity for people to be involved in designing their own services, pathways and care packages.



**Executive Chief Operating Officer – Wendy Scott**

**Appointed September 2017**

Wendy joined York Hospital NHS Foundation Trust in July 2012, managing Scarborough, Whitby and Ryedale and York and Selby Community Services. She was the Director of Out of Hospital Care from October 2015 to August 2017 then took up her current post as Chief Operating Officer. Wendy is a nurse by background and then moved into commissioning roles.



**Executive Director of Workforce & Organisational Development – Polly McMeekin**

**Appointed February 2019**

**Acting Director of Workforce & Organisational Development –**

**Appointed June 2018 – February 2019**

After graduating from Durham University in 2000, Polly began her career in Financial Services. In 2002 she joined the NHS working for Great Ormond Street Hospital, where she trained in Human Resource Management. Polly joined Harrogate and District NHS Foundation Trust 2009 and progressed to Deputy Director of Workforce and Organisational Development before she left in 2015. She joined the Trust in September 2015 as Deputy Director of Workforce reporting into the Chief Executive.

She was subsequently appointed to the position of Director of Workforce and Organisational Development in February 2019. Her portfolio includes Human Resources, Organisational Development, Corporate Learning and Equality and Diversity.



**Non-executive Director – Jennie Adams**  
**Appointed 1 September 2012 to 31 August 2014**  
**Reappointed 1 September 2014 to 31 August 2017**  
**Reappointed 1 September 2017 to 31 August 2018**  
**Reappointed 1 September 2018 to 31 August 2019**

Jennie joined the Trust in September 2012. She has a first class honours degree in Economics from Southampton University and has a professional background in investment management. She moved to Scarborough 18 years ago with her husband (a hospital consultant) and young family and has taken on a number of Non-executive roles within the private and public sector.



**Non-executive Director – Mike Keaney**  
**Appointed 1 September 2012 to 31 August 2014**  
**Reappointed 1 September 2014 to 31 August 2017**  
**Reappointed 1 September 2017 to 31 August 2018**  
**Reappointed 1 September 2018 to 31 August 2019**

Mike was appointed as a Non-executive Director in September 2012. He is a Business Director with over 40 years' experience in the private sector, mainly in manufacturing, and has held senior management positions including CEO, Managing Director and been a Board Member with companies operating in Europe and North America.



**Non-executive Director – Libby Raper**  
**(Vice Chair from September 2017)**  
**Appointed 1 August 2009 to 31 July 2012**  
**Reappointed 1 August 2012 to 31 July 2015**  
**Reappointed 1 August 2015 to 31 July 2018**

Libby joined the Board in 2009, bringing over 25 years' experience as Chief Executive and Chair within the public, private and charitable sectors. She is a Director of Yellowmead, a boutique management consultancy, Chair of Leeds College of Music, a Governor of Leeds City College and a member of the University of Leeds Court.



**Non-executive Director – Mike Sweet**  
**Appointed 1 February 2010 to 31 January 2013**  
**Reappointed 1 February 2013 to 31 January 2016**  
**Reappointed 1 February 2016 to 30 June 2018**

The greater part of Mike's career has been in the commercial sector. In Unilever he held senior positions in planning and logistics, where he describes himself as a "commissioner" of services. He became a "provider" following the acquisition of his business unit by an international logistics company. This resulted in

board level appointments responsible for operational management, customer relations and business development in the UK and, latterly, Central Europe. Mike has also spent 5 years as a Non-executive Director of the Selby and York Primary Care Trust and its successor the North Yorkshire and York Primary Care Trust, during which time he served as a Governor of this Trust.



**Non-executive Director – Dianne Willcocks**  
**Vice Chair until August 2017**  
**Senior Independent Director from September 2017**  
**Appointed 1 May 2010 to 30 April 2013**  
**Reappointed 1 May 2013 to 30 April 2016**  
**Reappointed 1 May 2016 to 30 April 2019**

Dianne Willcocks, Emeritus Professor at York St John University, is a Leadership Consultant, advocate and practitioner for socially inclusive citizenship. As former Vice Chancellor at York St John University, Dianne Willcocks engages contemporary debates around new learners and new learning styles in higher education and the distinctive role and contribution of Church Colleges and Universities. She is an Associate of the Leadership Foundation for Higher Education.



**Non-executive Director - Jenny McAleese**  
**Appointed 1 March 2017 to 28 February 2020**

After graduating from Jesus College, Oxford in French and German, Jenny joined Grant Thornton and qualified as a chartered accountant. She remained with the firm for ten years, becoming an Audit Manager and then a Senior Healthcare Financial Consultant advising NHS Trusts. For 18 months she was seconded to the NHS Management Executive as a Business Analyst. In 1996, Jenny joined The Retreat Psychiatric Hospital in York as Director of Finance and a year later became Chief Executive until retiring in October 2016.



**Non-executive Director – Lynne Mellor**  
**Associate Non-executive Director from 1 April to 30 June 2018**  
**Appointed 1 July 2018 to 30 June 2021**

Lynne brings over 26 years' of experience in the public and private sector, having held a wide-range of leadership positions with a particular focus in the network and IT sector.



**Non-executive Director – Lorraine Boyd**  
**Associate Non-executive Director from 1 April to 30 June 2018**  
**Appointed 1 July 2018 to 30 June 2021**

Lorraine is a GP and brings 30 years' of experience of direct patient care. In recent years Lorraine has been involved as GP representative within NHS Vale of York Clinical Commissioning Group and The Humber, Coast and Vale Sustainability and Transformation Partnership. She is the founder director of City and Vale GP Alliance and she has supported the development of collaborative working between the Trust and primary care.

Three further directors have provided additional support to the Board:



**Director of Estates and Facilities – Brian Golding**  
**Member of the Board from September 2013 and**  
**Managing Director of YTH FM LLP from October 2018**

Brian is a Chartered Engineer with over 30 years' experience delivering complex public sector projects. He started his career as a Design Engineer with the Property Services Agency and having progressed into project management spent 5 years on the Trident Submarine shore facilities in Scotland. After a brief spell in Saudi Arabia, commissioning hardened aircraft shelters, Brian returned to the UK and joined the NHS at Guy's and St. Thomas' where he managed a range of projects rationalising services across the two sites. In 2009, he became Director of Estates and Facilities and leads the operational Estates and Facilities Teams across our diverse estate. In October 2018, Brian also became the Managing Director of York Teaching Hospital Facilities Management LLP.



**Acting Director of Communications – Lucy Brown**  
**Appointed June 2018**

After graduating from The University of Sheffield in 2002, Lucy joined the press office at Tees, East and North Yorkshire Ambulance Service (now Yorkshire Ambulance Service). She joined NHS Employers in 2005, holding a number of communications roles before becoming Senior Communications Manager. Lucy joined the Trust in July 2008 as Communications Service Manager, establishing the Trust's first in-house communications function and was later appointed Head of Communications in 2011, reporting into the Chief Executive. Lucy's portfolio includes media relations and PR, internal communications, stakeholder engagement and charity fundraising.



**Director of Systems and Network – Sue Rushbrook**  
**Member of the Board from September 2013 to 31 July 2018**

Sue has worked within the NHS since 1975 in a variety of roles including as a Nurse and Manager in services for people with a learning disabilities. She was appointed Head of Systems and Network Services in 1996 and more latterly as the Director of Systems and Network Services. She has led the successful implementation of a Trust-wide Electronic Patient Record and other systems that support the delivery of safe effective healthcare in both the hospital and community services. She has ensured an integrated information technology platform is in place across the enlarged Trust to support all of these services in the ever changing environment. Sue stepped down from the Board in June 2017, but rejoined the private Board in December 2017 until her retirement in July 2018.

## **Register of Directors' Interests**

The Trust holds a register listing any interest declared by members of the Board of Directors. They must disclose details of company directorships or other positions held, particularly if they involve companies or organisations likely to do business or

possibly seeking to do business with the Trust. The public can access the register, which appears in the papers for each public meeting at [www.york.nhs.uk](http://www.york.nhs.uk) or by making a request in writing to:

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

or by emailing [lynda.provins@york.nhs.uk](mailto:lynda.provins@york.nhs.uk)

## **Board Committees**

The Trust had seven Board Committees up to August 2018 when four were suspended and a pilot of extended Board meetings took place from September 2018 to December 2018. Following a review of the pilot, two new Board Committees were initiated: the Quality Committee and the Resources Committee. The Audit Committee, the Remuneration Committee and the Corporate Risk Committee continued to take place.

Each of the Committees is chaired by a Non-executive Director and its membership is drawn from the Non-executive Directors. Each Committee is supported by the Executive Directors and Managers of the Trust.

### **The Remuneration Committee**

Details of the Remuneration Committee can be found on page 88.

### **The Corporate Risk Committee – Chaired by Susan Symington**

The Corporate Risk Committee met five times during the year. The membership of the Committee is as follows:

Susan Symington – Chair of the Trust;  
Jenny McAleese – Non-executive Director/Audit Committee Chair;  
Patrick Crowley – Chief Executive until May 2018;  
Mike Proctor – Interim Chief Executive from May 2018;  
Fiona Jamieson – Deputy Director of Healthcare Governance;  
Lynda Provins – Foundation Trust Secretary;

(Directors are invited periodically to discuss their risk registers)

### **The Audit Committee – Chaired by Jenny McAleese**

The membership of the Audit Committee during 2018-19 consisted of:

Jenny McAleese – Non-executive Director and Chair of the Committee;  
Mike Keaney – Non-executive Director;  
Jennie Adams – Non-executive Director.

The Committee was supported by a number of officers from the Trust including:

Andy Bertram – Director of Finance;  
Steve Kitching – Head of Corporate Finance and Resource Management;  
Lynda Provins – Foundation Trust Secretary.

The Trust and the Committee is further supported by the Internal Audit Service provided by Audit Yorkshire:

Helen Kemp-Taylor – Head of Internal Audit;  
Jonathan Hodgson – Audit Manager;  
Steve Moss – Counter Fraud Officer.

Externally the Trust and Committee is supported by the External Auditors – Grant Thornton:

Gareth Kelly – Engagement Lead;  
Stephen Nixon – Engagement Manager to July 2018;  
Thilina de Zoysa – Engagement Manager from December 2018.

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

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

Member	Attended
Mike Keaney	5/6
Jenny McAleese	4/6
Jennie Adams	6/6

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

- Monitor the integrity of the activities and performance of the Trust and any formal announcement relating to the Trust's financial performance;
- Monitor governance and internal control;
- Monitor the effectiveness of the Internal Audit function;
- Consider the appointment of the External Auditors, providing support to the appointment made by the Council of Governors;
- Review and monitor External Audit's independence and objectivity and the effectiveness of the audit process;
- Develop and implement policy on the employment of the External Auditors to supply non-audit services;
- Review standing orders, financial instructions and the scheme of delegation;
- Review the schedule of losses and compensation;
- Review the annual fraud report;



- Provide assurance to the Board of Directors on a regular basis;
- Report annually to the Board of Directors on its work in support of the Annual Governance Statement.

The Trust has an independent Internal Audit function provided by Audit Yorkshire. The Internal Audit service also provides audit services to a number of other Foundation Trusts and Clinical Commissioning Groups in the region. To coordinate the governance and working arrangements of the service, all Trusts that obtain services from the Internal Audit Service are members of the Board of Audit Yorkshire.

The Internal Audit Service agrees a work programme at the beginning of the financial year with the Trust. The service reports to each Audit Committee meeting on the progress of the work programme and provides detailed reports on the internal audits that have been completed during the previous quarter.

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

- Considered internal audit reports and reviewed the recommendations associated with the reports;
- Reviewed the progress against the work programme for Internal and External Audit and the Counter Fraud Service;
- Considered the annual accounts and associated documents and provided assurance to the Board of Directors;
- Considered, provided challenge and approved various ad hoc reports about the governance of the Trust;
- Received the work of the Data Quality Group and cross related it to other Audit Committee information;
- Considered the external audit report, including interim and annual reports to those charged with governance and external assurance review of the Quality Report;
- Reviewed and monitored the Clinical Audit process, triangulating information with the Quality and Safety Committee to ensure there is also assurance around effectiveness of the processes in place;
- Considered the effectiveness of the Committee and Internal Audit;
- Provided a focus on risk management, the Corporate Risk Register and Board Assurance Framework processes in order to challenge and evolve the documents.

### **Role of Internal Audit**

The Trust's Internal Audit and Anti-Crime services are provided by Audit Yorkshire. Audit Yorkshire provides independent assurance to the Board of Directors via the Audit Committee.

The Head of Internal Audit and Managing Director are supported by two Deputy Directors and a Management Team, all of whom are CCAB qualified. All Audit Yorkshire's auditors are either qualified or working towards an externally validated professional qualification to ensure the organisation has the correct skill set to deliver a wide range of assurance reviews and demonstrate proficiency and due

professional care. At the start of the financial year, or on commencement of employment with Audit Yorkshire during the year, all Internal Auditors complete a declaration and certify that they have no conflicts of interest which might compromise their independence as an auditor working for Audit Yorkshire.

Audit Yorkshire has extensive experience of delivering award winning, high quality and cost effective Internal Audit services to their members. Their approach and methodology:

- Provides an independent and objective opinion on risk management and governance, compliant with prevailing Public Sector Internal Audit Standards;
- Provides professional, high quality audit coverage of key risks;
- Gives clear opinions on systems of internal control;
- Uses the audit coverage and collates the opinions drawn to provide a meaningful Head of Internal Audit Opinion to support the Annual Governance Statement;
- Offers value-added work to assist the Trust in making business improvements and achieving its corporate objectives.

As well as undertaking specific audits and other pieces of work commissioned by the Trust, Audit Yorkshire also provide general advice on governance, counter-fraud and systems/process issues and undertakes consultancy/advisory work as required.

### **Role of External Audit**

External Auditors are invited to attend every Audit Committee meeting. The appointed External Auditors have right of access to the Chair of the Audit Committee at any time.

The objectives of the External Auditors fall under two broad headings. To review and report on:

- The audited body's financial statements, and on its Statement on Internal Control;
- Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

In each case, the Audit Committee sees the resulting conclusions.

External Audit also prepares an annual audit plan, which is approved by the Audit Committee. This annual plan sets out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and the level of priority. The Audit Committee discusses with the External Auditors the main issues and parameters for audit planning in the meeting before the annual audit plan is due to be approved. This allows the Committee members time and space to:

- Discuss the organisation's audit needs;
- Reflect on the previous years' experience;
- Be updated on likely changes and new issues;
- Ensure co-ordination with other bodies.



In reviewing the draft plan presented to the Committee, members concentrate on the outputs from the plan, and what they will receive from the External Auditors, balanced against an understanding of the Auditors' statutory functions. Review of the audit fee is an important role, but the focus should be on consistency with the NHS Improvement's guidelines and appropriateness, in the context of the organisation's needs, and the statutory functions of the External Auditors.

The annual audit plan is kept under review to identify any amendments needed to reflect changing priorities and emerging audit needs. The Audit Committee approves material changes to the annual audit plan.

External audit works with both management and other assurance functions to optimise their level of coverage. The Committee seeks, and gains assurance, that duplication with Internal Audit is minimised wherever possible, consistent with the requirements of *ISA (UK and Ireland) 610* that External Audit should never direct the work of Internal Audit and must be satisfied as to the role of Internal Audit as a whole, and review and re-perform similar items for any piece of work on which it intends to place reliance.

### **The Data Quality Group – Chaired by Andy Bertram**

The Data Quality Group, a sub-group of the Audit Committee, examines and understands data quality issues relating to finance, human resource, risk and legal services and patient information systems. This work has continued throughout the year. The group has received presentations from information system owners and actively sought assurances from these owners on aspects of data quality. The assurance work has specifically explored issues in relation to the integration and development of systems. The group uses the intelligence it is gathering to test the robustness of the Internal Audit Work Programme in seeking and further supporting assurance on system data quality issues.

The Data Quality Group meets approximately four or five times during the year. The membership of the group comprises:

Jenny McAleese – Non-executive Director;  
Mike Keaney – Non-executive Director;  
Jennie Adams – Non-executive Director;  
Andy Bertram – Executive Finance Director;  
Helen Kemp-Taylor – Head of Internal Audit;

Other senior managers and executive directors attend as appropriate.

## **The Finance and Performance Committee – Chaired by Mike Keaney**

The Finance and Performance Committee was established in 2012 and met monthly in the week before the Board of Directors until August 2018. The Committee reviewed in detail the previous month's information relating to financial performance, the Cost Improvement Programme and operational activity and performance, drawing any issues or matters of concern to the attention of the Board of Directors.

The membership of the Committee included:

Mike Keaney – Chair of the Committee;

Mike Sweet – Member of the Committee (until June 2018);

Attendance from members was as follows:

<b>Members</b>	<b>Attendance</b>
Mike Keaney	4/4
Mike Sweet	3/3

A number of officers attended the meetings to provide assurance to the Committee.

Andy Bertram – Executive Director of Finance;

Steve Kitching – Head of Corporate Finance and Resource Management;

Graham Lamb – Deputy Director of Finance;

Lynda Provins – Foundation Trust Secretary;

Lynette Smith – Head of Operational Performance;

Wendy Scott – Chief Operating Officer.

During that time, the Committee explored in more detail some of the concerns and risks that faced the Trust. To support this, they received additional information on the following topics:

- Achievement of the EC and RTT Standards;
- Future models;
- Ambulatory care for non-admitted Emergency Department patients;
- Performance report;
- Service line reporting;
- Information on key performance indicators, the penalties incurred by the Trust and reference costs applied to the Trust;
- Presentation on the financial position of Foundation Trusts nationally;
- Detail about the level of non-recurrent savings against the recurrent savings;
- Information about how the quality of services is considered in the development of a cost improvement plan;
- Details about workforce efficiencies and the impact on the cost improvement programme;
- Financial Recovery Plan;
- Board Assurance Framework and relevant risk registers;
- Regular updates on the capital programme and tenders;
- Commissioning for Quality & Innovations (CQUINs);

- Information about the financial position of the commissioners;
- Details against Directorate performance including those Directorates that were not achieving the targets;
- Details on the large cost improvement schemes that have been proposed along with efficiency opportunities that might exist in the future.

The Trust has a history of successful delivery of corporate cost improvement programmes. A decision was taken by senior management to align the turnaround programme and service improvement with the existing cost improvement programme.

The Committee reviewed the capital programme progress during the year. It received a presentation and discussed and supported the required changes that have been made to the programme during the year.

### **The Quality and Safety Committee – Chaired by Jennie Adams**

The Committee operated to provide significant additional examination on matters of both quality and safety across the whole Trust. In devoting the additional focus on such a regular basis, it enabled the Board to develop and retain a more strategic approach to such matters. The Committee regularly reviewed comprehensive reports from both the Medical Director and the Chief Nurse. It also discussed, on a set rotational basis, reports on infection control, in-patient survey and sign up to safety progress reports. The Committee was suspended in August 2018 as part of the Board Committee review.

The membership of the Committee included:

Jennie Adams – Chair of the Committee;  
 Libby Raper – Non-executive Director (to July 2018);  
 Lorraine Boyd – Non-executive Director (August 2018 meeting).

Attendance from members was as follows:

<b>Members</b>	<b>Attendance</b>
Jennie Adams	5/5
Libby Raper	4/4
Lorraine Boyd	1/1

Key officers attended the meeting to provide assurance to the Committee.

Beverley Geary – Chief Nurse;  
 Jim Taylor – Medical Director;  
 Fiona Jamieson – Deputy Director of Healthcare Governance;  
 Lynda Provins – Foundation Trust Secretary.

The Committee met 5 times up to August 2018.

During that time the Committee considered the following:

- Patient safety and quality metrics – dashboard;
- Board Assurance Framework and relevant risk registers;
- Nurse safer staffing report;
- Nursing dashboard;
- Nurse acuity audit results;
- Patient experience report to include complaints, friends and family, Patient Advice and Liaison Service;
- Nursing and midwifery strategy progress report;
- Maternity service report;
- End of life care report;
- Pressure ulcer quarterly report;
- Falls quarterly report;
- Adult and child safeguarding reports;
- Director of Infection Prevention quarterly and annual reports;
- Mortality report and summary hospital-level mortality indicator data;
- Sign up to safety report (including patient safety strategy);
- Quality priority progress report;
- Serious incident reports (SUITS/CASES) and any Never Events;
- Quality Impact of the Financial Recovery Plan;
- Monitoring the effectiveness of Clinical Audit;
- Flu vaccination information;
- Consultant appointments;
- Dementia Strategy;
- Bowel Cancer Briefcase and Final Report;
- Sepsis Briefcase and Final Report;
- Mental Health Annual Report;
- Patient Safety Strategy.

During that time, the Committee kept a close watch on staffing with scrutiny of 12 hour breaches and risks relating to quality and safety. The Committee continued to evolve its work programme and action log to ensure that all elements were covered.

### **The Workforce and Organisational Development Committee – Chaired by Libby Raper**

The Workforce and Organisational Development Committee received and reviewed any draft strategic plans relating to workforce, organisational development, education and research. This enabled the Committee to look pro-actively at workforce challenges along with whole workforce establishment and ensured that new developments supported a workforce fit for the future in respect of increased regulation, changed roles and changing models of provision. The Committee monitored progress against the strategic plans, and presented their findings to the Board. The Committee was suspended in August 2018 as part of the Board Committee review.

The membership and attendance at the Committee was as follows:

Members	Attendance
Libby Raper	3/3
Dianne Willcocks	3/3
Jenny McAleese	3/3

Key officers attended the meeting to provide assurance to the Committee.

Mike Proctor – Acting Chief Executive;  
 Brian Golding – Director of Estates and Facilities;  
 Polly McMeekin – Deputy Director of Workforce;  
 Melanie Liley – Deputy Director Out of Hospital Care;  
 Lynda Provins – Foundation Trust Secretary.

The Committee met 3 times up to August 2018.

During that time, the Committee explored the following elements to ascertain assurance and risk:

- Workforce metrics including staffing and use of agency;
- Board Assurance Framework and relevant risk registers;
- Apprenticeships;
- Staff Survey;
- Out of Hospital Care and Community workforce project;
- Learning and research;
- Nurse Rostering Project;
- Freedom to Speak Up Guidance;
- Young Persons Programme;
- Global Health & Philanthropy.
- Relevant internal audit reports;
- Psychological health and wellbeing;
- Developing People – Improving Care Framework;
- Equality and Diversity;
- Culture and Engagement Strategy.

### **The Environment and Estates Committee – Chaired by Mike Sweet**

The Environment and Estates Committee was established in September 2015, under the chairmanship of Non-executive Director Mike Sweet. The Committee was formed to provide the Board of Directors with assurance around our ownership, occupation and maintenance of the built environment; it linked to one of the Trust's corporate objectives 'Improve our facilities and protect the environment'. The Committee was suspended in August 2018 as part of the Board Committee review.

The membership and attendance at the Committee was as follows:

Members	Attendance
Mike Sweet	2/2

Key officers attended the meeting to provide assurance to the Committee.

Brian Golding, Director of Estates and Facilities;  
Andrew Bennett, Head of Capital Projects;  
David Biggins, Head of Medical Engineering & Compliance;  
Colin Weatherill, Health, Safety & Security Manager;  
Jane Money, Head of Sustainability;  
Lynda Provins, Foundation Secretary.

Key documents that the Committee discussed included:

- Risks and assurance framework;
- Sustainable development;
- Relevant internal audit reports;
- Health, safety & security quarterly report;
- Relevant new legislation;
- Fire Safety update;
- Lord Carter report;
- Reporting of Injuries, Diseases and Dangerous Occurrences;
- Space Management;
- Patient led assessments of the care environment results;
- Premises assurance model;
- Sustainable Design Guide for Future Capital/Estate Projects;
- Conditions Survey;
- Out of Hospital Care quarterly report;
- YTH FM LLP update;
- Directorate sickness absence rates.

The Committee provided assurance to the Board of Directors considering all aspects of the strategic frame 'looking after our estate and protecting the environment'.

Meetings of the Committee were rotated around the main hospital sites so that members had the opportunity to see the properties at first hand.

**Executive Board** - The Executive Board is the key operational group of the Trust and is chaired by the Chief Executive. Its membership comprises the Clinical and Corporate Directors. The Executive Board discusses the formulation and implementation of strategy. The formed strategy proposals are discussed with the Board of Directors through the Board and Board Committee meetings.

**Site Specific Meetings** - The Trust holds site specific Boards at York and Scarborough which consider acute and planned care. The Boards consider and address issues specific to their locations and reports actions to the Executive Board. The membership is made up of Senior Clinicians, Operations Managers and Directors.

### **Board Committee Structure and Pilot**

The Board considered the effectiveness of the Board and Board Committee structure during 2018-19 and undertook a pilot involving an extended Board to replace the

Quality & Safety, Finance & Performance, Workforce and Organisational Development and Environment and Estates Committees, which was trialled from September to December 2018. The Board took a decision in December 2018 to implement two new Board Committees; Quality and Resources, which will be used to underpin the Board's effectiveness.

The two new Committees have operated since March 2019 and meet concurrently on the morning of the public Board. The Committees spend the last half hour of their meeting together to decide on items to escalate to the public Board meeting held in the afternoon. The Committees cover the items previously discussed by the four Board Committees.

### **NHS Improvement's Well-Led Framework**

NHSI state that it is good practice for organisations to conduct 'in-depth, regular and externally facilitated developmental reviews of leadership and governance' every three to five years. These reviews should then be used to facilitate development of the Board. The key lines of enquiry which were developed also underpin the Care Quality Commissions regular regulatory well led assessments.

The Trust's last external review was finalised in early 2016 and therefore another review is planned to take place in May/June 2019. The review will involve the following elements:

- A review of key documentation;
- Face to face interviews with members of the Board and senior members of staff;
- Observations of meetings;
- Telephone interviews with stakeholders;
- Focus groups with staff.

The review will form the foundation of Board development going forwards especially due to several changes in the Executive and Non-executive Teams. The Trust will also use this work as a precursor to the Care Quality Commission well led Inspection which is due sometime later in 2019.

The Trust confirms that there are no material inconsistencies between the Annual Governance Statement, the annual and quarterly board statements and the Care Quality Commission action plan.

The Trust continues to work on developing the Board and the way it works, ensuring that meetings are effective and efficient. The Board regularly reviews the Board Assurance Framework ensuring that the key strategic risks are covered in meetings. The Board reflects on the performance of the Board at each meeting to ensure that develops and evolves the meetings to meet the needs of the Trust.

## Patient Experience

The Patient Experience strategy 2015-18 was concluded in April 2018. Looking back we are proud of the progress we have made against our strategic objectives, including:

**Objective:** Listen to our patients, welcome feedback and share the results from ward to board.

**Progress:** We have received and reported on over 50,000 pieces of feedback this year. Results are shared via online dashboards, various reports that are stored in accessible files and emailed to stakeholders and through face-to-face meetings with key directorate colleagues.

**Objective:** Respond to feedback in an open and timely manner and report on themes and trends so people can see what matters most to patients, celebrate success and identify what needs improving.

**Progress:** Feedback received through channels such as Care Opinion is responded to publically and openly. We are still not satisfied with directorate response times for formal complaints and are currently gathering feedback directly from complainants to help inform a piece of work to address this.

**Objective:** Learning from what patients tell us, identifying actions for improvement and monitoring their delivery

**Progress:** With the wider Chief Nursing team we are part of a new Patient Experience Operations Group, the focus of which is to bring together learning from across the Trust.

This year we received 6000 direct compliments from across the Trust (not including compliments within other forms of feedback)

## Complaints and concerns

445 formal complaints were received

On average 36% of closed cases met the Trust's 30 day response target

Our Patient Advice and Liaison Service supported 1735 people

Top themes:

- Clinical treatment (delay or failure of treatment; delay or failure in diagnosis)
- Patient care
- Communication

Top themes:

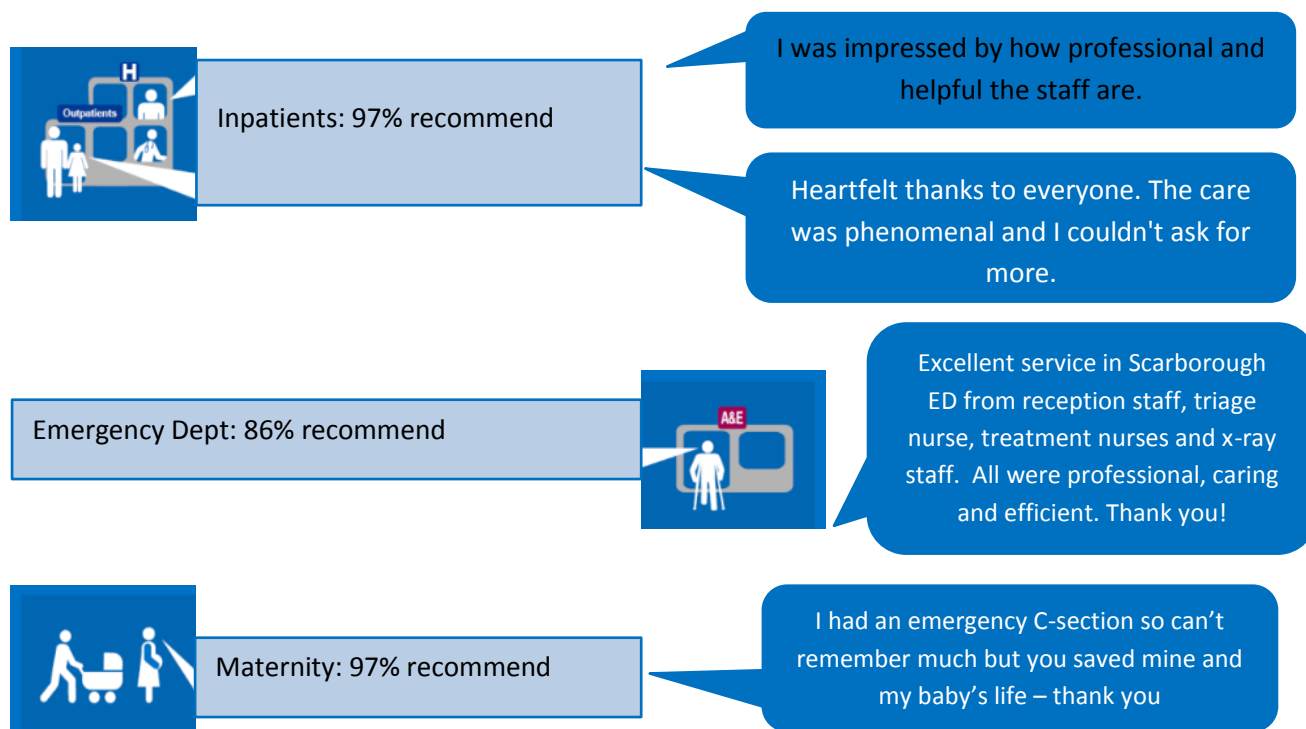
- Communication
- Delays, cancellations or waiting for appointments
- Staff values and behaviours

The Parliamentary and Health Service Ombudsman conducted 3 investigations



**Friends and Family Test (FFT)** - FFT asks patients how likely they are to recommend the services they have used, and what improvements they feel we could make. Because of the reasonably quick turnaround of results (monthly) it acts as a snapshot of patient experience which can be tracked over time.

The figures below indicate the average rate of those who would recommend our services to friends and family, if they needed similar care or treatment.



**National Patient Surveys** - In 2018-19 we received the results of three national surveys:

**Cancer 2017** - The response rate was 76% (n=325) and the score to the question '*rating of care scored from very poor (1) to very good (10)*' was 8.9, in line with previous years and the national average.

**Maternity 2018** - The response rate was 45% (n= 157) and the average score across all questions was 79%.

We made significant improvement against the previous survey on questions including 'during labour, were you able to move around and choose a more comfortable position?' but our scores had become significantly worse in questions about choice of units to give birth in. There was also a marked difference (-15 percentage points) regarding the ability for someone to stay with the patient during her hospital stay.

**Inpatient 2018** - The response rate was 56% (n=645). We scored in the top 20% of Trusts for just one question, 'how would you rate the hospital food?'

We scored in the bottom 20% for 23 questions including 'were you given clear written or printed information about your medicines?' The team is going to work with the Pharmacy and the Discharge Lounge teams across the Trust to try and increase this score in future surveys. We want to ensure that all patients who require clear written or printed information are given it.

Other low scoring questions including: 'did you find someone on the hospital staff to talk to about your worries and fears?' and 'did you know which nurse was in charge of looking after you?'

**Volunteering** - The Trust has around 280 active volunteers across our sites, and we are also supported by volunteers from partner organisations including 'Friends of' groups, York Wheels, Royal Voluntary Service and more. These people make a valued contribution by enhancing the experience of our patients and releasing time for staff to carry out their professional roles.

This year we have prioritised auditing and cleansing our volunteer database so that we are assured that we know who is actively volunteering and what training needs they may have. Because of this piece of work our number of volunteers has decreased but is a more robust figure.

To ensure volunteers feel well valued and to encourage higher rates of retention we have developed the role of our volunteer supervisors, who are substantive staff able to provide day-to-day supervision and support to volunteers. We hope that through 2019-20 we will see the benefits of this work, with a higher response rate to the volunteer survey and increased reported levels of satisfaction from our volunteers.

One of our best interventions in 2018-19 is the introduction and scaling up of our Emergency Department (ED) volunteer efforts. ED volunteers now collectively contribute every weekday morning in York and we are introducing the model in Scarborough. Staff - including consultants and the matron - are committed to working alongside volunteers to help improve patient experience, and the volunteers and staff come together for regular focus group sessions. We are in the process of purchasing polo shirts for ED volunteers as a pilot exercise to see whether uniform will increase visibility and use of volunteers by patients and the public.

**Listening in order to improve** - By collating and reporting on the large quantity of rich patient experience data we receive we are able to highlight areas for improvement across the Trust. Here are examples of the work we have undertaken during the year to make sure patients' views are heard as we review and develop our services.

Patient experience data was used to help shape the redesign of York Emergency Department (ED), and ED staff also requested a volunteer presence during the works. These volunteers helped patients to navigate the area and kept people informed of waiting times and other important information. The volunteer intervention is considered so successful that we have increased the number of volunteers assisting in the ED even now that the works are completed.

57% of respondents to the 2017 Cancer survey were told about side effects that could affect them in the future.

While this figure is not far below the national average, we strive to improve. Patients are now given written information on possible future side effects by the Cancer Nurse Specialist at discharge from the ward and it is discussed at the end of treatment nurse-led appointment

The 2018 Maternity survey highlighted that a number of women were dissatisfied with the waiting time for a tongue tie assessment.

In response to these comments we are training an additional Midwife to carry out tongue-tie assessments. This should help to improve access to assessments.

Below are some examples of improvements that have been implemented by directorates over the last year as a result of complaint investigations.

**Elderly Medicine** - One complainant met with the Matron and offered suggestions for improving services. As a result, additional questions will be added to the neck of femur pathway and effectiveness of this change will be audited. 'This Is About Me' documentation was not completed and ward staff will be made aware of this via a safety briefing. The completion of this document will be audited.

**Elderly Medicine** – A debriefing session was held by a Matron and End of Life Nurse to share the learning from an investigation and agree team actions to ensure better recognition of palliative care needs when discharge planning. The session highlighted that palliative care is not just physical but emotional, psychological and practical. Staff were given the opportunity to reflect on the importance of inter professional communication to ensure that issues are addressed in a cohesive way and that families are supported.

**Emergency Medicine** – In one case, individual feedback was provided to the doctor concerned for reflection and learning. In addition, the clinical error was discussed at the Quality & Safety Group.

**Emergency Medicine** – One complaint has resulted in a note has been placed on the electronic patient system to alert staff to check folders held in the department, which contains guidance notes for review before treatment.

**Emergency Medicine** - The directorate has provided staff with additional education around nutrition and requirement for soft and/or pureed food and is now part of the handover process and recorded in deputy sister training records.

**Emergency Medicine** – One complaint has resulted in the senior sisters and charge nurses raising awareness of the discharge process for vulnerable adults. All staff

have had an update on the proforma and this has also been raised at the daily safety briefing.

**Emergency Medicine** - As a result of one error, a reminder has been given to all staff to document cannula insertion on the electronic patient system and was added to the team safety brief. The service is trialling a new discharge checklist in the style of a flowchart and staff are now aware that a checklist needs to be completed for all patients. Part of this checklist is to ensure cannula removal.

**Estates & Facilities** – As a result of one complaint, the facilities manager has introduced additional training for the facilities team to ensure that additional checks are undertaken before bed linen is placed in the laundry skips.

**General Medicine** – Following one complaint, staff were reminded at a daily safety brief about the importance of ensuring patients are appropriately positioned to aid eating and drinking. In the future, patients will be assessed for alternative drinking vessels whilst in bed and will be referred to the occupational therapist if adaptive cutlery is required. At a daily board round it was agreed that doctors will assess patients at the point of admission/transfer for pain relief and prescribe accordingly. The medical directorate holds a junior doctor induction day and this will include a talk from the bereavement officer on the impact of staff behaviour on grieving relatives.

**General Medicine** - One investigation concluded that the advice was not followed and that further awareness of the sepsis pathway was required. This work is ongoing with the consultant teams. Communication was poor around policy compliance and the matron will work with ward staff to improve practice. There was also a discussion held at the mortality meeting in May 2018.

**General Surgery & Urology** - As a result of a complaint, the breast clinic team will ensure that information regarding outcomes of all investigations is clearly explained to patients at their appointment and that it is clearly communicated and documented how this information is given. This will be monitored to ensure compliance.

**General Surgery & Urology** - As a result of a complaint, a member of staff involved will receive guidance on appropriate communication with patients and their families, will attend relevant training to improve communication, which will be monitored and reviewed as part of the appraisal process. Matron will discuss making appropriate referrals with the team to ensure that they are sent in a timely manner and that communication with patients reflects what has actually taken place. Sister will discuss with the staff on the ward the importance of discussing results of swab tests and the implications for the patient and their family together with allowing the opportunity to ask questions. The investigation found that staff were not adhering to infection control policies. Sister will ensure that staff on the ward are up to date with infection control training and request updates on the ward from the Infection Control Team. Sister will undertake audits to monitor standards on the ward.

**General Surgery and Urology** - Sister shared the concerns of one patient with the staff on ward to ensure that they are aware of how their attitude and manner can come across to patients and relatives and to recognise how they can demonstrate a compassionate and caring attitude. Staff will be expected to communicate fully with

patients and relatives and to ensure that understanding has taken place. In future, registered nurses on the ward will ensure that when patients are being discharged a full check will be undertaken to ensure that all prescribed medications are dispensed. When appropriate this check should be made in the presence of the patient and appropriate explanations given.

**General Surgery and Urology** – One complaint acknowledged that upon discharge, only verbal information was provided about what had happened and after-care. Normal process is for a gastroscopy leaflet to be handed to patients to provide useful information but it is not tailored specifically for ERCP procedures. As a result of this complaint the directorate has produced a new ERCP leaflet for patients to take away and refer to.

**Obstetrics & Gynaecology** - One complaint resulted from the outsourcing of a sample. Ongoing recruitment efforts within the department will reduce the need to outsource in the future

**Obstetrics & Gynaecology** – One patient complained about poor communication throughout her care. As a result of this complaint a checklist was developed for nurses to use when talking to women on the telephone to ensure a consistent approach. A display board for leaflets was ordered for the ward and staff were reminded of the importance of providing women with information when they are discharged. There was an issue with the time the patient waited for an ultrasound scan and a cross site working group has been established and a consultant scanning clinic commenced to aid capacity issues. Work is ongoing to utilise all appointments on every site.

**Orthopaedics & Trauma** – In one instance, directorate staff apologised for an error and explained they were implementing AMTSs as part of the Standard Operating Procedure on patient admission, the results of which will be recorded on patient medical records.

**Orthopaedics & Trauma** - As a result of a complaint the directorate will review the process for recalling patients to clinic following a scan.

**Orthopaedics & Trauma** - The directorate did not have a formal protocol or guidelines on pathway management for a particular type of fracture. As a result a protocol was written and is now in use at Scarborough, Bridlington & York Hospital Fracture Clinics. There was also a lack of understanding of the diagnostic and surgical time-frames for this type of fracture. As a result of the complaint, timescales for surgical treatment will be recorded on scan cards so urgent requests can be treated within the appropriate timeframe. A future audit of practice at fracture clinics at each hospital site will be undertaken to ensure improvements have been achieved.

**Orthopaedics & Trauma** - As a result of a complaint the directorate has amended the discharge process to include a check that patients have been provided with relevant exercise sheets and that they are recorded in the discharge notes prior to the patient leaving hospital.

**Pharmacy** - The pharmacy team is currently developing a Patient's Own Drug (POD) Policy as the result of a complaint, which will ensure consent is received from the patient before medication is disposed of or removed.

**Radiology** – Due to a complaint, the directorate secured funding to utilise an external company to report radiology reports and clear the backlog of reporting to a maximum of a two week wait. This work is ongoing and the directorate is sending out cohorts of scans to be reported externally every week to maintain the maximum two week standard. In addition, funding was secured to recruit a consultant locum to support work on one site due to long term problems in being able to recruit to permanent posts. The directorate also plans on releasing consultant radiologist capacity to report scans by developing a team of specially trained radiographers who are skilled to report a cohort of plain film x-rays. A review of capacity and demand within the department was undertaken to measure the current gap in resources. Finally, the directorate commenced a review of current referral pathways into the department, in conjunction with primary care and GP practices, to ensure the patients who need access the most are receiving it.

**Specialist Medicine** - A patients experience was shared with the clinical team (consultants, doctors & nurse specialists) so that the team could reflect on their practice. The directorate will also develop an electronic referral for Injections to the medical elective suite and the Deputy Directorate Manager liaised with the I.T. department for a solution.

## **Partnerships and Alliances**

Partnership working with neighbouring organisations and agencies is a key strategic frame for the Trust, helping to provide effective healthcare to our communities. Clinical alliances are important in ensuring that there is compliance with national regulatory and professional guidance and that a critical mass of population can sustain individual and interlinked services. Collaborative working can also contribute to improved care pathway delivery and access to specialist care, as well as addressing recruitment and retention challenges.

The Trust has developed a range of significant clinical alliances with both Hull and East Yorkshire Hospitals NHS Trust and Harrogate and District NHS Foundation Trust, over the years which provide support for the delivery of secondary care services and some tertiary care services across the wider geographic area.

Historically, Hull and East Yorkshire Hospitals NHS Trust had provided specialist neurosurgical and cancer services for residents in the eastern side of the Trust's catchment population and there is an established Hull York Medical School. Recently, networked specialist service developments in the areas of hepatology, HIV, renal, cystic fibrosis and vascular surgery involving the two organisations have been successfully established enabling local access to be secured for patients across the combined geographic area.

Within the framework of the Humber Coast and Vale Sustainability and Transformation Partnership, collaborative service arrangements are being pursued with Hull and East Yorkshire Hospitals NHS Trust and Northern Lincolnshire and

Goole NHS Foundation Trust in the areas of Radiology reporting and Pathology and joint urology service networks.

The Radiology group of clinicians and managers is establishing a cross organisational reporting hub to share capacity across partner Trusts, improve access to specialist reporting and maximise flexibility and working patterns for our staff.

The Pathology group is developing a detailed work programme of shared equipment investment to improve reporting, training of advanced practitioner staff to create additional capacity and progression of a common information management system.

The Urology group is developing joint pathways and protocols and looking to share specialist equipment and expertise to ensure that patients can access the full range of services available across the patch.

Recent service initiatives with Harrogate and District Foundation Trust have included the extension and enhancement of the vascular surgical service, the establishment of a self-care dialysis unit for Harrogate residents and the development of a hepatology outpatient service.

The York/Harrogate population is also served by combined clinical teams in the service areas of head and neck, oncology and ophthalmology and further joint developments in relation to breast screening and cardiology are planned.

The Trust continues to build on its relationships with key local partners in delivering care to our local communities. Examples of this include strengthening relationships between GPs and hospital consultants to design new pathways of care, developing integrated teams of health and social care staff, working with mental health colleagues in the development of liaison services and working with the voluntary sector in new partnerships.

The Trust continues to develop meaningful working relationships with commissioners, primary care and social care partners as part of an integrated care system.

The Trust is actively involved in the York Community Stadium Project led by the City of York Council, as a prospective tenant. The stadium is scheduled for completion in late 2019. It is planned to utilise space in the stadium to deliver staff education and training and outpatient services in high quality accessible accommodation, which will relieve accommodation pressures on the main York Hospital site and associated premises.

It is envisaged that there will be scope for collaborative work with partner organisations in the fields of health promotion/education and training.

## Remuneration Report

The Trust has two Remuneration Committees. The first includes membership from the Council of Governors to determine the appropriate remuneration for Non-executive Directors, including the Chair. This Committee reports to the Council of Governors and details of the Committee can be found on page 127 of this report.

The second Committee has delegated authority from the Board of Directors to make decisions in respect of salary and conditions of service for the Executive Directors, and its membership includes the Non-executive Directors of the Trust.

The membership of the Remuneration Committee includes all the Non-executive Directors and the Chair. During the financial year 2018-19 the Remuneration Committee met on 5 occasions. The Chief Executive attended to provide support and information as requested, but was not part of the decision-making process. The Foundation Trust Secretary was in attendance at the meetings to provide support to the Committee.

	25 April 2018	27 June 2018	22 August 2018	20 December 2018	30 January 2019	27 February 2019
Susan Symington	✓	✓	✓	✓	✓	✓
Dianne Willcocks	✓	✓	Ap	✓	Ap	✓
Mike Sweet	✓	✓				
Libby Raper	✓	✓				
Mike Keaney	✓	✓	Ap	✓	✓	✓
Jennie Adams	✓		✓	✓	✓	✓
Jenny McAleese	✓	✓	✓	✓	✓	Ap
Lynne Mellor	✓	✓	✓	✓	✓	✓
Lorraine Boyd	✓	✓	✓	✓	✓	✓
Patrick Crowley – in attendance	✓					
Mike Proctor – in attendance		✓				

### Annual Statement on Remuneration

**Remuneration of the Chief Executive and Executive Directors** -The remuneration of the Chief Executive and other Executive Directors is decided by the Remuneration Committee. The Remuneration Committee reviewed and agreed the executives' salary increases in 2018-19.



**Remuneration of the Chair and Non-Executive Directors** - During 2018-19 the remuneration of the Chair and Non-executive Directors was considered by the full Council of Governors. The Governors agreed Non-executive Directors would receive the award applied to agenda for change staff at the top of pay bands 8c, 8d and 9.

**Remuneration Policy** - With the exception of the Chief Executive, Executive Directors, Corporate Directors and medical staff, all employees of the Trust are remunerated in accordance with the national NHS pay structure, Agenda for Change. It is the Trust's policy that this will continue to be the case for the foreseeable future. The remuneration of the Chief Executive, 5 other Executive Directors and 2 Corporate Directors are determined by the Board of Directors' Remuneration Committee. The Medical Director is a part-time Executive Director and is remunerated as a medical practitioner separately from his salary as an Executive Director.

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

There is no performance-related element for remuneration, but the performance of the Executive Directors is assessed at regular intervals and unsatisfactory performance may provide grounds for termination of contract. The Executive Directors do not have fixed term contracts and the Non-executive Directors all have service contracts that are a maximum length of three years. Details of terms of office of the Non-executive Directors are available on request from the Foundation Trust Secretary at [enquiries@york.nhs.uk](mailto:enquiries@york.nhs.uk)

### Future Policy Table

	Description
Salary/fees	A fixed regular payment typically paid on a monthly basis but often expressed as an annual sum
Clinical Excellence Awards	The Clinical Excellence Awards Scheme recognises and rewards NHS consultants and academic General Practitioners who perform over and above the standard expected of their role
Benefits in kind	Benefits in kind are benefits which employees or directors receive from their employment but which are not included in their salary
Pensions	The <i>NHS Pension Scheme</i> is a <i>defined</i> benefit public service <i>pension scheme</i> , which operates on a pay-as-you-go basis. <i>Pension benefits</i> are based on final salary (although general and dental practitioners accrue <i>pensions</i> on a 'career average' basis)

The Trust's short and long term strategic objective in relation to the remuneration of senior managers is to provide a package that attracts high quality, experienced Directors to drive the developments in the organisation and ensure the Trust is providing efficient, effective services for the community it serves.

Listed below is an explanation of how each component in the table above operates in the Trust:

**Salaries/Fees** – Paid on a monthly basis in arrears to each senior manager.

**Clinical Excellence Awards** – Awarded following a detailed assessment process on an annual basis to those who have demonstrated excellence in their field. The Medical Director in the Trust has received Clinical Excellence Awards.

**Benefits in Kind** – Senior Managers in the Trust are entitled to lease cars.

**Pensions** – Contributions are made in accordance with the NHS Pension Scheme. Senior Managers are entitled to opt out of the Scheme.

The Trust has a policy for the recovery of sums paid or for withholding the payments of sums to Senior Managers. Should the occasion arise, the Trust can, through the payroll system, through consultation, adjust any payment made to a Senior Manager.

The Non-executive Directors at the Trust are paid on a monthly basis through the payroll system. Their fees are agreed by the Council of Governors at appointment and are reviewed on an annual basis, using benchmarking data to support their decision.

**Service Contract Obligations** - The Non-executive Directors hold service contracts; the Executive Directors hold employment contracts. The service contracts and employment contracts were reviewed in 2014-15 and do not give rise to payments for loss of office.

**Policy on Payment for Loss of Office** - The Trust does not make additional payments for loss of office outside the standard contract terms included in the employment contracts of senior managers.

**Statement of Consideration of Employment Conditions Elsewhere in the Foundation Trust** - The Remuneration Committee considers the remuneration package of the senior managers, including Executive and Corporate Directors, on an annual basis. The HR Department provides information for the Remuneration Committee to support a discussion and a decision on any incremental increase. The Remuneration Committee use data to support any comparison with complexity and size of organisation. The Remuneration Committee will also take into account the national pay settlement given to staff on the Agenda for Change pay scales.

The Trust does not consult with employees about the senior manager remuneration.

The Non-executive Director fees are considered by the Governors' Nomination/ Remuneration Committee and a recommendation is agreed by the Council of Governors. The recommendation is prepared following a discussion and the receipt of benchmarking data. The Nomination/ Remuneration Committee includes a Staff Governor as part of its membership. The Council of Governors includes five Staff Governors as part of its membership.

### **Service contracts**

Detailed below are the terms of the service contracts held by the Non-executive Directors of the Trust.

<b>Name</b>	<b>Date of contract</b>	<b>Length of term</b>	<b>Unexpired Term</b>	<b>Notice period</b>
Susan Symington	1 April 2018 (2 <sup>nd</sup> term)	3 years	2 years	None
Dianne Willcocks	1 May 2016 (3 <sup>rd</sup> and final term)	3 years	1 month	None
Mike Sweet	1 Feb 2016 (3 <sup>rd</sup> and final term)	3 years	0	None
Libby Raper	1 August 2015 (3 <sup>rd</sup> and final term)	3 years	0	None
Mike Keaney	1 September 2018 (3 <sup>rd</sup> term)	1 year	5 months	None
Jennie Adams	1 September 2018 (3 <sup>rd</sup> term)	1 year	5 months	None
Jenny McAleese	1 March 2017 (1 <sup>st</sup> term)	3 years	11 months	None
Lynne Mellor	1 July 2018 (1 <sup>st</sup> term)	3 years	2 years 3 months	None
Lorraine Boyd	1 July 2018 (1 <sup>st</sup> term)	3 years	2 years 3 months	None

## Salaries and pension entitlements of senior managers Subject to Audit

### a) Salary

Name and Title	2018-19					
	Salary and Fees	Taxable benefits	Annual Performance Related Bonus	Long Term Performance Related Bonus	Pension Related Benefits	Total
	£000's Bands of £5,000	£s Nearest £100	£000's Bands of £5,000	£000's Bands of £5,000	£000's Bands of £2,500	£000's Bands of £5,000
<b>Executive Directors</b>						
Patrick Crowley Chief Executive	160-165	4,100				165-170
Mike Proctor Interim Chief Executive	210-215					210-215
Andy Bertram Finance Director & Deputy Chief Executive	150-155	10,300			17.5-20.0	180-185
Jim Taylor Medical Director	195-200	4,000		5-10		205-210
Wendy Scott Chief Operating Officer	140-145	8,700			177.5-180	330-335
Polly McMeekin Director of Workforce & Organisational Development	95-100				125-127.5	220-225
Helen Hey Interim Chief Nurse	5-10				75-77.5	80-85
Beverley Geary Chief Nurse	125-130				62.5-65.0	190-195
<b>Non-Voting Directors</b>						
Brian Golding Director of Estates & Facilities	115-120	400			7.5-10.0	125-130
Sue Rushbrook Director of Systems & Network services	25-30					25-30
Lucy Brown Acting Director of Communications	70-75				115-117.5	190-195
<b>Non-executive Directors</b>						
Susan Symington Chairman	55-60					55-60
Dianne Willcocks Non-Executive Director	15-20					15-20
Libby Raper Non-Executive Director	5-10					5-10
Mike Sweet Non-Executive Director	0-5					0-5
Jennie Adams Non-Executive Director	15-20					15-20
Mike Keaney Non-Executive Director	15-20					15-20

Jenny McAleese Non-Executive Director	15-20					15-20
Lynne Mellor Non-Executive Director	10-15					10-15
Lorraine Boyd	10-15					10-15
Band of highest paid director's total salary (£'000)	210–215					
Median Total Remuneration	£27,147					
Remuneration Ratio	7.94					

\* Amounts shown above in brackets are negative figures.

Pension Related Benefits relate to the annual increase in accrued pension entitlement adjusted for the employee contributions made during the year.

Those director salaries above which include elements for clinical roles are:  
Jim Taylor's salary for his clinical role is £153,680.  
Jim Taylor also receives a Clinical Excellence Award which is presented in the Long Term Performance related bonus section above.

Patrick Crowley retired from his post as Chief Executive in May 2018. His pay included 6 months' lieu of notice from this point. Mike Proctor assumed responsibility as Chief Executive at this point.

Mike Proctor became Interim Chief Executive from May 2018.

Andy Bertram became Finance Director and Deputy Chief Executive from May 2018.

Wendy Scott joined the Trust in July 2012, managing Scarborough, Whitby and Ryedale and York and Selby Community Services. She was the Director of Out of Hospital Care from October 2015 to August 2017, then took up her current post as Chief Operating Officer.

Polly McMeekin became Acting Director of Workforce and Organisational Development during June 2018 and a non-voting member of the Board. From February 2019 she became Director of Workforce and Organisational Development, with voting rights from this date.

Lucy Brown took up the post of Acting Director of Communications in June 2018 with no voting rights.

Brian Golding was transferred to the LLP under TUPE as a Managing Director from the beginning of October 2018, but holds an honorary contract with the Trust as Director of Estates & Facilities. He is a non-voting member of the Board of Directors; he advises and influences the decisions of the NHS Foundation Trust as a whole.

Beverley Geary, Chief Nurse, ceased being a Trust employee at the end of February 2019.

Helen Hey took up the post of Interim Chief Nurse (with voting rights) from the beginning of March 2019.

Sue Rushbrook, Director of Systems & Network Services, retired from this post at the end of July 2018.

Lynne Mellor became Associate Non-Executive Director from April 2018 and then Non-Executive Director from July 2018

Lorraine Boyd became Associate Non-Executive Director from April 2018 and then Non-Executive Director from July 2018

Libby Raper's appointment as a Non-Executive Director ended at the end of July 2018

Mike Sweet's appointment as a Non-Executive Director ended at the end of June 2018

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.

The mid-point of the banded remuneration of the highest paid director in York Teaching Hospital NHS Foundation Trust in the financial year 2018-19 was £210-215 (2017-18 £215-220). This was 7.94 times (2017-18, 9.2) the median remuneration of the workforce, which was £27,147 (2017-18 £23,528).

In 2018-19, 6 employees (2017-18, 6) received remuneration in excess of the highest paid director. Remuneration ranged from £7,235 to £251,279 (2017-18 £5,404 to £250,401).

Employees receiving nil basic pay and nil whole time equivalents have been excluded from the calculations as these relate to one-off individual payments and would distort the overall figures.

Payments made to agency staff and bank staff have also been excluded as these mainly relate to payments made to cover long term absence of existing employees whose whole time, full year equivalent remuneration is already included in the calculation. To include the payments made to agency staff would also distort the overall figures.

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments employer pension contributions and the cash equivalent transfer value of pensions.

Name and Title	2017-18					
	Salary and Fees	Taxable benefits	Annual Performance Related Bonus	Long Term Performance Related Bonus	Pension Related Benefits	Total
	£000's Bands of £5,000	£s Nearest £100	£000's Bands of £5,000	£000's Bands of £5,000	£000's Bands of £2,500	£000's Bands of £5,000
<b>Executive Directors</b>						
Patrick Crowley Chief Executive	205-210	9,400				215-220
Mike Proctor Deputy Chief Executive	145-150	4,800				150-155
Andy Bertram Finance Director	145-150	9,600			47.5-50.0	205-210
Jim Taylor Medical Director	180-185	4,800		5.0-10.0		190-195
Juliet Walters Chief Operating Officer	60-65				(5.0-7.5)*	55-60
Wendy Scott Interim Chief Operating Officer	70-75	2,200			135.0-137.5	210-215
Beverley Geary Chief Nurse	125-130	8,900			25.0-27.5	160-165
<b>Non-Voting Directors</b>						
Brian Golding Director of Estates & Facilities	115-120	5,800			25.0-27.5	145-150
Sue Rushbrook Director of Systems & Network services	45-50				(7.5-10.0)*	35-40
Wendy Scott Director of Out of Hospital Services	40-45	2,800				45-50
<b>Non-executive Directors</b>						
Susan Symington Chairman	55-60					55-60
Philip Ashton Non-executive Director	5-10					5-10
Dianne Willcocks Non-executive Director	15-20					15-20
Libby Raper Non-executive Director	15-20					15-20
Mike Sweet Non-executive Director	15-20					15-20
Jennie Adams Non-executive Director	15-20					15-20
Mike Keaney Non-executive Director	15-20					15-20
Jenny McAleese Non-executive Director	15-20					15-20
Band of highest paid director's total salary (£'000)	215-220					
Median Total Remuneration	£23,528					
Remuneration Ratio	9.2					

\* Amounts shown above in brackets are negative figures.

Pension Related Benefits relate to the annual increase in accrued pension entitlement adjusted for the employee contributions made during the year.

Those director salaries above which include elements for clinical roles are:

Jim Taylor's salary for his clinical role is £144,472.

Jim Taylor also receives a Clinical Excellence Award which is presented in the Long-Term Performance related bonus section above.

Juliet Walters ceased her appointment at the Trust at the end of August 2017

Philip Ashton's appointment as a Non-executive Director ended August 2017.

Wendy Scott, Director of Out of Hospital Care was a non-voting member of the Board from April to August 2017. In September 2017, Mrs Scott took up the post of Interim Chief Operating Officer and became an Executive Director.

Sue Rushbrook, Director of Systems & Networks stepped down from the Board in June 2017, but rejoined the private Board in December 2017 in her capacity as a non-voting member of the board.

Brian Golding is a non-voting member of the Board of Directors, he advises and influences the decisions of the NHS Foundation Trust as a whole.

The total amount of expenses claimed during the year from 1 April 2018 to 31 March 2019 by Directors was £11,789.56.

#### b) Pensions

	Total accrued pension at age 60 at 31 March 2019	Total accrued pension lump sum at age 60 at 31 March 2019	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Cash Equivalent Transfer Value at 1 April 2018	Cash Equivalent Transfer Value at 31 March 2019	Real Increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
Name	Bands of £5000	Bands of £5000	Bands of £2500	Bands of £2500	£000	£000	£000	£000
Patrick Crowley Chief Executive	65-70	200-205	0	0	N/A	0	0	0
Mike Proctor Interim Chief Executive	0	0	0	0	0	0	0	0
Andy Bertram Finance Director & Deputy Chief Executive	50-55	130-135	0-2.5	(0-2.5)	834	992	112	0
Jim Taylor Medical Director	50-55	160-165	0	0	1050	1,082	0	0
Wendy Scott Chief Operating Officer	45-50	120-125	7.5-10	17.5-20	660	926	227	0



Polly McMeekin Director of Workforce & Organisational Development	15-20	35-40	5-7.5	10-12.5	139	260	78	0
Helen Hey Acting Chief Nurse	20-25	55-60	0-2.5	0-2.5	304	413	7	0
Beverley Geary Chief Nurse	40-45	125-130	2.5-5	10-12.5	670	850	142	0
Brian Golding Director of Estates & Facilities	30-35	100-105	0-2.5	2.5-5	639	751	75	0
Sue Rushbrook Director Systems & Network services	0	0	0	0	0	0	0	0
Lucy Brown Acting Director of Communications	15-20	40-45	2.5 – 5	7.5-10	147	259	75	0

\* Amounts shown above in brackets are negative figures.

The following directors have opted out of the NHS Pension scheme:

Patrick Crowley – retired May 2018;

Jim Taylor.

The following directors have claimed their NHS Pension:

Mike Proctor;

Sue Rushbrook – left re-employment in July 2018.

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

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

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

A handwritten signature in black ink, appearing to read "Mike Proctor". The signature is written in a cursive, flowing style.

**Chief Executive**  
**24 May 2019**

## Staff Report

**Staff Numbers** - The table below provides a summary of the staff employed by the organisation during 2018-19 broken down by age, ethnicity, gender and recorded disabilities. York Teaching Hospital NHS FT has 7,045 permanent employees and 674 staff holding fixed term contracts. York Teaching Facilities Management has 958 permanent employees and 30 staff holding fixed term contracts.

	Staff 2017-18	%	York Teaching Hospital NHS FT		YTH Facilities Management	
			Staff 2018-19	%	Staff 2018-19	%
Age						
0-16	2	0.02	0	0.00	0	0.00
17-21	100	1.13	101	1.31	11	1.11
22+	8,727	98.85	7,618	98.69	977	98.89
Unknown	0	0.00	0	0.00	0	0.00
Ethnicity						
White	7,888	89.34	6,792	87.99	934	94.53
Mixed	69	0.78	70	0.91	3	0.30
Asian or Asian British	360	4.08	371	4.81	10	1.01
Black or Black British	71	0.80	89	1.15	5	0.51
Other	142	1.61	143	1.85	10	1.01
Not stated	299	3.39	254	3.29	26	2.63
Gender						
Male	1,823	20.65	1,492	19.33	421	42.61
Female	7,006	79.35	6,227	80.67	567	57.39
Not stated	0	0.00	0	0.00	0	0.00
Trans-gender	0	0.00	0	0.00	0	0.00
Recorded disabilities						
Yes	175	1.98	193	2.50	17	1.72
No	5,300	60.03	5,040	65.29	550	55.67
Not stated	330	3.74	193	2.50	44	4.45
Unknown	3,024	34.25	2,293	29.71	377	38.16

**Staff Survey** - The Staff Survey results include an overall score on the theme of staff engagement. The score is calculated based on responses to a number of questions within the survey relating to; motivation at work, ability to contribute towards improvements at work and staff willingness to recommend the Trust as a place to work or receive treatment. The score range was from 0 to 10, where 10 was the best score attainable. The Trust's score of 6.9 in 2018 was a small improvement on the score of 6.8 in 2017 and was slightly below the average score of 7.0 when compared with other combined acute and community trusts (i.e. the benchmark group).

A summary of the Trust's scores for each of the ten survey themes is shown below. This includes a comparison to the trust score in 2017, the average score within the benchmark group in 2018 and the best and worst scores achieved within the benchmark group in the 2018 survey:

	<b>2018</b>		<b>2017</b>		<b>2016</b>	
	Trust	Benchmarking Group (average)	Trust	Benchmarking Group (average)	Trust	Benchmarking Group (average)
Equality, diversion & inclusion	9.4	9.2	9.3	9.2	9.3	9.3
Health & Wellbeing	6.2	5.9	6.1	6.0	6.2	6.1
Immediate managers	6.8	6.8	6.6	6.8	6.7	6.8
Morale	6.2	6.2	-	-	-	-
Quality of appraisals	5.8	5.4	5.3	5.3	5.3	5.4
Quality of care	7.3	7.4	7.3	7.5	7.4	7.5
Safe environment – bullying and harassment	8.2	8.1	8.1	8.1	8.1	8.2
Safe environment – violence	9.5	9.5	9.4	9.5	9.4	9.5
Safety culture	6.4	6.7	6.4	6.7	6.4	6.7
Staff engagement	6.9	7.0	6.8	7.0	7.0	7.0

Throughout 2018 the Trust has implemented several projects in response to the 2017 staff survey results. The responses were used in a 'you said, we did' campaign and the related projects were both on an organizational and a directorate level. They included:

- Trialling a £250 reward for staff who make successful applicant referrals for some positions;
- Increasing the salaries for newly qualified nurses who are awaiting their NMC registration to Agenda for Change Band 4 from a Band 2;
- Investing in a new advertising channel 'Global Medical Careers' which is used by more than 150,000 health professionals across the globe;
- Working with local public transport providers to improve their services to our various Trust sites.

Following the identification of some key themes from the 2018 staff survey results, an online forum was launched in January 2019 through which staff were invited to contribute their comments and ideas.

A Staff Survey Project Plan Working Group was also established in January 2019. Comprising staff volunteers from across the Trust, this group is tasked to review the

ideas and comments with a view to turning these into tangible actions and creating the 2019 action plan.

**Trade Union Facility Time Disclosures** - The Trust will fulfil its obligations under the Trade Union (Facility Time Publication Requirements) Regulations for the year 2018-19 by reporting the information in July 2019 and publicise this on the Trust website. The information reported for financial year 2017-18 is as follows:

Number of Trade Union Representatives: 17

The percentage of time spent on facility time: 1-50% of working hours

The amount spent on facility time: £64,288.06

Percentage of pay spent on facility time: 0.02%

The percentage of paid facility time spent on paid trade union activities: 4.41%

**Our Staff** - In line with the HM Treasury requirements, some previous accounts disclosures relating to staff costs are now required to be included in the Staff Report section of the Annual Report instead. The following tables link to data contained in the Trusts Accounts Consolidation and are included here for ease of formatting for the annual report. They should not be included in the annual accounts and these tables are not a complete list of numerical disclosures for the staff report.

#### Staff costs

	Group		2018/19	2017/18
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	220,158	47,497	267,655	259,777
Social security costs	21,363	4,609	25,972	25,250
Apprenticeship levy	1,078	232	1,310	1,270
Employer's contributions to NHS pensions	26,122	5,635	31,757	30,945
Pension cost - other	76	16	92	33
Termination benefits	57	13	70	483
Temporary staff	-	16,322	16,322	18,032
<b>Total gross staff costs</b>	<b>268,854</b>	<b>74,324</b>	<b>343,178</b>	<b>335,790</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>268,854</b>	<b>74,324</b>	<b>343,178</b>	<b>335,790</b>
<b>Of which</b>				
Costs capitalised as part of assets	818	176	994	976

#### Average number of employees (WTE basis)

	Group		2018/19	2017/18
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	403	600	1,003	1,009
Ambulance staff	-	-	-	-
Administration and estates	1,656	96	1,752	1,742
Healthcare assistants and other support staff	1,251	292	1,543	1,551
Nursing, midwifery and health visiting staff	2,063	369	2,432	2,576

Scientific, therapeutic and technical staff	963	61	1,024	1,077
Healthcare science staff	337	22	359	358
<b>Total average numbers</b>	<b>6,673</b>	<b>1,440</b>	<b>8,113</b>	<b>8,313</b>

**Of which:**

Number of employees (WTE) engaged on capital projects	15	-	15	19
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**Reporting of compensation schemes - exit packages 2018/19**

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	1	1
£10,000 - £25,000	-	1	1
£25,001 - 50,000	-	1	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>-</b>	<b>3</b>	<b>3</b>
Total cost (£)	£0	£51,000	£51,000

**Reporting of compensation schemes - exit packages 2017/18**

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	-	-
£10,000 - £25,000	-	1	1
£25,001 - 50,000	3	-	3
£50,001 - £100,000	2	-	2
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>6</b>	<b>1</b>	<b>7</b>
Total resource cost (£)	£372,000	£15,000	£387,000

**Exit packages: other (non-compulsory) departure payments**

	2018/19		2017/18	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	1	15
Contractual payments in lieu of notice	1	1	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	2	50	-	-
<b>Total</b>	<b>3</b>	<b>51</b>	<b>1</b>	<b>15</b>

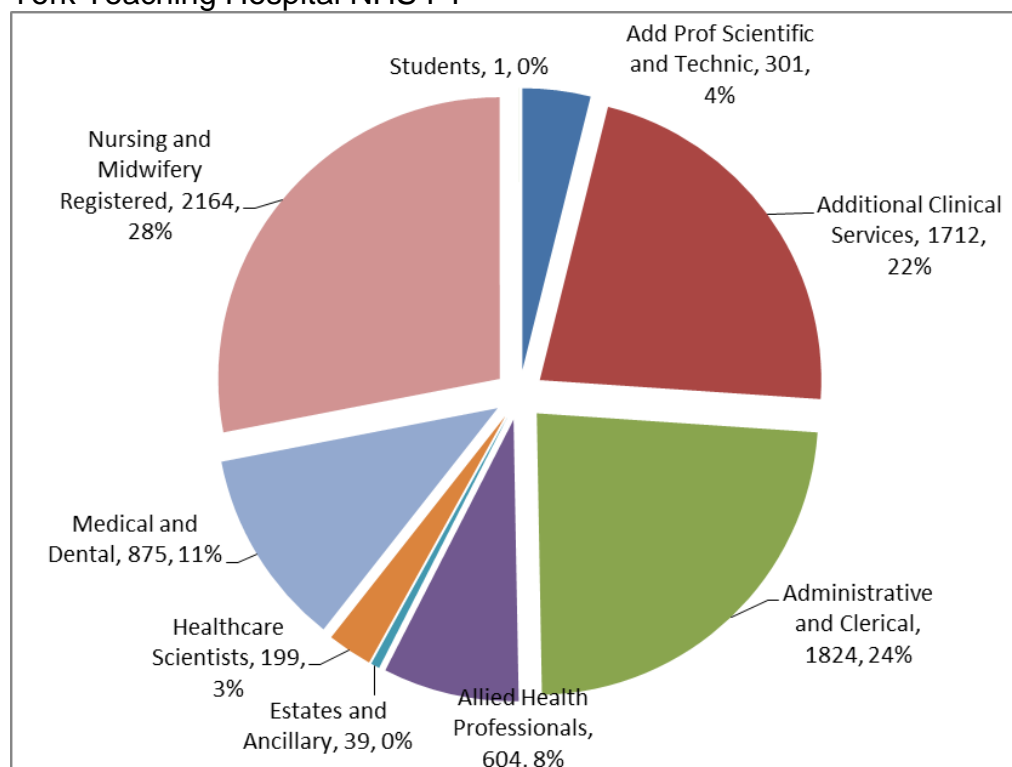
**Of which:**

Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary

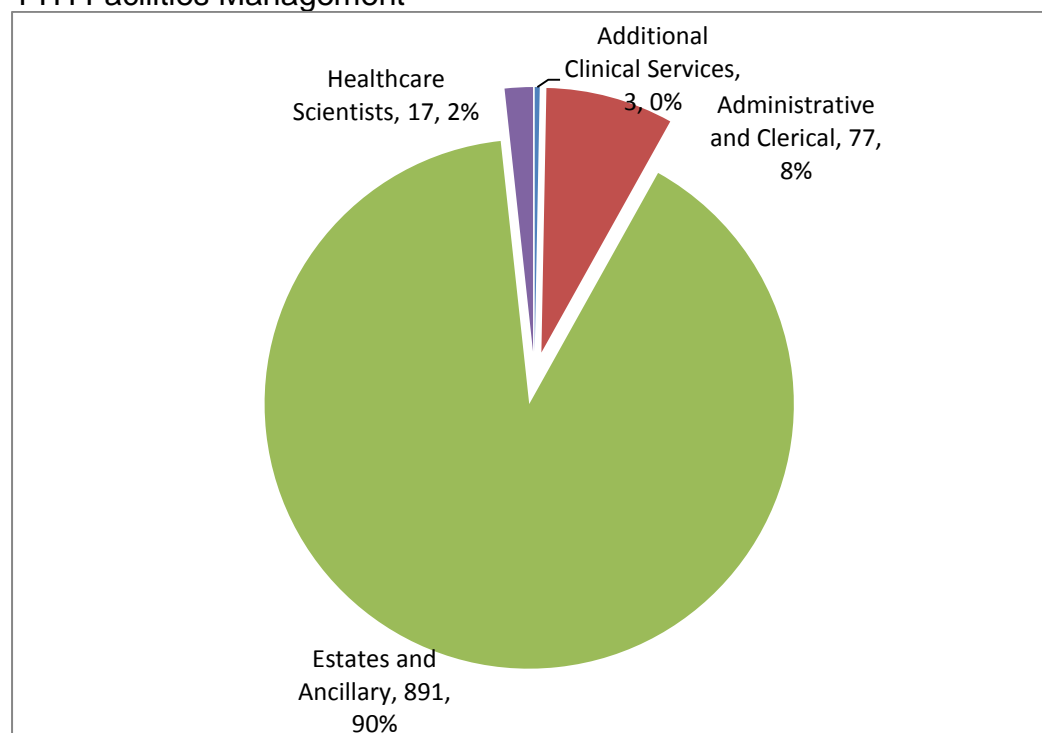
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The figure below shows the number of full time equivalent staff we have in post during the year in the Trust - Staff in post by staff group (headcount)

**York Teaching Hospital NHS FT**



## YTH Facilities Management



**Gender Profile** - The breakdown below includes information about staff at the end of the year in terms of male and female staff, Directors, other managers and employees.

## York Teaching Hospital NHS FT

	Female		Male		Total
	Headcount	% of group	Headcount	% of group	
Directors	4	57%	3	43%	7
Managers	34	63%	20	37%	54
All other staff	6,189	81%	1,469	19%	7,658

## YTH Facilities Management

	Female		Male		Total
	Headcount	% of group	Headcount	% of group	
Directors	0	0%	1	100%	1
Managers	1	50%	1	50%	2
All other staff	566	57%	419	43%	988

**Sickness Absence Rates** - The Department of Health and Social Care Group Accounting Manual requires the sickness absence data for NHS bodies to be reported in the annual report on a calendar year basis. The following data for the Trust is for the calendar year 2018:



Figures Converted by DHSC to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
a	b	c	d	e
7,271.08	74,016.25	10.18	2,653,944	120,071

**Workforce Development** - Since the last report the Organisational Development & Improvement Learning team are now seeking nominations to the new cohorts of Senior Leaders, Emerging Leaders, Consultant Development & First Steps in Leadership, as well as all of the Leadership support skills sessions. All of these programmes will commence in April 2019. The team continue to support to the Workforce Transformation agenda across the Organisation. The development of a mentoring skills workshop and mentoring faculty is in progress, and the pilot programme will be running in April 2019 on both the York & Scarborough sites. Access to suitable venues to deliver learning events on site continues to be very challenging.

**Being Attractive to New Staff** - In July 2018, the Trust launched a new project in an attempt to revitalise the approach to recruitment of medics on the East Coast. The new approach involved a shift away from more traditional approaches to recruitment in favour of greater partnership working with agencies, partners in primary care and local business ambassadors to try and attract more doctors from overseas. As part of this work, a joint primary-secondary care recruitment event was held at Scarborough Hospital on 20 October, which led to eight doctors being offered and accepting appointment with the Trust. This work has been complimented by the Trust's participation in the BAPIO (British Association of Physicians of Indian Origin) MTI scheme, which has culminated in 9 offers of appointment to doctors in General Surgery, Anaesthetics, Paediatrics, Medicine. Since the project began, the Trust has reduced its medical vacancy rate at Scarborough by 3% (from 21.3% to 17.3%).

Two important initiatives to strengthen the Trust's approach to recruitment have been seeded during 2018-19. In March, the Trust became a pilot site for the Perfect Process, which involved working to streamline the process for junior doctors' changeover. This involved improving the level of information-sharing between organisations via transfers made through the Electronic Staff Record. The pilot identified a number of issues, including the readiness of the Trust's systems to manage receipt of information on mandatory training and occupational health records from other NHS Trusts, and the limited availability and quality of data being transferred from other Trusts. On the back of this experience, the Trust – in partnership with Humber, Hull and East Yorkshire and Northern Lincolnshire and Goole Trusts – made a business case to Health Education England to run a streamlining project across the Humber, Coast and Vale STP. This was accepted, and detailed planning for the project will commence in 2019, following the appointment of a Project Manager.

In addition, the Trust partnered with recruitment communication experts Jupiter to develop new recruitment branding. This has involved extensive consultation with staff to better understand the organisation's culture and the reality of working in our Hospitals. Staff were further involved in the selection of a draft concept which was subsequently used in two recruitment campaigns. This concept is now being refined, and in 2019 the Trust is plans to scale up this work to increase its presence on social media and undertake more targeted recruitment of nurses in particular.

### **Looking after our Current Workforce and Ensuring their Health and Wellbeing -**

A new Health and Wellbeing Strategy was produced for 2018-19. This strategy focused health and wellbeing activity on three main areas, namely mental health, physical health and the effective management of sickness absence. Each of these areas has a 2018-19 action plan, regularly reviewed at the respective working groups. The aim for 2018-19 was to enable a more joined-up approach to address rising absence rates and improve employee wellbeing.

Sickness absence rates had increased steadily throughout 2017-18, and a key priority for 2018-19 was to reverse this trend. The Trust's revised Sickness Absence Policy and Procedure was implemented in late 2017 and a programme of management training to support the policy was scheduled through 2018-19, with 15 sessions run between April and December 2018, resulting in 182 managers trained. In addition a programme of Attendance Challenge Meetings were introduced, which provided a more joined-up solution focused approach involving HR, Occupational Health, Directorate management and nursing management to look in-depth at the key absence issues and themes in particular "hotspot" Directorates. These activities appeared to have a positive effect on reducing absence rates significantly in the first half of 2018. The ongoing challenge has been to sustain the lower absence rates, and there were fluctuations in the latter half of 2018. Overall the absence rate for December 2019 was 4.53% (compared to 5.12% in December 2018), a positive indication that rates are reducing overall, albeit this will remain a key priority for 2019-20.

Absences relating to mental health remain high, accounting for more than 25% of all sickness absence in the Trust. This remains high despite numerous, positively received, interventions to better support employees during 2018-19. The Trust's EAP provider (Health Assured) provides a 24/7 telephone advice service and counselling; in April 2018 Schwartz Rounds were introduced (now funded for the next 2 years); the pilot of the RAFT model commenced in 2018 (which provide a structured way of supporting and signposting employees experiencing traumatic events at work) as well as the continuing clinical psychological support service provided by Occupational Health.

The Trust has continued to promote resources on preventative wellbeing support and educational / self-help wellbeing interventions. Staff are encouraged to take personal responsibility for increasing their physical activity levels and making healthier eating and lifestyle choices. In 2018 these include individual health checks, the introduction of "mini" health checks, wellbeing workshops including the pilot of a new menopause workshop which was very positively received and the "Step into Health" programme in partnership with Loughborough University.

The Health and Wellbeing agenda has recently been significantly refreshed. Work to better understand the potential gaps in the Trust's health and wellbeing provision has been a key focus since December 2018. This has included completion of the NHS Employers Health and Wellbeing Framework and Diagnostic Tool, and an in-depth analysis of the on-line health and wellbeing staff survey workshop feedback which has evidenced the wider impact of issues such management behaviours, organisational culture and working environment e.g. car parking, as key factors impacting on health and wellbeing. This more informed baseline will enable greater focus and more effective action planning for 2019-20. This includes:

- an overarching high level action plan rather than a strategy document
- revised Trust level health and wellbeing meeting and governance arrangements
- an agreed suite of metrics to measure the health and wellbeing of the workforce and the impact of planned activity
- embedding health and wellbeing into people management processes including appraisal and employment policy guidance and training
- closer links with ongoing wider organisational work including staff engagement, addressing bullying and harassment, behaviours and line management training

**Developing a Workforce Fit for the Future** - In regard to the Trust's learning infrastructure, work has got underway to source additional teaching faculty in response to an increase in undergraduate places at the Hull and York Medical. HYMS have been working to develop Teaching Fellowships (TF) for post Foundation doctors wanting to step off their training programmes for two years to gain more experience in a particular area. The TF posts have been developed to include a day's teaching expectation with the rest of the week dedicated to clinical work in a speciality that is experiencing staffing shortages. By December 2018, five TFs had been appointed and this number will grow as the different phases of the curriculum roll out.

The Trust also completed a successful application to become part of a regional Excellence Centre (National Skills Academy) in April 2018 and continues to collaborate with partners across the STP and within the Excellence Centre to develop appropriate projects. An application for 'Kite Mark' status, which assesses the quality of teaching programs and in house faculty, was submitted at the end of 2018. The provision of further documentation and approval visits towards this award, will start early in 2019.

The Trust has trained and subsequently employed fourteen qualified Advance Clinical Practitioners and a further eleven qualified in February 2019 although they have yet to complete a preceptorship year and dissertation. The Trust continues to invest in Advance Practitioner training and a further fifteen trainees were recruited towards the end of 2018. They will continue to support service delivery across Emergency Medicine, Trauma and Orthopaedics and Acute Medicine from within a new 'Care Group' model. In addition fifteen qualified Physician Associates (four for GP/ Community) were recruited in October 2018 to support service delivery across acute and specialist medicine. The four GP PAs will rotate through acute as well as Community placements. All have started on a two year preceptorship period to support them with integrating into the NHS and gaining more experience within a range of specialties.

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

Across the Trust, and following an organisational Training needs analysis, many areas have now recruited and are supporting staff on apprenticeship programmes, both clinical and non-clinical. Up to February 2019 there have been 140 apprentice starts with a projection of 189 by the end of the financial year. Roll out in some instances has been hampered by the lack of national apprenticeship standards. Many are still being developed and as they become available the apprenticeships are being recruited to.

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

The Trust, together with the University of York completed a pilot programme for fifteen trainee Nursing Associates (tNA). Following a review of the programme and the need for any subsequent courses to comply with the new NMC standards and be available in an apprenticeship format, two further cohorts of tNAs were recruited in November 2018. Nineteen tNAs from Scarborough site and nine from York site started this new programme supported by Coventry University. The University of York is working on their own programme to start in September 2019 and the Trust has confirmed the need for 20 places in addition to Tees Esk and Wear NHS Trust adding their own trainees. The Trust is also planning to support an additional cohort of tNA's at Scarborough in March 2020.

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

The second year of the Young Persons Programme in Scarborough, aimed at showcasing careers in the NHS to students from local schools was again a success. Following feedback from the students who attended, a different format is being developed for the 2019 program and if it is successful, will be rolled out to schools in York in 2010. The aim is to encourage youngsters to think about and apply for apprenticeships locally, many of which can act as a stepping stone into other opportunities within the workforce. Work is underway in the Trust and with the HCV Centre of Excellence to identify the different career pathways and entry requirements.

There is an ongoing challenge in all clinical areas with regards to under-established doctor posts. The Trust will also be seeing an increase in undergraduate medical students from September 2019, requiring more clinical teachers. In order to address

these issues an innovative careers event was held at Scarborough Hospital in October 2018, where any attendees interested in working for the Trust could make that fact known and request a fast track interview. Eight new Trust grade doctors were successfully recruited for Scarborough. In addition to this some teaching posts have been created by approaching F2 doctors to see if they would be interested in a two year, post Foundation role, again as a Trust grade doctor. The role involves a days identified HYMS teaching with the rest of the time working in an appropriate speciality area. Up to February 2019, five Teaching Fellows have been appointed with more targeted for later in 2019. This has several benefits, the Trust identifies additional teaching capability, post Foundation doctors have the opportunity to explore specialities they might be interested in, clinical workforce gaps are decreased and the Trust can demonstrate that is a good place to work for the future.

**Reporting High Paid Off-Payroll Arrangements** - The Trust had no off-payroll engagements.

## Disclosures set out in the NHS Foundation Trust Code of Governance

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York Teaching Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Trust reviewed its governance arrangements in light of the code and makes the following statements.

**Directors** - The Trust is headed by a Board; it exercises its functions effectively, efficiently and economically. The Board is a unitary Board and at the end of March 2019 consisted of a Non-executive Chair, 6 Non-executive Directors and 6 Executive Directors. Full details of members of the Board and changes to the membership of the Board during 2018-19 can be found on page 62. The Board meets a minimum of 12 times a year so that it can regularly discharge its duties.

The Board provides active leadership within a framework of prudent and effective controls and ensures it is compliant with the terms of its licence. In February 2018, the Trust underwent a Licence Review by NHSI which focused on the Trust's business model and sustainability. Further reference is made to this in the AGS on page 169.

The Non-executive Directors hold Executive Directors accountable through scrutiny of performance outcomes, management of business process systems and quality controls, and satisfy themselves as to the integrity of financial, clinical and other information. Financial and clinical quality control systems of risk management are robust and defensible.

The Non-executive Directors, through the Remuneration Committee, fulfil their responsibility for determining appropriate levels of remuneration of Executive Directors. The Committee is provided with benchmark data to support the decision being made about the level of remuneration for the Executive Directors. More details about the Remuneration Committee can be found on page 88.

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

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders as part of the work around the 5 Year Strategy.

The appointment process for the Chair and Non-executive Directors is detailed on page 112 and 113 and forms part of the information included in the standing orders

written for the Council of Governors. Each year the Chair and Non-executive Directors receive an appraisal which is reviewed by the Council of Governors. The Chair undertakes an appraisal of the Chief Executive and the Chief Executive undertakes the appraisal of the Executive Directors. Details of the approach to appraisals can be found on page 116 of this report.

Members of the Board of Directors regularly attend the Council of Governors and discuss issues with the Governors. The Non-Executive Directors are involved in committees and groups where the Governors are members or attend the meetings. A Board to Council of Governors is held twice a year and the agenda overseen by the Council of Governors.

**The Chair** - A clear statement outlining the division of responsibility between the Chair and the Chief Executive has been approved by the Board of Directors.

**Governors** - The Trust has a Council of Governors that is responsible for representing the interests of the members of the Trust, partners, voluntary organisations within the local health economy and the general community served by the Trust. The Council of Governors holds the Board of Directors to account for the performance of the Trust including ensuring the Board of Directors acts within the terms of the Licence. Governors feedback information about the Trust to Members and the local community through a newsletter, information placed on the Trust's website and public Council of Governor meetings.

The Council of Governors were asked to comment on both the 5 year strategy and operational plan during 2018-19.

The Council of Governors consists of elected and appointed Governors. More than half of the Governors are Public Governors elected by community members of the Trust. Elections take place once a year. The next elections will be held during summer 2019.

The Council of Governors has in place a process for the appointment of the Chair which includes understanding the other commitments a prospective candidate has. The Council of Governors appointed a new Chair during 2014-15 who took up office from 1 April 2015. The Chair has confirmed to the Council of Governors that she has no other significant commitments, other than as a Non-executive Director at the Beverley Building Society.

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

Development is provided throughout the year for Governors and Non-executive Directors in a number of formats.

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

The Chair, having sought the views of the Non-executive Directors and Executive Director Board members, reviews the performance of the Chief Executive as part of the annual appraisal process.

The Chief Executive evaluates the performance of the Executive Directors on an annual basis and the outcome is reported to the Chair. The Chair and Non-executive Directors provide the Chief Executive with their view of the Executive Directors performance in the Board meeting.

**Performance Evaluation of the Board and its Committees** - Grant Thornton LLP conducted a Well Led Review as prescribed by NHS Improvement in 2015-16. The review concentrated on the quality of the governance in place in the organisation. The review required the Directors to complete a self-assessment which was used as the basis for the review.

Grant Thornton undertook a number of interviews with key members of staff and Directors and observed Board Committees and a Board meeting. Grant Thornton also ran a number of focus groups and tested the governance from the Ward to Board.

The Trust underwent a detailed Licence Investigation by NHSI in early 2018 which resulted in a comprehensive action plan covering finance, governance, strategy, Board composition and succession planning.

**Appointment of Members of the Board of Directors** - The Council of Governors is responsible for the appointment and/or removal of the Chair and Non-executive Directors. The Governors have a standing Nominations/Remuneration Committee which takes responsibility for leading the process of appointment/removal on behalf of the Council of Governors. The Non-executive Directors are responsible for the appointment of the Executive Directors, including the Chief Executive. The Council of Governors is required to approve the appointment of the Chief Executive.

**The Process for the Appointment of the Chair** - During 2014, the Council of Governors and the Governors' Nomination/Remuneration Committee considered and agreed the process for the appointment of the Chair. The Governors agreed that the Trust should undertake the recruitment in-house. The Council of Governors agreed that the Nomination/Remuneration Committee should agree the job description and criteria for the post, along with approving the advertisement and the appointment process.

The process agreed by the Governors' Nomination/Remuneration Committee requires the post to be advertised and letters explaining the vacancy to be sent to local businesses. Long lists of applicants are reviewed for compliance with the requirements of the constitution and a short list of candidates is agreed by the Nomination/Remuneration Committee. The candidates are required to complete a Fit and Proper Person Declaration; an online search is undertaken and the Trust asks the External Auditors to undertake an independent search against each declaration.

The shortlisted candidates are asked to attend a one-to-one interview that tests pre-agreed requirements. This is followed by a number of group interviews which involve



membership from Governors, Directors and members of staff and an unseen presentation. The candidates will then be asked to attend a final interview. The panel for the final interview comprises the Lead Governor and four other Governors, along with an invited external advisor. After the final interview, the panel discusses the candidates and agrees what recommendation to put forward to the Council of Governors for approval. Following approval by the Council of Governors, the successful candidate is advised of their appointment.

Throughout the process both the Nomination/Remuneration Committee and the Council of Governors are updated on progress.

**The Process for the Appointment of the Non-Executive Directors** - Once it has been established that there is a need to appoint a Non-executive Director the Nomination/Remuneration Committee meets to agree the details. The post is advertised and a long list process is completed. The Governors review the applications to develop a shortlist. Governors form the appointment panel and the panel undertakes the interviews. The panel develops a recommendation for approval by the Council of Governors, following which the successful candidate is advised. Two Associate Non-executive Directors commenced in the Trust in April 2018 following use of the full appointment process and were then made substantive Non-executive Directors in July 2018. Further recruitment for Non-executive Directors took place in January 2019 and the 2 successful candidates will take up position in July 2019.

Non-executive Directors can service a total of 9 years, but can choose to leave or have their service terminated by a recommendation of the Nomination and Remuneration Committee and a majority vote of the Council of Governors.

**Appointment of Executive Directors** - The Trust appointed a new Chief Executive in January 2019 and a Director of Workforce and Organisational Development and Chief Nurse in February 2019. The process the Board chose to adopt was similar to that used in the past. The Trust placed an advert in appropriate media and received a number of applications. Each candidate was invited to attend an assessment centre. The assessment centre was made up of a number of activities, including panel interviews. The membership was taken from across the organisation and included the Executive Directors, Clinical Directors, Governors, Matrons and Senior Leads. The candidates were also asked to give a presentation on the trust values.

**Compliance with the Code of Governance** - The Board confirmed it complies with the Code of Governance except in the following areas:

Requirements	Explanation
<u>Paragraph B1.1</u> The Board should identify in the Annual Report each Non-executive Director it considers to be independent. The Board should determine whether the Director is independent in character and judgement and whether there are relationships or	

Requirements	Explanation
<p>circumstances which are likely to affect, or could appear to affect, the Director's judgement. The Board should state its reasons if it determines that a Director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the Director:</p> <p>Has, or has had, within the last 3 years, a material business relationship with the NHS Foundation Trust, either directly, or as a Partner, Shareholder, Director or senior employee of a Board of Directors that has such a relationship with the NHS Foundation Trust</p> <p>Has close family ties with any of the NHS Foundation Trust's advisors, directors or senior employees</p> <p>Has served on the Board of the NHS Foundation Trust for more than six years from the date of their first appointment</p> <p>Is an appointed representative of the NHS Foundation Trust's university medical or dental school</p> <p>At least half the Board of Directors, excluding the Chairperson, should comprise Non-executive Directors determined by the Board to be independent</p>	<p>One Non-executive Director's spouse is a member of the senior medical team.</p> <p>One Non-executive Director's spouse is a senior clinician working in the Trust.</p> <p>Three Non-executive Directors were reappointed for a third three year term by the Council of Governors which is appraised on a year on year basis. The Governors specifically confirmed that the individuals had received positive and successful appraisals during the year. One Non-executive Director completed her final term of office in 2018 and one retired before the end of their final term.</p> <p>The Council of Governors has chosen not to make an appointment to the Board from the university medical or dental school. The Council of Governors does have an appointment process and considers the skills that are being sought for each appointment</p> <p>7 members of the Board are Non-executive Directors which includes the Chair. 6 members of the Board are voting Executive Directors and 2 members of the Board are non-voting Directors.</p> <p>The recent recruitment did not involve an external advisor due to availability.</p> <p>The Trust works with ERS as the</p>

Requirements	Explanation
An independent external adviser should not be a member of or have a vote on the nominations committee(s).	returning officer to ensure the detail included in any election is accurate and reflective of that individual.  The recent recruitment did not involve an external advisor due to availability.
Elected Governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of Governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.	Each Governor is required to stand for election once their period of office has concluded before they can have a further period of office. A Staff Governor due for election in 2017 was overlooked. This has been discussed by the Constitution Review Group and Council of Governors. The Staff Governor has been elected for a further period of two years only. Another staff governor has agreed to stay on for a further year when no appointment was made.

**Responsibility for Preparing the Annual Report and Accounts** - The Directors of the Trust are responsible for the preparation of the Annual Report and Accounts. The Directors approve the Annual Report and Accounts prior to their publication. The Directors are of the opinion 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 Foundation Trust's performance, business model and strategy.

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

The Board of Directors promotes effective communications between the Council of Governors and the Board. The Board, through the Chief Executive and the Chair, provide regular updates to the Council of Governors on developments being undertaken in the Trust. The Board encourages Governors to raise questions and concerns during the year and to ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive and any invited Director, or Non-executive Director, will ensure that the Council of Governors are provided with any information, for example, the Trust has materially changed the financial standing of the Trust, or the performance of its business has changed, or where there is an expectation as to performance, which, if made public, would be likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the Trust.

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

Should the Chair not be willing or able to resolve the dispute, the Senior Independent Director and the Lead Governor of the Council of Governors would jointly attempt to resolve the dispute. In the event of the Senior Independent Director and the Lead Governor being unable to resolve the dispute, the Board of Directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006, will decide the disputed matter.

The Board makes decisions about the functioning of the Trust and, where appropriate, consults with the Council of Governors prior to making a decision. Any major new development in the sphere of activity of the Trust which is not public knowledge is reported to the Council of Governors in a private session, and to NHS Improvement.

The Council of Governors is responsible for the decisions around the appointment of Non-executive Directors, the appointment of the External Auditors in conjunction with the Audit Committee, the approval of the appointment of the Chief Executive and the appointment of the Chair. The Council of Governors sets the remuneration of the Non-executive Directors and the Chair. The Council of Governors is encouraged to discuss decisions made by the Trust and highlight any concerns they have. The Council of Governors also has in place a statement that identifies at what level the Board of Directors will seek approval from the Council of Governors when there is a proposed significant transaction.

**Board Balance, Completeness and Appropriateness** - As at year ending 31 March 2019, the Board of Directors for York Teaching Hospital NHS Foundation Trust comprised 6 Executive Directors, 6 Independent Non-executive Directors and an Independent Non-executive Chair.

Changes to the Board composition during the financial year 2018-19 are set out on page 62.

**Appraisal of Board Members** - The Chair has conducted a thorough review of each Non-executive Director to assess their independence and contribution to the Board of Directors and confirmed that they are all effective independent Non-executive Directors.

The appraisals are used as an opportunity to provide a basis for both individual and collective development programmes. A programme of appraisals has been run during 2018-19 and all Non-executive Directors have undergone an annual appraisal as part of the review.

The appraisal of the Chief Executive is undertaken on an annual basis by the Chair. The Chair has put in place a robust system where she discusses the outcome of her

enquires with the Chief Executive and draws up a set of objectives. The Board of Directors receives the objectives at a Board meeting.

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

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

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

All Board members have confirmed that they are fit and proper persons to hold the office of Director in the Trust and have no declarations to make that would be contrary to the requirements. All Board members have confirmed that they do not hold any additional interests that are not declared in the Trust's Declaration of Interests.

The appointment of Executive Directors is discussed at the Remuneration Committee.

Biographies for the Board of Directors can be found on page 63 of this report.

**Internal Audit Function** - The Trust has an Internal Audit function in place that provides support to the management of the organisation. Details of the Internal Audit function can be found on page 71.

**Attendance of Non-Executive Directors at the Council of Governors -**

All Non-executive Directors have an open invitation to attend the Council of Governors meetings, which they attend on a regular basis. The Board of Directors and the Governors meet at the Board to Council of Governor meetings, which are held twice a year. Each meeting has focused on areas that the Governors would like more information or understanding of.

Members of the Council of Governors and Non-executive Directors work together on other occasions through various groups and committees and also meet on a one-to-one basis during the year.

**Corporate Directors' Remuneration** - The Remuneration Committee meets on a regular basis, as a minimum once a year, to review the remuneration of the Corporate Directors. Details of the work of the Remuneration Committee can be found on page 88. The Council of Governors has a Nominations/ Remuneration Committee which meets a minimum of four times a year. Part of the role of the Nominations/ Remuneration Committee is to review the remuneration of the Non-executive Directors. Details of the Nominations/Remuneration Committee can be found on page 127.

**Accountability and Audit** - The Board of Directors has an established Audit Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Audit Committee is on page 69.

**Relations and Stakeholders** - The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year. Examples of the Trust working with stakeholders can be found on pages 23 & 161.

## Council of Governors Report 2018/19

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### Lead Governor Report



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

The Chair of the Trust is Chair of the Council of Governors as well as the Board and both the Chair and the Chief Executive provide regular updates for the Governors. By attending the Public Board meetings as observers, Governors receive first-hand information from the Executives and Non-executive Directors (NEDs). It is also an opportunity for Governors to see how the NEDs fulfil their role in challenging the Executives and seeking assurance. Part of these meetings are held in public and the community including trust members are encouraged to attend as observers and find out more about the organisation, what issues are current and how they are being addressed.

Governors continue to be encouraged to attend the 6 monthly “Board to Council of Governor” meetings which cover particular issues and give the opportunity for Governors to hear directly from Executives and Non-Executives, debate issues with them and raise any questions they may have. These meetings are under constant review and the more recent successful ones have involved governors sending in specific questions before the meeting so that the most relevant Executive is available to provide a full response. More recently governors have been attending the various new committees to see the NEDs in action in preparation for providing feed-back to the Chair who will be carrying out the appraisals of the NEDs in due course.

Despite the challenges patient stories about their care and safety are discussed at every opportunity and governors are represented at the Patient Experience Steering Group which is chaired by the Chief Nurse or her deputy. Developments in clinical practice are part of this meeting as well as patient feed-back, general issues that affect the clinical environment such as the new open visiting times, complaints and their handling and the development of the volunteer role and scheme. There is regular feed-back to governors from the Patient Experience team as the notes of the meeting are distributed to all governors.

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

programme. It is planned that governors will be part of the Patient Safety Walk Rounds initially in their local hospital.

There has been a very stable Non-Executive team but a number have come to the end of their term of office. Governors have attended recruitment training for such positions as these are Governor appointments and have undertaken the recruitment of 2 NEDs to start to replace those NEDs due to leave or who have left. These newly appointed NEDs will commence at the beginning of July 2019. Governors have also been involved in the recruitment of a Chief Nurse, the Director of Workforce and OD and the new Chief Executive.

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

1. The Membership Group - The Trust is always seeking new members from the community it serves and governors are involved in the membership group which discusses ways in which the membership can be developed. A number of recruitment fairs have been held and governors held a membership recruitment drive at both the York and Scarborough events. A stand was also manned for a week held in the main reception area of York Hospital. A review of the intake of new members from this event will be made.

2. The "Out of Hospital" Group - This group is chaired by a manager from the Trust and meets on a 3 monthly basis to discuss the schemes being introduced across the community and discuss any developments that are in place and the outcomes of these. Representatives from the Council of Governors attend this meeting and a report is received by their colleagues at the Council of Governors to keep them updated. Schemes are being tried that support patients staying in their own homes wherever possible with the appropriate support. These are being well received by patients and their families. Recent discussions have included the scheme to deliver antibiotics for patients in their own homes if the patient meets a strict criteria and the development and roll out of the electronic prescribing system.

Once again governors were invited to attend this year's "Celebration of Achievement" awards held at York Racecourse and joined staff with their families and friends and patients who had nominated members of staff involved in their care for an award. It was again a pleasure to listen to and learn about how staff as individuals or teams had developed the care they were providing and how well this had been received by patients. Despite staff being under real pressure it is really good to hear this. Congratulations to the winners but to everyone in the trust on their achievements this year. Their efforts to achieve the very best outcome for patients and their families do not go unnoticed by those receiving care and those managing the organisation. The governor award this year went to the volunteer of the year, Keelie Mollan. It was very difficult to pick out one individual as it was felt that all volunteers deserved credit and very sincere thanks go to all who give up their time freely to volunteer in many different capacities.



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

**Margaret Jackson**  
**Lead Governor**

**Role of the Council of Governors** - All NHS Foundation Trusts are required to have a body of elected and nominated Governors. York Teaching Hospital NHS Foundation Trust has a Council of Governors which is responsible for representing the interests of the public in their local areas, Trust members, staff members and partner organisations in the local health economy.

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

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

- To hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors;
- To represent the interests of the members of the Trust as a whole and the interests of the public.

The Council of Governors has a right to be consulted on the Trust's strategies and plans, and any matter of significance affecting the services it provides. All Governors, both elected and appointed, are required to act in the best interest of the NHS Foundation Trust and adhere to the values and code of conduct of the Trust.

Their duties and responsibilities include:-

- To appoint and remove the Chair and other Non-executive Directors;
- To approve the appointment of the Chief Executive;
- To appoint and remove the External Auditors;
- To ensure one or more of the Directors attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance, of its functions, or the Directors performance of their duties.
- To review the Annual Accounts, Auditors Report and Annual Report;
- To view from the membership on matters of significance affecting the Trust or the services it provides;
- To represent the interests and views of Trust members and local people;
- To regularly feedback information about the Trust, its visions and its performance to the communities they represent;
- To attend meetings of the Council of Governors;
- To attend Board to Council of Governors meetings;
- To receive an annual report from the Board of Directors;

- To monitor performance and other targets;
- To advise the Board of Directors on its strategic plans;
- To make sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by NHS Improvement;
- To be consulted on any changes to the Trust's constitution;
- To agree the Chair's and Non-executive Directors remuneration;
- To provide representatives to serve on specific groups and committees working in partnerships with the Board of Directors;
- To inform NHS Improvement if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust.

The Council of Governors and the Board of Directors continue to work together to develop an appropriate and effective working relationship. They are regularly updated on the performance of the Trust from the Board of Directors and receive both the agenda and minutes of each public Board of Directors meeting.

The Council of Governors at York Teaching Hospital NHS Foundation Trust currently has 26 Governor Seats in the constitution as follows:

Public Governors	Sixteen elected seats
Staff Governors	Five elected seats
Stakeholder Governors:	Five appointed comprising:
<ul style="list-style-type: none"> <li>• Local Authorities</li> <li>• Healthcare Organisations</li> <li>• Local Universities</li> <li>• Voluntary Sector</li> </ul>	<ul style="list-style-type: none"> <li>• One seat</li> <li>• Two seats</li> <li>• One seat</li> <li>• One seat</li> </ul>

**Governor Elections** - The Trust held an election during 2018. The next elections will be held during the summer of 2019. The following seats will be included in the elections:

- York constituency – 2 seats
- Selby constituency – 2 seats
- Ryedale and East Yorkshire constituency – 1 seat
- Hambleton constituency – 1 seat
- Bridlington – 1 seat
- Staff – 2 seats

The elections process will begin at the end of June 2019 and the election results will be announced at the end of September 2019.

The Chair also acts as Chair of the Council of Governors.

On the 1 October 2018 the Estates & Facilities directorate formed its own company, York Teaching Hospital Facilities Management Limited Liability Partnership. This affected a staff governor who was transferred over to the new company. It was discussed at the Private Council of Governors meeting in December 2018 and agreed that this person would continue as a Governor until the next elections in the summer of 2019, when a new staff Governor and stakeholder Governor will be

sought. In the meantime, the constitution has been amended to include an LLP stakeholder Governor taking the Council of Governors to a total of 27.

**The Governors** - Listed below are the members, elected or appointed, currently serving on the Council of Governors including those who have ceased being members of the Council of Governors during the year.

Name	Initial Apt year	Date appointed	Term of office	End of Term date
<b>ELECTED GOVERNORS – PUBLIC</b>				
<b>Hambleton (1 seat)</b>				
Catherine Thompson	2016	10.08.16	3 Years	30.09.19
<b>Scarborough and Bridlington Constituency (2 seats in Scarborough, 2 seats in Bridlington)</b>				
Patricia Stovell	2015	01.10.15	3 Years	30.09.18
Richard Thompson	2017	01.10.17	3 Years	30.09.20
Clive Neale	2014	01.10.17	3 Years	30.09.20
Liz Black	2018	01.10.18	3 Years	30.09.21
Vacancy				
<b>Selby Constituency (2 seats)</b>				
Ann Bolland	2021	01.10.18	3 Years	Resigned Dec 18
Roland Chilvers	2016	21.07.16	3 Years	30.09.19
<b>Ryedale and East Yorkshire Constituency (3 seats)</b>				
Andrew Butler	2016	01.10.16	3 Years	09.08.19
Sheila Miller	2012	01.10.17	3 Years	30.09.20
Jeanette Anness	2012	01.10.18	3 Years	30.09.21
<b>Whitby Constituency (1 seat)</b>				
Stephen Hinchliffe	2012	01.10.18	3 Years	30.09.21
<b>York Constituency (5 seats)</b>				
John Cooke	2015	01.10.15	3 Years	30.09.18
Michael Reakes	2016	01.10.16	3 Years	30.09.19
Helen Fields	2013	01.10.16	3 Years	30.09.19
Margaret Jackson	2012	01.10.17	3 Years	30.09.20
Robert Wright	2014	01.10.17	3 Years	30.09.20
Sally Light	2018	01.10.18	3 years	30.09.21
<b>PARTNERSHIP ORGANISATIONS</b>				
<b>North Yorkshire County Council (1 seat)</b>				
Chris Pearson	2015	01.10.15	3 Years	30.05.21
<b>University of York (1 seat)</b>				
Gerry Richardson	2017	01.05.17	3 Years	30.04.20
<b>Voluntary Sector (1 seat)</b>				
Vacancy				
<b>Healthcare Organisations (2 Seats)</b>				
Dawn Clements	2016	01.12.16	3 Years	30.09.19
Karen Porter	2017	01.01.17	3 Years	01.01.20
<b>ELECTED GOVERNORS - STAFF</b>				
<b>Community (1 seat)</b>				
Sharon Hurst	2015	01.10.15	3 Years – 1 yr	30.09.19

			extension	
<b>Scarborough and Bridlington (2 seats)</b>				
Helen Noble	2012	01.10.17	3 Years	30.09.20
Andrew Bennett	2014	01.10.17	3 Years	30.09.20
<b>York (2 seats)</b>				
Jill Sykes	2017	01.10.17	3 Years	30.09.20
Mick Lee	2014	01.10.18	2 Years	30.09.20

There has been one removal of a newly elected Bridlington Governor through lack of contact and non-attendance at meetings within the year.

**The Council of Governors Meetings** - Meetings of the Council of Governors took place on five occasions. The table below shows the attendance of Governors at the formal Council of Governors meetings.

Attendees	14 Jun 18	21 Sep 18	13 Dec 18	31 Jan 19	13 Mar 19	Total meetings attended
<b>PUBLIC CONSTITUENCIES</b>						
<b>Hambleton Constituency (1 seat)</b>						
Catherine Thompson	√	√	√	√	√	5/5
<b>Scarborough and Bridlington Constituency (2 seats in Scarborough, 2 seats in Bridlington)</b>						
Pat Stovell	√	Retired Sept'18				
Clive Neale	√	√	A	A	A	2/5
Richard Thompson	√	A	√	√	A	3/5
<b>Selby Constituency (2 seats)</b>						
Ann Bolland	A	√	Resigned Dec'18			
Roland Chilvers	A	A	√	√	A	2/5
<b>Ryedale and East Yorkshire Constituency (3 seats)</b>						
Jeanette Anness	√	A	√	√	√	5/5
Sheila Miller	√	√	√	√	√	5/5
Andrew Butler	√	√	A	√	√	4/5
<b>Whitby Constituency (1 seat)</b>						
Stephen Hinchliffe	√	√	A	√	√	4/5
<b>York Constituency (5 seats)</b>						
John Cooke	A	Retired Sept'18				
Helen Fields	√	√	√	A	√	4/5
Margaret Jackson	√	√	√	√	√	5/5
Michael Reakes	√	√	√	√	√	5/5
Robert Wright	√	A	√	A	√	3/5
<b>PARTNERSHIP ORGANISATIONS</b>						
<b>Voluntary Sector (1 seat)</b>						
Vacant						
<b>North Yorkshire County Council (1 seat)</b>						
Chris Pearson	√	A	√	√	√	4/5
<b>Project Choice (1 seat)</b>						
Karen Porter	A	√	√	A	√	4/5

	<b>University of York (1 seat)</b>					
Gerry Richardson	√	√	√	√	√	5/5
	<b>Hospice Movement</b>					
Dawn Clements	√	√	√	A	√	4/5
	<b>STAFF CONSTITUENCIES</b>					
	<b>Community (1 seat)</b>					
Sharon Hurst	√	√	√	√	√	5/5
	<b>Scarborough and Bridlington (2 seats)</b>					
Helen Noble	A	A	√	√	√	3/5
Andrew Bennett	√	√	√	√	√	5/5
	<b>York (2 seats)</b>					
Jill Sykes	√	√	√	√	√	5/5
Mick Lee	√	√	√	√	√	5/5

Members of the Board also attend the Council of Governor meetings and the table below shows individual attendance.

<b>Board Member</b>	<b>14.06.18</b>	<b>21.09.18</b>	<b>13.12.18</b>	<b>13.03.19</b>
Susan Symington - Chair		√	√	√
Jennie Adams - Non-executive Director	√		√	√
Mike Keaney - Non-executive Director			√	√
Dianne Willcocks - Non-executive Director	√		√	√
Jenny McAleese - Non-executive Director	√	√		
Lorraine Boyd - Asc. Non-executive Director		√		
Lynne Mellor - Asc. Non-executive Director				
Mike Proctor, Chief Executive	√			√
Andy Bertram, Finance Director		√	√	√
Wendy Scott, Chief Operating Officer		√		√
Bev Geary, Chief Nurse				
Helen Hey, Acting Chief Nurse				
Jim Taylor, Medical Director				
Brian Golding, E&F Director	√		√	
Polly McMeekin, Director of Workforce & OD	√			
Lucy Brown, Acting Director of Comms.				

**Attendance at Meetings** - In addition to the Council of Governors meetings the Governors also met on a number of other occasions during the year to receive informal updates, training and information.

Board to Council of Governors meetings were held in April and October 2018 and covered a number of subjects including the following:

- Recruitment of new Chief Executive;

- Workforce issues including the recruitment of overseas staff and the Brexit effect;
- East Coast Review;
- Humber Coast & Vale Partnership progress;
- Inclusive Employer Initiative;
- Home First Initiative;
- Overview of strategic planning;
- Progress with Electronic Prescribing and Medicines Administration (EPMA);
- Use of technology to benefit patients.

**Training for Governors** - To ensure the Governors are equipped with the skills they need to undertake their role, the Trust continues to ensure that Governors receive the information and understanding they require to perform the role. Induction was provided to new governors and the agendas from the Council meetings and Board to Council of Governors are structured to provide the necessary information and understanding. Sessions arranged included:-

- Recruitment & Selection Training;
- Core Skills Training;
- Regional Workshops.

**Governor Expenses** - Governors are not remunerated, but are entitled to claim expenses for costs incurred whilst undertaking duties for the Trust as a Governor (i.e. travel expenses to attend the Council of Governors meetings). The total amount of expenses claimed during the year from 1 April 2018 to 31 March 2019 by Governors was £3781.86.

**Related Party Transactions** - Under International Accounting Standard 24 “Related Party Transactions”, the Trust is required to disclose, in the annual accounts, any material transactions between the NHS Foundation Trust and members of the Council of Governors or parties related to them. There were no such transactions for the period 1 April 2018 to 31 March 2019.

**Appointment of the Lead Governor** - The process for the appointment of Lead Governor requires Governors to put their name forward and provide a statement. These names and statements are put forward to the full Council of Governors as an election and the Governors vote for who they would like as their Lead Governor. The Council of Governors followed this process and appointed Margaret Jackson as Lead Governor from 1 April 2014. Margaret Jackson’s term of office came up for election and she was reappointed as a Governor for a further three years in September 2017 where the Council of Governors confirmed that they wished her to continue as Lead Governor. Margaret Jackson’s term of office is due to finish in September 2020.

**Membership of the Committees and Groups** - The Council of Governors has delegated authority to a number of committees and groups to address specific responsibilities of the Council of Governors. During the year the Council of Governors welcomed some new members following the elections. This has meant that during the early part of 2019 the Governors have reviewed the groups and committees and replacements have been confirmed.

The Council of Governors was supported by the following Sub Groups and Committees:

### **Nomination/Remuneration Committee**

Susan Symington – Chair of the Trust (Chair);  
Lynda Provins – Foundation Trust Secretary;  
Margaret Jackson – Lead Governor (Vice-Chair);  
Ann Bolland – Public Governor, Selby; (resigned December 2018)  
Helen Fields – Public Governor, York;  
Jeanette Anness – Public Governor, Ryedale and East Yorkshire;  
Robert Wright – Public Governor, York;  
Andrew Butler – Public Governor, Ryedale & East Yorkshire;  
Stephen Hinchliffe – Public Governor, Whitby;  
Mick Lee - Staff Governor, York;  
Gerry Richardson – Stakeholder Governor, York University; (from January 2019)

During the year, issues discussed included:

- Annual review of remuneration of the seven Non-executive Directors (including the Chair). In line with the ministerial recommendation issued by NHS Improvement on the 19 December 2018 in relation to VSM cost of living uplift, the Committee agreed a pay uplift for the Non-Executive Directors on a pro rata basis of £1,245 for the Chair and £518 uplift for each of the remaining 6 Non-Executive Directors backdated to 1 April 2018 and consolidated. This was commensurate with the cash value of the 2018-19 award applied to agenda for change staff at the top of pay bands 8c, 8d and 9;
- Annual appraisal of all seven Non-executive Directors (including the Chair). The Chair's appraisal is conducted by the Lead Governor and the Senior Independent Director (Dianne Willcocks). The Non-executive Director appraisals are conducted by the Chair. All appraisals include the opportunity for any Governor and Director to contribute. When each appraisal is presented, the timelines for the Non-executive Director's period of office are reviewed;
- NED Succession Planning;
- NED Recruitment ;
- Replacement of the Senior Independent Director;
- Terms v Years discussion.

The Committee continues to reflect on the process for appointment of new Non-executive Directors and will take any learning forward to help shape the future Non-executive Director appointment processes.

It is noted that, in 2018-19 three Non-executive Directors will reach the end of their current term of office and both the Vice Chair and the Senior Independent Director will have completed three terms. In preparation, two Associate Non-executive Directors were recruited in April 2018 and took up posts as Non-executive Directors on 1 July 2018. A further two Non-executive Directors were recruited in January 2019 and will be in post by July 2019.

The terms of reference and work programme of the Committee were reviewed.

Items discussed at the Nominations/ Remuneration Committee was highlighted to the private session of the full Council of Governors and the Chair offered time for discussion. In the Council's subsequent meeting in public, the Chair briefly summarises the recommendations put forward by the Committee and their approval (or not) by the full Council of Governors.

**Susan Symington**  
**Chair of the Committee**

### **Out of Hospital Care Group**

The Out of Hospital Care Group (formerly the Community Services Group) is a quarterly meeting of Governors and others who represent the localities served by the Trust. Members include Public and Staff Governors, a Non-executive Director, and senior managers from the Out of Hospital Care Directorate. The group is chaired by the Head of Strategy. The group has a wide remit, looking at any services provided out of hospital by the Trust and reporting back to the Council of Governors. The group serves three key purposes:

- To provide a forum for Governors (on behalf of the Members and local communities) to raise any issues regarding community services;
- To provide a reference group for development in community services to gain insight from a public perspective;
- To keep Governors updated on the developments in community services.

The Governors are involved in exploring options for improving the links between public governors and the communities they represent.

**Steve Reed**  
**Chair of the Group**

### **Constitution Review Group**

The Constitution Review Group has met during the year and discussed a number of topics including:

- Out of Area Constituencies;
- Constitution Amendments;
- Definition of a Constitution;
- Expanding the reach to fill the Voluntary Sector Governor role;
- Addition of an LLP Stakeholder Governor;
- Amendments to Code of Conduct;
- Meeting etiquette;
- Amendment from terms to years for Non-executive Directors and Governors.

The most significant discussion was around whether to recommend to the full Council of Governors the amendment from terms to years for Non-executive Directors and Governors. The recommendation was for a person to service a



maximum of 9 years rather than three terms which can be any length of time. This was forwarded to the December 2018 Council of Governors meeting where it was ratified. Consequently, the appropriate actions have been carried out.

**Lynda Provins**  
**Chair of the Group**

### **Membership Development Group**

The Membership Development Group has met during the year and discussed a number of topics including:

- The Group's terms of reference;
- The Membership Development Strategy;
- Membership Events including seminars, the Annual Members Meeting;
- Work Programme for Membership Matters Newsletter;
- Increase/decline of Membership Numbers;
- Encouraging younger members;
- Membership Survey and subsequent actions;
- Update of Membership poster;
- Website statistics.

The group is focused on how to maintain membership of the Trust and how to engage and recruit members across the Trust's constituencies by using various methods of communication including posters, membership newsletter, email and social media.

**Lynda Provins**  
**Chair of the Group**

The Chief Executive, Deputy Chief Executive and Non-executive Directors and Trust staff regularly attend meetings of the Council of Governors and its sub groups to present appropriate reports and provide information on the Trust's performance.

During 2018-19 the Council of Governors and its sub groups and committees received updates and considered reports on a number of issues including:

- York Teaching Hospital Facilities Management Limited Liability Partnership;
- Governors Report on Quality Report;
- Sustainability & Transformation Plan;
- Humber Coast & Vale Partnership;
- East Coast Review;
- Brexit;
- 5 Year Strategy;
- Mental Health Provision;
- Trust Assessment Patient Environment (TAPE) process;
- Annual Financial Plan;
- Community Nursing Workforce Redesign;
- Older People's Health Annual Report;

- Trust Constitution;
- Non-Executive Director Recruitment;
- Non-Executive Director Remuneration;
- Community Hospital Utilisation;
- Non-Executive Director Appraisals;
- Membership Survey;
- Membership Strategy Action Plan;
- Performance Information;

Governors have also been involved in or attended the following meetings/events:

- Annual General Meeting/Annual Members Meeting 2018;
- Celebration of Achievement Award Ceremony;
- Trust Board as observers;
- Governors' Informal meetings;
- Senior management recruitment focus groups;
- Membership Seminars;

In addition, Governors provide membership talks and hold engagement events to consult with and understand the views of members and the public, including:

- Public Board of Directors meetings;
- Public Council of Governors meetings;
- GP local groups;
- Membership Recruitment events;
- Annual Membership Survey.

**Code of Conduct** - All Governors have read and signed the Trust's Code of Conduct which includes a commitment to actively support the NHS Foundation Trust's Vision and Values.

**Register of Governor Interests** - The Trust holds a register listing any interests declared by members of the Council of Governors. Governors must disclose details of company directorships or other positions held, particularly if they involve companies or organisations likely to do business, or possibly seeking to do business with the Foundation Trust.

The register forms part of the papers at every public Council of Governors and can be accessed by visiting: [www.york.nhs.uk](http://www.york.nhs.uk) (About Us, Council of Governors, Papers and Minutes) or by making a request in writing to:

Address: Foundation Trust Secretary  
York Teaching Hospital NHS Foundation Trust  
Wigginton Road  
YORK YO31 8HE

Telephone: 01904 725076

Email: [lynda.provins@york.nhs.uk](mailto:lynda.provins@york.nhs.uk)

## Foundation Trust Membership

**Membership Strategy** - The Trust continues to focus on recruitment and retaining membership using a variety of methods. Members of the public can sign up for Trust Membership via the following links: <https://www.yorkhospitals.nhs.uk/get-involved/> and <https://secure.membra.co.uk/YorkTHApplicationForm/> or complete a paper application found in the main reception area at any of the Trust's hospitals.

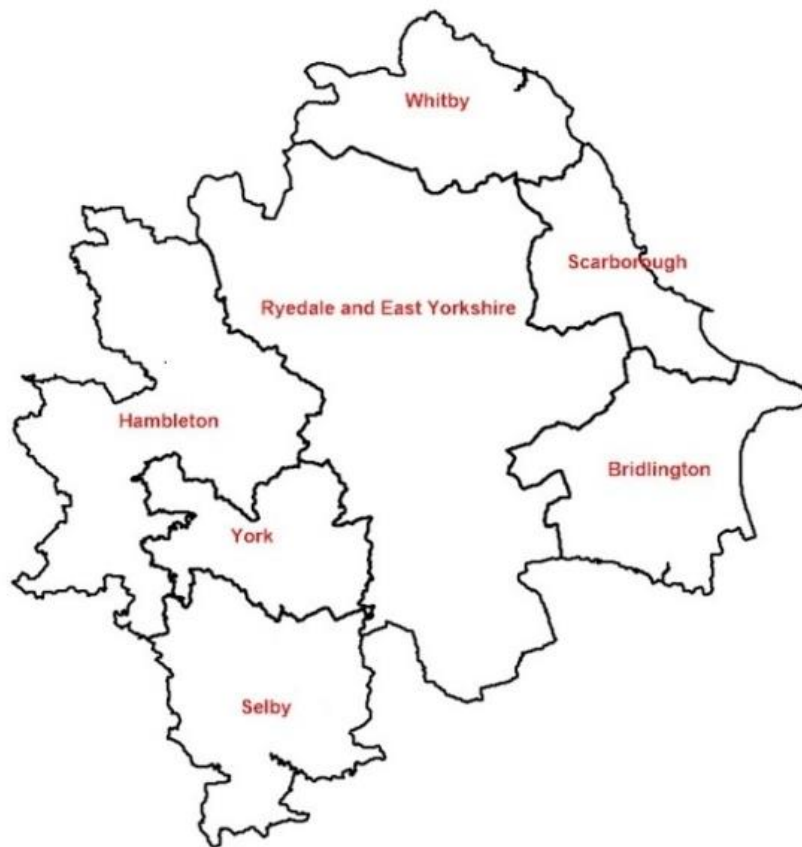
The Trust continues in its aim to build a representative membership base to support public accountability and local engagement. It is recognised that a well-informed, motivated and engaged membership help organisations to be more responsive with an improved understanding of the needs of its patients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

The vision is based around three key areas:

- Meaningful Membership – developing a better relationship with existing members who can become more actively engaged with the trust if they so wish;
- Representative Membership – to ensure our membership reflects, where possible, our socio-demographic geography and the communities which we serve; and
- Innovative Membership – that looks to new ways of recruiting members and reaches out to local communities, younger members and pockets of very low membership coverage.

The Trust has taken forward a number of initiatives during 2018-19 including creating a new membership poster and leaflet which has been widely distributed; organised a number of membership seminars; undertaken a survey, supported a week long membership stand in York Hospital reception and continued to use of the Trust's Facebook social network to engage and inform members and the wider public of developments and events at the Trust.

**The Trust's Current Catchment Area** - The map below shows the seven communities the Trust now serves and each one forms a public constituency for our membership.



The Trust has defined its public constituency boundaries to fit as far as possible with clearly defined local authority boundaries and “natural” communities. Each of the seven constituencies contains at least one hospital facility which is either run by or has services provided by the Trust. These are places that the local population clearly identify with and care much about; it is the Trust’s experience this is a key issue for membership.

**Area 1: The York constituency** includes all 22 City of York wards and the wards of Ouseburn and Marston Moor of Harrogate Borough Council. The hospital facilities include the following:

- The York Hospital (General Acute Hospital)
- St Helen’s (Rehabilitation Hospital in York)
- White Cross Court (Rehabilitation Hospital in York)

**Area 2: The Selby constituency** includes all 20 wards of Selby District Council area and the parishes of Bubwith, Ellerton, Foggathorpe and Wressle which are outside of SDC. The hospital facility in this area is:

- The New Selby War Memorial Hospital (Community Hospital).

**Area 3: The Hambleton constituency** includes 7 Hambleton District Council wards and additional areas of Northallerton, Bromfield, Northallerton Central, Romanby, Sowerby, Thirsk, Throntons, Topcliffe, Whitestone Cliff, Bishop Monkton, Boroughbridge, Carlo, Hookstone, Knaresborough East, Knaresborough King James, Knaresborough Scriven park, Newby, Pannal, Ribston, Ripon Minster, Ripon

Moorside, Ripon Spa, Spofforth with Lower Wharfedale, Starbeck, Wetherby. The hospital facility in this area is:

- St Monica's Hospital (Community Hospital in Easingwold).

**Area 4: The Ryedale and East Yorkshire constituency** covers all 20 Ryedale District Council wards and the East Riding wards of Pocklington Provincial, Wolds Weighton and the parish of Holme upon Spalding Moor. The hospital facility is:

- Malton, Norton and District Hospital (community hospital in Malton)

**Area 5: The Whitby constituency** includes all seven wards of Whitby Town Council. The hospital facility is:

- Whitby Hospital (Community Hospital)

The hospital building transferred to NHS Property Services in November 2015 and the main community contract transferred to Humber Foundation Trust on the 01 March 2016. However, the Trust continues to provide some services.

**Area 6: The Scarborough constituency** includes all 19 wards of Scarborough Borough Council. The hospital facility is:

- Scarborough and District Hospital (General Acute Hospital)

**Area 7: The Bridlington constituency** includes all three wards of Bridlington Town Council, and the two wards East Riding Council, Driffield and Rural and East Wolds and Coastal. The hospital facility is:

- Bridlington and District Hospital (General Hospital).

The Trust continues to keep the constituency areas under review during the year to ensure that the constituencies reflect the communities served by the Trust.

**The Out of Area Public Members** - The Trust will continue to offer membership to the public who live outside of these constituencies.

**Public Membership Profile** - Membership as at 31 March 2019 was as follows:-

Constituency	Members
Bridlington	440
Hambleton	654
Ryedale and East Yorkshire	1,405
Scarborough	453
Selby	1,506
Whitby	225
York	5,205
Out of Trust Area	685
<b>Total</b>	<b>10,573</b>

Age	Public
0-16	4
17-21	21
22+	10,107
Not stated	441
<b>Total</b>	<b>10,573</b>

The tables below represent the socio-economic membership that the Trust serves.

Gender	Public
Unspecified	96
Male	4233
Female	6244

Ethnicity	Public
White - English, Welsh, Scottish, Northern Irish, British	4281
White - Irish	23
White - Gypsy or Irish Traveller	0
White - Other	57
Mixed - White and Black Caribbean	3
Mixed - White and Black African	2
Mixed - White and Asian	9
Mixed - Other Mixed	4
Asian or Asian British - Indian	16
Asian or Asian British - Pakistani	5
Asian or Asian British - Bangladeshi	2
Asian or Asian British - Chinese	4
Asian or Asian British - Other Asian	13
Black or Black British - African	4
Black or Black British - Caribbean	3
Black or Black British - Other Black	0
Other Ethnic Group - Arab	0
Other Ethnic Group - Any Other Ethnic Group	3
Not stated	6144

## Staff Membership

The staff constituency comprises:

- Permanent, directly employed members of staff

- Temporary members of staff who have been employed in any capacity on a series of short term contracts for 12 months or more.

For staff, membership runs on an opt-out basis, i.e. all qualifying staff are automatically members unless they seek to opt out. The staff constituency is broken down into three constituencies:

- **York** (All staff whose designated base hospital is York Hospital, White Cross Court Rehabilitation Hospital, St Helens Rehabilitation Hospital, Archways Hospital and any other staff not included in either of the Staff Groups described below).
- **Scarborough and Bridlington** (All staff whose designated base hospital is Scarborough General Hospital or Bridlington and District Hospital).
- **Community** (All staff whose designated base hospital is Malton Community Hospital, Whitby Community Hospital, New Selby Community Hospital (also known as the New Selby War Memorial Hospital), St Monica's Hospital, Easingwold and any other staff who are designated as "Community" staff and therefore do not have a designated base hospital as they work mainly with patients in a non-acute setting, including those members of staff who are engaged in support functions in connection with such services).

### **Further Information on Membership**

Contact can be made through the Foundation Trust Secretary. The contact details are:

The Foundation Trust Secretary  
 York Teaching Hospital NHS Foundation Trust  
 Wigginton Road  
 York YO31 8HE  
 or by e-mailing [membership@york.nhs.uk](mailto:membership@york.nhs.uk)

## Regulatory Ratings

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### Care Quality Commission

The Trust was subject to a CQC inspection of its Core Services in September 2017, which was followed by a Well Led Review in October 2017. The CQC published their findings in February 2018. The grid below details the outcome of the inspections by site. Whilst the overall rating for the Trust was **Requires Improvement**, the assessment of York Hospital improved from Requires Improvement to 'Good'.

The following improvement notices were received and an action plan was submitted to the CQC on 6 April 2018:

**Regulation 5:** Fit and Proper Person Test;

**Regulation 8:** Person Centred Care (no paediatric area in York ED, no Rehab Clinic in Scarborough Critical Care Service and lack of Critical Care Strategy for Scarborough);

**Regulation 11:** Consent, MCA/DoLs;

**Regulation 12:** Safe Care and treatment (gaps in clinical record keeping in Scarborough ED, RMO issues at Brid, failure to completed stat mandatory training by all ED staff);

**Regulation 17:** Good Governance. BAF, QIA Assessment, lack of clear plan to establish financial stability, use of data;

**Regulation 18:** Staffing: Heavy use of Bank and Agency, especially at Scarborough. Not all staff retaining professional skills (NIV on Ward 34) and lack of clinical educator in Scarborough Critical Care.

A number of actions were already addressed by the time the report was received. An action plan was created and continues to be monitored by the Board and discussed at CQC engagement meetings.

### NHS Improvement Explanation of Ratings

Single Oversight Framework - NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care;
- Finance and use of resources;
- Operational performance;
- Strategic change;
- Leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.



The Single Oversight Framework applied from Quarter 3 of 2016-17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the first two quarters of 2016-17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for Annual Reports.

The Annual Governance Statement refers to a licence breach which occurred in 2017-18, please see page 169.

Segmentation - In April 2018, following an NHSI Licence Investigation, the Trust moved to **Segment 3**.

This segmentation information is the Trust's position as at 24 May 2019. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

**Finance and Use of Resources** - The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2018-19 scores				2017-18 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	2	4	4	4	4	4
	Liquidity	2	3	3	3	2	4
Financial efficiency	I&E margin	2	4	4	4	4	4
Financial controls	Distance from financial plan	1	2	1	2	4	4
	Agency spend	2	2	2	2	2	2
<b>Overall scoring</b>		<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>

## **Statement of the Chief Executive's Responsibilities as the Accounting Officer of York Teaching Hospital NHS Foundation Trust**

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require York Teaching Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of York Teaching Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- 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 Foundation Trust's performance, business model and strategy and;
- Prepare the financial statements on a going concern basis.

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

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

A handwritten signature in black ink that reads "Mike Proctor". The signature is written in a cursive style with a large initial 'M' and a trailing flourish.

**Mike Proctor**

**Chief Executive  
24 May 2019**

## Equality, Diversity and Inclusion

The Trust is committed to promoting equality, diversity and human rights in all our activities for all patients, visitors and staff. Everyone who comes into contact with the Trust can expect to be treated fairly and with respect.

The Trust is required to produce detailed information to demonstrate our regard to the Equality Act and other NHS standards such as the Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2) which are published on our website.

Leadership for Equality and Diversity is the responsibility of the Deputy Director of Workforce and a Non-executive Director continues to champion issues at Board level. Every opportunity is taken to embed equality and diversity considerations into processes and developments to enable inclusive and responsive services to both patients and staff.

The Trust has a Fairness Forum with membership taken from across the organisation including Trust Governors and a Healthwatch representative. The Forum continues to meet every quarter, where progress is monitored against the Trust Equality Objectives actions and are agreed and taken forward by members of the group.

### Performance Against Equality Objectives

Objective		Progress
1	Improve data collection, analysis and monitoring of protected characteristics	<ul style="list-style-type: none"><li>Continued awareness raising of the importance of recording protected characteristics</li><li>Continued move towards a self-service model of electronic staff records (ESR) making it easier and more discreet for staff to update their own records</li></ul>
2	Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics	<ul style="list-style-type: none"><li>Patient stories of experiences with the Trust included at Board Meetings and other staff forums.</li><li>Continued promotion of Friends and Family Test.</li><li>Revised policy and procedure on concerns and complaints taking into account feedback from patients and staff enabling a more patient-centred focus</li><li>Sign up to John's campaign involved engagement with patients and their carers which is responsive to their individual needs.</li></ul>

3	Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone	<ul style="list-style-type: none"> <li>Continued development of partnership work with local councils and Health and Well Being Boards</li> <li>Representative member of the three Healthwatch in our area attends the Fairness Forum</li> <li>Continued work with local provider /commissioner NHS organisations to assess equality progress against the NHS Equality Delivery Framework.</li> <li>Member of York Fairness and Equalities Board (FEB), York Equalities Network, York Human Rights City steering Group</li> </ul>
4	Continue the Board of Directors and senior management development programme ensuring equality and diversity is embedded into all decision making processes leading to active promotion of good relations	<ul style="list-style-type: none"> <li>Development of an Equality Impact Assessment toolkit which has been ratified by the Fairness Forum and Trust negotiating bodies.</li> </ul>

**Other Achievements** - A review of the Trust equality objectives (which are linked to the EDS2 goals) recognised that, whilst much had been achieved, they should remain broadly the same for period 2016-2020. There will be work undertaken to review the Trust equality objectives with a view to align with the publication of the new EDS3 goals which are expected in Spring 2019.

During the reporting period, achievements include;

The Trust are working with stakeholders to refine the EDS2 action plan and will communicate progress on a regular basis, with a view to holding the next face to face event in 2019. This will be completed in conjunction with the new EDS3 goals.

In early March 2018, the Trust published its Gender Pay Gap reporting in line with the legislative requirements ahead of the 31st March deadline which can be found at [https://www.yorkhospitals.nhs.uk/about-us/equality-and-diversity/gender-pay-gap/Work is ongoing to publish the Gender Pay Gap results for March 2018 snapshot ahead of the 30 March 2019 deadline.](https://www.yorkhospitals.nhs.uk/about-us/equality-and-diversity/gender-pay-gap/Work%20is%20ongoing%20to%20publish%20the%20Gender%20Pay%20Gap%20results%20for%20March%202018%20snapshot%20ahead%20of%20the%2030%20March%202019%20deadline.)

In January 2019 at the Fairness Forum a review of the terms of reference was undertaken alongside membership and meeting structure to include guest speakers and key stakeholders from the community.

During late 2018, early 2019 a review of guidance for transgender patients and staff has been undertaken with support from members of the LGBT community.

The Trust supported the York LGBT FORUM with their Hate Crime Walk – 12<sup>th</sup> October we walked through the streets of York at night by candlelight to remember all victims of LGBT Hate Crime around the world. It was also supported by the North Yorkshire Police LGBT Network.

During 2018 the Trust continued to recruit and develop the role of Fairness Champions. This work is ongoing.

In late 2018 the Trust successfully underwent a tender process in relation to the provision of Translation and Interpretation Services. A new supplier was appointed and partnership working between the Trust and supplier to ensure the service needs are met continues into 2019.

**Challenges and Future Developments** - We recognise that a number of the future challenges some of which are outlined below have significant external influences these will be reflected in our forward planning and detailed action plans for 2018 and beyond.

Following publication by NHS England, EDS3 will be implemented in Spring 2019 and this will be a focus for the Trust in its ongoing work with its stakeholders.

Following the release of the Workforce Disability Equality Standard (WDES) the Trust will actively embed this alongside the current reporting standards which include Workforce Race Equality Standard (WRES), the Public Sector Equality Duty Report and the Gender Pay Gap Report.

In 2019 the Trust will reassess for disability confident status this is following the first successful first self-assessment which took place in the last quarter of 2017. It continues to be our aspiration to become a disability confident leader which is the highest level which can be attained under the revised scheme.

# Annual Governance Statement

## Scope of responsibility

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

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of York Teaching Hospital NHS Foundation Trust, 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 York Teaching Hospitals NHS Foundation 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

As Chief Executive, I have overall responsibility and accountability for ensuring that there are effective risk management and governance systems in place in order to meet statutory requirements and comply with guidance issued by regulators. The Board is a unitary board and has both individual and collective responsibility to ensure that there are robust internal control systems in place, including the Board Assurance Framework (BAF), which is an integral part of the Trust's overall management of risk. Each strategic risk from the BAF is assigned to an Executive Director to ensure ownership linked to individual portfolios or shared areas of responsibility. The Trust has risk registers in place at corporate and directorate levels.

The Chief Executive has overall responsibility for the management of risk and is supported by a team of Directors who each lead on specific areas of risk:

- |                                       |                    |
|---------------------------------------|--------------------|
| • Strategy                            | Chief Executive    |
| • Clinical & Quality (DIPC)           | Acting Chief Nurse |
| • Clinical & Patient Safety           |                    |
| (Caldicott Guardian)                  | Medical Director   |
| • Financial (Senior Information Risk) |                    |



Officer with responsibility for Information Governance)	Finance Director/Deputy Chief Executive
• Operational & Transformation	Chief Operating Officer
• Workforce & Organisational Development	Director of Workforce & OD
• Non-clinical, Organisational & Environmental	Director of Estates & Facilities
• Communications	Acting Director of Communications

The Trust's Limited Liability Partnership (LLP) formally came in to being on 1 October 2018. 'York Teaching Hospital Facilities Management' provides the Trust's estates and facilities services, including catering, cleaning, maintenance and other core support services previously provided by the Trust's estates and facilities directorate. Please see page 17 of the Annual Report for further detail. The LLP Management Group review any risks in relation to the LLP and report through to the Trust Board via the Resources Committee.

- YTHFM LLP LLP Managing Director

Performance assurance meetings are held with the directorates at both an operational and executive level. These meetings review operational and financial performance and include a review of risk.

Staff are equipped to manage risk at strategic and operational levels through the provision of training and guidance, which includes:

- Corporate induction and statutory and mandatory training;
- Formal in-house training for all staff dealing with specific everyday risks, e.g. fire safety, health and safety, moving and handling, infection control, security, safeguarding & fraud;
- Training in incident investigation, including documentation, root cause analysis, serious incidents and steps to prevent or minimise recurrence and reporting requirements;
- Developing a shared understanding of broader financial, non-clinical, organisational and clinical risks through collegiate clinical, professional and managerial groups (such as the Executive Board, Planned Care Board – York, Acute Care Board – York, Hospital Board - Scarborough and Corporate Risk Committee);
- Sharing good practice with other peer Foundation Trusts through appropriate forums such as NHS Providers. The Trust also works with external organisations such as CHKS Ltd to support benchmarking exercises as well as with NHSI and CQC. Learning is shared from SI and incident reports.

## The risk and control framework

The Trust has a Risk Management Framework, which has been reviewed and endorsed by the Board. The framework details the roles and responsibilities of all employees, together with the Committee structure of the Trust in relation to risk, ensuring there is a structure for the management and ownership of risk that it is embedded into the day-to-day management of the organisation. This structure allows the escalation of risk through line management and the Committee structure. It also sets out the Trust's approach to the identification, assessment, scoring, treatment, monitoring and appetite for risk. The Board Assurance Framework also includes the Trust's approach to risk appetite. The Risk Management Framework is underpinned by the Trust's Corporate Risk Register and Board Assurance Framework. The Corporate Risk Register and Board Assurance Framework are reviewed on a quarterly basis by the Board, the Corporate Risk Committee and the Audit Committee. The Board Assurance Framework was embedded into the old Board Committee structure and is a key component of the new structure to ensure the framework is an integral part of our governance framework.

Assurance on the effectiveness of risk management and its supporting elements has been continually reviewed by the Audit Committee throughout the year using the services of both Internal and External Audit.

The Trust introduced a new 5 Year Strategy in 2017-18, including three new goals, and a full review of the Board Assurance Framework was undertaken in the summer of 2018.

The review of the Board Assurance Framework was undertaken following recommendations from both NHSI and the CQC. Following discussions around the new 5 Year Strategy, the strategic risks were articulated and the Board Assurance Framework was populated and the risk scores assessed. The definition and key elements contained in the Board Assurance Framework also reflect the recent work of the Governance and Risk Network to ensure consistency of approach over a number of organisations. Work has been undertaken to identify gaps and actions being taken as a result of the gaps. Greater emphasis has also been put on making the Board agendas reflect the strategic goals and that an overview of the Board Assurance Framework is discussed to ensure that discussions at the Board cover the strategic risk areas.

In light of the new 5 Year Strategy and Board Assurance Framework, the Board reviewed the Committee Structure in June 2018 and decided to suspend the Board Committees during September, October, November and December in order to pilot a different approach to Board oversight, scrutiny and assurance. This saw the introduction of longer Board meetings run over two days, which did not limit the review of issues to individual Committees. The Board had recognised the strengths of the existing structure, but also identified unintended weaknesses in the effectiveness of the structure which included silo working due to the number of Committees, the Chair and Chief Executive disadvantaged by not attending any of

the Committees, control of feedback to the Board with some duplication and the challenge of finding time to discuss transformational and strategic issues.

The Board reviewed the pilot in December 2018 and discussed its benefits and disadvantages, the previous structure and possible new structures. It was agreed to put in a place a new structure which sees two Committees. The first Committee puts the patient in the middle of areas covering quality and safety, performance improvement, transformation and quality improvement, supported by the organisational development and learning agenda. The second Committee focuses on enabling resources including finance, IT/Digital, estates and the transactional elements of workforce.

The Trust recognises the fragility of the health economy in which it is operating and this is reflected in the Board Assurance Framework and Corporate Risk Register which highlight concerns around workforce, finances and performance, but also recognises that maintaining quality and safety are paramount.

## **Quality Governance Arrangements**

A new five year strategy has been agreed which has three goals around quality patient care, workforce and finance. This strategy is part of a number of changes in the organisation during the year which focus on providing a framework around these three elements. The Board Assurance Framework has been revised to reflect the goals and the strategic risks to achieving these goals and a number of corporate objectives have been set and will be continually monitored by the Board.

The Board agendas are organised to focus both internally and externally and the public agendas lead with a patient experience letter or experience. The agendas are set around the Trust's goals, and ensure quality patient care is paramount, with a Board Assurance Framework overview being reviewed at every meeting in order to ascertain whether the strategic risks have been adequately covered during the meeting. This framework enables the escalation of potential risks to quality patient care to the Board in order to provide assurance around actions and monitoring. Patient safety walkrounds are also conducted on a regular basis by the Board in order to triangulate the information provided.

The Board seeks feedback from stakeholders, including patients, governors, members, voluntary organisations, commissioners and other partners as part of its day to day business.

The Board has focused on ensuring it has the necessary leadership, skills and knowledge around the table with a number of discussions throughout the year and in- year recruitment for a number of Board positions taking place. Board appraisals have taken place during the year and development opportunities progressed.

A listening exercise has taken place in relation to the operational structure of the organisation which looks at providing a Care Group structure with more aligned clinical, nursing, managerial and AHP working. This has resulted a new structure which is being consulted on and will take shape during 2019-20.

The biggest risk the Trust faces to quality patient care is in relation to workforce, and innovative new roles and ways of working continue to be introduced to ensure patients remain safe and their care is paramount. The Board also commissioned a review of services on the East Coast in conjunction with the Humber, Coast and Vale STP and Scarborough and Ryedale CCG in order to ensure the sustainability and quality of services over both the Scarborough and York sites. This has led to greater integrated working between the sites in order to ensure patient safety and the quality of services.

The Board is ultimately responsible for quality and patient safety and sets out a number of priorities which are monitored each year and also drives the implementation of the five year strategy and associated strategic goals. The Board assures itself of the performance of the whole organisation. An overarching report goes to the Board and the Board Committees, which contains information on quality and safety, performance, workforce and research and development and finance broken down by month and year. The report allows triangulation with other Board reports and information and provides the basis for oversight, scrutiny and challenge by all members of the Board. The report format was reviewed with the Non-executive Directors during this year and subsequently amended to ensure that the content and focus was current.

Directorates have a responsibility to assist in the implementation of the Trust's strategy and goals and performance is set out in the Operational Plan and is monitored through both operational and executive performance management meetings.

The Trust is involved in the 'Moving to Good' programme which is run by the CQC and has linked the Trust with other Trusts in order to learn and benefit from each other's experience. The Trust also has in place a CQC action plan which is monitored by the Board.

**Data Security** - The new Data Security and Protection Toolkit (DSPT) came into effect in 2018-19 as part of the new framework for assuring organisations are meeting their statutory obligations on data protection and security. In line with the DSPT, all flows of information into and from the organisation have now been documented in all clinical and corporate areas.

As a result of a number of recommendations made by the Chief Information Officer for the Health and Social Care System on how Trusts can reduce the risk of cyber-attacks in the future, the Trust has developed an action plan to achieve the Cyber Essentials Plus (CE+) standard by June 2021. Progress against the key security domains includes acting upon any relevant CareCERT advisories with 48 hours,

ensuring each Directorate has business continuity plans in place to mitigate the impact of loss of IT and clearly documented policies and supporting processes to ensure that security patches are applied to Trust devices in a timely manner. The success of the patching process is tested by means of vulnerability scans both internal and external to the Trust network. Appropriate IG training, including data security and protection training, is given to key staff and, as part of a user education programme, reminders are sent to staff as and when the security threat level is perceived to have increased. The Board also received a cyber security briefing in December 2018.

**Risks (in year and future)** - The Trust acknowledges that the highest risk, both currently and in terms of next year, is around staffing. The Board Assurance Framework and Corporate Risk Register reflect this both in terms of the number of risks and the scoring.

The Trust continues to work closely with partners to look at new ways of working and ways to encourage staff to join the organisation as well as developing staff for the future.

Trust Risk Profile - The Board Assurance Framework reflects the strategic risks to delivering the 3 strategic goals. One element has remained red this year:

Red Risk to Achieving Ambition	Mitigation	Opportunity
<b>Strategic Goal - To support an engaged, healthy and resilient workforce</b>		
Failure to ensure the Trust has the required number of staff with the right skills in the right location	<ul style="list-style-type: none"> <li>- Trust Committee/Governance Structure</li> <li>- Strategies, Policies &amp; Procedures <ul style="list-style-type: none"> <li>o Supportive policies and processes</li> <li>o Workforce &amp; OD Strategy</li> <li>o Developing People Strategy</li> </ul> </li> <li>- Processes &amp; Systems <ul style="list-style-type: none"> <li>o Staff Surgeries</li> <li>o Recruitment and Retention Strategies &amp; Processes</li> <li>o Workforce redesign including ACPs, Nurse Practitioners, Nursing Associates and Physicians Associates</li> <li>o Bank Management and Governance</li> <li>o Appraisal processes – Job Plans</li> <li>o Apprenticeship Programme</li> <li>o Overseas Recruitment</li> <li>o Employer Brand including Partnership with FE/HE providers</li> <li>o Volunteering Programme</li> <li>o Project Choice</li> <li>o HYMS Expansion</li> </ul> </li> <li>- Statutory and Mandatory Training <ul style="list-style-type: none"> <li>o Development Opportunities ie: Leadership</li> <li>o Mentoring, Coaching/Mediation &amp; training</li> <li>o Learning Management System development</li> <li>o Post &amp; Undergraduate Medical Education</li> <li>o Medical library</li> </ul> </li> </ul>	<p>The Trust has continued to seek new and innovative ways to look at skill mix and job redesign in order to implement new roles and ways of working. A key example of this has been the implementation of the acute medical model in Scarborough Emergency Department which relies on a different skill mix rather than just an ED consultant structure.</p> <p>The Trust has agreed to be part of work towards a new standard of delivery for smaller hospitals and a clinician at Scarborough chairs the Smaller Rural Hospitals Group which allows the Trust the opportunity to share in best practice.</p> <p>The Trust has introduced a number of new roles including Advanced Care Practitioners, Associate Nurses and Physicians Associates in order to work in different ways and mitigate the workforce risk. This has also led to closer partnership working opportunities with higher and further education provides to create courses for some of the new roles to provide assurance around ongoing and a future risk in relation to workforce gaps.</p>

There are currently 16 risks on the corporate risk register rated at **20** (maximum score is 25).

<b>Corporate Risk Register</b>		
<b>Risk rated 20</b>	<b>Mitigation</b>	<b>Opportunity</b>
<b>CE5A:</b> There is a current risk to the delivery of some services on the Trust East Coast Sites. This is caused by nursing and medical staffing vacancies, significant demand for acute services underpinned by local demographic issues. This has the potential to influence our ability to deliver some services safely.	There are many mitigations currently being undertaken to manage the various risks articulated in various parts of the Corporate Risk Register. (ie developments in nurse staffing recruitment, introduction of AHPs to aid senior decision making.) Where possible there is cross working between sites to ensure that safe delivery and continuity of service. The Trust has also commissioned a Clinical Strategy Review of our East Coast Services. McKinsey have been appointed to undertake a 6 week diagnostic review and the Board will consider any subsequent recommendations	The Trust has worked with partners to provide joint funding for an East Coast Review – Phase 1 has been concluded. Work has now started to secure funding for Phase 2. This work has provided the opportunity to engage staff at both York and Scarborough leading to some cross site working in order to maintain rotas.
<b>CE7:</b> There is a significant risk of added pressure within the Acute hospitals over the winter period that is the result of insufficient funding by the commission-ers to meet winter demands. This may result in patient harm due to insufficient beds which may be the result of delayed transfers of care.	A Winter Plan has been developed and agreed. Discussions continue with our Commissioners via the Contract Monitoring Board.	The Trust has looked at different ways of funding the developments needed and is also working closer with partners to look at admissions and discharge planning.
<b>CN2:</b> There is a risk to patient safety which is caused by difficulties in recruitment resulting from a national shortage of nursing staff. This may result in serious patient harm.	<p>The first cohort of Nurse Associates are now 14 months into training with a second cohort currently under consideration. The Coventry university first cohort of the new undergraduate programme will commence in Sept 2018. Programmes are in place for the continued training of APs Fewer than anticipated new RNs are due to take up post at the Trust in the autumn of 2018.</p> <p>The risk continues to exist. There are areas where nurse staffing is difficult. Whilst new models of working are being established and new roles alongside, recruitment to these new posts is essentially from within the Trust. It is likely that the number of</p>	<p>The Trust continues to look for opportunities to enhance recruitment in both the long and short term. Initiatives include bespoke recruitment events for individual departments, including endoscopy and theatres as well as general events in both Scarborough and York. Work continues to look for further opportunities with the universities and HEE providers.</p> <p>The Trust is also looking at international</p>

	new RNs commencing in autumn is going to be less than anticipated.	recruitment with a number of new staff joining the Trust in May/June. The Trust has enhanced its approach to on-boarding to retain recruited staff and will be using International Nurses Day as a focus to contact all new starters.
<b>CN17:</b> There is a potential risk to patient safety caused by an aging estate in Scarborough where Nightingale Wards can cause an infection risk relating to the age and layout of the estate	All precautions are taken to avoid the placement of patients with contagious infection on a Nightingale Ward, although there is a risk, both at times of operational pressure, and a diagnosis of infection (ie: CDIFF, FLU) post admission to a ward of infection being spread between patients. Estates, Ops and IPC are working collaboratively to identify solutions. As risk of winter flu increases this risk is raised to 20	A ward review has taken place to look at opportunities to turn non-clinical rooms into side rooms.
<b>CN20</b> - There is a potential risk to patient safety caused by a current lack of decant facilities to enable refurbishment or deep cleaning of ward environments. This is exacerbated by shortages of domestic cleaning staff. This may result in unnecessary spread of infection and poor patient experience.	Minor works are done around patients, or bay by bay decants, in some circumstances. Issues around domestic vacancies have been raised with the Director of Estates and Facilities.	The East Coast Review Report identified that a proportion of patients cared for at Scarborough would be better cared for in an out of hospital setting and this work is an opportunity to look at doing things differently.
<b>CN21</b> - There is a potential risk to patient safety caused by a significant vacancy factor, particularly on ward 25, but also on Ward 26 and on elderly wards. This may result in both poor patient care and poor patient experience.	In addition to the actions being undertaken on CN2 to address staffing issues corporately, risk assessments are undertaken on a daily basis to ensure that wards have sufficient staff with the right skill mix for the appropriate patient group.	The Trust continues to look at opportunities to incentivise staff to take on more demanding roles.
<b>MD2B:</b> There is an increased risk to patient safety on the Scarborough site which experiences particular difficulties in recruiting medical staff. We currently have a vacancy rate of	Consideration is being given to how and where services can be provided and also to overseas recruitment. The organisation now has a rota that includes intensivist presence at our Scarborough site and we have introduced the Acute Medical Model at Scarborough	The Trust has engaged with the local community at Scarborough to try to provide potential staff with a better perception of the amenities that Scarborough and the surrounding area



19% which may impact on patient experience and care.	Strategies are beginning to evolve throughout the Trust that ensure that this risk is mitigated whilst still providing a safe service to patients. We have developed a working model for ED and will follow this up with models for each department. We have also engaged the services of JUPITA , a marketing specialist who are providing assistance in organisational branding to assist the recruitment process. In addition are having anticipating a follow up meeting with HEE and BAPIO (Association of Physicians of Indian Origin) re middle grade fellows. We are identified as a national pilot site. Discussions are also taking place at Boards with clinical colleagues with an aim of raising issues re existing vacancies and therefore maximising through word of mouth recruitment potential. In addition, as noted above, McKinsey have completed phase one of the East Coast Review with Phase two currently being discussed.	have to offer.  The Trust has also taken the opportunity to use some of its link to tap into international recruitment and has set up a team to work like a recruitment agency.
<b>MD6A:</b> There is a risk of failing to deliver contractual requirements relating to the delivery of emergency care in York. This has a multi-faceted causation, which includes the difficulty in recruiting to ED consultant vacancies, new vacancies on the horizon. This may result in a delay in treatment, failure of ED targets, commissioner fines and regulatory intervention.	Approaches to different medical and nursing models are under development with some in place and partly Implemented (clinical navigator, pit stop, use of ACPs). We are working with key strategic partners to consider further areas of improvement. In addition, staffing issues are being mitigated via the use of locums and the NHS Cap System. Recruitment and retention premia are also being used. The University of Manchester CCG initiative has also identified the potential for transformational work to be undertaken in conjunction with NHSI.  Current performance is fluctuating on a week by week basis and whilst we did achieve the planned trajectory for Q2, the Trust is currently experiencing winter pressures affecting Q3 and Q4.	The Trust has been engaging with local universities and the Hull York Medical School to provide greater partnership working to offer bespoke courses. The Trust has also engaged with external consultants to prioritise initiatives and explore initiatives from other Trusts.
<b>MD6B:</b> There is a risk of failing to deliver contractual requirements relating to the delivery of emergency care in Scarborough with multi-faceted causation, which includes the difficulty in recruiting to ED consultant vacancies, new	There is a risk of failing to deliver contractual requirements relating to the delivery of emergency care in Scarborough with multi-faceted causation, which includes the difficult in recruiting to medical vacancies which are being mitigated through workforce re-modelling and international recruitment. In addition at Scarborough the organisation is participating in a national programme looking at acute and emergency models of care at	The review of processes and pathways at Scarborough has led to the development of the Acute Medical Model which provides a different focus for the pathway through A & E. The Trust has explored different workforce models including ACPs.

vacancies on the horizon. This may result in a delay in treatment, failure of ED targets, commissioner fines and regulatory intervention.	<p>small DGHs. This is supported by Yorkshire Doctors managing the UCC.</p> <p>Action has been taken to create two care groups, one of the York and another on the Scarborough site that have a focus on urgent and emergency care. There continues to be a reliance on agency/locum staffing to run the AMM in Scarborough.</p>	The Trust has also engaged with external consultants who have looked at both EDs. The Trust is also seeking support from the NHSI Regional Team.
<b>DE01:</b> There is a material and significant risk in being unable to achieve required compliance with Trust estate plans, due to insufficient capital available to deliver the Trusts Estate Strategy. This could result in adverse publicity or potential intervention by other NHS authorities or regulators.	<p>This is currently being managed by the prioritisation and investigation of capital funding strategies year on year. Specific risk controls and mitigation in place to manage specific risk areas. Loan had been secured to fund 2 major projects at York. Significant risk outstanding to be addressed at BDH &amp; SGH, no funding currently identified.</p> <p>Current investigation of funding possibilities being undertaken - BG &amp; AB reviewing 2 proposals</p>	The Trust continues to look at funding strategies and to work with partners to provide alternative facilities and to also allow the Trust to develop with ambition. Work is being done in conjunction with STP partners to look at solutions such as the Scarborough capital bid.
<b>DE02:</b> There is a significant risk in being unable to maintain the Trust estate due to insufficient funds being available for estate / equipment repair, replacement or to address any significant critical event or failure. This could potentially result in inability to deliver clinical services, loss of reputation and potential for regulatory intervention.	Budgets are calculated on historic and plan estates activity. The Trust has in place contingency for limited unexpected events or failure of estates and equipment. The current Trust financial situation requires close management and prioritisation of the capital spend.	The Trust uses every opportunity to bid for capital monies and has recently successfully bid for STP capital of approximately £40m which is for the redevelopment of ED and infrastructure works at Scarborough.
<b>DOF8:</b> There is a risk that the Trust fails to meet the terms associated with receipt of the Provider Sustainability Funding allocation of £12m for 2018-19.	<p>Continued liaison and discussion with DH, NHS England and NHSI. Detailed monitoring arrangements are in place for the Exec Board, F&amp;P Committee and Board of Directors.</p> <p>Very high risk given the recent failure to secure PSF in 2017-18. Although the revised financial plan has lowered this risk slightly. This risk materialised for the ECS element of PSF for Q1, although this decision has been appealed.</p>	This risk has facilitated significant discussions in terms of the Trust's Going Concern basis.
<b>DF11:</b> There is a risk that the CCG	This is a maximum score risk. The STB has been established to	This has resulted in an opportunity to

<p>(working with the Trust) will not be able to identify and deliver sufficient cost reducing QIPP to return the system to financial balance. This could result in a "Capped Expenditure" type approach from system regulators on the health community.</p>	<p>manage this risk and the Trust is fully engaged in this process. Detailed monitoring of the system gap is in place through the STB. Planned and unplanned care QIPP groups have been established and work programmes have been agreed and new initiatives continue to be developed.</p>	<p>work more closely with partners in relation to joint financial and capacity planning.</p>
<p><b>C002:</b> There is a significant and material risk of failing to deliver contractual requirements relating to the delivery of the ECS, which is caused by:</p> <ul style="list-style-type: none"> <li>- increased non-elective admissions, exacerbated by an ageing population with significant co-morbidities</li> <li>- bed capacity and high levels of bed occupancy (severity "exit block"),</li> <li>- workforce challenges,</li> <li>- inability to successfully discharge due to a lack of external support and community services, all of which severitys on patient experience.</li> </ul> <p>This has the potential to result in patient harm through delay in treatment. For the Trust this has the risk of regulatory intervention and risk to achieving the STF monies</p>	<p>A detailed Acute &amp; Emergency Care Recovery Plan has been agreed internally and externally. The A&amp;E Delivery Board has been established and has oversight of the 'whole system' approach to support the recovery. ECS assurance plan in place. Return to Operational Standards plan refreshed and re-launched</p> <p>System wide escalation agreed and implemented</p> <p>Daily and weekly monitoring of performance against the 4 hour pathway: An agreed 4 hour pathway has been developed that identifies critical components of the 4 hour pathway, this has been agreed across the Trust. There is dedicated resource within the Ambulance Assessment Area to facilitate ambulance handovers and commence first assessment. There is dedicated resource allocated to Streaming of all walk-in patients.</p> <p>An Emergency Physician in Charge (EPIC) role and Nurse in Charge (NIC) has been established to ensure there is rigorous delivery of first seen by doctor and Decision to treat by 2 hours. Ernst Young diagnostic process on ED processes &amp; flow completed. Implementation programme of EY recommendations in place at York and Scarborough.</p> <p>The Trust did not achieve the planned trajectory of 90% for the ECS, achieving 81.5%. Staffing and medical workforce pressures continue on both sites, with the level of risk remaining high.</p>	<p>The Trust continues to look at a number of things including improvements to staffing, environment, admission and discharge pathways in conjunction with partners to achieve standards.</p>

<p><b>C008: RTT</b> - The Trust is not on trajectory to meet the RTT standard. This is caused by multiple operational factors including theatre utilization during the summer 16 and high bed occupancy resulting in cancellations over the winter period. Failure to achieve the trajectory will have financial implications and result in patients waiting longer for treatment.</p> <p>Planning guidance for 2018-19 mandated Trusts to maintain the total waiting list position from March 2018 to March 2019. At the end of March 2018 the Trust declared a total incomplete WL of 26,303 open clocks.</p>	<p>RTT recovery plan refreshed January</p> <p>Refresh of capacity and demand modelling and outpatients reform</p> <p>Specific recovery plans for Ophthalmology and MaxFax</p> <p>Secured additional funding to support backlog from NHSE to maximize outsourcing</p> <p>Additional WLI and implementation of revised theatre planning process to support flexibility and prioritize specialties with significant backlogs</p> <p>Review of training and use of trackers to support data validation. E-learning training packages now in place for Clinicians and Admin staff.</p> <p>Weekly review of long wait patients and escalation where required.</p> <p>The RTT position for January is 81.1%. There continues to be a significant number of long wait patients, there was zero declared 52 week breach patients at the end of January.</p> <p>Trust is above the March 2018 total WL position.</p>	<p>The Trust is looking at different approaches as the National Planning Guidance requires the Trust to maintain the 17-18 Q4 position at q4 in 18-19 although the Trust will aspire to attain 92%. The Trust's capacity plan has been predicated on the guidance and will look at a higher percentage of work in the early months before winter.</p>
<p><b>HR1b:</b> There is an increased risk to patient safety on the Scarborough site which experiences particular difficulties in recruiting medical staff. We currently have a vacancy rate of 19% which may impact on patient experience and care.</p>	<p>Consideration is being given to how and where services can be provided and also to overseas recruitment. The organisation now has a rota that includes intensivist presence at our Scarborough site and we have introduced the Acute Medical Model at Scarborough</p> <p>Continued development of ACPs and skill mix reviews. Actively recruiting into gaps of longer than 12-weeks. Master Vendor contract with HCL to reduce agency costs has been extended for 2 years. Direct Engagement process to further reduce costs (VAT). On-going monitoring by the rota co-ordination team of agency usage. Weekly reports to NHS I being submitted.</p> <p>Monitor staff engagement via staff survey and Staff Friends and Family Test. Also monitor sickness and turnover rates (monthly).</p> <p>Review of medical Bank arrangements. Rota Management team</p>	<p>Work is being progressed in a number of areas including:</p> <p>Working differently with a pilot to act more like a medical recruitment agency.</p> <p>Working with the local community to enhance recruitment of doctors.</p> <p>Working with the local university to ensure that there are local courses which will hopefully translate into a more local workforce.</p>

	<p>expanded following successful business case in 2016. Offering attractive incentives to improve recruitment such as multi-speciality rotations; paying fast-track visa fees and offering temporarily free accommodation. Recruitment and Retention package for SAS grades agreed through LNC and Exec Board. Salary Flexibility (Pension opt-out) offered to mitigate skills gap by early retirements. Bank rates increased in April 2017 to entice agency workers onto Payroll following introduction of IR35. Active recruitment into trainee positions prior to completion of 'Round 2' from HEE. Introduction of new roles such as Senior Foundation Doctor (Trust grade) which is equivalent to F3 year to fill gaps at CMT level left by allocation of HEE. Named as a Fast Follower in the HEE programme to improve the recruitment and induction experience of Junior Doctors. Need to address negative feedback about the Junior Dr Mess in 2017 Staff Survey. Implementation of the Acute Medical Model. Ongoing review of strategies to maintain patient safety. Jupiter campaign being launched to recruit Cons Anaesthetists. July 2018 - new clinical leadership at Scarborough (Mark Andrews) to help drive change and stability. Also pilot of Locum Tap in ED at Scarborough. Global Medical Careers Business case approved by Corporate Directors on 28th August. East Coast Recruitment project yielding successful appointments. Recruitment event at Scarborough on 20th October -9 offers made. Vacancy rate reduced from 21% in August to 15.8% when individuals start. Medical Workforce Manager pilot being extended by 12 months.</p>	
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These issues are continually assessed and reviewed by Directors, the Board Committees and the Board

**Well Led** - Compliance with NHS Foundation Trust Condition 4 – NHS Foundation Trust Governance Arrangements - The Trust underwent a Well-Led Review by the CQC in October 2017, which is detailed later in the report.

The Trust also underwent a Licence Review by NHSI in February and March 2018 due to financial difficulties experienced by the Trust. The Trust was subject to an investigation into compliance with its Licence in relation to both finance and governance and in terms of how the Trust ran its business and the overall sustainability of the Trust's business model. The investigation did find evidence that the Trust was in breach of its Licence conditions. The investigation is now closed and the Trust received a number of undertakings and developed and agreed an action plan with NHSI to remedy areas of weakness, which has been monitored monthly by the Board. NHSI are currently reviewing the actions taken to see if the undertakings can be lifted.

The Trust has applied the principles, systems and standards of good corporate governance and has reviewed the guidance that has been issued by NHSI during the year. It has prepared a 'comply or explain' document to record where the Trust has not followed the guidance or where an action plan is required to ensure compliance.

From April to August 2018 the Trust operated a Board Committee Structure which included the following Committees (page references to the Committee descriptions in the Annual Report are included):

- Audit Committee (including its sub-group, the Data Quality Group), page 69
- Corporate Risk Committee, page 69
- Remuneration Committee, page 88
- Finance & Performance Committee, page 74
- Quality & Safety Committee, page 75
- Workforce & Organisational Development Committee, page 76
- Environment & Estates Committee, page 77
- Executive Board, page 78
- Site Specific Meetings, page 78

The Board considered the effectiveness of the Board and Board Committee structure during 2018-19 and took a decision to look at alternative ways of working. A pilot involving an extended Board to replace the Quality & Safety, Finance & Performance, Workforce & Organisational Development and Environment & Estates Committees was trialled from September to December 2018. The outcome of the pilot was the implementation of a new Board Committee structure involving two Board Committees; Quality and Resources, which will be used to underpin the Board's effectiveness.

The two new Committees have operated since March 2019 and meet concurrently in the morning of the Board. The Committees spend the last half hour of their meeting together to decide on items to escalate to the public Board meeting held in the afternoon. The Committees cover the items previously discussed by the four Board Committees.

The Trust's systems and accountability arrangements for Directors ensure compliance with the duty to operate efficiently, economically and effectively. The Trust gains its assurance that these systems are in place through Directors' reports to the Board and its Committee structure, the Corporate Risk Register, the Assurance Framework, Internal Audit Reports and the oversight and challenge from Non-executive Directors. The Trust publishes its register of interests on the website.

The Board of Directors has an underpinning governance structure that ensures information from the Board is fed into the organisation through a series of briefings and information from the ward is considered at Board through individual Director reports.

The Board underwent significant changes in 2018-19:

- Two Associate NEDs took up position in April 2018, and were made substantive in July 2018 following one NED retirement and one NED coming to the end of their nine years;
- The Chief Executive retired in May 2018. The Deputy Chief Executive took up the position of Acting Chief Executive in May 2018 and continued for the rest of 2018-19, which was a result of a decision not to appoint any of the candidates during interview undertaken in September 2018. A new Chief Executive was appointed in January 2019 and will take up position in August 2019;
- In June 2018 the Director of Systems and Networks (non-voting Board member) retired from the Trust;
- In June 2018 the Chief Executive appointed an Acting Director of Workforce and Organisational Development and an Acting Director of Communications, both of whom became non-voting members of the Board. An appointment process took place in February for a new Director of Workforce and OD and the Deputy Director of Workforce and OD was successful and took up the role at the end of February 2019;
- In March 2018 the Trust set up a subsidiary company, York Teaching Hospital Facilities Management LLP and the Director of Estates and Facilities transferred under TUPE into the company as Managing Director in October 2018. An honorary contract was initiated so that in the interim period the Managing Director of the LLP is also the Director of Estates and Facilities (a non-voting member of the Board);
- The Chief Nurse left the Trust at the end of February 2019 and the Deputy Chief Nurse took up the position in an acting capacity. A new Chief Nurse was appointed in February 2019 and will take up position in July 2019.

For the majority of the year the Board of Directors comprised a Chair plus six Non-executive Directors, a Chief Executive Officer and four voting Executive Directors. For the period April to June 2018, there were six Non-executive Directors and two non-voting Associate Non-executive Directors. From April to June 2018 there were two non-voting Corporate Directors attending the Board and from June 2018 to March 2019 there were three non-voting Corporate Directors. The Foundation Trust Secretary also attends the Board. The Board met monthly during 2018-19.

The Board of Directors is responsible for the management of key risks in the organisation. The Board has a number of tools it uses to consider the management

of risk, including the Corporate Risk Management Committee, Board Assurance Framework, Corporate Risk Register and Directorate Risk Registers and Operational and Executive Performance Assurance meetings.

The Board agendas have been linked to the strategic goals to ensure that the discussion at Board is focused on the goals and there is a reflection session at the end of every Board which considers an overview of the strategic risks contained in the Board Assurance Framework in order to ensure that discussion is focused on these key risks. This arrangement ensures the Board of Directors understands the strategic risks to the Trust in the context of the Trust's strategic direction.

On an annual basis the Board requests a self-assessment of compliance against the NHSI licence. The self-assessment is shared with the Board of Directors in advance of the Board approving the Corporate Governance Statement.

**Risk Embedded** - The Trust has an equality impact Assessment toolkit to approach equality analysis in a structured and consistent manner. Equality impact assessments are routinely published.

The Trust has in place a Risk Management Team, a Patient Safety Team and a team of Governance Facilitators who work across the Trust, providing expertise and support on governance issues to Directorates, and whose aim is to promote the sharing and implementation of learning across the organisation. The Trust promotes a culture of openness and transparency and the Board recognises the importance of ensuring an organisational culture which encourages and supports the reporting of both incidents and near misses.

On a weekly basis, a meeting is held with the Medical Director, Director of Nursing, Deputy Director of Health Care Governance and the Deputy Director of Patient Safety and Deputy Medical Directors to review all the deaths within the organisation over the previous week, any significant Adverse Incident Reporting System (AIRs), complaints, claims, Inquests, serious incidents, clinical incidents, infection rates, never events, central alert system (CAS) and anything else that has come to light as a potential clinical and quality risk to the organisation.

The key reporting system the Trust uses is Datix. The Directorates review their risks with the support of a Governance Facilitator who is linked to the Directorate. Directorate Risk Registers are also reviewed at Executive led Performance Management Meetings where a 'confirm and challenge' approach is taken.

The Trust has continues to review and refine the Serious Incident investigation process. This has seen the introduction of the Chief Investigator role and the training of a group of Lead Investigators. The pool of investigators are allocated investigations to undertake as each arises. The core membership of the Serious Incident Group has also been strengthened to include a wider range of disciplines.

The Trust has robust processes in place for dealing with both Clinical Negligence and Employer's Liability Claims. When necessary, legal representation is sought. A summary of any settled claim is disseminated to involved clinicians and relevant managers and directors. In respect of learning lessons from claims, Directorates are



provided with details of new, on-going and settled claims and are asked to identify and formally discuss risk issues in order for an action plan to be initiated and, where necessary, the relevant risk register be appropriately updated. These action plans are monitored through the Directorate risk process.

Monthly complaints, compliments and PALS reports are provided to Directorates, including themes, trends and learning points. Every Directorate has a patient experience dashboard giving them real time access to records of open cases, themes and trends at ward/clinic level and tracking of action points.

Quality Impact Assessments have received renewed focus this year, especially in relation to the corporate efficiencies and staffing. The process is further described as part of the corporate efficiency section.

**Communication with stakeholders** - The Trust's vision is to 'be collaborative leaders in a system that provides great care to our communities' and this is also reflected in the Trust's strategic goals and themes. Therefore the Trust puts a heavy emphasis on partnership working as part of a system.

The Trust is part of the Humber, Coast and Vale STP and works closely with partner organisations to ensure a system wide approach. Trust Directors either lead or attend the STP groups and also contribute to the System Transformation Board and Place Based Boards.

The Trust has a Communications Department that works closely with the Patient Experience Team. Together they ensure there is public stakeholder engagement that addresses any perceived or actual risks that might impact on the public. This includes undertaking patient surveys, family and friends review and meeting with the Friends of York Hospital, Healthwatch and a number of self-help groups.

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

The Council of Governors has a formal role as a stakeholder body for the wider community in the governance of the Trust. The Council of Governors held quarterly meetings during the year, underpinned by a number of working groups to consider issues such as patient experience, member and constitution review. The Council of Governors attended two meetings with the Board of Directors, the Annual Members' Meeting, incorporating the Annual General Meeting, held in York and received regular reports on the activities of the Trust.

**Workforce Strategies** - The Trust employs eRostering to support the safe and effective deployment of staff. Underpinning this is senior professional judgement to ensure appropriate decisions are made in the best interests of our patients. To ensure the effective deployment of medical staff, the Trust procured electronic job planning software at the end of 2018 and this will commence roll out during

2019. Vacancy rates and role redesign are shared with the Board of Directors regularly and an assessment of the nursing establishment against acuity and dependency data on a ward by ward basis is shared with the Board of Directors every 6 months.

In the longer term the Trust has revised its workforce planning tool, consulting widely to ensure the process is bottom up and clinically led. The Trust recruited 13 new Physician Associates in the Autumn of 2018 and 15 Trainee Nurse Associates (TNA) qualified in March 2019. In addition, the Trust is working in collaboration across the Health and Social Care Partnership, with HEE and HEIs to support the development of 26 new TNAs and 15 new trainee Advance Clinical Practitioners. All these new roles are subject to QIAs in line with the Developing Workforce Safeguards.

The Board and Board sub-committees receive regular reports on workforce and also have discussions to facilitate the provision of assurance that the Trust has the right staff in the right place at the right time and that staffing is constantly being reviewed to ensure it is safe, sustainable and effective. There are also mechanisms available to escalate issues to ensure the Board are sighted on any concerns which can be escalated to the Board by any member of the Board, but principally by the Medical Director, Chief Nurse or Director of Workforce.

**Care Quality Commission** - The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust has participated in several special reviews by the Care Quality Commission during the reporting period. These are listed below and further information can be found on page 219 of the Quality Report:

- Looked after Children Review – City of York
- Looked After Children Review – North Yorkshire County Council
- Well Led Review
- CQC Review of Health and Social Care Interface

The Trust was subject to a CQC inspection of its Core Services in September 2017, which was followed by a Well Led Review in October 2017. The CQC published their findings in February 2018. Whilst the overall rating for the Trust was **Requires Improvement**, the assessment of York Hospital improved from Requires Improvement to 'Good'.

#### Summary of ratings:

Area assessed	Rating
Trust Overall	Requires Improvement
York Hospital	Good
Scarborough Hospital	Requires Improvement
Bridlington Hospital	Requires Improvement
Community Services*	Good

\*Community services were not reassessed as part of this inspection, and retain a rating of Good overall.

The following improvement notices were received and work has been underway to draft an action plan which was submitted to the CQC in April 2018:

**Regulation 5:** Fit and Proper Person Test;

**Regulation 8:** Person Centred Care (no paediatric area in York ED, no Rehab Clinic in Scarborough Critical Care Service and lack of Critical Care Strategy for Scarborough);

**Regulation 11:** Consent, MCA/DoLS;

**Regulation 12:** Safe Care and treatment (gaps in clinical record keeping in Scarborough ED, RMO issues at Brid, failure to completed stat mandatory training by all ED staff);

**Regulation 17:** Good Governance: BAF, QIA Assessment, lack of clear plan to establish financial stability, use of data;

**Regulation 18:** Staffing: heavy use of Bank and Agency, especially at Scarborough. Not all staff retaining professional skills (NIV on Ward 34) and lack of clinical educator in Scarborough Critical Care.

The action plan is being monitored by the Board.

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.

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

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

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

**Performance** - The performance position has been challenging throughout the year. Every month of 2018-19 has seen a higher number of type 1 attendances in ED than the same month in 2017-18. Despite this increase in attendances, type 1 ECS performance for the Trust has been higher than the same month in 2017-18 for seven of the last nine months. For cancer treatment, the number of fast-track referrals received by the Trust in 2018-19 to date has increased by 16% on the same

period last year. The Trust has not been able to improve performance on 18 week referral to treatment times, with routine capacity affected by a planned reduction in winter months to create additional capacity for acute demand.

Performance trajectories have been developed in partnership with our commissioners and reviewed by NHS Improvement. The Trust's performance management framework provides the rigour and scrutiny in order to assure the Board that plans are on trajectory or mitigating actions are put in place where performance is off-track. The Trust is working with partners across the system to improve performance through the Health and Care Resilience Board, Planned Care Steering and Cancer Alliance. The Trust is a key member of the Humber Coast & Vale Health and Care Partnership (HCP), with a number of Directors and Senior Managers leading and sitting on HCP workstreams.

**Financial Performance** - The Efficiency Delivery Group, an executive group, is led by the Trust's Chief Executive and ensures the effective management of the Trust efficiency and transformation agenda. The membership of the group includes senior management and all the Trust Executive Directors.

Achievement of economy, efficiency and effectiveness is underpinned by the Trust's Governance Framework and supported by internal and external audit reviews, which are monitored through the Audit Committee. The Trust also has a contract for counter fraud services for the proactive prevention, detection and reactive investigation of fraud.

**Cost Improvement Programme** – The final position in 2018-19 at month 12, shows the Trust over delivering its full year CIP target by £3.1m, delivering £24.8m against a target of £21.7m; the Trust has performed extremely strongly in this area during the year which is under pinned by the strongest recurrent delivery performance the Trust has ever achieved of £14.3m at month 12, compared to full year recurrent delivery of £9.85m in 2017-18. The CIP target for 2019-20 has been set at £17.1m (3.4%) which is significantly higher than the national tariff deflator of 1.1% and will again prove to be an extremely challenging target, given the continuing pressure on the Trust finances and clinical services. Further information can be found in the Annual Report within the Review of Financial performance section.

All Cost Improvement Programme (CIP) schemes are developed by the Directorates and undergo a quality improvement assessment so are self-assessed by the Directorate Teams, including the directorate manager, finance manager and senior clinical input using the Trust's risk assessment framework (5 x 5 risk matrix) with a log of risks recorded, analysed and evaluated for potential impact on the safety and quality of patient care. The schemes are independently reviewed by a senior clinician (Associate Medical Director) and a senior nurse (Corporate Nursing Team) and Safety meetings are held weekly with the Chief Nurse and Medical Director which provide an alert to any deterioration. There is an escalation process for any schemes that have been highlighted as high or extreme risk to the Executive Team through the Efficiency Delivery Group, including the Medical Director and Chief Nurse, for detailed discussion of risk which includes reputational risk.

## Information governance

The Trust has completed and submitted the new Data Security and Protection Toolkit in accordance with requested timescales. The Trust is not fully compliant with all the standards, but an action plan is being drafted that will be approved by the SIRO and monitored during 2019-20. The assessment is also subject to internal audit verification.

The Trust has not had any serious incidents relating to data loss or confidentiality breaches or anything which requires reporting to the Information Commissioner's Office.

## Annual Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Trust has appointed the Chief Nurse to lead and advise the Board of Directors on all matters relating to the preparation of the Trust's annual Quality Report. The Trust has a number of underpinning strategies in place, including the Patient Safety Strategy, which are supported by Risk Management Framework and policies on health & safety, incident reporting, complaints, claims and safeguarding.

To ensure that the Trust's Quality Report presents a properly balanced picture of its performance, the Quality and Safety Committee oversaw its production for the first half of the year and this function has been picked up by the new Quality Committee.

There has been continued focus on a number of areas, including learning from deaths, clinical audit and effectiveness, consent and duty of candour throughout the year in order to establish better systems and gain more assurance. Any areas of concern are escalated to the Board via the Committee Structure, which includes the Audit Committee.

The Trust actively encourages staff to develop their skills and knowledge by providing numerous courses and opportunities. Specific courses are also developed following concerns raised or discussions with staff, such as a new leadership/supervisory development course. The Trust has also been working with partners, especially Coventry University, on developing new roles and providing opportunities to develop new staff. Closer working links have also been developed with the Hull York Medical School in order to ensure more places for doctors in training.

During 2018-19 the Trust did not fully achieve all the objectives set as priorities in the Quality Report. More detail of the achievements can be found in the Quality Report. Any priorities that were not achieved will continue to be addressed by the Trust.

Data quality, monitoring, validation and system controls are embedded within the organisation, and reporting processes to assure the quality and accuracy of elective waiting time data are in place. The Trust also has a Data Quality Group which currently reports into the Audit Committee to review data quality and provide assurance.

The level of assurance has been enhanced during the year through continued development and refining of the collection and use of data, together with a restructure of the board data pack and changes to the Board and Committee agendas to ensure the new integrated board report is scrutinised.

## Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their 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 Committee, the Corporate Risk Committee and the work done by the Committees charged with Quality and the Board (as a result of and during the Committee restructure) and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed by comments made by the External Auditors in their Reports to those Charged with Governance (Interim & Annual) and Internal Audit's Head of Internal Audit Opinion. 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 of Directors, the Audit Committee, Corporate Risk Committee and Board Sub-Committees. The Board Sub-Committee structure fundamentally changed following a pilot and review in order to identify gaps in assurance and drive forward continuous improvement in the way the Board operates. Any weaknesses in systems will be addressed to ensure continuous improvement of the overall system of internal control.

The Head of Internal Audit Opinion 2018-19 stated that: Significant assurance can be given that there is a good system of internal control which is designed and operating effectively to meet the organisation's objectives and that this is operating in the majority of core areas. The opinion is based upon an assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes and an assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. The assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

The BAF provided the Board of Directors and other senior management with a document that was actively used to inform the Board agenda and address those risks that could threaten the delivery of the Trust's Strategic / Key Ambitions. The BAF is aligned with the Risk Management Framework (RMF) in that it references those corporate risks that directly threaten delivery of the Trust's key strategic objectives.

The Trust has commenced work to migrate risk registers onto Datix with the Corporate Risk Register (CRR) being managed through this system. Work is ongoing to identify access needs for those who will manage the register through Datix. The RMF has been re-drafted in consultation with NHS Improvement (NHSI) to align with the revisited BAF and, at the time of our review, was awaiting ratification by the Board of Directors (BoD).

The Trust suspended some of the Board subcommittees during the recent governance re-structure and as a result, the CRR and the BAF did not receive the same level of scrutiny as in previous years. The Board subcommittees have been reformed and have now commenced delivery of their refreshed work programmes, which includes the regular review of the BAF and the CRR for their relevant areas of responsibility.

However, weaknesses were noted in the risk management system relating to:

- The revised RMF has yet to be published.
- The delivery of risk management training.
- Identifying how the effectiveness of the RMF can be monitored.

As a result of our review, an opinion of Significant Assurance is awarded in relation to the design and operation of Trust's BAF. An opinion of Significant Assurance is awarded to the Risk Management systems and processes and their application Trust wide.

Following audits during the year, four areas were noted in the Head of Internal Audit Opinion as remaining under review. These were identified as Child Safeguarding, Mental Capacity Act/Deprivation of Liberty Safeguards, Deteriorating Patients Escalation Process and Duty of Candour, all of which also remain a high priority on the Audit Committee agenda for 2019-20.

No further areas of notable control weakness were identified during the 2018-19 programme.

My opinion is also informed by:

- The Trust recruited a full-time Freedom to Speak up Guardian/Safer Working Guardian in September 2016, who continues to develop the role and ensure this area is given a high profile within the Trust. The Board has been assured by the progress and impact of the role and a subsequent Internal Audit Report on the effectiveness of the processes in place to enable staff to raise concerns and whistle blow has received significant assurance;

- Contracts with commissioners for 2018-19 were agreed in a cooperative and collaborative manner through the Trust's engagement with the Commissioners. The Trust has engaged with its Commissioners throughout the year in order to ensure that contracts were performing in line with expectations and mitigate any emerging risks;
- A new Five Year Strategy has been developed during the year, together with a set of SMART objectives which reflect ownership by the Executive Team. A full revision of the Board Assurance Framework has taken place and is being embedded into the new Board Sub-Committee structure. The Board is also committed to raising the profile of the digital agenda as part of the new strategy and this also features on the Board Assurance Framework;
- The Board of Directors receive regular reports from the Medical Director, Chief Nurse, Chief Executive and Finance Director which provide the Board of Directors with assurance about the clinical, quality and corporate issues within the Trust. The performance report is also presented on a monthly basis to the Board of Directors. The Board of Directors receives information about patient experience at each Board meeting via a number of routes. Each public Board incorporates details of a patient's experience to set the tone of the meeting. The Trust continually works to improve the system applied to the management of complaints;
- The Board of Directors receive regular reports from York Teaching Hospital Facilities LLP Management Group including information about any issues and risks and opportunities for future working. The LLP has been operating for six months and to ensure there is a focus on continuing improvement a control improvement report has been undertaken by Internal Audit which will inform a number of actions for 2019-20;
- The Audit Committee has received a number of audit reports from Internal Audit at each meeting. The Audit Committee continues to monitor the effectiveness of internal audit and in particular the integrity of the process around limited assurance reports to ensure there is senior level engagement and accountability. Concerted efforts have achieved a significant reduction in the number of outstanding recommendations. All limited assurance reports are reviewed by the Chief Executive and/or Finance Director with the responsible executive. The Audit Committee triangulates information with the other Board Committees at each meeting and the membership ensures strong links between the Committees;
- Internal Audit is an independent service which has a risk based plan agreed with the Audit Committee for the year. The plan includes areas where controls within the systems and process may be improved or enhanced. Internal Audit presents their findings to the Audit Committee and to the Board of Directors through the Audit Committee minutes on a quarterly basis (as a minimum). The Head of Internal Audit Opinion is written as a summary of the findings of all the Audits held;
- The Trust is committed to partnership working in both the local health economy in relation to local priorities, with neighbouring Trusts to strengthen clinical alliances



and also the wider Humber, Coast and Vale ICP footprint to facilitate the development and realisation of plans. Working together has brought about the completion of Phase One of the East Coast Review and also enabled the Trust to secure a £44m capital bid for work at Scarborough;

- The Trust has put a Clinical Audit Strategy and Policy in place, which outlines the systems and processes in place in respect of monitoring. This enables a systematic process to address risks and to provide assurance to the Trust, Commissioners and monitoring bodies. All clinical audit activity is registered with the Effectiveness Team and is collated on the Effectiveness Project and Clinical Audit Database. The Effectiveness Team follow up on all reports/briefcases (summary report) and action plans. These are attached to the Database to evidence changes to practice. The Audit Committee during 2018-19 received an update on the clinical effectiveness arrangements and will continue to monitor the assurance the process provides. The Quality Committee Group has also started to monitor clinical effectiveness;
- I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the committees identified above, by the Board's monitoring of corporate and directorate performance, by the publication of audit reports in line with their work programme by internal audit during the year, and by the evidence of the assessment of the Trust and the capacity and capability of the Board by NHSI in relation to its financial management, governance arrangements and risk management systems, the Board's self-certification to NHSI (Monitor);
- The Trust continues to operate in a challenging national economic climate. Operationally, the pressures on the Trust have been significant, especially in terms of staffing which has been compounded by winter pressures including a number of norovirus outbreaks. The Trust has continued to look for new opportunities to recruit staff by working in different ways and linking with partners. There is a recognition that the challenges will continue into the coming year, but the Trust continues to work with partners to try to ensure a comprehensive delivery of services and financial performance;
- At the end of 2017-18, due to financial difficulties experienced by the Trust, the Trust was subject to an investigation into compliance with its Licence in relation to both finance and governance. The investigation did find evidence that the Trust was in breach of its Licence conditions. The Trust developed an action plan which has been monitored monthly by the Board and has implemented a number of significant changes to address the areas of weakness:
  - Efficiency scheme redesigned and new delivery group established by July 2018;
  - Internal Audit on post-merger review carried out by September 2018;
  - Enhanced engagement with the system commenced from May 2018;
  - 5 Year Strategy launched in September 2018 including phase 1 of the East Coast Review;
  - Full revision of the Board Assurance Framework by September 2018 which is now linked to and drives the Board agenda;

- Receipt of enhanced financial information at Board and Committees in place by April 2018 together with changes to the Scheme of Delegation;
- Board and Committee structure, coversheets, work programmes and action logs reviewed by December 2018;
- Executive portfolios review, transformation added to Chief Operating Officer role. Acting Director of HR and Acting Director of Communications created in June 2018.

Following discussions with NHSI, a review of the evidence and interviews with Board members, the Trust has formerly written to NHSI to ask that consideration is given to lifting the undertakings and is awaiting feedback. The Trust has taken the decision on the weight of evidence and action taken to declare that it is of the opinion that it no longer has a significant internal control issue in relation to the cause of the original licence breach;

- Single Oversight Framework – The Trust remains rated at 3. Segment description: mandated support – mandated support as determined by NHSI to address specific issues and to help the provider move to segment 2 or 1.

## Conclusion

- No significant internal control issues have been identified.



Signed.....  
Chief Executive

Date: 24 May 2019

# Quality Account

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## Part 1 – Statement on quality from the Chief Executive

### 1.1 Letter from the Chief Executive

As an organisation we advocate that the quality and safety of the care you receive continues to be our highest priority and drives all that we do.

It is important to us that, whilst in our care, you feel both safe and cared for. By that, we mean that not only do we expect that the technical things we do for you will be the safest possible but the way in which we do them will make you feel cared for – as we would all expect for ourselves and our families.

It is a fundamental part of everyone's job working throughout our growing organisation to ensure that you are cared for with dignity, respect and compassion and that you receive the best possible healthcare from all our staff, wherever you are receiving care – from your home to our hospitals.

We treat and hear from thousands of people every year, and the responses that we receive via the Friends and Family Test and patient surveys indicate that the vast majority of our service users are pleased with the great care we are able to deliver. However, we acknowledge that there are occasions when we don't get it completely right and your views are important to us on this and help us focus on the steps we need to take to improve the quality and safety of the services that we deliver.

As the NHS begins to plan for the next ten years following the Prime Minister's announcement in March 2018 of a planned longer term funding approach to health and social care, we have developed a strategy that is designed to describe how we deliver safe and high quality patient care as part of an integrated system, in other words, ensuring that our patients receive safe, compassionate and quality care in the right place, at the right time. Our strategy has therefore been shaped by what we know about the people that we serve.

As a partner in the Humber, Coast and Vale Health and Care Partnership, our collective ambition is to start well, live well and age well, providing those services important to our population from cradle to grave. This means that health organisations must work together to provide the changes necessary to our local care system enabling improved care provision and good quality treatment. All of this is against a background of continuing financial pressures, clinical and nursing workforce shortages and an aging population which means that the delivery of our services is challenging.

Our Strategy for 2018-2023 is supported by a number of enabling strategies, one of which is the Patient Safety Strategy. Within this strategy we articulate how the increasing complexity of healthcare is creating new or previously unrecognised risks. This is further exacerbated by the increasing age of our patient population and we are therefore often delivering care to patients with multiple conditions. Prolonged hospital stays, a growth in acutely ill patients, delays in discharge and patient de-conditioning are all recognised contributors to the increase in risk.

Our approach is therefore to:

- Ensure consistency of care;
- Focus on the early detection of disease and treatment;
- Where care takes place, it is in the right care, right place, and at the right time;
- Reduce the number of hospital acquired infections;
- Identify those areas where there is frequent harm.

On the latter point, in any organisation there will be occasions when an adverse incident occurs. Learning from such incidents is important to us, and over the year the Trust has endeavoured to strengthen its approach to ensure that investigations are robust and undertaken in a culture of openness and transparency, with the aim that any identified learning be shared and acted upon. This will help us to ensure improvements are made in the delivery of patient-focused care.

Over the coming year we will continue to roll out the overall safety priorities to ensure that they are embedded within our organisation. We will also continue to work together with our local partners and Commissioners to ensure that the local priorities and expectations of patients and families are recognised, supported and met.

None of this care would be possible without every member of staff, clinical and non-clinical, being committed to living the values of the organisation through the delivery of safe, effective and harm-free care.

At times of great change for healthcare, it continues to be my job to ensure that we have the strategies, culture and will to change for the better – keeping you safe at the heart of all that we do.

I declare to the best of my knowledge that the information contained in this report is accurate.

A handwritten signature in black ink, appearing to read 'Mike Fricker'.

**Chief Executive**  
**24 May 2019**

## Part 2 – Priorities for improvement and Statements of Assurance from the Board

### 2.1 Priorities for the Trust – Quality & Safety for 2019-20

Priorities for the Trust - Quality and Safety for 2019-20	
Patient Safety	
By the End of March 2020, we will ensure that:	
<p><b>SAFER Patient Bundle</b> (explained in the glossary on page 270)</p>	<p><b>SAFER patient bundle</b> - We implement the SAFER patient bundle throughout our adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients by:</p> <ul style="list-style-type: none"> <li>• effective ward and board rounds;</li> <li>• ensuring that all patients have an estimated date of discharge;</li> <li>• ensuring early in the day flow from assessment units;</li> <li>• ensuring that patients are discharged early in the day;</li> <li>• proactive review of patients with a long length of stay.</li> </ul> <p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• All patients to have a senior review before midday;</li> <li>• Every patient to have a discharge status set;</li> <li>• Number of Discharges/transfers before 10am (including transfer of patients to a downstream ward from admission / assessment units). All downstream wards who received pts from an assessment area to have discharged or transferred at least one patient by 10am (this is the golden patient);</li> <li>• 33% of all discharges or transfers to have occurred by midday <u>and</u> Time of day of discharge/ transfer to earlier in the day (discharge curve);</li> <li>• The national target is a 25% reduction in length of stay for patients with a length of stay of over 21 days from our current base line.</li> </ul>
<p><b>Early Identification of the Deteriorating Patient and Reducing the Impact of Antimicrobial Resistance</b></p>	<p><b>Early identification and management of the deteriorating patient and reducing the impact of antimicrobial resistance</b> - Early identification of the deteriorating patient (National Early Warning System (NEWS) of 5 or more) and reducing the impact of the antimicrobial resistance by (<i>CQUIN – explained in the glossary on page 268</i>):</p> <ul style="list-style-type: none"> <li>• timely identification of patients with sepsis in emergency departments and acute inpatient settings;</li> <li>• timely treatment of sepsis in emergency departments and acute inpatient settings;</li> <li>• clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours;</li> <li>• reduction in antibiotic consumption per 1,000 admissions.</li> </ul> <p><b>Measures</b> - All reported as part of the contract:</p> <ul style="list-style-type: none"> <li>• Number of unplanned admissions to ITU;</li> <li>• Compliance with observations within hour of prescribed time;</li> <li>• Number of crash calls.</li> </ul>

## Priorities for the Trust - Quality and Safety for 2019-20

<b>Infection, Prevention &amp; Control</b>	<p><b>Infection, Prevention &amp; Control (IPC)</b> - To embed IPC in Care Groups ensuring a named IPC lead in each Care Group.</p> <p><b>Organisational Measures</b></p> <ul style="list-style-type: none"> <li>• Q1 – identify Care Group responsibilities within the team, and contact Directorates;</li> <li>• 2 Care Groups to have key performance indicators agreed Q2;</li> <li>• 4 Care Groups Q3, and;</li> <li>• all by the end of Q4, by which time they should be starting to come through the PSQ-PAM process.</li> </ul> <p><b>Improvement Measures</b></p> <ul style="list-style-type: none"> <li>• Having experienced significant viral infections in 2018-19 which has affected people and services, the Trust will lead a piece of system wide work to develop a system wide escalation document to improve the management of a viral infection outbreak. This will result in a reduction of lost capacity through beds and ward closures in the winter of 2019-20;</li> <li>• The Trust will focus on E.coli bacteraemias. The Trust will demonstrate system wide working and will aim to reduce E.coli bacteraemias by 10%.</li> </ul> <p>In accordance with the E.coli bacteraemia quality priority, the Trust will aim to improve the management of urinary tract infections in older people. A specific piece of work to deliver better catheter insertion decision making; insertion technique and management and indwelling catheter review will be introduced.</p>
<b>Improvement in Safeguarding</b>	<p><b>Safeguarding</b> - To ensure a robust process for completion and sign off of actions arising from safeguarding adult investigations.</p> <p><b>Measures:</b></p> <p>Q1 – Approval of action plan and fixed agenda item by Safeguarding Adults Strategic Governance Group(SAGG);  Q2 onward – Progress Report to SAGG through fixed agenda item;  Q4 – annual report to include Trends and actions.</p> <p><b>Deprivation of Liberty Safeguards</b> - Safeguarding Adults team to monitor national and local development/roll out direction of the Liberty Protection Scheme (LPS) to ensure compliance with the Deprivation of Liberty Safeguards replacement process.</p> <p><b>Measures:</b>  Q1 onwards– update report to SAGG (minutes);  Dependant on national progress the action plan, progress and reports will be submitted either by exception or direct to SAGG.</p>
<b>Ambulance Turnaround</b>	<p><b>Ambulance Turnaround</b> - For 2019-20 the Trust will place a strong focus on reducing ambulance handover times on both the York and Scarborough sites. This will be guided by an approach that ensures that when a patient arrives at an ED they become the immediate responsibility of the Trust's teams. To support this approach we will:</p>



## Priorities for the Trust - Quality and Safety for 2019-20

- Strengthen the streaming step at the ambulance front door to enable rapid handover on arrival;
- Remove any barriers to accessing current alternatives to ED. This will reduce either the need for ambulance conveyance to ED by improving direct access to community teams, or, if already at the acute site, will improve direct ambulance access to areas other than ED e.g. ambulatory care, paediatric assessment units, Urgent Treatment Centre etc. This will include working with Yorkshire Ambulance Service to improve self-handover and ensure that patients can be directed to the most appropriate place to meet their needs.

The trajectories referenced below will be submitted to NHSI in April 2019 for approval so may subsequently change.

As part of our 2019-20 operational plan the Trust has submitted trajectories to NHS Improvement that predict the following by the end of March 2020:

- A 20% reduction in the number of ambulance handovers taking between 15 and 30 minutes;
- A 50% reduction in the number of ambulance handovers taking between 30 and 60 minutes;
- A 90% reduction in the number of ambulance handovers taking more than 60 minutes.

Ambulance Handovers	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Count of handover delays 15-30 minutes	829	812	795	778	761	744	727	710	694	685	681	677
Count of handover delays 30-60 minutes	365	350	335	319	304	289	274	259	243	228	213	190
Count of handover delays 60+ minutes	297	281	264	215	182	149	116	83	76	66	56	33

## Clinical Effectiveness and Outcomes

### By the End of March 2020, we will ensure that:

#### 7 Day Services

**7 Day Services** - The four priority clinical standards for seven day services in hospitals are achieved by:

- ensuring a review of patients within 14 hours of admission to hospital;
- ensuring timely access to diagnostics;
- access to consultant delivered interventions;
- on-going consultant directed review.

#### Measures

The following standards will be assessed twice a year via a national 7 day working audit which will be reported to NHS England. The Trust will be required to split the measures below out this year by weekend and weekday:

- CS2 –(time to first consultant review);

Priorities for the Trust - Quality and Safety for 2019-20	
	<ul style="list-style-type: none"> <li>• CS5 –(access to diagnostics) CS6 –(access to interventions);</li> <li>• CS8 –(ongoing reviews).</li> </ul>
<b>Falls</b>	<p><b>Falls</b> - The Trust has undertaken a comprehensive review into falls management and has agreed a programme of work. The two specific priorities that the Trust will work towards are:</p> <ul style="list-style-type: none"> <li>• Achieve a 10% reduction in all in patient falls;</li> <li>• Achieve a 20% reduction in in patient falls that result in moderate harm or above.</li> </ul>
<b>Pressure Ulcers</b>	<p><b>Pressure Ulcers</b> - The Trust is undertaking a root and branch review which will be reported to the Quality Committee in May. When the review is available further measures will be added below which will be reported on quarterly:</p> <p>Measures will be added once further work has been carried out.</p>
Patient Experience	
By the End of March 2020, we will ensure that:	
<b>Complaints</b>	<p><b>Objectives:</b> Deliver improvements to policy and provide staff with the tools to confidently undertake complaints management</p> <p><b>Outcome:</b> Improved complaints management</p> <p><b>Indicators:</b> Increase in cases closed within target, reduction in complaints about Directorate complaints management and positive survey results</p> <p>In 2018-19 the Patient Experience Team developed and piloted a complaint satisfaction survey to obtain feedback from people who have made complaints to the Trust and received a response. The introduction of the survey will remain a key priority for the coming year and results will help identify improvement priorities for complaints management. (Quarterly)</p> <p>The Concerns and Complaints Policy will be reviewed following the organisational restructure. The Patient Experience Team will undertake engagement events with the new Care Group teams to inform revisions to the policy and processes, ensuring that they are fit for purpose. (Quarter 3)</p> <p>The Patient Experience Team will develop an in-house training package for all staff involved in complaints management. The aim is to support staff in implementing the complaints policy and procedure, ensuring that staff meet their responsibilities in responding efficiently and effectively to feedback, comments, concerns and complaints in an appropriate and timely manner (Quarter 3).</p>
<b>Lessons Learnt</b>	<p>Feedback from both the national surveys and from when people complain about our services are the stimulus for the following two quality priorities.</p> <ul style="list-style-type: none"> <li>• Patients will know the name or names of the people who are looking after them. The Trust will measure this by a reduction in complaints that have a communication element and by an improvement in the</li> </ul>

## Priorities for the Trust - Quality and Safety for 2019-20

	<p>inpatient survey results in response to this question.</p> <ul style="list-style-type: none"> <li>Patients will be given clear written or printed information about their medicines. Working with pharmacy and the Discharge Lounges the Trust will measure this by an improvement in the inpatient survey in relation to the question: Were you given clear written or printed information about your medicines?</li> </ul>
<b>Volunteering</b>	<p>The Volunteering Team will continue with the work on the York Emergency Department (ED) volunteering model and will expand this work to Scarborough ED.</p> <p>Quarter 1: Introduce two volunteers to the Scarborough ED team;  Quarter 2: Gain feedback from volunteers and staff to inform further recruitment;  Quarter 3: Engagement / promotion work, including at local colleges;  Quarter 4: Open recruitment for ED volunteers, recruit at least four more volunteers for Scarborough ED.</p> <p>The Volunteering Team will undertake a specific audit on the impact of volunteers, focused in one area.</p> <p>Quarter 1: Set up a process for measuring the hours contributed, through rota collation and input into Harlequin;  Quarter 2: Design a suite of short surveys to measure satisfaction of volunteers and staff with the volunteering contributions;  Quarter 3: Add questions to FFT asking patients if they were helped by a volunteer, and if so what value they got from their volunteer;  Quarter 4: Collate results into a report outlining the value of volunteers.</p>

The Governors have chosen to monitor the Summary Hospital-Level Mortality Indicator (SHMI- explained in the glossary on page 270) as their 2019-20 indicator.

The rationale for the selection of the priorities is from a number of different sources including:

- National and Local Priorities;
- The Trust's Patient Safety Strategy;
- Informal and formal feedback from patients to the Patient Experience Team;
- Discussions with the Infection Prevention Team;
- The agreement with the Commissioners on the priorities included in the Commissioning for Quality and Innovation;
- Discussion with Governors;
- Agreement with the Quality Committee.

Some priorities have been continued from 2018-19 to 2019-20 to allow further improvements to be made and work to be embedded. Some indicators do change according to the priority given to different areas which require improvement. Priorities are finalised with the agreement of the Quality Committee. Progress against these priorities will be monitored through quarterly updates to the Quality Committee and through CQUIN reports.

### **2.1.1 Patient Safety Strategy**

Our vision is to support all our staff to deliver safe, effective care, with zero avoidable harm, to all our patients.

Implementation of the patient safety strategy will be supported by the alignment of patient safety teams and healthcare governance into Care Groups.

Our strategy is aligned to the emergent national patient safety strategy, which describes an aspiration that the NHS is the safest healthcare system in the world. Our strategy has four driving principles, underpinned by openness and transparency. These are:

- A just culture of safety;
- Continuous learning and improvement;
- Patient and carer engagement;
- Leadership and quality improvement.

We strive to deliver a cultural change programme that brings together quality improvement, research, innovation, global health and patient safety specialists to become leaders in delivering safe patient care. We will continue to promote the importance of designing safe systems that reduce harm and by providing patients and carers with knowledge of what to expect of the healthcare system. We will continue to adopt a Trust-wide approach to quality improvement from ward to Board, developing the capability of staff to develop skills, as important as clinical skills, to lead change, using the model for improvement methodology.

Our guiding ambition is to provide safe, patient-centered care to a consistently high standard. To achieve this we will focus on six key areas of work:

- Consistency of care;
- Early detection and treatment;
- Right care, in the right place, at right time;
- Infection prevention and control;
- Areas of frequent harm;
- Learning from death.

We will continue to embed the use of the SAFER flow bundle and reduce unwarranted variation, in addition to ensuring that patients receive appropriate and timely review by senior clinicians. We will strengthen the recognition and escalation of patient deterioration by implementing the National Early Warning system 2 (NEWS2 – explained in the glossary on page 269) and a new assessment for the detection of acute delirium. Early identification of sepsis remains a priority. We will continue to reduce the incidence of healthcare associated infections and encourage antimicrobial stewardship. Work to reduce falls and pressure ulcers remains a priority area, as does reducing the harm caused by deconditioning. We will refine our systems for reviewing mortality, to ensure these are consistently applied in all areas and we will learn from themes and trends so that patient safety improvements can be made. In summary, we will:

- Ensure that patient safety is a priority above all others;
- Develop staff to improve the working processes and environment;
- Foster pride over fear and take time to celebrate and thank;
- Promote transparency, honesty and trust;
- Engage and empower patients and carers.

The work linked to the driving principles of the strategy is described below:

### **A Just Culture of Safety**

Staff Survey - Our aim is to promote an open culture; developing and maintaining an environment that feels safe. The latest staff survey results tell us that we need to improve the fairness and effectiveness of reporting processes and take action to ensure that staff feel confident in reporting unsafe practice. As a result, a multi-disciplinary task and finish group has been established to garner senior commitment to embed the 'just culture guide' principles. This will provide an opportunity to better understand how the balance is maintained between accountability and avoidance of blame where errors or omissions occur.

Local Safety Standards for Invasive Procedures (LocSSIPs) - LocSIPPs are intended to reduce the number of incidents relating to invasive procedures, both inside and outside of a theatre environment. A LocSSIP policy has been developed which includes surgical site marking guidance, and a LocSIPP template for invasive procedures. These have been developed across a number of Directorates, with further engagement still required from some teams. The CQC report "**Opening the door to change: NHS safety culture and the need for transformation**" (December 2018) highlights the need for the implementation of a standardised approach to invasive procedures in the form of LocSSIPs to reduce the occurrence of Serious and Never Events.

Next steps for 2019-20 include modification of all completed LocSSIPs into an improved standardised template, plan the communication and implementation of generic LocSSIPs across the Trust, continue to engage with Care Group and clinical staff and agree assurance and compliance measures.

The Junior Doctor Safety Improvement Group - The aim of the Junior Doctor Safety Improvement Group (JDSIG) is to bridge the gap between junior doctors and senior managers/clinicians in order for them to contribute to patient safety initiatives.

The agenda for this group has been influenced by Trust priorities, such as sepsis and mental capacity, which was identified as an area of concern by the CQC. The forum has been used as a source of feedback from Junior doctors by a variety of departments engaging with the patient safety team in order to acquire comments on operating procedures, posters and policies.

Junior doctors are also given the opportunity to volunteer to be representatives on a variety of Trust meetings such as Sepsis Steering, Deteriorating Patient and Medicines Management. This provides junior doctors a chance to influence strategies within the organisation, whilst learning more about how they are created and advanced.

In the coming months consideration will be given to exploring how to increase and sustain junior doctor engagement.

Hospital out of hours - In 2017 a review was carried out into the on-site clinical provision overnight at York Hospital following a series of concerns being raised. Variability in workload between departments and a lack of high level leadership and co-ordination of this work was identified. Other issues were longer waiting times for newly admitted patients to be clerked, increased sickness with doctors leaving the overnight roster as well as a mismatch of tasks to clinical expertise; tasks that could be performed by an alternative health professional.

The focus has now expanded from improving care overnight to care out-of-hours in general. Key to addressing this includes consideration of a Deteriorating Patient Response Team with resource from Outreach and Medicine; the introduction of clinical support workers; development of a central co-ordinator role with bleep and filtering and technological solutions for task allocation.

Patient Safety Walkrounds - Patient safety walkrounds provide an opportunity for executive and non-executive board members to visit clinical teams and seek assurance on patient safety issues. Speaking to staff, patients and families enables triangulation with other data and information to provide a full picture on quality, safety and experience.

In the last 12 months, 32 patient safety walkrounds have taken place across Directorates. Walkrounds will continue during the next year, with the new addition of participation by public governors.

## **Leadership and Quality Improvement**

Aware, Respond, Communicate (ARC) - One of the core enablers within the refreshed Patient Safety Strategy is developing the capability and capacity of staff to deliver sustainable change at local level. Staff on the Acute Medical Unit in York, are participating in a trial programme to develop the skills and knowledge of frontline staff in patient safety, human factors and quality improvement. The objectives of the ARC programme align almost identically with the draft national patient safety curriculum. We hope that the ARC programme may present one way in which the aims of the national curriculum can be delivered. We will be evaluating the impact of the programme through the improvement projects completed as well as qualitative interviews in due course.

Care of the Deteriorating Patient - An audit by the deteriorating patient group found that there has been a significant drop in cardiac arrest calls since 2016, with a correlation in increase of appropriate DNACPR status. Uncertainty around how to deal with critically ill patients in Bridlington and Malton hospitals was uncovered, which has led to a bleep system for crash calls being established and a Standard Operating Procedure for staff being written. The clinical skills team are investigating whether some staff members at peripheral hospital sites can be trained to Advanced Life Support standard.

NEWS2 began to be rolled out across the Trust in April 2019 in line with Royal College of Physicians guidance. This change in the early warning score incorporates identification of new confusion as a trigger for escalation and provides clarity on oxygen saturation scales for patients with type 2 respiratory failure. It is anticipated that these changes will increase the workload for the Critical Care Outreach Team; this will be audited as part of the roll-out. Communication of these changes and education for staff is being rolled out via face-to-face training sessions and electronic learning packages. The Acute Illness Recognition and Assessment course for recognising deteriorating patients continues to run in York and Scarborough with good attendance.

Learning from serious incidents relating to patients with raised lactate/metabolic acidosis but normal NEWS score has been a theme over the last year. Staff education was provided via a number of methods. Furthermore, additional education work is ongoing to highlight that sepsis is not the only cause of a raised lactate. Compliance with completing ceiling-of-care decisions for patients requires further work.

It is known from serious incidents and the Junior Doctor Safety Improvement Group that escalation of deteriorating patients is occasionally less than optimal. To focus on this further, the Trust is working in collaboration with Hull University to better understand the barriers and challenges to escalation of care, by undertaking semi-structured interviews with staff. The data gained from this will inform work-streams relating to themes that arise. Furthermore, a Clinical Leadership Fellow has been appointed, whose main remit will be in relation to the deteriorating patient programme of work; a specific QI project is yet to be determined.

Sepsis - We have continued to maintain good performance with screening, achieving 89% in the Emergency Departments during Q4, our target was 90%. Inpatient screening was 78% in Q4. Furthermore, 53% of patients in the Emergency Departments with severe sepsis received their antibiotics within an hour as reported at the end of March 2019. This saw the Trust meet the commitment to achieve 50% by the end of Q4. This success has been made possible through identification of barriers and multiple quality improvement projects, several of which have been initiated and led by front-line staff. Additionally, work has been ongoing with patients and staff into recognising sepsis; including information stands on World Sepsis Day, implementation of a District Nurse sepsis screening tool and the production of a patient information leaflet empowering patients to recognise the signs of sepsis at home. Monitoring of use of antimicrobials is within target for reducing the overall use within the Trust.

Over the past year, staff have performed process mapping of septic patients in both Emergency Departments, which has led to some local changes. Furthermore, as part of data collection, it has been concluded that compliance with taking optimal microbiological samples, adherence to the antibiotic policy and completion of the Sepsis-6 require some improvement. To improve these, the adult sepsis screening tool will be altered so that it is in line with the 2016 Sepsis-3 definition and will contain information pertaining to optimal microbiological samples. Staff education and local quality improvement projects are ongoing around improving compliance with the antibiotic policy. Furthermore, the Trust is participating in the Antibiotic

Review Kit (ARK) study, which looks at improving antimicrobial stewardship. The initial baseline rate for stopping antibiotics was 10% in medicine at York, consistent with the national average. Since ARK started in June 2018 there has been a sustained increase in this proportion to approximately 20%. A plan to roll it out further across the Trust within the next few months is currently under development.

We plan to ensure that time to antibiotics for septic patients continues to improve across the Trust through continued monitoring of this in the Emergency Department and beginning work with the other admitting units, by gathering information on the time to antibiotics and developing operational groups within the acute medical and surgical areas. To further aid this inpatient work, a sepsis champions' network across the Trust is being planned. An e-learning package for the District Nurse screening tool is almost complete, and a further e-learning package supporting the roll out of the new adult sepsis screening tool will be required. Furthermore, a collaborative project between pre-hospital, primary care and secondary care is planned to identify barriers to patients receiving timely sepsis care.

Sepsis identification and treatment will now be a contractual obligation.

### **Patient and Carer Engagement**

Working in partnership with patients and carers is a priority within the refreshed patient safety strategy. We need to ensure that users of our services are involved in service transformation as well as learning from when things go wrong.

As part of our commitment to provide services across 7 days, we also need to seek feedback from patients and families so we can better understand any unwarranted variation in care between weekends and weekdays.

There continues to be a need to strengthen openness and transparency in line with the Duty of Candour, particularly providing a written apology where this is appropriate. Compliance with this will continue to be monitored.

As part of a proposed review of how we investigate serious incidents, and in line with national best practice, we will seek to ensure that patients and families are more involved in investigations, where this is their wish.

### **Continuous Learning and Improvement**

Patient Safety Matters - This newsletter has been produced on a regular basis since 2016, and, while it was originally produced for junior doctors, it has gradually gained a broader reader base. The principle of the newsletter has been shared nationally through the Health Foundation. Plans are in development to re-launch the newsletter for all staff groups. The newsletter will continue to present content related to patient safety and quality improvement, and wherever possible, be contributed to by frontline staff.

Nevermore - Nevermore is a regular publication by the Patient Safety Team which aims to share learning from Serious Incidents within the Trust. The current audience for the publication includes executives, non-executives, clinicians and managers.



The case studies included in Nevermore incorporate findings from Serious Incidents, with recommendations, links to service improvements and new policies or procedures.

Last year there were eight publications, of which two were focused on community issues. One edition focused exclusively on patient identification incidents, and another focused on Never Events within the Trust. Nevermore usually includes three or four varying cases according to issues highlighted previously at Quality and Safety meetings. Nevermore has also recently published themes and learning from Structured Judgement Case Note Reviews (SJCRs).

Pressure ulcers - The Trust continues to focus on reducing the incidence of Category 3 and 4 pressure ulcers, which develop or deteriorate in our care. The Pressure Ulcer Steering Group has focused much of its work during this last year on analysis, accuracy, presentation and the sharing of data across the Trust.

Following on from work which focused on heel pressure ulcers (as part of the National Pressure Ulcer Collaborative) the Unstageables, Category 3 and 4 pressure ulcer dashboards have now been shared with podiatrists in order to reduce and manage heel ulcers more efficiently. This has also led to an electronic referral system for podiatry, which we hope to implement for tissue viability services too, following the success of the podiatry work.

New pressure ulcer definitions, which are being implemented nationally from 1 April 2019, will result in an increase in reported pressure ulcers. Plans are in place to prepare for these definition changes, and training has taken place to inform staff of the impending changes.

A full root and branch review of pressure ulcer prevention and management is underway.

Falls - Significant work continues, with the aim of reducing the number of patients who fall whilst in our care. During the last 12 months, following a risk assessment, the Trust replaced the use of falls sensor alarms with a structured increased visibility tool for patients at high risk of falling. A look back exercise is currently in progress to assess the impact of this interventional change.

During 2018, a Trust wide falls root and branch review was completed, which included significant data analysis, engagement and feedback with clinical staff. The review contains 35 recommendations which have been converted into a strategic action plan and improvement trajectories for falls reduction have been agreed as follows: 10% reduction in number of inpatient falls by December 2019 and 20% reduction in number of inpatient falls resulting in moderate harm or above by December 2019.

The CQUIN framework for 2019-20 includes high impact actions for inpatients aged over 65 years, and plans are underway to implement and audit this.

The Patient Safety Team and Senior Nursing Team will work together to deliver the objectives of the falls reduction plan, overseen by the Falls Steering Group.

Learning from Death - Around 50% of people die in hospital and research has shown that in 3-5% of cases the death was preventable if optimal care had been provided.

Learning from the care provided to patients who die is a key part of clinical governance and quality improvement work. In February 2017, the CQC set out new requirements for the investigation of deaths for all Trusts to run alongside the local existing processes. The Trust has investigated deaths since 2013 through the use of a structured proforma, in addition to the formal investigation of deaths reported through the incident management process.

We now have a consistent and coordinated approach to undertaking mortality reviews, and reporting on findings, with implementation of identified actions.

Completion of timely and proportionate mortality reviews also enables the Trust to identify recurring and emerging issues and allows for a quick response to any questions raised by external organisations, e.g. NHSE, CCG, CQC, in relation to mortality trends.

In addition, deaths which occur under the following circumstances are automatically reviewed: elective admission, patient with learning difficulties/under section of Mental Health Act/transfer from psychiatric hospital, next of kin raised concerns about care or coroner's inquest being held.

The learning from deaths process is ever evolving. Our next steps are the introduction of a Medical Examiner role from April. This will be a phased roll out and there is an expectation that there will be an increase in the number of SJCRs commissioned from 3%-10%.

- Reviewers will contact the Next of Kin by telephone to inform them an SJCR is being undertaken, ensuring a follow up letter is also sent and a summary of the findings on completion of the SJCR.
- Increase the number of reviewers in General Medicine and Surgery across the organisation.
- Strengthen Directorate ownership following completion of the SJCR, ensuring the findings are discussed at their Governance Meeting and a Quarterly report submitted for discussion at the Mortality Steering Group.
- A governance meeting to monitor completion of actions and ensure learning is shared and finally,
- In order that reviewers feel supported there is a plan to hold supportive meetings as an opportunity to discuss concerns and specific cases.

Learning from Never Events - In the last year, the Trust has reported four Never Events. Two of these relate to wrong site surgery and are still under investigation.

One Never Event involved a patient being incorrectly connected to piped medical air instead of oxygen. As a result of this, flowmeters have been removed from the ports where these exist and safety plugs inserted. Training has also been developed which is mandatory for all relevant staff.

One Never Event related to a patient who did not understand that when starting on injectable methotrexate treatment that oral therapy was no longer required, so

continued to use this. The patient had not been explicitly told this and none of the written information provided stated this. Whilst the patient ordered a repeat prescription of oral therapy from the GP surgery further in advance than the CCG policy on managed repeats, in this instance this would not have made any difference as the patient had already collected a month's worth of treatment just before starting the injections.

This resulted in a number of actions: amendments to the appointment letter; amendments to the Patient competency assessment and Information leaflet; clear instructions added to the electronic discharge letter to ensure GP practices are aware of changes in treatment methods and any tasks to alter prescribing are clear to the secretarial staff who are processing discharge letters; ensuring all dispensing pharmacies are included in any CCG communications and amendments to guidance; focused education to improve knowledge in the nursing team on awareness of methotrexate and the overall management of patients on methotrexate including infections; and a review of shared care guidelines and highlighting to all practice staff about being vigilant if someone is taking disease-modifying anti rheumatic drugs (DMARDs) and is unwell, making sure they see a doctor.

### **2.1.2 Nursing and Midwifery Strategy**

The Chief Nurse Team continues to work towards the delivery of the Nursing and Midwifery Strategy 2017-2020, Caring with Pride. The nurses and midwives in the Trust are working to deliver demonstrable improvements in 4 key areas, namely:

- Experience and Communication;
- Workforce;
- Safe, quality care;
- Partnership and efficiency.

Achievement against the strategy is presented in a comprehensive action plan which is presented at the Quality Committee and to Trust Board.

Significant achievements have been made to ensure high quality, patient focused care is delivered across all our acute and community services.

Whilst nurse staffing specifically remains a significant challenge and is maintained as a priority area of focus, there have been a number of significant advances this year which will secure the best people to work across our services and for our patients in the future. These are:

- Bespoke training for our Bank only workers;
- Additional cohort of Advanced Clinical Practitioners;
- Delivery of Band 6 and Band 7 development programmes (It's My Ward);
- Additional Matrons in the team who also work at evenings and at weekends to ensure our nursing workforce is really well supported;
- Launch of the first cohort of the pre-registration nursing programme at Coventry University, Scarborough Campus;
- Launch of the first 2 cohorts of Nursing Associate programmes at Coventry University, Scarborough Campus;

- Initiation work with the University of York for the delivery of the Nursing Associates programme from Autumn 2019;
- First Nursing Associates qualified and all secured roles at the Trust;
- Additional cohort of Associates Practitioners supported at Leeds University;
- Business case approval and delivery of programme to recruit 100 nurses internationally.

The Chief Nurse also encompasses the role of Director of Infection Prevention and Control. The Infection Prevention and Control governance structure is well established and, in general, control of reportable infections has been in line with trajectories. However, there have been 2 significant outbreaks of Norovirus in 2018-19 and in order to learn from these event a multi-agency and multi-professional meeting was held in March 2019. The ensuing actions from this meeting will be prioritised and worked through to delivery during 2019-20 to ensure a more system wide approach to managing viral infection outbreaks.

### 2.1.3 Seven Day Services

A series of clinical standards for seven-day services in hospitals were developed in 2013 by a group chaired by Sir Bruce Keogh. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. Ten standards were agreed and are now being rolled out across in-patient acute hospitals.

Four of these were identified as priority clinical standards on the basis of their potential to positively affect patient outcomes. They are:

- Standard 2 – Time to first consultant review and (more recently extended to include) the overall proportion of patients made aware of diagnosis, management plan and prognosis within 48 hours of admission;
- Standard 5 – Access to diagnostic tests;
- Standard 6 – Access to consultant-directed interventions;
- Standard 8 – Daily review by consultant; twice daily if high dependency.

All acute trusts in England are required to undertake self-assessment surveys to measure compliance with the four priority standards for seven-day services in hospitals.

The most recent survey was in spring 2018, with a sample size of 246 records; the results are reported as follows:

Standard 2	Standard 5	Standard 6	Standard 8
91%	100%	100%	96%

In October 2018, national guidance was re-issued describing a move to a Board Assurance Framework for reporting 7 day services. The Trust participated in the pilot phase and completed the self-assessment in February 2019. Whilst using data from the spring audit was permitted, compliance with the standards is no longer presented

as an aggregated report, but assessed by weekend and weekday. This resulted in a change to our compliance performance as follows:

	Weekday	Weekend	Total compliance
Standard 2	Compliant	Not compliant	Not compliant
Standard 5	Compliant	Compliant	Compliant
Standard 6	Compliant	Compliant	Compliant
Standard 8	Once Daily review compliant	Not compliant	Not compliant
	Twice daily review compliant	Compliant	

There is some variation across sites, specialties and day of review and improvements to this are being supported by the SAFER bundle, handover and board round programmes. Full bi-annual audits will continue during 2019-20, with bespoke reviews as required.

#### 2.1.4 The Statutory Duty of Candour for Healthcare Organisations

The CQC has put in place a requirement for healthcare providers to be open with patients and apologise when things go wrong. This duty applies to all registered providers of both NHS and independent healthcare bodies, as well as providers of social care from 1 April 2015. The organisational Duty of Candour does not apply to individuals, but organisations providing healthcare will be expected to implement the new duty throughout their organisation by making sure that staff understand the duty and are appropriately trained.

Regulation 20 of the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014* intends to make sure that providers are open and transparent in relation to care and treatment with people who use their services. It also sets out some specific requirements that providers must follow when things go wrong with care or treatment, including informing people about the incident, providing reasonable support, giving truthful information and apologising when things go wrong. The CQC can prosecute for a breach of parts 20(2)a and 20(3) of this regulation.

Duty of Candour refers to safety incidents caused through the provision of care. It does not refer to recognised complications or undesirable outcomes that occur as part of the natural course of the patient's illness or their underlying condition.

The patient and their supporters are entitled to written notification, within ten working days of the incident. This letter will include an apology and update the patient on all information, including any investigation of the incident. The letter may include arrangements for further updates on an investigation.

The Professional Duty of Candour for Doctors - The General Medical Council guidance says that doctors should (this applies to nurses and midwives):

- Speak to a patient, or those close to them, as soon as possible after they realise something has gone wrong with their care;
- Apologise to the patient, explaining what happened, what can be done if they have suffered harm and what will be done to prevent someone else being harmed in the future;
- Report errors at an early stage so that lessons can be learned quickly, and patients are protected from harm in the future;
- Follow all GMC guidance: serious or persistent failure to do so will put their registration at risk.

Our previous audit of Compliance with Duty of Candour indicated that there were still several improvements to be made. There continues to be close review of this area at both the Quality Committee and Audit Committee. As a result we have taken the following actions:

- Reminder to all medical staff on the requirements for verbal and written apology;
- Development of a Duty of Candour Policy;
- Development of Duty of Candour Dashboards for Directorates;
- An escalation of areas of non-compliance to the Executive Performance Assurance Meetings;
- Improved reporting to the Board of Directors.

### **2.1.5 Quality of Environment**

Alternative Delivery Model for Estates and Facilities - The Trust has established a limited Liability partnership, known as York Teaching Hospital Facilities Management (YTHFM) LLP, to deliver the estates and facilities service to the hospitals. Around 1,000 in house staff transferred to the new company in October 2018. The company is contracted to provide estates and facilities support services to the Trust under a 25 year contract. The contract contains provision for performance management and will be used to drive continuous improvement in the provision of environmental services.

FM Compliance - The Trust continues to use the NHS Premises Assurance Model to monitor compliance with statutory obligations, and YTHFM will gather and report much of the data. The LLP is planning to introduce a new computer based reporting system, which will provide richer data than has previously been available.

Availability of capital to support backlog maintenance and strategic development - The Trust's access to routine capital is severely constrained. A full condition survey for all of the Trust estate has been completed and is being used to plan expenditure over a 5-year period.

A significant project to improve acute access and supporting infrastructure has been approved via the Humber Coast and Vale partnership, and will see £40m invested on the Scarborough site.

## **2.2 Statement of Assurance from the Board of Directors**

### **2.2.1 The Regulations**

The Government introduced a specific set of regulations that Foundation Trusts are required to address as part of the Quality Report. These requirements are included in the assurance statements made by the Board of Directors.

### **2.2.2 Assurance from the Board**

During 2018-19 the York Teaching Hospital NHS Foundation Trust provided and/or sub-contracted 36 relevant health services.

The York Teaching Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in 36 of these relevant health services.

The income generated by the relevant health services reviewed in 2018-19 represents 100 per cent of the total income generated from the provision of relevant health services by York Teaching Hospital NHS Foundation Trust for 2018-19. The income generated has been received from services commissioned by Clinical Commissioning Groups, NHS England, and the Local Authorities.

### **2.2.3 Clinical Audit**

During 2018-19, **52** national clinical audits and **3** national confidential enquiries covered relevant health services that York Teaching Hospital NHS Foundation Trust provides.

During that period York Teaching Hospital NHS Foundation Trust participated in **52 (100%)** national clinical audits and **3 (100%)** national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust was eligible to participate in during 2018-19 appear in Table 1 below

The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust participated in during 2018-19 appear in Table 1 below.

The national clinical audits and national confidential enquires that York Teaching Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2018-19, are listed in Table 1 below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases submitted to each audit or enquire as a percentage of the number of registered cases required by the terms of that audit or enquiry.

### **National Audit & Enquiry Activity (Table 1)**

National Clinical Audits York Teaching Hospital NHS Foundation Trust were eligible for and participated in 2018-19	Participated	Data Collection Undertaken 2018-19	Data Collection Completed%	
			YTH	SGH
Child Health				
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Yes	90%	
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%	
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	95%	
Community				
National Audit of Intermediate Care (NAIC)	Yes	Yes	100%	N/A
Corporate – Trust-wide				
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100%	
Elective Surgery (National PROMS Programme)	Yes	Yes	100%	
National Mortality Case Record Review Programme (NMCRRP)	Yes	Yes	100%	
Seven Day Hospital Services (7DS Survey)	Yes	Yes	100%	
BTS Non-Invasive Ventilation (NIV) - Adults	Yes	Yes	Data submission started February 2019	
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	100%	
National Comparative Audit of Blood Transfusion Programme - Management of Massive Haemorrhage	Yes	Yes	100%	
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Yes	Yes	100%	
Elderly				
Falls and Fragility Fractures Audit Programme (FFFAP):				
National Hip Fracture Database (NHFD)	Yes	Yes	100%	
National Audit of Inpatient Falls (NAIF)	Yes	Yes	Audit provider currently analysing data	
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100%	



National Clinical Audits York Teaching Hospital NHS Foundation Trust were eligible for and participated in 2018-19	Participated	Data Collection Undertaken 2018-19	Data Collection Completed%	
			YTH	SGH
National Audit of Dementia (NAD)	Yes	Yes	100%	
Emergency Medicine				
RCEM Feverish Children (care in emergency departments)	Yes	Yes	Audit provider currently analysing data	
RCEM Vital Signs in Adults (care in emergency departments)	Yes	Yes	Audit provider currently analysing data	
RCEM VTE Risk in Lower Limb Immobilisation (care in emergency departments)	Yes	Yes	Audit provider currently analysing data	
General & Acute Medicine				
Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	86%	84%
National Cardiac Rhythm Management Audit (CRM)	Yes	Yes	100%	
National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Yes	100%	N/A
National Heart Failure Audit (HFA)	Yes	Yes	96%	
National Cardiac Rehabilitation Audit (NACR)	Yes	Yes	100%	N/A
National Diabetes Audits (NDA) - Adults	Yes	Yes	Audit provider currently analysing data	
Inflammatory Bowel Disease Programme - Biological Therapy Audit (IBD Registry)	No	No	0%	
National Lung Cancer Data Audit (NLCA)	Yes	Yes	Audit provider currently analysing data	
BTS Adult Community Acquired Pneumonia (CAP)	Yes	Yes	Audit provider currently analysing data	
UK Cystic Fibrosis Registry (Adults)	Yes	Yes	100%	
National Asthma and COPD Audit Programme (NACAP):				
Adult Asthma Secondary Care	Yes	Yes	100%	
COPD Secondary Care	Yes	Yes	100%	
Pulmonary Rehabilitation	Yes	Yes	Audit provider currently	N/A

National Clinical Audits York Teaching Hospital NHS Foundation Trust were eligible for and participated in 2018-19	Participated	Data Collection Undertaken 2018-19	Data Collection Completed%	
			YTH	SGH
			analysing data	
General Surgery & Urology				
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Yes	100%	
National Bowel Cancer Audit (NBoCA)	Yes	Yes	93-109%	
National Emergency Laparotomy Audit (NELA)	Yes	Yes	100%	
National Bariatric Surgery Registry	Yes	Yes	100%	
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Yes	81-90%	
National Prostate Cancer Audit	Yes	Yes	94%	
BAUS Urology Audit: Nephrectomy	Yes	Yes	100%	
BAUS Urology Audit: Percutaneous Nephrolithotomy	Yes	Yes	100%	N/A
BAUS Urology Audit: Female Stress Urinary Incontinence	Yes	Yes	100%	N/A
National Vascular Registry	Yes	Yes	100%	
Obstetrics & Gynaecology				
Maternity, Newborn and Infant Outcome Review Programme (MBRRACE)	Yes	Yes	100%	
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	100%	
Ophthalmology				
National Ophthalmology Audit (NOA) - Adult Cataract Surgery (ACS)	Yes	Yes	92.1%	
Specialist Medicine				
National Clinical Audit of Specialist Rheumatoid and Early Inflammatory Arthritis (NCAREIA) - National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes	Audit provider currently analysing data	
National Audit of Care at the End of Life (NACEL)	Yes	Yes	100%	
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Yes	Yes	100%	
Theatres, Anaesthetics & Critical Care				
ICNARC National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%	

National Clinical Audits York Teaching Hospital NHS Foundation Trust were eligible for and participated in 2018-19	Participated	Data Collection Undertaken 2018-19	Data Collection Completed%	
			YTH	SGH
ICNARC Case Mix Programme (CMP)	Yes	Yes	100%	
Trauma & Orthopaedics				
Major Trauma (TARN)	Yes	Yes	100%	
National Joint Registry (NJR)	Yes	Yes	100%	
Surgical Site Infection Surveillance Service (SSISS)	Yes	Yes	100%	

National Confidential Enquiries York Teaching Hospital NHS Foundation Trust were eligible for and participated in 2017-18		Data Collection Undertaken 2017-18	Data Collection Completed %
NCEPOD Child Health Clinical Outcome Review Programme - Young People's Mental Health	Yes	Yes	92%
NCEPOD Medical and Surgical Clinical Outcome Review Programme:			
Pulmonary Embolism	Yes	Yes	58%
Acute Bowel Obstruction	Yes	Yes	100%
x2 new work streams	Not commenced	Not commenced	Not commenced

There have been **18** National Audit reports published in 2018-19, of which **11 (61%)** been reviewed by the provider, and York Teaching Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided as below:

### **National Bowel Cancer Audit (NBoCA) 2018**

#### **Project No. 742**

Published in December 2018, the report covers the outcomes for the 2016-17 data submitted.

<b>NATIONAL FINDINGS &amp; RECOMMENDATIONS</b>
<p><b>20% of patients present as an emergency with bowel cancer</b> 52% of patients presenting as an emergency are treated with curative intent, compared to 69% and 86% referred from GP and screening services respectively.</p> <p><b>23% of patients within the eligible age range for bowel cancer screening (aged 60-74 years) are diagnosed via screening services</b> There is geographical variation in the proportion of patients aged 60-74 years being diagnosed via screening (17%-29%).</p>

**76% of patients who could be allocated to a care pathway were treated with curative intent** 93% of this group had a major resection and 7% had 'too little' cancer to be treated curatively.

**24% of patients who could be allocated to a care pathway were treated with non-curative intent** Of those categorised as non-curative, 18% had major resection, 58% had 'too much' cancer and 24% were 'too frail'. We are still unable to assign 5,011 patients to a care pathway, largely due to missing data.

**54% of patients with stage III colorectal cancer received adjuvant chemotherapy** Patients who are younger and fitter are more likely to receive chemotherapy. Administration of adjuvant chemotherapy varies geographically from 39%-63%.

## TRUST FINDINGS

### Scarborough General Hospital

The report indicates consistently very good surgical results for our bowel cancer patients, on most accounts, better than national average, and we have validated data to support this consistent performance for at least the last 5 years.

Examples of these positive outcomes include 90-day mortality for elective resections with curative intent of **0%** for 2016-2017 (with only one 90 day elective death with curative intent in the last 5 years) on the backdrop of approximately 80 such resections per year (i.e. an estimated 90 day mortality of approximately 1:400 cases over the past 5 years).

Colorectal surgeons on site are laparoscopically trained and offer the option of laparoscopic surgery to all patients where this is appropriate to an individual patient's case, as discussed in our weekly MDT meeting.

Median length of hospital stay for elective resections is one of the shortest in the UK, testament to a well enforced enhanced recovery programme about which we have also published and presented extensively.

All of these results have been achieved against a backdrop of a primarily elderly, frail, high risk and isolated population with multiple co-morbidities and of poor socio-economic background in comparison to national averages and with very little by way of social care community support as all evidenced by national demographic data.

In respect to disease profile, we serve a population with a higher proportion of low rectal cancers and patients who present at a later stage of their disease again when compared to national as well as regional data. Taken collectively, this data would suggest that we should be expecting significantly worse outcomes than national average on the basis of demographic variability alone.

The fact that the opposite is actually true and that our results are, in the large part, significantly better than national average, and consistently so over the past number of years, is hopefully testament to the optimal multidisciplinary care that colorectal cancer patients receive at the Scarborough site by a tightly knit team of highly dedicated professionals.

### York Teaching Hospital

At the York site there is an outlier with 2 year mortality, identified by this National Audit, which is shown as significantly higher than nationally reported.

However the lead for this audit at York has reviewed our data, which suggests we would fall within the normal limits for a trust of our size and as a result has written a full response to NBOCA regarding their poor data. NBOCA were not willing to change the information provided but has copied our written response into the report appendix. We know that the risk factors above are not correct and we have worse risk factors than many regions and this obviously would improve our position compared to other trusts.

Laparoscopic rates are low at York, partly as a result of one of the four laparoscopic surgeons having left the unit. This has increased over the last year due to appointments and how we manage the patients in the MDT.

### TRUST ACTIONS

Summary of Issue	Actions
There is a need to increase laparoscopic resections in York	Increase number of laparoscopic surgeons to ensure patients are being given option of laparoscopic surgery.
Data accuracy	York and Scarborough to both continue to monitor data which is submitted and continue to record as accurately as possible

### MBRRACE Maternal, Newborn and Infant Clinical Outcome Review Programme Project No 1378

Published November 2018 for 2014-16 data

### NATIONAL FINDINGS & RECOMMENDATIONS

The National audit findings identified that between 2014-2016 **9.8** women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy. Most women who died had multiple health problems or other vulnerabilities.

There are National Recommendations made regarding improvements to care for:

- prevention and treatment of thrombosis and thromboembolism;
- women with mental health problems;
- women from vulnerable groups;
- women with malignancy.

### TRUST FINDINGS

The Trust had 4,965 births at 24 weeks gestational age or later, during 2016, with the majority of mothers being aged between 25 and 34 years of age.

In line with national reporting, the majority of births (at 24 weeks gestational age or more) in the Trust occurred between 37 and 41 weeks gestational age.

The crude mortality rates for babies born at 24 weeks gestational age or later in the Trust shows deceased for mortality during 2016 as a result of neonatal death, still birth and extended perinatal deaths

Stabilised and adjusted mortality rates for babies born at 24 weeks gestational age or

later have improved for the births in the Trust during 2016

The accompanying MBRRACE report “SAVING Lives, Improving Mothers’ Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014 – 2016” has also been reviewed by the Trust and identifies issues with VTE risk assessment and management. A number of actions have been planned to ensure improvement.

### TRUST ACTIONS

Summary of Issue	Actions
Issues with VTE risk assessment and management,	Review VTE guidance, using RCOG and NICE guidance as evidence base.
	Discuss and consider implications with pharmacy of prescribing 6 weeks Fragmin from secondary care.
	Look at ways of raising awareness. Consider postnatal video for women on how to give Fragmin and VTE risks.
	Raise staff awareness through statutory /mandatory training.

### National Paediatric Diabetes Audit (NPDA) 2018

#### Project No. 1204

The primary aim of the NPDA is to examine the quality of care in children and young people with diabetes and their outcomes

### NATIONAL FINDINGS & RECOMMENDATIONS

The proportion of children and young people aged 12 and above, with Type 1 diabetes completing a year of care receiving all seven key healthcare checks has increased from 35.5% in 2015-16 to 43.5% in 2016-17.

- There was wide variation in the percentage of children and young people with Type 1 diabetes within each PDU receiving all seven essential healthcare checks, ranging from 0% to nearly 100%.
- Just over half (52.9%) of children and young people with Type 1 diabetes completing a full year of care over the audit period had four or more HbA1c measurements recorded.
- Three quarters of children and young people newly diagnosed with Type 1 diabetes had been screened for coeliac and thyroid disease.
- Almost three-quarters (74.1%) of children and young people with Type 1 diabetes received a psychological assessment.

### TRUST FINDINGS

#### Outlier Status

There are three key measures that the Trust reported as lower than the overall regional and national results and these are:

- ≈ % of patients having received Structured Education (York) **22.7%** compared to 73.9% nationally;
- ≈ % of patients screening for Thyroid Disease (York) **0%** compared to 78.7% nationally;

- ≈ % of Coeliac Patients on a Gluten Free Diet (York) **0%** compared to 72.2% nationally;
- ≈ % of patients having Foot Examination (Scarborough) **0%** compared to 74% nationally.

**York Hospital** reported **100.0%** on HbA1c, BMI and BP health checks which are higher compared to regional and national figures.

York has consistently over the previous four years of this audit been an outlier regarding Access to Structured Education and Thyroid Screening, and for the previous two years of the audit had been an outlier for Coeliac Patients on a Gluten Free Diet.

The reason for **outlier status** with Thyroid Screening for 2016-17 was due to the York team not having any consistent documentation process to enable evidence for thyroid screening having been offered and completed; hence this resulted in a 'nil return' for this key care process.

York has identified that its **outlier status** for Coeliac Patients on a Gluten Free Diet and Thyroid Screening is as a result of there being no consistently documented evidence of either of these key processes and as a result it was not possible to verify that they had been completed.

In order to address the three key process outliers, in January 2018 York introduced a standardised nurse led annual review clinics for every patient which includes all seven of the key care processes, including structured education reviews, thyroid screening and reviewing whether coeliac patient are on gluten-free diets.

These structured nurse led clinics allow sufficient time for seven key processes to be completed fully for every patient and the completion rates of the seven key measures are now being reviewed at each quarterly service management meeting.

### **Scarborough General Hospital**

Scarborough Hospital reported **100.0%** on HbA1c health check and 95.3% on BP health check which are higher compared to regional and national figure.

The Scarborough team identified that the reason for them being an outlier for Foot Examinations was as a result of not having any documented evidence for foot check completion and no assurance that checks were performed correctly; therefore instead of entering data which could not be verified it was reported than they hadn't been completed.

In order to address the **outlier status** for Foot Examination, Scarborough has already taken the necessary actions to ensure data is available for submission in the next audit cycle (which is detailed in the Directorate's work programme) specifically:

- ≈ Podiatry teaching to provide assurance of the quality of Foot Examinations, which was completed in July 2017;
- ≈ Longer annual review appointments to enable all seven key care processes were established in May 2018.

There has also been the review of data completeness prior to submission of the NPDA data to identify missing checks and to ensure they are completed in the audit year.

The checks already undertaken by Scarborough so far for 2017-18 NPDA data



submission shows currently 78% completion of foot examination and we hope to improve this further prior to the end of the audit year on 31 March 2019.

### Conclusion

With exception of the four identified outliers, the overall performance for York Teaching Hospitals NHS Foundation Trust was comparable to regional and national results. We have been working hard as a team to improve on the above results over the last 12 months and now have a much improved completion and documentation of these checks.

### TRUST ACTIONS

Summary of Issue	Actions
<b>York</b> is not achieving the required standard for completion of all annual health checks	Completion rates reviewed at every service management meeting quarterly to improve completion.
<b>York</b> Need to better document the completion of structured education	Education added to annual review clinic template. Introduced standardised nurse led annual review clinic for every patient to include structured education review. Completion rates of this measure are now reviewed at each quarterly service management meeting.
<b>Scarborough</b> is an outlier for Foot Examination and is therefore not achieving the required standard for completion of annual health checks	The proforma was made more comprehensive than current stamp for recording and recognising. Work with young people to recognise the importance eye check.

### NELA National Emergency Laparotomy Audit

#### Project No. 2313

Published November 2018 for 2016-17 data

### NATIONAL FINDINGS & RECOMMENDATIONS

The number of days a patient spends in hospital has fallen further, to 15.6 days in 2017. Since 2013, national 30-day mortality rate has fallen from 11.8% to 9.5%.

77% of patients are alive at one year post-surgery, 71% at two years, and 66% at three years. 87% of patients received a pre-operative CT scan.

76% of patients with sepsis did not receive antibiotics within timescales.  
Both a consultant anaesthetist and surgeon were present in theatre for 90% of patients during the daytime, but only 66% of patients out of hours.

27% of patients needing the most urgent surgery did not get to the operating theatre in the recommended timeframes.

25-35 critical care beds are needed every day to care for emergency laparotomy patients. 90% of patients with a pre-operative risk score of >10% went to critical care. Half of patients were aged over 70, but 77% were not seen by a geriatrician.



## TRUST FINDINGS

The Trust results illustrate a number of areas of good performance:

- Preoperative documentation of risk of death is improving;
- Over 90% patients are getting their operation within an appropriate timescale based on the urgency;
- Consultant presence in theatre (anaesthetic and surgical) is well above national average;
- Mortality rate is lower than national average;
- Rate of unplanned critical care admission and length of stay are at or below national average (although return to theatre rate is higher than national average in York);

However the report also identifies a number of areas for improvement:

- In York, rates of critical care admission for patients >5% mortality risk and >10% mortality risk are lower than national average and, for >5% mortality, lower than the expected NELA Standard (80%) – this trend looks to be continuing into the first two quarters of Year 5. In Scarborough admission rates to critical care are above the standard;
- Postoperative Elderly Medicine review for patients 70 years+ - this is done poorly nationally and even our low rate (20-25%) is above the national average.

These results were presented at the Anaesthetic and Surgical departments at the Clinical Governance meeting, to agree actions to address areas for improvement.

## TRUST ACTIONS

Summary of Issue	Actions
Post-op admission to critical care	Post-op admission to critical care to be the default position for all patients undergoing emergency laparotomy.
Risk scoring	<p>Risk scoring should ideally be done by the surgeons rather than the anaesthetists and the risk should be discussed with the patient. This will inform the consent process, as well as the need for critical care post-op.</p> <p>Utilise the NELA risk assessment tool rather than the SORT score, because the NELA tool is validated in this population.</p>
Pre- and post-op Surgical STOP for emergency laparotomies	<p>In theatre there will be a few extra questions to be asked at pre- and post-op Surgical STOP for emergency laparotomies.</p> <p><b>Pre-op:</b></p> <ul style="list-style-type: none"> <li>• What is the calculated risk of post-op mortality?</li> <li>• Where is the patient (likely to be) going post-op?</li> <li>• Is the patient eligible for NELA?</li> </ul> <p><b>Post-op:</b></p> <ul style="list-style-type: none"> <li>• Where is the patient going post-op?</li> <li>• Has the patient been entered into NELA?</li> </ul>

# Intensive Care National Audit and Research Centre (ICNARC) NCAA National Cardiac Arrest Audit

Project No. 2726

Published November 2018 for 2017-18 data

NATIONAL FINDINGS & RECOMMENDATIONS	
The NCCA has not yet published its key facts for the 2016-17 and 2017-18 data, which enable a full comparison between National and Trust but this will be provided in subsequent reports when the data is available.	
TRUST FINDINGS	
In-hospital and Ward arrests in York Hospital remain below the national average. However, for Scarborough both are higher than expected.	
Arrest survival at both hospital sites is acceptable. Decisions around ceiling of care are an issue on both sites, but especially at Scarborough Hospital	
TRUST ACTIONS	
Summary of Issue	Actions
Higher ward arrest rates at SGH	Discuss at Deteriorating Patient Group meetings.
Improve ceiling of care decision making	Discuss at Deteriorating Patient Group meetings. Further detailed audit of data analysing outcomes and ceiling of care.

# NMPA National Maternity and Perinatal Audit

Project No. C3133

Published December 2018 for 2015-16 data

NATIONAL FINDINGS & RECOMMENDATIONS
<p>Fewer than half of pregnant women (47.3%) have a body mass index within the normal range (BMI between 18.5 and 25) and 21.3% have a booking BMI of 30 or over. The high level of maternal obesity has implications for maternity and neonatal service provision.</p> <p>Overall, 52.5% of women giving birth are aged 30 or over and in England and Scotland, at 2.7%, the proportion of women having their first baby at the age of 40 or over is higher than the proportion having their first baby before age 18. Increasing maternal age has implications for clinical outcomes and maternity service provision. Increasing access to midwife-led birth settings is a national priority and although the majority of obstetric units are co-located with an alongside midwifery unit in England, only around 13% of women give birth in a midwife-led setting.</p> <p>Allowing for data quality issues, there is extremely wide variation in the proportion of women who quit smoking during pregnancy, which is not related to the number of births in a site or trust.</p> <p>Among women giving birth vaginally to a singleton, term baby, 3.5% sustain a third or fourth degree perineal tear, which can give rise to long term continence problems. The proportion of women affected varies from 0.6% to 6.5% between maternity services, even after adjustment for case mix.</p> <p>2.7% of women giving birth to a singleton, term baby in England and Wales have a haemorrhage of 1500ml or more. Obstetric haemorrhage is associated with risk of</p>

maternal illness and death.

1.2% of babies born at term in Britain have an Apgar score of less than 7 at five minutes of age, which is associated with short and long term morbidity.

Over half of all babies born small for gestational age (below the 10th centile) at term are born after their due date. This would suggest that these babies are currently not identified by local or national guidelines in use. Better identification of these babies has the potential to reduce stillbirth and severe neonatal complications.

28% of women having an elective delivery at 37 or 38 weeks gestation currently have no documented clinical indication; this rate is higher in Wales and Scotland than in England. Delivery in the early term period increases the risk of illness for the baby. Although some services achieve high rates, there is extremely wide variation in the proportion of babies receiving skin to skin contact within the first hour after birth, which has been shown to improve the rates of women starting and continuing to breastfeed, and in the proportion of babies receiving breast milk for their first feed.

### TRUST FINDINGS

The report shows that the Trust has good rates of VBAC at York site, with a Midwife led VBAC clinic being available on this Trust site.

All standards were within the expected range across the Trust with the exception of episiotomy at York site. The number of births involving episiotomies has risen following education and training around the reducing perineal trauma and, as a result, at York births resulting in 3/4 degree tears are lower than the National mean.

The haemorrhage rate across the Trust has reduced following work around reduction in haemorrhage.

The report identifies areas for potential improvement in the outcomes of babies, who are small for their gestational age, or who have low Apgar's or have term admissions to SCBU.

Also actions have been agreed as a result of this audit to further improve the experience of birth and pregnancy.

### TRUST ACTIONS

Summary of Issue	Actions
Improve outcomes for baby (small for gestational age, low Apgar's, stillbirth, term admissions to SCBU)	Implementation of Saving Babies Lives version 2 (published March 2019).
	Implement ATAIN.
	Implement PReCePT.
	Commence MatNeo project.
	Increase and further develop transitional care on each site.
Improve outcomes and experiences of pregnancy and birth	Implement Continuity of Carer to 35% by March 2020.
	Improve access to Perinatal Mental Health Services.

## NOA National Ophthalmology Audit - Adult Cataract Surgery

### Project No. D9136

Published August 2018 for 2016-17 data

#### NATIONAL FINDINGS & RECOMMENDATIONS

The NOD audit illustrates 30% reduction in PCR complications in cataract surgery since 2010. This equates to around 2,500 fewer complications annually.

60% operations were performed for first eye cataract surgery and 40% of operations were performed for second eye cataract surgery.

1.4% of operations overall were affected by Posterior Capsular Rupture (PCR), with the rate for adjustment revised to 1.1% (previously 2.0%).

0.7% Visual Acuity (VA) loss rate, lower than last year's overall observed rate of 0.81%, with the rate for adjustment revised to 0.9% (previously 1.5%).

#### TRUST FINDINGS

The Posterior Capsular Rupture or Vitreous Loss or Both (PCR) rate was well within acceptable limits this year for the Trust.

In 2016-17 Loss of Vision/Vision Acuity the expected limit is 0.9% so the Trust is outside the 99th percentile. The Trust has received a letter from the National Audit coordinator advising of this outlier and informing that the most common reason for this being outlier is that the data submitted is incorrect and/or inaccurate.

#### TRUST ACTIONS

Summary of Issue	Actions
Lack of post op VA after 2 weeks	Ensure FU visit is more than 2 weeks post op with any outside provider.
Lack of pre op VA less than 90 days before surgery	Reduce the waiting time for surgery to less than 90 days.
Check specific cases reported of loss of VA	Get data from NOD and work out why reported as lost vision. Correct data reporting assuming this is the issue.

## RCEM Fractured Neck of Femur

### Project No. 2862-1

Published April 2018 for 2017-18 data

#### NATIONAL FINDINGS & RECOMMENDATIONS

Only 51% of EDs have a nominated lead for hip fracture management.

86% of EDs have a written protocol but only half of these protocols include guidance on when to perform a CT or MRI scan.

Only 35% of EDs provide information leaflets for patients, carers or relatives.

93% of patients with #NOF arrive by ambulance yet only 66% have documented evidence of having received analgesia before arrival.

Re-evaluation of pain is important but not done well (only in 40%) and not done in a timely manner.

The audit makes the following recommendations for improvement:

- Every ED should nominate a hip fracture lead to improve and champion standards of care in this area by working with the lead anaesthetist;
- Written protocols and pathways for hip fracture management should be updated to include a section on how to investigate using CT and/or MRI when the x-ray is normal but the clinical findings are still suspicious of a #NOF. Protocols should be easily accessible for all staff;
- Protocols and pathways should be urgently reviewed to ensure a focus on the rapid assessment and relief of pain, including utilising nurse-led prescribing;
- Where possible, liaise with local ambulance Trusts to encourage pain relief prior to arrival at hospital;
- Pain scoring should be mandatory for all patients with suspected or confirmed #NOF. EDs should undertake QIPs to find a locally accepted way of ensuring pain scores are done;
- Re-evaluation of pain is vital to ensure that analgesia given has been effective;
- Nerve blocks should be used where possible to limit the use of systemic analgesia. Patients must be monitored following block.

## TRUST FINDINGS

### Scarborough Hospital

The results show Scarborough is in line with or exceeding national benchmarks. There is also a new Fractured Neck of Femur Pathway that has been developed which is the key action to deliver improvement.

### York Hospital

The results show that York site is not achieving the target range expected against the following developmental standards:

**Standard 2.** Patients in severe pain (pain score 7-10) should receive appropriate analgesia, according to local guidelines (unless documented reason not to)

- 0% within 30 minutes of arrival or triage whichever is the earliest, against a target of 75%

**Standard 3.** Patients with moderate pain (pain score 4-6) should receive appropriate analgesia in accordance with local guidelines (unless documented reason not to)

- 0% within 60 minutes of arrival or triage whichever is the earliest, against a target of 100%

## TRUST ACTIONS

Summary of Issue	Actions
Non-compliance with the development Standards 2 & 3 at York Hospital	Undertake a local audit of the processes, in order to better understand gaps and formulate an action plan.

## National Comparative Audit of the Use of Anti-D: 2018 Update Project No NA2018-029R

## NATIONAL FINDINGS & RECOMMENDATIONS

There are no National Reports published from this National Audit. Participating Trusts receive information back from the National Audit for their participating sites

only.  
However Nationally there is a move to introduce national foetal genotyping based on NICE guidelines which would alter the pathway for anti-D administration. This is currently under review in the organisation to determine the risks versus benefits for patients based on the successful administration and monitoring of patients who require anti-D immunoglobulin to prevent sensitisation.

#### TRUST FINDINGS

The audit findings reflect that most anti-D Ig prophylaxis is delivered correctly and recorded appropriately, especially in the current context of patient movement between the sites. It has helped that the transfusion laboratories are now integrated.

RhD negative women should be re-assured that this is an important and effective programme that prevents serious and life-threatening condition which used to affect large numbers of babies but no longer does.

#### TRUST ACTIONS

Summary of Issue	Actions
Continued compliance with standards	Review of anti-D prophylaxis against local standards to identify areas for improvement dependent on processes in place.
Risk assessment/ evaluation	Evaluation/ risk assessment of foetal genotyping introduction.
Staff training and knowledge	Ensure relevant maternity staff has accessed the national e-learning package for anti-D prophylaxis as part of their training.

### Royal College of Physicians JAG (Joint Advisory Group) Accreditation for 8-day Re-admission Audit

#### Project No. NA2018-016

The aim of this audit was to identify for the Trust those patients who are re-admitted to hospital within 8-days of having had an outpatient endoscopy appointment in order to review for any delayed complications following the endoscopy and to establish that readmission/mortality is within an acceptable range, in order to be able to provide accreditation.

#### NATIONAL FINDINGS & RECOMMENDATIONS

There is no report published for this National Audit. Instead, data is submitted and then services are assessed by the Royal College of Physicians JAG for accreditation purposes.

#### TRUST FINDINGS

Below is the information supplied from the Trust to JAG by the Trust.

- Outpatients admitted to hospital within 8 days 5
- Endoscopy NOT the cause of admission 4
- Endoscopy THE cause of admission 1

This audit identified that the Trust has a low rate of admission following endoscopy



(0.88%).  
One admission and death resulted directly due to perforation at difficult ERCP (0.176%).

## TRUST ACTIONS

### Actions

The death which resulted following complications post endoscopy is being formally investigated by the Trust and learning and actions will be identified from this investigation.

## National Comparative Audit of Blood Transfusion 2017 Transfusion Associated Circulatory Overload (TACO)

### Project No. A7229

This report for 2017 data was published in August 2018.

## NATIONAL FINDINGS & RECOMMENDATIONS

This national audit report found that Nationally:

- 61% inpatients and 23% outpatients were weighed within the week prior to the transfusion;
- Inpatient clinical areas where transfusion with haemoglobin above 70g/L occurs most frequently are GI surgery (9% transfusions occur at or below 70g/L), oncology (13%) and orthopaedics (15%). Outpatient numbers are small but obstetrics and gynaecology, orthopaedics and haematology are least compliant with guidelines;
- 9% inpatients had their care transferred from one team to another between the decision being made to transfuse and the end of the transfusion;
- Clinical review between units occurred in 14% inpatients but when occurring, management of the patient changed as a result in 13%;
- Prescribers were twice as likely to prescribe a pre-emptive diuretic had they seen the patient within a week prior to the transfusion; 9.0% (81/899) versus 4.2% (49/1164) if they hadn't ( $p < 0.05$ );
- Over-transfusion to above 110g/L occurred in 5.8% inpatients;
- 18% of inpatients with completed fluid balance were more than 1500 ml positive over the 24 hours prior to the start of the transfusion;
- 1.7% outpatients were admitted within 24 hours of the transfusion and in 29% this was after they had gone home following the transfusion. 20% were admitted due to worsening respiratory symptoms;
- 3.9% inpatients required either non-invasive ventilation or transfer to intensive care or high dependency within 24 hours of the transfusion;
- 11.8% all inpatients in this audit had died at a median of 30 days following the transfusion.

## TRUST FINDINGS

**York inpatients 79% were weighed of which:**

15% received a single unit transfusion, with **55%** having had a review between each unit with only 1 inpatient having their Hb checked after the 1st unit;  
40% with at least 1 additional risk factor had a completed fluid balance in the 24 hours prior to transfusion;

No inpatients with at least 1 additional risk factor received pre-emptive diuretics prior to the transfusion.

**York Outpatients** 5% were weighed in the week prior to transfusion and **74%** of outpatients were seen in preceding 7 days by the prescriber.  
 47% of outpatients had a clinical review between each unit.  
 54% were weighed in the week prior to transfusion.  
 85% of patients were seen in preceding 7 days by the prescriber.

**Scarborough inpatients** 44% were weighed  
 44% received a single unit transfusion. **0%** had a review between each unit with only 1 inpatient having their Hb checked after the 1st unit.  
 80% inpatient with at least 1 additional risk factor had a completed fluid balance in the 24 hours prior to transfusion.  
 11% inpatient with at least 1 additional risk factor received pre-emptive diuretics prior to the transfusion.

#### **Scarborough Outpatients**

**0%** of outpatients had a clinical review between each unit.

Less than half of the Trust's outpatients saw the person who wrote-up their transfusion in the previous 7 days - at York 74% and Scarborough 85%.

### **TRUST ACTIONS**

<b>Summary of Issues</b>	<b>Actions</b>
Compliance with Standards	<p>Include a formal pre-transfusion risk assessment for TACO in hospital Transfusion policies and protocols. This should include a checklist highlighting the following risk factors:</p> <ul style="list-style-type: none"> <li>- Age &gt; 50 years;</li> <li>- Congestive cardiac failure, left ventricular failure or aortic stenosis;</li> <li>- Chronic kidney disease;</li> <li>- Liver dysfunction;</li> <li>- Peripheral oedema;</li> <li>- Prescription of concomitant IV fluids;</li> <li>- Pulmonary oedema;</li> <li>- Undiagnosed respiratory symptoms;</li> <li>- Use of regular diuretics;</li> <li>- Weight &lt; 50kg;</li> </ul>
<p><b>Risk Factors</b>            inpatients identified as having risk factors, the tool should recommend documenting:</p> <ul style="list-style-type: none"> <li>- Risk of TACO</li> <li>- Benefits of transfusion</li> <li>- Discussion with the patient</li> </ul>	To Review the Transfusion Protocol
<p><b>Weight</b>            All patients should be weighed prior to transfusion (or record and estimated weight if the clinical situation does not allow an accurate weight to be measured). Audit recommends all patients are weighed no later than 7 days prior to the transfusion.</p>	To Add onto Transfusion Protocol for Adults



<b>Review</b> The person writing up (authorising) the blood must review the patient. The audit recommends this is within the preceding 7 days if the patient is an outpatient and the preceding 24 hours if an inpatient.	Add onto Transfusion Protocol for Adults
<b>Fluid Balance</b> In patients at risk of TACO: <ul style="list-style-type: none"> <li>- Monitor fluid balance;</li> <li>- Prescribe one unit at a time and consider prescribing according to body weight;</li> <li>- Transfuse at a slower rate;</li> <li>- Consider use of prophylactic diuretic;</li> <li>- Monitor the observations closely, including oxygen saturations;</li> <li>- Review the patient following each unit.</li> </ul>	Review the Transfusion Protocol, although information already present; to try and make more meaningful

The 7 National Audits which were published in 2018-19 but have not yet been reported on are shown below:

- **FFFAP NHFD National Hip Fracture Database**  
Published September 2018
- **NACR National Audit of Cardiac Rehabilitation**  
Published Nov 2018
- **NICOR NCAP National Cardiac Audit Programme**  
Published November 2018
- **NOGCA National Oesophago-Gastric Cancer Audit**  
Published September 2018
- **SSNAP Sentinel Stroke National Audit Programme**  
Published December 2018
- **NPCA National Prostate Cancer Audit**  
Published February 2019

## LOCAL CLINICAL AUDIT ACTIVITY

The reports of **88** local clinical audits were reviewed by the provider in 2018-19 and York Teaching Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided as a result of these audit outcomes.

### **Audit on AAGBI standards of monitoring in Recovery** **Project No. B5100**

This audit was undertaken to determine if the monitoring of patients following an anaesthetic in recovery is compliant with the guidelines recommended by the Association of Anaesthetists of Great Britain and Ireland (AAGBI).

The audit identified that the compliance with the monitoring of SaO<sub>2</sub> is excellent. However, we are not fully compliant with all the monitoring standards (specifically need to improve for BP, ECG and ETCO<sub>2</sub> monitoring in recovery), therefore

improvement was required in order to achieve 100% compliance with all the monitoring standards.

The following actions have been put in place to improve patient care and safety in the Trust:

Summary of Issue	Actions
Compliance with BP monitoring needs to improve to achieve 100%.	Ensure awareness for ODPs and PACU staff. Ensure BP cuffs are not removed when patients are transferred to PACU.
Compliance with ECG monitoring needs to improve to achieve 100%.	ECG Teaching for ODPs and PACU staff. To create awareness and ability to recognise abnormalities.
Compliance with ETCO2 monitoring needs to improve to achieve 100%.	Ensure PACU & theatres have adequate monitoring equipment.
Need to improve compliance with all monitoring standards.	Re-audit to assess if the changes have improved the practice.

### **York Hospital Pleural Clinic Audit 2015-2017**

#### **Project No. C3238**

This audit was undertaken to investigate if the complication rates of the pleural procedures in the clinic are below or above the national rates and to check whether the timing, documentation of consent and the use of thoracic ultrasound to guide the pleural aspiration match the desired outcomes.

The York Pleural Clinic performed reasonably well in all the areas examined, with only minor deviations from three (out of four) desired outcomes.

The use of thoracic ultrasound to guide the procedure met the set standard of 100%, showing that there is maximum compliance with the current BTS safety standards for these procedures.

The rate of the most common complication was slightly higher in the Pleural Clinic procedures (5.9%) compared with the National Audit result (5.0%). This could be attributed to the smaller sample size of the local audit.

Moreover, there was no documentation of consent for only one procedure in the York audit and that led to failure to achieve the 100% set standard.

Finally, 1% of the procedures were performed out-of-hours and this raises concerns for safety since fewer staff are available to help with a possible complication outside routine working hours.

The following actions have been put in place to improve patient care and safety in the Trust:

Summary of Issue	Actions
All procedures in the clinic to be done within routine working hours (09:00-17:00).	Reduce temporarily the maximum number of procedures per clinic to 3 (from 14:00-17:00).
	Allocate an assistant to the clinic to maximise efficacy (and safety).
Need to improve compliance.	Re-audit to assess if the changes have improved the practice.

### **Re-Audit of Daily Monitoring and Recording of Drain Volumes in Head and Neck Patients on Oral & Maxillofacial Surgery (OMFS) Ward Rounds Project No. A7251-1**

This audit was undertaken to assess the effectiveness of the OMFS team at monitoring drain volumes in patients following major surgery and implement changes to improve how this is done to help ensure efficient monitoring and timely drain removal.

Drain volumes are being much more consistently recorded, with improvements for all categories. Most importantly, this occurs at morning ward round so at a minimum volumes were recorded 24hrly. This means the consultant can make an informed decision on the most appropriate time to remove drains.

Drain sheets were used in the majority of cases. Where sheets were utilised, the drain volumes were recorded more consistently and with less confusion due to consistent annotation.

The set standards have not been met.

There were still inconsistencies with annotation with anatomical site, number and left/right being interchanged.

It was still noticed that the site of drains was not always recorded, despite use of drain sheet. Therefore a column for this will be added to the sheet. Drain recording sheets not always used. Where a sheet wasn't used, the annotation used for the drains was still variable and unclear at times. With use of the drain sheet it was always clear which drain volume was which at a glance.

There is still room for improvement, so further changes will be implemented.

The following actions have been put in place to improve patient care and safety in the Trust:

Summary of Issue	Actions
Improve the use of drain sheets.	Add instructions and drain sheet info to SHO manual.
	Add column for both number and site of drain to drain sheet.

Share audit findings to enable learning.	Discuss with department at CG.
Establish whether actions have improved compliance	Re-audit.

### **Management of Hypothermia and Hyperthermia in Newborn Infants on the Special Care Baby Unit Project Number C3203**

The aim of this audit was to assess the prevention and management of hypothermia according to local guidelines and to identify areas of prevention and management of hypothermia, and how areas/procedures contributing to the risk can be improved.

**31%** of infants admitted to the special care baby unit within the audit study period had a temperature outside the normal range.

Good compliance (**100%** standard reached) with:

- ≈ Recognition of risk factors;
- ≈ Resuscitation in a warm environment;
- ≈ Initial management of infants when recognised that temperature <35°C on admission (reporting to paediatrician, blood sugar monitoring, adding an incubator as heat source).

Moderate compliance in:

- ≈ Feeding stable infants within 1 hour of birth (75%);
- ≈ Re-checking temperature within 1 hour of admission (51%);
- ≈ 1-2 hourly temperature monitoring while infant is under an external heat source (50%).

Poor compliance with:

- ≈ Rechecking temperature within 1 hour of removal of external heat source;
- ≈ Ensuring at least two 2-hourly normothermic ( $\geq 36.5^{\circ}$ ) temperature measurements after removal of external heat source.

Poor documentation therefore unable to assess compliance with:

- ≈ covering exposed areas (not skin-to-skin contact) with towels/blanket/hat;
- ≈ warm transfer.

The following actions have been put in place to improve patient care and safety in the Trust:

Summary of Issue	Actions
Dissemination of audit findings.	Presentation of audit findings at: 1) Perinatal Mortality and Morbidity Meeting; 2) York Hospital Paediatric Clinical Governance meeting.

Summary of Issue	Actions
Prevention of hypothermia and hyperthermia.	Creation and distribution of poster on labour ward, postnatal ward and SCBU to raise awareness of the importance of normothermia and interventions to reduce risk of hypothermia and hyperthermia. Delivery of educational sessions for labour ward, postnatal, SCBU staff and paediatricians to raise awareness of the importance of normothermia and interventions to reduce risk of hypothermia and hyperthermia.
Consensus of method/device of temperature measurement across all wards.	Discussion between Sue Jackson and Vikki Smith (SCBU) regarding identical choice of thermometer instrument across all wards.

### **Re-audit on Pain in Intravitreal Injections (Re-audit Project no. 2885) Project No. 2018-0070 (R)**

The aim of this audit was to compare level of pain during and after intravitreal injections to pain levels taken from published research.

The results in this re-audit were excellent, showing that all patients had a pain score of less than 3 which was well above the 50% targeted. In the previous audit 2 patients were shown to be hypersensitive and this affected the audit outcomes. It may be that by chance these patients were not included in this year's sample and thus the scores were better.

Going forward we need to continue to try and improve practice as although the injection is key there are other aspects to the procedure that anecdotally patients complain about such as the drape-application and removal; the speculum and the after effects of the iodine. Future audits need to ensure that whilst the pain from the injection is minimised, these other aspects should also be considered.

The following actions have been put in place to improve patient care and safety in the Trust:

Summary of Issue	Actions
Continue to try and improve practice as, although the injection is key, there are other aspects to the procedure that anecdotally patients complain about.	Audit all aspects of the procedure and see in what other areas patient experience can be improved.
	Re-audit to continue to check patient pain within acceptable parameters.

### **Decompensated Cirrhosis care in 1st 24-hours Project No. 2018-0002**

The aim of the audit was to assess if we are following BASL/BSG guidance on decompensated liver disease and improve the quality of care.

The results in this audit found Scarborough General Hospital is not performing satisfactorily against the guidelines for the care of decompensated cirrhosis in the first 24 hours.

Scarborough Hospital did ensure that all:

- ≈ Patients with variceal bleed were given antibiotics and terlipressin;
- ≈ AKI presentations had nephrotoxic drugs stopped and fluid resuscitation given;
- ≈ Cirrhotic patients with sepsis were covered with antibiotics.

However for the following areas of BASL/BSG guidance performance needs to be improved, as only:

- ≈ 35% of patients had an ascitic Tap in first 24 hours;
- ≈ 0% of patients had HAS 20% for SBP patients on day 1 and day 3;
- ≈ 27% of patients having had Ca/Mg/Po4 investigations;
- ≈ 54% of patients had an Encephalopathy Treatment Prescription;
- ≈ 68% of Cirrhotic patients had VTE prophylaxis.

The following actions have been put in place to improve patient care and safety in the Trust:

Summary of Issue	Actions
Guidelines availability	Provision of BASL liver bundle in ED & AMU.
Junior Doctors Training	Posters pasting on ED and AMU walls.
	Juniors Ascitic Tap signing off by Medical Registrars.
	AMU teaching day presentations.

### **Paediatric Emergency Appendectomy Audit - Scarborough Hospital Project No. C3198**

The aim of the audit was to establish our current emergency paediatric appendectomy practice and analyse whether it meets current national guidelines set by BAPS/RCS: Paediatric Emergency Appendectomy.

The results in this audit found Scarborough General Hospital is currently meeting national guidelines with regards to the aforementioned guidelines, with:

- ≈ Timely intervention - **97.1%** cases operated on within 12 hours of decision made having been made to operate;
- ≈ Length of stay - Median length of hospital stay (calculated from time of first referral to surgical team to time of hospital discharge) was 2 days;
- ≈ Median length of post-operative hospital stay was 1 day;
- ≈ 28 day readmission - 8.3%;
- ≈ Transfer to tertiary centre - 2.8%.

This audit has established that paediatric appendectomy is a safe procedure in Scarborough General Hospital and to ensure this continues a re-audit is planned to be carried out in 2019.

### **Re-audit of Evaluation of Requesting Pattern for P3NP Analysis Project No. 2018-0058 (R)**

The aim of the audit was to evaluate whether the Trust adheres to the guidelines for the requesting for P3NP blood test and if recommendations from previous audit have improved requesting practice.

A total of 281 requests were received by Laboratory Medicine during the audit period, a 13% reduction in requests since the previous audit.

Only 4 out of 281 (<2%) samples were analysed inappropriately.

This re-audit established that the appropriateness of P3NP requesting was **98.57%** and there has been a **93%** reduction of inappropriate testing of P3NP, leading to a cost saving of £1,749.00.

All the patients with high concentration of P3NP were appropriately referred for specialist advice.

The following actions have been put in place to continue to improve P3NP testing in the Trust:

Summary of Issue	Actions
Continue to improve appropriate test utilisation.	Repeat P3NP once in 3 months only.
Intervention of inappropriate repeat request by the lab to continue.	Biochemists to 'vet' the samples received in the lab.

### **Service Compliance for Gonorrhoea Coded Patients Project Number: 2018-0073**

The aim of the audit was to assess the compliance level of the service provided for Gonorrhoea coded patients according to the British Association of Sexual Health and HIV (BASHH) guideline.

The clinic has achieved **100%** adherence in recommending TOC post treatment and co-screening for Chlamydia to all positive Gonorrhoea cases.

**97.8%** of Gonorrhoea positive patients were given first line treatment or the reasons otherwise documented on Telecare, with **2.2%** not receiving the first line treatment and the reason for not doing so was not documented on Telecare.

The largest discrepancy is seen in the throat swabs, where all specimens with positive NAAT tests had negative culture results.

Discrepancies were also seen in male urine microscopy and culture results. Female samples were not routinely collected and therefore the discrepancies were not measured.

The following actions have been put in place to continue to improve P3NP testing in the Trust:

Summary of Issue	Actions
Regular auditing of service compliance level for Gonorrhoea coded patients.	Re-auditing service compliance level for Gonorrhoea coded patients to the standards listed above in one year's time.
Discrepancies in Gonorrhoea laboratory NAAT and culture results.	Feedback audit results to the laboratory team and generate possible causes of discrepancies in the specimens.
	Identify any cases of false positivity in the NAAT tests by looking at the rate of sample discrepancies in individual cases.

### **Trauma Ward Handover: Assessment of Effectiveness and Safety** **Project Number: 2018-0098**

The aim of the audit was to determine the effectiveness of the new handover practice on the Trauma ward (Ward 28) during the week and at weekends; the doctor's confidence in continuity of care, handover process, knowledge of the patient and ease of determining outstanding jobs and the nursing staff perception of doctor's handover. Then to implement a change to improve the handover process on Ward 28 to improve the above points

Prior to the change in the handover process, colleagues had low confidence in the doctor to doctor handover, there was not a documented handover process and rarely was there information entered in to CPD.

This audit found that the change to the new handover process has made a positive difference in the weekday handover, improving confidence in the handover for both doctors and nurses.

There has also been a rota change which will hopefully increase the continuity of care for patients and will not negate the continued need for a handover.

The following actions have been put in place to continue to improve P3NP testing in the Trust:

Summary of Issue	Actions
Inform Registrars and Consultants of positive impact of the new handover process.	Presentation at the Orthopaedic Clinical Governance meeting.
New FY2 cohort to be taught how to effectively use the handover.	Presentation/reminder to new cohort of FY2 on implementation of changes.
Continuation of handover and improvement of weekend handover.	To hand over the change to new CT.



## 2.2.4 Research and Development

The aim of clinical trials is to increase knowledge about treatments to ensure we are treating based on the best possible evidence. Research offers participants the opportunity to be involved in research which may or may not be of benefit to them.

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

This annual target is divided between the 22 partner organisations, of which we are one. To reach the 65,000 the Y&H CRN requires our hospital to set a stretching target of 3,800 patients accrued into clinical trials in our Trust from 1 April 2018 to 31 March 2019. It's important that we meet this target as this will determine our money flow into the Trust next financial year, which pays for all the research staff we have.

Currently in York and Scarborough alone we have approximately 130 research studies open to recruitment.

The number of patients receiving relevant health services provided or sub-contracted by York Teaching Hospitals in the period 1 April 2018 to 31 March 2019 that were recruited during that period to participate in research approved by a research ethics committee is 4,948.

These patients were recruited across a wide range of specialties as most of our hospital now recruits patients into clinical trials. Some areas where we have performed really well are as follows:

- Sexual Health - Teams across York and Scarborough excelled at their recruitment to the PrEP Impact study. This study assessing the impact of implementing Pre-exposure prophylaxis (PrEP) treatment into the NHS for patients with a high risk of contracting HIV. PrEP is a ground-breaking preventative medication, which, when taken routinely alongside contraception, has been proven to reduce the risk of contracting HIV by over 90%. PrEP treatment, whilst expensive could bring significant cost savings to the NHS by greatly reducing the burden on Sexual Health and genitourinary medicine (GUM) clinic resources by reducing the HIV positive population.
- Perioperative Medicine- Anaesthetics Trainees recruited patients to the Drug Allergy Label Study, a national study relating to drug allergy labels, their prevalence in elective surgical patients and Anaesthetists understanding of these. The study was part of the RAFT initiative (Research and Audit Federation of Trainees) and it was excellent to see the enthusiasm and commitment shown by so many of the Anaesthetics Trainee's. The study was successfully run over a specified 3 day period in both our York and Scarborough Hospitals and recruited 240 participants.
- York & Scarborough Gastroenterology Research teams won Yorkshire & Humber Clinical Research Network (CRN) Gastro Team of the Year! Our

team won this award in recognition of our collaborative and innovative approach to utilising our staff that helped us achieve the 4<sup>th</sup> highest recruitment figures in the country.

In addition, we have also supported two large Trust-wide studies that involved all teams, this year.

- The Yorkshire Heath Study that is following the lives of thousands of people in Yorkshire, to help researchers in Sheffield understand our health so that we can find the best treatments to prevent and treat illness in the future. The questionnaires we collected will provide valuable insight into the health of the people in Yorkshire, in order to improve services for the people who need them most. Our teams recruited an impressive total of 2,353 patients over 18 months.
- The Stopping Slips among Healthcare Workers study was widely supported by all our teams and we managed to recruit an impressive 908 staff to the study. This study is looking see if slip resistant footwear reduce slips among healthcare workers.

As well as the many clinical trials we support, our Hospital has been involved in the development of a pioneering collaboration that brings together NHS Trusts and Universities across the Yorkshire and Humber region. Working with the NIHR's Collaboration for Leadership in Applied Health Research and Care (CLAHRC), the network will improve inter-institutional working and the region's research capacity. This year a total of six CARDINAL Nursing and Allied Health Professional Clinical Doctorate Fellows (CDFs) have been recruited. Our first CARDINAL Clinical Doctoral Fellow has started in September and is working in the Inflammatory Bowel Disease (IBD) Specialist Nurse team, where she aims to improve the care of IBD.

The Trust has appointed two new Clinical Leads for Research, Professor Martin Veysey, Clinical Academic, Hull York Medical School and Honorary Consultant Gastroenterologist and Dr David Yates, Consultant in Anaesthesia, Perioperative Medicine and Intensive Care Medicine. The Clinical Lead for Research role is aimed to support the R&D Department to:

- Assist with setting the strategic direction of the Trusts research strategy;
- Support initiatives that will increase the research capacity and capability within York Teaching Hospital NHS Foundation Trust;
- Offer advice to the Research & Development Unit ensuring that the Trust complies with all aspects of clinical and research governance;
- Establish and build constructive relationships with the researchers within York Teaching Hospital Foundation Trust and all external collaborators and networks.

Yet again 2018-2019 has been a great year for us, we are very proud of our staff and the amazing achievements from this year.

### 2.2.5 Commissioning for Quality and Innovation Payment Framework

A proportion of York Teaching Hospital NHS Foundation Trust income in 2018-19 was conditional upon achieving quality improvement and innovation goals agreed between York Teaching Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The majority of York Teaching Hospital NHS Foundation Trust's income in 2018-19 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the monies attached to CQUIN were incorporated into the Aligned Incentive Contract signed with the Trust's main Commissioners. For services that are directly commissioned by NHS England approximately £0.5m income was conditional on achievement.

The CQUIN goals are managed through our internal processes and cover a significant number of areas. They fall into two areas:

**National** – NHS Staff Health & Well-being, reducing the impact of serious infections (Antimicrobial Resistance and Sepsis), improving services for people with mental health needs who present to A&E, advice & guidance for non-urgent GP referrals, e-referrals (GP referrals to consultant-led 1st outpatient services only), supporting proactive and safe discharge; preventing ill health by risky behaviours - alcohol and tobacco, improving the assessment of wounds and personalised care and support planning.

**Specialist** – Chemotherapy dose banding, hospital pharmacy transformation and medicines optimisation and measures to aid patients with long-term conditions.

At the time of writing this report the Trust had agreed payment with the Commissioners for CQUINS. Further details of the agreed goals for 2018-19 and for the following 12 month period are available electronically at [www.yorkhospitals.nhs.uk](http://www.yorkhospitals.nhs.uk). The CQUIN is reported to the Board of Directors on a monthly basis and can be found as part of the Board papers.

The 2017-18 value of the CQUIN was set at 2.5 per cent of the contract value. The value locally was £9m.

The 2016-17 value of the CQUIN was set at 2.5 per cent of the contract value. The value locally was £10m.

The 2015-16 value of the CQUIN was set at 2.5 per cent of the contract value. The value locally was £8.5m.

### 2.2.6 Care Quality Commission (CQC)

York Teaching Hospital NHS Foundation Trust is required to register with the CQC and its current registration status is 'Registered without conditions'.

The CQC has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during 2018-19.

The Trust was subject to a CQC inspection of its Core Services in September 2017, which was followed by a Well-Led Review in October 2017.

The CQC published their findings in February 2018. The grid below details the outcome of the inspections by site. Whilst the overall rating for the Trust was **Requires Improvement**, the assessment of York Hospital improved from 'Requires Improvement' to 'Good'.

The following improvement notices were received and an action plan was submitted to the CQC on 6 April 2018:

**Regulation 5:** Fit and Proper Person Test;

**Regulation 8:** Person Centred Care (no paediatric area in York ED, no Rehab Clinic in Scarborough Critical Care Service and lack of Critical Care Strategy for Scarborough);

**Regulation 11:** Consent, MCA/DoLS;

**Regulation 12:** Safe Care and treatment (gaps in clinical record keeping in Scarborough ED, RMO issues at Brid, failure to completed stat mandatory training by all ED staff);

**Regulation 17:** Good Governance: BAF, QIA Assessment, lack of clear plan to establish financial stability, use of data;

**Regulation 18:** Staffing: Heavy use of Bank and Agency, especially at Scarborough. Not all staff retaining professional skills (NIV on Ward 34) and lack of clinical educator in Scarborough Critical Care.

A number of actions were already addressed by the time the report was received. An action plan was created and continues to be monitored by the Board and discussed at CQC engagement meetings.

### Ratings for the whole Trust

The rating for well-led is based on our inspection at Trust level, taking into account what was found in individual services. Ratings for other key questions are from combining ratings for services and using professional judgement.

Services				Overall
Safe	Effective	Caring	Responsive	Well-led
Requires improvement →←	Good →← Oct 2017	Good →← Oct 2017	Requires improvement →←	Requires improvement →←

## Rating for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Acute</b>	Requires improvement ➡️ Oct 2017	Good ➡️ Oct 2017	Good ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017
<b>Community</b>	Requires Improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
<b>Overall trust</b>	Requires improvement ➡️ Oct 2017	Good ➡️ Oct 2017	Good ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017

Ratings for the Trust are from combining ratings for hospitals. Decisions on overall ratings take into account the relative size of services. Professional judgement is used to reach fair and balanced ratings.

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>York Hospital</b>	Requires improvement ➡️ Oct 2017	Good ➡️ Oct 2017	Good ➡️ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017
<b>Scarborough Hospital</b>	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Good ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires Improvement ➡️ Oct 2017
<b>Bridlington Hospital</b>	Requires improvement ➡️ Oct 2017	Good ➡️ Oct 2017	Good ➡️ Oct 2017	Requires improvement ↓ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017
<b>Overall trust</b>	Requires improvement ➡️ Oct 2017	Good ➡️ Oct 2017	Good ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017	Requires improvement ➡️ Oct 2017

Ratings for the Trust are from combining ratings for hospitals. Decisions on overall ratings take into account the relative size of services. Professional judgement is used to reach fair and balanced ratings.

## Ratings for York Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017
Medical care (including older people's care)	Good ↑ Oct 2017	Requires improvement ↓ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
Surgery	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
Critical care	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017
Maternity	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Services for children and young people	Requires improvement Mar 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients & Diagnostic imaging	Good Oct 2015	Not rated Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
<b>Overall*</b>	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017

## Ratings for Scarborough Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good → Oct 2017	Requires improvement ↔ Oct 2017	Good ↑ Oct 2017	Requires improvement ↔ Oct 2017
Medical care (including older people's care)	Requires improvement ↔ Oct 2017	Requires improvement ↓ Oct 2017	Good → Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017
Surgery	Requires improvement ↔ Oct 2017	Good → Oct 2017	Good → Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017
Critical care	Good ↑ Oct 2017	Requires improvement ↔ Oct 2017	Good → Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017
Maternity	Requires improvement Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients & Diagnostic imaging	Requires improvement Oct 2015	Not rated Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good → Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Bridlington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement →← Oct 2017	Requires improvement ↓ Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017	Requires improvement →← Oct 2017	Requires improvement →← Oct 2017
Surgery	Requires improvement →← Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients & Diagnostic imaging	Requires improvement Oct 2015	Not rated Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Requires improvement →← Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017	Requires improvement →← Oct 2017	Requires improvement →← Oct 2017

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

The Trust will be subject to a CQC inspection in 2019-20.

### CQC Review of Health and Social Care Interface (City of York) -

York Teaching Hospital NHS Foundation Trust has participated in special reviews or investigations by the CQC relating to the following areas during 2018-19:

- CQC Review of Health and Social Care Interface (City of York).

The CQC undertook an initial review in October 2017 to understand how older people in the City of York experienced the interface between health and social care. This resulted in 13 recommendations being made and a local improvement plan was developed to address these.

In November 2018 the CQC carried out a follow up review to understand what progress had been made. They found that older people were experiencing more joined up care and that relationships across the system had improved, particularly for operational teams. However, they also noted that the pace of change had not been as fast as it could have been and that progress was limited in joint commissioning, shared electronic care records and system-wide workforce planning. A further eight recommendations were made.

The review found a number of areas where positive progress had been made and identified areas for the system to continue to focus on.



York Teaching Hospital NHS Foundation Trust has made the following progress by 31 March 2019 in taking such action:

- It noted that relationships in the system had improved, especially at the operational level (for example the Integrated Discharge Hub) but also recognised the impact of the financial situation which was straining relations between the Trust and CCG;
- It praised the progress made with the [livewell.org.uk](http://livewell.org.uk) website which has been established to provide a central information point on services available in the city;
- It recognised the establishment of the Place Based Improvement Partnership and the improved links with the Humber, Coast and Vale Health and Care Partnership but advised more work was required to clarify the purpose of the partnership and what it was aiming to achieve;
- The progress against the High Impact Changes to Reduce Delayed Transfers of Care was noted and this needs to continue particularly around 7 day services and trusted assessment;
- Improvements in engaging with the independent care sector were highlighted but there are opportunities to involve them further as strategic partners and there was an lack of a strategic plan for addressing capacity constraints in the care market;
- It noted the positive development of a Home First approach in the Trust, the One Team integration of intermediate care and reablement and development of pharmacists to review the medications of care home residents;
- It also noted the limited progress in joint commissioning, digital interoperability and developing a system-wide workforce strategy;
- Overall it noted the positive progress that had been made but suggested that the pace of change could have been faster.

York Teaching Hospital intends to take the following action to address the conclusions or requirements reported by the CQC. The local system is working on producing an action plan in response to the recommendations in the report. The action plan will be owned by the City of York Health and Wellbeing Board who have responsibility for ensuring that progress is made. In order to meet this responsibility the Health and Wellbeing Board (HWBB) has established the York Health and Care Place Based Improvement Board (YIB). The YIB will report to the HWBB and will have senior representatives from the main health and social care organisations who support people that live in York.

The CQC made the following recommendations:

1. System leaders should review the York Improvement Plan and assess progress made against the expected impact. Considering this report, system leaders should agree on revised actions, with members of the Place Based Improvement Partnership (PBIP) accountable to the Health and Wellbeing Board for designated actions.
2. At our Progress Review the CQC found that progress against the areas for improvement identified at the October/November 2017 Local System Review was slow. Through the PBIP, system leaders should establish how they can increase the pace of change.
3. System leaders should continue to focus on developing relationships and partnership working across the system. For the PBIP to lead partnership working

across the system, partners must agree on the collective system vision and strategy and develop a system wide plan that is agreed and signed up to by all system partners. There should be a system approach to new appointments, especially those at a system leader level.

4. Directors of Finance across health and care should explore opportunities to work more collaboratively, owning organisational challenges as 'system challenges'. Directors of Finance should also work with commissioning leads to develop plans to facilitate joint commissioning.
5. Commissioners should ensure that a joint commissioning strategy is developed as a matter of priority. Commissioners should also focus efforts on strengthening performance metrics and data collected at a local level to provide a greater understanding the impact of commissioned services and schemes.
6. The system should accelerate the development of a system workforce strategy co-produced with independent care providers and VCSE partners.
7. The system should continue to work with independent providers and utilise engagement forums to move towards a seven-day service model and co-produce a model for trusted assessment.
8. The system should continue to develop and promote the Live Well York website across the system and strengthen information available for people who fund their own care.

The recommendations were discussed by system leaders at a Health and Wellbeing Board development session, attended by the CQC review team, in January 2019.

### **2.2.7 Data Quality**

York Teaching Hospital NHS Foundation Trust submitted records during 2018-19 (December 2018 latest freeze data) to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient's valid NHS number was:

99.76% for admitted patient care;  
99.95% for outpatient care;  
98.96% for accident and emergency care.

which included the patient's valid General Medical Practice Code was:

99.63% for admitted patient care;  
99.93% for outpatient care;  
98.71% for accident and emergency care.

York Teaching Hospital NHS Foundation Trust will be taking the following actions to improve data quality:

- Demographic details checked in real time during receipt of referrals and during all patient contacts with the Trust using connection to the NHS Spine;
- File of patient attendances sent to Spine weekly, consisting of activity for the previous 3 months (so checked multiple times), checking for missing NHS numbers and discrepancy in GP details;

- Missing data items on individual records manual checked by Data Quality Team.

## **2.2.8 Information Governance**

The Trust has completed and submitted the new Data Security and Protection Toolkit in accordance with requested timescales. The Trust is not fully compliant with all the standards, but an action plan is being drafted that will be approved by the SIRO and monitored during 2019-20. The assessment is also subject to internal audit verification.

The Trust has not had any serious incidents relating to data loss or confidentiality breaches or anything which requires reporting to the Information Commissioner's Office.

### Information Governance Assurance Programme

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

The Trust has established an Executive Information Governance Group that provides the organisation's strategic direction. The core membership comprises the Caldicott Guardian, the Senior Information Risk Officer, the Chief Clinical Information Officer, the Head of IT Infrastructure, the Head of IT Development, and the Deputy Director for Healthcare Governance. The Group has been involved in the process of reviewing its IG Framework and associated resource in the light of new legislation that became operational in 2018.

The organisation has a well-tested disaster recovery plan for data which aims to ensure that data, and access to data is not compromised or vulnerable at a time of any unexpected system downtime. From an IT perspective this was tested via a desktop exercise in February 2019.

The Chief Executive has overall responsibility for all aspects of information management, including security and governance, and is accountable to the Board of Directors. He is supported by the Chief Clinical Information Officer, the Head of IT Infrastructure, the Head of IT Development, and the Deputy Director for Healthcare Governance who acts as the Trust's Data Protection Officer. The Director of Finance is the lead for Information Governance on the Board.

Information Governance risks are managed in accordance with compliance with the standards contained within the DSP Toolkit, and, where appropriate, recorded on the Corporate Risk Register. The Trust submitted its self-assessment of compliance with the Toolkit in March 2019, and has indicated through the submission of an action plan how it will address those standards that are yet to be fully met.

All staff are governed by the NHS code of confidentiality, and access to data held on IT systems is restricted to authorised users. Information Governance training is incorporated into the statutory/mandatory training programme and supplemented as

appropriate in all IT training sessions. The corporate induction process has a dedicated Information Governance session.

The Trust had no information security breaches during the year which were of a scale or severity to require a report to the Information Commissioner.

### **2.2.9 Payment by Results**

York Teaching Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018-19 by the Audit Commission.

### **2.2.10 Reference Cost Submission**

During May 2018 York Teaching Hospital NHS Foundation Trust was visited by Ernst and Young who carried out an audit on behalf of NHSI as part of the Costing Assurance Programme. Ernst and Young spent four days on site reviewing the Trust's costing methodologies with the Trust costing lead. The audit focused on improvement and readiness ahead of the NHSI Costing Transformation Programme (CTP); a new mandatory patient-level costing submission for 2018-19 data submitted in summer 2019, as well as costing processes and the Reference Cost submission. The opinion of the audit report was Substantial Assurance for both CTP Readiness and Costing Processes and Reference Costs. Recommendations from the audit report have been addressed in an action plan submitted to NHSI. The action plan forms part of the improvement work carried out ahead of the 2019 submission.

### **2.2.11 Learning from Deaths**

Item 1 - During 2018-19 2075 of York Teaching Hospital NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

513 in the first quarter (April 2018 – June 2018);  
440 in the second quarter (July 2018 – September 2018);  
549 in the third quarter (October 2018 – December 2018);  
573 in the fourth quarter (January 2019 – March 2019).

Item 2 - By 31 March 2019, 1785 case record reviews and 225 SJCR investigations have been carried out in relation to 2075 of the deaths included in the item above.

In 1785 cases a death was subjected to both a case record review and / or an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

447 in the first quarter (April 2018 – June 2018);  
401 in the second quarter (July 2018 – September 2018);  
497 in the third quarter (October 2018 – December 2018);  
440 in the fourth quarter (January 2019 – March 2019).

Item 3 - 5 representing 0.28% 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:

- 1 representing 0.22% for the first quarter (April 2018 – June 2018);
- 2 representing 0.49% for the second quarter (July 2018 – September 2018);
- 0 representing 0% for the third quarter (October 2018 – December 2018);
- 2 representing 0.45% for the fourth quarter (January 2019 – March 2019);

These numbers have been estimated using several methods; structured judgement case note review (SJCR), serious investigations (SI's).

Item 4 - Five cases have been reported as avoidable.

**Case 1** – Death from intracerebral haemorrhage following an inpatient fall.

Learning: carefully assess risk / benefit of drugs affecting clotting and stop them immediately when no longer required. Complete a falls assessment and datix if a fall occurs in hospital.

Learning disseminated through ED and Elderly Medicine governance meeting.

**Case 2** – Death from acute limb ischaemia after delays in treatment.

Learning: this was escalated to an SI and the actions were to provide more training for surgical middle grade staff in Scarborough and ensure that key results are given directly to the senior decision maker who requested the investigation.

Learning disseminated to vascular surgery.

**Case 3** – Missed diagnosis of herald subarachnoid bleed leading to death in ED and subsequent TIA clinic.

Learning: Sudden headache needs a review by a senior doctor in ED (this did not happen). Vigilance is required to diagnose thunderclap headache which needs immediate investigation with CT head. Learning disseminated through ED and Elderly Medicine governance meetings.

**Case 4** – Death secondary to upper GI bleed in a patient on warfarin

INR and coagulation was not checked on admission for a trauma patient who was on warfarin. The deteriorating patient escalation policy was not followed and there was no documentation of any doctor review when the patient was clearly deteriorating.

Learning: Staff must adhere to the deteriorating patient escalation policy and escalate when necessary. INR and coagulation must be checked for all trauma patients on admission.

**Case 5** – Patient fall - Subdural haematoma - 80 year old male was admitted on the 6 April 2018 at 20:10 hours via the Emergency Department (ED), via his GP. The patient was known to the haematology clinic where he was seen two days prior, he had significantly deteriorated and pain was uncontrollable. The patient refused chemotherapy, therefore, it was advised for best supportive care only and prognosis was that of weeks or months.

When the patient arrived in ED he had a temperature of 38.7 c, this had previously been 40c with the paramedics. He was also confused with a respiratory rate of 40 looking unwell. It was deemed the patient had a probable sepsis of unknown origin. Intravenous fluids and antibiotics were prescribed and the patient was transferred to AMU. The patient was transferred to Ward 23 on the 8 April 2018 at 05:00 hours and moved into a side room due to positive influenza swabs showing influenza type B. The falls assessment was completed and he was deemed at risk of falls, however stable on feet. The patient was placed on 4 hourly comfort rounds and had non slip socks on. A commode was put in place in the side room. Bed rails were identified to be needed on assessment however not used due to patient's independence.

The patient fell on the 11 April 2018 at 04:00 hours. Nurses heard a bang and found him on the floor in a prone position. His right side of brow was bleeding and left forearm has a skin tear. He was assisted back to feet to sit in chair and then mobilised independently back to bed – GCS 15/15 and observations of vital signs within normal parameters. The CT scan showed bilateral acute subdural haemorrhage, no midline shift or fracture to skull. It was noted that the patient was at high risk of bleeding due to thrombocytopenia. The patient was still only able to answer yes and no which was not new from the fall. The scans were referred to Hull for advice of further interventions.

Item 5 - Key learning:

**Case 1** – risk assessment of medication and proper assessment of inpatient falls.

**Case 2** – clear communication of time critical investigations to the senior decision maker especially when possible urgent transfer required between sites.

**Case 3** – raised awareness of the signs of thunderclap headache and the need for senior clinician review before discharge in the ED. All Stroke physicians have been made aware of this case.

**Case 4** – All trauma patients on anticoagulants should have blood taken for a coagulation screen and INR. If on NOACs advice to be sought from the haematology department.

**Case 5** - Interventions of 15 minute observations, therapy review when transferred between wards.

Item 6 - It is difficult to determine the impact of lessons from multifactorial events such as these where human factors around decision making and communication are the root cause. The Mortality Steering Group will continue to monitor for recurrent events/themes. Work continues to produce concise and effective methods of communication of safety messages to all staff groups.

Item 7 - 1155 case record reviews and 88 investigations completed after 1<sup>st</sup> April 2018 which related to deaths which took place before the start of the reporting period.

Item 8 - 3 representing 0.14% 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 several methods; structured judgement case note review (SJCR), serious investigations (SI's)

Item 9 - 3 representing 0.14% of the patient deaths during the previous reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

### **2.2.12 Freedom to Speak Up**

Our Trust is committed to the principles of the Freedom to Speak Up review and its vision for raising concerns. The 'raising concerns/whistleblowing' policy is in line with national best practice and details routes of escalation for staff who wish to raise concerns about **risk, malpractice or wrongdoing**. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care;
- unsafe working conditions;
- inadequate induction or training for staff;
- lack of, or poor, response to a reported patient safety incident;
- suspicions of fraud (which can also be reported to our local counter-fraud team);
- a bullying culture (across a team or organisation rather than individual instances of bullying).

We are committed to listening to our staff, learning lessons and improving patient care. Concerns received by the Freedom to Speak Up Guardian are recorded on a highly confidential database and staff receive an acknowledgement within two working days. The Guardian records the date the concern was received, whether confidentiality has been requested, a summary of the concerns and dates when staff have been given updates or feedback. The Freedom to Speak Up Guardian will also carry out a 3 month well-being check as appropriate to ensure the member of staff has suffered no detriment as a result of raising a concern.

### **Ways in which staff can speak up**

- Through their line manager/tutor/senior clinician;
- Through HR drop in sessions;
- Through Fairness Champions;
- Through the FTSU Guardian;
- Through listening exercises;
- Through Datix.

Our staff survey results this year show that 70% of staff are aware of the FTSUG (compared to 51% last year) and 53% said they feel more confident about speaking up/escalating concerns knowing the role is there, (compared to 51% last year).

**Ensuring No Detriment** - Every 'speak up' receives a follow up questionnaire which includes:

- Did you feel your concern was addressed appropriately by the Freedom to Speak up Guardian?
- Is there anything else you would have liked the Guardian to have done for you?
- Have you suffered any detriment as a result of speaking up?

The Trust Board receives a full report from the FTSU Guardian bi-annually which details the numbers, themes and lessons learnt from staff who have raised concerns.

### **2.2.13 Information about the Guardian of Safe Working**

The 2016 national contract for junior doctors encouraged stronger safeguards to prevent doctors working excessive hours with the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors.

The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The work of the guardian is subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

The Role of the Guardian is to:

- Champion safe working hours;
- Oversee safety related exception reports and monitor compliance;
- Escalate issues for action where not addressed locally;
- Require work schedule reviews to be undertaken where necessary
- Intervene to mitigate safety risks;
- Intervene where issues are not being resolved satisfactorily;
- Distribute monies received as a result of fines for safety breaches;
- Give assurance to the Board that doctors are rostered and working safe hours;
- Identify to the Board any areas where there are current difficulties maintaining safe working hours;
- Outline to the Board any plans already in place to address these;
- Highlight to the Board any areas of persistent concern which may require a wider, system solution.

The Board receives a quarterly report from the Guardian, which will include any details of fines for breaches of safe working.

2018- 2019 one fine was levied against the Trust because one trainee worked more than an average of 48 hours per week over an 11 week reference period.



The total Guardian fine was £53.49. This was split as per the TCS as follows: £24.48 to the trainee and £29.01 to the Guardian. The funds are currently unspent and remain in the Junior Doctor Forum budget.

Rota Gaps - Schedule 6, paragraph 11b of the *Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016* requires “a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account”.

The Trust is working to reduce rota gaps through a host of recruitment and retention initiatives:

- Effective workforce establishment planning and early initiation of recruitment processes which offer recruitment and retention incentives available upon joining the Trust e.g. Teaching and Research opportunities;
- East coast recruitment project involves partnership working with agencies, partners in primary care and local business ambassadors to try and attract more doctors from overseas, including holding joint primary-secondary care recruitment events. Since the project began the Trust has reduced its medical vacancy rate at Scarborough by 3% (from 21.3% to 17.9%);
- Participating in the BAPIO (British Association of Physicians of Indian Origin) MTI scheme which has culminated in 9 offers of appointment to doctors in General Surgery, Anaesthetics, Paediatrics, Medicine;
- Reviewing of workforce structure and ensuring a robust skills mix. The Trust has recruited 11 newly-qualified Physician Associates from local universities including University of Leeds, University of Bradford and Hull York Medical School;
- Entered into an agreement to work with Priory Medical Group to support 6-month placements for 4 Physician Associates working in primary care;
- Trainee Advanced Clinical Practitioners have been recruited for Emergency Medicine in Scarborough and the Acute Medical Unit in York;
- HYMS have been working to develop Teaching Fellowships (TF);
- Pilot use of Patchwork Bank Management software for supporting the management of medical bank;
- Employing recruitment initiatives e.g. increased relocation expenses support, study leave support;
- The Trust is currently beginning a project to ensuring recruitment processes are attractive and in line with current market trends including use of social media platforms for advertisements and video based interviewing.

## 2.3 Reporting Against Core Indicators

Trust performance against the set of core indicators mandated for inclusion in the Quality Report by the Department of Health is shown below.

For each indicator, the number, percentage value, score or rate (as applicable) for the last two reporting periods is shown. Where this data has been published by NHS Digital (*also some from NHS England and the Staff survey results*), the lowest and highest values and national average for each indicator for the latest reporting period are also shown.

Summary Hospital-level Mortality Indicator (SHMI) and Banding	Trust Oct 16 – Sept 17	Trust Oct 17 – Sept 18	NHS Average Oct 17 – Sept 18
Trust score (lower value is better)	1.00*	0.98	1.00
Banding	As expected	As expected	As expected

\*Rounded up from 0.997

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge.

The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- Information on the Summary Hospital-level Mortality Indicator (SHMI) is reported to and scrutinised by the Executive Board, Quality Committee and Board of Directors when published. The above data is consistent with locally reported data.
- We continue to audit the quality of our clinically coded data for deceased patients as part of our mortality reviews to ensure it is an accurate reflection of the patient's diagnoses and procedures. All clinicians are required to validate the clinical coding of patients who died in hospital to ensure it accurately reflects the main conditions for which the patient was treated and investigated, and that all co-morbidities have been recorded.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services by:**

- Ensuring that all in-patient deaths are reviewed by a consultant within four weeks of the death occurring;
- Promoting discussion of learning from mortality review at department governance

meetings;

- Providing a quarterly report on learning from mortality reviews;
- Expanding the terms of reference of the Trust Mortality Review Group to provide an emphasis on identification, review and learning from avoidable mortality;
- The Trust is now reporting a new avoidable mortality score and training is underway to conduct the new style mortality reviews with a selected number of clinicians.

**We will:**

- Continue with our mortality review programme including consultant mortality reviews and development of in-depth review of avoidable mortality;
- Continue to develop the process and the Trust introduced a Medical Examiner Role from the 1 April 2019.

Palliative Care Coding	Trust Oct 16 – Sept 17	Trust Oct 17 – Sep 18	*NHS Average Oct 17 – Sep 18	Highest Trust Oct 17 – Sep 18	Lowest Trust Oct 17 – Sep 18
% Deceased patients with palliative care coded	24.2%	23.6%	33.8%	59.5%	14.3%

\*Average for England is 33.6%

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- The Trust continues to monitor data as part of building on its provision of palliative and end of life care ensuring that we provide high quality, evidence-based and safe care delivered at the right time in the right place by appropriately trained people.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:**

- Monitoring the quality of our clinically coded data for deceased patients as part of our mortality reviews to ensure it is an accurate reflection of the patient's diagnoses and procedures. In addition, the Clinical Coding Team receives weekly information on any patients who have had palliative care or contact with the Palliative Care Team, so that this can be reflected in the clinical coding.

**We will:**

- Continue to focus on the delivery of the six key ambitions in Ambitions for Palliative and End of Life Care: A national framework for local action 2015-20;
- Continue with our mortality review programme and ensure we continue to validate the clinical coding of deceased patients as part of the mortality reviews undertaken by consultants;
- Continue to develop the process evolve and the Trust introduced a Medical Examiner Role from the 1 April 2019.

Patient Reported Outcome Measures (EQ-5D Index, Percentage of Patients Improving scores)	Trust Apr 16 – Mar 17	Trust Apr 17– Mar 18	England Apr 17- Mar	Highest Trust Apr-Sep 17	Lowest Trust Apr- Sep 17
Groin Hernia	51.1%	Not available	Not available	Not available	
varicose vein surgery	55.4%	Not available	Not available	Not available	
Hip replacement (Primary)	90.7%	89.8%	90.9%	Not available	
Knee replacement (Primary)	83.0%	84.3%	82.9%	Not available	

Note: Patients undergoing elective inpatient surgery for the above elective procedures funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. As participation is voluntary, patients can choose not to participate. The percentage of patients reporting improvement after a procedure is only available at individual Trust level and at national level, therefore it is not possible to determine the highest and lowest score for Trusts.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- This data is consistent with locally reported data. This performance information is benchmarked against other Trusts in the Yorkshire and Humber region, with Trust performance being within the expected range for all procedures.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve these scores, and so the quality of its services by:**

- Patients are seen following surgery and reviewed to check the efficacy of the procedure and outcome.

**We will:**

- Ensure that further work is done on this data to explore validation mechanisms and what can be done to further improve scores.

Readmissions within 28 Days of Discharge	Trust 2011-12	Trust 2012-13	NHS Average 2012-13	Highest Trust 2012-13	Lowest Trust 2012-13
Percentage of Readmissions aged 0 to 15	9.7% York (10.0%) SGH	Not available	Not available	Not available	Not available

Percentage of readmissions aged 16 and Over	10.6% York (9.8%) SGH	Not available	Not available	Not available	Not available
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Note: This data is based readmissions for hospitals categorised as medium acute hospitals only. The lower the percentage the better the performance.

Monitoring on readmissions within 30 days of discharge is included in the monthly performance report to the Board of Directors.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- The data is consistent with that reported locally on the Trust's electronic performance monitoring system.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:**

- Continuing with the weekly Quality and Safety briefings to consistently address any issues raised. The meetings are chaired by the Medical Director and are attended by the Director of Nursing, Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and Assistant Director of Nursing;
- The agenda of these meetings includes emergency readmissions and other quality and safety issues.

**We will:**

- Continue to hold our weekly quality and safety briefings and take action to address any issues raised;
- Continue to monitor readmission rates as part of our contract monitoring process with our commissioners and take remedial action if the rate is exceeded.

<b>Responsiveness to personal needs of patients</b>	<b>*Trust 2016-17</b>	<b>**Trust 2017-18</b>	<b>**NHS average 2017-18</b>	<b>**Highest Trust 2017-18</b>	<b>**Lowest Trust 2017-18</b>
Responsiveness to inpatients' personal needs	65.9	70.4	68.6	85.0	60.5

\*Data collected is from hospital stay: 1 July 2016 to 31 July 2016; Survey collected 1 August 2016 to 31 January 2017

\*\*Data collected is from hospital stay: 1 July 2017 to 31 July 2017; Survey collected 1 August 2017 to 31 January 2018

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- All feedback from patient surveys is reported to and scrutinised by the Trust's Quality Committee, and by Board of Directors in the Chief Nurse Reports;
- Feedback from the Friends and Family test is also reported to the Patient Experience Steering Group, Quality Committee and Board of Directors.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:**

- Delivering the Trust's Patient Experience Strategy which focuses on listening to feedback, effective reporting and responding and acting on lessons learned;
- Using learning from the Friends and Family Test results to highlight particular wards where patients are concerned about lack of privacy and taking action;
- Increasing the numbers and roles of volunteers on our wards, including visitors, dining companions and patient experience volunteers.

**We will:**

- Carefully consider the results of the National Inpatient Survey in our Patient Experience Steering Group alongside insights from other patient experience information sources including Friends and Family Test results, Patient Advice and Liaison Service data and complaints data. We will engage with frontline staff to identify and share good practice;
- Continue to focus on the discharge process and, within this, improving our communication with patients and families.

Staff recommending the Trust to family and friends	Trust 2017	Trust 2018	NHS Staff Survey Average Score 2018	NHS Staff Survey Highest 2018	NHS Staff Survey Lowest 2018
Percentage of staff who would be happy with the standard of care provided by the organisation	65.1%	66.6%	69.9%	90.3%	49.2%

These results are presented in the context of the best, average and worst results for similar organisations taken from the 2018 NHS Staff Survey. The question asked is: *If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.*

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- The data published by the Information Centre is consistent with the staff survey results received by the Trust the 2015, 2016, 2017 and 2018 staff surveys. The results of the annual staff survey are reported to the Board of Directors.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:**

- The results of the 2018 survey will be used to fully evaluate the actions which were taken in response to the 2017 survey;
- Staff and Patient suggestions will be used to inform decisions;
- Improved communication between staff and senior managers. Specifically, feedback

- will be provided about how staff and patient suggestions have been used;
- Incident reporting procedures are and should be seen to be fair and effective.

**We will:**

- Continue to encourage all of our staff to complete the Staff Friends and Family Test. This will give valuable feedback which we will use to improve outcomes for our patients;
- The results will also be used to inform a corporate action plan to address the worse ranking scores and those which have deteriorated.

**The latest staff survey results were presented to the Board in February 2019.**

<b>Patients admitted and risk assessed for venous thromboembolism</b>	<b>Trust Oct – Dec 2017</b>	<b>Trust Oct - Dec 2018</b>	<b>*NHS Average Oct - Dec 2018</b>	<b>Highest Trust Oct – Dec 2018</b>	<b>Lowest Trust Oct – Dec 2018</b>
Percentage of patients risk assessed	98.24%	97.84%	95.37%	100.00%	54.86%

\*Average total for England was 95.65%

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- Compliance with venous thromboembolism (VTE) assessments is reported monthly to the Board of Directors as part of the integrated Board Report. Compliance is also reported on Signal, the Trust's electronic activity and performance monitoring dashboard. The above data is consistent with locally reported data.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:**

- Continuing to measure and report compliance with VTE risk assessments as described above.

**We will:**

- Continue to monitor and report compliance with VTE assessments as described above to ensure that performance continues to meet and exceed the required standards.

<b>Clostridium difficile infection (for patients aged 2 and over)</b>	<b>Trust 2016-17</b>	<b>Trust 2017-18</b>	<b>NHS average 2017-18</b>	<b>Highest Trust 2017-18</b>	<b>Lowest Trust 2017-18</b>
Trust apportioned cases - rate per 100,000 bed days ( <i>HO Hospital Onset rate</i> )	13.3	13.2	13.2	91.0	0.0

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- Clostridium difficile Infection incidence is reviewed and discussed at the Trust Infection Prevention and Control Steering Group (TIPSG), Quality and Safety briefing and at Post Infection Review (PIR);
- Incidence of all Healthcare Associated Infection (HCAI) is reported to the Quality Committee and the Trust Board via the quarterly Director of Infection Prevention and Control report that aims to assure the Board of action and mitigation in relation to HCAI and infection prevention performance;
- HCAI is also reviewed and actions agreed at the Trust Infection Prevention and Control Steering Group (TIPSG) and with Directorate leads at Performance and Assurance Meetings lead by the Chief Nurse, Chief Executive and Finance Director.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services by:**

- Continuing to monitor progress against trajectory through multi-disciplinary Post Infection Review (PIR) of all cases overseen by the clostridium difficile Operational Group;
- Through PIR and case follow up, continually and critically monitoring and auditing infection prevention practices to ensure they reflect best practice and enhance patient safety;
- Audit and monitoring of antibiotic prescribing remains a key priority for the Trust's Antimicrobial Stewardship Team. Compliance with antibiotic prescribing is reported to the Quality and Safety Committee via the TIPSG and to the Board of Directors. Audit results are also disseminated to individual consultants, clinical directors and matrons for information and action;
- Ward based training and education sessions are delivered to staff in high incidence areas to address and raise awareness of PIR outcome and best practice in line with Trust IP policies/guidelines with subsequent dissemination at PNLF, Senior Nurse meetings and Medical Staff training. PIR outcomes and lessons learnt are also disseminated via staffroom and case studies are developed to assist understanding and learning.

**We will:**

- Continue with PIR and dissemination to staff of lessons learnt to inspire and generate improvement. Audit of compliance with best practice and antimicrobial



- stewardship will continue together with seeking new initiatives to reduce incidence;
- Continue to report progress to the Quality Committee and the Board of Directors in the Director of Infection Prevention and Control quarterly report which as previously described, provides assurance to the Board of Directors that initiatives continue to be developed aimed at achieving sustainable reduction in HCAI;
  - Continue to discuss incidence and risk at weekly quality and safety briefings to identify and agree action required.

<b>Patient safety incidents and the number of incidents resulting in severe harm or death</b>	<b>Trust Apr - Sep 17</b>	<b>Trust Oct 17 - Mar 18</b>	<b>Average Oct 17 – Mar 18</b>	<b>Highest Trust Oct 18 - Mar 18</b>	<b>Lowest Trust Oct 17 - Mar 18</b>
Rate of patient safety incidents	38.5	41.1	42.6	124.0	24.2
*Number of incidents resulting in severe harm or death	29	40	19	99	0
% of incidents resulting in severe harm or death	0.45	0.58	0.37	1.55	0

Note – data represents acute non specialist trusts only.

\*Not all Trusts reported over a 6 month period (*the overall numbers for incidents for this reason*)

The rate of patient safety incidents is based on per 1,000 bed days. The data is taken from information reported to the National Learning and Reporting System (NLRS).

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- All incidents of severe harm or death are validated by the Deputy Director of Patient Safety and the Deputy Director of Healthcare Governance prior to being reported to the National Patient Safety Agency.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this rate, number and percentage, and so the quality of its services by:**

- Holding weekly quality and safety briefings and ensuring that appropriate action is taken in response to any issues raised. These meetings between the Medical Director, Director of Nursing, Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and Assistant Director of Nursing are held to discuss quality and safety issues, which includes deaths, serious incidents, critical incidents, adverse incidents, and safety alerts;
- Information on numbers of patient safety incidents and those resulting in severe harm or death are reported monthly to the Quality Committee and the Board of Directors as part of the Quality and Safety, Workforce, Finance, Research and Development and Performance Integrated Report.

**We will:**

- Continue to hold our weekly quality and safety briefings and take action to address any issues raised, and continue to validate all incidents of severe harm and death.

Family and friends test score (patient element)	Trust Jan - 2018	Trust - Jan 2019	NHS average - Jan 2019	Highest Trust - Jan 2019	Lowest Trust - Jan 2019
Inpatient % recommend	98%	97%	95%	100%	76%
A&E % recommend	87%	86%	87%	100%	60%

Note – data for NHS Trusts only.

\*Total for England was 95%

\*\*Total for England was 86%

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- Matrons act as the lead for the Friends and Family Test within their clinical areas. Response rates and recommend rates are part of performance reports. Emergency Department performance remains a challenge and is kept under close review. Narrative responses show that the main cause of ED dissatisfaction is linked to waiting times.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services by:**

- Each ward receives a monthly report with their Friends and Family Test results. The Patient Experience Team highlights themes and trends and engages with matrons to support celebration of success and improvement actions;
- The Trust has also implemented text messaging to gather more information.

**We will:**

- Continue to monitor performance with the FFT with regular updates to the Quality Committee.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Trust 2017	Trust 2018	NHS Staff Survey Average 2018	NHS Staff Survey Highest (Worst) Trust 2018	NHS Staff Survey Lowest (Best) Trust 2018
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months – Managers*	12.4%	11.3%	12.1%	20.5%	8.0%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months – Other colleagues*	18.6%	20.4%	18.4%	25.8%	14.4%

\*These results are presented in the context of the best, average and worst results for similar organisations taken from the 2018 NHS Staff Survey.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

The results of the annual staff survey are reported to the Board of Directors. The data is consistent with that reported to the Board of Directors.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services by:**

- The results of the 2018 survey will be used to evaluate the actions which were taken in response to the 2017 survey;
- The Trust has revised the policy on challenging bullying and harassment and trained some staff to hear and investigation allegations. In the autumn of 2018 the Trust piloted the rollout of a new line manager training system called Influencing Culture and Role Modelling Positive Behaviours – a development workshop aimed at all managers and supervisors.

**We will:**

- The results will also be used to inform a corporate action plan to address the worse ranking scores and those which have deteriorated;
- Department level data will be shared as appropriate so it can also be determined whether additional local level actions are required for department or Directorate specific issues.

Percentage of staff believing that the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Trust 2017	Trust 2018	NHS Staff Survey average 2018	NHS Staff Survey Highest Trust 2018	NHS Staff Survey Lowest Trust 2018
Percentage of staff believing that the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?*	89.7%	87.8%	85.5%	91.5%	70.5%

\*These results are presented in the context of the best, average and worst results for similar organisations taken from the 2018 NHS Staff Survey.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

The results of the annual staff survey are reported to the Board of Directors. The data is consistent with that reported to the Board of Directors.

**The York Teaching Hospital NHS Foundation Trust intends has taken the following actions to improve this score, and so the quality of its services by:**

- The results of the 2018 survey will be used to fully evaluate the actions which were taken in response to the 2017 survey.

**We will:**

- The results will also be used to inform a corporate action plan to address the worse ranking scores and those which have deteriorated. Department level data will be shared as appropriate so it can also be determined whether additional local level actions are required for department or Directorate specific issues.

## Part 3 – Other Information

### 3.1 In More Detail Performance for the last 12 months

#### 3.1.1 Quality Priorities set in 2017-18 for 2018-19

Key	Green	Achieved
	Amber	Partially Achieved (more than 50%)
	Red	Not Achieved (less than 50%)

Patient Safety – we said		
By the End of March 2019, we will ensure that:		
SAFER patient bundle - We will implement the SAFER patient bundle throughout our adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients by:	How did we do in 2018-19	How did we do in 2017-18
<b>Effective ward and board rounds;</b>  There is now full coverage of effective multi-disciplinary team (MDT) daily board rounds and / or wards rounds on all adult in patient wards across York, Scarborough, Johnson ward in Bridlington and all the inpatient community units.  The next phase is to work with the teams to develop excellence in these board rounds and to be able to answer the 4 key questions for patients; What is my diagnosis, What will be happening today, What do I need to achieve to go home and When might I go home.	GREEN	AMBER
<b>Ensuring that all patients have an estimated date of discharge;</b>  Within the Trust we use discharge status as proxy for EDD. We have 5 key categories and all patients have this recorded electronically and displayed on both the ward white board and within the nurse shift to shift handover.	GREEN	RED
<b>Ensuring early in the day flow from assessment units;</b>  Within the Trust we have several assessment units, Cherry ward and SAU in Scarborough and AMU/ AMUB, and SAU in York. These assessment units on both sites have worked hard to both increase their number of direct discharges and so reduce overnight stays as well as preparing their patients who need on ward care in a downstream ward to be transferred before midday.  The flow of patients from assessment units to down stream wards is improving but we still need to improve the transfer of patients by 10am. We are working on ward discharge figures to help support an understanding of how many patients need to be transferred to a down stream ward in order to support new admission or new patients referred from ED.	AMBER	RED

<p><b>Ensuring that patients are discharged early in the day;</b></p> <p>The aim of the SAFER work is for 33% of patients to be discharged before midday. We currently perform at between 20 and 25% of discharge before midday. The proportion of patients being discharged early in the day has improved slightly but there is still more work to do. To facilitate the freeing of beds earlier in the day and so support flow from our EDs and assessment units there are three key work streams:</p> <ul style="list-style-type: none"> <li>• Increasing the utilisation of the discharge lounge so that patients who are ready to leave can wait for their transport in this environment;</li> <li>• Improving the forward planning of discharge through developing excellence in MDT board rounds and the 4 questions as identified above;</li> <li>• Improving the proactive pull of patients from acute wards to community IPU's and so enabling transfers to be made in the morning rather than the afternoon.</li> </ul> <p>Our ambition is for 33% of discharges or transfers to have occurred by midday. Currently, we perform at 25% which is an increase. But there is more to do. For the discharge lounge we have an ambition of 40% of all discharges to go through this facility.</p>	AMBER	RED
<p><b>Proactive review of patients with a long length of stay.</b></p> <p>All patients on the adult in patients wards with a long length of stay (ie over 7 days) on the York, Scarborough Johnson ward and IPU's in the community has a daily review of care and actions required as part of the daily board rounds and ward rounds. In addition to this daily process, the Scarborough and York sites have established a weekly MADE (multiagency discharge event) with system partners to review any patients within acute and community inpatient beds who are medically and MDT fit for discharge, but who are unable to leave the acute or community sites due to waits for services that are needed to meet their needs in the community. The purpose of MADE is to, with system partners, agree a solution for these patients that can expedite their date for discharge and so support our patients to move onto a place which is better suited to meet their needs. This weekly meeting has been agreed by the complex discharge steering group to continue as business as usual. From the MADE events we collect the reasons for this delay in discharge and these themes are brought forwards to the complex discharge steering group for system resolution.</p> <p>Weekly MADE are in situ on both sites with all system partners present. Wards are completing a daily review of all patients as part of the board rounds with local resilience frameworks and escalation plans in situ to support escalation for any un-necessary delays. However, more work is required in 2019-20 to create system resilience and reduce delays still being experienced by patients who</p>	GREEN	AMBER

no longer require a health setting (acute or community) to meet their needs.		
<b>Early identification of the deteriorating patient and reducing the impact of antimicrobial resistance</b> - Early identification of the deteriorating patient (National Early Warning System (NEWS) of 5 or more) and reducing the impact of the antimicrobial resistance by (CQUIN):	How did we do in 2018-19	How did we do in 2017-18
<b>Timely identification of patients with sepsis in emergency departments and acute inpatient settings;</b>  We have continued to maintain screening above 90% in the Emergency Departments during Q4 and inpatient screening was above 90% in Q4 for the first time in 2018-2019.	GREEN	GREEN
<b>Timely treatment of sepsis in emergency departments and acute inpatient settings;</b>  During Q3 54% of our patients in the Emergency Departments with severe sepsis received their antibiotics within an hour. The Trust committed that by the end of Q4 we would have met the target of 50% of patients receiving antibiotics within an hour. This has been made possible through identification of barriers and multiple quality improvement projects, several of which have been initiated and led by front-line staff.  During Q3 54% of our patients in the Emergency Departments with severe sepsis received their antibiotics within an hour. The Trust committed that by the end of Q4 we would have met the target of 50% of patients receiving antibiotics within an hour. This has been made possible through identification of barriers and multiple quality improvement projects, several of which have been initiated and led by front-line staff.  During Q4 the Trust has been working in partnership with Hull University as part of a service improvement project. Staff from a variety of disciplines have been invited to participate in semi-structured interviews with the aim of having a better understanding of the barriers and challenges that staff experience when recognising and escalating patients who deteriorate in our care. The themes that emerge through this project will be addressed by the deteriorating patient group.	AMBER	AMBER
<b>Clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours;</b>  A sepsis champions' network across the Trust is being planned. The first meeting was on 8 April 2019.	AMBER	GREEN
<b>Reduction in antibiotic consumption per 1,000 admissions;</b>  The Trust is participating in the ARK study. The baseline rate for stopping antibiotics within this timeframe was 10% in medicine at York, consistent with the national average. Since ARK started in June	RED	RED

2018 there has been a sustained increase in this proportion to approximately 20%. A plan to roll it out further across the hospital within the next few months is currently under development.		
<b>Infection, Prevention &amp; Control (IPC)</b>	<b>How did we do in 2018-19</b>	<b>How did we do in 2017-18</b>
<p><b>To embed IPC in Directorates ensuring a named IPC lead in each Directorate;</b></p> <ul style="list-style-type: none"> <li>• Q1 – identify Directorate responsibilities within the team, and contact Directorates.</li> <li>• 5 Directorates to have KPIs agreed Q2,</li> <li>• 5 Directorates Q3, and</li> <li>• all by the end of Q4, by which time they should be starting to come through the PSQ-PAM process.</li> </ul> <p>Due to the planned organisational restructure into Care Groups, it has been agreed to wait and embed the infection prevention team into the Care Groups as they are formed.</p> <p>This Quality Priority has been rolled over to 2019-20.</p>	RED	New for 18-19
<b>Clinical Effectiveness and Outcomes – we said</b>		
<b>By the End of March 2019, we will ensure that:</b>		
<b>7 Day Services</b> - The four priority clinical standards for seven day services in hospitals are achieved by:	<b>How did we do in 2018-19</b>	<b>How did we do in 2017-18</b>
<ul style="list-style-type: none"> <li>• <b>ensuring a review of patients within 14 hours of admission to hospital;</b></li> <li>• <b>ensuring timely access to diagnostics;</b></li> <li>• <b>access to consultant delivered interventions;</b></li> <li>• <b>on-going consultant directed review.</b></li> </ul> <p>At the time of the spring audit in 2018, the Trust was compliant with all four clinical standards as follows:</p> <ul style="list-style-type: none"> <li>• CS2 –(time to first consultant review) 91%</li> <li>• CS5 –(access to diagnostics) 100%</li> <li>• CS6 –(access to interventions) 100%</li> <li>• CS8 –(ongoing reviews) 96%</li> </ul> <p>In October, guidance was re issued with a self-assessment as part of a Board Assurance Framework for 7 day services. This process was a pilot phase and such Trusts were able to use previously collected data from the 7 day services audit undertaken in Q4 2017-18.</p> <p>Whilst the data has been used for self-assessment, it should be noted that whilst compliance of 90% is required this is no longer an aggregated score and compliance will be required for both weekend and weekday.</p>	AMBER	GREEN



A different measure for 14hr Senior Review by site is reported via the monthly Board performance pack; each main site is measured against a trajectory agreed with the CCG. Performance during Q3 declined on the Scarborough site, so further audit of reviews within 14 hours is currently underway and will be reported in Q1 2019-20.		
<b>Dementia – Governor Priority</b>	<b>How did we do in 2018-19</b>	<b>How did we do in 2017-18</b>
<b>Over 90 per cent of patients (aged 75 or over) acutely admitted with delirium or dementia, have a dementia specific assessment.</b>  This is reported as part of the External Audit Report on page 262.	AMBER	New for 18-19
<b>Maternity/Still Births</b>	<b>How did we do in 2018-19</b>	<b>How did we do in 2017-18</b>
<b>A 20% reduction in still births by 2020</b>  The 20% decrease in still births was achieved in 2018-19 (the national measure is 20% reduction by 2020).	GREEN	New for 18-19
<b>A 20% increase in continuity of care by 2019</b>  The three Continuity of Care models implemented in January 2019 achieved our predicted 10% (10.7%) in March 2019. We did not achieve the national standard of 20%.  The three Continuity of Care models are: <ol style="list-style-type: none"> <li>1. Women who have a multiple pregnancy;</li> <li>2. Low risk women in a community team caseload;</li> <li>3. Women from an integrated team of midwives from community and the hospital.</li> </ol>	AMBER	New for 18-19
<b>Patient Experience – we said</b>		
<b>By the End of March 2019, we will ensure that:</b>		
<b>Night Owl Initiative</b>	<b>How did we do in 2018-19</b>	<b>How did we do in 2017-18</b>
<b>Engage front line staff in the Night Owl initiative to reduce noise and disruption at night and help patients get a good night's sleep in hospital.</b> <ul style="list-style-type: none"> <li>• Receive fewer than 10 complaints this year regarding noise at night</li> <li>• All wards know how to order Night Owl packs</li> </ul> In 2018-19 there were two logged complaints which include concerns about noise at night, one regarding staff chatting noisily, the other a	GREEN	GREEN

<p>more general concern about noise levels on the ward. Ward staff routinely order packs by getting in touch with the Patient Experience Team so this system is working effectively.</p> <p>Additionally the latest national inpatient survey results show a significant improvement in the question regarding noise at night (caused by staff). We do however have an ambition to improve responses to the question regarding noise at night caused by other patients.</p> <p>All wards display patient and visitor information boards and these include information about Night Owl. Sleep packs continue to be ordered by wards showing there is still engagement with this work.</p>		
<b>Complaints</b>	<b>How did we do in 2018-19</b>	<b>How did we do in 2017-18</b>
<p><b>Learning from the pilot in 2016-17, implement a regular complaints audit looking at delivery of action plans;</b></p> <p>Complaints audit conducted on a quarterly basis and reported to the Patient Experience Steering Group</p>	GREEN	AMBER
<p><b>Design and deliver complainant satisfaction survey Q3 – Q4 and pilot to monitor satisfaction with the process;</b></p> <p>The first set of complainant satisfaction surveys were sent out in February 2019, using best practice from NHS England, and will now be undertaken on a quarterly basis.</p>	GREEN	AMBER
<p><b>Review of Complaints Policy January 2019;</b></p> <p>It was agreed at the Patient Experience Group meeting in January 2019 to postpone the review until after the Organisational restructure. The revised review date is December 2019. In January 2019 the patient experience team carried out a staff survey to gain feedback from staff involved in complaint management. The results of this survey will inform the revisions to the policy and processes, ensuring that they are fit for purpose. In addition, the Patient Experience Team will undertake engagement events with the new Care Group teams.</p>	AMBER	New for 18-19
<b>Volunteering</b>	<b>How did we do in 2018-19</b>	<b>How did we do in 2017-18</b>
<p><b>Develop and recruit to the volunteering roles which promote peer support, release staff time to care and improve patient experience of discharge;</b></p> <ul style="list-style-type: none"> <li>• Offer extended training to volunteer visitors to become specialists, eg Visitors for those at End of Life or with Dementia;</li> </ul>	AMBER	GREEN

<p>Our active volunteers continue to contribute in roles such as Dining Companion, Visitor, Clinic Liaison and Chaplaincy. We have also introduced a new volunteering role in the Emergency Department.</p> <p>Many volunteers have taken the opportunity to carry out their Dementia Friends training and/or attend a session about ageing well. These volunteers are now better equipped to visit people with dementia and their carers. The Lead Nurse for End of Life Care across the Trust has offered to run training sessions for our volunteers. There is some crossover with training that Chaplaincy volunteers have carried out so discussions are ongoing about this training.</p>		
<ul style="list-style-type: none"> <li><b>With discharge teams, develop volunteer role specific to this area;</b></li> </ul> <p>The Patient Experience team is represented on a project looking at how to improve the access to and use of the discharge lounge. As part of this we are considering options for volunteering roles and expect to finalise the role description ready to advertise during the next cohort in May-June 2019. Volunteers would likely start in the role in September 2019.</p>	AMBER	GREEN

Performance against these measures has been monitored by the Quality and Safety Committee and latterly the Quality Committee, a sub-committee of the Board.

### 3.1.2 Trust Performance Against National Quality Indicators

Indicator	2017-18	Target 2017-18	Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19	Total 2018-19
Total time in ED under 4 hours – national*	86.49%	95%	88.48%	90.25%	89.36%	82.33%	87.78%
*The Trust is monitored on the total for the Trust (type 1) and (type 3) the minor injuries units Type 1 attendances at the main Emergency Departments only, compliance for 2017-18 was 76.92%							
Referral to treatment time, 18 weeks in aggregate, incomplete pathways		92%	84.0%	83.8%	82.3%	81.2%	81.2%
Cancer 2 week wait (all)	88.7%	93%	93.7%	85.7%	92.1%	90.5%	90.5%
Cancer 2 week wait Breast Symptomatic	95.9%	93%	95.5%	96.9%	95.3%	92.5%	94.9%
Cancer 31 days from diagnosis to first treatment	98.1%	96%	98.8%	98.4%	98.0%	97.2%	98.1%
Cancer 31 days for second or subsequent treatment – surgery	94.8%	94%	98.1%	95.2%	94.8%	93.5%	95.4%
Cancer 31 days for second or subsequent treatment – drug treatment	100%	98%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer 62 day wait for first treatment (urgent GP)	81.9%	85%	79.9%	76.4%	80.0%	81.8%	79.5%
Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)	92.4%	90%	91.4%	90.6%	92.0%	90.7%	91.1%
Diagnostics – 6 week wait referral to test		99%	96.2%	94.7%	93.7%	91.7%	91.7%

### 3.1.3 Recognising excellence

The Trust's Star Award is a monthly award presented to staff who go above and beyond the call of duty in the development or delivery of their services to improve patient care. It is awarded to teams or individuals who have made a real difference by:

- Improving patients' experience and/or safety;
- Living the values and beliefs of the organisation;
- Going the extra mile within or outside of the everyday workload;
- Demonstrating efficiency and value for money.

From April 2018 to March 2019, 422 nominations were received, of which 87 were from patients, relatives or visitors to the Trust.

The Trust also holds an annual awards ceremony to recognise and reward individual and team key achievements, and innovative ways of delivering great care. The event is a true celebration of the work undertaken, individually and collectively, every day as part of the NHS.

The award categories and winners for 2018 are detailed below.

Living our Values	Awarded to the Trust's Intensive Care Unit teams for the dignity and commitment they showed when a team member from the Scarborough unit sadly passed away.
Excellence in Partnerships	Awarded to LIVEX18, a year-long collaboration between the NHS and Army.
Efficiency and Productivity	Awarded to the Safer Care team for implementing new patient acuity software across all inpatient sites in just six months.
Innovation	Awarded to the York Rheumatology Specialist nurses for implementing innovative ideas to create a better service, including a new same day advice line.
Patient Experience	Awarded to a SCBU nursery nurse for introducing new innovations to make the experience of having a baby memorable and relaxed.
Patients' Choice	Awarded to a staff nurse for the care and compassion showed to a young downs syndrome patient who needed extra support and understanding to enable vital blood tests to be taken.
Charity Supporter of the Year	Awarded to a lifelong supporter of the charity and the York Orthopaedic Support Group for donating £27,500 since 2011 to the Orthopaedic Unit at York Hospital.
Volunteer of the Year	Awarded to a volunteer for supporting stroke rehab patients regain their communication skills.
Chair's Star of Stars	Awarded to Ward 17 for the love, care and compassion showed to a child, with long term complex illness, who required round the clock care during his 15 month stay on the ward.

Chief Executive's Unsung Hero	Awarded to the York and Scarborough Switchboard teams who every day, in every way, act as ambassadors for the Trust.
Chief Nurse Commendation	Awarded to the Influenza Planning team for their outstanding contribution during the winter's flu epidemic, working together to relieve pressure on hospital services.
Chief Executive's Outstanding Contribution	Awarded to the Mobile Chemotherapy Unit team, whose service helps patients with cancer to receive treatment nearer to home.

Healthwatch York Making a Difference awards - the following people and teams received awards: Dr Toomey, Pain Clinic, York Hospital; Jill Green and Lynne Ward, Dermatology, York Hospital; Jane, Magnolia Centre; Staff team Magnolia Centre; Acute Medical Unit team, York Hospital; Car Parking Staff, Malton Hospital; Eye Clinic staff team, York Hospital; A&E Staff team, York Hospital; Cardiology Unit, York Hospital.

### National Awards

Individual or Team Name	Role	Directorate	Site	Award Name	Winner or Finalist	Month & Year
James Turvill	Consultant Gastroenterologist	Acute & General Medicine	YH	HSJ	Shortlisted	Nov 2017
Stroke Team		Elderly Medicine	YH	Nursing Times	Shortlisted	Nov 2017
Catherine Gascoyne	Waiting List Co-ordinator	Theatre, Anaesthetics & Critical Care	YH	Community Pride Health Hero	Shortlisted	Nov 2017
Lisa Smith	Speak Up Guardian	CEO	YH		Shortlisted	Oct 2017
Catherine Gascoyne	Waiting list co-ordinator	Day Unit	YH	Health Hero in the Community Pride Awards, The Press	Winner (External)	Oct 2017
SNS Information Team	Information Team	SNS	Trust Wide	Unsung Hero Awards – Team of the Year	Finalist	Feb 2018
Estates, Portoring & Nursing BDH		Out Patients	BDH	Unsung Hero Awards – Life Saver Award	Finalist	Feb 2018
Kieran McDonnell	Network Specialist	SNS	Trust Wide	Unsung Hero Awards – Everyday Hero	Finalist	Feb 2018
Desktop & OD Team		SNS	Trust Wide	Unsung Hero Awards – Unsung Hero	Winner	Feb 2018
Dr John White	Consultant Physician – Respiratory	General Medicine	York	BTS Meritorious Service Award	Winner	Dec 2017

Security Team	Security	Facilities	Trust Wide	Outstanding Security Performance Awards	Finalist	2017
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Individual or Team Name	Role	Directorate	Site	Award Name	Winner or Finalist	Month & Year
Cancer Pathway Team c/o Jo Speak	Cancer Pathway	SNS	Trust wide	Unsung Hero Awards	Finalist	Feb 2018
Eden Galang	Nurse Specialist – Pancreatic Cancer	Specialist Medicine	YH	Health Professional Award – Pancreatic cancer UK	Winner	Mar 2018
Dr Hannah Marklew	Clinical Psychologist	Psychology	YH	Encephalitis Society Patient nominated award	Winner	Apr 2018
Ben Richardson	Advanced Clinical Specialist Respiratory Physiotherapist	Therapies	York	Queen's Award for Nursing & Regional Simulation Champion 2018	Recipient	Jul 2018
Louise Wells	Advanced Clinical Specialist Renal Dietitian	Therapies	York	Honorary Fellowship of the British Renal Society	Recipient	Jul 2018
Lydia Eyre	Trainee Clinical Physiologist-neurophysiology		York	Association of Neurophysiological Scientists' professional body prize for the best candidate in the practical EEG exam nationally in 2017	Recipient	Apr 2018
Claire Tuson & Familial Hypercholesterolaemia Team	Familial Hypercholesterolaemia Nurse		York	British Cardiovascular Society Highly commended Team of the year 2018' award	Recipient	Jul 2018

### **3.1.4 Statements from Key Stakeholders**

#### **Statement from the Council of Governors - 14 May 2019**

Members of the Council of Governors were sent this report to comment on and they feel the information contained within this detailed report accurately reflects the current position within the trust and highlights the areas that will require attention in the coming months / years. Governors have been kept up to date at the Council of Governors or by attending the public board by the Chair and other Executives and Non-Executive Directors and feel they are kept abreast of the current position within the trust and the areas of on-going concern, Despite the on-going financial position and staffing shortages, patients have always come first and every endeavour has been made to ensure they and their families receive the best possible care in whichever care setting within the organisation, hospital or community.

It will be of interest to the Council of Governors to hear about the progress being made to deliver the best possible services to patients and their families across all areas and we look forward to receiving regular updates.

Margaret Jackson, Lead Governor  
On behalf of Governor Colleagues  
May 2019

#### **Statement from City of York Council Scrutiny Services**

“York Health, Housing and Adult Social Care Policy and Scrutiny Committee has worked with York Teaching Hospital NHS Foundation Trust over the past year to help deliver effective health services in the area. This has taken the form of a report submitted to scrutiny on the initial engagement feedback of the New Home First Strategy and participation by the hospital in a scrutiny review into substance misuse in the City of York.

The committee recognises the pressures and challenges faced by the hospital in relation to workforce issues and the York Health Economy and their impact on the way key services are delivered to people in York in light of rising demand. The Committee is therefore committed to working professionally with the hospital with a shared aim of improving services for local people.

The Committee is continuing to monitor how the hospital and other NHS organisations are working together. The Health and Wellbeing Board, which reports annually to scrutiny is one example of a good forum for health partners including the hospital to develop and maintain strong working relationships through open, honest and respectful discussions.”

City of York Council  
May 2019



## **The Statement from the Chairman of the North Yorkshire County Council Scrutiny of Health Committee:**

Over the past 12 months, the North Yorkshire Scrutiny of Health Committee has continued to work with the York Teaching Hospital NHS Foundation Trust to better understand the financial, workforce and clinical pressures within the local health system and the measures that have been put in place to respond to them.

The Scrutiny of Health Committee has scrutinised the changes to hyper acute stroke provision at Harrogate District Hospital (part of the provision transferred to York), the NHS East Coast review, changes to outpatient oncology at Scarborough Hospital and new ways of working across health and social care that are being developed to deliver services in a large, rural and sparsely populated county like North Yorkshire. As in previous years, the trust has been highly supportive of this scrutiny work, which has been much appreciated. I would particularly like to thank Mike Proctor, the outgoing Chief Executive, for his commitment to the work of the committee.

The NHS nationally, regionally and locally is undergoing a sustained period of change both planned and reactive. The Scrutiny of Health Committee is committed to maintaining a system-wide view of services that helps to ensure that individual responses to individual problems do not lead to variations in health care provision which mean that people are disadvantaged by where they live in the county.

Over the next year, the Scrutiny of Health Committee looks forward to working with commissioners and providers on the development of integrated and sustainable systems of care in rural areas that use the assets that are currently available in new ways.

County Councillor Jim Clark  
Chairman, North Yorkshire Scrutiny of Health Committee  
2 May 2019

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8 May 2019

Mr Mike Proctor  
Chief Executive  
York Teaching Hospital NHS  
Foundation Trust  
Wigginton Road  
YORK

Dear Mr Proctor,

**RE YORK TEACHING HOSPITAL NHS FOUNDATION TRUST QUALITY REPORT  
2018/19**

On behalf of NHS Scarborough and Ryedale CCG, NHS East Riding of Yorkshire CCG, NHS Vale of York CCG is pleased to provide comments on York Teaching Hospital NHS Foundation Trust's Quality Report for 2018/19.

The past twelve months have seen unprecedented change and challenge across the whole of the health and social care system.

Significant pressures on services have resulted in the Trust continuing to underperform against the 4-hour Emergency Care Standard and the 62 Day waits for first treatment Cancer Standard due a number of significant challenges across the system. The diagnostic 6 week wait from referral to test standard has also proved challenging throughout 2018/19.

Compounded by population demand the shortages of both medical and nursing workforce continue to be recognised as a key challenge for the organisation. In response the Trust continue to successfully lead on the training and recruitment of innovative workforce models. These included Advance Clinical Practitioners and Nurse Associates. Additionally it is recognised that the Trust have initiated new models of delivery in response to the risks associated with patients waiting for assessment and treatment. Of particular note is the one stop dermatology clinic in Malton to address the underperformance against the cancer 2 week wait standard.

Increased Emergency Department attendance has impacted upon the Trust and patient flow has been compromised. The direct impact for patients has been highlighted with the continued high numbers of 12 hour trolley wait breaches specifically at Scarborough Hospital.

Referral to Treatment performance has continued to deteriorate as a result of these continued operational pressures. However we have worked in partnership with the Trust to improve the quality and safety of patient services. We are especially pleased to note the following achievements:-

- Increased engagement and collaborative working to improve the quality and streamline the management of Serious Incident investigations so that learning from actions is prioritised.
- CCG Quality Assurance visits to a number of theatre sites following Never Events. Positive cultures and practices were observed as well as the sharing of updated guidance and processes.
- Continued CCG attendance and contribution at the Falls and Pressure Ulcer panels
- CCGs attendance at Ward Accreditation visits has been positive as well as progressing discussions about our aim to progress CCG led quality assurance activity further in 2019/20.

The commitment the Trust has shown in its participation with both national and local audits is welcomed. However we have articulated our willingness to work closely with the Trust to continue to improve to improve processes and learning from Never Events and Serious Incidents through 2019/20.

York Teaching Hospital NHS Foundation Trust achieved the majority of the requirements of the 2018/19 Commissioning for Quality and Innovation (CQUIN) Scheme – but only partially met the national indicators for Sepsis and Staff Health & Wellbeing.

The Trust and CCGs are working together in response to the National CQUIN indicators for 2019/20 to provide continued opportunity for quality improvement for both acute and community services. This includes;

- NHS Staff Health & Wellbeing
- Three High Impact Actions to prevent Hospital Falls
- Antimicrobial Resistance - lower urinary tract infections (UTI) infections in Older People and Antibiotic Prophylaxis in Colorectal Surgery
- Stroke 6 month reviews
- Same Day Emergency Care – Pulmonary Embolus/Tachycardia/ Community Acquired Pneumonia

The CCGs recognise that you are committed to your priorities for 2019/20 and commend your renewed focus on patient quality and safety underpinned by your new Patient Safety Strategy. This clearly describes your ambition to support cultural changes and increased ownership of safety, governance and infection prevention within the new care groups. We recognise the priority of identification of recognition,

identification and management of deteriorating patients as well as the commitment to reduce antimicrobial prescribing.

The Trust and the CCGs have started to explore the opportunity of undertaking mortality reviews across the whole patient pathway. This will include supporting further understanding and improvements between primary and secondary care as well as increased system learning.

However the CCGs would like to note our concern about infection prevention and control issues, particularly the norovirus outbreaks which you acknowledge had a significant impact on hospital flow but more importantly on those patients and families affected.

The CCGs are pleased to have participated in the multi-agency review meeting and your commitment to support a robust system response in future. We will continue to support and influence these improvements. The CCGs are pleased to note the commitment to maintenance and capital investment which has been highlighted as contributory in infection prevention challenges.

As lead commissioner for York Teaching Hospital NHS Foundation Trust, NHS Vale for York CCG would like to commend the work of the Trust in 2018/19. We can confirm that with NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG, NHS Vale of York CCG are satisfied with the accuracy of this Quality Report. The CCGs look forward to working collaboratively with York Teaching Hospital NHS Foundation Trust in 2019/20.

On behalf of NHS Scarborough and Ryedale CCG, NHS East Riding of Yorkshire CCG, NHS Vale of York CCG is pleased to provide comments on York Teaching Hospital NHS Foundation Trust's Quality Report for 2018/19.

Yours sincerely



Michelle Carrington  
Executive Director Quality and Nursing  
NHS Vale of York Clinical Commissioning Group

Cc: Carrie Wollerton, Executive Nurse, NHS Scarborough and Ryedale CCG  
Paula South, Director of Quality and Governance/Lead Nurse NHS East Riding CCG

## Statement from Healthwatch York

Healthwatch York welcomed the opportunity to review and comment on the York Teaching Hospital Quality Accounts 2018-19. We feel that the priorities for improvement reflect a number of the priorities for people living in York.

We particularly welcome the priority to implement the SAFER patient bundle. We have previously recommended that discharge planning begins at admission, so are very pleased to see the measure of all patients having a discharge status set.

We welcome the work to reduce pressure ulcers, which compliments the work NHS Vale of York Clinical Commissioning Group have been doing with Care Homes across York on 'React to Red'. We welcome this system approach to a serious healthcare issue.

It is good to see the inclusion of patient stories and feedback about when things went well and when they didn't go so well.

## **Grant Thornton - Independent Practitioner's Limited Assurance Report to the Council of Governors of York Teaching Hospital NHS Foundation Trust on the Quality Report**

We have been engaged by the Council of Governors of York Teaching Hospital NHS Foundation Trust to perform an independent limited assurance engagement in respect of York Teaching Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

### **Scope and subject matter**

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of patients with a total time in Accident and Emergency (A&E) of four hours or less from arrival to admission, transfer or discharge
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

We refer to these national priority indicators collectively as "the indicators".

### **Respective responsibilities of the directors and Practitioner**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance issued by NHS Improvement.

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 Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2018/19".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and

supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2018 to 28 May 2018;
- papers relating to quality reported to the Board over the period 1 April 2018 to 28 May 2019;
- feedback from commissioners dated May 2019
- feedback from governors dated May 2019
- feedback from local Healthwatch organisations dated May 2019
- feedback from the Overview and Scrutiny Committee dated May 2019
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2019
- the national staff survey dated February 2019
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019;
- the Care Quality Commission's inspection report dated February 2018; and
- the NHS Improvement Quality Review Meeting Letters dated 24 January 2019 and 8 March 2019

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.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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.

This report, including the conclusion, has been prepared solely for the Council of Governors of York Teaching Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting York Teaching Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and York Teaching Hospital

NHS Foundation 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 in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). 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;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance to the categories reported in the Quality Report; 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 that can result in materially different measurements and can affect 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 of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

The scope of our limited assurance work has not included data quality on the non-mandated indicator, which has been determined locally by Governors as Dementia for York Teaching Hospital NHS Foundation Trust.

Our audit work on the financial statements of York Teaching Hospital NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as NHS York Teaching Hospital NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to York Teaching Hospital NHS Foundation Trust's



members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to York Teaching Hospital NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of York Teaching Hospital NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than York Teaching Hospital NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

## **Conclusion**

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

***Grant Thornton UK LLP***

**Grant Thornton UK LLP**

Chartered Accountants

Glasgow

28 May 2019

### 3.1.5 Statement of Directors' Responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS foundation trust annual reporting manual 2018-19* and supporting guidance *Detailed requirements for quality reports 2018-19*
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period 1 April 2018 to 24 May 2019;
  - papers relating to quality reported to the Board over the period 1 April 2018 to 24 May 2018;
  - feedback from Commissioners dated 8 May 2019;
  - feedback from Governors dated 14 May 2018;
  - feedback from local Healthwatch organisations dated 14 May 2019;
  - feedback from York Health, Housing and Adult Social Care Policy and Scrutiny Committee dated 23 April 2019;
  - feedback from North Yorkshire Scrutiny of Health Committee dated 2 May 2019;
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019;
  - the latest national patient survey 20 February 2018;
  - the latest national staff survey 26 February 2019;
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated 16 May 2019;
  - CQC inspection report dated 28 February 2018.
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

A large, stylized handwritten signature in black ink, likely belonging to the Chair of the board.

24 May 2019 .....Chair

A handwritten signature in black ink, likely belonging to the Chief Executive.

24 May 2019 .....Chief Executive

### 3.1.6 Glossary

**Board of Directors** - Individuals appointed by the Council of Governors and Non-Executive Directors. The Board of Directors assumes legal responsibility for the strategic direction and management of the Trust.

**Clostridium Difficile (C Diff)** - Clostridium difficile is a species of bacteria of the genus Clostridium that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora are wiped out by antibiotics.

**Care Quality Commission (CQC)** - The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. They aim to make sure better care is provided for everyone – in hospitals, care homes and people's own homes. They also seek to protect the interests of people whose rights are restricted under the Mental Health Act.

**Commissioning for Quality and Innovation (CQUIN) Payment Framework** - The CQUIN scheme was announced in *High Quality Care for All* (2008) and introduced through the new standard NHS contracts and the NHS Operating Framework for 2009-10. It is a key element of the NHS Quality Framework, introducing an approach to incentivising quality improvement. CQUIN schemes were mandated for acute contracts from 2009-10.

**Council of Governors (CoG)** - Every NHS Foundation Trust is required to establish a Council of Governors. The main role of the Council of Governors is threefold:

- **Advisory** – to advise the Board of Directors on decisions about the strategic direction of the organisation and hold the Board to account.
- **Strategic** – to inform the development of the future strategy for the organisation.
- **Guardianship** – to act as guardian of the NHS Foundation Trust for the local community.

The Chair of the Council of Governors is also the Chair of the NHS Foundation Trust. The Council of Governors does not 'run' the Trust, or get involved in operational issues.

**Department of Health (DH)** - The Department of Health is a government department with responsibility for government policy for health and social care matters and for the (NHS) in England. It is led by the Secretary of State for Health.

**Deteriorating Patient** - Sometimes, the health of a patient in hospital may get worse suddenly. There are certain times when this is more likely, for example following an emergency admission to hospital, after surgery and after leaving critical care. However, it can happen at any stage of an illness. It increases the patient's risk of needing to stay longer in hospital, not recovering fully or dying. Monitoring patients regularly while they are in hospital and taking action if they show signs of becoming worse can help avoid serious problems.

**Family and Friends Test** - From April 2013, all patients have been asked a simple question to identify if they would recommend a particular A&E department or ward to their friends and family. The results of this friends and family test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback.

**Methicillin-resistant Staphylococcus aureus (MRSA)** - MRSA is a bacterium responsible for several difficult-to-treat infections in humans. It may also be called multi-drug-resistant Staphylococcus aureus or oxacillin-resistant Staphylococcus aureus (ORSA). MRSA is, by definition, any strain of Staphylococcus aureus that has developed resistance to certain antibiotics.

**NHS Improvement** - NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding

providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.

**National Clinical Audits** - The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a set of centrally-funded national projects that provide local Trusts with a common format by which to collect audit data. The projects analyse the data centrally and feedback comparative findings to help participants identify necessary improvements for patients. Most of these projects involve services in England and Wales; some also include services from Scotland and Northern Ireland.

**National Confidential Enquiry into Patient Outcome and Death (NCEPOD)** - NCEPOD promote improvements in healthcare and support hospitals and doctors to ensure that the highest possible quality of safe patient care is delivered. NCEPOD use critical senior and appropriately chosen specialists to critically examine what has actually happened to the patients.

**National Early Warning System (NEWS)** - NEWS is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness. The more the measurements vary from what would have been expected (either higher or lower), the higher the score. The six scores are then aggregated to produce an overall score which, if high, will alert the nursing or medical team of the need to escalate the care of the patient.

**National Institute for Clinical Excellence (NICE) quality standards** - National Institute for Clinical Excellence (NICE) quality standards are a set of specific, concise statements that act as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

**Oxygen Saturation** - Oxygen saturation is a measure of how much oxygen the blood is carrying as a percentage of the maximum it could carry.

**Patient Reported Outcome Measures (PROMS)** - Patient Reported Outcome Measures are questionnaires that ask patients about their health before and after an operation. This helps to measure the results or outcome of the operation from the patient's point of view. This outcome is known as the 'health gain'. All NHS patients undergoing planned hip replacement, knee replacement, varicose vein or groin hernia surgery procedures are invited to fill in PROMS questionnaires.

**Pulse** - Measurement of a pulse is the equivalent of measuring the heart rate, or how many time the heart beats per minute. Your heart rate can vary depending on what you're doing. For example, it will be slower if you're sleeping and faster if you're exercising.

**Pressure Ulcers** - Pressure ulcers or decubitus ulcers, are lesions caused by many factors such as: unrelieved pressure; friction; humidity; shearing forces; temperature; age; continence and medication; to any part of the body, especially portions over bony or cartilaginous areas such as sacrum, elbows, knees, and ankles.

Pressure ulcers are graded from 1 to 4 as follows:

- Grade 1 – no breakdown to the skin surface
- Grade 2 – present as partial thickness wounds with damage to the epidermis and/or dermis. Skin can be cracked, blistered and broken
- Grade 3 – develop to full thickness wounds involving necrosis of the epidermis/dermis and extend into the subcutaneous tissues
- Grade 4 – present as full thickness wounds penetrating through the subcutaneous tissue.

**Respiratory Rate** - The number of breaths over a set period of time. In practice, the respiratory rate is usually determined by counting the number of times the chest rises or falls per minute. The aim of measuring respiratory rate is to determine whether the respirations are normal, abnormally fast, abnormally slow or non-existent.

The SAFER patient flow bundle blends five elements of best practice. The five elements of the SAFER patient flow bundle are:

**S – Senior review.** All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

**A – All patients** will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

**F – Flow** of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

**E – Early discharge.** 33% of patients will be discharged from base inpatient wards before midday.

**R – Review.** A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – ‘stranded patients’) with a clear ‘home first’ mindset.

**Secondary Uses Service (SUS)** - The SUS is a service which is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development. The service is provided by the Health and Social Care Information Centre.

**Summary Hospital-level Mortality Indicator (SHMI)** - The SHMI is a measure of deaths following hospital treatment based on all conditions, which occur in or out of hospital within 30 days following discharge from a hospital admission. It is reported at Trust level across the NHS in England using standard methodology.

**Supported Discharge** - Supported Discharge describes pathways of care for people transferred out of a hospital environment to continue a period of rehabilitation and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in hospital.

**Venous thromboembolism (VTE)** - VTE is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT). An embolism occurs if all or a part of the clot breaks off from the site where it forms and travels through the venous system. If the clot lodges in the lung a potentially serious and sometimes fatal condition, pulmonary embolism (PE) occurs.

Venous thrombosis can occur in any part of the venous system. However, DVT and PE are the commonest manifestations of venous thrombosis. The term VTE embraces both the acute conditions of DVT and PE, and also the chronic conditions which may arise after acute VTE, such as post thrombotic syndrome and pulmonary hypertension, both problems being associated with significant ill-health and disability.

**World Health Organisation (WHO) Surgical Safety Checklist** - The aim of the WHO checklist is to ensure that all conditions are optimum for patient safety, that all hospital staff present are identifiable and accountable, and that errors in patient identity, site and type of procedure are avoided. By following a few critical steps, healthcare professionals can minimise the most common and avoidable risks endangering the lives and well-being of surgical patients.

# Independent auditor's report to the Council of Governors of York Teaching Hospital NHS Foundation Trust

## Report on the Audit of the Financial Statements

### Opinion

#### Our opinion on the financial statements is unmodified

We have audited the financial statements of York Teaching Hospital NHS Foundation Trust (the 'Trust') and its subsidiary (the 'group') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statements of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a 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 adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Health Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018/19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2019 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018-19; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### 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 for the audit of the financial statements section of our report. We are independent of the group and 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.

### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

#### Overview of our audit approach

##### Financial statements audit



- Overall materiality: £9,100,000, which represents 1.74% of the group's gross operating costs (consisting of operating expenses and finance expenses).

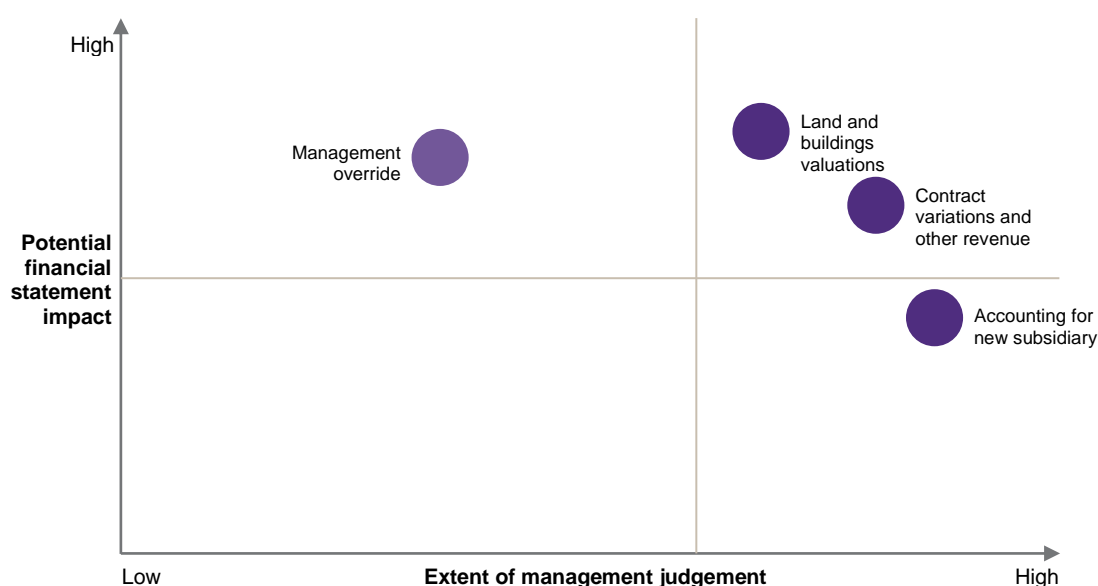
- Key audit matters were identified as:
  - Accounting for a new subsidiary;
  - Revenue recognition: Occurrence and accuracy of contract variations income and other operating income and existence of associated receivable balances; and
  - Valuation of land and buildings.
- The group consists of two components – the Trust and its wholly-owned subsidiary York Teaching Hospitals Facilities Management Limited Liability Partnership (YTHFM LLP). We performed a full scope audit of York Teaching Hospital NHS Foundation Trust and analytical procedures on YTHFM LLP.
- 99% of group income, 99% of group expenditure and 97% of group assets and liabilities were subject to testing during the audit.

**Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

- We identified two significant risks in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources regarding the Trust's financial governance and partnership working with the Trust's new subsidiary, YTHFM LLP (see Report on other legal and regulatory requirements section).

**Key audit matters**

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit



of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
<p><b>Risk 1: Accounting and disclosure of newly created component (YTH FM LLP)</b></p> <p>In March 2018, the Trust established a new subsidiary, YTHFM LLP.</p> <p>The subsidiary commenced trading on 1 October 2018, when services and approximately 1,000 staff were transferred from the Trust to the LLP. These services cover estates, facilities procurement, construction, and capital asset maintenance.</p> <p>The Trust entered into a number of agreements with this newly created LLP, which cover the leasing of land, buildings and equipment from the Trust to YTHFM LLP. These agreements gave rise to a number of complex and material accounting transactions.</p> <p>We therefore identified the accounting transactions associated with the creation of YTHFM LLP as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>• Considering the key agreements in order to gain an understanding of the arrangements in place between the Trust and YTHFM LLP;</li> <li>• Discussing with key group personnel, the underlying substance of the transactions and the basis of the Trust's accounting treatment of the arrangements in place with YTHFM LLP;</li> <li>• Critically assessing the economic substance of the transactions and the appropriateness of the accounting treatment adopted by the group for the new subsidiary, including the VAT treatment and compliance with the Department of Health and Social Care (DHSC) group accounting manual 2018-19 and other relevant accounting guidance;</li> <li>• Obtaining advice from our own accounting and taxation specialists within the firm; and</li> <li>• Testing the consolidation process, including the alignment of the subsidiary's accounting policies for the purposes of the group financial statements.</li> </ul>
	<p>The group's accounting policy on consolidation is shown in note 1.3 to the financial statements and related disclosures are included in notes 1.24.1, 21 and 21.1.</p>
	<p><b>Key observations</b></p> <p>We obtained sufficient audit evidence to conclude that the group's accounting policy for consolidation and accounting for its subsidiary complies with the DHSC group accounting manual 2018-19 and has been properly applied.</p>
Key Audit Matter – Trust	How the matter was addressed in the audit – Trust
<p><b>Risk 2: Occurrence and accuracy of contract variations income and other operating income and existence of associated receivable balances</b></p> <p>The Trust's significant income streams are operating income from patient care activities and other operating income.</p> <p>Over 86% of the Trust's operating income is from patient care activities and contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust.</p> <p>The Trust recognises income from patient care activities during the year based on the completion of these activities. This includes block contract income which is agreed in advance at a fixed price, and contract variations.</p> <p>Patient care activities provided that are additional to those incorporated in the block contracts with commissioners are subject to verification and agreement of the completed activity by commissioners. As such, there is a risk that income is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners. Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>• Evaluating the Trust's accounting policies for recognition of income for appropriateness and compliance with the DHSC group accounting manual 2018-19;</li> <li>• Updating our understanding of the Trust's system for accounting for income and evaluating the design of the associated controls.</li> </ul> <p>In respect of contract variations income:</p> <ul style="list-style-type: none"> <li>• Obtaining an exception report from the DHSC that details differences in reported income and expenditure and receivables and payables between NHS bodies, agreeing the figures in the exception report to the Trust's financial records and obtaining supporting information for all differences over £300,000 to corroborate the amount recorded in the financial statements by the Trust;</li> <li>• Agreeing, on a sample basis, contract variations income to invoices and subsequent cash receipts or, for cases in our sample where cash was yet to be receipted, to alternative evidence;</li> <li>• Evaluating and challenging estimates and judgements made by management in respect of contract variations income.</li> </ul>

## Key Audit Matter – Trust

## How the matter was addressed in the audit – Trust

The Trust also receives other operating income which is predominantly in respect of Provider Sustainability Funding (PSF), non-patient care services and other contract income. The risk around other operating revenue is related to the improper recognition of revenue. We have not identified a significant risk of material misstatement in relation to education and training income as it is principally derived from contracts agreed in advance at a fixed price.

We therefore identified occurrence and accuracy of contract variations income and other operating income (excluding education and training income) and existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.

### Risk 3: Valuation of land and buildings

The valuation of land and buildings of £191.8 million represents a significant balance on the Trust's Statement of Financial Position.

The Trust revalues its land and buildings on a regular basis to ensure that the carrying value is not materially different from current value in existing use. The Trust carried out a full revaluation exercise in 2018-19.

The impact of this re-valuation in 2018/19 was a net impairment of £13.4 million and an overall fall in the valuation of the Trust's estate of £55.7 million as at 31 March 2019.

The valuation of land and buildings is based on key accounting estimates which are sensitive to change in assumptions and market conditions. One of the key assumptions that was made concerned the treatment of VAT in the valuations.

We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.

In respect of other operating income

- Agreeing, on a sample basis, other income and associated receivables to invoices and cash payment or alternative evidence; and
- Agreeing PSF income to year end confirmation from DHSC.

The group's accounting policy on income recognition is shown in note 1.4 to the financial statements and related disclosures are included in notes 3 and 4.

### Key observations

We obtained sufficient audit evidence to conclude that:

- the Trust's accounting policy for recognition of income complies with the DHSC group accounting manual 2018-19 and has been properly applied; and
- income from contract variations and other operating income and the associated receivable balances is not materially misstated.

Our audit work included, but was not restricted to:

- Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work;
- Evaluating the competence, capabilities and objectivity of the Trust's valuation expert;
- Discussing with the Trust's valuer the basis on which the valuations were carried out and challenging the key assumptions applied;
- Assessing and challenging the key assumptions made by management concerning the treatment of VAT in the valuations;
- Testing the information used by the valuer to assess its completeness and consistency with our understanding; and
- Testing, on a sample basis, revaluations made during the year to ensure they have been recorded accurately in the Trust's asset register and accounted for in line with the Trust's accounting policies.

The group's accounting policy on valuation of land and buildings is shown in note 1.7 to the financial statements and related disclosures are included in notes 16, 17 and 19.

### Key observations

We obtained sufficient audit evidence to conclude that:

- the basis of the valuation of land and buildings was appropriate, and the assumptions and processes used by management in determining the estimate were reasonable;
- the valuation of land and buildings disclosed in the financial statements is reasonable.

## Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£9,100,000 which is 1.74% of the group's gross operating and finance costs. This benchmark is considered the most appropriate because we consider users of	£9,000,000 which is 1.71% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial

Materiality Measure	Group	Trust
	the financial statements to be most interested in how the group has expended its revenue and other funding. There was no group materiality for the prior year as 2018/19 is the first year that the Trust has prepared consolidated financial statements.	statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is set at a slightly lower percentage level of gross operating expenses than for the year ended 31 March 2018 (1.75%). This is to reflect the impact of the establishment of YTHFM LLP on the Trust's financial statements.
Performance materiality used to drive the extent of our testing	70% of group financial statement materiality.	70% of Trust financial statement materiality.
Specific materiality		The senior officer remuneration disclosure in the Remuneration Report has been identified as an area requiring specific materiality of £5,000 based on the disclosure bandings, due to its sensitive nature.
Communication of misstatements to the Audit Committee	£300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Group



Overall materiality – Trust



■ Tolerance for potential uncorrected mis-statements ■ Performance materiality

### An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Obtaining an understanding of and evaluating the group's internal control environment including its IT systems and controls over key financial systems and processes.
- Evaluation of identified components to assess the significance of each component and to determine the planned audit response based on a measure of materiality and the significance of the component as a percentage of the group's total income, assets and liabilities.
- Full scope audit procedures on York Teaching Hospital NHS Foundation Trust, which represents over 99% of the total income and expenditure of the group, and over 97% of its total assets less current liabilities.
- Performing analytical audit procedures on York Teaching Hospital Facilities Management LLP which represents less than 2% of the group's income and expenditure, and less than 2% of its total assets less current liabilities.

There are no significant changes to the scope of our audit compared to prior year.

## Other information

The Accounting Officer is 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 the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee. Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### **Our opinion on other matters required by the Code of Audit Practice is unmodified**

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2018/19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the 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

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, 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.

We have nothing to report in respect of the above matters.

### **Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements**

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2018/19, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

### **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 the 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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

### **Qualified conclusion**

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2017, except for the effects of the matter described in the basis for qualified conclusion section of our report, we are satisfied that, in all significant respects, York Teaching Hospital NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

### **Basis for qualified conclusion**

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

- In response to the Trust's deteriorating financial position, in February 2018 NHS Improvement (NHSI) commenced a formal investigation into the Trust's financial health. Following this review, on 30 April 2018 NHSI issued enforcement undertakings under Section 106 of the Health and Social Care Act 2012 which detailed breaches of conditions of the Trust's licence in relation to financial governance.

- The Trust identified 93 actions it needed to take to address the issues identified by NHSI and their recommendations.
- On 27 March 2019 the Chair of the Trust wrote to NHSI on behalf of the Board of Directors to confirm that they had taken 88 of these actions and formally requested that NHSI consider removing the enforcement undertakings. The enforcement undertakings remained in place at 31 March 2019.

There were weaknesses in the Trust's financial management arrangements during 2018/19, which gave rise to the enforcement undertakings issued by NHSI in April 2018. These matters are evidence of weaknesses in proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions during the year ended 31 March 2019.

### Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risk forming part of our qualified conclusion	How the matter was addressed in the audit
<p><b>Risk 1 Financial management and sustainability</b></p> <p>In 2017/18 the Trust planned to make a surplus of £3.2 million but reported a deficit of £20.1 million. It therefore did not receive £11.8 million of Sustainability Transformation Funding (STF).</p> <p>In February 2018 NHS Improvement (NHSI) performed a formal investigation of the Trust's compliance with its licence. This was carried out due to the significant deterioration of Trust's financial performance towards the end of 2017/18. NHSI published its report in April 2018, which included a number of recommendations.</p> <p>During 2018/19 the Trust continued to operate under significant financial pressures and planned to incur a deficit of £14.3 million, prior to receipt of Provider Sustainability Funding (PSF) income of £12.5 million.</p> <p>In order to deliver this budgeted outturn the Trust needed to make cost improvement savings of £21.7 million.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>• Continuing to monitor the Trust's financial position and considering the 2018/19 year-end outturn;</li> <li>• Evaluating the adequacy of cash resources in the context of the 2019-20 budget position and associated levels of Cost Improvement Plan (CIP) savings required to be achieved in 2019-20;</li> <li>• Evaluating progress made by the Trust in respect of its (CIP) savings for 2018-19 and the proportion achieved through recurrent and non-recurrent sources; and</li> <li>• Monitoring the action taken by the Trust to address NHSI's recommendations.</li> </ul> <p><b>Key findings</b></p> <p>We have qualified our conclusion in respect of this risk, as set out in the basis of qualified conclusion section of the report.</p> <p>We note that the Trust delivered its financial control total for 2018/19 agreed with NHSI, recording a £13.8 million deficit pre PSF funding. This is a £0.5m more favourable outcome against the planned control total position. The Trust delivered £24.8 million of CIPs in 2018/19, £3.1 million more than initially planned. Due to this overall performance the Trust received £2 million of additional PSF incentive funding.</p> <p>The Trust has set a balanced budget for 2019/20 which includes a £17.1 million Cost Improvement Plan target.</p>



## Significant risks not forming part of our qualified conclusion

## How the matter was addressed in the audit

### Risk 2 Partnership working with the Trust's new subsidiary

In March 2018, the Trust established a subsidiary, YTHFM LLP. It started trading on 1 October 2018, providing estates, facilities, procurement, construction and capital asset maintenance services. This was a significant undertaking for the Trust as it included transferring approximately 1,000 employees to YTHFM LLP.

If the Trust is to make a success of this initiative it needs to have appropriate governance arrangements and effective partnership working arrangements in place.

Our audit work included, but was not restricted to:

- Evaluating the Trust's governance arrangements, around obtaining appropriate Board approval, informing regulators and government bodies;
- Considering the consultations between the affected parties including Trust staff;
- Understanding the arrangements in place to obtain expert professional advice in relation to complex transactions; and
- Checking the finalisation of key documents around the partnership arrangements.

### Key findings

Overall, we identified there were appropriate arrangements in place around Partnership working with the Trust's new subsidiary

### Risk 3 Inspection and oversight of regulators – Care Quality Commission (CQC)

The CQC inspection report on the Trust published in February 2018 indicated that the Trust needed to improve in two out of the five domains inspected:

The Trust was awarded a 'good' rating for effective, caring and responsive services and 'required improvement' rating on safety and well-led services.

Our audit work included, but was not restricted to:

- Discussions with the senior management around implementation of CQC recommendations
- Monitoring the action taken by the Trust to address CQC's recommendations; and
- Evaluating the progress made in relation to its action plans during the year.

### Key findings

Overall, we identified appropriate arrangements in place to make progress against CQC recommendations that required improvement.

## Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

## Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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 in all significant respects, 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, and to report by exception where we are not satisfied.

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 to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

## **Report on other legal and regulatory requirements - Certificate**

We certify that we have completed the audit of the financial statements of York Teaching Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

### **Use of our report**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

***Gareth Kelly***

**Gareth Kelly, Key Audit Partner**

for and on behalf of Grant Thornton UK LLP, Local Auditor

**Glasgow**

**28 May 2019**



# **York Teaching Hospital NHS Foundation Trust**

**Annual accounts for the year ended 31 March 2019**



## York Teaching Hospital NHS Foundation Trust - Group & Trust Annual Accounts 2018-19

### Foreword to the accounts

#### York Teaching Hospital NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by York Teaching Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

York Teaching Hospital NHS Foundation Trust Annual Report and Accounts are presented to parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

**Signed**

A handwritten signature in black ink, appearing to read 'Mike Proctor'.

<b>Name</b>	<b>Mike Proctor</b>
<b>Job title</b>	<b>Chief Executive</b>
<b>Date</b>	<b>28th May 2019</b>

## Statement of Comprehensive Income

		Group		Trust	
		2018/19	2017/18	2018/19	2017/18
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	446,722	439,790	446,722	439,790
Other operating income	4	70,880	49,450	76,427	49,450
Operating expenses	6, 8	(520,435)	(501,680)	(526,064)	(501,680)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>(2,833)</b>	<b>(12,440)</b>	<b>(2,915)</b>	<b>(12,440)</b>
Finance income	11	154	88	169	88
Finance expenses	12	(862)	(502)	(891)	(502)
PDC dividends payable		(6,267)	(7,277)	(6,267)	(7,277)
<b>Net finance costs</b>		<b>(6,975)</b>	<b>(7,691)</b>	<b>(6,989)</b>	<b>(7,691)</b>
Other gains / (losses)	13	(44)	(1)	(44)	(1)
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>(9,852)</b>	<b>(20,132)</b>	<b>(9,948)</b>	<b>(20,132)</b>
<b>Surplus / (deficit) for the year</b>		<b>(9,852)</b>	<b>(20,132)</b>	<b>(9,948)</b>	<b>(20,132)</b>
<b>Other comprehensive income</b>					
<b>Will not be reclassified to income and expenditure:</b>					
Impairments	7	(49,005)	(3,743)	(49,005)	(3,743)
Revaluations	19	3,455	22,406	3,455	22,406
<b>Total comprehensive income / (expense) for the period</b>		<b>(55,402)</b>	<b>(1,469)</b>	<b>(55,498)</b>	<b>(1,469)</b>
<b>Surplus/ (deficit) for the period attributable to:</b>					
York Teaching Hospital NHS Foundation Trust		(9,852)	(20,132)	(9,948)	(20,132)
<b>TOTAL</b>		<b>(9,852)</b>	<b>(20,132)</b>	<b>(9,948)</b>	<b>(20,132)</b>
<b>Total comprehensive income / (expense) for the period attributable to:</b>					
York Teaching Hospital NHS Foundation Trust		(55,402)	(1,469)	(55,498)	(1,469)
<b>TOTAL</b>		<b>(55,402)</b>	<b>(1,469)</b>	<b>(55,498)</b>	<b>(1,469)</b>

### Provider Sustainability Fund (PSF)

As part of the action to strengthen financial performance and accountability in the NHS a Provider Sustainability Fund was created nationally in 2016/17 and all Trust's with an emergency care contract were allocated a proportion of the fund. The Trust has been allocated £9.483m core PSF for achieving its assigned control total and a further £8.287m from the Provider Sustainability incentive Fund. These figures are included in the Statement of Comprehensive Income within the Other Operating Income note 4.

## Statement of Financial Position

		Group		Trust	
		31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Note					
<b>Non-current assets</b>					
Intangible assets	14.1	6,734	4,143	6,734	4,143
Property, plant and equipment	17	226,624	276,724	212,736	276,724
Receivables	22	4,986	1,269	4,986	1,269
Receivables relating to subsidiary	22	-	-	17,741	-
<b>Total non-current assets</b>		<b>238,344</b>	<b>282,136</b>	<b>242,197</b>	<b>282,136</b>
<b>Current assets</b>					
Inventories	20	8,862	8,516	7,965	8,516
Receivables	22	33,249	23,224	31,829	23,224
Receivables relating to subsidiary	22	-	-	1,739	-
Non-current assets for sale and assets in disposal	23	-	147	-	147
Cash and cash equivalents	24	9,705	16,806	7,851	16,806
<b>Total current assets</b>		<b>51,816</b>	<b>48,693</b>	<b>49,384</b>	<b>48,693</b>
<b>Current liabilities</b>					
Trade and other payables	25	(43,069)	(44,094)	(33,898)	(44,094)
Payables relating to subsidiary	25	-	-	(2,849)	-
Borrowings relating to the subsidiary	27	-	-	(327)	-
Borrowings	27	(3,239)	(2,548)	(3,239)	(2,548)
Provisions	29	(91)	(109)	(91)	(109)
Other liabilities	26	(2,311)	(2,095)	(2,311)	(2,095)
<b>Total current liabilities</b>		<b>(48,710)</b>	<b>(48,846)</b>	<b>(42,715)</b>	<b>(48,846)</b>
<b>Total assets less current liabilities</b>		<b>241,450</b>	<b>281,983</b>	<b>248,866</b>	<b>281,983</b>
<b>Non-current liabilities</b>					
Trade and other payables	25	(77)	(55)	(56)	(55)
Borrowings relating to the subsidiary	27	-	-	(7,531)	-
Borrowings	27	(54,549)	(43,290)	(54,549)	(43,290)
Provisions	29	(730)	(1,084)	(730)	(1,084)
<b>Total non-current liabilities</b>		<b>(55,356)</b>	<b>(44,429)</b>	<b>(62,866)</b>	<b>(44,429)</b>
<b>Total assets employed</b>		<b>186,094</b>	<b>237,554</b>	<b>186,000</b>	<b>237,554</b>
<b>Financed by</b>					
Public dividend capital		93,739	89,797	93,739	89,797
Revaluation reserve		52,961	98,511	52,961	98,511
Income and expenditure reserve		39,394	49,246	39,300	49,246
<b>Total taxpayers' equity</b>		<b>186,094</b>	<b>237,554</b>	<b>186,000</b>	<b>237,554</b>

Notes 1 to 38 of the financial statements on the following pages were approved by the Board of Directors on the 28th May 2019 and signed on its behalf by :



Name  
Position  
Date

Mike Proctor  
Chief Executive  
28th May 2019

## Statement of Changes in Equity for the year ended 31 March 2019

<b>Group</b>	<b>Public dividend capital £000</b>	<b>Revaluation reserve £000</b>	<b>Income and expenditure reserve £000</b>	<b>Total £000</b>
<b>Taxpayers' and others' equity at 1 April 2018 - brought forward</b>	<b>89,797</b>	<b>98,511</b>	<b>49,246</b>	<b>237,554</b>
Surplus/(deficit) for the year	-	-	(9,852)	(9,852)
Impairments	-	(49,005)	-	(49,005)
Revaluations	-	3,455	-	3,455
Public dividend capital received	3,942	-	-	3,942
<b>Taxpayers' and others' equity at 31 March 2019</b>	<b>93,739</b>	<b>52,961</b>	<b>39,394</b>	<b>186,094</b>

## Statement of Changes in Equity for the year ended 31 March 2018

<b>Group</b>	<b>Public dividend capital £000</b>	<b>Revaluation reserve £000</b>	<b>Income and expenditure reserve £000</b>	<b>Total £000</b>
<b>Taxpayers' and others' equity at 1 April 2017 - brought forward</b>	<b>88,967</b>	<b>79,929</b>	<b>69,297</b>	<b>238,193</b>
Prior period adjustment	-	-	-	-
<b>Taxpayers' and others' equity at 1 April 2017 - restated</b>	<b>88,967</b>	<b>79,929</b>	<b>69,297</b>	<b>238,193</b>
Surplus/(deficit) for the year	-	-	(20,132)	(20,132)
Impairments	-	(3,743)	-	(3,743)
Revaluations	-	22,406	-	22,406
Transfer to retained earnings on disposal of assets	-	(81)	81	-
Public dividend capital received	830	-	-	830
<b>Taxpayers' and others' equity at 31 March 2018</b>	<b>89,797</b>	<b>98,511</b>	<b>49,246</b>	<b>237,554</b>

## Statement of Changes in Equity for the year ended 31 March 2019

<b>Trust</b>	<b>Public dividend capital £000</b>	<b>Revaluation reserve £000</b>	<b>Income and expenditure reserve £000</b>	<b>Total £000</b>
<b>Taxpayers' and others' equity at 1 April 2018 - brought forward</b>	<b>89,797</b>	<b>98,511</b>	<b>49,248</b>	<b>237,556</b>
Surplus/(deficit) for the year	-	-	(9,948)	<b>(9,948)</b>
Impairments	-	(49,005)	-	<b>(49,005)</b>
Revaluations	-	3,455	-	<b>3,455</b>
Public dividend capital received	3,942	-	-	<b>3,942</b>
<b>Taxpayers' and others' equity at 31 March 2019</b>	<b>93,739</b>	<b>52,961</b>	<b>39,300</b>	<b>186,000</b>

\* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

## Statement of Changes in Equity for the year ended 31 March 2018

<b>Trust</b>	<b>Public dividend capital £000</b>	<b>Revaluation reserve £000</b>	<b>Income and expenditure reserve £000</b>	<b>Total £000</b>
<b>Taxpayers' and others' equity at 1 April 2017 - brought forward</b>	<b>88,967</b>	<b>79,929</b>	<b>69,297</b>	<b>238,193</b>
<b>Taxpayers' and others' equity at 1 April 2017 - restated</b>	<b>88,967</b>	<b>79,929</b>	<b>69,297</b>	<b>238,193</b>
Surplus/(deficit) for the year	-	-	(20,132)	<b>(20,132)</b>
Impairments	-	(3,743)	-	<b>(3,743)</b>
Revaluations	-	22,406	-	<b>22,406</b>
Transfer to retained earnings on disposal of assets	-	(81)	81	-
Public dividend capital received	830	-	-	<b>830</b>
<b>Taxpayers' and others' equity at 31 March 2018</b>	<b>89,797</b>	<b>98,511</b>	<b>49,246</b>	<b>237,554</b>

## **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. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health 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.

### **Financial assets reserve / Available-for-sale investment reserve**

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition.

### **Merger reserve**

This reserve reflects balances formed on merger of NHS bodies.

### **Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the trust.

## Statement of Cash Flows

	Note	Group		Trust	
		2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
<b>Cash flows from operating activities</b>					
Operating surplus / (deficit)		(2,833)	(12,440)	(2,928)	(12,440)
<b>Non-cash income and expense:</b>					
Depreciation and amortisation	6.1	11,260	12,256	11,260	12,256
Net impairments	7	13,474	(1,791)	13,474	(1,791)
Income recognised in respect of capital donations	4	(128)	(918)	(128)	(918)
(Increase) / decrease in receivables and other assets		(12,629)	(511)	(7,507)	(511)
(Increase) / decrease in receivables relating to the subsidiary		-	-	(950)	-
(Increase) / decrease in inventories		(346)	224	551	224
Increase / (decrease) in payables and other liabilities		(3,034)	2,405	(13,545)	2,405
Increase / (decrease) in payables to the subsidiary		-	-	2,849	-
Increase / (decrease) in provisions		(373)	(2)	(373)	(2)
Other movements in operating cash flows		-	(4)	-	(4)
<b>Net cash flows from / (used in) operating activities</b>		<b>5,391</b>	<b>(781)</b>	<b>2,703</b>	<b>(781)</b>
<b>Cash flows from investing activities</b>					
Interest received		154	88	151	88
Purchase of intangible assets		(1,262)	(633)	(1,262)	(633)
Purchase of PPE and investment property		(19,446)	(17,369)	(14,230)	(17,369)
Sales of PPE and investment property		420	15	6,710	15
Receipt of cash donations to purchase assets		128	348	128	348
<b>Net cash flows from / (used in) investing activities</b>		<b>(20,006)</b>	<b>(17,551)</b>	<b>(8,503)</b>	<b>(17,551)</b>
<b>Cash flows from financing activities</b>					
Public dividend capital received		3,942	830	3,942	830
Movement on loans from DHSC		11,652	27,730	11,652	27,730
Movement in loans to and from the subsidiary		-	-	(10,654)	-
Interest on loans		(791)	(392)	(791)	(392)
Other interest		(12)	-	(27)	-
PDC dividend (paid) / refunded		(7,277)	(7,061)	(7,277)	(7,061)
<b>Net cash flows from / (used in) financing activities</b>		<b>7,514</b>	<b>21,107</b>	<b>(3,155)</b>	<b>21,107</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>(7,101)</b>	<b>2,775</b>	<b>(8,955)</b>	<b>2,775</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>16,806</b>	<b>14,031</b>	<b>16,806</b>	<b>14,031</b>
<b>Cash and cash equivalents at 31 March</b>	24	<b>9,705</b>	<b>16,806</b>	<b>7,851</b>	<b>16,806</b>



## **Notes to the Accounts**

### **Note 1 Accounting policies and other information**

#### **Note 1.1 Basis of preparation**

NHS Improvement, in exercising the statutory functions conferred on Monitor, 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

##### **Note 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, inventories and certain financial assets and financial liabilities.

##### **Note 1.2 Going concern**

The Trust has prepared its accounts on a going concern basis. This is directed by the Department of Health Group Accounting Manual (DH GAM) 2018/19, whereby, unless the Trust has been informed by the relevant national body of the intention for dissolution without transfer of services or functions to another entity, this should be assumed. The Trust, however, recognises that there are operational and funding factors that represent uncertainties with regard to the adoption of the going concern basis, these include:-

- The current year's deficit together with the 2019/20 planned deficit of £19.737m (excluding Provider Sustainability Funding of £19.814m), which is in line with the control total issued by NHS Improvement (NHSI); this position includes a £17.1m savings target
- Formal confirmation of financing of the Trust's 2019/20 operational plan by NHSI / Department of Health & Social Care

These issues noted above, in particular the financing of the Trust's operational plan, represent an uncertainty that may cast doubt about the Trust's ability to continue as a going concern. However this is mitigated by the following:-

- The Trust's 2019/20 operational plan is in line with the agreed control total issued by NHSI
- The Trust's major commissioner contracts for 2019/20 have been agreed and signed
- The Trust has assessed the risks in achieving the 2019/20 financial plan, in particular the cost improvement programme, where the Trust has a clear track record of over achievement
- The Trust is actively engaging in local strategic transformation planning with health economy partners, to develop models to deliver sustainable healthcare from 2019/20
- The Trust has the appropriate financial and operational risk management processes in place to support its operational plans

The Board, having made appropriate enquiries, still has reasonable expectations that the Trust will have adequate resources to continue its operational existence for the foreseeable future, being a period of at least 12 months from the date of approval of the financial statements. On this basis, the Trust has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern.

## **Note 1.3 Consolidation**

Entities over which York Teaching Hospital NHS Foundation Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities.

The Trust, along with Northumbria Healthcare Facilities Management Ltd, incorporated a subsidiary York Teaching Hospital Facilities Management (YTHFM LLP) registered number OC421341 in March 2018 as a limited liability partnership, YTHFM LLP became operational on the 1 October 2018, as such the two members own the partnership 95:5 in favour of the Trust. The primary purpose of the subsidiary is the provision of a fully managed healthcare facility for the Trust's existing infrastructure, including the design, project management and operation of the Trusts capital programme. The income, expenses, assets, liabilities, equity and reserves for the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiaries accounting policies are not aligned with the Trusts or where the subsidiaries accounting date is not coterminus. The amounts consolidated for the year ending 31 March 2019 are drawn from the 6 months financial statements of YTHFM LLP.

### **Note 1.4.1 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.

#### ***Revenue from NHS contracts***

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care 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 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.

#### ***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.

#### **Note 1.4.2 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 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.

#### **Note 1.4.3 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.

#### **Note 1.5 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.

##### **Local Government Pension Scheme**

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

##### **Alternative pension scheme**

York Teaching Hospital NHS Foundation Trust offers an alternative pension scheme to all employees who are either not eligible or choose not to be members of the NHS Pension Scheme at the Trust. This includes employees who are members of the NHS Pension Scheme through another role outside of the Trust and those that are not eligible to join the NHS Pension Scheme.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 5% (with a minimum 2% being contributed by the Trust) and from October 2018 the combined contribution rate as 8% (with a minimum 3% being contributed by the Trust).

##### **York Teaching Hospital Facilities Management LLP**

A number of the YTHFM employees remain within the NHS Pension Scheme, however YTHFM also operates a NEST Pension Scheme for those employees not eligible to join the NHS Pension Scheme. Employee and Employer contributions mirror that of the NHS Pension Scheme as closely as possible, in that employer contributions are capped at 14%, the maximum amount that can be paid into the NEST scheme.

## **Note 1.6 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.

## **Note 1.7 Property, plant and equipment**

### **Note 1.7.1 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.

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

### **Note 1.7.2 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 (i.e. operational assets used to deliver either front line services or back office functions) 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.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

From 2015/16 IFRS 13 Fair Value is adopted in full; however, IAS 16 and IAS 38 have been adapted and interpreted for the public sector context which limits the circumstances in which a valuation is prepared under IFRS 13.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and where it would meet the location requirements of the service being provided, an alternative site can be valued. The NHS Foundation Trust has applied this basis of valuation from 1 April 2013. A full site revaluation was carried out as at 31 March 2019 to reflect the changes in building values throughout the year.

Valuations are carried out by professionally qualified valuers, external to the Trust, in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. ([www.rics.org](http://www.rics.org))

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs which are recognised as an expense immediately as allowed by IAS23 for assets held at fair value. Assets are revalued and depreciation commences when the assets 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 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 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' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

### ***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 benefits or of 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 of 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.

### **Note 1.7.3 De-recognition**

the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:

- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be 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.

#### **Note 1.7.4 Donated 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.

#### **Note 1.7.5 Useful 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

	<b>Min life Years</b>	<b>Max life Years</b>
Land	-	-
Buildings, excluding dwellings	20	60
Dwellings	5	60
Plant & machinery	5	15
Transport equipment	3	7
Information technology	3	8
Furniture & fittings	5	10

Finance-leased assets (including land) 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 in the same manner as owned assets above.

## Note 1.8 Intangible assets

### Note 1.8.1 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.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

#### **Software**

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

### Note 1.8.2 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. Revaluations 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.

### Note 1.8.3 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
Development expenditure	5	10
Software licences	5	10

## **Note 1.9 Inventories**

Inventories are valued at the lower of cost and net realisable value, using the first in first out / weighted average cost formula. Partially completed contracts for patient services are not accounted for as inventories, but rather as receivables.

## **Note 1.10 Investment properties**

The Trust does not hold any investment properties.

## **Note 1.11 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.

## **Note 1.12 Carbon Reduction Commitment scheme (CRC)**

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

## **Note 1.13 Financial assets and financial liabilities**

### **Note 1.13.1 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 ONS.

This includes the purchase or sale of non-financial items (such as goods or services), 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, ie, when receipt or delivery of the goods or services is made.

### **Note 1.13.2 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, fair value through income and expenditure.

Financial liabilities 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, contract receivables and contract assets or assets measured at fair value through other comprehensive income, 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 as 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).

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.

**Note 1.13.3 Derecognition**

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.

## **Note 1.14 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.

“Determining whether an arrangement contains a lease”

At inception of an arrangement, the Foundation Trust determines whether such an arrangement is or contains a lease. This will be the case if the following 2 criteria are met:

- The fulfilment of the arrangement is dependent on the use of a specific asset or assets; and
- The arrangement contains the right to use the asset(s).

At inception or on reassessment of the arrangement, the Foundation Trust separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Foundation Trust concludes for a finance lease that it is impracticable to separate the payments reliably, then an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the implicit interest rate.

Where the Trust enters into arrangements by which it acts as both lessee and lessor for the same assets, the Trust will consider if it has a legally enforceable right to set off. Where such a right exists the underlying assets will be offset by the underlying liabilities and the resulting net value disclosed as either an asset or liability. Similarly financial income and costs will be set off.

### **Note 1.14.1 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.

### **Note 1.14.2 The Trust as lessor**

#### ***Finance leases***

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

#### ***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.

## **Note 1.15 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 29.3 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.

## **Note 1.16 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 30 where an inflow of economic benefits 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.

In the year ending 31 March 2019 The Trust had no contingent Assets or Liabilities

## **Note 1.17 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.

#### **Note 1.18 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. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT including, where appropriate, to the capitalised purchase cost and valuation of fixed assets.

#### **Note 1.19 Corporation tax**

The Trust Board has reviewed the commercial activities of the Trust and consideration has been given to the implications of corporation tax. At this state the Trust Board is satisfied that there are no corporation tax liabilities resulting from non-core activities. The Trust will continue to review commercial services in light of any potential changes in the scope of corporation tax.

York Teaching Hospital NHS Foundation Trust is a Health Service Body within the meaning of s519A ICTA 1998 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is the power from the Treasury to disapply the exemption in relation to the specified activities of a Foundation Trust(s519A (3) to (8) ICTA 1988. Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits therefrom exceed £50,000 per annum.

Tax to be paid on profits arising from the Trusts subsidiary LLP are a personal tax liability of the members of the LLP. Trust income from the LLP has been considered as part of the Trust Board review of commercial services.

#### **Note 1.20 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

#### **Note 1.21 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.

#### **Note 1.22 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 their 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.

#### **Note 1.23 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

#### **Note 1.24 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:

### **Note 1.24.1 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: In the course of preparing the annual accounts, the Directors have to make use of estimated figures in certain cases, and routinely exercise judgement in assessing the amounts to be included. In the case of the 2018/19 accounts, the impact of estimation has been mitigated regarding the recognition of clinical income due from the Trust's key commissioners as year-end positions have been agreed in advance wherever possible. The Directors have formed the judgement that the Trust has recognised the appropriate level of income due under the terms of the signed contract, and anticipate recovery of outstanding debts in line with previous settlements. The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

#### **Provisions**

The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the year, taking into account the risks and uncertainties.

#### **Injury Benefits -**

The carrying amount of injury benefit provisions is estimated as the present value of those cash flows using HM Treasury's discount rate of 0.29% in real terms. The period over which future cash flows will be paid is estimated using the England life expectancy tables as published by the office of National Statistics.

#### **Other Legal-**

Estimates are based on information supplied by NHS Resolution and the Trust's solicitors and are based on information that is available on 31st March 2019

#### **Non-Current Asset Valuations**

In line with accounting policies, every five years the Trust receives a full valuation carried out by the District Valuer, who is a member of the Royal Institute of Chartered Surveyors. The valuation included in the 2018/19 Trust financial statements is a full valuation of land and buildings at a prospective date of 31 March 2019, the valuation excludes the cost of VAT. Since the Trust created a Limited liability partnership organisation York Teaching Hospital Facilities Management whom became responsible for the provision of a Managed Healthcare Facility to the Trust, a consequence of this was that VAT became recoverable under a MEA (Modern Equivalent Asset) alternative site valuation.

#### **Actuarial Assumptions for costs relating to the NHS pension scheme**

The Trust reports, as operating expenditure, employer contributions to staff pensions. The employer contribution is based on an annual actuarial estimate of the required contribution to the scheme's liabilities. It is an expense that is subject to change.

#### **Segmental Reporting**

The Trust has one material segment, being the provision of healthcare. Service divisions within the Group all have similar economic characteristics; all of the healthcare activity is undertaken in relation to NHS patients.

#### **Going Concern**

Refer to note 1.1.2

#### **Lease and lease back**

The substance of a lease involves the transfer of the risks and rewards of ownership. It is the judgment of the Trust that where it acts as both lessor and lessee for underlying assets to which it holds legal title, that, in substance, there has been no transfer of risks and rewards. In such situations the Trust will offset assets and liabilities, as well as income and costs, arising from the contract agreements where the Trust is satisfied that it has a legally enforceable right of offset and intends to settle the assets and liabilities simultaneously.

This judgement has been applied to the lease and lease back agreements entered into by the Trust and its subsidiary entity, York Teaching Facilities Management LLP, in regards to the sites; York Teaching Hospital, Scarborough Hospital, Bridlington Hospital and various other Trust infrastructure. The Trust has leased the infrastructure to the LLP for a period of 25 years commencing on the 1 October 2018, with the permitted use as a hospital or any ancillary use (including educational purposes) as required by the Tenant for the proper performance of its obligations and exercise of its rights under the Master Services Agreement or such other use required for income generation with the prior consent of the Landlord such consent not to be unreasonably withheld or delayed. The Leases also contains a provision that prohibits or restricts any disposition.

The LLP provides the infrastructure back to the Trust via its fully managed facilities contract. The linked transactions do not involve a transfer of the risks and rewards of ownership and hence, in the judgement of the Trust there is, in substance, no lease.

The Trust invoiced the LLP for lease charges of £9.361m during the course of the year, the LLP charged the Trust a similar amount as part of its fully managed facilities billing.

**Note 1.25 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

**Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted**

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2018/19. These standards are still subject to HM Treasury FReM interpretation, with IFRS 16 being due for implementation in 2019/20, and the Government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.  
IFRS 16 removes the distinction between operating and finance leases this means that the current operating leases shown in note 9.1 which are currently off balance sheet will be shown in the TrustBalance Sheet.
- IFRS17 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.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019

The impact of all the standards is still being assessed

**Note 2 Operating Segments**

All income and activities are for the provision of health and health related services in the UK. The Trust reports revenues on a Trustwide basis in its internal reports and therefore deems there to be a single segment, healthcare.

### Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
<b>Acute services</b>				
Elective income	64,692	63,613	64,692	63,613
Non elective income	119,946	114,337	119,946	114,337
First outpatient income	27,812	26,459	27,812	26,459
Follow up outpatient income	32,121	30,799	32,121	30,799
A & E income	16,494	16,297	16,494	16,297
High cost drugs income from commissioners (excluding pass-through costs)	44,528	45,947	44,528	45,947
Other NHS clinical income	106,654	103,001	106,654	103,001
<b>Community services</b>				
Community services income from CCGs and NHS England	20,499	30,528	20,499	30,528
Income from other sources (e.g. local authorities)	4,827	4,872	4,827	4,872
<b>All services</b>				
Private patient income	1,010	977	1,010	977
Agenda for Change pay award central funding	5,717	-	5,717	-
Other clinical income	2,422	2,960	2,422	2,960
<b>Total income from activities</b>	<b>446,722</b>	<b>439,790</b>	<b>446,722</b>	<b>439,790</b>

### Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
	£000	£000	£000	£000
NHS England	62,249	62,684	62,249	62,684
Clinical Commissioning Groups	370,717	368,297	370,717	368,297
Department of Health and Social Care	5,717	-	5,717	-
Local Authorities	4,827	4,872	4,827	4,872
Non-NHS: private patients	1,010	977	1,010	977
Non-NHS: overseas patients (chargeable to patient)	307	306	307	306
Injury cost recover scheme	1,373	1,643	1,373	1,643
Non NHS: other	522	1,011	522	1,011
<b>Total income from activities</b>	<b>446,722</b>	<b>439,790</b>	<b>446,722</b>	<b>439,790</b>
<b>Of which:</b>				
Related to continuing operations	446,722	439,790	446,722	439,790

### Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Income recognised this year	307	306	307	306
Cash payments received in-year	190	132	190	132
Amounts added to provision for impairment of receivables	29	35	29	35
Amounts written off in-year	12	67	12	67

### Note 4 Other operating income

	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
<b>Other operating income from contracts with customers:</b>				
Research and development (contract)	3,412	3,280	3,412	3,280
Education and training (excluding notional apprenticeship levy income)	17,582	14,546	17,582	14,546
Non-patient care services to other bodies	17,711	17,767	22,609	17,767
Provider sustainability / sustainability and transformation fund income (PSF / STF)	17,770	3,081	17,770	3,081
Income in respect of employee benefits accounted on a gross basis	2,870	2,485	2,867	2,485
Other contract income	10,535	6,828	10,417	6,828
<b>Other non-contract operating income:</b>				
Education and training - notional income from apprenticeship fund	156	28	156	28
Receipt of capital grants and donations	128	918	128	918
Charitable and other contributions to expenditure	205	230	205	230
Rental revenue from operating leases	511	287	1,281	287
<b>Total other operating income</b>	<b>70,880</b>	<b>49,450</b>	<b>76,427</b>	<b>49,450</b>
<b>Of which:</b>				
Related to continuing operations	70,880	49,450	76,427	49,450

### Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2018/19	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,095	2,095
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

### Note 5.2 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Income from services designated as commissioner requested services	444,677	437,407	444,677	437,407
Income from services not designated as commissioner requested services	62,935	51,833	62,935	51,833
<b>Total</b>	<b>507,612</b>	<b>489,240</b>	<b>507,612</b>	<b>489,240</b>



**Note 6.1 Operating expenses**

	<b>Group</b>		<b>Trust</b>	
	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	276	286	276	286
Purchase of healthcare from non-NHS and non-DHSC bodies	3,705	5,077	3,705	5,077
Purchase of social care	-	48	-	48
Staff and executive directors costs	337,059	329,448	326,381	329,448
Remuneration of non-executive directors	170	173	170	173
Supplies and services - clinical (excluding drugs costs)	46,034	46,283	45,778	46,283
Supplies and services - general	6,012	10,283	3,963	10,283
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	52,355	53,291	52,355	53,291
Consultancy costs	255	309	253	309
Establishment	3,641	4,101	3,339	4,101
Premises	17,610	13,727	37,287	13,727
Transport (including patient travel)	2,655	3,011	2,383	3,011
Depreciation on property, plant and equipment	10,926	11,944	10,926	11,944
Amortisation on intangible assets	334	312	334	312
Net impairments	13,474	(1,791)	13,474	(1,791)
Movement in credit loss allowance: contract receivables / contract assets	121	-	121	-
Movement in credit loss allowance: all other receivables and investments	-	339	-	339
Increase/(decrease) in other provisions	(263)	3	(263)	3
Change in provisions discount rate(s)	(13)	11	(13)	11
<i>Audit fees payable to the external auditor</i>				
audit services- statutory audit opinion - Group	54	50	54	50
audit services- statutory audit quality report	7	8	7	8
audit services- statutory audit opinion - LLP	16			
audit services - irrecoverable VAT element of audit opinion & quality report	12	11	12	11
other auditor remuneration (external auditor only)		4		4
Internal audit costs	371	371	371	371
Clinical negligence	12,141	9,022	12,141	9,022
Legal fees	461	130	335	130
Insurance	566	613	501	613
Research and development	2,347	2,180	2,347	2,180
Education and training	3,887	3,688	3,827	3,688
Rentals under operating leases	4,419	6,386	4,214	6,386
Early retirements	19	96	19	96
Redundancy	-	387	-	387
Hospitality	16	7	16	7
Losses, ex gratia & special payments	56	-	56	-
Other	1,712	1,872	1,695	1,872
<b>Total</b>	<b>520,435</b>	<b>501,680</b>	<b>526,064</b>	<b>501,680</b>
<b>Of which:</b>				
Related to continuing operations	520,435	501,680	526,064	501,680

**Note 6.2 Other auditor remuneration**

	<b>Group</b>		<b>Trust</b>	
	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Other auditor remuneration paid to the external auditor:</b>				
1. Other non-audit services	-	4	-	4
<b>Total</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>4</b>

**Note 6.3 Limitation on auditor's liability (Group)**

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

**Note 7 Impairment of assets (Group)**

	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>				
Changes in market price	12,507	(1,850)	12,507	(1,850)
Other	967	59	967	59
<b>Total net impairments charged to operating surplus / deficit</b>	<b>13,474</b>	<b>(1,791)</b>	<b>13,474</b>	<b>(1,791)</b>
Impairments charged to the revaluation reserve	49,005	3,743	49,005	3,743
<b>Total net impairments</b>	<b>62,479</b>	<b>1,952</b>	<b>62,479</b>	<b>1,952</b>

As a result of the Trust contracting with its subsidiary to provide fully managed and maintained healthcare premises including the construction of all capital schemes, the District Valuer revalued the Estate as at 1 October 2018 (the date the LLP became operational) and again on the 31 March 2019. This valuation did not include VAT and therefore as resulted in the reduction in the Trusts overall estate value.

**Note 8 Employee benefits (Group)**

	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Salaries and wages	267,655	259,777	258,398	259,777
Social security costs	25,972	25,250	25,362	25,250
Apprenticeship levy	1,310	1,270	1,267	1,270
Employer's contributions to NHS pensions	31,757	30,945	30,762	30,945
Pension cost - other	92	33	74	33
Termination benefits	70	483	70	483
Temporary staff (including agency)	16,322	18,032	16,234	18,032
<b>Total gross staff costs</b>	<b>343,178</b>	<b>335,790</b>	<b>332,167</b>	<b>335,790</b>
<b>Of which</b>				
Costs capitalised as part of assets	994	976	660	976

**Note 8.1 Retirements due to ill-health (Group)**

During 2018/19 there were 11 early retirements from the Trust agreed on the grounds of ill-health (10 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £923k (£768k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

During the year, 7 Executive Directors had benefits accruing under the NHS Pension scheme and the Trustmade employer contributions to the NHS Pension Scheme of £101k in respect of these Directors.

## Note 9 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](http://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.

### Alternative pension scheme

York Teaching Hospital NHS Foundation Trust offers an alternative pension scheme to all employees who are either not eligible or choose not to be members of the NHS Pension Scheme at the Trust. This includes employees who are members of the NHS Pension Scheme through another role outside of the Trust and those that are not eligible to join the NHS Pension Scheme.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 5% (with a minimum 2% being contributed by the Trust) and from October 2018 the combined contribution rate will be 8% (with a minimum 3% being contributed by the Trust).

### York Teaching Hospital Facilities Management LLP

A number of the YTHFM employees remain within the NHS Pension Scheme, however YTHFM also operates a NEST pension scheme for those employees not eligible to join the NHS Pension Scheme. Employee and Employer contributions mirror that of the NHS Pension Scheme as closely as possible, in that employer contributions are capped at 14%, the maximum amount that can be paid into the NEST scheme.

## Note 10 Operating leases

### Trust as a lessor

This note discloses income generated in operating lease agreements where York Teaching Hospital NHS Foundation Trust is the lessor.

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
<b>Operating lease revenue</b>				
Minimum lease receipts	511	287	1,281	287
<b>Total</b>	<b>511</b>	<b>287</b>	<b>1,281</b>	<b>287</b>
	<b>31 March 2019</b>	<b>31 March 2018</b>	<b>31 March 2019</b>	<b>31 March 2018</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Future minimum lease receipts due:</b>				
- not later than one year;	75	84	75	84
- later than one year and not later than five years;	231	334	231	334
- later than five years.	-	-	-	-
<b>Total</b>	<b>306</b>	<b>418</b>	<b>306</b>	<b>418</b>

### Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where York Teaching Hospital NHS Foundation Trust is the lessee.

	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
<b>Operating lease expense</b>				
Minimum lease payments	4,419	6,386	4,214	6,386
<b>Total</b>	<b>4,419</b>	<b>6,386</b>	<b>4,214</b>	<b>6,386</b>
	<b>31 March 2019</b>	<b>31 March 2018</b>	<b>31 March 2019</b>	<b>31 March 2018</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Future minimum lease payments due:</b>				
- not later than one year;	4,533	4,878	2,332	4,878
- later than one year and not later than five years;	10,587	9,609	5,931	9,609
- later than five years.	985	1,107	385	1,107
<b>Total</b>	<b>16,105</b>	<b>15,594</b>	<b>8,648</b>	<b>15,594</b>

**Note 11 Finance income**

Finance income represents interest received on assets and investments in the period.

	<b>Group</b>		<b>Trust</b>	
	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Interest on bank accounts	130	54	124	54
Interest on other investments / financial assets	24	34	24	34
Interest on loans to subsidiary			21	
<b>Total finance income</b>	<b>154</b>	<b>88</b>	<b>169</b>	<b>88</b>

**Note 12.1 Finance expenditure (Group)**

Finance expenditure represents interest and other charges involved in the borrowing of money.

	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Interest expense:</b>				
Loans from the Department of Health and Social Care	849	495	849	495
Interest on late payment of commercial debt	12	1	11	1
Interest on loans from the subsidiary			30	
<b>Total interest expense</b>	<b>861</b>	<b>496</b>	<b>890</b>	<b>496</b>
Unwinding of discount on provisions	1	3	1	3
Other finance costs	-	3	-	3
<b>Total finance costs</b>	<b>862</b>	<b>502</b>	<b>891</b>	<b>502</b>

**Note 12.2 The late payment of commercial debts  
(interest) Act 1998 / Public Contract Regulations 2015  
(Group)**

	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Amounts included within interest payable arising from claims made under this legislation	12	1	12	1

**Note 13 Other gains / (losses) (Group)**

	<b>2018/19</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Gains on disposal of assets	5	-	5	-
Losses on disposal of assets	(49)	(1)	(49)	(1)
<b>Total gains / (losses) on disposal of assets</b>	<b>(44)</b>	<b>(1)</b>	<b>(44)</b>	<b>(1)</b>

#### Note 14.1 Intangible assets - 2018/19

Group	Software licences £000	Internally generated information technology £000	Total £000
<b>Valuation / gross cost at 1 April 2018 - brought forward</b>	<b>7,291</b>	<b>792</b>	<b>8,083</b>
Additions	1,262	-	1,262
Reclassifications	1,826	-	1,826
Disposals / derecognition	(163)	-	(163)
<b>Valuation / gross cost at 31 March 2019</b>	<b>10,216</b>	<b>792</b>	<b>11,008</b>
<b>Amortisation at 1 April 2018 - brought forward</b>	<b>3,940</b>	<b>-</b>	<b>3,940</b>
Provided during the year	275	59	334
<b>Amortisation at 31 March 2019</b>	<b>4,215</b>	<b>59</b>	<b>4,274</b>
<b>Net book value at 31 March 2019</b>	<b>6,001</b>	<b>733</b>	<b>6,734</b>
<b>Net book value at 1 April 2018</b>	<b>3,351</b>	<b>792</b>	<b>4,143</b>

#### Note 14.2 Intangible assets - 2017/18

Group	Software licences £000	Internally generated information technology £000	Total £000
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>6,446</b>	<b>-</b>	<b>6,446</b>
<b>Valuation / gross cost at 1 April 2017 - restated</b>	<b>6,446</b>	<b>-</b>	<b>6,446</b>
Additions	633	-	633
Reclassifications	212	792	1,004
<b>Valuation / gross cost at 31 March 2018</b>	<b>7,291</b>	<b>792</b>	<b>8,083</b>
<b>Amortisation at 1 April 2017 - as previously stated</b>	<b>3,628</b>	<b>-</b>	<b>3,628</b>
<b>Amortisation at 1 April 2017 - restated</b>	<b>3,628</b>	<b>-</b>	<b>3,628</b>
Provided during the year	312	-	312
<b>Amortisation at 31 March 2018</b>	<b>3,940</b>	<b>-</b>	<b>3,940</b>
<b>Net book value at 31 March 2018</b>	<b>3,351</b>	<b>792</b>	<b>4,143</b>
<b>Net book value at 1 April 2017</b>	<b>2,818</b>	<b>-</b>	<b>2,818</b>

## Note 15.1 Intangible assets - 2018/19

Trust	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	7,291	792	8,083
Additions	3,088		3,088
Disposals / derecognition	(163)		(163)
<b>Valuation / gross cost at 31 March 2019</b>	<b>10,216</b>	<b>792</b>	<b>11,008</b>
Amortisation at 1 April 2018 - brought forward	3,940	-	3,940
Provided during the year	275	59	334
<b>Amortisation at 31 March 2019</b>	<b>4,215</b>	<b>59</b>	<b>4,274</b>
Net book value at 31 March 2019	6,001	733	6,734
Net book value at 1 April 2018	3,351	792	4,143

## Note 15.2 Intangible assets - 2017/18

Trust	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	6,446	-	6,446
Valuation / gross cost at 1 April 2017 - restated	6,446	-	6,446
Additions	633	-	633
Reclassifications	212	792	1,004
<b>Valuation / gross cost at 31 March 2018</b>	<b>7,291</b>	<b>792</b>	<b>8,083</b>
Amortisation at 1 April 2017 - as previously stated	3,628	-	3,628
Amortisation at 1 April 2017 - restated	3,628	-	3,628
Provided during the year	312	-	312
<b>Amortisation at 31 March 2018</b>	<b>3,940</b>	<b>-</b>	<b>3,940</b>
Net book value at 31 March 2018	3,351	792	4,143
Net book value at 1 April 2017	2,818	-	2,818

**Note 16.1 Property, plant and equipment - 2018/19**

<b>Group</b>	<b>Land £000</b>	<b>Buildings excluding dwellings £000</b>	<b>Dwellings £000</b>	<b>Assets under construction £000</b>	<b>Plant &amp; machinery £000</b>	<b>Transport equipment £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>	<b>Total £000</b>
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>16,666</b>	<b>231,080</b>	<b>1,478</b>	<b>13,115</b>	<b>45,183</b>	<b>743</b>	<b>29,959</b>	<b>82</b>	<b>338,306</b>
Additions	-	1,577	31	18,489	325	-	1,408	-	21,830
Impairments	(2,930)	(63,824)	(15)	(967)	-	-	-	-	(67,736)
Reversals of impairments	25	(13)	-	-	-	-	-	-	12
Revaluations	167	1,132	44	-	-	-	-	-	1,343
Reclassifications	-	8,593	-	(14,177)	3,681	-	77	-	(1,826)
Disposals / derecognition	-	-	-	-	(6,392)	-	-	-	(6,392)
<b>Valuation/gross cost at 31 March 2019</b>	<b>13,928</b>	<b>178,545</b>	<b>1,538</b>	<b>16,460</b>	<b>42,797</b>	<b>743</b>	<b>31,444</b>	<b>82</b>	<b>285,537</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</b>	<b>-</b>	<b>1,649</b>	<b>-</b>	<b>-</b>	<b>37,243</b>	<b>180</b>	<b>22,436</b>	<b>74</b>	<b>61,582</b>
Provided during the year	-	7,785	77	-	1,613	89	1,359	3	10,926
Impairments	-	(114)	-	-	-	-	-	-	(114)
Reversals of impairments	-	(5,118)	(13)	-	-	-	-	-	(5,131)
Revaluations	-	(2,048)	(64)	-	-	-	-	-	(2,112)
Disposals / derecognition	-	-	-	-	(6,238)	-	-	-	(6,238)
<b>Accumulated depreciation at 31 March 2019</b>	<b>-</b>	<b>2,154</b>	<b>-</b>	<b>-</b>	<b>32,618</b>	<b>269</b>	<b>23,795</b>	<b>77</b>	<b>58,913</b>
<b>Net book value at 31 March 2019</b>	<b>13,928</b>	<b>176,391</b>	<b>1,538</b>	<b>16,460</b>	<b>10,179</b>	<b>474</b>	<b>7,649</b>	<b>5</b>	<b>226,624</b>
<b>Net book value at 1 April 2018</b>	<b>16,666</b>	<b>229,431</b>	<b>1,478</b>	<b>13,115</b>	<b>7,940</b>	<b>563</b>	<b>7,523</b>	<b>8</b>	<b>276,724</b>



**Note 16.2 Property, plant and equipment - 2017/18**

<b>Group</b>	<b>Land £000</b>	<b>Buildings excluding dwellings £000</b>	<b>Dwellings £000</b>	<b>Assets under construction £000</b>	<b>Plant &amp; machinery £000</b>	<b>Transport equipment £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>	<b>Total £000</b>
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>17,067</b>	<b>207,949</b>	<b>1,937</b>	<b>8,105</b>	<b>44,276</b>	<b>148</b>	<b>28,494</b>	<b>82</b>	<b>308,058</b>
Prior period adjustments	-	-	-	-	-	-	-	-	-
<b>Valuation / gross cost at 1 April 2017 - restated</b>	<b>17,067</b>	<b>207,949</b>	<b>1,937</b>	<b>8,105</b>	<b>44,276</b>	<b>148</b>	<b>28,494</b>	<b>82</b>	<b>308,058</b>
Additions	-	1,668	3	14,805	258	570	1,002	-	<b>18,306</b>
Impairments	(326)	(4,115)	(465)	-	-	-	-	-	<b>(4,906)</b>
Reversals of impairments	-	1,992	-	-	-	-	-	-	<b>1,992</b>
Revaluations	-	16,034	-	-	-	-	-	-	<b>16,034</b>
Reclassifications	-	7,627	3	(9,795)	673	25	463	-	<b>(1,004)</b>
Transfers to / from assets held for sale	(75)	(75)	-	-	-	-	-	-	<b>(150)</b>
Disposals / derecognition	-	-	-	-	(24)	-	-	-	<b>(24)</b>
<b>Valuation/gross cost at 31 March 2018</b>	<b>16,666</b>	<b>231,080</b>	<b>1,478</b>	<b>13,115</b>	<b>45,183</b>	<b>743</b>	<b>29,959</b>	<b>82</b>	<b>338,306</b>
<b>Accumulated depreciation at 1 April 2017 - restated</b>	<b>-</b>	<b>982</b>	<b>-</b>	<b>-</b>	<b>35,488</b>	<b>134</b>	<b>20,309</b>	<b>71</b>	<b>56,984</b>
Provided during the year	-	7,903	101	-	1,764	46	2,127	3	<b>11,944</b>
Impairments	-	(403)	(81)	-	-	-	-	-	<b>(484)</b>
Reversals of impairments	-	(478)	-	-	-	-	-	-	<b>(478)</b>
Revaluations	-	(6,352)	(20)	-	-	-	-	-	<b>(6,372)</b>
Transfers to / from assets held for sale	-	(3)	-	-	-	-	-	-	<b>(3)</b>
Disposals / derecognition	-	-	-	-	(9)	-	-	-	<b>(9)</b>
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>1,649</b>	<b>-</b>	<b>-</b>	<b>37,243</b>	<b>180</b>	<b>22,436</b>	<b>74</b>	<b>61,582</b>
<b>Net book value at 31 March 2018</b>	<b>16,666</b>	<b>229,431</b>	<b>1,478</b>	<b>13,115</b>	<b>7,940</b>	<b>563</b>	<b>7,523</b>	<b>8</b>	<b>276,724</b>
<b>Net book value at 1 April 2017</b>	<b>17,067</b>	<b>206,967</b>	<b>1,937</b>	<b>8,105</b>	<b>8,788</b>	<b>14</b>	<b>8,185</b>	<b>11</b>	<b>251,074</b>

**Note 16.3 Property, plant and equipment financing - 2018/19**

<b>Group</b>	<b>Land £000</b>	<b>Buildings excluding dwellings £000</b>	<b>Dwellings £000</b>	<b>Assets under construction £000</b>	<b>Plant &amp; machinery £000</b>	<b>Transport equipment £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>	<b>Total £000</b>
<b>Net book value at 31 March 2019</b>									
Owned - purchased	13,928	173,016	1,538	16,460	9,151	26	7,649	5	221,773
Owned - donated	-	3,375	-	-	1,028	448	-	-	4,851
<b>NBV total at 31 March 2019</b>	<b>13,928</b>	<b>176,391</b>	<b>1,538</b>	<b>16,460</b>	<b>10,179</b>	<b>474</b>	<b>7,649</b>	<b>5</b>	<b>226,624</b>

**Note 16.4 Property, plant and equipment financing - 2017/18**

<b>Group</b>	<b>Land £000</b>	<b>Buildings excluding dwellings £000</b>	<b>Dwellings £000</b>	<b>Assets under construction £000</b>	<b>Plant &amp; machinery £000</b>	<b>Transport equipment £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>	<b>Total £000</b>
<b>Net book value at 31 March 2018</b>									
Owned - purchased	16,666	224,985	1,478	13,115	6,791	34	7,523	8	270,600
Owned - donated	-	4,446	-	-	1,149	529	-	-	6,124
<b>NBV total at 31 March 2018</b>	<b>16,666</b>	<b>229,431</b>	<b>1,478</b>	<b>13,115</b>	<b>7,940</b>	<b>563</b>	<b>7,523</b>	<b>8</b>	<b>276,724</b>

**Note 17.1 Property, plant and equipment - 2018/19**

Trust	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
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>16,666</b>	<b>231,080</b>	<b>1,478</b>	<b>13,115</b>	<b>45,183</b>	<b>743</b>	<b>29,959</b>	<b>82</b>	<b>338,306</b>
Transfers by absorption									-
Additions		5,126	31	4,173	1,754		1,449		12,533
Impairments	(2,930)	(63,824)	(15)	(967)	-	-	-	-	(67,736)
Reversals of impairments	25	(13)	-	-	-	-	-	-	12
Revaluations	167	1,132	44	-	-	-	-	-	1,343
Reclassifications		5,044		(7,333)	2,253		36		-
Disposals / derecognition				(6,416)	(6,392)				(12,808)
<b>Valuation/gross cost at 31 March 2019</b>	<b>13,928</b>	<b>178,545</b>	<b>1,538</b>	<b>2,572</b>	<b>42,798</b>	<b>743</b>	<b>31,444</b>	<b>82</b>	<b>271,650</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</b>	<b>-</b>	<b>1,649</b>	<b>-</b>	<b>-</b>	<b>37,243</b>	<b>180</b>	<b>22,436</b>	<b>74</b>	<b>61,582</b>
Provided during the year	-	7,785	77	-	1,613	89	1,359	3	10,926
Impairments	-	(114)	-	-	-	-	-	-	(114)
Reversals of impairments	-	(5,118)	(13)	-	-	-	-	-	(5,131)
Revaluations	-	(2,048)	(64)	-	-	-	-	-	(2,112)
Disposals / derecognition	-	-	-	-	(6,238)	-	-	-	(6,238)
<b>Accumulated depreciation at 31 March 2019</b>	<b>-</b>	<b>2,154</b>	<b>-</b>	<b>-</b>	<b>32,618</b>	<b>269</b>	<b>23,795</b>	<b>77</b>	<b>58,913</b>
<b>Net book value at 31 March 2019</b>	<b>13,928</b>	<b>176,391</b>	<b>1,538</b>	<b>2,572</b>	<b>10,180</b>	<b>474</b>	<b>7,649</b>	<b>5</b>	<b>212,737</b>
<b>Net book value at 1 April 2018</b>	<b>16,666</b>	<b>229,431</b>	<b>1,478</b>	<b>13,115</b>	<b>7,940</b>	<b>563</b>	<b>7,523</b>	<b>8</b>	<b>276,724</b>

**Note 17.2 Property, plant and equipment - 2017/18**

Trust	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
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>17,067</b>	<b>207,949</b>	<b>1,937</b>	<b>8,105</b>	<b>44,276</b>	<b>148</b>	<b>28,494</b>	<b>82</b>	<b>308,058</b>
<b>Valuation / gross cost at 1 April 2017 - restated</b>	<b>17,067</b>	<b>207,949</b>	<b>1,937</b>	<b>8,105</b>	<b>44,276</b>	<b>148</b>	<b>28,494</b>	<b>82</b>	<b>308,058</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	1,668	3	14,805	258	570	1,002	-	18,306
Impairments	(326)	(4,115)	(465)	-	-	-	-	-	(4,906)
Reversals of impairments	-	1,992	-	-	-	-	-	-	1,992
Revaluations	-	16,034	-	-	-	-	-	-	16,034
Reclassifications	-	7,627	3	(9,795)	673	25	463	-	(1,004)
Transfers to / from assets held for sale	(75)	(75)	-	-	-	-	-	-	(150)
Disposals / derecognition	-	-	-	-	(24)	-	-	-	(24)
<b>Valuation/gross cost at 31 March 2018</b>	<b>16,666</b>	<b>231,080</b>	<b>1,478</b>	<b>13,115</b>	<b>45,183</b>	<b>743</b>	<b>29,959</b>	<b>82</b>	<b>338,306</b>
<b>Accumulated depreciation at 1 April 2017 - as previously stated</b>	<b>-</b>	<b>982</b>	<b>-</b>	<b>-</b>	<b>35,488</b>	<b>134</b>	<b>20,309</b>	<b>71</b>	<b>56,984</b>
<b>Accumulated depreciation at 1 April 2017 - restated</b>	<b>-</b>	<b>982</b>	<b>-</b>	<b>-</b>	<b>35,488</b>	<b>134</b>	<b>20,309</b>	<b>71</b>	<b>56,984</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	7,903	101	-	1,764	46	2,127	3	11,944
Impairments	-	(403)	(81)	-	-	-	-	-	(484)
Reversals of impairments	-	(478)	-	-	-	-	-	-	(478)
Revaluations	-	(6,352)	(20)	-	-	-	-	-	(6,372)
Transfers to / from assets held for sale	-	(3)	-	-	-	-	-	-	(3)
Disposals / derecognition	-	-	-	-	(9)	-	-	-	(9)
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>1,649</b>	<b>-</b>	<b>-</b>	<b>37,243</b>	<b>180</b>	<b>22,436</b>	<b>74</b>	<b>61,582</b>
<b>Net book value at 31 March 2018</b>	<b>16,666</b>	<b>229,431</b>	<b>1,478</b>	<b>13,115</b>	<b>7,940</b>	<b>563</b>	<b>7,523</b>	<b>8</b>	<b>276,724</b>
<b>Net book value at 1 April 2017</b>	<b>17,067</b>	<b>206,967</b>	<b>1,937</b>	<b>8,105</b>	<b>8,788</b>	<b>14</b>	<b>8,185</b>	<b>11</b>	<b>251,074</b>

**Note 17.3 Property, plant and equipment financing - 2018/19**

Trust	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
<b>Net book value at 31 March 2019</b>									
Owned - purchased	13,928	173,016	1,538	2,572	9,151	26	7,649	5	<b>207,885</b>
Owned - donated	-	3,375	-	-	1,028	448	-	-	<b>4,851</b>
<b>NBV total at 31 March 2019</b>	<b>13,928</b>	<b>176,391</b>	<b>1,538</b>	<b>2,572</b>	<b>10,179</b>	<b>474</b>	<b>7,649</b>	<b>5</b>	<b>212,736</b>

**Note 17.4 Property, plant and equipment financing - 2017/18**

Trust	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
<b>Net book value at 31 March 2018</b>									
Owned - purchased	16,666	224,985	1,478	13,115	6,791	34	7,523	8	<b>270,600</b>
Owned - donated	-	4,446	-	-	1,149	529	-	-	<b>6,124</b>
<b>NBV total at 31 March 2018</b>	<b>16,666</b>	<b>229,431</b>	<b>1,478</b>	<b>13,115</b>	<b>7,940</b>	<b>563</b>	<b>7,523</b>	<b>8</b>	<b>276,724</b>

## Note 18 Donations of property, plant and equipment

The Trust received £128k of donated assets in 2018-19, this consisted of cash donations to purchase medical equipment and fund minor capital schemes.

## Note 19 Revaluations of property, plant and equipment

In 2018/19 the Trust's Estate was revalued by a RICS registered surveyor via the District Valuers Office as of the 31 March 2019. The valuation was in line with the Trust's accounting policy note 1.6.2.

The total at 31 March 2019 included dwellings at £1.187m (31 March 2018 £1.5m)

## Note 20 Inventories

	Group		Trust	
	2019	2018	2019	2018
	£000	£000	£000	£000
Drugs	2,249	2,084	2,249	2,084
Consumables	6,541	6,353	5,716	6,353
Energy	72	79	-	79
<b>Total inventories</b>	<b>8,862</b>	<b>8,516</b>	<b>7,965</b>	<b>8,516</b>
<b>of which:</b>				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £52,189k (2017/18: £53,291k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

## Note 21 Investments in Subsidiaries

The Trust, along with Northumbria Healthcare Facilities Management Ltd incorporated a subsidiary York Teaching Hospital Facilities Management (YTHFM LLP) registered number OC421341 in March 2018 as a limited liability partnership. YTHFM LLP became operational on the 1 October 2018. The two members own the partnership 95:5 in favour of the Trust. The primary purpose of the subsidiary is the provision of a fully managed healthcare facility for the Trusts existing infrastructure, including the design, project management and operation of the Trust's capital programme. The income, expenses, assets, liabilities, equity and reserves for the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with The Trusts or where the subsidiary's accounting date is not coterminus. The amounts consolidated for the year ending 31 March 2019 are drawn from the 6 months financial statements of YTHFM LLP.

### Note 21.1 Intercompany lease

Where the Trust enters into arrangements by which it acts as both lessee and lessor for the same assets, the Trust will consider if it has a legally enforceable right to set off. Where such a right exists the underlying assets will be offset by the underlying liabilities and the resulting net value disclosed as either an asset or liability. Similarly financial income and costs will be set off.

The Trust invoiced the LLP for lease charges of £9.361m during the course of the year, the LLP charged the Trust a similar amount as part of its fully managed facilities billing.

The MSA and the many leases entered into by the Trust with the LLP form a series of structured transactions. The overall economic effect of these transactions cannot be understood without reference to the series of the transactions as a whole, in that they are negotiated as a single transaction being the provision of fully managed healthcare facilities

Therefore in substance, the legal contracts do not clearly constitute a lease under the terms of IAS 17; this is in line with the consensus set out in SIC 27 paragraph 5 in particular.

In line with the above the following transactions have been removed from the Trusts Accounts

<b>Income</b>		<b>£ 000's</b>	
Trust total Income		532,510	
Less Lease of Land & Buildings at Market value		9,361	Removed as per policy note 1.14 & 1.2.1
Total Income after SIC 27 in TrustAccounts		523,149	SOCI

<b>Expenditure</b>			
Total Non Pay Expenditure		506,407	
Unitary payment charges relating to managed service		29,047	-
Less Charge for write to use premises		9,361	Removed as per policy note 1.14 & 1.2.1
Total Non Pay Expenditure after SIC 27		526,093	SOCI

<b>Balance Sheet</b>			
Current Assets			
Intercompany Debtors		12,972	
Less Lease of Land & Buildings at Market value incl VAT		11,233	Removed as per policy note 1.14 & 1.2.1
Total Intercompany debtor		1,739	SOFP- Note

<b>Current Liabilities</b>			
Intercompany Creditors		14,082	
Less Lease of Land & Buildings at Market value		11,233	Removed as per policy note 1.14 & 1.2.1
Total Intercompany debtor		2,849	SOFP-Note

As per above the financial assets / liabilities over the full term of the lease (25 years ) have also been removed from the accounts.

<b>Financial asset</b>			
Financial Lease of Land & Buildings at Market value		288,564	Removed as per policy note 1.14 & 1.2.1
Less Lease of Land & Buildings at Market value		288,564	
Total Intercompany debtor		-	

<b>Financial liabilities</b>			
Financial Lease of Land & Buildings at Market value		288,564	Removed as per policy note 1.14 & 1.2.1
Less Lease of Land & Buildings at Market value		288,564	
Total Intercompany debtor		-	

## Note 22 Receivables

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
<b>Current</b>				
Contract receivables*	27,197	-	27,633	-
Trade receivables*	-	11,090	-	11,090
Accrued income*	-	9,024	-	9,024
Allowance for impaired contract receivables / assets*	(747)	-	(747)	-
Allowance for other impaired receivables	-	(932)	-	(932)
Prepayments (non-PFI)	2,111	2,519	1,197	2,519
PDC dividend receivable	949	-	949	-
VAT receivable	2,495	404	1,522	404
Other receivables	1,244	1,119	1,275	1,119
Receivables relating to subsidiary	-	-	1,739	-
<b>Total current receivables</b>	<b>33,249</b>	<b>23,224</b>	<b>33,568</b>	<b>23,224</b>
<b>Non-current</b>				
Receivables relating to loan to subsidiary	1,462	-	17,741	-
Trade receivables*	-	1,493	1,462	1,493
Allowance for impaired contract receivables / assets*	(219)	-	(219)	-
Allowance for other impaired receivables	-	(224)	-	(224)
VAT receivable	3,493	-	3,493	-
Other receivables	250	-	250	-
<b>Total non-current receivables</b>	<b>4,986</b>	<b>1,269</b>	<b>22,727</b>	<b>1,269</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>				
Current	22,179	14,270		
Non-current	-	-		

\*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements 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.



## Note 22.1 Allowances for credit losses - 2018/19

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
<b>Allowances as at 1 Apr 2018 - brought forward</b>		1,156		1,156
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,156	(1,156)	1,156	(1,156)
New allowances arising	244	-	244	-
Reversals of allowances	(123)	-	(123)	-
Utilisation of allowances (write offs)	(311)	-	(311)	-
<b>Allowances as at 31 Mar 2019</b>	<b>966</b>	<b>-</b>	<b>966</b>	<b>-</b>

## Note 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.

	Group All receivables £000	Trust All receivables £000
<b>Allowances as at 1 Apr 2017 - as previously stated</b>		
Prior period adjustments	1,532	1,532
<b>Allowances as at 1 Apr 2017 - restated</b>	<b>1,532</b>	<b>1,532</b>
Increase in provision	437	437
Amounts utilised	(715)	(715)
Unused amounts reversed	(98)	(98)
<b>Allowances as at 31 Mar 2018</b>	<b>1,156</b>	<b>1,156</b>

## Note 23 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April</b>	<b>147</b>	<b>-</b>	<b>147</b>	<b>-</b>
<b>disposal groups at 1 April - restated</b>	<b>147</b>	<b>-</b>	<b>147</b>	<b>-</b>
Assets classified as available for sale in the year	-	147	-	147
Assets sold in year	(147)	-	(147)	-
<b>disposal groups at 31 March</b>	<b>-</b>	<b>147</b>	<b>-</b>	<b>147</b>

## Note 24 Cash and cash equivalents movements

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.

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
<b>At 1 April</b>	<b>16,806</b>	<b>14,031</b>	<b>16,806</b>	<b>14,031</b>
Net change in year	(7,101)	2,775	(8,953)	2,775
<b>At 31 March</b>	<b>9,705</b>	<b>16,806</b>	<b>7,853</b>	<b>16,806</b>
<b>Broken down into:</b>				
Cash at commercial banks and in hand	81	114	25	114
Cash with the Government Banking Service	9,624	16,692	7,828	16,692
<b>Total cash and cash equivalents as in SoFP</b>	<b>9,705</b>	<b>16,806</b>	<b>7,853</b>	<b>16,806</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>9,705</b>	<b>16,806</b>	<b>7,853</b>	<b>16,806</b>

### Note 24.1 Third party assets held by the Trust

York Teaching Hospital NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Bank balances	1	3
<b>Total third party assets</b>	<b>1</b>	<b>3</b>

### Note 25.1 Trade and other payables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
<b>Current</b>				
Trade payables	8,696	7,828	6,565	7,828
Capital payables	4,311	1,927	1,248	1,927
Accruals	18,892	18,784	15,316	18,784
Receipts in advance and payments on account	87	728	87	728
Social security costs	6,998	6,542	6,797	6,542
Other taxes payable	63	107	-	107
PDC dividend payable	-	61	-	61
Accrued interest on loans*	-	240	-	240
Other payables	4,022	7,877	3,885	7,877
Amounts owing to subsidiary	-	-	2,849	-
<b>Total current trade and other payables</b>	<b>43,069</b>	<b>44,094</b>	<b>36,747</b>	<b>44,094</b>
<b>Non-current</b>				
Trade payables	77	55	56	55
<b>Total non-current trade and other payables</b>	<b>77</b>	<b>55</b>	<b>56</b>	<b>55</b>

#### Of which payables from NHS and DHSC group bodies:

Current	3,245	5,127	3,245	5,127
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\*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 note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

## Note 26 Other liabilities

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
<b>Current</b>				
Deferred income: contract liabilities	2,311	2,095	2,311	2,095
<b>Total other current liabilities</b>	<b>2,311</b>	<b>2,095</b>	<b>2,311</b>	<b>2,095</b>

## Note 27 Borrowings

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
<b>Current</b>				
Loans from DHSC	3,239	2,548	3,239	2,548
Loans from Subsidiary	-	-	327	-
<b>Total current borrowings</b>	<b>3,239</b>	<b>2,548</b>	<b>3,566</b>	<b>2,548</b>
<b>Non-current</b>				
Loans from DHSC	54,549	43,290	54,549	43,290
Loans from Subsidiary	-	-	7,531	-
<b>Total non-current borrowings</b>	<b>54,549</b>	<b>43,290</b>	<b>62,080</b>	<b>43,290</b>

### Note 27.1 Reconciliation of liabilities arising from financing activities

Group	DHSC £000	Total £000
<b>Carrying value at 1 April 2018</b>	<b>45,838</b>	<b>45,838</b>
<b>Cash movements:</b>		-
principal	11,652	11,652
Financing cash flows - payments of interest	(791)	(791)
<b>Non-cash movements:</b>		
Impact of implementing IFRS 9 on 1 April 2018	240	240
Application of effective interest rate	849	849
<b>Carrying value at 31 March 2019</b>	<b>57,788</b>	<b>57,788</b>

Trust	Loans from DHSC £000	Subsidiary loans £000	Total £000
<b>Carrying value at 1 April 2018</b>	<b>45,838</b>	-	<b>45,838</b>
<b>Cash movements:</b>			-
principal	11,652	7,961	19,613
Financing cash flows - payments of interest	(791)	(127)	(918)
<b>Non-cash movements:</b>			-
Impact of implementing IFRS 9 on 1 April 2018	240	-	240
Application of effective interest rate	849	24	873
<b>Carrying value at 31 March 2019</b>	<b>57,788</b>	<b>7,858</b>	<b>65,646</b>

## Note 29.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs £000	Pensions: injury benefits* £000	Total £000
<b>At 1 April 2018</b>	<b>678</b>	<b>515</b>	<b>1,193</b>
Change in the discount rate	(10)	(3)	(13)
Arising during the year	11	8	19
Utilised during the year	(75)	(17)	(92)
Reversed unused	(10)	(277)	(287)
Unwinding of discount	1	-	1
<b>At 31 March 2019</b>	<b>595</b>	<b>226</b>	<b>821</b>
<b>Expected timing of cash flows:</b>			
- not later than one year;	74	17	91
- later than one year and not later than five years;	294	70	364
- later than five years.	227	139	366
<b>Total</b>	<b>595</b>	<b>226</b>	<b>821</b>

\* 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 early departure costs.

## Note 29.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs £000	Total £000
<b>At 1 April 2018</b>	<b>1,192</b>	<b>1,192</b>
Change in the discount rate	11	11
Arising during the year	96	96
Utilised during the year	(109)	(109)
Unwinding of discount	3	3
<b>At 31 March 2019</b>	<b>1,193</b>	<b>1,193</b>
<b>Expected timing of cash flows:</b>		
- not later than one year;	109	109
- later than one year and not later than five years;	436	436
- later than five years.	647	647
<b>Total</b>	<b>1,192</b>	<b>1,192</b>

\* 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 early departure costs.

### Note 29.3 Clinical negligence liabilities

At 31 March 2019, £292m was included in provisions of NHS Resolution in respect of clinical negligence liabilities of York Teaching Hospital NHS Foundation Trust(31 March 2018: £184m).

### Note 30 Contingent assets and liabilities

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Net value of contingent assets	-	6,000		6,000

On the 31st March 2019 The Trust held no contingent liabilities. The contingent Asset held relating to the Capital Goods Scheme VAT reclaim in 2017-18 has now been realised in the Trusts income in 2018-19 for the amount of £4.6m

### Note 31 Contractual capital commitments

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	2,063	11,782	398	11,782
<b>Total</b>	<b>2,063</b>	<b>11,782</b>	<b>398</b>	<b>11,782</b>

## Note 32 Financial instruments

### Note 32.1 Financial risk management

IAS 32, 39 and IFRS 7 regarding Financial Instruments, require disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Due to the continuing service provider relationship that the NHS Foundation Trust has with local Clinical Commissioning Groups (CCG) and the way those CCGs are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IAS 32, 39 and IFRS 7 mainly apply.

#### Liquidity Risk

The NHS Foundation Trust's net operating costs are incurred under annual service agreements with local CCG, which are financed from resources voted annually by Parliament. York Teaching Hospital NHS Foundation Trust is not generally exposed to significant liquidity risks.

#### Interest Rate Risk

The NHS Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. Therefore, York Teaching Hospital NHS Foundation Trust is not exposed to significant interest-rate risk.

#### Credit Risk

The NHS Foundation Trust receives the majority of its income from CCGs and Statutory Bodies, the credit risk is therefore generally negligible.

#### Foreign Currency Risk

The NHS Foundation Trust carries out a minimal amount of foreign currency trading therefore the foreign currency risk is negligible.

### Note 32.2 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.

Group	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2019 under IFRS 9</b>		
Trade and other receivables excluding non financial assets	29,187	29,187
Cash and cash equivalents	9,705	9,705
<b>Total at 31 March 2019</b>	<b>38,892</b>	<b>38,892</b>
Group	Loans and receivables £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2018 under IAS 39</b>		
Trade and other receivables excluding non financial assets	15,863	15,863
Cash and cash equivalents	16,806	16,806
<b>Total at 31 March 2018</b>	<b>32,669</b>	<b>32,669</b>
Trust	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2019 under IFRS 9</b>		
Trade and other receivables excluding non financial assets	35,486	35,486
Receivables relating to subsidiary	19,480	19,480
Cash and cash equivalents	7,853	7,853
<b>Total at 31 March 2019</b>	<b>62,819</b>	<b>62,819</b>

<b>Trust</b>	<b>Loans and receivables £000</b>	<b>Total book value £000</b>
<b>Carrying values of financial assets as at 31 March 2018 under IAS 39</b>		
Trade and other receivables excluding non financial assets	15,863	15,863
Other investments / financial assets		-
Cash and cash equivalents	16,806	16,806
<b>Total at 31 March 2018</b>	<b>32,669</b>	<b>32,669</b>

### **Note 32.3 Carrying values 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 analysis.

<b>Group</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
<b>IFRS 9</b>		
Loans from the Department of Health and Social Care	57,788	57,788
Trade and other payables excluding non financial liabilities	35,699	35,699
<b>Total at 31 March 2019</b>	<b>93,487</b>	<b>93,487</b>

<b>Group</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
<b>IAS 39</b>		
Loans from the Department of Health and Social Care	45,838	45,838
Trade and other payables excluding non financial liabilities	36,773	36,773
<b>Total at 31 March 2018</b>	<b>82,611</b>	<b>82,611</b>

<b>Trust</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
<b>IFRS 9</b>		
Loans from the Department of Health and Social Care	57,788	57,788
Trade and other payables excluding non financial liabilities	27,068	27,068
Payables relating to the subsidiary	10,707	10,707
<b>Total at 31 March 2019</b>	<b>95,563</b>	<b>95,563</b>

<b>Trust</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
<b>IAS 39</b>		
Loans from the Department of Health and Social Care	45,838	45,838
Trade and other payables excluding non financial liabilities	36,773	36,773
<b>Total at 31 March 2018</b>	<b>82,611</b>	<b>82,611</b>

#### Note 32.4 Fair values of financial assets and liabilities

The NHS Foundation Trust has carried all financial assets and financial liabilities at fair value for the year 2018/19.

#### Note 32.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
In one year or less	38,861	39,321	33,428	39,321
In more than one year but not more than two years	26,500	3,391	26,805	3,391
In more than two years but not more than five years	13,072	34,274	14,053	34,274
In more than five years	15,054	5,625	21,277	5,625
<b>Total</b>	<b>93,487</b>	<b>82,611</b>	<b>95,563</b>	<b>82,611</b>

#### Note 33 Losses and special payments

Group and Trust	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Cash losses	12	-	21	-
Bad debts and claims abandoned	58	15	189	92
Stores losses and damage to property	4	1	2	-
<b>Total losses</b>	<b>74</b>	<b>16</b>	<b>212</b>	<b>92</b>
<b>Special payments</b>				
Ex-gratia payments	66	56	79	134
Special severance payments	2	50	-	-
<b>Total special payments</b>	<b>68</b>	<b>106</b>	<b>79</b>	<b>134</b>
<b>Total losses and special payments</b>	<b>142</b>	<b>122</b>	<b>291</b>	<b>226</b>
Compensation payments received		-		-

#### Note 34 Gifts

The Trust has made no donations of gifts to any party during the year 2018/19.



**Note 35.1 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 and a revised approach to hedge accounting.

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 £240k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in no decrease in the carrying value of receivables.

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 £3,030k.

**Note 35.2 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).

## **Note 35 Related parties**

York Teaching Hospital NHS Foundation Trust is a corporate body established by order of the Secretary of State for Health.

During the year none of the Board Members, members of the Council of Governors or members of the key management staff or parties related to them has undertaken any material transactions with York Teaching Hospital NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year York Teaching Hospital NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of material transactions with other English government departments and other central and local government bodies. Most of these transactions have been in the course of the latter's business as government agencies.

For those entities where significant transactions have occurred during the year, details of income and expenditure and balances receivable and payable are listed below. Transactions are considered significant, if income or expenditure for the year exceeds £2.0m or the receivable or payable balance exceeds £0.5m.

The Trust has also received contributions of £843k towards revenue expenditure and £128k towards capital expenditure from the York Teaching Hospital Charity, the Corporate Trustee for which is the York Teaching Hospital NHS Foundation Trust. At the year-end there was a receivable balance in the Trust of £118k due from the York Teaching Hospital Charity.

Department of Health and Social Care  
Department of Work & Pensions  
Harrogate & District NHS Foundation Trust  
Health Education England  
HM Revenue & Customs  
Hull University Teaching Hospitals NHS Trust  
Humber Teaching NHS Foundation Trust  
Leeds Teaching Hospital NHS Trust  
NHS East Riding of Yorkshire CCG  
NHS England  
NHS Hambleton, Richmondshire and Whitby CCG  
NHS Harrogate and Rural District CCG  
NHS Leeds CCG  
NHS Pension Scheme  
NHS Property Services  
NHS Resolution  
NHS Scarborough and Ryedale CCG  
NHS Vale of York CCG  
North Yorkshire County Council  
Sheffield Teaching Hospital NHS Foundation Trust  
Tees Esk & Wear Valleys NHS Foundation Trust

## **Note 36 Transfers by absorption**

There have been no transfers by absorption during 2018/19

## **Note 37 Prior period adjustments**

There are no prior period adjustments

## **Note 38 Events after the reporting date**

The Trust has no events after the reporting period for 2018-19.



