NHS
The Mid Yorkshire Hospitals
NHS Trust

ANNUAL REPORT AND FINANCIAL ACCOUNTS

2019/2020

Striving for excellence

Contents

The Chairman's Statement

Welcome to our Annual Report and Accounts for 2019 - 2020.

This Annual Report has been produced during the COVID-19 global pandemic; at a time when the nation's NHS resources are focused on managing the unknown virus that is putting the public and our incredible staff at great risk.

The Trust's response to the pandemic has been nothing short of a marvel, with the reconfiguration of estate – physical movement of complete services, retraining of medical and non-medical staff, the introduction of innovative solutions to maintain essential services, the facilitation of hundreds of safe discharges into the community and much much more, all occurring within days of the UK pandemic announcement.

This collective achievement, focus and system collaboration is testament to the great team here at the Mid Yorkshire Hospitals NHS Trust.

I joined the Trust in July 2019, at the end of the year when the NHS was celebrating turning 70 years old. No one could have predicted that this would be one of the most challenging in the history of the NHS.

The performance against some indicators reported to the Trust Board and detailed within this Annual Report, have been impacted in the latter part of the 2019-2020 year by the COVID-19 pandemic. This however, does not make the Trust an outlier, and indeed we are performing in line with our Yorkshire and Humber peers and, in some areas, better that the England average.

The number of patients waiting less than 2 weeks from urgent GP referral to 1st

outpatient appointment remains outstanding; the latest national results, relating to January 2020, show the Trust at 98.9%, compared to a national average of 90.1% positioning the Trust as the 11th best performing Trust in England.

Throughout the year, the Trust continued its focus on its staff and patients and as a result, celebrated the achievement of the Investors in People accreditation and Veteran Awareness status. In addition to these recognitions, we have seen a number of our teams nominated for national awards, including the eMeds Project Team - who were named Team of the Year at the Leading Healthcare Awards 2020, and a team with representatives from Pharmacy, Infection Prevention and Control, A & E and the Pathology Department who won the Diagnostic Stewardship award at the fourth international Antibiotic Guardian awards.

I hope you enjoy reading the Highlight section of this report, which details just some of the huge achievements made in the last year by the Mid Yorkshire Team. I look forward to the 2020-2021 year with both optimism and pride.

Finally, I would like to reflect on the death in service of eight friends and colleagues who are sadly missed.

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

I commend this Annual Report to you.

Keith Ramsay
Chairman

CHAPTER ONE
PERFORMANCE REPORT

Chief Executive's Performance Statement

This Annual Report covers the period of my fourth year as the Accountable Officer for the Trust. Despite ongoing pressures, the Trust has demonstrated sustained performance in most areas and improvements in others.

I am pleased to report that the Trust broadly achieved its financial plan, which enabled the Trust to receive its full allocation of Financial Recovery Funding and Provider Support Fund, which has led to the Trust reporting a £50k surplus at the end of the financial year. I have not been able to report such an end of year position before since joining the Trust!

The year saw mixed levels of attainment of NHS Constitutional standards. Like very many Trusts our 18 week Referral to Treatment was a challenge, but our relative performance to other Trusts improved. The specialty which saw the biggest increase in the numbers of patients waiting and waiting times was ENT caused by a dramatic increase in the number of referrals. The implementation of additional investment to increase capacity has been delayed because of the covid-19 epidemic, but of course remains a very high priority when we are able to do more non-covid related work in 2020. Achieving the 62 day cancer standard has also proved very challenging for patients on the prostate cancer pathway because of lack of diagnostic capacity – which was solved towards the end of the 2019 calendar year, and a reduction in surgeon capacity due to a gap occurring between a consultant leaving and his replacement starting.

The number of people attending our Emergency Departments at Pinderfields and Dewsbury & District Hospitals remained virtually the same as the previous year. However the number of people attending the Urgent Treatment Centre at Pontefract Hospital saw a large increase of 17% year on year. We were really pleased to be invited to be one of 14 Trusts testing out possible new performance measures for ED services that might replace the well known 4 hour standard. We are supportive of these possible new standards. For most of the year though the problem we have in ensuring that patients who need a hospital bed who attend ED, are transferred to a bed without undue delay has remained. This leads to a poor patient experience and at times overcrowding in the Emergency Department. Therefore the timely availability of beds remains a priority for the Trust to significantly improve in 2020/21.

Another key priority is ensuring that the Trust is a good place to work. I was therefore delighted that the Trust has achieved Investors in People Standard, whilst recognising that there remains much to improve. The upward trajectory of the staff survey results which has been consistently improving over the past 3 to 4 years on the two crucial questions of recommending as a place to work and a place for treatment, plateaued in quarters 3 and 4. Addressing the feedback from staff on what needs means we need to re-double our improvement work in 2020/21 if we are to continue to see quarter on quarter improvements.

A real transformational success last year was embedding our first Electronic Medicines Management System including electronic prescribing. This increases safety and efficiency. Many acute hospitals already have such a system and it was great that the Trust was able to procure and implement the system in in-patient areas within such a short period of time. It has been well received by staff. Furthermore terrific progress has been made in introducing an electronic clinical records system known as PPM+. Further functionality will be adopted in 2020. Other digital modernisation has also taken place including the adoption of the NHS email system.

I continue to be impressed and humbled by the motivation, expertise and hard work of our staff. In my 47 years in the NHS I have never seen so many staff work under so much pressure for such prolonged periods of time. I am not just talking about the impact of 'winter pressures' – the gap between demand and capacity – but also the pressure caused by the Trust having vacancies for many clinical staff reflecting the regional/national shortage of doctors and registered nurses in particular. The Trust will continue to strive to retain our existing staff and recruit to the vacancies.

March, the last month of the 2019/20 year was of course dominated by covid-19. Huge changes were made to patient pathways, zoning of the hospitals, especially Pinderfields, and many staff doing different work than their usual roles and sometimes in different hospitals. The way staff led these changes, embraced change and showed great flexibility, adaptability and forbearance during a period of such rapid change in disconcerting circumstances has been absolutely inspiring and brilliant to see, not to mention the bravery, selflessness and dedication of so very many of the Trust's staff.

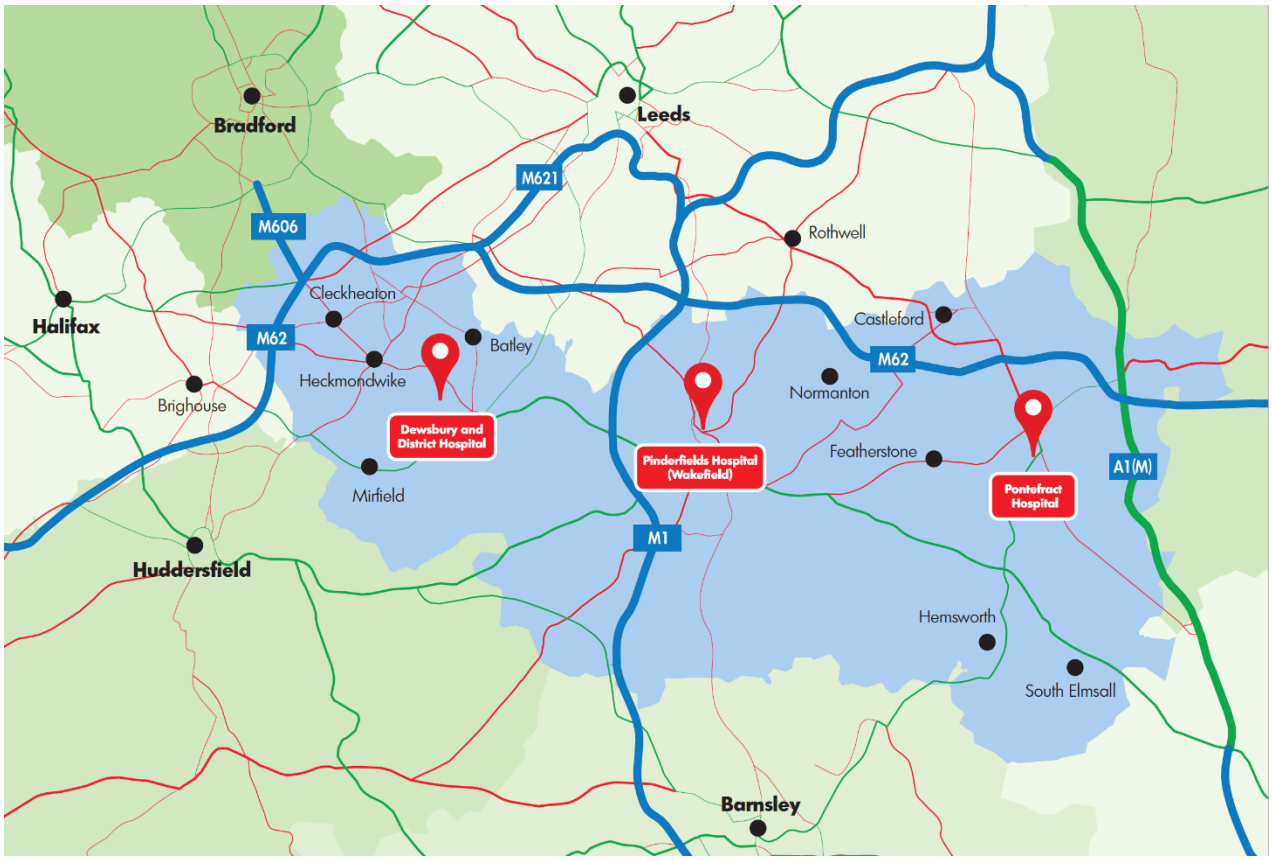
The Trust does not work in isolation – we are part of an integrated health and care system. Many of the improvements that have taken place could not have done so without the support of others, especially the two main local authorities and clinical commissioning groups (North Kirklees and Wakefield) and the 11 Primary Care Networks that were established in July 2019. Besides thanking these organisations, other partner organisations and GPs, my heartfelt thanks go to our magnificent workforce and volunteers.

Chief Executive and Accountable Officer: Martin Barkley
Organisation: The Mid Yorkshire Hospitals NHS Trust
Date: 28 May 2020

Overview: About the Trust

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

The Trust offers services from three hospital sites and a number of community settings, as well as directly into people's homes. The three acute settings are Pinderfields Hospital (Wakefield); Dewsbury and District Hospital; and Pontefract Hospital.



The Trust offers an extensive range of services, including secondary care hospital services, intermediate support and community care. This means that patients receive their care in the most appropriate place for them – when and where they need it.

The Trust also provides two specialist regional services: burns and spinal injuries, which are renowned across the North of England, and beyond, for their facilities and excellent care.

With approximately 8,700 staff and an operating income in excess of £545 million in 2019 – 2020, the Mid Yorkshire Hospitals NHS Trust delivers services as part of the health and social care systems in Wakefield and Kirklees. It works in partnership with two local authorities, two main clinical commissioning groups (CCGs) and a wide range of other providers, including voluntary and private sector organisations. These partnerships facilitate a holistic approach to the delivery of health and social care that places patients, their carers, and the public at the heart of all decision-making.

A snapshot of the Trust during 2019-2020

- **Three hospitals – Pinderfields (Wakefield), Dewsbury and District and Pontefract**
- **Adult community nursing across the Wakefield district**
- **Around 8,700 staff**
- **In 2019/20:**
  - **There were over 267,000 attendances to A&E**
  - **Over 132,000 patients were admitted**
  - **Patients attended more than 480,000 outpatient appointments**
  - **Almost 6000 babies were delivered**
  - **There were over 300,000 face-to-face contacts by our community nurses/therapists with Wakefield adult patients**

Trust strategic direction, vision and values and behaviours

The Trust Strategy – 'Striving for Excellence' - provides a clear line of sight to the goals of the Trust and its vision, for all staff. This provides clarity, to all stakeholders, of the Trust's purpose, priorities and supports how the Trust aligns its resources to achieve its vision to:

'achieve an excellent patient experience each and every time'

The Trust's mission and purpose is:

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

The Trust has six strategic aims:

Strategic Aim One:
Keep our patients safe at all times

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

This means the Trust will:

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

Strategic Aim Two:

Provide excellent patient experiences that deliver expected outcomes

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

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

Strategic Aim Three:

Be an excellent employer

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

This means the Trust will:

- value our staff and their contribution
- have effective clinical leadership
- create the right conditions so people want to work here and choose to stay
- support all staff to live by our values and behaviours
- provide healthy and safe workplaces
- invest and promote appropriate education, training, development and leadership opportunities for all staff
- support staff to achieve their career ambitions

- provide high quality clinical education and professional development that is valued by our student placements
- be an equal opportunities employer.

Strategic Aim Four:

Be a well-led Trust that delivers value for money

The Trust is an NHS organisation. It has a responsibility to provide best value for the use of the public's money. It will pledge to spend resources wisely to meet its objectives.

This means the Trust will:

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

Strategic Aim Five:
Have effective partnerships that support better patient care

The NHS Long-term Plan has reaffirmed the expectation for Trusts to work in close collaboration with its commissioners and with other providers for the benefit of patients, to safeguard the sustainability of services, and drive innovation.

This means the Trust will:

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

Strategic Aim Six:
Provide excellent research, development and innovation opportunities

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

This means the Trust will:

- make it easy for staff to present ideas and innovations
- support staff to realise ideas quickly and effectively

- work with academic and healthcare organisations to explore and support appropriate research partnerships to improve our care
- litactively engage our patients and the public in delivering effective research and development projects.

The six strategic aims underpin the Striving for Excellence Strategy, which is presented pictorially in the diagram below. The mission, vision and aims are reinforced by a framework of values and behaviours that support delivery through encouraging a positive culture within the organisation.

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MY BEHAVIOURS

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

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

★ HIGH STANDARDS

Taking responsibility for providing the best services and patient experience.

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

♥ CARING

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

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

RESPECT

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

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

IMPROVING

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

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

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

Working in partnership

The Trust works formally, and informally, in partnership with organisations across the local and regional health and social care economy.

In line with the NHS Long Term Plan, health and social care organisations are being encouraged to work more collaboratively to deliver cross-party innovation that deliver the plan's ambitions. In 2019-2020 the Trust continued to develop and participate within a number of collaborations that allow it to work more closely together to deliver against the health needs of its population. Some of the key partnerships are described below:

West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It became a 'second wave Integrated Care System' (ICS) during 2018.

The partnership includes nine clinical commissioning groups, eight local councils, and services provided by a number of health and social care organisations, including NHS Trusts.

All partner organisations agreed a Partnership's Memorandum of Understanding, formally supporting an intent and commitment to work together as a system.

The Partnership Board brings together NHS, councils and communities and was established in June 2019.

Partners within the ICS work together on priority programmes for the whole of West Yorkshire and Harrogate, including mental health, hospitals working together, stroke, cancer, maternity, urgent and emergency care, improving planned care, preventing ill health and improving

peoples' wellbeing. Programmes are delivered on a regional basis via the ICS where better value is harnessed through larger partnerships or networks. The plans of the ICS for the next five years reflect the needs from within the NHS Long Term Plan and have been published in 'Better Health and Wellbeing for Everyone: our five year plan'. The plan articulates 'Ten Big Ambitions' to improve the lives of people in West Yorkshire and Harrogate throughout the duration of the timescales of the plan.

West Yorkshire Association of Acute Trusts

The West Yorkshire Association of Acute Trusts (WYAAT) is part of West Yorkshire and Harrogate Health and Care Partnership. WYAAT is an innovative collaboration which brings together the NHS Trusts which deliver acute hospital services across West Yorkshire and Harrogate. It facilitates local hospitals working in partnership with one another to give patients access to the very best facilities and staff. The six hospitals trusts who make up WYAAT include:

- Airedale District Hospital NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale & Huddersfield NHS Foundation Trust
- Harrogate & District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust

The vision of the association is to create a region-wide, efficient and sustainable healthcare system that embraces the latest thinking and best practice to deliver the highest quality of care and the best possible outcomes for the population within West Yorkshire and Harrogate.

WYAAT was established in 2016 with the first meeting of the Committee in Common on 12 December 2016. Its aim to support hospitals to be organised around the needs of people living in West Yorkshire and Harrogate rather than planning at individual organisational level; to encourage care for patients that is more cohesive, high quality, and better value.

WYAAT has twelve priorities covering corporate support, clinical support and clinical services. Each is led by a Chief Executive from one of the hospitals supported by a programme manager. The twelve priorities include:

- The West Yorkshire Vascular Service
- Elective surgery (orthopaedics)
- Our stroke units
- Pharmacy, Medicines and Patients
- Yorkshire Imaging Collaborative
- Pathology
- Scan4Safety
- Procurement
- Information Management & Technology
- Estates and facilities
- Workforce
- West Yorkshire and Harrogate clinical strategy

WYAAT acts as the delivery mechanism for West Yorkshire and Harrogate Health and Care Partnership's hospitals working together programmes and also provides a strong voice for hospitals within the Partnership. Further details can be found at https://wyaat.wyhpartnership.co.uk/

Wakefield Integrated Care Partnership

The Wakefield Integrated Care Partnership is the vehicle for leading closer integration of out-of-hospital services to improve outcomes and support for the people of Wakefield. The Adult Community Services Division (ACS) within the Trust works collaboratively with system partners including Acute Care, Local Authority, Primary Care Networks and Voluntary Services to deliver integrated care across the Wakefield District.

The Trust's ACS is a member of the Integrated Care Provider board which establishes the strategic priorities to support the delivery of the commitments from the NHS Long Term Plan and the Ageing Well Programme. The delivery of the priorities is managed through the Joint

Leadership Team with the Local Authority and the Community and Primary Care Improvement Group.

Equality, Diversity and Inclusion

The Trust recognises diversity and celebrates the differences that exists within our workforce and the communities we serve. The Trust ensures that in the delivery of its services, consideration is given to address the needs of diverse groups within the workforce and the wider population.

The Trust is committed to promoting inclusive practices in its day-to-day interactions patients, carers, visitors and staff regardless of their race, ethnic origin, gender identity, mental or physical disability, religion and belief, sexual orientation, maternity status or social class.

In July 2019 the Trust celebrated the graduation of nine Interns (students) from its second Pinderfields-based Project 'SEARCH' cohort. The scheme provides a yearlong work experience programme for young people with learning disabilities with the aim of securing full time employment. The Trust is incredibly proud that six of the graduates secured jobs within the Trust and another secured an apprenticeship with Wakefield Council. The Project SEARCH team continue to support other apprentices with employment opportunities.

During the two years in which the Trust has been delivering Project SEARCH, a total of fifteen interns have graduated. Nine graduates have secured jobs at the Trust with a further three getting jobs elsewhere. In September 2019, eleven Interns were inducted for the third cohort at Pinderfields.

In view of the success of the Pinderfields scheme, in March 2019, Kirklees Council approached the Trust to explore the possibility of running a similar scheme from Dewsbury Hospital to start in September 2019. Partnership working between the Trust, the Council, Kirklees College and a number of other local government agencies, with support from David Forbes Nixon (DFN) Project SEARCH Europe, supported the establishment of the Dewsbury programme. On 4 September 2019, the first cohort of seven students arrived at the Dewsbury Hospital site to be

greeted by the Trust's Chairman, Keith Ramsey and Councillor Shabir Pandor, Leader of Kirklees Council.

To keep our apprentices safe, the scheme was suspended in March 2020 due to the Covid-19 pandemic. The Trust plans to resume the programme as soon as government restrictions are lifted and the pressure on services ease.

A key priority for the Trust in 2020/21 year is to implement a number of initiatives aimed at supporting BAME staff to develop their careers. Approximately one in seven of the Trust's workforce have a BMAE background, but are underrepresented in Agenda for Change Bands b and above. This is something that the Trust is determined to improve over the next few years.

Activity Levels in 2019-2020

	2019/20	2018/19
Emergency Department attendances	*267,542*	260,895
Patients who were admitted as an emergency admission	*60,860*	62,551
Total outpatient appointments	*483,003*	488,918
Patients admitted as an elective (planned) admission/day case	*72,016*	70,255
Total number of births/deliveries	*5,394*	5,999
Radiology examinations	498,306	534,417
Home visits in the community	310,334	325,661
Total number of referrals from GPs	115,260	124,166
Total number of referrals to the Trust	203,808	209,784

IMPORTANT NOTE: 2019-2020 unvalidated positions until Monthly Activity File (SLAM) is available for M12.

Activity during March 2020 was reduced due to the COVID-19 outbreak.

Financial Sustainability

Like many NHS Trusts, the Mid Yorkshire Hospitals NHS Trust faced significant financial and operational pressures throughout the year. In order to deliver the financial control target of a £20.7 million deficit set by NHS Improvement (NHSI), the Trust was required to deliver a challenging £19 million savings programme.

The financial control total included an opportunity to earn £20.7 million of income through the Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF), which would give the Trust a net breakeven position – indeed a £50,000 surplus.

The Trust has managed to meet the NHSI control target requirements, and consequently has been able to secure PSF and FRF funding to result in a net breakeven position.

Going forward, the Trust's financial plan for 2020-2021 is also a net breakeven position after FRF. In addition, the Trust has been notified that historic loan debt from previous year deficits and emergency capital funding is to be extinguished during 2020-2021 with these loans being converted into non-repayable Public Dividend Capital.

The accounting concept of Going Concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate indefinitely and not go out of business or liquidate its assets in the foreseeable future.

Under International Financial Reporting Standards, management are required to assess, as part of the accounts process, the Trust's ability to continue as a going concern. For public sector entities, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern. DHSC group bodies must prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

In preparing the financial statements on a going concern basis the directors have considered the Trust's improved financial position short, medium and longer term.

The Trust delivered its financial plan and savings target in 2019/20 and achieved an in year surplus of £614k for the year ended 31 March 2020. In addition the Trust closed the year with a cash balance of £13,679k (2018/19 £7,115k) and net assets of £7,212k (2018/19 £3577k) - a marked improvement on previous years and a better financial basis on which to enter 2020-2021.

The Trust has an agreed balanced plan for 2020-2021 and is expecting to meet the statutory break even duty by 2021/22. The Trust has sufficient working capital and a balanced plan going forward therefore future external support in terms of cash loans will not be required

On 2 April 2020, the DHSC and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020-2021 financial year. During 2020/21, existing DHSC interim revenue and emergency capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £114,780k are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Also as a result of the conversion of these loans to PDC, the Trust will not need to repay as originally planned. This will make a significant contribution to the improvement of the Trusts future finances.

Based on these indications and much improved financial position the directors believe that it is appropriate to prepare the financial statements on a going concern basis.

In line with the requirements of the International Accounting Standard (IAS 1), the Trust Board considers the organisation to be a going concern for at least the next 12 months.

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

Trust Procurement

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

- ethical procurement
    - corporate social responsibility

- environmental procurement
    - Packaging and Waste Directive

- conflicts and declarations of interest
- openness and accessibility
- freedom of Information
- press releases
- Bribery Act

In accordance with Section 54 of the Modern Slavery Act, the Trust is committed to ensuring workers: are not exploited; are safe; have the right to work and remain in the country; and their employment standards and human rights are adhered to. The Trust expects the same from its suppliers and is committed to working with them to ensure any issues are identified and proactively managed.

2019-2020 Performance

Performance against indicators with national targets

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

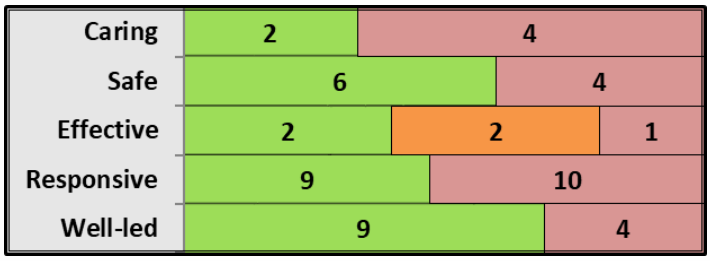
The framework specifies the structure, processes and principles in place to ensure the sustainable delivery of mandatory and locally agreed performance targets, the Trust's strategic and annual objectives; and further strengthening the Trust's commitment to continuous improvement.

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

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

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

In summary, the Trust's rating against the five domains at the end of March 2020* is as follows:



* or most recent position where March 2020 not yet available

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

- Red - Not Achieved: the ambition has not been met for this indicator
- Green – Achieved: the ambition has been met for this indicator

Effective Ratings only:

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

The 2019-2020 Trust performance against the five domains of quality is detailed in this section.

Caring

There are 3 national and 3 local indicators within this domain all relating to whether staff and patients alike would recommend the Trust as a place to receive care. The Trust achieved against 2 and improved in 3 of these areas.

Although staff recommending the Trust as a place to receive care was less than aimed to achieve, nevertheless it did improve on the previous year going from 70% to 71.1% for ‘would recommend’ and from 11% to 9.9% for ‘would not recommend’.

Safe

Of the 8 national indicators under this domain, the Trust achieved 4 and improved performance on 2018-2019 against 2 standards.

There are 3 locally defined indicators in the Safe domain, all of which are achieving the level of ambition set.

The Trust had 2 confirmed cases of Methicillin-resistant Staphylococcus aureus (MRSA) in 2019-2020.

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

There were three Never Events that occurred during 2019-2020.

The Trust's annual objective is to have no more than 73 Trust-attributable Clostridium difficile infection (CDI) cases. This is a steep rise compared to the previous year (26 cases) as there has been a national change to the way cases are assigned. As at February 2020, the Trust reported 55 cases of Trust-attributable CDI, however, following a review, only three of these cases were linked to a lapse in care.

Effective

There are no nationally set targets under this domain. However, there are 5 local indicators with all but one either meeting the required standard or are within national average (agreed tolerance).

Stroke care: SSNAP domain level has not only met the local target of achieving a domain level B, but has surpassed this be achieving a level A for the most recent two quarters (Q2 and Q3) of 2019-2020. Q4 data is not available at time of publishing.

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

There are two mortality indicators included in the performance report to the Trust Board. Based on the most recent data available, the Trust is currently statistically within national average for both SHMI and HSMR. Year-end information will not be available until June 2020, beyond the time of writing this report.

Responsive

There are 17 nationally mandated standards within this domain. Unfortunately a number of these have been adversely effected by the current COVID-19 Pandemic and the Trust has experienced a deterioration in performance whilst it deals with unprecedented pressures. Prior to the pandemic, the Trust was already experiencing significant challenge, in line with the national trend of increased activity and demand on both urgent and elective services.

As the Trust is currently one of 14 Trusts taking part in a clinical review of Emergency Care Standards across the NHS, performance against the 4 hour standard is not reported. Further

information on this review can be found at https://www.england.nhs.uk/publication/clinical-review-nhs-access-standards/.

There are three national quality requirements relating to the timeliness of handovers between the Emergency Department and ambulance staff. The national standard is all handovers should take place within 15 minutes of arrival, with none taking place over 30 minutes and 60 minutes from arrival. During 2019-2020, there were 749 breaches of the 30-minute target of which 60 were over the 60 minute target. However, the Trust performs well against regional peers, continuing to have the best performance position across the Yorkshire and Humber each month.

At the end of March 2020, 79.8% of patients waiting on incomplete referral to treatment (RTT) pathways were waiting less than 18 weeks, which was below the 92% standard mandated nationally. Nationally, performance has worsened against this target and although the Trust's positions has also deteriorated, it continues to be better than the national average. If we take the most recent position available, January 2020, the national average is 83% compared to the Trust position of 84.1%. This has improved our national ranking position by 10 places (based on January 2019).

In March 2019, there were 4,467 patients waiting over 18 weeks but as at March 2020, this had increased to 6,817, which was also a 1,018 increase on the previous month of February 2020 and represents the impact of COVID-19.

Between September 2019 and February 2020, over 99% of patients received a diagnostic test within 6 weeks. This deteriorated to 92.41% in March 2020 (due to COVID-19 restrictions) resulting in a final 2019-2020 position of 97.41%.

The latest un-validated data for cancer access performance is March 2020, which shows 76.4% of patients receiving first definitive treatment for cancer in the month waited less than 62 days from GP referral. This was below the ≥85% standard mandated nationally.

The number of patients waiting less than 2 weeks from urgent GP referral to 1st outpatient appointment was 96.2%, which is a 2% improvement on March 2019. The latest national

results, relating to January 2020, show the Trust at 98.9%, compared to a national average of 90.1% which positioned the Trust as the 11th best performing Trust in England.

Well-led

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

Local indicators in this domain that were below target include those related to Staff Friends and Family Test (FFT): recommend work, Agency staff spend on nurse and medical staffing, staff sickness and non-medical annual appraisal rate. The remaining 7 indicators all achieved target.

Staff Friends and Family Test recommended place to work did achieve the new target of ≥62% in Q4 19/20. There is no Staff FFT in Q3 as this is when the NHS Staff Survey is conducted. There have been considerable improvements in this indicator since Q4 2017-2018 when the score was 54%.

The Trust's target for sickness absence performance was set locally for 2019-2020 at ≤4.4%.

Improvements have been seen in staff turnover rate and consistently the Trust is meeting appraisal rate targets for medical staff. The Trust has also achieved against locally determined targets for safe staffing fill rates. The annual sickness up to the 29th February 2020 (pre COVID-19) was a concerning 5.19%, significantly higher than the ambition.

Performance against indicators with national targets

Performance against indicators with a national target are summarised in the following pages of this report. These figures are based on the year-end position reported to the Trust Board, or on the latest information available where different. The tables provide a comparison of performance in 2019-2020 compared to 2018/19, as well as how the Trust has performed in 2019-2020 against the 2019-2020 national targets. The information is reported using a scorecard approach and performance is assigned a Red or Green rating based on achievement against pre-defined thresholds. The definition of these ratings is set out below.

2019-2020 actual performance compared to 2019-2020 national target

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

The amber colour see within the table relates to Mortality indicators only. The number would be green if it was less than or equal to 100 and red if greater than 100 AND above the expected range based on statistical analysis. It is amber when the risk of mortality is greater than 100 but WITHIN the expected range based on statistical analysis.

2019-2020 performance compared to 2018-2019

Status	Performance description
Red (N)	**Declined:** 2019-2020 has declined based on the 2018-2019 performance position
Green (Y)	**Improved:** 2019-2020 has improved based on the 2018-2019 performance position
n/c	**No change in performance and not achieving target**
n/c	**No change in performance but achieving target**
n/a	**Indicator not comparable to previous year**

Performance Indicator	2018/19	2019/20	Improved position?	2019/20 National Target	Comment
Caring					
Staff Friends and Family Test: recommend care	70.0%	71.1% (Q2)	Y	≥76.5%	Q4 not available until end of May 2020
Friends and Family Test (FFT): inpatient/daycase - recommend	97.3%	96.9% (Apr-Feb)	N	96%	March submission suspended due to COVID-19
Friends and Family Test (FFT): A&E services - recommend	95.2%	94.2% (Apr-Feb)	N	96%	March submission suspended due to COVID-19
Safe					
Trust attributable MRSA infection cases	1	2	N	0	
Venous Thromboembolism (VTE) risk assessment of eligible inpatients	89.5%	91.9%	Y	≥95%	
Reported patient safety incidents that are harmful: trust level	28.7%	31.2%	N	≤22%	
Reported patient safety incidents that are harmful: acute services	23.6%	25.1%	N	≤22%	
Outstanding open CAS alerts	4	1	Y	0	
Trust attributable C. difficile infection cases	46	59	n/a	73	19/20 is not comparable with 18/19 due to a national change in the way cases are assigned
Trust attributable C. difficile infection cases where lapse in care identified	2	3	N	n/a	19/20 data un-validated as some patients not yet confirmed
Never events	2	3	N	0	
Medication errors causing severe harm or death	0	2	N	0	
Maternity: maternal deaths	2	1	Y	0	
Effective					
Stroke care: SSNAP overall level	B	A (Q2)	Y	B	Q3 data not yet pubic
Summary Hospital Mortality Indicator (SHMI)	103.13	106.37 (Dec 19)	N	≤100	Changed to rolling year
Hospital Standardised Mortality Ratio (HSMR)	103.15	107.14 (Apr-Jan)	N	≤100	Apr-Jan most current available. Feb available 22/5/20

Responsive					Comment
A&E: admitted, transferred or discharged within 4hrs of arrival	85.90%	No longer reported		≥95%	
Trolley waits in A&E longer than 12 hours	1	No longer reported		0	
Ambulance handovers 15-30 minutes from arrival	1847	3751	N	4474	
Ambulance handovers 30-60 minutes from arrival	414	689	N	530	
Ambulance handovers >60 minutes from arrival	48	60	N	0	
Referral to Treatment (RTT): incomplete <18 weeks	86.70%	79.80%	N	92%	
Referral to Treatment (RTT): incomplete >52 week waits at month end	0	2	N	0	Breaches due to COVID-19 situation
Diagnostic waiting times: >6 weeks from referral for test	99.02%	97.42%	N	99%	
Cancer: 2 weeks from urgent GP referral to 1st outpatient	94.2%	96.2%	Y	≥93%	
Cancer: 2 weeks from urgent GP referral for breast symptoms to 1st outpatient	76.3%	79.9%	Y	≥93%	
Cancer: 31 days from diagnosis to first definitive treatment	97.8%	96.4%	N	≥96%	
Cancer: 31 days to subsequent treatment - surgery	93.1%	94.2%	Y	≥94%	
Cancer: 31 days to subsequent treatment - drug	99.7%	99.8%	Y	≥98%	
Cancer: 62 days from urgent GP referral to first definitive treatment	80.4%	76.5%	N	≥85%	
Cancer: 62 days from referral from NHS screening service to first definitive treatment	85.8%	86.4%	Y	≥90%	
Last minute cancelled operations (non-clinical reasons) not re-booked within 28 days	0	14	N	0	Breaches due to COVID-19 situation
Delayed transfers of care: acute/ sub acute beds	5.06%	4.44% (Apr-Feb)	Y	≤3.5%	March submission suspended due to COVID-19
Delayed transfers of care: community beds	7.09%	7.83% (Apr-Feb)	N	≤7.5%	March submission suspended due to COVID-19
Urgent operations cancelled for a second time	0	0	n/c	0	
Well-led					
Valid NHS number in acute commissioning dataset submitted via SUS	99.9%	99.8%	N	≥99%	
Valid NHS number in A&E commissioning dataset submitted via SUS	99.3%	99.3%	n/c	≥95%	
Staff Friends and Family Test: recommend work	60.0%	61.8% (Q2)	Y	64%	Q4 not available until end of May 2020
Staff sickness absence	4.72%	5.22%	N	4.40%	
Staff turnover rate	11.17%	10.78%	Y	12.50%	

Sustainability Report

During 2019-2020, the Trust has continued to make good progress in plans to take action against climate change. The Trust has introduced further planned measures to support a reduction in the impact on the environment by creating long-term improvements to Trust services.

This section highlights how the Trust is taking this forward in the core areas of Energy Management, Travel and Transport and Waste Management Services. In particular, the Trust emphasises the importance of the effective use of scarce resources to deliver our Hospital & Community services and intends to do this by having efficient strategies in place to improve environmental performance and reduce consumption.

The Trust has active carbon management arrangements across a range of services, to reduce waste, bring forward innovative technology and improve efficiency, which will contribute to reducing the Trust's overall carbon footprint. These strategies are essential to reduce the consumption of the earth's scarce resources.

Energy Management

The Trust continues to reduce its carbon emissions each year and this remains a core requirement for Trust engineers and our estates PFI partners. Both the Trust and our PFI partners continue to invest in energy reduction schemes.

As Energy spend increases year on year, energy management plays an important role in helping the Trust to be a sustainable organisation.

Following are a number of the schemes delivered during 2019-2020:

- LED light upgrades – the 2019-2020 lighting upgrades included the replacement of car parking lights, PFI partners replacing lights part of lifecycle. The new lights have improved lighting levels, reduced the number of required light fittings and made the external areas safer.

- The Trust has been awarded an interest free loan for energy schemes from Salix. This loan will enable the Trust to invest in a new CHP (Combined Heat and Power) plant, convert the Medium Temperature Hot Water system (MTHW) to Low Temperature Hot Water system (LTHW) and further replace existing lights to LED lights. This will support the Trust commitment in reducing energy consumption considerably moving forward.

- Building management system (BMS) – the Trust has continued to invest in its BMS systems, utilising computerised control systems to reduce any unwarranted use of energy in the Trust's hospitals. The BMS system has a particular application to manage and control the efficiency of the Trust Energy Centre. The investment included new metering systems that will identify areas of high energy usage tor the Energy Management Team to monitor and provide solutions to reduce consumption. This will also provide baseline data and allow us to benchmark with similar organisations.

- The Trust has invested in power management software called Nightwatchman. The system will reduce energy consumption by shutting computers when not in use.

- New vacuum toilets have been installed in some non-clinical areas that use a fraction of water compared to the existing toilets.

- The Trust carried out a thermal survey of Dewsbury & District Hospital. The information from this survey will provide the energy management team a good understanding of areas of the building that are wasting energy due to fabric/insulation deficiencies.

New ventilation and chiller plant at Dewsbury Hospital.

The Trust has reduced a total of 775tCO_2 compared to the previous year, this is against a background of increased business activity within the Trust. Based on degree days, 2019-2020 was 7.7% cooler than the year before. For 2019-2020, the Trust's utility consumption and our carbon emissions are reported in the table below.

Energy Efficiency – carbon reduction table (tCO_2)

Hospital	2018/19	2019-2020	Reduction/Increase
Dewsbury	4,651	4,830	+179
Pinderfields	9,577	8,713	-864
Pontefract	1,869	1,779	-100
Totals	**16,097**	**15,322**	**-775**

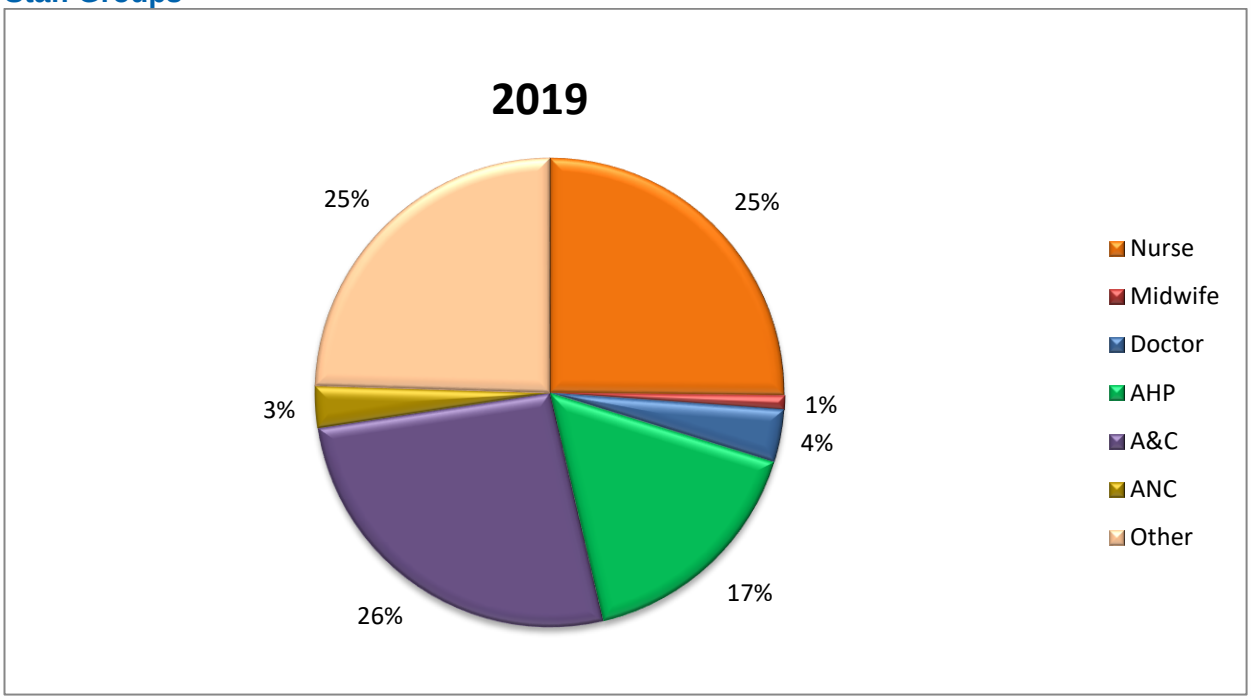
Travel and transport

The Trust's Transport Strategy continues to focus on reducing the impact of CO2 in all aspects of travel and transport. Walking, cycling and the use of public transport to work continues to be promoted. Further investment has been made to provide additional secure

cycle lockers in the Trust for use by staff, and further improvements were made to bus services to support travel to work.

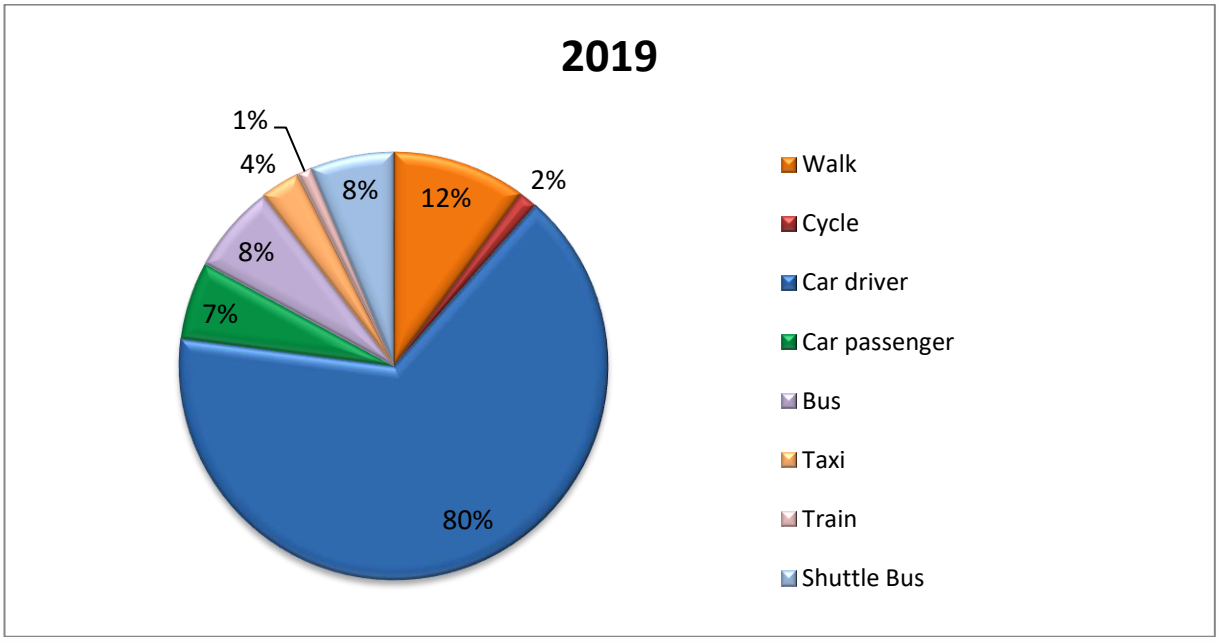
In 2019, the Trust undertook its annual travel and transport questionnaire survey of staff. The questionnaire was circulated in both electronic and hard copy formats, 640 questionnaires were returned by staff for the 2019 survey with a broad range of staff groups participating in the survey.

Staff Groups



AHP: Allied Health Professional / A&C: Administration and Clerical / ANC: Ancillary Staff

Staff Travel Mode



The outcome from the survey will be used as a benchmark by the Trust to measure the success of its various travel initiatives including shuttle bus services from Dewsbury and Pontefract where the two sites act as 'Park & Ride' facility for staff working at Pinderfields Hospital.

Management of Trust transport services including shuttle bus services continued to be reviewed using best practice on low emission vehicles and further development of the Trust hybrid & electric fleets.

Further fleet efficiencies including the development of a community pool car fleet to reduce community staff personal mileage have been introduced, This provides an effective car pool scheme substitute with small, fuel efficient cars on a shared pool arrangement.

Throughout the year, the Trust has maintained a 'Patient Forum' to ensure that the travel needs of our patients are understood, the forum has representation from local Healthwatch and a number of dedicated organisations that support various disabilities. To ensure that all aspects of travel are covered by the forum, representatives from Yorkshire Ambulance Service the Local Authority and Metro attend the meetings.

The Trust shuttle bus service and the commissioned free public bus service together make a major contribution in the provision of an effective and efficient transport infrastructure, which reduces individual car journeys and makes a major contribution to a reduction of CO2 (as detailed in the table below). In 2019-2020 the shuttle bus service supported 191,484 passenger journeys across the organisation.

Fuel	Type	Miles	Co2 Savings
Diesel	Shuttle Bus	313,664	68.06
Total CO2 savings by introducing the shuttle bus			**68.06 CO2 (tonnes)**

Waste management

In 2019, the Trust 'Management of Healthcare Waste Policy' was reviewed with the intention to update the policy to reflect changes in legislation and give a clear focus for staff to manage waste streams to support safe waste management practice and sustainability.

The new Trust waste policy will support a strategy that focuses on key aspects of sustainability including waste reduction and improved performance on recycling. Staff training remains a key area of development within the policy, and it is highlighted that complex waste streams in the hospitals and the management of them is a priority.

A key project in 2019-2020, to support the new policy, was the commencement of a new waste bin-labelling scheme in Wards and Departments. The new labels support staff to recognise which waste stream to use for various items of waste. The scheme has been completed at Dewsbury & District Hospital and the project will continue in 2020 on the Trust's other sites.

Examples of bin labels

In 2019, major changes continued to be delivered with a new national NHS Clinical Waste Contract. The new contract management arrangements that were put in place, continued to be effectively managed throughout the 2019 transition period. During this period, the Trust ensured that patient facing front line services were maintained and sustainable waste streams continued to be managed appropriately.

In 2019-2020, the Trust reviewed its domestic waste contracts. Over 600 tons of domestic waste is produced each year for all Trust sites and the Trust is keen to ensure that not all domestic waste goes to landfill. All domestic waste produced in the Trust is taken to a 'material recovery facility' (MRF) where the waste is separated into its recyclable components including cardboard, plastic and metals.

Despite the high volumes of waste being produced, the Trust has maintained a very stable level of segregation and is able to take assurance that its waste management systems across the Trust remain safe and effective.

CHAPTER TWO

HIGHLIGHTS OF THE YEAR

Investors in People

The Trust is proud that during 2019-2020 it achieved official accreditation as an Investor in People (IIP). This is a world-recognised standard, which assesses whether organisations have effective practices in place according to a framework of indicators common to organisations performing highly in their management of people.

The Trust was described by IIP as a 'changed organisation', which is placing great emphasis on looking after and supporting staff and is serious about changing culture so

that staff feel respected, valued and empowered.

Martin Barkley, Chief Executive at The Mid Yorkshire Hospitals NHS Trust, said:

> *"I am delighted to receive this accreditation as it gives independent verification of all that we are doing to make Mid Yorkshire a great place to work. It is thanks to the hard work, commitment and dedication of our staff that this has been possible, and I am hugely proud of them.*

"Of course, there is always more to do to ensure consistency across all parts of the Trust and we remain focused on continuing to improve the practices we have in place. But we know that the more supported our staff are, the better the patient care we provide, so we hope this will be welcome news not just to our existing staff, but to our patients and our community as well as helping attract more NHS staff to choose to come and work at Mid Yorkshire."

Veteran Aware Accreditation

In November 2019, the Trust announced its formal accreditation as a Veteran Aware NHS trust.

The Trust is one of 47 trusts across the UK to be named Veteran Aware, and was granted the status in recognition of its commitment to improving NHS care for veterans, reservists and members of the armed forces.

Awarded by the Veterans Covenant Healthcare Alliance (VCHA), the Veteran Aware mark highlights NHS trusts which have made a series of pledges, such as ensuring members of the armed forces community are never disadvantaged when receiving care, training staff on veteran-specific needs, and supporting the armed forces as an employer.

Veteran Aware providers display posters in their clinics and waiting rooms, highlighting their status and encouraging members of the armed forces community to identify themselves to staff.

Martin Barkley, Chief Executive at The Mid Yorkshire Hospitals NHS Trust, said:

> *"I'm both proud and delighted to receive this accreditation and to be able to announce it on Armistice Day is very fitting. We are continuing to improve the care we provide to the servicemen and women of this country, as well as supporting the reservists, veterans and their spouses who work for us."*

Flu Testing Initiative Award

At the Fourth International Antibiotic Guardian Awards, the Trust is extremely proud that the Diagnostic Stewardship Award was presented to a team of experts from this trust.

The awards celebrate the work of healthcare professionals in tackling antimicrobial

resistance and form part of the ongoing Antibiotic Guardian Campaign led by Public Health England, in collaboration with UK devolved administrations and professional bodies.

Departments from across the Trust (Pharmacy, Infection Prevention and Control, A & E and the Pathology Department), worked together to evaluate three flu testing models to see if accurate point-of-care testing (POCT) would lead to improved patient outcomes, reduced antibacterial use and hospital costs.

> Stuart Bond, Consultant Antimicrobial Pharmacist, at The Mid Yorkshire Hospitals NHS Trust, said: *"Between December 2016 and February 2019, we used two*

different POCT methods and compared these to the traditional off-site laboratory methods – which have historically led to 48 hours' delay in results.

"The results showed that the introduction of a POCT model was associated with a reduction in: length of stay, hospital costs, antibacterial use and inpatient mortality. Needless to say we were delighted with the outcome, which is a huge benefit to our patients, and it was the icing on the cake to win this international award."

The Antibiotic Guardian Campaign aims to increase commitment and raise awareness among the public and healthcare professionals about how we can slow the development of resistant bacteria and cut overuse and unnecessary use of antibiotics. Without effective antibiotics many routine treatments will become increasingly dangerous.

As part of the campaign, groups including students and educators, farmers, veterinary and medical, nursing and pharmacy communities and professional organisations can all sign up to become Antibiotic Guardians.

Dr Diane Ashiru-Oredope, Lead for the Antibiotic Guardian campaign, said:

"The Antibiotic Guardian awards are an excellent opportunity for us to champion organisations and individuals who have demonstrated achievement in their work to tackle antimicrobial resistance, one of the biggest global public health threats we face. These awards have highlighted the wealth of fantastic work taking place across the country. I'd like to personally congratulate all the nominees and winners for their contributions. At Public Health England we will continue to support and work with partners across the health system to tackle antimicrobial resistance."

The Da Vinci Robot

During 2019-2020 a brand new, state of the art, da Vinci X Robot arrived in Pinderfields Hospitals Operating Theatres Department.

The new robot, allows the Trust's surgical teams to further expand their capacity to provide keyhole specialist surgery for complex, life threatening conditions.

The Da Vinci Robot is a robotic surgical system made by the American company Intuitive Surgical.

Jo Halliwell, Director of Operations - Surgery, Access, Booking and Choice, said:

> *"This new robot will allow us to perform more complex procedures with a few small incisions and less complications, leading to reduced blood loss and infection, faster recovery times and a reduced length of stay in hospital.*
>
> *"Our focus is on delivering this fantastic innovative service to our patients, providing them with the highest standard of surgery and the fastest possible recovery time."*

The new da Vinci robot's features include a 3D camera system enabling a clearer view during the operation. The three robotic arms allow 7 degrees of freedom, which allows more precise surgical dissection, improving the functional outcomes for patients.

Urology Consultant, Mr Mo Dooldeniya - Consultant Urologist said:

> *"We are thrilled to now have our very own surgical robot in our theatres at Pinderfields. The new robotic system means in the long-term, it will save time and allow us to see more patients on our theatre lists than we currently do, reducing overall waiting times for patients and ensuring a high quality patient experience."*

Improved Pharmacy Services in the Community

During 2019-20, the Trust has taken the opportunity to focus attention on improving pharmacy services for patients needing care in the community. To this end, the Trust has appointed a specialist pharmacy technician to work with the Community Integrated Care Team, has put in place specialist education and training for community staff and updates all procedures updated.

As a result, a number of improvements have been demonstrated. Some of these improvements include:

- an improvement in the care of patients on home intravenous (IV) antibiotics. The number of home IV discharges has increased by 12%. This has not only improved the flow of patients through the hospital system but means the patient can return to the comfort of their own home.
- There been a reduction in the time it takes the Pharmacy Department to provide the medication for patients going home. This means that patients are not inconvenienced for longer than necessary on their journey out of the hospital.
- The hospital Pharmacy Team is now connected and communicating with Community Services meaning a better experience for patients and their carers.

Next Day Therapy for Stroke Patients

The Therapies Team took part in a Rapid Process Improvement Workshop (RPIW) to review the early supported discharge service offered by the MY Therapy team. An RPIW is a workshop where staff who work directly in the service can take time out to review how they work and make improvements that reduced wasted time and effort.

During the week, the team completely redesigned the stroke early supported discharge pathway taking on board the information from three patients and carers, who also attended the RPIW, with ideas generated from all staff involved within the pathway.

RPIWs are always a great opportunity to develop and test and improve ways of working. As a result of this RPIW, instead of waiting for a referral to come to the team, the team will now In Reach to the hospital and work closely with Stroke Unit Staff. They will now introduce themselves to patients and relatives to support a smooth transaction to home. The team have designed a pathway that will deliver 45 minutes of therapy every day for five days a week (for six weeks if needed).

The team have also designed the pathway once a patient reaches six weeks within the early supported discharge model.

As a result, inefficiencies in the process have been taken away. From the point where a patient is discharged to their first appointment, the time has been reduced from 9.7 days to 24 hours which is a great improvement and benefitting patients.

Urology Service Improvements

The Urology Team have made significant changes to the way patients access the service to improve the care and treatment they receive.

Joint Cancer Clinics have been introduced. This means that the pathway, or time it takes, has been shortened for patients that need to see both Urologist and Clinical Oncologist. In the past, patients were being seen two to three weeks apart and now they are seen on the same day. This improves their treatment and reduces the significant anxiety that waiting to see a specialist creates for patients.

There is now a One-Stop Service. 70% of patients were discharged at their first appointment meaning that all the necessary steps were taken within the same day with no need to go back and forth to the hospital for tests and second appointment. The remaining 30% of patients were sent for further diagnostics or added to waiting list.

The One-Stop Clinic has also helped to reduce the number of patients waiting for first appointment from 26 weeks to current position of 10 weeks with an improvement in Referral To Treatment by 5%.

In addition, there has been a reduction in the number of patients waiting for a follow up appointment and this continues to reduce each month.

Feedback from patients on the One-Stop Clinic:

> *"Staff were good at keeping one informed about what was going to happen next. Instructions and explanations were very clear and staff were always at hand to offer help, answer questions and to reassure one."*
>
> *"The friendliness of all the staff."*
>
> *"Felt relaxed and really comfortable, provided good service."*
>
> *" Really friendly staff. All info needed was given.“*

Electronic Prescribing & Medicines Management –eMeds Project

The Electronic Prescribing and Medicines Management or eMeds Project has implemented electronic prescribing and medicines administration (eMeds) on inpatient areas. The eMeds project has revolutionised prescribing and improved medicines safety, whilst being delivered at significant pace.

The implementation of eMeds was achieved in under ten months by a multi-disciplinary team of clinical and non-clinical staff. It was rolled out to over 1,100 beds across nearly 50 wards, with training delivered to over 3,200 staff. This was well under the national expectation for eMeds to be live on 80% of inpatient beds within two years and highlights the substantial scale and complexity of the project, as well as the rapid pace at which it was delivered.

A number of positive impacts have been achieved, with staff now having a safe prescribing system with pre-built protocols to aid decision-making, accessible and legible drug charts, a simpler method to request medicines and document medicine supplies, and a clear audit trail of a patient's medicines journey. Patients have benefitted from fewer missed doses of medicines, improved timeliness of medicine supply requests, fewer prescribing incidents in patients with documented allergies and standardised prescribing which reduces the risk of prescribing errors.

As part of celebrating the achievements teams within the Trust, the eMeds Implementation Team won Team of the Week for the success of their endeavours. The Trust is proud to say that the team were also named at 'Team of the Year' at the National Leading Healthcare Awards 2020 for the Trust-wide implementation of eMeds. This is excellent and deserved recognition for the Mid Yorkshire Team.

In addition to this, the eMeds Project was also named as a finalist in the categories of Clinical Improvement and Patient Safety, and was presented with a highly commended award in the Patient Safety category, in addition to the Team of the Year honour.

Commenting on the Team of the Year award, Paul Curley, Deputy Medical Director and Chief Clinical Information Officer at Mid Yorkshire, said:

"The Project was a great example of how Senior Executive Director leadership and engagement, and close working between the Project Team, clinical colleagues, Pharmacy and IT can deliver real transformational change quickly to improve patient safety. It was also a great example of the NHS working together – in this case Mid Yorkshire sharing learning and expertise with Leeds Teaching Hospitals NHS Trust and how collaboration not competition is a core value in challenging times".

Stroke Mortality Improvement

The stroke service multi-disciplinary team have achieved improvements in stroke mortality during 2019-2020.

Improvements include introducing structured consultant handovers. Nurses have been re-training in neurological observations. Nurse rostering has been improved to ensure that Trust staff rather than bank staff are on duty at critical times. Much was improved in response to the National Clinical Director's recommendations, Band 6 nurses are working on the Hyper Acute Stroke Unit 24 hours a day.

From October 2019, the Trust became responsible for providing the hyper-acute service to most of the population of Barnsley CCG. This has been an outstanding success leading

to improved changes to the layout of the stroke ward and critically an increase in staffing levels.

These improvements have resulted in a much improved mortality position, 24/7 patient care has also improvement and staff morale is high.

Reduction in Long-Stay Patients

The initiative to reduce the number of long-stay patients was an initiative put in place to reduce the number of patients who have been in hospital for more than 21 days. Focusing on reducing the numbers of this cohort of patients helps to improve patient flow and most importantly, makes sure that patients are getting the right care in the right place.

Long-Stay Patients	
September 2018	173.0
March 2019	165.2
September 2019	164.3
March 2020	145.4

Consequently, there has been significantly improved partnership working with colleagues across the Mid Yorkshire system and an agreement has been made to create an Integrated Discharge Team to reduce waste in the discharge pathway and associated delays.

Dewsbury and District Hospital Surgical In-patient Wards

The Trust has invested in refurbishing the surgical in-patient wards at Dewsbury and District Hospital spending £2 million on a complete renovation of ward 12 (Orthopaedic) and ward 14 (Mixed surgery).

They are now more spacious enabling compliance with the latest infection prevention standards. Bathrooms are modern and bariatric compliant, improving patient experience and providing better a better working environment for care staff. Wards are now more patient centred with heatwave bays available to combat hot summer weather. As part of the considerations, the Trust adopted a dementia friendly approach in relation to the

overall environment and design detail to support patients with dementia while they are in hospital. The scheme has also been designed to maximise the use of non-bed space and provide patients with a bespoke meal servery area and rehabilitation and therapy spaces.

The renovations have been made with improvements to patient care and patient experience at the centre of the design.

Introduction of Telemedicine at Dewsbury and District Hospital Emergency Department

The Trust has introduced Telemedicine technology into Dewsbury & District Hospital. This means that information can be sent electronically to the Consultant On Call at Pinderfields Hospital for evaluation and possible diagnosis without the patient travelling in person. The aim is that patient treatment is quicker and patient experience is improved.

The introduction of telemedicine has resulted in fewer patients being brought by ambulance or being asked to make their own way to Pinderfields Hospital for assessment. More patients attending Dewsbury Hospital are being assessed, given treatment or a treatment plan with care delivered in Dewsbury Hospital for some conditions, especially abbesses.

During the winter of 2019/20, patients experienced long waits for transport from Dewsbury to Wakefield during peak admission times in surgery. We know that patients then waited up to four hours for assessment of their abscess and often booked in the next day for a minor operation in theatres.

In the first month of introducing telemedicine, the Trust reduced the need for admission to Pinderfields Hospital for 13 patients that self-presented at Dewsbury Emergency Department with an abscess. 12 of these patients did not need to go immediately across to Pinderfields Hospital, they were offered a next day appointment in either Dewsbury

Hospital or Pinderfields Hospital. 4 of the patients were assessed, treated and discharged from Dewsbury Hospital.

As a result, there was a reduction in pressure on the transport service, reduced waiting time for patients in the Emergency Department and used up spare capacity in operating theatres at Dewsbury Hospital, thus improving patient experience as well as reducing costs for the Trust.

New X-Ray Rooms at Dewsbury & District Hospital

With funding from the MY Hospitals Charity, the Trust has re-fitted two rooms in the X-ray Department at Dewsbury & District Hospital. One room is now a dementia friendly room with a calming forest scene. The other features an underwater tropical fish theme with light up wall tiles and matching vinyl wall murals. Both rooms have brand new digital X-Ray equipment. The effect on patient experience in these rooms is significant.

In terms of patient care and treatment, Trust staff can view images a lot faster than previously. For patients, the tiles will help to keep calm dementia patients and help to distract young patients during their treatment.

Kirsty Jowett, Fundraising Co-Ordinator, for MY Hospitals Charity, said;

"We are delighted to be able to support funding for the Visualitetiles as they really do create an amazing lighting effect and ambience. We really hope these support in creating a calming and tranquil environment for our young and vulnerable patients during their x-ray.

As a charity we are always keen to hear about new and innovative fundraising ideas from our patients, visitors and staff, whilst also learning how they believe we can support to further improve our services with the help of charitable support."

Streamlining and Improving Cancer Diagnostics

The Cancer Imaging Hub was designed to deliver a transformational approach to cancer imaging diagnostics by streamlining potential cancer diagnostic services and improve patient experience.

The Cancer Imaging Hub provides the clinical and administrative resource to support delivery of a centralised approach to the management of radiology cancer patients. This results in diagnostic tests being delivered closer to home, in line with patient feedback on local delivery with improved networking relating to tertiary pathways, and has resulted in improved collaboration internally.

The Trust can now deliver a more consistent and timely cancer pathway which improves the experience of patients. As a result of the referral pathway being improved, this supports those referring patients to us. More collaborative cancer working relationships are fostered both within and outside the Trust. There is an additional safety net to ensure active management through the pathways supporting patients and the medical teams.

A patient survey was carried out to evaluate the service and one patient wrote:

'The kindness and efficiency was second to none'

Improved Antibiotic Use

The Trust has led participation in national Antibiotic Review Kit (ARK) study which aims to reduce the consumption of antibiotics. The Trust is one of 36 hospitals across England participating in this study.

The Team have established a dedicated antibiotic advice and home intravenous antibiotic referral hotlines for increased support provision. In addition, the team have led improvements to antibiotic guidelines.

Consequently, antibiotic usage has been reduced by 10% on elderly and respiratory wards, the time taken to provide home intravenous prescriptions has been reduced by 40 minutes and the Trust spend on antibiotics has been reduced by £20K per month.

The direct improvement in patient care is illustrated by the following patient story.

A patient with a resistant urinary tract infection was prescribed an intravenous antibiotic that had to be given in hospital for 5 days. This was switched to another

antibiotic that could be given at home and three hours later the patient was discharged, thereby improving the patient experience and patient flow.

Neurophysiology Improvements in Patient Experience

The Neurosciences Team have taken a proactive approach to making improvements within their service to improve patient experience.

A restructure of the Neurophysiology team to introduce a booking team has taken place, freeing up more time for physiologists to work directly with patients.

The booking process was introduced to ensure patients are booked in within six weeks. In addition, improvements have been made to ICE referral requests ensuring the right tests are requested and subsequently preventing delays.

Following on from these excellent improvements, there has been a significantly improved level of team morale. Physiologists feel they can concentrate on the clinical elements of their role. Patient experience has been improved as they are contacted well in advance for an appointment, rather than at short notice.

GP referrer's Quote:

'The GPs are finding it easier to do the ICE form (it) is clear and easy to fill out. Patients are happier as the referral is done while the patient is in the surgery. ICE referral is better as it is quick and instant. With it being electronic, it is saving secretaries time as they do not need to ring and chase up asking if we have received referral; as that's what they did when they referred when it was paper form. No referrals are lost or misplaced'

Patient feedback:

Appointment timescale was perfect and the communication regarding the appointment was really good. The patient felt she was kept informed throughout the process as this lady saw a Consultant. She felt that her needs were considered when booking her appointment. When she arrived at the department she was

welcomed by friendly staff and had a good experience she said she would definitely recommend us to others. The Consultant, who she saw, was very friendly and was very clear regarding the test and reassured her all the time.

Improved Hospital Sterilisation and Decontamination Service

The Sterile Services Team at Pinderfields Hospital successfully completed the first Mid Yorkshire Quality Improvement System (MYQIS) Cohort Foundation Training.

Sterile Services produce approximately 7,000 theatre trays and 25,000 sterile packs per week, comprising of variable numbers of surgical instruments for use in surgery procedures in our hospital theatres.

During the two and a half day course, members of the team were required to carry out an improvement project designed to make a big impact within the service.

Some of the details and outcomes include:

- The introduction of a simple quality check process resulting in increased productivity.
- The development of a new process for locating implant screws for theatre trays, and in collecting consumable products from storage, resulting in a more streamlined process.
- The location of materials at an individual workstation, resulting in a reduction in packing time.
- The introduction of a paper-lite checklist system resulting in the elimination of hard paper copy checklists.
- Electronic booking of each theatre tray introduced, resulting in staff efficiencies.

Mark Jackson, Deputy Director of Estates, Facilities and IMT said

"The improvements the Sterile Services Team have achieved in such a short space of time is fantastic and a real credit to them. The process has brought the team closer to achieve both their individual goals and the team's. This is only the beginning of the journey as the team continue to 'Strive to provide'."

Induction of Labour: Improved Experience for Women

This Kaizen Event aimed to improve women's experience of induction of labour, and reduce women's length of hospital stay before active labour commences. The Kaizen Event gave the staff working within the service the opportunity to streamline the process of booking, admission, and completion of the induction of labour with clear understanding and standards.

The Trust is proud to say that 12 months later the service is showing sustainable improvements as a result of the changes made in the Kaizen Event[1]. On evaluation, the metrics have shown:

- The number of women being induced from 43% to 33 % showing a10 % improvement on initial baseline.
- 61% reduction in the time women waited for transfer to Labour ward, from 36 hours to 13 hours
- 87% reduction in the lead time that women waited to attend antenatal clinic to artificial rupture of membranes from 4.8 days to 15 hours

[1] Kaizen is a Japanese word meaning 'continuous improvement'. The Trust's Kaizen Events are delivered over an average of 3 days and follow similar methods to a 5 day Rapid Process Improvement Workshop

The team all agreed that:
"Teamwork and focused attention can conquer all"

Research and Innovation

The Trust is proud to be active in the arena of Research and Innovation. Later in this report, as part of the Quality Account Chapter, there is a summary of the activities undertaken during 2019-2020.

The Trust adheres to the commitment made in The NHS Constitution for research and innovation to 'improve the current and future health and care of the population'. The Trust strategy describes the strategic objective to '*provide excellent Research, Development and Innovation Opportunities*'. The Trust recognises that it is perfectly positioned to be actively involved in research, development and innovation opportunities. Enhancing the Trust's involvement in these will strengthen our offering to patients and staff.

The Trust has research activity across a wide range of clinical specialties. In 2019-2020, 47 new National Institute for Health Research NIHR portfolio studies were adopted across a range of areas. These run alongside studies opened in previous years and new non-portfolio studies.

During 2019-2020 there have been a number of notable achievements, a selection of these are described below:

SCIPS Study

Radiology Research have successfully published the findings of the SCIPS study in the European Journal of Radiology

Sponsored by the Trust, and with funding from the National Cancer Diagnostic Capacity Fund, this feasibility study evaluated the viability of implementing screening procedures in conjunction with Point of care (PoC) creatinine testing in an outpatient CT service.

The work in this area is currently being used as evidence in a NICE diagnostic assessment programme, where recommendations for practice and future research will be made.

This work is also being celebrated by the Yorkshire and Humber Academic Health Science Network, who have supported this research programme since its inception.

CODIFI2 study

This study evaluates the use of wound swabs compared to tissue samples in treating foot ulcers in diabetic patients. It is thought that by using tissue samples, that clinicians will be able to match antibiotics more precisely to the infection and so cure the infection and heal the ulcer more quickly.

E-path Study

In August 2019, within just 4 months of commencement, the 'e-path' team at the Trust achieved the 100th participant milestone. The e-path study is a randomised controlled trial, which aims to establish the efficacy of a psychoeducational smartphone/tablet app in supporting breast cancer survivors prescribed endocrine therapy. The is a great accomplishment for the Oncology, Breast Care and Outpatients' Teams. The Trust is one of the top 5 recruitment sites nationally.

The ENTYVIO Study

The Gastroenterology Team have over-recruited to the ENTYVIO Study. The ENTYVIO Study is a long-term safety study that compares the drug Vedolizumab to other biologic agents, in patients with ulcerative colitis or Crohn's Disease.

ECZTRA 7 Trial

The ECZTRA 7 team have recently recruited their first patient, the second site in the UK to do so, ECZTRA 7 is a dermatology trial that aims to test whether the study drug, Tralokinumab, is better than a placebo at treating severe atopic dermatitis (a type of eczema) in patients who cannot be treated with cyclosporine A.

RE-ENERGIZE study

The RE-ENERGIZE team have recruited their first patient. The RE-ENERGIZE study aims to examine the effects of glutamine in burns patients. It is hypothesized that this will be associated with improved survival and a quicker rate of recovery.

CRASH-3 Trial

In November 2019, the results from the CRASH-3 Trial were published in The *Lancet.* *'*Tranexamic acid for the treatment of significant traumatic brain injury; an international randomised, double blind placebo controlled trial'.

Tranexamic acid is a drug that inhibits the breakdown of blood clots. Intravenous tranexamic acid is already used to treat patients with life-threatening bleeds from chest or abdomen injuries. 12,737 patients were recruited into this trial from 175 hospitals in 29 countries. Participants were randomised to receive either intravenous tranexamic acid or a placebo.

The CRASH-3 trial found that the administration of tranexamic acid within 3 hours of injury reduced the number of deaths. This effect was the greatest in patients with mild to moderate traumatic brain injury (20% reduction in deaths); while no clear benefit was seen in the most severely injured patients. The trial found no evidence of adverse effects and there was no increase in disability in survivors when the drug was used.

The Trust is proud to say that this work has helped to identify a potentially life-saving treatment for traumatic brain injury.

In September 2019, the Trust held a research event attended by over 100 people, to share the impact of its research with colleagues and external partners, and to facilitate new research partnerships.

Patient Research Experience Survey

This survey aimed to collect information from participants which showed that in 2019-2020, 92% of participants said they had a good experience of taking part in the research study and 86% of participants said they would be happy to take part in another study. The endeavours of the Research and Innovation continue to add value to the service the Trust offers to patients.

Innovation Strategy

Trust Board approved the Trust's first Innovation Strategy at its meeting in June 2019. However recruitment of our Director of Innovation has been postponed until Summer 2020.

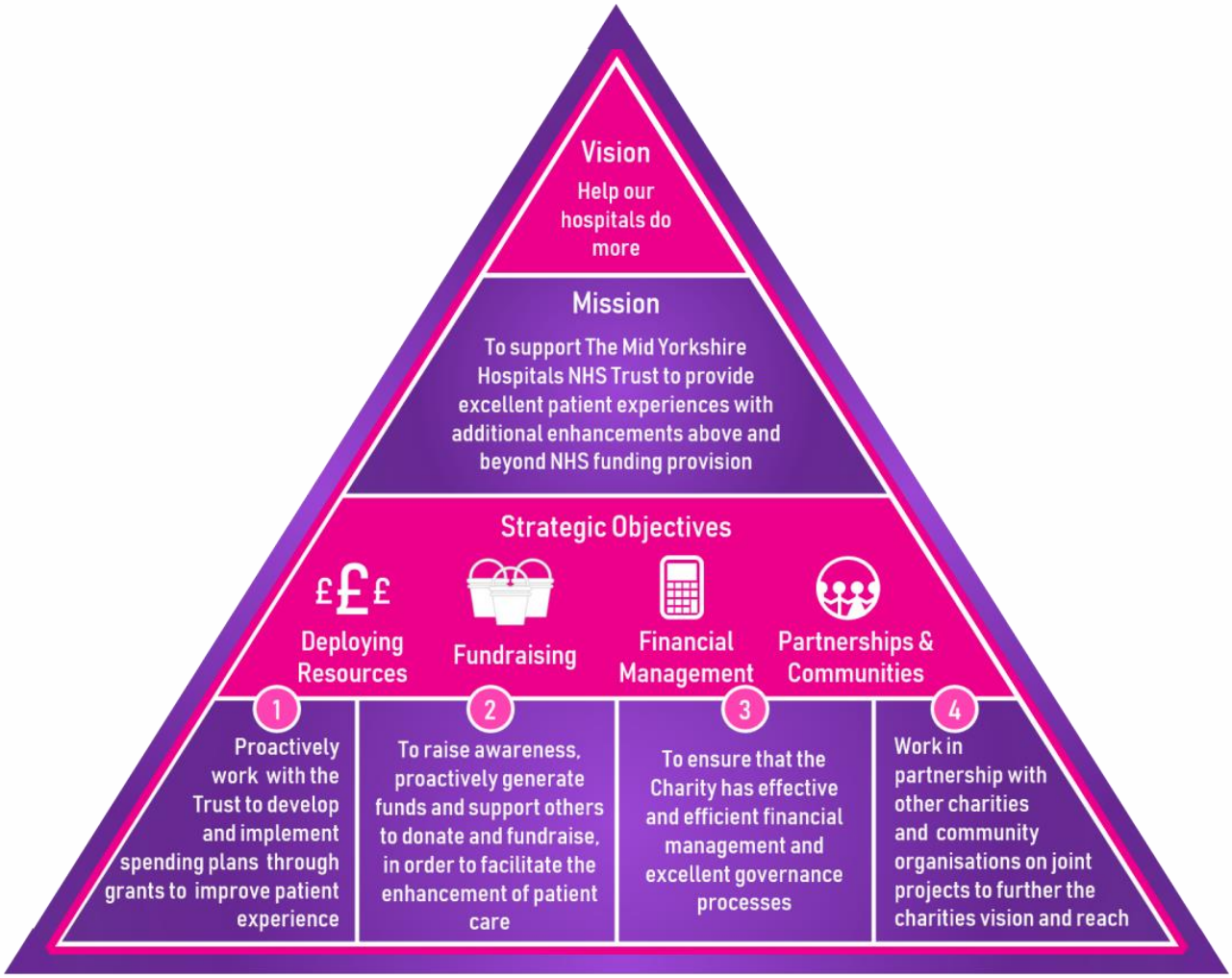
Charitable Funds

MY Hospitals Charity exists solely to support the Mid Yorkshire Hospitals NHS Trust in the provision of outstanding healthcare. The Trust vision is '*achieve excellent patient experience each and every time'* at hospitals in Wakefield, Dewsbury and Pontefract and Community Services in the Wakefield District. The charity vision 'help our hospitals do more' supports the Trust in achieving its ambition.

The charity knows that the support of its donors is vital as the Trust strives for excellence in patient experience. The Trust is proud to say the charity helps to develop new and improved healthcare services, provides cutting-edge equipment and specialist staff, supports ground-breaking research and innovation and enables health education and training.

The Charity has four Strategic Objectives. These are shown in the strategy diagram below:

Projects and Funding generated



An example of how charitable funds includes £149,600 received in 2019 by Dewsbury and District Hospital for the enhancement of the hospital environment. The has been spent to provide a more inclusive and less clinical feel to the spaces within the hospital, promoting a calmer, tranquil environment to relieve anxiety and stress, particularly for the most vulnerable patients such as younger patients and those living with cognitive impairment or learning disabilities.

Projects to make changes like these make positive differences to patients. The charity is committed to continuing to support additional enhancements that support the delivery of World Class Standards, for example, the charity provided innovative technology for the Reminiscence Software.

The Charity's total income from Legacies, Fundraising and Donations for 2019-2020 was £299,218.50, every penny of which will make an incredible difference to the services of the Trust.

Thank you to every person who supported MY Charity during 2019-202 to reach such an amazing figure. The charity has a plan to exceed this figure during 2020-2021; with the valued support of communities working together to help achieve the vision to help our hospitals do more.

MY HOSPITALS CHARITY

NHS
The Mid Yorkshire Hospitals NHS Trust

OUR 2019 RECAPPED

Registered with FUNDRAISING REGULATOR

REGISTERED CHARITY 1067163

GRANTS APPROVED towards enhancing patient care & experience exceeded **£440,000.00**

£4000 **RAISED** from cash tins in our hospitals and our local community

818 **NEW SOCIAL MEDIA FOLLOWERS** &

PEOPLE REACHED **435,000** times by our social media posts

18 **RUNNERS** in this year's Great North Run, 15 more than 2018!

& **£8,409.22** **RAISED**

OVER 1200 **INDIVIDUAL DONATIONS** made to our charity

3 **CORPORATE GRANTS** secured by our team

& **AN IMPACT** that will last our hospitals, our patients and our community a **LIFETIME**

THANK YOU FOR YOUR SUPPORT IN 2019

CHAPTER THREE

THE ACCOUNTABILITY REPORT

Directors' Report

The Trust Board meets in public and the meetings are open for any member of the public to attend. Details, including agenda and papers, are available in the Trust website here.

The Trust Board consists of six Non-Executive Directors including the Chair, and five Executive Directors including the Chief Executive. Each member brings a variety of individual skills and experience. The Trust also has two associate Non-Executive Directors, and a further three Executive Directors, who do not have voting rights.

Non-Executive Directors are not employees of the Trust and are appointed to provide independent support and challenge to the Trust Board. All Board Directors are required to comply with the Trust Standards of Business Conduct, including declaration of any actual or potential conflict of interest.

Signature:

Chief Executive and Accountable Officer: Martin Barkley

Organisation: The Mid Yorkshire Hospitals NHS Trust

Date: 28 May 2020

Our Board of Directors as at 31 March 2020:

Non-Executive Directors
Keith Ramsay – Chair (appointed 1 June 2019)
Simon Stone – Senior Independent Director
Julie Charge – Non-Executive Director
Lenore Ogilvy – Non-Executive Director
Gary Ellis – Non-Executive Director (appointed 1 October 2019)
Executive Directors
Martin Barkley – Chief Executive
Trudie Davies – Chief Operating Officer
Jane Hazelgrave – Director of Finance

David Melia – Director of Nursing and Quality, and Deputy Chief Executive
Karen Stone – Medical Director
Associate Non-Executive Directors
Amanda Moat (appointed 1 October 2019)
Stephen Radford (Appointed 1 October 2019)
Non-Voting Executive Directors
Mark Braden – Director of Estates, Facilities and IM&T
Phillip Marshall – Director of Workforce and OD
Debbie Newton – Director, Community Services

Board members who have left during 2019-2020:

Chair and Non-Executive Director
Jules Preston, Chair – left 31 May 2019
Naseer Ahmed, Non-Executive Director– left 28 February 2020
Associate Non-Executive Directors
Guy Cattell – left 31 August 2019
Simon Harrison – left 31 October 2019

Declarations of interests for Directors in post at 31 March 2020

Non-Executive Directors:

Name	Position	Description of Interest
Keith Ramsay	Chair	Member of the West Yorkshire Association of Acute Trusts Committee in Common Member of the WYH Partnership Board Member of the West Yorkshire NHS Chairs' Group Director, Incommunities Group Limited Director, Social Care Housing Limited
Simon Stone	Non-Executive Director (SID)	Nil
Julie Charge	Non-Executive Director	Employee and Deputy Chief Executive, Salford University
Lenore Ogilvy	Non-Executive Director	Owner and Director of ConBrio Associates which provides consultancy to clients including NHS bodies and companies delivering services to the NHS Associate of mHabitat, a digital innovation team hosted by Leeds and York Partnership Foundation Trust.
Gary Ellis	Non-Executive Director	Chief Executive The Coalfields Regeneration Trust

		Director of Wholly Owned Subsidiary companies of The Coalfields Regeneration Trust Non-Executive Director with Berneslai Homes
Amanda Moat	Associate Non-Executive Director	Non-Executive Director – Arcon Housing Group Non-Executive Director – Bolton at Home Housing Group Director, Candam Limited Director Kin Spirits
Stephen Radford	Associate Non-Executive Director	TCS Consultancy Services Project – Services to Bayer AG (Germany) regarding implementation of IT systems

Executive Directors:

Name	Position	Description of Interest
Martin Barkley	Chief Executive	Member of the West Yorkshire Association of Acute Trusts Committee in Common Member of the Yorkshire and Humber Applied Research Collaboration Board Member of the Wakefield Integrated Partnership Board Member of the WYH Partnership Board
Jane Hazelgrave	Director of Finance	Trustee of Dance School Charity
Karen Stone	Medical Director	Nil
David Melia	Director of Nursing and Quality	Nil
Trudie Davies	Chief Operating Officer	Nil
Phillip Marshall	Director of Workforce and OD	Board member of the North LETB for Health Education England
Debbie Newton	Director, Community Services	Nil
Mark Braden	Director of Estates, Facilities and IM&T	Nil

Attendance at Board Meetings

Member	11 April 2019	9 May 2019	23 May 2019	13 June 2019	11 July 2019	12 Sept 2019	10 October 2019	14 November 2019	12 December 2019	13 February 2020	12 March 2020	Attendance
Jules Preston		X										50%
Keith Ramsay												100%
Martin Barkley									X			91%
Naseer Ahmed		X						X				80%
Julie Charge									X		X	82%
Lenore Ogilvy												100%
Simon Stone												100%
Gary Ellis								X				80%%
Amanda Moat							X					80%
Stephen Radford									X			80%
Jane Hazelgrave									X			91%
Karen Stone												100%
David Melia					X							91%
Trudie Davies												100%
Simon Harrison												100%
Guy Cattell												100%
Mark Braden			X	X			X					72%
Debbie Newton												100%
Phillip Marshall			X	X								82%

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

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

The Board considers performance against national priorities set out in the the NHS Improvement *Single Oversight Framework for NHS Providers*, which describes how NHS Improvement works alongside trusts to support the delivery of high quality and sustainable services for patients.

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

During 2019-2020, there was good attendance at Board and Committee meetings by Board members. Quality, Finance and Workforce governance are all overseen by Tier 1 Committees to provide assurance to the Trust Board. Committee roles and responsibilities are described within Terms of Reference approved by the Board and described in the Trust Scheme of Delegation and Reservation. Each Committee has an annual work plan. The Trust Board routinely receives the minutes of all Tier 1 Committees, as well as a summary of the key issues and assurances from the meetings for the whole Board's attention.

Three of the committees are Statutory and three are Assurance. The Trust also participates in a Committee in Common with other provider NHS trusts.

Remuneration Committee (Statutory)

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

The Committee oversees, via six monthly reviews, the performance and appraisal of the Chief

Executive and Executive Directors. Membership of the Committee is restricted to Non-Executive members of the Trust Board. Executive Directors have no involvement in determining their own remuneration.

The Committee fulfilled its objectives for the year and the Chair of the Committee drew to the attention of the Trust Board any issues that required disclosure to the Board, or required executive action. The Committee also has responsibility for considering any issues pertaining to the Fit and Proper Tests for Board Members, there were no issues arising in 2019-2020.

Audit and Governance Committee (Statutory)

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

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

The Committee provides comprehensive assurance to the Board. This consists of the International Standard on Auditing (ISA) 260 letter to those charged with governance; External Audit report on the Quality Account and Financial Statements; Internal Audit Head of Internal Audit Opinion; Annual Governance Statement and Committee Chair Reports. These are produced after every meeting of the Committee and informs the Board of any assurances, risks and gaps from that meeting. All of these are presented to Trust Board and the Committee Chair Reports are taken at the start of Board meetings so they can be taken into account during the meeting. The Committee has also received a review of overall risk management.

The work plan covers all requirements of the Terms of Reference including financial reporting for the year, the quality of both internal and external audit as well as their approach to their

responsibilities to which no concerns were highlighted during 2019-2020. The Committee also reviews the minutes from the Quality Committee, Resource and Performance Committee and the Risk Committee which was established early in the year.

The Committee conducts a separate review of its own effectiveness. Actions arising from the review are monitored through to completion. An external review was carried out by Deloitte when a tone of openness, respect and collegiality amongst the Board and its Committees was noted along with a good representation of a range of skills, experience and expertise on the Board.

Once again, the Committee has seen a continued trend in receiving significant assurance reports from internal audit including budgetary control, infection control and nurse attendance management; and follow up reports have also shown improvements in areas such as the General Ledger and Patient Group Directions. The Committee has reviewed 33 audit reports in 2019-2020, 31 of which received significant assurance and 2 of which received limited assurance.

Charitable Funds Committee (Statutory)

The role of the Charitable Funds Committee is to provide assurance that charitable funds are managed appropriately, in line with regulatory requirements. The Trust is the Corporate Trustee of MY Hospitals Charity (the Charity). The Board members of the Trust act as agents on behalf of the Corporate Trustee (Trustees). The Charitable Funds Committee is a sub-committee of the Board and reports matters to Board to enable it to fulfil its role as Corporate Trustee.

The Committee met four times during 2019-2020. The Committee includes both Executive and Non-Executive Directors inclusive of the Director of Finance and other senior officers of the Trust including the Charitable Funds Manager and Communications Team. The Committee is chaired by the Trust's Chair and a member of the Patient Forum attends to provide a patient and public perspective on the Committee.

The Terms of Reference and annual work plan were reviewed and approved at Trust Board, the work plan covers all requirements of the Terms of Reference including review of investments, fund accounts, legacies and fundraising activities and approval of expenditure.

During 2019-2020, the Committee met four times and routinely reviewed:

- The Charity's financial activities, acceptance of legacies, any expenditure proposals above £25,000 and the benefits realised from the grants provided by the Charity on a sample basis
- The performance of the Charity's investments, supported by professional advice from CCLA, the appointed Fund Managers, monitored spend against the policy of seeing donations being spent within 2 years
- The Charity's risk register to gain assurance that adequate controls were in place to minimise risks.

From expenditure proposals above £25,000, the Committee has approved use of monies for an Emergency Department tannoy system to improve communication within the department and pressure relieving cushions for use on inpatient wards.

The Committee has seen considerable progress with regards to promotion of the Charity and increasing fundraising activities following the Committees support to expand the MY Charity Team.

Quality Committee (Assurance)

The Quality Committee provides assurance to the Trust Board on matters relating to clinical quality, patient and staff safety and experience as well as the adequacy of systems governing quality and its associated risks. The Committee meets each month and is made up of both Executive and Non-Executive Directors. Other senior managers are in attendance at the meeting to present papers in accordance with the Committee work plan; each Division attends on a bi-monthly basis.

The Committee has met monthly throughout 2019-2020. The role of the committee is to:

- provide assurance to the Trust Board that there are robust systems of governance across the organisation
- foster the development of a learning organisation ensuring the Trust is listening to feedback from patients and carers, learning from concerns, complaints, compliments and incidents and acting to improve care

- provide assurance to the Trust Board on the clinical quality and safety of all services across the organisation ensuring all required standards are achieved
- allow for planning and driving continuous improvement
- identify and managing risks to quality of care
- identify, share and ensure delivery of best practice
- investigate and take action on substandard performance

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

An annual committee work-plan covers all the requirements of the Terms of Reference and is approved by the Trust Board. The Quality Committee gains assurance through reviews the Committee commissions directly e.g. Safeguarding and also from other committees e.g. Legal Claims. Examples are listed below:

- Performance against key indicators relating to clinical quality and patient safety as set out in the Quality Strategy
- Trust compliance with the Care Quality Commission requirements and associated internal programmes of work / action plans.
- Divisional governance performance
- Patient experience reports
- Serious clinical incidents
- Infection protection and control
- Complaints
- Legal claims
- Safeguarding issues
- Mortality rates
- Research activity
- Organ Donation Annual Report
- Major trauma update
- Health and safety updates
- The Committee also carried out a quarterly review of the BAF Principle Risks and assigns a level of assurance to these.

During the 2019-2020 year, the Committee had a particular focus on:

- Improvement work on Divisional governance reporting
- Monitoring the delivery of the CQC Action Plan and review of the CQC Insight Tool
- Maternity transformation work
- The successful roll out of the new eMeds System
- Identifying specific risks that need to be escalated to the Board and maintaining oversight of these as well as existing key risks to quality and safety.

The Committee conducted a separate review of its own effectiveness, no significant issues were identified and any actions will be monitored through to completion. An external review was also carried out by Deloitte who noted that there was a tone of openness, respect and collegiality amongst the Board and its Committees and there is a good range of skills, experience and expertise represented on the Board.

Resource and Performance Committee (Assurance)

The Resource and Performance Committee provides assurance to the Trust Board on matters of financial performance, operational performance and workforce including Organisational Development and Equality and Diversity. The Committee meets 10 times in the year and includes both Executive and Non-Executive Directors. Other Trust directors and senior officers attend the meeting to present papers in line with the Committee's work-plan.

The Terms of Reference and annual work plan were reviewed and approved at Trust Board, the work plan covers all requirements of the Terms of Reference. The role of the Committee is to:

- take assurance by appropriate methods that key corporate and business priorities have been translated into effective workforce strategies and plans
- provide assurance to Trust Board in relation to the delivery of workforce plans and the governance of key workforce risks
- provide assurance to Trust Board on matters of financial performance, including delivery of the capital programme and cost improvement plans

- seek assurance in relation to key performance targets and recovery plans to enable it to provide assurance to the Trust Board to support the Board's monthly review of the Integrated Performance Report.

The Chair of the Committee provides a written exception report to the Trust Board after each meeting. This report describes where the Committee has received assurance and where it believes issues need to be escalated to the Board. These reports are presented at the beginning of the relevant section of the Board meeting so they can be taken into account throughout. The Trust Board has been able to take this assurance into account in the performance of its functions. The Committee also carries out a quarterly review of the BAF principal risks and assigns a level of assurance to these.

During the year, the Committee had particular focus on:

- The Trust's overall financial position
- The improved position with regards to the Cost Improvement Programme including a review of Model Hospital outliers
- The improvements which have been made in vacancy rates, Mandatory and statutory training and appraisal rates
- Continued work to improve Equality, Diversity and Inclusion within the Trust.

The Committee conducts a separate review of its own effectiveness, no significant issues were identified and any actions will be monitored through to completion. An external review was also carried out by Deloitte who noted that there was a tone of openness, respect and collegiality amongst the Board and its Committees and there is a good range of skills, experience and expertise represented on the Board.

Risk Committee (Assurance)

The Risk Committee was established during 2019-2020 following a recommendation from the external focused well-led review to ensure scrutiny on a Division by Division and Directorate by Directorate basis of risk and management of those risks. It also aims to provide a specific

focus on action plans and progress in implementing the actions to mitigate the risks and lead to a better risk management process and procedure across the Trust.

Until February 2020, the Committee included Executive and Non-Executive Directors, the Company Secretary and Assistant Director of Nursing – Patient Safety and Quality. The Trust Chief Executive Chairs the Committee and Divisional and Directorate representatives attend the meeting in line with the work plan to present their risk registers. In February 2020, because the meeting is largely operationally focussed, the Board approved amended terms of reference to make this an executive Tier 1 Committee.

The Committee reviews all 12+ rated risks within the Divisions and Directorates and provides challenge with regards to risk scores, mitigations, actions and the effectiveness of risk management at Divisional and Directorate level. Assurance is provided to both Trust Board and the Audit and Governance Committee that risk management in the Trust is effective and can be relied upon.

Remuneration Report

A) Remuneration – Non-executive Directors – Subject to Audit

	(A) Salary (bands of £5,000)	(B) Expense payments (taxable) total to nearest £100	(C) Performance pay and bonuses (bands of £5,000)	(D) Long term performance pay and bonuses (bands of £5,000)	(E) All pension-related benefits (bands of £2,500)	(F) Total (A to E) (bands of £5,000)
2019-20						
	£000	**£00**	**£000**	**£000**	**£000**	**£000**
Keith Ramsay, Chairman from 1 June 2019	30-35	6	0	0	0	30-35
Jules Preston, Chairman to 31 May 2019	5-10	5	0	0	0	5-10
Simon Stone, Non-Executive Director	5-10	0	0	0	0	5-10
Guy Cattell, Non-Executive Director to 31 August 2019	0-5	1	0	0	0	0-5
Julie Charge, Non-Executive Director	5-10	1	0	0	0	5-10
Lenore Ogilvy, Non-Executive Director	5-10	1	0	0	0	5-10
Naseer Ahmed, Non-Executive Director to 29 February 2020	5-10	1	0	0	0	5-10
Simon Harrison, Non-Executive Director to 31 October 2019	0-5	0	0	0	0	0-5
Gary Ellis, Non-Executive Director from 1 October 2019	5-10	2	0	0	0	5-10
Amanda Moat, Associate Non-Executive Director from 1 October 2019	0-5	1	0	0	0	0-5
Stephen Radford, Associate Non-Executive Director from 1 October 2019	0-5	1	0	0	0	0-5
2018-19						
Jules Preston, Chairman	35-40	8	0	0	0	40-45
Simon Stone, Non-Executive Director	5-10	1	0	0	0	5-10
Guy Cattell, Associated Non-Executive Director from 1 Sep 2018	0-5	0	0	0	0	0-5
Julie Charge, Non-Executive Director	5-10	3	0	0	0	5-10
Lenore Ogilvy, Non-Executive Director	5-10	1	0	0	0	5-10
Jane Gilbert, Non-Executive Director to 31 March 2019	0-5	1	0	0	0	0-5
Naseer Ahmed, Non-Executive Director	5-10	1	0	0	0	5-10
Simon Harrison, Associate Non-Executive Director	5-10	0	0	0	0	5-10

B) Remuneration – Executive Directors – Subject to Audit

Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (A to E) (bands of £5,000)
2019-20						
	£000	**£00**	**£000**	**£000**	**£000**	**£000**
Martin Barkley, Chief Executive	195-200	0	0	0	0	195-200
Jane Hazelgrave, Director of Finance	145-150	19	0	0	12.5-15	160-165
Dr Karen Stone, Medical Director (A)	205-210	73	0	0	0	210-215
David Melia, Director of Nursing and Quality	145-150	5	0	0	5-7.5	150-155
Trudie Davies, Chief Operating Officer	140-145	8	0	0	37.5-40	180-185
Debbie Newton, Director of Operations (B)	115-120	5	0	0	5-7.5	120-125
Phillip Marshall, Director of Workforce and Organisational Development (B)	130-135	0	0	0	55-57.5	185-190
Mark Braden, Director of Estates, Facilities and IMT (B)	120-125	22	0	0	27.5-30	150-155

C) Remuneration - Executive Directors (continued) – Subject to Audit

Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (A to E) (bands of £5,000)
2018-19						
	£000	**£00**	**£000**	**£000**	**£000**	**£000**
Martin Barkley, Chief Executive	195-200	0	0	0	0	195-200
Jane Hazelgrave, Director of Finance	145-150	4	0	0	7.5-10	150-155
Dr Karen Stone, Medical Director (A)	195-200	40	0	0	40-42.5	240-245
David Melia, Director of Nursing and Quality	140-145	4	0	0	10-12.5	155-160
Trudie Davies, Chief Operating Officer from 1 March 2018	135-140	0	0	0	57.5-60	190-195
Debbie Newton, Director of Operations (B)	110-115	4	0	0	7.5-10	120-125
Phillip Marshall, Director of Workforce and Organisational Development from 10 September 2018 (B)	70-75	0	0	0	32.5-35	105-110
Angela Wilkinson, Interim Director of Workforce and Organisational Development from 1 April 2018 to 10 September 2018 (B)	45-50	30	0	0	12.5-15	65-70
Mark Braden, Director of Estates, Facilities and IMT (B)	115-120	18	0	0	42.5-45	165-170

Notes to Remuneration - Executive Directors tables

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

B – Non-Voting Directors.

Single total figure of remuneration for each director is **Subject to Audit**

Salary includes all amounts paid and payable in respect of the period the individuals held office, including any salary sacrifice elements. Taxable expenses relate to taxable expenses.

D) Pension benefits – Executive Directors – Subject to Audit

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash equivalent transfers value at 1 April 2019	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2020	Employers contribution to stakeholder pension
2019-2020								
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Jane Hazelgrave, Director of Finance	0-2.5	2.5-5	45-50	135-140	978	39	1,061	0
Dr Karen Stone, Medical Director	0	0	55-60	125-130	1,198	0	1,109	0
David Melia, Director of Nursing and Quality	0-2.5	2.5-5	60-65	180-185	1,253	35	1,340	0
Debbie Newton, Director of Operations	0-2.5	2.5-5	35-40	110-115	816	27	879	0
Trudie Davies, Director of Operations from 1 September 2016	2.5-5	0-2.5	40-45	95-100	670	30	737	0
Phillip Marshall, Director of Workforce and OD from 10 September 2018	2.5-5	2.5-5	55-60	130-135	947	55	1,044	0
Mark Braden, Director of Estates, Facilities and IMT	0-2.5	0	35-40	80-85	650	26	709	0

* The above table includes full year pension costs. This table is **subject to audit.**

Pay multiple statement – Subject to Audit

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

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

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

The banded remuneration of the highest paid director in Mid Yorkshire Hospitals NHS Trust in the financial year 2019/20 was £205,000 to £210,000 (£195,000 to £200,000 in 2018/19).

This was 8.08 times (2018/19, 7.53) the median remuneration of the workforce, which was £25,000 - £30,000 (£25,000 - £30,000 in 2018/19).

The ratio has increased this year as the banded remuneration of the highest paid director has increased compared to 2018/19.

In 2019/20 five employees received remuneration in excess of the highest paid director. Remuneration ranged from £205,000 to £340,000 (in 2018/19 there were eight employees ranging from £195,000 to £275,000).

	2019/20	2018/19
Range – based on bands of £5000	£15,000 - £340,000	£15,000 - £275,000
Highest paid director's total remuneration	£205,000 - £210,000	£195,000 - £200,000
Median total remuneration	£25,000 - £30,000	£25,000 - £30,000
Ratio	8.08	7.53

Exit Packages agreed in 2019-2020 – Subject to Audit

Cost band (including any special payment element)	Number of compulsory	Cost of compulsory redundancies (£)	Number of other departures agreed	Cost of other departures agreed (£)	Total number of exit packages	Total cost of exit packages (£)	Number of departures where special payments have been made	Cost of special payment element included in exit packages (£)
2019-20								
< £10,000			32	79,640	32	79,640		
£10,001 - £25,000			1	10,089	1	10,089		
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 - £200,000								
> £200,000								
			33	**89,729**	**33**	**89,729**		
2018-19								
< £10,000	0	0	36	109,144	36	109,144	0	0
£10,001 - £25,000	0	0	3	45,331	3	45,331	0	0
£25,001 - £50,000	0	0	2	55,400	2	55,400	0	0
£50,001 - £100,000	1	86,000	0	0	1	86,000	1	86,000
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
> £200,000	0	0	0	0	0	0	0	0
Total	**1**	**86,000**	**41**	**209,875**	**42**	**295,875**	**1**	**86,000**

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

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

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

Exit Packages – Other departures analysis – Subject to Audit

	2019-20 Agreements	2019-20 Total value of agreements	2018-19 Agreements	2018-19 Total value of agreements (£)
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	33	90	41	209
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**33**	**90**	**41**	**209**
Non-contractual payments made to individuals where the payment value was	0	0	0	0

more than 12 months of their annual salary				

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

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

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

Staff Report

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

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

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

- Medical Workforce Strategy
- Equality, Diversity and Inclusion Strategy
- Health and Wellbeing Strategy
- Communications Strategy.

During 2019-2020, the Trust established a non-medical clinical workforce strategy group whose remit is to deliver programmes of work to address risk and provide assurance in relation to recruitment, retention, education and clinical workforce models.

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

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

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

The Trust Board also receives information regarding the impact of the strategy through a scorecard, which cover a number of strategic measures, such as the number of people recommending the Trust as a place to work and our vacancy position.

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

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

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

The Trust has participated in a national programme in partnership with trusts across West Yorkshire and Harrogate to improve the experience of staff moving between NHS Trusts and facilitate easier movement of staff between employers.

The Trust delivered a number of recruitment campaigns during 2019-2020 to address immediate staffing needs and increase entry routes into employment for the local community. Activities also focused on selecting individuals who share the Trust's core values, and using opportunities to provide candidates with realistic job preview during the selection process to increase candidate retention once in employment.

These campaigns have resulted in:

- In excess of 160 healthcare assistants and apprentice healthcare assistants through fast-tracked assessment centres during 2019 and up to the end of March 2020.
- Approximately 75 Apprentice Nurse Associates who have commenced their vocational training programme during 2019-2020.
- Approximately 140 qualified nurses and midwives taking up employment during 2019-2020 including a number of individuals recruited from overseas.
- A robust pipeline of additional candidates who are due to commence their employment from March onwards which includes over 140 additional registered nurses and midwives who will qualify during 2020-2021 and approximately 130 apprentice healthcare assistants and healthcare assistants.
- Agreement to employ 50 additional registered nurses from overseas, to commence their employment during 2020-2021.

The Trust has continued to raise its profile and the opportunities for employment within it amongst our local communities and nationally.

The Trust has become a Cornerstone Employer, working in partnership with the Careers and Enterprise Company across the Leeds city region and Kirklees to deliver careers education for young people as one of a group of local businesses supporting schools, colleges and young people in this area. It has already delivered a one-day, on-site workshop for a group of young

people to help inform their healthcare career choices and the Trust is increasing the number of external events it attends to raise its profile across the region and more widely.

The Trust has extended its provision of supported internships for young adults with learning disabilities and autism to members of the Kirklees community. It is the first Trust in the country to offer two Project SEARCH programmes, and its programme for students in the Wakefield community has completed its third successful year.

The Trust has continued its efforts to improve the working lives of our Black, Asian and Minority Ethnic (BAME) colleagues. In the last twelve months the Trust secured places for six colleagues on the Wakefield Moving Forward programme; a four-part development programme for colleagues wanting to progress into leadership roles. The Trust encouraged BAME colleagues to apply for regional and national development programmes and a number have been successful in securing places. In late January the Trust established an Executive Mentoring Scheme specifically for BAME staff to enable the Executive Board members to mentor at least one BAME colleague. In March, working in partnership with the Royal College of Nursing, the Trust ran one of their bespoke leadership programmes for some twenty nursing staff keen to progress into leadership positions.

A key priority for the Trust in 2020/21 year is to implement a number of initiatives aimed at supporting BAME staff to develop their careers. Approximately one in seven of the Trust's workforce have a BMAE background, but are underrepresented in Agenda for Change Bands b and above. This is something that the Trust is determined to improve over the next few years.

The Trust is proud to have achieved Veterans Aware status and the Employer Recognition Scheme Silver award in recognition of the work undertaken to support the Armed Forces community. In addition, the Trust has also achieved Investors in People status in recognition of the work undertaken to improve the experience of our workforce and our ambition to be an excellent employer.

Analysis of ethnicity of staff

	Total	%
Asian	834	9.6%
Black	181	2.1%
Mixed	109	1.2%
Other	137	1.6%
Unknown	98	1.1%
White	7363	84.4%
Total	8722	**100%**

Staff in post by band*

	Number of people	
	2018/19	**2019-2020**
Other	15	14
Medical	816	834
Band 9	7	7
Band 8	315	337
Band 7	552	559
Band 6	1,204	1,193
Band 5	1,571	1,505
Band 4	414	410
Band 3	989	994
Band 2	2,090	2,607
Band 1	507	61
Apprentices/trainees	142	201
Total	**8,622**	**8,722**

Staff profile*

	Number of people	
	2018/19	**2019-2020**
Add prof scientific and technical	251	260
Additional clinical services	1,894	1,989
Administrative and clerical	1,674	1,685
Allied health professionals	622	604

Estates and ancillary	1,001	1,029
Healthcare scientists	159	157
Medical and dental	816	834
Nursing and midwifery registered	2,204	2,164
Students	1	0
Total	**8,622**	**8,722**

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

Age profile of staff

	Number of people	
Age	**2018/19**	**2019-2020**
< 25	541	578
25 - 34	2,043	2,043
35 - 44	1,922	1,952
45 - 49	1,074	1,069
50 - 54	1,188	1,152
55 - 59	1,047	1,066
60-64	629	641
65+	178	221
Total	**8,622**	**8,722**

Annual Staff Survey 2019

The results of the national NHS Staff Survey 2019 were published in February 2020 following a period between the end of September and the end of November 2019 when opinions were collected. The Trust invited all staff to participate and 3,899 members of staff submitted their answers, giving a response rate of 47%. This is a 1% improvement over the average England response rate and a 5% improvement from the Trust's own response rate the previous year.

The National Survey results compare the Trust to other, similar trusts and the final report benchmarks the Trust against the 47 other combined trusts in England.

The results from the survey are based on 90 questions. Of those 90 questions, the Trust improved on 47 compared to its results in 2018. It deteriorated on 30 questions and stayed the same on 13.

It is encouraging to note that feedback from staff this year is more positive than in 2018. The Trust is continuing to move in the right direction in many of the questions and has made significant improvements on the questions regarding Equality, Diversity and Inclusion. It also improved on 16 out of 20 questions in the "Your Health, Well-being and Safety at Work" section.

Whilst it is important to review year on year progress, it is also useful to look at changes over a longer period of time to assess the impact of improvement interventions. There are 82 comparable questions to the survey undertaken in 2015. Of those, the Trust improved on 68 questions, deteriorated on 9 and remained the same on 5 questions.

The Trust still faces challenges regarding staff recommending it as a place to work and for care and treatment and these questions will continue to be an area of focus along with other questions which constitute the staff engagement theme in view of its link to patient care. This theme is derived from nine of the 90 questions. The Trust will also focus its improvement planning on Health and Wellbeing which includes flexible working, stress and musculoskeletal injuries.

The national NHS Staff Survey results for 2019 can be found at www.nhsstaffsurveys.com

Celebrating staff

The Trust has many fantastic employees and there are initiatives in place to recognise and reward staff for their excellent work and contribution. One such initiative is the MY Star Award.

Each month, staff can nominate their colleagues for the MY Star Award. The winner receives £100 of high street gift vouchers and a framed certificate at a surprise presentation.

Also annually, the Trust conducts its Celebrating Excellence Awards. The aim of the awards is to recognise and celebrate the fantastic achievements of individuals and teams across the Trust.

Every day colleagues and teams go above and beyond the call of duty to make a difference to Trust services, patients and staff. These awards are the Trust's annual opportunity to acknowledge these outstanding contributions and to show appreciation to staff for what they do. The awards event is funded through the generous sponsorship of a number of external organisations.

The 2019 awards also included the Dr Kate Granger Compassionate Care Award, which was nominated by patients and members of the public. This was won by Claire Williams, Sister on the Critical Care Unit at Pinderfields and some of her colleagues for the outstanding compassionate care they deliver.

Working with our staff

The Trust recognises how vitally important it is that staff are engaged. This means ensuring staff that are given the opportunity to become familiar with the Trust's values and strategic goals, and how they are relevant to their particular area of work.

It is essential that staff are aware of both our challenges and our achievements, that they feel able to speak up and that they can contribute and influence decisions.

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

The Trust recognises the important of senior leaders being visible and each month, after the Trust Board meeting, all members of the Board visit wards and departments to speak to staff

and listen directly to their views. In addition to this staff can raise any concerns they have through a number of routes including confidential emails directly to the Chief Executive as well as through the Trust's Freedom to Speak Up Guardian.

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

There are also two formal negotiating forums where the Trust works in partnership with trade union colleagues to discuss and manage issues relating to organisational change, employment policies/practice, and the application of terms and conditions of employment.

The Partnership Forum undertake this role for non-medical staff and the Local Negotiating Committee (LNC) performs the same role for medical staff.

The Trust has progressed work in partnership with trade unions, to explore how it can improve when responding to patient safety incidents and to develop a fair and just culture, where staff increasingly feel able to speak up and where the Trust can maximise its opportunity to learn and improve.

Training and Development

The Organisational Development Team continues to lead on enabling all staff to get the mandatory training they require for the safety of patients and themselves. This training is specified by the Trust and the training targets set were achieved for the second year running during 2019-2020.

All new Consultants and senior managers are assessed prior to appointment for competence and in accordance with the Trust's values and behaviours. Both attend special orientation programmes which familiarises them in the way the Trust works and its expectations.

The Trust's 'Embedding Values & Behaviours', senior leadership programme has successfully concluded its second year. 322 Senior leaders and Consultants have participated in the programme with the aim continuing the improvement of the culture within the Trust.

Organisational Development continues to support staff engagement and improve the working lives for staff. Key to this has been ensuring that staff ideas are listened to, their suggestions on how they could improve the service they provide is considered, and they receive a response.

100% of appointed clinical support staff successfully completed the Care Certificate and attended Skills in Practice Programme before commencing work on wards and departments. Some of these staff commenced work as apprentices. The Trust typically has over 250 apprentices learning and qualifying in a variety of jobs.

In October 2019, the Trust was accredited with the Investors in People recognition. It was judged to have met all of the international standard to the 'developed level' and is now looking to advance its people practices.

Human Resources Policies

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

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

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

The Trust takes all reasonable measures to support employees when they encounter difficulties and offers an extensive range of support to staff in managing their health and wellbeing, details of which can be access via the Occupational Health & Wellbeing Department's intranet page. A sickness absence management service also operates to support line managers to proactively manage an employee's absence where it exceeds 21 days, and to support the employee through the period of absence with the aim of facilitating a successful return to work.

The recruitment and selection policy aims to ensure full and fair consideration is provided to all applications for employment, including those made by people with a disability or other protected characteristics described by the Equality Act 2010. The policy is based upon national recruitment standards including NHS Employers' employment check standards and the Department of Health Good Practice Guidance on the National Health Service (Appointment of Consultants) Regulations 1996 to meet regulatory obligations.

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

Library and Knowledge Services

The Library and Knowledge Service underpins excellence in patient care by encouraging and facilitating the use of best evidence to inform decision-making. Health related information and research continues to grow in size and complexity, making navigation and access increasingly difficult. The Library Team use their expertise in information skills on behalf of all Trust staff, students on placement and stakeholders within Wakefield CCG and our customers within the West Yorkshire and Harrogate Partnership.

Financially the library has secured more cost effective ways of accessing resources through regional joint purchasing initiatives. Its acquisitions and collections represent value for money, are based on customer needs and are subject to customer evaluation of content, requests and recommendations.

The library works across departments to promote sharing resources and making knowledge for easily accessible. The library is a fundamental service supporting learners, providing resources and training to enable personal, professional and service development.

This year:

- The library has over 2,400 members over 30,000 visitors.
- There have been over 9,500 help desk enquiries.

- 150 literature searches and database sessions were provided across all sites and specialties for both clinical and non-clinical staff.
- There have been over 700 inter-library lending and document supply requests to Trust staff, students and those customers within our CCGs as part of our service level agreement.
- Over 150 members of staff subscribed to the Non-Medical Prescribers Bulletin and over 400 members of staff subscribed to What's New? our general current awareness bulletin
- We are proud to say that we continue to maintain a 96% compliancy rating within the NHS Healthcare Education England (HEE) national library and knowledge service framework.

Teams of the Week

This scheme was introduced in 2016 as is awarded when teams have 'gone the extra mile', the Trust introduced Team of the Week Award. A member of our Executive Team presents a certificate and a tin of chocolates or biscuits to the staff. Their achievement is then shared in the Trust news Bulletin and in the Chief Executive report to the board.

In 2019-2020, teams that received this recognition were:

April 2019

- Team responsible for the Da Vinci Urology Robot
- Overseas Visitors Team
- Capital Programme Team
- Mortuary Team
- Eddie Emsworth and the Smoke Free Environment Group

May 2019

- CITO Implementation Team
- X-Ray and Reception Team
- HSDU Team
- PGH MADE Event Team

June 2019

- eMeds Implementation Team
- Community Services Single Point of Contact Team
- The cross-division collaboration who supported a mental health patient to access diagnostics

July 2019

- Labour Ward and Neonatal Staff Team
- Stuart Bond and the Pharmacy Antimicrobial Stewardship Team
- The PACS Go Live Team
- The Finance Team
- Communications Team

August 2019

- IT Services Operational Team
- To the team involved in the creation of a garden to enhance Health and Wellbeing at Dewsbury and District Hospital
- Deep Cleaning Team
- Recruitment Team

September 2019

- Patient Flow Team
- The Acute Labour Ward Team
- Dewsbury Garden (Rachael Stewart and Carole Newsome)
- Patient Safety Team
- Research Team
- Endoscopy Decontamination Team

October 2019

- Emergency Care Team and Frailty Team
- Children's Services
- A&E Departments – 3 Sites
- AF Covenant Employer Recognition Scheme
- IT/ Switchboard Team

November 2019

- Pharmacy Technical Services Team
- PLACE Team
- The Therapy Team
- IIP Accreditation Scheme
- HSDU/ IT and Estates Teams

December 2019

- DDH Silver Command Team
- Point of Care Testing Team
- Payroll Team
- OHS/ FLU
- WICU Team
- Medical Physics Team

January 2020

- Emergency Department
- Patient Flow Team
- Division of Medicine Planned Care Team
- ICU Team
- eMeds Team
- NHSI Quarry House Temporary Agency Team

February 2020

- Outpatient Booking and Choice
- Gate 44 Christmas Eve Team and the FNOF Team
- The Speech and Language Therapy (SALT) Team
- The Performance Improvement Team

March 2020

- Hospital Switchboard Staff
- The COVID-19 Tactical Team
- The Occupational Health Team
- The Estates Team and ENGIE
- COVID-19 Elderly Care, Children's Services, the Emergency Departments at all 3 sites and the Teams responsible for the bed moves/ flow/ acute medicine
- The Adult Community Services Team
- The ICU Team
- The Procurement Team

Staff Health and Wellbeing

During 2019-2020, the Health and Wellbeing Team, under the steer of Occupational Health and Wellbeing Services, has continued to build on the foundations laid during 2018-2019 to establish and build a comprehensive wellbeing plan to enable employees at all stages of their careers to gain access to psychological support and physical health improvement opportunities.

The Schwartz Rounds[2] are an established feature of this programme.

- Seven Schwartz Rounds were conducted during 2019-2020 with a total of 298 attendees benefiting from this supportive forum. 98% of all attendees confirming they would recommend attending a Schwartz round to their colleagues.
- The Schwartz Round Steering Group have worked hard to make this initiative a success and were nominated for the “Non-Clinical Team of the Year” in last year’s Celebrating Excellence Awards.

Mental Health First Aid training was successfully launched.

- A total of 53 employees attended the training course and have taken on the role as a Mental Health First Aider in their respective areas.
- A sustainable network of Mental Health First Aiders was developed to help to challenging the often negative perceptions associated with mental ill health and encourages honest but respectful communication.

Regular scheduled events include:

- Stress Awareness,
- Mental Health Awareness
- Wellness Action Plan training,
- Wellbeing Workshops have been supplemented by dedicated support to the Nurse Preceptorship courses and dedicated bespoke support to wards and departments. In total 611 employees accessed these events.

[2] A Schwartz Round provides a confidential space where a panel of staff members share a story or experience relating to a specific topic or theme. This is followed by an open discussion, inviting attendees to explore or comment on any of the stories or experiences discussed by the panel. The rounds aim to provide dedicated time for reflection, creating a safe place to voice feelings not often shared, such as frustration, anger, guilt, sadness, joy, gratitude and pride.

- Support to the biannual Staff Benefits Roadshows and Learning at Work Week
- Support to health colleagues at SPECTRUM on their regional Health and Wellbeing Seminar day

Other activities to support staff include

- Menopause Awareness sessions
- Men's health sessions
- Pilates
- Yoga
- Hydro-fitness
- Health checks with signposting to weight management and smoking cessation

The Staff Fitness Centre at Dewsbury and District Hospital is increasing in popularity with over 140 members. The Fitness Centre has a very active committee membership and recently the decision was taken to use membership funds to carry out a comprehensive refurbishment of the facilities including the showering and changing facilities as well as the equipment. It is anticipated that this work will be completed in the summer, 2020. The partnership between the Occupational Health Physiotherapy Team, the MSK (Musculoskeletal) Adviser and the Fitness Instructor is assisting employees to access rehabilitation programmes and lifelong fitness plans to support the ageing workforce and staff with long-term ill health issues.

SEQOSH - *(*Safe, Effective, Quality Occupational Health Service - National Accreditation system). This is a scheme run by the Royal College of Physicians in association with the Faculty of Occupational Medicine. The Trust is proud to say the Occupational Health and Wellbeing Service has successfully gained full SEQOSH accreditation for the sixth consecutive year.

Staff sickness absence

	2018/19	2019-2020
Total FTE days lost	126,044	142,182
Average Staff in Post (SIP)	7316.55	7480.35
Average working days lost	17.22	19.01

Staff sickness absence data is based on full-time equivalent days for the financial year April 2019 to March 2020.

Staff facts and figures

Average number of employees based on Whole Time Equivalent – Subject to Audit

	2019-20			2018-19		
Staff group	**Total**	**Permanently Employed**	**Other**	**Total**	**Permanently Employed**	**Other**
	Number - WTE	**Number - WTE**	**Number - WTE**	**Number - WTE**	**Number - WTE**	**Number - WTE**
Medical and dental	**974**	858	116	933	818	115
Ambulance staff	**0**	0	0	2	2	0
Admin and estates	**1,390**	1,335	55	1,334	1,278	56
Healthcare assistants and other support	**901**	742	159	879	713	166
Nursing, midwifery and health visiting	**3,204**	3,046	158	3,140	2,978	162
Nursing, midwifery and health visiting learners	**0**	0	0	2	2	0
Scientific, therapeutic and technical staff	**1,023**	1,005	18	988	971	17
Healthcare science	**306**	300	6	303	298	5
Other	**63**	63	0	64	64	0
Total average numbers	**7,861**	**7,349**	**512**	**7,645**	**7,124**	**521**
Number of employees (WTE) engaged on capital projects	45	40	5	9	7	2

Analysis of gender distribution of staff

	Female	Male	Total	% Female	% Male
Directors	7	8	15	46.7%	53.3%
Other senior managers	11	10	21	52.4%	47.6%
Employees excluding the above categories	7069	1617	8686	81.4%	18.6%
Total	**7087**	**1635**	**8722**	**81.3%**	**18.7%**

Employee benefits gross expenditure – Subject to Audit

	2019-20			2018-19		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000s	£000s	£000s	£000s	£000s	£000s
Salaries and wages	274,724	273,459	1,265	262,965	261,388	1,577
Social Security costs	24,721	24,721	0	21,239	21,239	0
Apprenticeship Levy	1,378	1,378	0	1,194	1,194	0
NHS Pensions Scheme	45,408	45,132	276	29,904	29,636	268
Other pension costs	1,334	1,324	10	78	71	7
Termination Benefits	0	0	0	86	86	0
Temporary staff	31,214	0	31,214	30,248	0	30,248
Total - including capitalised costs	**378,779**	**346,014**	**32,765**	**345,714**	**313,614**	**32,100**
Costs capitalised as part of assets	1,726	1394	332	413	343	70
Total - excluding capitalised costs	**377,053**	**344,620**	**32,433**	**345,301**	**313,271**	**32,030**

Expenditure on consultancy

In 2019/20 the Trust's expenditure on consultancy was £167k (2018/19: £231k). These costs mostly relate to property & construction within site services.

Pay policy

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

Off-payroll engagements

Table 1: Off-payroll engagements longer than six months

For all off-payroll engagements as of 31 March 2020, greater than £245 per day and that last for longer than six months:

	Number
Number of existing engagements as of 31st March 2020	2
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four years or more at the time of reporting	1

Table 2: New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months duration, between 1 April 2019 and 31 March 2020	2
the number assessed as caught by IR35	0
the number assessed as not caught by IR35	2
the number engaged directly (via PSC contracted to department) & are on the departmental payroll	0
number of engagements reassessed for consistency/assurance purposes during the year	0
number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:

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

MID YORKSHIRE HOSPITALS NHS TRUST 2019/20 ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Mid Yorkshire Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Mid Yorkshire Hospitals NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk and the risk and control framework

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

The Chief Executive discharges this responsibility as follows:

- The Director of Nursing and Quality is responsible for risk management and this is discharged within the Quality and Safety Team
- Divisions manage Divisional risk registers in accordance with the Trust Risk Management Framework and part of the Trust DATIX system
- Executive Directors manage Directorate risk registers in accordance with the Trust Risk Management Framework

- The Trust Level Risk Register (TLRR) is a collated summary of the risks identified as being the high level risks to the Trust, as set out in the Risk Management Framework. This is not necessarily the highest rated risks. Risks for the TLRR are identified at Clinical Executive Group meetings (CEG) having been escalated from Divisional or Directorate risk registers. Items may also be escalated to the TLRR by the Trust Board. The Company Secretary maintains the TLRR however, all of the individual risks are identified to the relevant executive director
- The Risk Committee (meets monthly) reviews the TLRR, Divisional Risk Registers and the Directorate Risk Registers in accordance with the Risk Management Framework, at every meeting
- The Trust has a Board Assurance Framework (BAF)which is maintained by allocated Executive Directors for each principal risk area, it is reviewed by the Trust Board in full on a quarter and there is a deep dive into one principal risk at every meeting of the Trust Board
- Internal Audit review risk every year as part of their Internal Audit Plan, with a rolling programme of review across the Trust registers within DATIX.

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

Internal Audit review the BAF annually, for 2019/20 they concluded that '*the audit has found that there is a sound system of control in place to ensure the completeness of the Trust's BAF. An opinion is not given for this review as it is included within the Head of Internal Audit Opinion on the overall system of internal control. No issues were identified*.'

The Trust Risk Management Framework sets out the responsibilities for the effective implementation of risk management arrangements in the Trust. For example, Patient Service Managers, Heads of Clinical Services, Matrons and departmental Managers are responsible for ensuring effective systems for risk management in their specialty areas. This includes identifying competent staff to lead on risk management and being familiar with the Risk

Management Framework, and having attended training. The Framework includes detailed guidelines on the use of DATIX and how to complete risk assessments on the system. There are also face to face training sessions for staff on managing risk. A diagram sets out the full process for risk management across the Trust and the Ward to Board assurance.

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

The Care Quality Commission (CQC) considered risk management as part of their 2018 inspection process and their report, published in December 2019, referred to risk, stating '*We found some examples of where the board and leaders were not fully sighted on some of the risks in the organisation. This did not give us assurance about the flow of information and escalation of risk from 'ward to board*.'' This resulted in one of the 62 improvement actions – *The trust must ensure that effective and robust systems are in place to support and drive performance and the identification and management of risk.*

An improvement action plan to mitigate this finding was completed in May 2019, a key element of which was the establishment of a Tier 1 Risk Committee.

The Audit and Governance Committee, at their meeting in December 2019, assessed the Trust Risk Management arrangements against the common steps in the approach to risk management as set out in the HFMA NHS Governance Handbook (4th edition, 2017):

Consideration	**In practice at Mid Yorkshire Hospitals NHS Trust**
Risk Identification and Assessments	Since 2013/14, all Trust risks have been recorded using the DATIX system. Prior to this, risks were recorded in a variety of ways in different departments and divisions and there was no means of accessing the overall information. The DATIX system is menu based and there is a standard form to complete, so all staff are recording risks on the same basis

	Access to DATIX is via username and password, staff only receive log on details once they have been trained in the use of the system and the wider risk management system, ie how to recognise, assess and record risks, control, and actions
Risk Evaluation (Scoring)	The Risk Management Framework sets out the scoring methodology and this is used universally across the Trust for risks. This is tested in a number of places: 1. Divisional Management Teams – review all new risks and therefore should be able to consider if risk scoring is appropriate and consistent 2. Risk Committee – all divisional, corporate and Trust Level risks are reviewed on a rolling basis at CEG, one focus of this review is the consistency of scoring and recording of risks across the Trust.
Risk Treatment	The DATIX system is menu driven and requires those recording risks to identify the controls in place, and any gaps, this then forms the basis of the action plan to mitigate the risk. Review dates are set, DATIX has an audit trail of updates and reviews and risk scores are adjusted where appropriate, risks may be escalated, de-escalated or closed. These decisions and updates are made by the risk owner and then 'signed off' in DATIX by the appropriate manager
Risk Appetite	The Trust Board considers Risk Appetite on an ongoing basis and a Board Development Seminar is programmed for September 2020. The Company Secretary presented

	a paper which set out the high level features for Risk Appetite and an example of a risk tolerance matrix. The Board considered the application of a risk tolerance matrix in practice and concluded that this was not the approach for the Trust to take at this stage. The matrix could become prescriptive and without regular review and update, could become out of date and irrelevant. Instead, the Board considered the Assurance and Escalation Policy which sets out what issues Directors would escalate, when and where to.
Risk Registers	The Trust Board and Committees should be familiar with the suite of risk registers used in the Trust, as follows: • Trust Level • 4 separate operational Divisions (Surgery; Medicine; Adult Community Services; Families and Clinical Support Services) • 5 Directorate Risk Registers (Finance; Workforce and OD; Estates, Facilities and IM&T; Nursing and Quality; and Medical Directorate) • Specialty and Department risk registers ALL risk registers are maintained on DATIX
Escalation Procedures	The Risk Management Framework sets out the review and escalation procedures for risk from Ward to Board. This is tested by Risk Deep Dives and internal audit reviews and consideration at Risk Committee

The Trust Board established a Tier 1 Risk Committee in April 2019.

Major risks

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

- Not achieving financial plan and statutory duties
- Failure to comply with Infection Prevention and Control Policies and Procedures

- Inability to successfully fill our level of registered nurse and care staff vacancies
- Harm to patients caused by poor falls prevention initiatives and management
- Cyber Security Risk across the organisation
- Recognition , escalation and response to the deteriorating patient

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

- Failure to maintain the safety of patients
- Failure to maintain and develop Trust Estate, and Equipment
- Failure to provide excellent patient experience including not meeting NHS Constitution Standards
- Failure to provide expected outcomes
- Failure to recruit and develop an effective workforce
- Failure to engage and retain an effective workforce
- Failure to achieve financial sustainability and VFM
- Failure to comply with targets, statutory duties and functions
- Failure to work with partners effectively
- Failure to support research, development, transformation and innovation for the benefit of patients and the NHS

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

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

The BAF is a strategic document and the principal risks mirror the risks of not achieving the Trust Strategic Objectives within the Trust Strategy.

Discussion on risk takes place at the Trust Board, at Risk Committee and in Divisional Governance meetings. Risks and concerns identified within the normal course of Board and Committee business will be added to the DATX system as appropriate.

The Head of Internal Audit has concluded that the system of internal control in place during 2019/20 offered Significant Assurance. This is based on a range of work undertaken as part of the annual internal audit plan, including assessment of the BAF and an assessment of the range of individual opinions arising from risk based audit assignments throughout the year.

Review of performance information (including Quality Performance) is included in the Internal Audit programme on a rolling basis, every year.

Internal Audit

Internal Audit has issued 31 (94%) High/Significant assurance reports during the year (33 (89%) in 2018/19):

Governance – Governance, Board Assurance and Risk Management; Fit and Proper Persons Test
Finance – Budget Setting, Monitoring and reporting; Charitable Funds; Debtors and Income; General Ledger; Payroll and Pensions; IR 35 Follow Up
Operations – Estates, Facilities and IMT – EFIT Risk Management; IMT Governance Management and Reporting; IT Project Management; Cyber Security; Information Assets Management; IT User Service Desk; Post Implementation Review – eMeds; Mortuary Fees connect with Bereavements
Operations – Hospital Services – RTT times
Medical Directorate –Clinical Audit; Medical Recruitment and Retention; Learning from Deaths Follow Up
Nursing and Quality Directorate – Nursing Bank and Agency; Nursing Attendance Management; Patient Safety Alerts; Improvements from CQC Recommendations Follow Up
Management Request and Contingency – Endoscopy Follow Up; CIP Follow Up; IR35; Waste Management Follow Up; Community Mobile Devices Follow Up; Medical Staff Overpayments Follow Up

Internal Audit issued 2 (6%) low/limited assurance reports during the year (7 (11%) were issued in 2018/19):

Operations – Estates, Facilities and IMT – IT Storage, Archiving and Back Up
Nursing and Quality Directorate – Patient Group Directions

Well Led Assessments

In 2019/20 an external focussed developmental Well Led Review was completed and reported. The recommendations were developed into an action plan, and as at May 2020, 22 out of 25 recommendations are complete. The remaining recommendations relate to centralising the risk management team and development of a web based risk management training system for staff. The progress on implementing the recommendations was reported to the Trust Board in September 2019, December 2019 and March 2020.

Quality Governance arrangements

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

- A Tier 1 Quality Committee with sub-committees focussing on patient experience, patient safety and clinical excellence
- An annual Clinical Audit programme which is approved at Quality Committee.
- All Serious Incidents and Never Events are subject to Root Cause Analysis and are reported to the Patient Safety and Clinical Excellence Sub-Committee for discussion and understanding of the learning from the event
- All staff are encouraged to report incidents and learning is shared across the organisation
- The Trust has a full time Freedom to Speak Up Guardian and a Speaking Up Strategy was published in October 2019
- The Trust Board is assured by minutes and a report from the Chair of the Quality Committee and reporting in the Reportable Issues Log which is presented to the Board each month in private
- A Quality Strategy is in place and accompanying dashboard
- The BAF provides assurance against the strategic objectives of keeping our patients safe at all times and providing excellent patient experience and delivering expected outcomes
- The Nursing Quality Governance Framework - brings together measures of nursing and midwifery into one overarching framework to enable a comprehensive assessment of the

quality of care at ward and unit level.

Clinical Audit

The Trust has a Clinical Audit Programme, with an Annual Audit Priority Programme which is approved by Patients Safety and Clinical Effectiveness Sub-Committee. During the year 2019/20 the Trust participated in 61**,** (98%) of the Quality Account national clinical audits and 2**,** (100%) of the national confidential enquiries, it was eligible to participate in.

A further 30 audits in addition to those in the Quality Accounts tables were completed between 1 April 2019 and February 2020. Quarterly Audit Reports for each Division are published Trust Wide and shared across all clinical and management groups.
The reports of all national clinical audits were reviewed by the Trust in April 2019 to March 2020 and the Trust intends to take the necessary actions to improve the quality of healthcare provided based on the national recommendations and individual results when available.

Data Quality

The Trust has a data quality team whose role and purpose is to ensure that data is recorded accurately and in accordance with national guidance and definitions. This includes the data recorded for elective care waiting times. The Trust's approach to data quality is clearly set out in the Trust's Data Quality Policy. Additionally the recording and reporting of elective waiting time data is clearly documented within each department standard operating procedure and these are checked to ensure that documented procedures comply with NHS data standards for recording elective waiting time data.

Elective Care waiting time data is routinely monitored and audited from a data quality perspective. The results of these audits are shared on a monthly basis to highlight any recording issues to relevant departments, the data quality team then provide support to ensure any data quality issues are addressed.

Mandatory and system training ensures that staff understand all aspects of the data they collect and how others use the data. The Trust has an Elective Care Training Strategy in place, which ensures any member of staff recording elective care waiting time data, is trained in the national elective care waiting time guidance and definitions.

Lastly, Internal Audit carry out an annual audit on the recording and reporting of elective care waiting times. This audit focuses on the data capture, collating and reporting on the elective care performance indicators. The audit also assesses the Trust's processes for identifying adverse performance, assigning responsibility for taking remedial actions and monitoring the implementation and effectiveness of these actions

Workforce and Pension

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

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

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

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

The Trust's nursing leads undertake regional, peer staffing reviews on behalf of NHS England, which enables benchmarking against Trust peers. Medical workforce plans are developed by Patient Service Leads and are overseen by the Medical Director's office. These plans are tested against the Royal College standards where available. The Trust uses its Temporary Workforce Planning Group to address the needs of supplying the right staff, with the right skills at the right time and place. A key aim of the group is to minimise the financial and quality impact of a temporary workforce. In 2019/20 there has been a significant reduction in the use of agency and locum staff. Data from the Electronic Staff Record, E-Rostering and Electronic Job Planning systems are used in delivering its aims.

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

A succession planning process is in place to focus on the development of our existing and future leaders. The Trust's vision is to strive to achieve excellent patient experience each and every time. As part of this approach, our leaders are expected to role model the agreed values and behaviours associated with High Standards, Caring, Respect and Improving, whilst supporting the development of a Just and Learning Culture.
The Trust works in partnership with our local Clinical Commissioning Groups and other local organisations to implement the objectives associated with the integrated workforce transformation strategies. The strategies identify and offer solutions to a number of cross cutting strategic priorities and challenges that need to be addressed to ensure the health and social care workforce of tomorrow, both paid and voluntary, is equipped and able to respond to the changing needs of the sector and that local citizens demand.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's

contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

Care Quality Commission

The CQC have not carried out an inspection of the Trust in 2019/20. The overall Trust rating therefore remains Requires Improvement; this being the outcome of the last inspection in summer 2018. In 2019/20 the Trust has strived to deliver the detailed improvement plan implemented to address the improvement recommendations identified from the 2018 inspection, in addition to building in learning from more recent inspection reports to continuously improve the quality and safety of our services.

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

Register of Interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined in the Trust Standards of Business Conduct) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS* guidance.

Trust Board

The Trust is governed by the Trust Board comprising of six Non-Executive Directors including the Chairman, two Associate Non-Executive Directors (non-voting), and eight Executive Directors (three non-voting), including the Chief Executive. During 2019/20, there have been the following changes to Board members:

- Naseer Ahmed, resigned as Non-Executive Director from 29 February 2020
- Gary Ellis was appointed as Non-Executive Director from 1 October 2019
- Stephen Radford was appointed as Associate Non-Executive Director from 1 October 2019

- Amanda Moat was appointed as Associate Non-Executive Director from 1 October 2019

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

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

The Trust Board consider performance against national priorities set out in the NHS Improvement Single Oversight Framework for NHS Providers, which sets out how NHS Improvement works alongside trusts to support the delivery of high quality and sustainable services for patients.

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

Sustainable Development

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

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

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

A monthly Finance and Performance group chaired by the Director of Finance and attended by executive directors to hold Divisions to account for their overall performance including finance, performance, HR and activity. This balanced view of performance facilitates an in depth

scrutiny of economy, efficiency and effectiveness at a more granular level. Differential reporting arrangements have been introduced during this financial year whereby those divisions with higher risk have enhanced reporting to FPG on a fortnightly basis

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

The Trust utilises benchmarking data generated through the model hospital (MH), service line reporting/patient level costing and GIRFT to inform the production of efficiency plans. At the end of October 2018 the Trust completed a Finance and Service Sustainability plan which was submitted to NHSI and was based on the latest SLR/PLICs data, at that time. Although some of the underpinning national financial and planning assumptions have changed in the last 12 months, the planned efficiencies remain extant. The latest MH data for 2018/19 demonstrates the impact of this work and now places the cost per weighted average unit (WAU) below the national average. This is also supported by a reference cost index that also sits just below 100%. After taking into account excess PFI costs not covered by the tariff, the Trust would benchmark significantly below the national average demonstrating the effectiveness of the Trusts system for delivering economy and efficiency.

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

The Trust has reported a breakeven financial position after the receipt of £20.8m core PSF/FRF and £2.7m bonus PSF/FRF. The bonus PSF/FRF was earned due to the targeted re-distribution of national unearned PFS/FRF to deficit organisations in Integrated Care Systems that had delivered their overall financial control total. The Trust's financial performance is reviewed and scrutinised in detail at the Resource and Performance Committee and at Trust Board.

Information governance

The Trust has an Information Governance Steering Group (CIGSG) which meets every 4 to 6 weeks chaired by the Trust Caldicott Guardian. Membership includes the Trust's Senior Information Risk Officer and Data Protection Officer. The Group takes an active role in overseeing the delivery of Information Governance within the Trust, to ensure that all information used, especially that relating directly or indirectly to patient care, is managed carefully, responsibly, within current law and with due regard to considerations of privacy such as those defined in the Data Protection Act 2018 (incorporating the General Data Protection Regulations EU GDPR 2016/679) and the Caldicott Principles.

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

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

Compliance is tested by regular internal audits and spot checks, data privacy impact assessments on new information assets and changes of use of those assets, annual risk assessments of information assets, annual review of processes involving the use of personal identifiable data, annual review of data sharing agreements, annual review of data processing agreements, review of supplier contracts, annual review of security policies, and annual penetration testing including NHS Digitals CareCert audit.

During the year, the Trust experienced three incidents which were reportable to the Information Commissioners Office (ICO) and one compliant from the ICO.

1 – Employee accessing records inappropriately. This was reported to the ICO. No further action was required by the ICO as the trust had already investigated the incident and dismissed the member of staff.

2 – Employee had left some patient notes in car overnight and car stolen from employee home. This was reported to the ICO. No Further action was required by the ICO as the trust had appropriate policies in place governing the storage of notes off site. The Trust had reiterated and communicated policy and procedures to all staff groups involved. No deliberate loss of data from the trust as ICO deemed this to be a target for stealing the car and not patients notes.

3 – Employee left patients notes in a bag in their car. Bag was stolen from car. This was reported to the ICO. Due to policies in place and staff not following these policies. ICO recommendation was that we follow up with the department and do regular audit of departments use of patient notes.

4 – Complaint regarding not completing a subject access request. The ICO contact the Data Protection Officer regarding an ex-employee's subject access request. Partial information regarding the data subjects medical records were released within the month response time. However, employment records were not provided. On investigation, the employment records were missed due to several changes in both the line manager of the person moving roles and the Human Resource manager leaving the trust. Process were reviewed with Human Resources and information provided. No Further action from the ICO

The Trust, also, had some minor breaches of confidentiality during the year and in all cases the incidents were investigated, process reviewed and data subjects contacted.

Annual Quality Account

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

Compliance with the NHS Provider Licence

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

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

The Board was provided with assurance of how the Trust meets these requirements in May 2020 and confirmed that the statement of compliance was appropriate.

Business Continuity Planning

At the end of 2019/2020 and into 2020/2021, the Trust has been managing its ongoing response to the Covid-19 pandemic. This is managed through the implementation of the Business Continuity Plan and supporting documents, in operational and corporate divisions and directorates. An enhanced level of meetings and controls over and above our existing Business Continuity Plan have been introduced in response to the outbreak. In addition, a single Trust wide Covid 19 Plan has been developed that reflects these enhanced measures

Business Continuity Planning is included in the Internal Audit Strategic Programme and was last reviewed and reported to the March 2019 Audit and Governance Committee (Significant Assurance). Preparation for Major Incident was reviewed and reported in 2018, and IT Business Continuity will be included in the Internal Audit programme for 2020/2021.

Additionally, in line with EPRR requirements, the Trust regularly stress tests resilience and Business Continuity Plans. This is currently ongoing in relation to Covid-19, but was also carried out for EU Exit purposes during 2019/2020 and no significant issues were highlighted.

The Trust has a Business Resilience Group (BRG) which has oversight of the business continuity, this is chaired by the Chief Operating Officer. The BRG meets monthly and has representation for all operational and corporate divisions and directorates.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Governance Committee, the Resource and Performance Committee and the Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place

Conclusion

The Trust does not consider that there have been any significant internal control issues in 2019/20

Signature:

Chief Executive and Accountable Officer: Martin Barkley

Date: 22 June 2020

Organisation: The Mid Yorkshire Hospitals NHS Trust

CHAPTER FOUR
THE QUALITY ACCOUNT

Chief Executive's Quality Statement

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

Our regular Friends and Family Test surveys show that most people who encountered our services during the year had a positive experience. 96.7% said they would recommend the Trust to friends or family. This is a testimony to our dedicated staff, who constantly go the extra mile.

Whilst we have seen some significant and sustained improvement against indicators of safety and quality, such as mortality and infection prevention in recent years, we continue to face challenges in relation to matching our capacity to the demand for our services. During 2019-2020, we became a pilot site to explore new and different measures for urgent and emergency care. During this time, we have been encouraged by the improvements we have seen. We look forward to the full evaluation by the National Team from NHS England and NHS Improvement at the end of the pilot. Our Urgent Treatment Centre at Pontefract Hospital was opened in April 2018 and continues to provide an excellent service to our patients within national standards despite increasing numbers of patients using this service. Out patient and referral waiting times for our patients and for treatments are sometimes longer than the 18-week standard but during 2019-2020 the total waiting list has reduced by over 500 patients.

During 2019-2020 we have not been inspected by our regulators, the Care Quality Commission (CQC) and so our rating of 'Requires Improvement' remains the same. However, we are working hard, building on improvements to prepare for our next inspection which we new expect to be in 2020/21. We have established strong working relationships with our lead inspector for engagement and new inspection manager, promoting an open and transparent culture to drive continuous improvement against our regulatory requirements. We continue to wish to achieve an overall rating of 'Good' on our journey to being an 'Outstanding' Trust.

The Trust Board monitors the quality of services against the Care Quality Commission (CQC) domains of caring, safe, effective, responsive and well led through monthly reports, which are reviewed in detail by the Quality Committee.

Our School of Nursing, based at Dewsbury and District Hospital, continues to thrive. This is in no small way due to the relationship the Trust has with the University of Bradford, with whom we collaborate on this project, and the positive engagement of all our clinical staff. The third cohort starts in 2020 with over 30 undergraduates. This is the largest number of students so far and we look forward to the graduation of our first group of Registered Nurses from the School this time next year.

We are pleased to see that our Staff Vacancy Rate has continued to improve during 2019-2020 with the Trust already achieving the 2021/22 target (<7.5%) with a vacancy rate of 7.3%. This is compared to a vacancy rate of 10.6% just 12 months earlier. This means that our endeavours to recruit and retain our workforce are being successful which in turn supports the provision of high quality services. Plans are in place which should lead to further reductions in the vacancy rate in 2020/21.

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

An important part of the Quality Account is looking forward to the year ahead. We are pleased to include our new Quality Improvement Priorities for 2020/21, which will support our endeavours to provide excellent and high quality healthcare for our patients.

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

In the later part of 2019-2020 the world faced the enormous challenge of the Covid-19 pandemic. This document is a testimony to the success of the quality improvement work that is done as a matter of routine which allowed the Trust to react so quickly and positively in the Covid-19 pandemic. This would not have been possible without the existing quality governance structure.

Priorities for Improvement and Statements from the Board

1.1. Review of 2019/20 Quality Priorities

Domain	Priority number	Outcome measure/indicator	Metric		2018/19 Performance	2019/20 Performance	Performance
Safe	1	Reducing all forms of preventable Trust attributable healthcare associated infection (HCAI): MRSA bloodstream infections, Clostridium Difficile infections (CDIFF) including a reduction in Gram Negative Blood Stream Infections (% reduction yet to be determined).	Total number of MRSA bloodstream infections- national objective being a Zero tolerance to		1	2	↓
			Total number of CDIFF cases-national objective for 2019/20 no more than 73 cases		46	59	↓
			Total number of gram negative blood stream infections- National objective to reduce gram negative bloodstream infection cases by 25% by 2021.		101	109	↓
	2	Continually improve clinical services and practice with regard to two areas which can be a significant cause of mortality, namely Acute Kidney Injury (AKI) and Sepsis	**AKI:** For all stage 2 and 3 patients who are for active treatment, establish a baseline position			100%	New metric for 2019/20
			75% to have an appropriately completed fluid balance chart by the end of Q1			61% (Quarter 1)	New metric for 2019/20
			100% of the above group of patients to have appropriately completed fluid balance charts by the end of Q4			67%	New metric for 2019/20
			90% of the patients above to have appropriately completed discharge letters			75.8%	New metric for 2019/20
			Sepsis: 90% of patients to be screened for sepsis in ED		98%	98%	↔
			60% completion of the sepsis screening tool for appropriate inpatients			12%	New metric for 2019/20
	3	As part of its commitment to delivering 'Harm Free Care', the Trust will continue to build on work undertaken in 2015/16 to prevent avoidable harm from falls	Number of falls resulting in harm per 1,000 bed days to equate to 1.37		1.36	1.21	↑
	4	Reducing the consumption of antibiotics and optimising prescribing practice	1% reduction in meropenem consumption		-16%	10%	↓
			2% reduction in overall antimicrobial consumption		2%	7%	↓
			Incorporation of antimicrobial stewardship into electronic prescribing and medicines administration, for implementation in 2019.			Achieved	New metric for 2019/20
	5	Reduce the incidence of pressure ulcers	Reduce the incidence of Category 2-4 pressure ulcers in the Trust by 10% from 2018/19 baseline.			14.2% (YTD at Jan 20)	New metric for 2019/20
Experience	6	To provide our patients with the best possible experience demonstrated by better than the national average Friends and Family score.	FFT scores are better than national average (Metrics to reflect those in the Integrated Performance Report)	In patient & Day Case	97.3%	96.9% (YTD at Feb 20)	↓
				A & E	95.2%	94.2% (YTD at Feb 20)	↓
				Maternity	93.5%	91.2% (YTD at Feb 20)	↓
				Adult Community	98.6%	98.3% (YTD at Feb 20)	↓
	7	Improve the understanding of information given to patients at discharge about the effects of their medication	Increasing % of patients reporting staff explained purpose of medicines – performance progress measured by the month +5 FFT data.		83% (October 2018)	88% (October 2019)	↑
Effective	8	Electronic discharge summaries will be sent to GPs within 24 hours	90% electronic discharges sent <24 hours.		37.7%	38.2%	↑

*Falls rate for 2019/20 reflects the positon at the time of publication and is subject to change

↑ Performance improving

↓ Performance deteriorating

Achieved 2019/20 Target

Not achieved 2019/20 Target

1.2. What the Trust has done to address the Quality Improvement Priorities

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

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

There has been a national change to the reporting of Clostridium Difficile infections in 2019-2020, this being the introduction of new classification of cases:

- Hospital onset healthcare associated: cases that are detected in the hospital two or more days after admission.
- Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.
- Community onset indeterminate association: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks.
- Community onset community associated: cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Acute Hospital objectives for 2019-2020 have been set on the first two categories:
'hospital onset health care associated' and 'community onset healthcare associated'. The revised objective for the Trust was no more than 73 cases in total.

At 31 March 2020 the Trust had reported 59 cases; 44 hospital onset healthcare associated cases and 15 community onset healthcare associated cases.

Trust cases are subject to a post infection review jointly with the patient's clinical team, the Infection Prevention and Control Team and representatives of the Kirklees Infection Prevention and Control Team who advise the Wakefield and North Kirklees Clinical Commissioning Groups (CCGs). The remit of this panel is to scrutinise the cases to determine if there were any lapses in care that contributed to the development of the infection. This allows us to determine if the infection was preventable. There have been 3 preventable cases, 34 not preventable cases and 12 cases remain in the post infection review process.

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

- Delay in testing of stool samples on patient presentation to our emergency departments and/ or on admission and recording of diarrhoea on a stool chart.
- Delay in isolating patients on commencement of symptoms of a CDI has been identified as a lapse in care.

The post infection review has also indicated suboptimal antibiotic management by hospital clinicians and primary care physicians.

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

- Feedback on all cases has been given to clinical teams and ward managers so that learning could be shared at their team meeting.
- Learning has been reinforced through staff training and safety briefs.
- Issues regarding antibiotic management and prescribing have been shared with prescribers and the wider health economy through the CCG Medicines Optimisation Team.
- Lessons learned are disseminated through staff communication channels

There is a national zero tolerance approach to preventable MRSA bloodstream infections. The Trust has reported 2 MRSA bloodstream infections both infections were in the same patient and deemed not preventable following the post infection review.

There is a national objective to reduce Gram Negative Bloodstream infection cases by 50% by 2024. At the end of March 2020 the Trust had reported 70 E coli bloodstream infections, (70 cases at the end of March 2019), 29 Klebsiella bloodstream infection, (18 cases at end of March 2019) and 10 Pseudomonas blood stream infections, (13 cases at the end of March 2019).

The Trust has a comprehensive reduction plan to reduce these bloodstream infections. This plan aligns to the Health Economy Reduction Plan, however, the majority of these infections are not thought to be associated with prior healthcare. There is a national plan to introduce reduction targets from 1st April 2020.

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

Sepsis and Acute Kidney Injury (AKI) were selected as Quality improvement priorities for this year because we know that a significant improvement in clinical outcomes can be achieved through early detection of these conditions.

In line with national expectations the aim was that 90% of eligible patients in the Trust's emergency departments would be screened for Sepsis. To date during 2019/20, 100% of eligible inpatients were screened for sepsis. A number of junior Doctors are working in collaboration with the sepsis lead consultant in undertaking quality improvement projects in relation to increased use of the sepsis screening tool which will be written up and presented on completion. Two plastic surgery ST level doctors have undertaken review of notes for all deaths in August 2019 and presented at the Deteriorating Patient and Learning from Deaths Groups. Good care was evident and the presentation is to be circulated amongst the wider clinical body.

For AKI the Trust made a commitment that key information showing that patients had been screened was to be recorded in discharge summaries. Performance during the year is 76.7% compared to 65% last year showing an increasing trend (target is ≥90%). The Trust has seen some improvement and further actions have been identified to deliver further improvement.

Compliance with fluid balance monitoring is monitored through the nursing governance channels and is also showing small improvement.

This year, quality initiatives have continued to be supported by the Medical Director's Office and include:

- Development of core competencies for sepsis identification and management for Registered Nurses and Healthcare Support Workers
- Sepsis is now role specific training for Registered Nurses
- Weekly multidisciplinary ward rounds led by the Consultant lead, Lead Nurse for Quality and Patient Safety and Consultant pharmacist for antimicrobials
- Daily lactate report which when referenced against high NEWS scores and eMeds provides a list of high risk patients who are followed up by the Lead Nurse for Quality and Patient Safety
- Stronger links forged with Medical Education and sepsis stations included on the junior Doctors induction days
- Support for individual wards and development of bespoke ward action plans to address issues in relation to sepsis identification and management
- Change in process for screening which is now linked to high NEWS scores and screening completed as appropriate at the point the observations are taken by the nurse
- Introduction of patient information leaflets
- A 2 day Kaizen event was held and resulted in:
    - New ICE profile for sepsis investigations is now live
    - Costings underway for sepsis 'grab bags'
    - Intranet cleanse and update of sepsis intranet page
    - Roll out of electronic screening tool
    - Point of care lactate testing daily report
    - Survey monkey for consultants looking at barriers to effective care completed, collated and presented at joint HOCS/ED's
    - HSMR and performance information in relation to screening presented as a poster and shared with the clinical workforce

From April 2019 to present day, the Trust has seen a total of 2122 patients who have presented with or developed a stage 2 or 3 AKI. These are logged and tracked by the Lead Nurse for Quality and Patient Safety.

AKI work streams delivered throughout 2019/20 have included:

- Initial baseline audit for AKI management
- Radiological imaging audit for confirmed inpatient AKI stage 3
- Development of a AKI/fluid balance ward assurance tool
- Work ongoing on AAU at PGH in relation to fluid balance, supported by the Patient Safety Collaborative at the Improvement Academy
- Sharing of ward level breakdown of fluid balance compliance
- Monitoring of fluid balance via the nursing governance route

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

This Quality Improvement priority focuses specifically on harm caused by falls and aims to reduce the number of people who have a fall that results in harm per 1,000 bed days by 10%. The Trust position for the year 2019-2020 so far shows a 19.6% decrease against the number of falls recorded compared to 2018/19.

In 2019-2020 the Trust has worked hard to build on the achievements of the previous year and to expand the 'reduce falls culture' within the trust by developing a 'Harm Free approach' to falls prevention. This has been achieved by working alongside the patient safety improvement group which is a collaborative group of professionals managing the harms prevention projects.

A number of projects have been introduced and are summarised below.

- 'Falls Prevention Week' took place 30th September to 4th October. In conjunction with Public Health Wakefield, wards have demonstrated their falls prevention work to the Quality Improvement team, who visited the ward areas during the week.

- Bespoke ward based harms prevention training has been completed as part of the new Assistant Quality and Safety Educator Project. Initial feedback from clinical staff has been very positive and a review of the project's impact is currently underway.

- Continued expansions of safety huddles alongside the Improvement Academy The Trust has more coaches trained and able to support more wards.

A number of other practical falls prevention initiatives were launched across the Trust in 2019-2020 to assist all staff, clinical and non-clinical, to help reduce the risk of patients falling whilst in the Trust's care. Examples include:

1. We have started a new process for falls reporting. The documentation has been updated and condensed which will make reporting quicker and able to get faster learning from incidents.
2. The falls prevention leaflet has been updated for information to patients, family members and carers.
3. The Trust is participating in the National Audit for In-Patient Falls (NAIF)
4. The Trust is participating in the National CQUINs (audit) for falls prevention strategies
5. Reviewed and updated the Falls Prevention Policy with the latest research
6. There has been a project looking into pedal bin alternatives for people who are a falls risk and the specialist bins also help people living with dementia.
7. The Trust has been working together with our community groups for Wakefield and Kirklees falls prevention groups.

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

Carbapenems (meropenem, ertapenem)

Target: 1% reduction in carbapenem consumption compared with Jan – Dec 2017.

The Trust has had low usage of this class of powerful antibiotics in recent years, having reduced use following changes to guidelines in 2017. A small number of resistant infections in mid-2019 caused an increase in use. These drugs are either used according to guidelines when a patient is very sick, or recommended by an infection expert. We plan to reduce the use of carbapenems in 2020 by: using pumps pre-filled with targeted antibiotics in the patient's home, improved switching from intravenous to oral antibiotics, and improved surveillance of surgical site infections.

Overall antibiotic use

Target: 2% reduction in overall antimicrobial consumption compared with January to December 2017.

We have seen a 10% increase in antibiotic use compared with 2018/19. Many Trusts regionally have experienced the same, with reasons including an increase in patient visits and targets that encourage two and three drug combinations instead of single drugs. We plan to reduce overall use by: more intravenous to oral switches of antibiotics, electronic prescribing that can guide decisions, review of urinary tract infection and pneumonia treatment, and influenza bedside testing.

Electronic prescribing (eMEDs)

Target: Incorporation of antimicrobial stewardship into electronic prescribing and medicines administration

"Decision support" for antibiotic prescribing has been included in eMEDs. This is a way of guiding better antibiotic prescribing. Better reports will improve teams' ability to deliver effective treatment and prevention of infections.

A significant barrier to the achievement of the above indicators has been the shortage of substantive specialist infection doctors. The Trust has been relying on locum staff since January 2018. This has necessitated a creative approach to provision of infection expertise, involving more pharmacy, nursing and scientist input, and support from medical microbiologists across Yorkshire and the Humber.

The infection team is committed to improving antibiotic use in 2020/21. We have restarted ward rounds for orthopaedic and heart infections, made significant improvements to the home intravenous antibiotic service, and continue to have a strong presence in the intensive care unit and haematology ward. There will be a focus on intravenous to oral switch on medical wards this year, and improving the reporting from our electronic prescribing system. More recently we have focused on antimicrobial use in patients with COVID-19. This will continue to be our priority while there are a large number of inpatients.

1.2.5. Priority Five: Reduce the incidence of pressure ulcers

Ensuring patients do not come to harm whilst in our care is a key priority. Pressure ulcers are a key quality indicator and over recent years we have embraced widespread changes in clinical practice in a bid to prevent the development and/or deterioration of pressure ulcers. Initiatives include the introduction of a systematic risk assessment process, development of evidence based prevention and treatment pathways, investment in pressure relieving equipment and the creation of a leaner and more productive investigation and feedback process.

Similar to most acute hospitals, the Trust continues to experience increasing numbers of hospital admissions each year and alongside this an ever evident increase in patient complexity and frailty. We recognise this makes many of our patients extremely vulnerable to developing or worsening pressure ulcers whilst in our care and have worked hard to respond to the challenge this presents. Alongside our evidence-based development and improvement programme, throughout 2019/20 we have maintained a continuous campaign to ensure that pressure ulcer prevention and management remains in the forefront of all patient care. It is therefore extremely disappointing and frustrating not to see our commitment and actions translate in to achievement of the quality priority for 2019/20.

The Trust set a challenging improvement priority to reduce the incidence of Category 2-4 pressure ulcers across our hospitals and across community services by 10% in 2019/20, compared to the previous year (2018/19). It is extremely disappointing therefore to report that despite our best efforts we saw a 14.2% increase in the number of category 2-4 pressure ulcers reported across our services in 2019/20. Reassuringly, we were pleased that we were able to deliver a reduction in the number of more severe pressure ulcers developed whilst in our care; achieving an 18% reduction in Category 3 and 4 across our acute and community services in 2019/20.

In 2019/20 we held a Pressure Ulcer Summit led by the Director of Nursing, David Melia. The summit brought together tissue viability and senior nurses to discuss the important issue of eliminating all pressure ulcers that develop due to lapses in our care and explored innovations and new ways of working.

At the pressure ulcer summit there was an agreement and commitment from senior nurses to introduce ‘Patient Comfort Rounds` into all wards across the Trust. The comfort round is a proactive rather than reactive nursing care delivery and has proved to be successful in other trusts in reducing pressure ulcers and in improving the patient experience.

Wards have adapted the comfort round to include nursing checks suitable to their cohort of patients; however it must include some core elements: such as ensuring every patient is seen and spoken to at least four hourly (more frequently if assessments dictate) and that every patient is assessed for skin damage and be considered for a position change or encouraged to alleviate pressure by standing up from chair.

A number of other practical pressure ulcer prevention initiatives were introduced across the Trust in 2019/20 to assist all staff, clinical and non-clinical, to help reduce the risk to patients. Examples include:

- We completed a Trust-wide mattress audit and replacement programme, to ensure that hospital equipment is fit for purpose and to assist with pressure relief.

- Two Assistant Clinical Educators joined the Quality & Safety Team to support and educate front line staff at the bed side, to continuously improve the quality of care and outcomes for patients and strive to equip the workforce with the tools to offer best practice care and initiatives

- Through charitable funds The Pressure Ulcer Improvement Group purchased 650 Repose pressure re-distribution cushions for patients' bedside chair and provided education and training

- On National 'Stop the Pressure Day' the Tissue Viability Team organised a full day conference with external guest speakers. This was very well attended and well received by nurses and allied health professionals

- We established and recruited to a new leadership role within our existing Tissue Viability Service. Our new Matron for Tissue Viability who commenced in post in February 2020 will work alongside the our team of Tissue Viability Nurse Specialists (TVNs) and the Quality & Safety Team to utilise a wide range of clinical expertise in all aspects of tissue viability and advocate a culture of continuous improvements to drive harm free care and improve patient experience

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

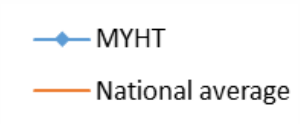
The Friends and Family Test (FFT) is a national initiative, which gives patients the opportunity to provide feedback on the care they have received, and gives staff valuable information to support service improvement.

The FFT question, up until April 2020 asks users of Trust services how likely they would be to 'recommend' the services they have used. There is also the opportunity to leave comments on what was 'particularly good' or what 'could be improved', which provides a rich source of feedback on both good and poor patient experience.

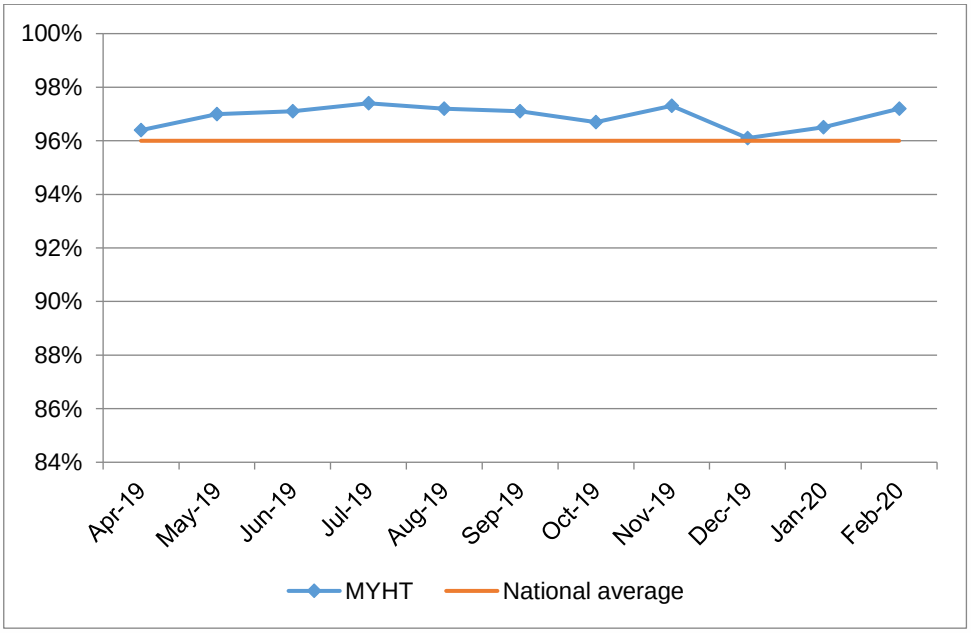
The Trust 'Recommend' scores for Inpatients & Day Case, Emergency services, Outpatient and Community services have remained above the national average. Maternity Services (at birth) have shown the most variation in scores with two out of three months of Q4 data below the national average. Maternity staff have reflected on these results and there is a transformation plan within the service, part of which aims to improve the Recommend Score.

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

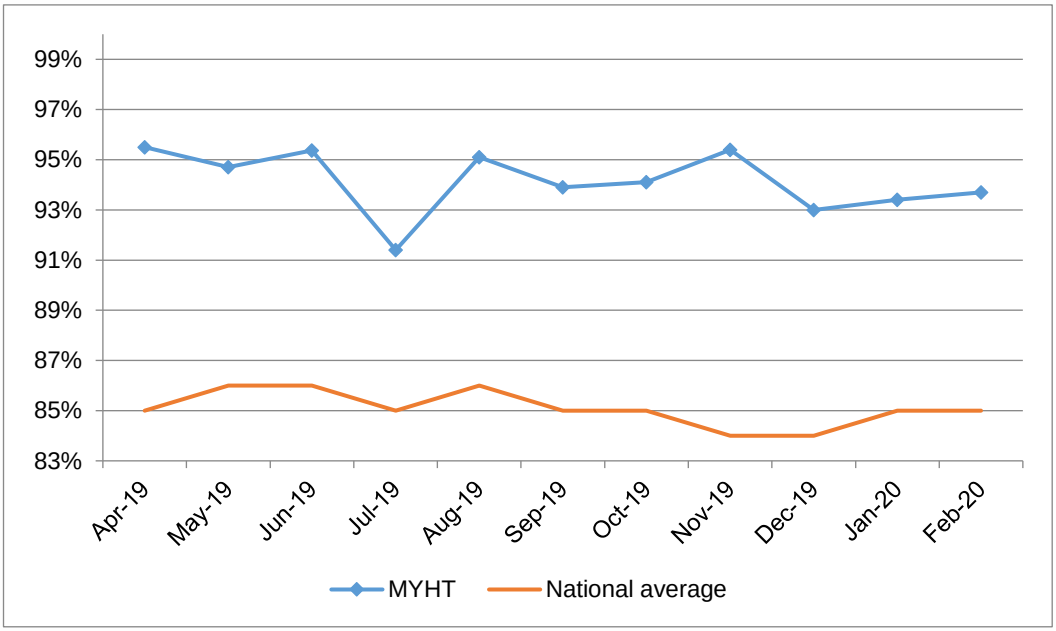
Data was not collected for the full month of March 2019 and national submission was suspended due to COVID-19 response, therefore not reported on here. The following key relates to all graphs.



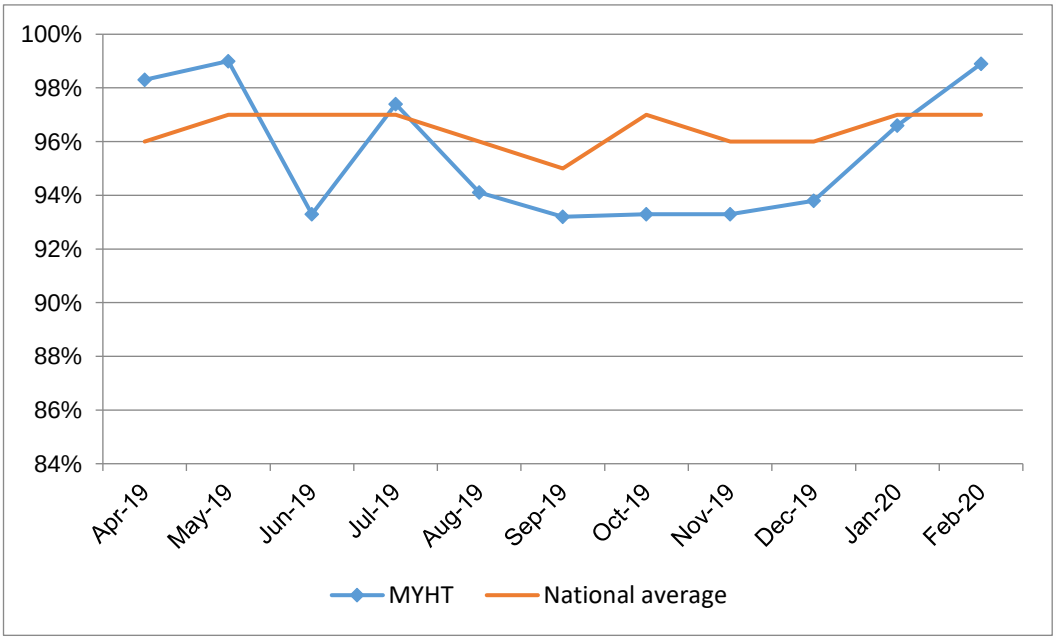
Inpatients and day cases – Recommend Scores



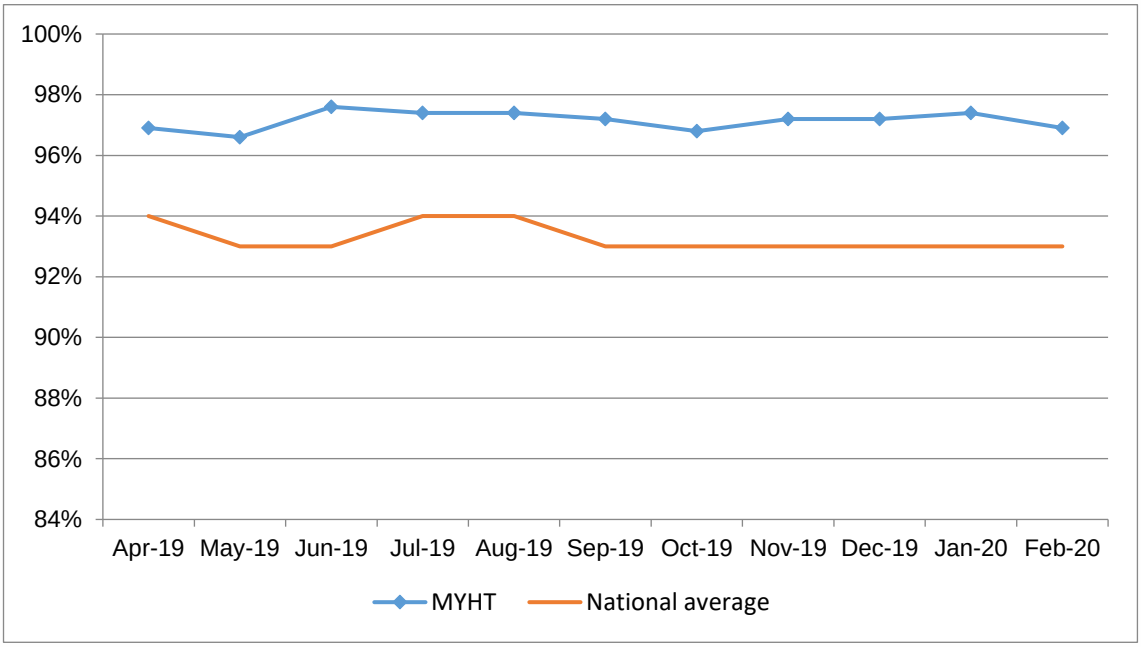
Emergency services – Recommend Scores



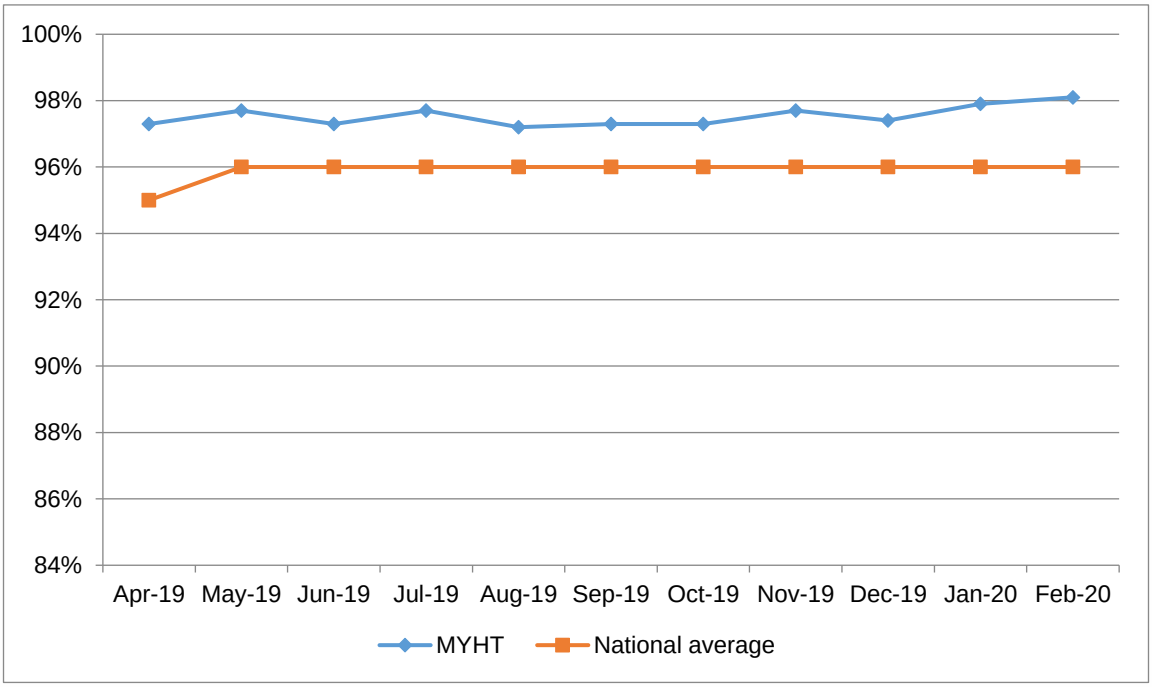
Maternity services (at birth) – Recommend Scores



Outpatient services – Recommend Scores



Community services – Recommend Scores



The Trust continues to monitor and encourage participation in the national FFT and notes that data submission was suspended from March 2020 due to COVID-19 response.

Suggestions for improvement within comments received are used alongside other sources of patient experience feedback to support the implementation of changes. The majority of the

feedback is positive, and very much welcomed, and is used to identify ideas for sharing and helps raise morale amongst staff.

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

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

Actions have focused on listening to what patients fed back about their experience and also on encouraging patients to ask questions about their medicines. Feedback from the National Patient Survey and Friends and Family Test (FFT) results has been reviewed and the Pharmacy Patient Experience Group continues to work to improve information about medicines provided to patients. The group reports into divisional and trust-wide Patient Experience Groups, overseen by the Quality Committee (a sub-committee of the Trust Board) as it is recognised that a multi-disciplinary approach is required to maximise benefit to patients.

In-house patient surveys were carried out in March 2019 and September 2019, to ascertain patient satisfaction with information they receive regarding their medicines in hospital, and to ascertain their understanding of the purpose of their medicines. These surveys demonstrated that patients continue to report greater satisfaction levels in our surveys than to the Picker Survey, with sustained performance in the number of patients reporting that the purpose of their medications was explained to them in a way they could understand (5% increase from September 2018 to September 2019). The FFT survey results also show that the majority of our patients (86% on average over the course of the year) report being informed of the purpose of their medications. Additional patient surveys from the Trust's provider of outpatient pharmacy services have shown that over 90% of our patients are happy with the information they receive regarding their medications.

During July 2019, the Medicines Optimisation Team repeated the 'STOP' campaign (Speak to Our Patients), to maximise our interactions with patients. This was followed by the 'Ask your

Pharmacy Team' promotion week in November 2019, where advice services to staff and patients were promoted; this encouraged patients and staff to ask questions about their medicines and links to the national 'Ask your Pharmacist' week.

A successful project was undertaken on Ward 32 at Pinderfields where a Pharmacy Technician administered medications to patients on the ward instead of nursing staff. The project was a resounding success. Patients reported that the Pharmacy Technician spoke to them about their medicines explaining what they were for, and staff on the ward reported that the discharge process on the ward was improved by the Pharmacy Technician being involved with this, ensuring patients had all their medications prior to discharge. The project has been so successful that the Pharmacy Technician role was made a permanent position on the ward and other Trusts have been to visit our service as they wish to undertake similar service developments.

A project was launched in the autumn of 2019 by the surgical Pharmacy Team where counselling cards for items in near patient dispensing trolleys were developed and implemented. This was to standardise the information given to patients at discharge and to ensure that all key information was given to patients particularly around purpose and side-effects of the medicines. A plan is now underway to replicate this project with the near patient dispensing trolleys on medical wards.

The Pharmacy Team is working in conjunction with the Trust Information Technology department exploring the use of a commercial tool to support development of more patient-friendly information about medicines, larger print leaflets and also pictorial easy to read leaflets.

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

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

In January 2020, the Trust successfully sent an Discharge summary electronically within 24 hours in 38.7% of cases, and the SystmOne performance was 48.1%. This requires a step-change in performance (rather than performance management) to improve the position. Use

of SystmOne has consistently met this standard in less than 50% of cases over the last 10 years. It is considered non user-friendly and requires “double entry” of data from existing Trust systems.

The Trust uses several different software systems which sometimes causes challenge in the exchange of data. Since October 2018, the Trust has begun or completed upgrades or installs of technology systems used in medical records, endoscopy, maternity services and the Emergency Department, these include: Cito (replacement for WinDip), Infoflex (replacement from HICCS in endoscopy), Badgernet (replacement for Euroking in maternity), Symphony, Medchart ePrescribing, PPM+ (Electronic Patient Record), all of which impact on Discharge Summary production solutions.

The Trust has identified a further 3-step approach to solve this issue:

- Design a solution for Emergency Department Discharge Summaries and deploy as soon as possible
- Design a solution for “Discharge” information from third party systems
- Redesign the inpatient/daycase process currently used in SystmOne to incorporate Discharge medicines produced in MedChart e-Prescribing

Producing a solution for the Emergency Department was identified as the most important process due to the volume of patient contacts. This has been delivered and is functional for 5 practices locally (since end November 2019). There is a roll-out plan being delivered by the CCG to be completed by early spring 2020. When fully live this should more than double Trust performance which is a true step change.

The Trust continues to work hard on this priority during 2020.

1.3. Priorities for improvement 2020/21

This year the Trust chose to hold a Quality Improvement Priority setting Workshop. Senior leads from the Quality Directorate and Non-Executive Directors considered the following as part of the priority setting process:

- Progress of 2019-2020 Quality Improvement Priorities
- Other existing Trust Priorities
- Summary of the Trust Quality Strategy Dashboard

As per the agreed governance process, the Quality Improvement Priorities were then approved by the Quality Committee. The Trust has considered the views of the Trust's Stakeholder Forum, Healthwatch, the Local Authority Overview and Scrutiny Committees and Commissioners.

The following list of Quality Improvement Priorities for 2020/21 is therefore a product of this process and are considered to reflect the quality of services, and therefore patient experience, here at the Mid Yorkshire Hospitals NHS Trust.

Priority	Metric
SAFE	
Reducing preventable Trust attributable healthcare associated infection (HCAI)	• Zero preventable MRSA bloodstream infections. • No more than 73 Trust *Clostridium difficile* infections. • Reduction in Trust Gram Negative Bloodstream Infections, measurement based on the outturn of 2019/2020 to support the national objective of 50% reduction by 2024.
Improving pressure ulcer prevention	• Q1 establish the process and the baseline • Q2 agree metric using baseline and start to report. • Q3 & 4 continue reporting
To improve patient experience of discharge.	• 90% of electronic discharge summaries sent within 24 hours • 90% of patients reporting they were involved in decisions about their discharge (this is a +5 measure on the inpatient Friends and Family Test card)
EFFECTIVE	
To improve performance in the Cancer 62 Day standard	85% of patients receive first definitive treatment within 62 days of an urgent GP referral.
EXPERIENCE	
To provide our maternity postnatal patients with the best possible experience demonstrated by improved FFT experience score. To increase the number of FFT responses from those attending our outpatient areas.	Increase in the Maternity postnatal FFT experience score. Target ≥ 97% Increase in the FFT response rate for outpatients. Target 10%
To improve performance in taking less than 1 hour to bed from decision to admit	90% of patients are not waiting more than 1 hour for a bed following decision taken to admit

1.4. Statements of assurance from the Board

1.4.1. Review of Services

During 2019-2020, the Trust provided 127 relevant health services.

These are:

A&E Primary Care Support	Intensive Care Unit
Accident & Emergency	Intermediate Care
Adult SaLT	Interventional Radiology
Ambulatory Care Unit	Looked after Children
Anaesthetics	Maternity
Anticoagulants	Medical Oncology
Audiology	MY Therapy
Breast Surgery	Neonatal Outreach
Burns Care	Neonatology
Burns Care Clinical Psychology	Neurology
Burns Care Occupational Therapy	Neurology Learning Disabilities Epilepsy
Burns Critical Care	Obstetrics
Cancer MDT	Occupational Therapy
Cancer Nurse Specialist	Ophthalmology
Cardiac Liaison Nurses	Oral Surgery
Cardiac Rehab Post Discharge	Orthodontics
Cardiology	Orthoptics
Child Community Medical	Orthotics
Child Death Review	Pacemaker checks
Child Health Admin	Paediatric Burns Care
Children's Community Nursing	Paediatric Cardiology
Children's Continuing Healthcare	Paediatric Diabetes Nurse Specialist
Children's SaLT	Paediatric Diabetic Medicine
Clinical Haematology	Paediatric Endocrinology
Clinical Oncology	Paediatric Epilepsy
Clinical Psychology	Paediatric Gastroenterology
Colorectal Surgery	Paediatric High Dependency Unit
Community Cardiology	Paediatric Nephrology
Community Dental	Paediatric Neuro-Disability
Community Diabetes	Paediatric Neurology
Community Dietetics	Paediatric OT
Community Geriatrics	Paediatric Respiratory Medicine
Community In-Reach	Paediatric Rheumatology

Community Matrons	Paediatric Therapies
Community NIV	Paediatrics
Community Specialist Nurses	Pain Management
Community Specialist Palliative Care Nursing	Palliative Day Care
Continence Service & Products	Palliative Medicine
Critical Care Medicine	Pathology
Critical Care Outreach	Physiotherapy
Dermatology	Plastic Surgery
DESP	Podiatry
Diabetes Education (DAFNE)	Radiology
Diabetes Foot Protection Team	Rehabilitation
Diabetic Medicine	Respiratory Medicine
Diagnostic Imaging	Respiratory Physiology
Dietetics	Rheumatology
E-Consultation	Single Point of Contact (SPOC)
EEG	Spinal Injuries
Emergency Respiratory Team (PERT)	Spinal Injuries Clinical Psychology
Endocrinology	Spinal Injuries Occupational Therapy
ENT	Stroke Medicine
Epilepsy	Tissue Viability
Gastroenterology	Transient Ischaemic Attack
General Adult Community Nursing	Trauma & Orthopaedics
General Medicine	Trauma & Orthopaedics Fracture Clinic
General Surgery	Upper Gastrointestinal Surgery
Geriatric Medicine	Urology
Gynaecological Oncology	Vascular Surgery
Gynaecology	Wakefield intermediate care unit
Gynaecology Early Pregnancy Assessment Unit	Weight Management Service
Hand Therapy	WESAIL
Hepatology	Youth Offenders Team
High Dependency Unit	-

The Quality Account is based on a review of data available on the quality of care in all 127 of these services. The Mid Yorkshire Hospitals has reviewed all the data available on the quality of care in 127 of these relevant health services.

The income generated by the relevant health services reviewed in 2019-2020 represents 100% of the total income generated from the provision of relevant health services by the Mid

Yorkshire Hospitals NHS Trust for 2019-2020. The whole of the income the Trust received in 2019-2020 was spent on these services.

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

1.4.2. Participation in Clinical Research

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

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

Between 1st April 2019 and 31 March 2020, over 260 studies were active within the Trust. Of those, 61 studies were new and opened during 2019-20.

The number of patients receiving relevant health services provided or subcontracted by Mid Yorkshire Hospitals NHS Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 2024 . 95% (1928 participants) of this activity is related to research adopted onto the NIHR portfolio. NIHRs 'adoption' is a nationally recognised sign of quality, meaning studies "attempt to derive generalisable (i.e. of value to others in a similar situation) new knowledge by addressing clearly defined questions with systematic and rigorous methods". Other studies were local, student or commercial and

are peer reviewed internally at the Trust by an expert Trust group, again ensuring high quality standards are maintained.

The Trust is pleased to say that NIHR recruitment figures have exceeded the target set for us by NIHR for 2019/20, and that the Trust successfully recruited 1928 participants into NIHR studies against the target of 1485.

The Trust has research activity across a wide range of clinical specialties. In 2019/20 the 54 new NIHR portfolio adopted studies were in a wide range of areas. These run alongside studies opened in previous years and new non portfolio studies.

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

The Trust is an active member of the local Academic Health Science Network which brings together organisations in Yorkshire and Humber which have an interest in the health and wealth of the region. The Trust is also a member of Medipex, a healthcare innovation hub for NHS organisations across the Yorkshire & Humber and East Midlands regions and industry and academia internationally. The Trust also has a track record of engagement with commercial research organisations such as pharmaceutical companies and has been selected to recruit into 7 new multi-centre international commercial studies in the last year.

In September 2019, the Trust held a research event attended by over 100 people, to share the impact of our research with colleagues and external partners and to facilitate new research partnerships.

1.4.3. Participation in Clinical Audit

Clinical Audit helps the Trust to identify ways in which it can improve the care it provides for patients. During 2019-2020 73 national clinical audits and 2 national confidential enquiries covered relevant health services that The Mid Yorkshire Hospitals NHS Trust provides.

During 2019-2020 the Mid Yorkshire Hospitals NHS Trust participated in 61, (98%) of the national clinical audits and 2, (100%) of the national confidential enquiries, it was eligible to participate in. Of the remaining 1 project, there is a process in place for this to be undertaken locally using the national data set, giving the best achievable compliance with the audit programme. The national clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2019-20 are shown in a table included here as **Appendix III.**

This also shows the National Clinical Audits and National Confidential Enquiries that the Mid Yorkshire NHS Hospitals NHS Trust participated in and for which data collection was completed during 2019-2020 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or entry.

Local actions developed from National Clinical Audits

Quarterly Audit Reports for each Division are published Trust Wide and shared across all clinical and management groups and include:

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

The reports of 30 national clinical audits were reviewed by the Trust in April 2019 to March 2020 and the Mid Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit	Local Actions/Recommendation from National Audit
National Ophthalmology Database NOD (1080)  NOD Audit Key Findings Summary	The Royal College of Ophthalmologists (RCOphth) has been commissioned by Health Quality Improvement Partnership (HQIP) to manage the National Ophthalmology Database (NOD) Audit as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The NOD Audit prospectively collected, collated and analysed a standardised, nationally agreed cataract surgery dataset from all centres providing NHS cataract surgery in England & Wales to update benchmark standards of care and provide a powerful quality improvement tool. In addition to cataract surgery, electronic ophthalmology feasibility audits will be undertaken for glaucoma, retinal detachment surgery and age related macular degeneration (AMD). Approximately 414,000 cataract operations were undertaken in England and 20,000 in Wales during 2017-2018. Cataract surgery is the most frequently performed surgical procedure in the UK. Two primary indicators of surgical quality were audited 1. Posterior capsular rupture (PCR) a break in the posterior capsule of the lens, which can occur as a complication of cataract surgery. PCR is the most important and only potentially modifiable predictor of visual harm from surgery. 2. Visual Acuity (VA) Loss (visual harm from surgery) for cataract surgery, the most important outcome is improved vision; this is what matters most to patients **Key Findings** • 38% overall reduction in PCR complications since 2010 • 1.2% of operations were affected by PCR • close to 100% data completeness for PCR outcomes, currently a compulsory field in Electronic Medical Records (EMRs) • 37% overall reduction in VA Loss since 2010 Observed VA loss was 0.7% for 2017-18, compared to 0.9% • reduction in PCR complications since 2010 equates to 3,400 fewer complications annually across the NHS • £2m cost saving from avoided PCR complications, per annum **The audit reported on** • 70% (83) of the 119 eligible NHS trusts in England and Wales are represented in the audit Three independent providers of NHS cataract surgery have also supplied data for 18 individual sites • 60 new EMR implementations achieved as the NOD continue to drive the NHS digital agenda toward electronic working • 74,980 (42.6%) patients were men • 100,813 (57.3%) patients were women • 217,875 eligible cataract operations were audited

	• 217,875 equates to 50% of operations performed in England and Wales during the audit period • Patients had a median age of 76 years • 37,584 patients underwent surgery on both eyes • Operations were performed on 176,019 patients **MYHT Summary of Results** • Case ascertainment 1975 operations (100%) • Risk-adjusted posterior capsule rupture rate for MYHT was 0.8% of 1975 qualifying cataract operations performed. This was considered within expected limits with national aggregate average for England & Wales of 1.1%. • Risk-adjusted Visual Acuity Loss was 0.5% of 1334 qualifying cataract operations performed. This was considered within expected limits with national aggregate average for England & Wales of 0.9%. **Actions developed** ✓ Consultants to ensure regular monitoring of data submission and data quality checks ✓ Participation in next round of audit which is now self-funded, complete registration, funding and data submission
Royal College of Emergency Medicine RCEM Vital Signs in Adults **(780)**  RCEM Vital Signs in adults national rep	The audit was done for the first time in 2010/11 this being the second round. This round incorporates a Quality Improvement Programme (QIP) and its purpose is to monitor documented care against the standards published in July 2018, and to facilitate improved care using QIP methodology and weekly data feedback. QIP methodology was promoted to encourage Emergency Departments (EDs) to improve towards more consistent delivery of these standards, helping clinicians examine the work they do day-to-day, benchmark against their peers, and to recognise excellence. The reception of patients and the initial encounter with clinical staff is where the patient journey begins. The clinical priority is determined by the presenting symptoms and the recording of vital signs, and this is a foundation of clinical quality. Historically much communication has been verbal, and there has not been a standard practice for recording the patient action plan which is required by these standards. **Standard 1** *(Fundamental)* Patients triaged to the majors or resuscitation areas of the ED should have the following measured and recorded in the notes within 15 minutes of arrival or triage, whichever is the earliest: **Standard 2** *(Developmental)* Patients with abnormal vital signs, should have their vital signs repeated and recorded in the notes within 60 minutes of the first set of observations. **Standard 3** *(Developmental)* There should be explicit evidence in the ED record that the clinician recognised the abnormal vital signs (if present). **Standard 4** *(Fundamental)* There should be documented evidence that the abnormal vital signs (if present) were acted upon in all cases.

	MYHT results are greater than the national average in standards 3 and 4, however the results of standards 1 and 2 are considerably low and require improvement. **Recommendations – MYHT** **1. Standard 1** • Patients attending resuscitation and majors need to have documented observations on the observation chart or Symphony within 15 minutes of arrival. This will be achieved by education of the nursing staff in the importance of accurate documentation at triage. Triage processes have been optimised over the past year with the introduction of red chair and ambulance (rapid assessment) RAT and so patients are being streamed to the appropriate area following initial observations (or by YAS in the case of resuscitation patients). • ED Matron and Lead Nurse should use local processes to share learning from the audit results and to encourage improved completion and documentation of observations in a timely manner; share on Facebook group (closed group), nursing handover huddle, handover and place a poster in triage, resuscitation and coffee room highlighting the requirements of observations at triage and repeat observations. **2. Standard 2** • Patients with abnormal vital signs should have observations repeated within 60 minutes and documented appropriately. **<u>Action Plan</u>** • Discussion with ED Matron and Lead Nurse regarding education of nursing staff and inclusion in their education sessions (recommendation standard 1.) • Education and training of nursing staff to encourage improved completion and documentation of observations in a timely manner through education sessions • Create a poster highlighting observations are to be completed within 15 minutes of triage, documented and then repeated within 60 minutes. • Display the observation poster in resuscitation, red chair RAT, Ambulance rapid assessment (RAT) and coffee room • Summarise the audit results and publish on department Facebook site, and on the education board in coffee room. A memo should also be sent to all staff to capture locums and those who do not access social media • Discuss at all nursing handovers for at least a month in order to capture all staff (record in communication book) • Discuss at Consultant meeting so it can therefore be cascaded to the junior doctors at handover and the Consultants can be reminded to complete observations at rapid assessment (RAT)
National Neonatal Audit	The National Neonatal Audit Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase

Programme **(1003)** NNAP 2019 annual report on 2018 dat	the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. Approximately one in seven babies born in England, Scotland and Wales need specialist neonatal care in a hospital because they are born too early, have too low a birth weight or have a medical condition that requires specialist treatment. The National Neonatal Audit Programme (NNAP) reports on key measures of the care provided to those babies in the 181 neonatal services in England, Wales, Scotland and the Isle of Man that take part in this audit. The NNAP uses routine data collection to report on a range of care processes and outcomes throughout the pathway of neonatal care, from antenatal interventions to follow-up of developmental outcomes after discharge from neonatal care. For most audit measures, this 2019 report looks at care provided to babies with a final discharge from neonatal care between 1 January 2018 and 31 December 2018. Overall, this report represents the strongest results recorded by our unit since NNAP commenced. There has been improvement in almost all areas, and many sit above national and regional Network rates. • Antenatal steroids – best result recorded and in line with national rate (83% in 2017) • Magnesium sulphate – previously a low outlier in the Network, now achieving above national rate. • Temperature on admission – again, previously an issue for our unit with rates in the 50's but now exceeding national rate of success. • Consultation with parents – consistently at 100% • Parents on ward rounds – lower than national rate. An area for action. • Screening for RoP – results slightly lower than usual 98-100% marred by a single patient not attending outpatient appointment, beyond our control. • Mother's milk on discharge – remains below the national rate due in a large part to local cultural practice but significant improvement on rates of 35-40% a few years ago. • 2 year follow up – above national rate due to active data completion by data champions. Only missing data results from patients who DNA'd follow up. • Keeping mothers and babies together – much lower rates than national average for separation of term and preterm infants. **Areas for focus** • Improved encouragement and facilitation of parents on ward rounds • Ongoing work in encouragement of breast milk promotion and maintenance • Ongoing work in maintenance of continuing high standards in all aspects of care. **Actions developed**

	✓ Introduce a specific written and verbal invitation for parents to attend the ward round ensuring invitations are made at the time of neonatal ward admission (e.g. include prompt in checklist or importance of close communication parent leaflet). ✓ Encourage all staff to create an inclusive environment by allowing parents to remain with their babies during neonatal ward rounds while maintaining confidentiality of other patients and their families ✓ Discuss in all relevant meetings with nursing and medical staff to discuss/overcome barriers ✓ E-mail team highlighting best practice and how to practically achieve it ✓ Designate a new breast feeding champion to build on positive work in encouragement of breast milk promotion and maintenance ✓ Promote good early adoption of breast milk expression ✓ Circulate findings and thank Badger champions for the high levels of data completeness and accuracy requesting continued high level of support and commitment.
National Oesophago-Gastric Cancer Audit (794) NHS Digital  NOGCA_2019-Annual-ReportFINAL.pdf	Oesophago-gastric (O-G) cancer is currently the fifth most common cause of cancer in the UK affecting around 15,000 people each year, and fourth most common cause of cancer death. The overall five-year survival rate in England and Wales is approximately 15 per cent for both oesophageal and gastric cancer. The Audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and is one of five national cancer audits currently being undertaken in England and Wales. The purpose of the audit is to look at the care received by people with oesophago-gastric cancer and oesophageal high grade dysplasia from the time of diagnosis to the end of a patient's primary treatment and identify areas of variation for local investigation. **Key successes** ✓ Comparable with National results in the majority of areas. ✓ MYHT higher than national average in the following: ✓ number of HGD cases with diagnoses confirmed by second pathologist ✓ Active treatment plan and endoscopy therapy. ✓ OG cancer higher locally than national average on Method of Diagnosis and Pre-treatment staging of cancer (CT scan). **Key concerns** • The challenge nationally to meet the 62 day target. **Recommendations developed** Areas to improve High Grade Dysplasia ✓ All HGD plans should be discussed at MDT ✓ Establish surveillance mechanism across the region

	Overall findings show that clinicians are generally providing a high quality of care for patients with Oesophageal-Gastric cancer and high grade dysplasia. There has been an increased uptake of definitive chemo-radiotherapy among patients with oesophageal squamous cell carcinoma, and a greater use of combined therapies (surgery, radiotherapy and chemotherapy), demonstrating services are responding to a greater understanding of best practice.
7 Day Service **(935)**	There has been much debate nationally about differences in care and outcomes based on which day, and what time, emergency patients attend and are admitted to acute hospital care. This has prompted the development of national standards of care that should be adopted by all Trusts since 2017. In order to support the introduction of these standards a national audit has been instigated to raise awareness and allow for self-assessment of current practice. The Seven Day Service Audit is a national multi cycle audit intended to support the need to meet national clinical standards. The aim is to establish a baseline of practice, indicating areas for improvement, and then repeat the audit to evaluate whether improvements are being made. The audit comprises a series of questions around current availability and provision of services, which allows the Trust to assess itself against the clinical standards, identify gaps in current service provision, and understand what will be required locally to deliver safe, integrated care, seven days a week. It will also enable the Trust to: • Monitor progress towards achieving the national clinical standards • Benchmark against others nationally, regionally and in comparator group • Produce Trust reports prior to the national reports indicating areas for development • Consider how to use the views of patients and the public to design services. This is the 2nd round of audit 2019-20 made up of two auditable standards shown below: **Clinical Standard 2 - Time to 1st Consultant Review (14hrs senior review)** All emergency admissions must be seen and have a thorough clinical assessment by a suitable senior clinician as soon as possible but at the latest within 14 hours from the time of admission to hospital. Compliance standard = 90% **MYHT performance = 100%** **Clinical Standard 8: Ongoing Review** All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS,

	seven days a week, unless it has been determined that this would not affect the patient's care pathway. Compliance standard = 90% **MYHT performance once daily review = 100%** A total of 150 reviews were required and all done. **MYHT performance twice daily review = 100%** A total of 25 reviews were required and all done. **Key successes** ✓ Above national compliance for both standard two and eight ✓ 98% achieved for senior review within 14 hours of admission ✓ 100% of once daily reviews completed ✓ 100% of twice daily reviews were completed **Key concerns** Every entry made in a patient's case note should include the following to ensure a robust timeline of the patient journey, identify each person contributing to the patient record, and ensure good documentation of each clinical review and to provide clear evidence for any potential litigation issues. ✓ Time ✓ Designation of author ✓ GMC number Each clinical review should be clearly documented in the appropriate section of the patient case note

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

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

Actions developed from local clinical audits

The reports of **123** local clinical audits were reviewed by the provider in April 2019 to March 2020 and the Mid Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

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

(1079) Procedural Sedation in Adults

The administration of sedative drugs to promote a calm or sleep state for a medical procedure is common practice within emergency departments across the UK. Sedation can reduce a patient's anxiety and pain experienced, which in turn reduces the time taken to complete a procedure and the need for hospital admission; for example, when relocating a dislocated joint.

Although a relatively safe procedure, sedation is not without risk if incorrectly undertaken; in terms of administration of drugs and patient monitoring. Safety in the administration of sedation is paramount and the provider must therefore be equipped with the necessary skills, support, monitoring and resources to manage its delivery and any possible complications. As such, the Royal College of Emergency Medicine, RCEM, (in partnership with the Royal College of Anaesthetics and the Academy of Medical Royal Collages) have established clinical standards/guidelines by way of addressing safety before, during and after the procedural sedation.

Findings

Overall conclusions identify improved (documented) clinical standards in procedural sedation from 40% to 64% from the previous audit cycle; likely due to the introduction of a procedural checklist.

In comparison to the 2015/16 audit, there was a vast improvement in pre-procedural documentation together with documented consent and procedural monitoring.

Within the current audit cycle, 74% of overall standards were achieved when the procedural checklist was used, compared to only 31% without. The inclusion of a checklist provided

improved documentation/compliance within six of the seven standards set; with the remaining standard achieved (Resus Room) being equal with and without the checklist.

Weakness with the current checklist however is that it spans across two A4 sides of paper which potentially accounts for the poor compliance (48%) of completing page two of the current proforma.

Reasons for poor performance identified include the poor compliance of page two of the current proforma, which details the subdivisions of standard 7, and the lack of a 'checkbox' or entry point for whether or not oxygen supplementation was given from the onset. Similarly, there is no checkbox or entry point for 'Absence of respiratory compromise' and 'Absence of significant pain or distress' on the current proforma which significantly contributes towards the poor, 7%, compliance with current standards.

Key successes

In comparison to the previous audit cycle (2015/16), the following areas have measured well, in line with the clinical standards set;

- ✓ 24% improvement to overall achievement of clinical standards.
- ✓ 78% uptake of Procedural Sedation Checklist being used within the Emergency Department, improving documentation.
- ✓ The use of the Checklists work; providing a 43% increase in documentation.
- ✓ 63% improvement to Pre-Procedural documentation.
- ✓ 38% improvement to documented procedural consent.
- ✓ 20% improvement to documented team members/healthcare professionals present.
- ✓ 69% improvement to documented monitoring (observations) during procedures.

Key concerns

- Only 48% of patients had documented evidence of oxygen being given from the onset of the procedure. Although patients may have received oxygen at the time, there was no documented/auditable evidence of them doing so therefore leading to a poor performance outcome.

- Similarly, only 63% of patients had documented evidence of the procedure being performed within the Resuscitation Room.
- Poor performance overall and in all sub-sections of 'Standard 7. Discharge Documentation'.

Recommendations

1. Reformat of current procedural sedation checklist: with the intention to scale all details and documentation surrounding the clinical standards onto one A4 side of paper. Alternatively, if unable to condense the information to one A4 side, then to improve the layout and the current checklist and to better highlight the presence of the second page. The updated checklist would also include a checkbox/focus for recording whether oxygen was given from the onset, for the 'absence of respiratory compromise' and the 'absence of significant pain or discomfort'.

2. E-mail reminder to all clinical staff: to reiterate the need to complete the procedural sedation checklist in clinical practice and to emphasise the need to document post procedure events; including return to base line consciousness/observations and written advice given on discharge.

Actions Developed

- Re-Format current Procedural Sedation Checklist to reduce number of pages and make more user friendly
- Implementation of Re-Formatted Procedural Sedation Checklist
- Email Reminder to Clinical Staff to use new checklist highlighting the need to fully complete each checklist

Early Endometrial Clinic Audit (172)

The Gynaecology Oncology Clinical Nurse Specialist (CNS) End of Treatment Clinic was implemented in November 2013, with the aim of empowering and providing women who have had a diagnosis of early endometrial cancer with the tools and knowledge to self-manage rather

than attending traditional 5-year doctor led follow-up. To participate in this patient led follow up initiative women have to have a diagnosis of Stage 1a Grade 1 Endometrioid Adenocarcinoma of the Endometrium and had a post-operative review with their Gynaecologist. They will then attend a one-hour clinic consultation with a CNS 6-8 weeks postoperatively where a Holistic Needs Assessment is performed and individualised care plan made. Signs and symptoms of recurrence are also discussed.

Over a five-year period women who attended the clinic were sent a questionnaire to complete, feedback showed:

- ✓ majority of women were very satisfied with the service
- ✓ 94% of the women ranking their overall satisfaction as 9/10 on a scale of 1-10
- ✓ 97% said that their expectations were met.
- ✓ 85% of women felt they received the right amount of written material
- ✓ 90% of patients commented that that they had made positive life style changes after their appointment this involved increasing level of exercise, altering diet and losing weight.

This is encouraging and provides evidence that patients are listening to and reading the written material provided on the benefits of weight loss and healthy lifestyle.

At the consultation / assessment, women received information listing signs and symptoms of recurrence; showing

- ✓ 13% stated that they did not know the signs and symptoms of recurrence
- ✓ Reassuringly 96% of women stated that they knew whom to contact if they had any concerns
- ✓ 99% said they had the contact number for the CNS Team.
- ✓ 14% of women documented that they had no idea what to expect from their one-hour consultation / assessment.

Actions developed

- Process developed and implemented to ensure that all women who have been seen for their post-operative review receive comprehensive written information about what to expect from the appointment with the CNS prior to the consultation / assessment.

- Possibility discussed of adoption of the MYHT patient led follow up model for other low risk cancers with the West Yorkshire and Harrogate Cancer Alliance Partnership.

Multiple Sclerosis (MS) 789

Multiple Sclerosis (MS) is an acquired chronic immune-mediated inflammatory condition of the central nervous system, affecting both the brain and spinal cord. People with MS typically develop symptoms in their late 20s, experiencing visual and sensory disturbances, limb weakness, gait problems, and bladder and bowel symptoms. They may initially have partial recovery, but over time develop progressive disability.

MS affects approximately 100,000 people in the UK. It is the commonest cause of serious physical disability in adults of working age. It can lead to a high level of disability with considerable personal, social and economic consequences. People with MS may live for many years after diagnosis with significant impact on their ability to work, as well as an adverse and often highly debilitating effect on their quality of life and that of their families.

Management of MS includes treatment to reduce the frequency and severity of relapses, managing symptoms, and lifestyle changes to manage relapses or disease progression.

The National Institute for Health and Care Excellence (NICE) Quality Standard 108 - Multiple Sclerosis covers diagnosing and managing MS in adults. It includes care, support and review for people with MS. It describes high-quality care in priority areas for improvement and includes the following six statements:

- **Statement 1:** Adults with MS are given support at the time of diagnosis to understand the condition, its progression and the ways it can be managed, by the consultant neurologist making the diagnosis
  MYHT compliance 100%

- **Statement 2:** Adults with MS are offered a face-to-face follow-up appointment with a healthcare professional with expertise in MS, to take place within 6 weeks of diagnosis.
  MYHT compliance 100%

- **Statement 3:** Adults with MS have a single point of contact who coordinates access to care from a multidisciplinary team with expertise in MS.
  MYHT compliance 100%

- **Statement 4:** Adults with MS who have problems with mobility or fatigue are offered support to remain physically active.
  MYHT compliance 100%

- **Statement 5:** Adults with MS who have a relapse that would benefit from treatment are offered treatment as soon as possible and within 14 days of the onset of symptoms.
  MYHT compliance 100%
- **Statement 6: Adults with MS are offered a comprehensive review at least once a year by healthcare professionals with expertise in MS.**

Not audited as not currently provided at MYHT

Actions developed

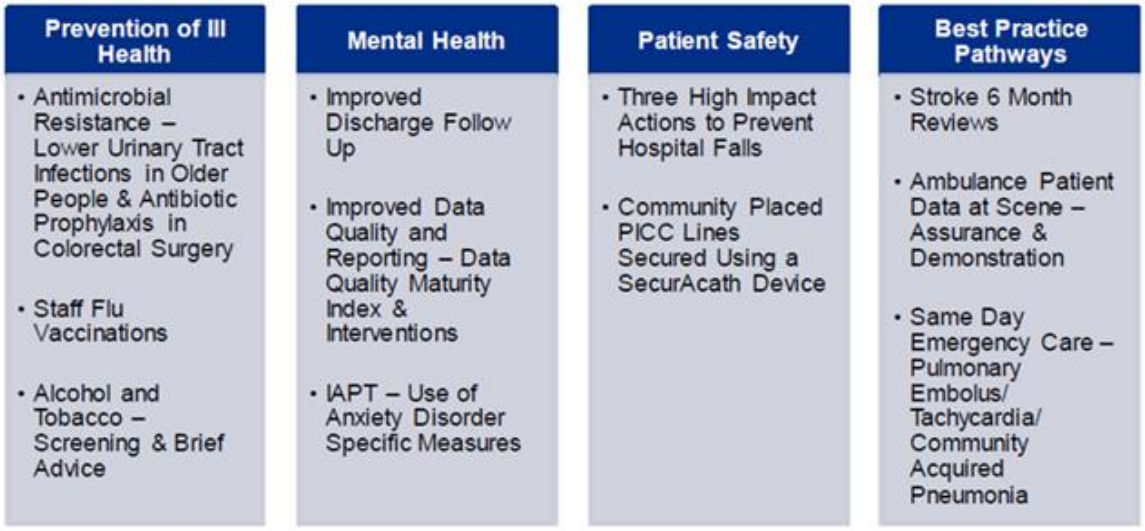
To become fully compliant with all 6 NICE Quality statements – MS Consultant now in post

- Review clinic capacity and work with Patient Service Manager to ensure patients are offered a comprehensive annual review

1.4.4. Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of the Mid Yorkshire Hospitals NHS Trust's income in 2019-2020 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body it entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. The financial value attached through the framework to delivery of the agreed improvement goals in 2019-2020 was 1.25% of the value of all healthcare services commissioned through the respective contracts. This equated to almost £5.5 million for the Trust in 2019-2020.

The 2019-2020 CCG CQUIN scheme contained 11 indicators, aligned to the 4 key areas:



The Trust was required to select a maximum of 5 indicators worth a maximum of 1.25% of the overall CCG contract value and following joint discussion between the Trust and Wakefield CCG, the following indicators were selected:

- Staff Flu Vaccinations
- Three High Impact Actions to Prevent Hospital Falls
- Antimicrobial Resistance
    - Urinary Tract Infections
    - Antibiotic Prophylaxis for Elective Colorectal Surgery
- Same Day Emergency Care

  - Pulmonary Embolus
  - Tachycardia with Atrial Fibrillation
  - Pneumonia
- Alcohol and Tobacco Brief Advice

The Trust also had 4 NHS England Specialised Commissioning goals. A summary of the Trust's performance against the CQUIN indicators for 2019-2020 is provided in the table below as well as the actual and forecasted achievement.

Further details of the agreed goals for 2019-2020 are available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/.

In response to COVID-19, Trusts were advised they were not required to submit 2019/20 quarter 4 data and therefore, the final position is based on quarters 1 to 3 only.

CQUIN Indicator	Q1 Status	Q2 Status	Q3 Status	FOT Status
Commissioner: National (CCG)				
Acute				
AMR - Lower Urinary Tract Infections in Older People	✗	✗	✗	◆
AMR - Antibiotic Prophylaxis in colorectal surgery	!	✓	✓	△
Flu Vaccinations (frontline clinical staff)	n/a	n/a	n/a	●
Three High Impact Actions to Prevent Hospital Falls	!	!	!	△
SDEC - Pulmonary Embolus	!	!	✗	◆
SDEC - Tachycardia with Atrial Fibrillation	✗	!	✓	△
SDEC - Community Acquired Pneumonia	✗	!	✓	△
Community				
Flu Vaccinations (frontline clinical staff)	n/a	n/a	n/a	●
Alcohol and Tobacco - Screening	✓	✓	✓	●
Alcohol and Tobacco - Tobacco Brief Advice	✓	✓	✓	●
Alcohol and Tobacco - Alcohol Brief Advice	✓	✓	✓	●
Commissioner: NHS England - Specialised Services				
Trigger 1: Improving efficiency in the IV chemotherapy pathway from pharmacy to patient	✓	✓	✓	●
Trigger 2: Managed access agreement compliance	n/a	n/a	n/a	n/a
Trigger 3: Supporting national treatment criteria through accurate completion of prior approval proformas	✓	✓	✓	●
Trigger 4: Adoption of prioritised best value medicines and treatment	✓	✓	✓	●
Trigger 5: Anti-fungal stewardship	✓	✓	✓	●
Public Health - Immunisation	n/a	n/a	n/a	●
Public Health - DESP	n/a	n/a	n/a	●
Secondary Care Dental	✓	✓	✓	●

	Actual	Expected
Achieved or expected to achieve maximum threshold or above	✓	●
Achieved or expected to achieve within threshold	!	△
Non-achievement or expected non-achievement of lower threshold	✗	◆

1.4.5. Information on registration with the Care Quality Commission (CQC)

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

The CQC has not taken enforcement action against The Mid Yorkshire Hospitals NHS Trust during 2019-2020.

An inspection of Trust services has not been carried out by the CQC in 2019-2020. The Trust’s overall rating of “requires improvement” therefore remains unchanged; this was the outcome of the last inspection in summer 2018.

The Trust is preparing for re-inspection of its services in early 2020/21 and is striving to achieve an overall quality rating of good; building on the improvements in the quality and safety of our services demonstrated in the last inspection. In 2018, 70% of our CQC ratings achieved a rating of “good” or above, compared to less than 50% in 2015. The Trust’s overall rating against the Effective key question also improved to “good”, as did ratings against the well-led key question at site level for Pinderfields and Dewsbury, and the Responsive rating for Pontefract Hospital.

Throughout 2019-2020 the Trust has worked to deliver the comprehensive action plan implemented in January 2019 to address the 62 improvement recommendations identified following our 2018 inspection, in addition to building in learning from more recent inspection reports to continuously improve the quality and safety of our services. Progress is monitored regularly through the Trust’s internal governance arrangements, with oversight by the Quality Committee and Trust Board. Updates are also shared regularly with our CQC inspection team as part of our routine engagement agenda.

The Trust actively participates in regular engagement meetings with CQC inspectors; the purpose of which is to facilitate more timely and manageable exchange of information and therefore response to risk or concerns. In 2019-2020 the Trust has established strong working relationships with our lead inspector for engagement and new Inspection Manager, promoting an open and transparent culture to drive continuous improvement against our regulatory requirements.

The Mid Yorkshire Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during 2019-2020.

1.4.6. Information Governance Toolkit attainment levels

The Trust has an Information Governance Steering Group (CIGSG) which meets every six weeks chaired by the Trust's Caldicott Guardian. The group's membership also includes the Trust's Senior Information Risk Officer and Data Protection Officer.

The Group takes an active role in overseeing the delivery of Information Governance within the Trust, to ensure that all information used, especially that relating directly or indirectly to patient care, is managed carefully, responsibly, within current law and with due regard to considerations of privacy such as those defined in the Data Protection Act 2018 (incorporating the General Data Protection Regulations EU GDPR 2016/679 and the Caldicott Principles.

The NHS Data Security and Protection Toolkit, provides an annual, mandatory assessment of organisations commissioned to provide NHS Healthcare services.

The toolkit is completed by our specialist "requirement owners" and is audited by internal auditors prior to the 31st March final submission.

The Mid Yorkshire Hospitals NHS Trust Data Security and Protection Toolkit Assessment report score for 2019-2020 currently stands at all security standards met.

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

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

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

1.4.7. Clinical Coding

The Mid Yorkshire Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2019-2020.

1.4.8. Information on the quality of data

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

Improving data quality remains one of the Trust's key strategic priorities. The Mid Yorkshire Hospitals NHS Trust has a Data Quality Policy and Strategy which it will continue to review, maintain and monitor. The Mid Yorkshire Hospitals NHS Trust will continue to ensure that the following actions remain in place to assure its quality of data;

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

The Mid Yorkshire Hospitals NHS Trust submitted records from April 2019 to January 2020 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) that are included in the latest published data.

The percentage of records in the published data with valid NHS Numbers and valid General Medical Practice Codes are as follows:

Measure and CDS Type	Target	Trust 2015/16	Trust 2016/17	Trust 2017/18	Trust 2018/19	Trust 2019-2020*
Valid NHS number						
Admitted patient care	99%	99.8%	99.9%	99.9%	99.9%	99.8%
Outpatient care	99%	99.9%	99.9%	99.9%	99.9%	99.9%
Accident and emergency care	95%	99.2%	99.4%	99.5%	99.3%	99.2%
Valid General Medical Practice Code						
Admitted patient care	99%	100%	100%	100%	100%	100%
Outpatient care	99%	100%	100%	100%	100%	100%
Accident and emergency care	99%	100%	100%	100%	100%	100%

***Months April 2019 – January 2020**

1.4.9. Learning from Deaths

During the reporting period April 2019 and March 2020, 2044 of Mid Yorkshire Hospitals NHS Trust patients died as in-patients. This comprised the following number of deaths which occurred in each quarter of that reporting period:

2019/20	Deaths
Q1	513
Q2	481
Q3	488
Q4	562

The crude mortality rate was 3.1% and the relative risk of mortality (12 month rolling, latest available period (December 2018- November 19) has risen to 108 98.30 when comparing the same period January 2018 – December 2018).

By 31 March 2020, 209 case record reviews and 18 investigations have been carried out in relation to 264 of the deaths in the table above. Learning From Deaths review patients who die as inpatients and those who die within 30 days post discharge.

The Trust process is to use the Structured Judgement Review methodology. 34 cases progressed to a second stage review with 14 resulting in a serious incident investigation.

Therefore, in 9 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or investigation was carried out was:

2019/20	Deaths reviewed in quarter	% of total deaths in quarter
Q1	61	11.9%
Q2	48	10%
Q3	14	2.87%
Q4	86	15.3%

11 deaths representing 0.54% 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 0.19% for the first quarter, 3 representing 0.62% for the second quarter and 3 cases, representing 0.61% for the third quarter and 4 cases, representing 0.71% fourth quarter.

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

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

- Poor fluid balance monitoring
- Poor completion of medical and nursing notes
- Poor communication between clinicians
- Poorly documented escalation plans
- Missed opportunities for DNACPR's
- Sub optimal care of the deteriorating patient
- Failure to review and act on investigation results

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

- Ongoing fluid balance education
- Monitoring of fluid balance compliance via the peer monthly ward health checks which feed into the nursing governance processes
- Learning from incidents disseminated to staff via Patient Safety Bulletins and incorporated into training
- Introduction of the second iteration of the National Early Warning Score Framework (NEWS2) and a mandatory training requirement to have completed NEWS2 eLearning
- Reviewed and updated nursing documentation
- Focus and support on wards of concern. Bespoke training and workshops provided
- SBAR and effective communication incorporated into education using real incidents

In addition, the sepsis group has actioned a number of initiatives including education - appointing a substantive Lead Nurse for Quality and Patient Safety; conducting weekly multidisciplinary sepsis ward rounds led by the Consultant sepsis lead and supported by the Lead Nurse for Quality and Patient Safety, Consultant antimicrobial pharmacist and ANP for Microbiology. Identification of high risk sepsis patients via daily lactate report/NEWS scores and eMeds information; these patients are followed up, checked for screening and care reviewed. A sepsis Kaizen event was held in November 2019 with a full action plan produced including a new sepsis profile within ICE, costings for sepsis 'grab bags' and development of nursing competencies. Two ST level trainees have completed a thorough review of ALL sepsis deaths in a month and presented their findings at the latest Deteriorating Patient Group. Sepsis OSCE stations have also been included in the junior doctors induction programme.

It is difficult to quantify the individual effects of these actions however we have seen:

- An improvement in the percentage of patients with identified sepsis having their antibiotics administered within 1 hour
- Improvement in the monitoring of fluid balance and the management of acute kidney injury
- Some improvement with use of the inpatient sepsis screening tool since introduction of the eTool within PPM+

66 case record reviews or investigations were completed after 31 March 2019 which related to deaths before the start of the reporting period.

Of these, 3 representing 4.55% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Structured Judgement Case Note Review methodology.

3 representing 0.15% of the patient deaths during 2018/19 but reviewed in 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Review of other quality performance

2.1 MY Quality Improvement System (MYQIS)

The Mid Yorkshire Trust's Quality Improvement System (MYQIS) is designed to continually improve quality, and eliminate waste using the approach developed by the Virginia Mason Health System based in turn on the Toyota Production System. It is central to the MYHT approach to develop and embed quality improvement to increase efficiency and effectiveness of our services. The Kaizen Promotion Office (KPO) facilitate and implement MYQIS to develop sustainability of the methodology throughout the organisation.

MYQIS is used to improve the quality and value of services by looking at existing ways of working, removing waste from processes and maximising activities that add value. Processes are observed, analysed and are redesigned by staff using the best ideas and concepts to ensure high quality service delivery.

The principles and concepts of MYQIS are driven by Rapid Process Improvement Workshops (RPIWs) and 2-3 day kaizen events, whilst being underlined by a robust education strategy. The ethos of the RPIW and kaizen event is that staff involved develop and find their own solutions to the problems being addressed, and are empowered, with the full support of the organisation, to implement change using improvement cycles or Plan, Do, Study, Act (PDSA). The legacy of each event will be staff that have learned new skills and participated in driving and taking control of improvement, participants then take this learning back to their own areas and can drive improvement in their own environment as well of course resolving or reducing the problem that was the focus of the kaizen event.

Staff and teams from the divisions has used the tools, skills and principles to support and involve staff in operational delivery challenges, cost improvement targets and maximising service/ divisional processes.

The next stage of the MYQIS journey is to implement World Class Management which aligns the mid Yorkshire strategic objectives and Everyday Lean Management methodology.

MYQIS Education and Training

Improvement events run regularly in the Trust, ranging from week-long RPIWs through to small local team improvements. As part of these events training and education in MYQIS is delivered in various ways and is underpinned by a regional renowned education strategy.

The tiered education programme facilitates strategic and operational leaders in the organisation to lead health system improvements whilst the foundation and leaders programmes are aimed at all levels of healthcare staff to expand networks, share ideas and experiences with colleagues, solve issues and lead on their own improvement project. Staff are then able to apply new tools in their own workplace.

MYQIS training so far within the Trust has resulted in:

- 58 Certified Leaders
- 56 MYQIS Foundation
- 71 MYQIS Leaders
- 889 Introduction training

MYQIS Leader course

This is a six half-day taught day course over a six-month period and the participants present their improvements back to the rest of the group. MYQIS Leader is designed for service and department changes and is aimed at leaders in the Trust to understand the QIS toolkit and run smaller scale improvement projects. This group of staff can also provide support to Certified Leaders during rapid improvement events.

In 2019-2020 over 50 staff completed MYQIS leaders course and some of the outputs from the small scale improvement projects include:

- £8000 per year from an Infection Prevention and Control project resulting in the correct mattresses being ordered. There has been a reduction of £8,000 a year due to the improvement project as the correct mattresses are being ordered rather than sending back incorrect mattresses. Right mattress, right time, right patient.
- 317 clinical therapy staff hours per year saved for therapy administration of appointment sent to patient for paper referrals

- 365 hours per year of ward facing nursing time saved due to the Implementation of Michelin Meal Times on the spinal ward, with the introduction of a dining area for patients, and since the introduction has seen a positive impact on patient experience
- From human resources perspective 135 hours per year saved implementing e learning and video design for empactis training

MYQIS Foundation course

This is a two-day course over a three-month period and the participants present their improvements back to the rest of the group. It's suitable for any staff wanting to make improvements by using the MYQIS tools day to day to continuously improve their own workplace.

May 2019 saw the completion of the first MYQIS foundation training tailored to one service. 16 members of the Sterile Services Team completed the two and half day course designed to enable all staff to develop additional skills and knowledge in MYQIS. The service produced approximately 7,000 procedure trays per week and their main customers are patients having operations in MY Theatres and our Theatre Teams.

Each member of the sterile services team completed an individual small project and many of these changes have already made a big impact within the service. The improvements delivered so far include:

- They developed an automated dashboard that showed the team how they were performing, the time to view reduced from 17 mins to 1 minute.
- The team simplified the quality check process and the process has led to an increase in productivity of 22% for "Superuser" role
- Less raw materials are now being used by reducing wrapping times which has seen a reduction of cost and increased efficiency within the service.
- Reduced 609 steps per day for Datix reporting process to 195 steps per day, this has reduced wasted time as the supervisors no longer have to leave the clean room

Rapid Process Improvement Workshops

During 2019-2020, there have already been some real success stories, as a result of 20 RPIWs. In the RPIWs, staff have implemented their ideas to make improvements to their

service, reducing waste and improving outcomes for patients and colleagues. Examples of these include:

Ambulatory Care Unit

When patients are directed to the Ambulatory Emergency Care unit, their average episode of care was over 9 hours. There was variation in the standard times of each steps of the process; clinician skills were not aligned to the patients who attended, the trainee advanced nurse practitioners did not have robust mentoring processes that resulted in unnecessary waiting times for patients, and there was a high level of patient enquiries and complaints regarding waiting times, patient returning for test unnecessarily and poor staff morale.

The improvements included clarifying clinician and staff roles and responsibilities to increase patient flow and timely investigations for patients, developed an ACP training framework for mentoring and preceptorship to provide supervision, early patient management plans and increase ACP confidence. A new standard of practice for ambulatory care was developed and standardised working practices to ensure excellent patient experience each and every time.

A patient's episode of care in ambulatory care has reduced to an average of 2 hours 50 minutes and the patient survey has increased positively by 15% and the early trainee nurse practitioners review to develop a patient management plan which has positively impacted staff morale and retention of staff.

Maternal Discharges

Our new mums were spending longer than necessary in hospital post birth due to delays experienced in the discharge process, with lack of information and communication of expectations featuring highly in patient experience survey.

Criteria led discharge has been implemented with a checklist devised and take home medicines being ordered at point of decision. Visibility boards and huddles have been introduced to facilitate timely discharge and improve overall flow. Work areas have been set up in each bay allowing Midwives to spend more time on direct patient care, improving patient safety and experience for these high risk ladies.

Early results show a 48% reduction in time spent for mum and their babies waiting for their discharge to be completed.

End of Life Discharge

The average stay for end of life patients to be discharged was 3 weeks, many people at the end of their lives would prefer to die at home but sadly die in hospital because limited resources are available to coordinate complex moves back to their home. A rapid discharge process for end of life care was created and pioneered by Justin Trewren and the Senior Nursing Team.

Now over 95% of end of life patients are discharged to their preferred place of care within 24 hours consistently. An abstract was submitted to the national Macmillan Quality Improvement Excellence Awards and Justin was presented with the award for his contribution and implementation of the rapid discharge process for end of life care.

Therapy Early Supported Discharge

The purpose of this RPIW was to review the early supported discharge service offered by the MY Therapy team.

During the week the team completely redesigned the stroke early supported discharge pathway taking on board the information from 3 of our patients and carers who attended the RPIW, with ideas generated from all staff involved within the pathway.

As a result, wastes and defects have been eradicated. The time from when the patient is discharged to delivery of 1st appointment has been reduced from 9.7 days to 24 hours, and will deliver 45 minutes of therapy every day for 5 days a week, for 6 weeks if needed.

Planned Preventative Maintenance (PPM)

The servicing and maintenance of our building and engineering infrastructure is a statutory requirement and essential for maintaining safe patient services. The planning process was redesigned to improve coordination and daily huddles implemented to increase visibility of performance to the wider team. System data was reviewed, duplication removed and time allocations amended to create a level schedule of work. Recording processes streamlined removing a level of inspection and eliminating batching.

Early results show a reduction in the time taken from 42 days to 2 days and an increase of 20% compliance going from 80% to 100%

1.5. Duty of Candour

The Trust has a Duty of Candour/Being open Policy on the Trust intranet and this has been updated to reflect and triangulate with the Learning from Deaths Guidance. Duty of candour is included within patient safety training sessions for staff.

We monitor adherence to duty of candour on a daily basis and this information is shared with all divisions, this includes ensuring that the verbal and written apology is delivered and feedback provided after an investigation.

Duty of Candour compliance is monitored monthly on the Trust Quality & Safety Dashboard.

Information for patients, carers, staff and relatives is available on the Trust's internet page and information leaflets are available, in particular on how patients, families or carers can ask questions and be involved in the investigation.

In 2018 an internal audit was undertaken in response to 'Learning from Incidents/Duty of Candour/Root Cause Analysis'. The Trust is proud to report that the outcome of the review was 'High Assurance'.

There have been no duty of candour breaches in 2019-2020.

1.6. Number of Never Events

A never event is defined nationally as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers.

The Trust reported 3 never events in 2019/20. These are categorised below using the national never event criteria. There were no repeat never events reported in 2019/20.

- **Mis-selection of a strong potassium solution (1)**
- **Retained foreign object post procedure (1)**
- **Unintentional connection of a patient requiring oxygen to an air flowmeter (1)**

The Trust is committed to learning lessons from all incidents and we take the learning from never events extremely seriously. In each never event, a comprehensive investigation has been undertaken using a human factors and systems-based approach to identify the root cause and contributory factors. This informed the development and implementation of robust action plans to strengthen the systems to prevent the incident happening again. We continue to monitor the success of these actions through our quality assurance process. We have also used these events as important simulations in our on-going education and training where possible.

As part of our own commitment and that of the wider healthcare system to improve patient safety and to enhance our learning when things go wrong, in 2019/20 we have worked collaboratively with safety leads from across the region to embed the West Yorkshire Association of Acute Trusts (WYAAT) Learning Group. Importantly this extends learning beyond our own individual organisational boundaries and allows us to share information and learning related to patient safety incidents in a more structured and systematic way. A key piece of work undertaken in 2019/20 was to share and enhance our collective learning and investigations in to never events.

The benefits of this approach have already been demonstrated. Following the never event in which a patient requiring oxygen was unintentionally connected to an air flowmeter, we were able to rapidly learn from the experience of other trusts who had reported the same incident. This shared learning highlighted the significance and scope of human factors in these events, and that the existing physical safety barriers and education to prevent them were not infallible. The key to preventing further similar events was to change the system; to remove the potential for a mistake to occur. We did so by replacing the medical air flow meters in our Emergency Department with electrically powered nebuliser compressors; removing the air flowmeters meaning they could no longer be connected to in error. This has proved highly effective and would not have been achieved at such pace without the benefit of our collective learning as a wider system.

1.7. Number of Serious Incidents (SIs)

The Trust reported 100 serious incidents in total in 2019/20. On further investigation 9 incidents were identified not to meet the serious incident criteria. These were subsequently downgraded with agreement by our commissioners in line with the approach set out in national Serious Incident Framework.

Unlike never events, there is no definitive list of events or incidents that constitute a serious incident. Serious incidents are broadly defined as events in which the potential for learning is so great or the consequences so significant, that comprehensive investigation is warranted. Locally we have deemed any category 3 or 4 pressure ulcer where lapses in care have been identified to meet the serious incident criteria, in addition to any falls which result in a fractured neck of femur, cerebral bleed and/or severe harm or death.

Of the 91 serious incidents in 2019/20, the main themes were pressure ulcers, medication and diagnostic incidents. Pleasingly we reported a reduction in the number of falls meeting the serious incident criteria for a third consecutive year. A root cause analysis investigation is completed for every serious incident and as part of this, an action plan is developed and implemented; the success of which are continually reviewed through our quality assurance processes.

In order to fulfil our commitment to learn from all incidents, including serious incidents, we recognise the importance of effectively sharing information and lessons learned within and across our services, and where possible as part of the wider provider system. During19/20 we have worked to continuously improve and enhance the ways in which we share learning to improve patient safety; examples of which are detailed below:

- Using our MYQIS methodology to implement and embed a streamlined approach to serious incident reporting; the aim to improve early identification of these incidents to enhance rapid learning and dissemination to improve patient safety.
- Implementation of the “learning on a page” approach to facilitate concise communication of key lessons learned from serious incidents using a widely recognised Situation, Background, Assessment, Recommendation (SBAR) approach.

- Development of a concise Root Cause Analysis (RCA) tool for pressure ulcer and falls serious incidents to more effectively balance the administrative requirement for clinical teams whilst optimising the potential for individual and thematic learning.
- The Quality and Safety Team has developed a “Learning Library” page on our intranet. This will become a central resource for our staff to easily and quickly access relevant learning.
- Established a SHARE Learning Group to further develop and embed learning platforms and pathways across the Trust
- Sharing our incident analysis to inform system or service changes and development. We now use incident analysis to inform and agree any process or system changes designed using our MYQIS methodology. This approach of “mistake-proofing” at source is essential in our commitment to reducing waste and improving quality.
- Embedding learning from incidents in our staff education and training programmes using scenario based learning and simulations.

The Patient Safety and Clinical Effectiveness Committee provide strategic oversight and challenge to ensure we strive to continuously improve and enhance our learning from incidents and prevent avoidable harm. Our fortnightly Patient Safety Panel provides an operational forum to share emerging risks and new incidents across our clinical and corporate services, with key messages disseminated to all staff via a weekly Patient Safety Bulletin.

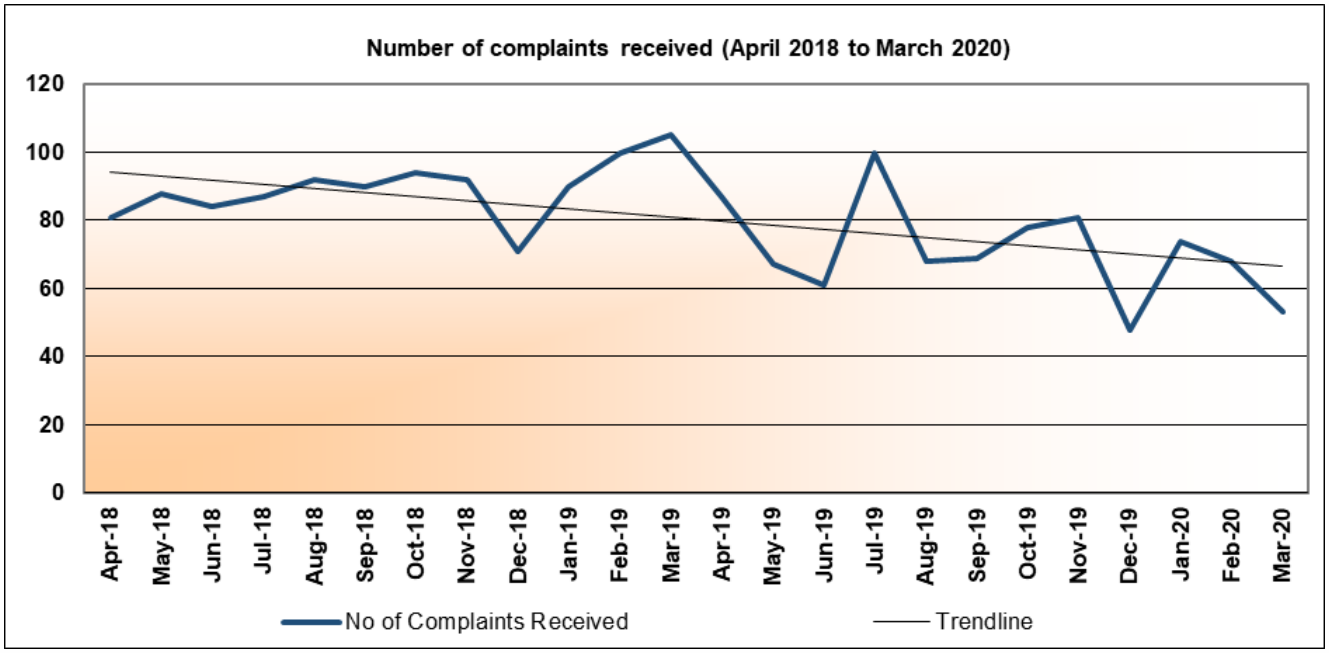
1.8. Learning from Complaints

The Trust recognises that sometimes things can go wrong and people wish to complain and it is the Trust’s duty to undertake a full investigation of the complaint in line with the Trust’s constitutional responsibility. The complaints process is an important mechanism for patients to provide feedback regarding the quality of our services. This feedback is highly valuable and the Trust works hard to use this to improve services.

Considerable effort has been made to improve how complaints are managed to ensure that any complaints, which can be appropriately resolved quickly through an informal route, are being managed informally.

During the period 1 April 2019 to 31 March 2020, 854 formal complaints were received. The Trust is pleased to report that this represents an overall 20% reduction compared with the same period in 2018/19.

The graph below shows the number of complaints received from April 2018 to March 2020. The figures clearly show that there is a downward trend in the number of complaints received. This can be attributed to the PALS team being pro-active in the early resolution of informal concerns and low graded complaints.



A robust process is in place to monitor all complaints and concerns closely, noting any recurring themes and trends.

The top categories of formal complaints received have continued to be:

- Clinical Treatment (in particular, pain management)
- Staff Attitude/Behaviour

The Trust recognises the importance of learning from complaints and the value of sharing this learning across the organisation. This may also involve individual staff members reflecting on the way they have provided care, team discussions for wider group learning, staff training or use of the complaint as a case study.

The Trust continues to make a number of changes and improvements in response to patient complaints. Listening to patient feedback supports our staff to improve the standard of care and service provided.

1.9. National Patient Safety Alerts

The Department of Health and its agencies have systems in place to receive reports of adverse incidents and to issue Alert Notices and other guidance where appropriate. These alerts provide the opportunity for Trusts to identify deficiencies in their systems and to correct them by learning lessons from identified risks.

All NHS bodies have a duty to promptly report adverse incidents and take prompt action on receipt of Alert Notices.

For the period 1 April 2019 to 31 March 2020 the Trust has been issued with a total of 6 Patient Safety Alerts (PSA) from the Central Alerting System.

2 of these are PSAs and the other 4 are classified under the new system as National PSAs.

2 of these alerts have been completed – these are the 2 PSAs

- both in line with the stipulated completion periods.

There are 4 remaining alerts – these are the 4 National PSAs:

All are still within the completion dates:

- 5 May 2020
- 1 June 2020
- 3 June 2020
- 11 September 2020

These alerts are still to be completed and the relevant leads will work towards completion within the relevant timescales.

The Patient Safety & Clinical Effectiveness Committee approve the completion of alerts based on evidence presented to the committee.

1.10. Quality Improvement Strategy

MY Quality Strategy 2018 - 2022 describes the Trust's ambition for improving quality, realising our ambition of an excellent patient experience, and describing the high level plans for to achieve this. In doing so we will ensure the services meet the needs and expectations of the community the Trust serves.

The purpose of the strategy is to articulate the ambitions for quality in a way that is meaningful and serves as a statement of intent that patients, their carers and relatives, staff, commissioners and other stakeholders can use to hold the Trust Board to account for the delivery of high quality services.

1.11. Nursing Quality Governance Framework

The Nursing and Midwifery Quality Governance Framework continues to develop to as a means of improving standards whilst providing assurance through clinical and quality indicators collated from trust wide statistics, ward level metrics and ward accreditation inspections.

This is with the aim of providing evidence of effective performance at ward level and ensuring control systems are in place, with potential areas for improvement set out.

Over this last year this assurance approach has been rolled out to Children's services, Emergency Departments and the Urgent Care Centre. Development work is underway in Maternity and Community.

To ensure that performance and updates are communicated from ward to board the outcomes from the quality and clinical indicators are discussed at divisional governance meetings and at a Trust Committee level via the Patient Safety and Clinical Effectiveness Committee, providing a means of assurance and as a measure of continuous improvement.

The information gained from the indicators collated is embedded into nursing practice, providing useful ways for ward and department managers to develop and continually improve while monitoring improvements as well as divisional and trust level management. This information also directs the Quality Improvement Team to areas that may require more assistance than others, so that those resources and support are distributed more effectively.

1.12. Patient Safety Walkabout Visits

Both Wakefield and North Kirklees Clinical Commissioning Groups (CCGs) visit the Trust on a monthly basis to assess standards of care in clinical services and assist the achievement of continuous improvement.

As in all patient safety walkabout visits, initial feedback is provided to the visited areas and the division so that appropriate immediate action can happen.

Once the formal report is received from the CCG it is disseminated to the appropriate clinical areas and divisions, to ensure that any learning from the feedback can be embedded quickly and effectively.

The expectation is that the reports are reviewed and that practice is improved based on any issues identified. The improvements made are reported at a Trust level to the Patient Safety and Clinical Effectiveness Committee via the Quality Improvement Lead.

In addition, the clinical division report any required actions and evidence of improvement directly to the same committee. Patient safety walkabout visit reports are discussed at divisional governance meetings and at a Trust Committee level via the Patient Safety and

Clinical Effectiveness committee every three months to ensure the appropriate level of oversight.

1.13. Implementation of priority clinical standards for 7 day services

The seven day services programme is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.

Ten clinical standards for seven day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven day services should achieve, no matter when or where patients are admitted.

With the support of the AoMRC, four of the 10 clinical standards were identified as priorities based on their potential to positively affect patient outcomes and identified as being 'must do' by 2020. These were clinical standards 2, 5, 6 and 8 and their requirements are identified below.

- don't wait longer than 14 hours to initial consultant review – standard 2
- get access to diagnostic tests with a 24-hour turnaround time — for urgent requests, this drops to 12 hours and for critical patients, one hour - standard 5
- get access to specialist, consultant-directed interventions – standard 6
- with high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds – standard 8.

NHS Improvement require Trusts to submit two self-assessment returns per annum one in the spring/summer and the other in the autumn/winter. In both returns for 2019-2020 the Trust has declared that it remains compliant in the four priority standards and wider performance indicators and experiential measures support this assumption. In addition, the Trust has made good progress as regards the other six clinical standards.

1.14. Junior Doctor Rotas

The Medical Director's Office reports gaps in its junior doctor rotas to the Trust Resources and Performance Committee on a quarterly basis. Rota fill is determined by allocation from Health Education England of doctors within national training programmes and the individual recruitment activities of the Trust.

The rota gap position at the last rotation of doctors in training programmes is shown below.

DoS		DoM	
Total Number on rotas	169	Total Number on rotas	181
Total Gaps	11.9	Total Gaps	28.45
Fill percentage	93	Fill percentage	84
F&CSS		Trust	
Total Number on rotas	84	Total Number on rotas	434
Total Gaps	5.1	Total Gaps	45.45
Fill percentage	94	Fill percentage	90

In order to fill gaps in the rotas the Trust has carried out a range of actions including:

- Recruitment to Trust appointed posts including overseas recruitment campaigns
- Appointment to a number of alternative clinical roles and significantly increased the staffing establishment in these roles
- Appointment of temporary medical locums through the Trust neutral vendor and managed bank arrangements.

1.15. Access to Care

The Trust is committed to improving access to services either in line with constitutional targets or in line with guidance from regulators and commissioners on expectations for 2019-2020; however, there continue to be risks related to continued demand pressure (urgent and planned) and workforce gaps.

To mitigate these risks, the Trust is working closely with commissioners (clinical and managerial), regulators and other local providers of healthcare to improve the delivery of access to care for patients. This joint working is largely (but not entirely) coordinated through

the Urgent Care Board and the Planned Care Improvement Group. The Trust has also developed internal governance to manage internal transformation and improvements outside of those being worked jointly with external partners.

The Emergency Care Standard (ECS)

The Trust has this year engaged with NHS England and NHS Improvement participating in a national pilot to evaluate a different set of measures for urgent and emergency care. The Trust commenced the pilot in May 2019 along with another 13 Hospitals. The new measures retain patient safety at their heart with an increased focus on critically ill patients. The Trust has made improvements throughout the pilot. At the time of publishing this Quality Report the Trust remains a pilot site. A full evaluation will be published by the National Team at the end of the pilot including a set of recommendations.

The Pontefract Urgent Treatment Centre (UTC) that opened its doors in April 2018 continues to provide an excellent service to our patients with patients receiving treatment in line with national standards despite growing attendance numbers.

The two Emergency Departments have continued to make good progress on areas of good practice implemented in previous years.

The Trust retains its regional lead position where ambulance handover (15 minutes) is concerned. In line with national ambitions, the Trust has this year also made further inroads on the number of patients waiting over 30 minutes for ambulance handover with the same focus being maintained for patients waiting over 60 minutes for handover.

Ambulance Handover Performance	Target	Months												
Metric		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 YTD
Ambulance Arrivals														
Trust-wide ambulance arrivals		4,298	4,344	4,127	4,352	4,245	4,029	4,326	4,368	4,515	4,222	3,853	3,653	50,332
Trust-wide ambulance arrivals previous year		*3,875*	*4,207*	*4,015*	*4,309*	*4,081*	*3,911*	*4,197*	*4213*	*4613*	*4612*	*4178*	*4359*	*50,570*
% increase on previous year		10.9%	3.3%	2.8%	1.0%	-1.5%	-6.5%	0.4%	3.7%	7.2%	0.2%	-8.5%	-13.3%	-0.5%

Fig 1: Ambulance handover performance 19/20

- Building on work commenced in the last financial year, the Pinderfields and Dewsbury Emergency Departments have implemented nurse-led streaming. The introduction of this new role at the 'front door' will allow us to ensure that patients are assessed promptly on arrival (aiming for a national standard of 15 minutes) and subsequently streamed to the right clinical area – this could be within the Emergency Department or in one of the Trust's Same Day Emergency Care (SDEC) areas.

- The Emergency Departments have also appointed a Clinical Quality Nurse Lead to provide additional support to implement the recommendations made by the CQC at previous visits.

- The Trust has additionally progressed a number of transformation programmes similar to previous years. The key focus this year has been threefold:

    - Direct access / Same Day Emergency Care: This programme aims to ensure that more patients can be directed to the 'right place at the right time' avoiding the Emergency Department in the process and reducing patients' overall waiting time.

    - Implementing a Hospital at Night system: The introduction of this approach will support the Trust to ensure that staff working out of hours across different disciplines work as part of an extended but integrated team.

    - Reducing the number of long-stay patients: This programme aims to support prompt discharge for our patients particularly for those no longer requiring acute care in hospital but who may be waiting for onward care outside the hospital.

Direct Access Programme

A key focus of the Trust has involved developing more robust and extensive ‘Same day Emergency care’ (SDEC) services. Nationally, this also fits with the agenda set with the NHS Plan.

The Trust already has a well-established ‘Ambulatory Emergency Care’ (AEC) unit. A substantive amount of transformation work has taken place in order increase the efficiency and effectiveness of the Department.

In addition, following extensive collaboration with the ‘Yorkshire Ambulance Service’ (YAS), a pathway is now operational to allow patients to be directly admitted to the AEC unit via YAS. Initial feedback is very positive from both the patients and the AEC unit / YAS staff.

Following the success of the Frailty direct admissions (via YAS) pathway on the Dewsbury site, this has been extended to include the Pinderfields site.

The Trust has made a commitment to further improve its SDEC services over the next financial year recognising the importance of supporting innovation which could lead to the same level of quality care being delivered to our patients in a day-case like setting.

Hospital at Night

The Trust has begun a programme of work to look at the service provision to patients out of hours. By bringing together a number of clinical teams, patients are able to be seen by the right person at the right time. This responsive approach to patient care results in improved safety, care and experience.

The Trust will progress this programme further in the next financial year.

Long-stay patient reduction

Progressing work commenced last year, the Trust is expected to make a further 15% reduction in the overall number of long-stay patients. Over a two-year period, the expected total reduction for the Trust would be 41%. Despite the progress already delivered, there is further progress required for the Trust to be able to meet this ambition.

In order to support the delivery of this target, the Trust, together with its Local Authority system partners has placed its effort in supporting an overall reduction in the numbers of patients who are medically fit for discharge but who are unable to leave the Hospital. In particular, the Trust and its partners are working to support a reduction in the number of patients who are medically fit for 7 or more days.

In order to support this ambition, the Trust and its Local Authority partners will be bringing their resources together to set up an Integrated Discharge Team. Recognised as best practice nationally, this new structure will provide a more efficient working environment reducing communication delays and providing an infrastructure for joint decision making.

Cancer Services

2 week Wait

The Trust's 2 week performance has been an area of success since June 2019. During April and May 2019 the capacity issues experienced in 2018/19 in the Breast Surgery service remained resulting in a reduced number of patients seen within 2 weeks with suspected breast cancer and subsequently reduced the Trust's overall position. Since June 2019 the Trust has maintained excellent performance, significantly above national average.

Cancer 2 Week (≥93%)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q1	Q2	Q3	Q4
England %	89.8%	90.8%	90.1%	90.9%	89.4%	90.1%	91.4%	91.3%	91.8%	90.1%	92.7%		90.2%	90.2%	91.5%	
MYHT %	**84.5%**	**85.7%**	**97.1%**	**98.6%**	**99.0%**	**98.7%**	**99.2%**	**98.6%**	**97.8%**	**98.9%**	**99.0%**		**88.8%**	**98.8%**	**98.6%**	

31 Day and 62 Day Standards

The Trust met the 31 day performance target until November 2019; it has struggled to meet the 62 day target throughout the year, which was also reflected throughout England.

There have been multiple contributors to the deterioration in performance and the Trust has responded with detailed analysis of the key pathways, developed recovery plans and actioned for each of the identified pathways.

The work is ongoing in Urology and Lower GI through pathway improvement groups implementing optimal pathways.

The Cancer Services team continue to work hard to recover performance and deliver sustainable services in the context of growing demand for cancer services.

Cancer 31-day (≥96%)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q1	Q2	Q3	Q4
England %	96.4%	96.0%	96.0%	96.5%	96.1%	95.5%	96.2%	95.9%	96.0%	94.5%	96.3%		96.1%	96.1%	96.0%	
MYHT %	**95.4%**	**97.7%**	**96.1%**	**96.5%**	**97.8%**	**98.2%**	**96.3%**	**94.8%**	**95.2%**	**94.8%**	**95.3%**		**96.4%**	**97.4%**	**95.4%**	

Cancer 62-day (≥85%)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q1	Q2	Q3	Q4
England %	79.4%	77.6%	76.8%	77.8%	78.7%	77.0%	77.1%	77.4%	78.0%	73.6%	73.8%		77.9%	77.8%	77.5%	
MYHT %	**81.6%**	**81.6%**	**78.2%**	**81.6%**	**79.6%**	**73.0%**	**74.6%**	**79.4%**	**73.6%**	**62.1%**	**73.4%**		**80.4%**	**78.2%**	**75.8%**	

Referral to Treatment (RTT)

The RTT standard states that at least 92% of patients are treated within 18 weeks of their referral to hospital. This standard has been difficult to achieve at Mid Yorkshire; a significant imbalance between capacity and demand contributes to this. The Trust's performance, along with the whole of England, has also been significantly affected by the COVID-19 pandemic during March 2020 but should not over shadow the work carried out during 2019/20.

A collaborative improvement plan, in partnership with commissioners and GPs, was launched in November 2016 and has covered an extensive remit of work to support sustainable delivery of routine elective work.

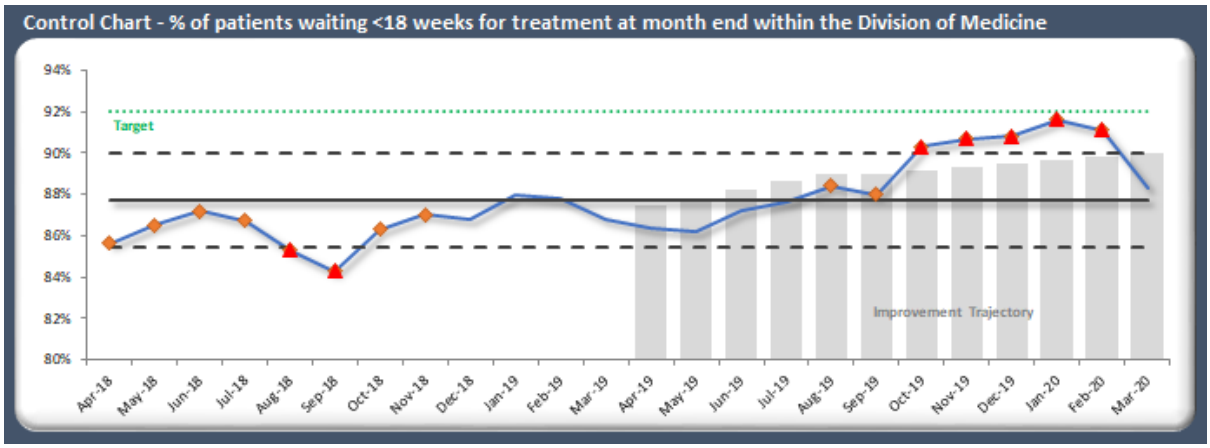
During 2019/20, The Trust focus has been on:

- Workforce transformation to reduce demand on consultant time by increasing nurse outpatient clinics and treatment sessions, the Trust now delivers around 30% of outpatient activity in nurse or allied health professional clinics.
- Increase in non-face to face phone clinics, approximately 10% of outpatient activity is delivered in this way. This activity has increased further towards the end of 2019/20 due to the Trust's response to COVID-19.
- A Video Consultation Pilot launched at the end of 2019/20 using Attend Anywhere. This is now set up with 19 specialties and is expanding further. 389 video consultation were completed in April 2020. This activity will be contributing towards the 30% target for non face to face activity.
- eConsultation to support communication between primary and secondary care pre referral, is being expanded with new specialities coming on board. Over 16,000 eConsultations have been completed in 2019/20 across 16 specialities.
- Implementation of Referral Assessment Services (RAS) to manage demand.
- Investment in services where demand and capacity was not aligned, both temporary and permanent additional capacity.
- Specialty level sustainable recovery plans to deliver performance improvement.
- Validation of waiting lists and learning lessons to improve data quality at point of entry.
- In-depth service review of Gynaecology, Rheumatology, Dermatology, Gastroenterology, Respiratory and Ear, Nose and Throat as clinical services via collaborative Clinical Summits that identified key actions for improvement.
- Planning for the set up of Teledermatology across all the Primary Care practices took place towards the end of 2019/20, full implementation will take place in 2020/21. The outcome is to reduce referrals by up to 30% for this patient group.
- Improving efficiencies and productivity in outpatients and theatres.

The Trust has not been able to meet the national standard which has also been reflected across England. However, it does compare favourably (as of latest national data available – February 2020) against the England average, reporting above national average for the last 6 months.

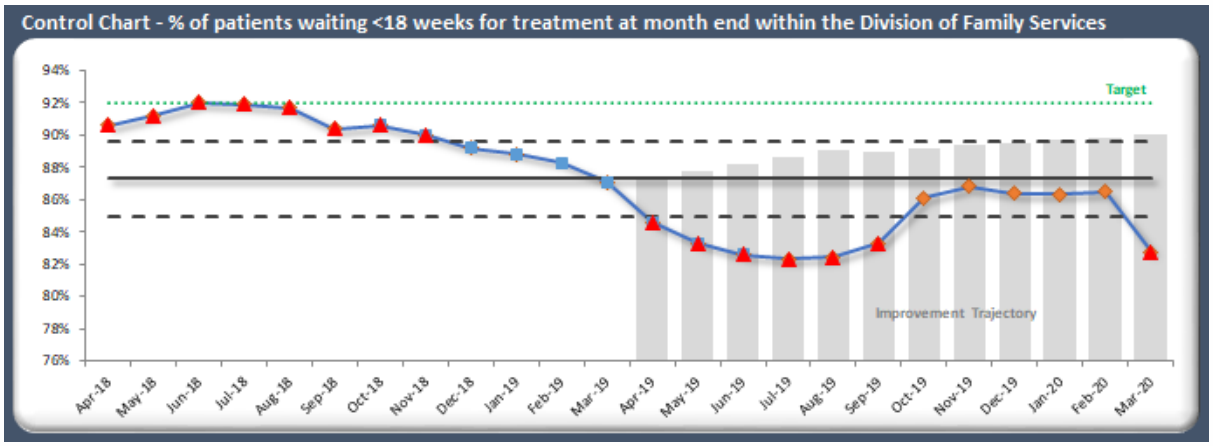
RTT - Incomplete Pathways (≥92%)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
England %	86.1%	86.4%	85.8%	85.3%	84.5%	84.3%	84.2%	83.9%	83.2%	83.0%	82.7%	
MYHT %	**85.6%**	**85.9%**	**85.8%**	**85.4%**	**84.5%**	**84.5%**	**85.2%**	**85.0%**	**84.0%**	**84.1%**	**83.4%**	**79.8%**

Significant improvement has been made since April 2019 in the Division of Medicine, as demonstrated below.

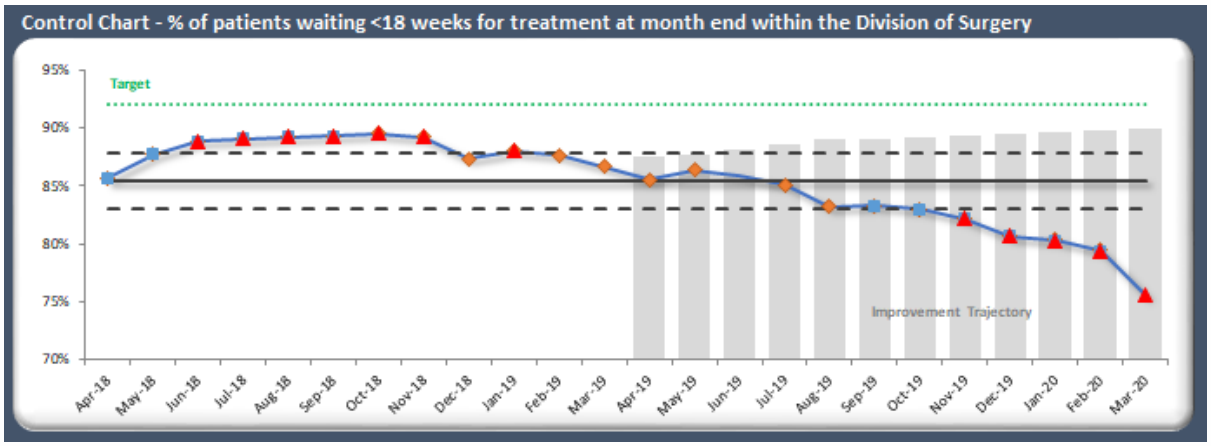


In February 2020, 14 out of 20 specials in this Division reported compliance against the 92% standard. In particular, improvements have been made during 2019/20 in Respiratory Medicine and Gastroenterology.

In the Division of Family Services, the performance is driven by the Gynaecology service where there has been a capacity and demand imbalance this year. Improvements are being seen in performance and this is expected to continue through 2020/21 as a new consultant has started at the Trust. In February 2020, 14 out of 16 specialties in this division reported compliance against the 92% standard.



The Division of Surgery have struggled to deliver the incomplete standard in 2019/20. Of the 17 specialties in the Division, 5 reported compliance with the 92% standard in February 2020. There are 3 specialties that are falling far below standard and that are driving the overall Division and Trust position, these are Ear Nose and Throat, Trauma & Orthopaedics and Urology. Significant demand and capacity imbalances have resulted in a deteriorating performance in these services and the focus for 2020/21 is to reverse the trend in these services, which in turn will bring about improvement in the Trust performance.



The Trust remains committed to ensuring that patients are treated fairly in clinical and chronological order and as such monitor this compliance on a weekly basis.

1.16. Focus on Patient Experience

Our patient experience priorities for improvement are identified on an annual basis by undertaking a review of our key sources of patient experience feedback and are based on what is important to patients.

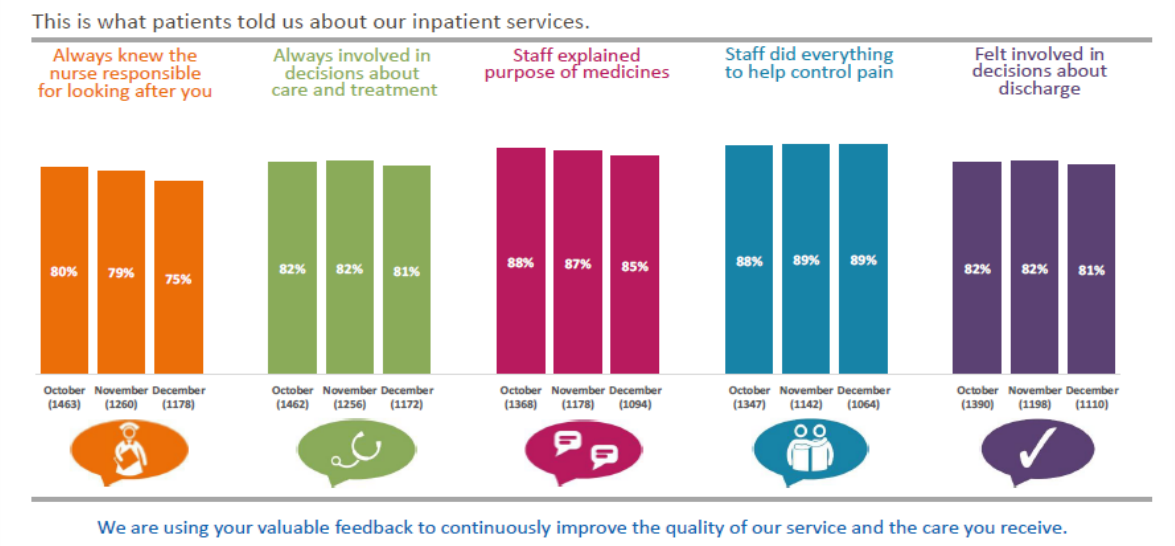
Our current patient experience priorities are:

- Discharge (including internal transfers and medicines awareness)
- Communication (access to information, knowing who is responsible for my care and what's happening next)
- Respect and dignity (involved in decisions, compassion emotional needs and attitude)
- Pain management

The Trust's Patient Family & Carer Experience action plan, led by the Patient Experience Sub Committee aims to achieve improvements against the patient experience priorities. The approach is based on the national 'Always Events®' initiative whereby improvements are based on what matters most to patients and achieved by working together with service users. Action plans are also developed and implemented at divisional, service and ward level.

Questions relating to the Trust patient experience priorities have been added to the Inpatient Friends and Family Test (FFT) cards so that the impact of any changes can be monitored on a monthly basis. Work is ongoing making improvements in these key areas. These questions were updated to reflect the new priorities in October 2018 and reviewed as still being relevant to continue with the same priorities for 2019-2020.

The following chart shows the results for October 2019 to December 2019.



Patient Experience surveys

Patient experience feedback is also gained from the Trust's participation in the national survey programme, which allows the Trust to compare itself against other trusts nationally. The Trust uses the results to identify areas of good practice and ideas for improvement. Areas for improvement are included within Trust, Divisional and service improvement plans and changes are undertaken in co-design with users of the services.

National Adult Inpatient Survey 2018/19

Areas where the Trust is performing well include patients not being bothered by noise at night from other patients, not changing planned admission dates, staff discussing the need for further health or social care services for discharge and any need for additional equipment or home adaptations and being given all the necessary information by the specialist for planned admissions.

Areas identified for improvement included improvements in the provision of information about medicines, what patients should or should not do after leaving hospital and any potential danger signals.

Urgent (Type 3) and Emergency Care (Type 1) survey 2018/19

Areas where the Trust is performing well include in the Type 1 survey include not talking in front of patients as if they weren't there, patients being told how they would receive the results of tests and being given enough information to care for condition when at home. The Type 3 survey showed that we were performing well in patients having confidence and trust in professionals and felt listened to and being told the purpose of medications.

Areas identified for improvement (Type 1) included patients reporting they waited over an hour in the ambulance, patients having enough privacy when discussing their condition, delays in examination, being able to get help whilst waiting and staff helping control pain. The Type 3 survey showed that patients feeling they are not informed how long they would have to wait to be examined.

Children and Young People's Patient Experience Survey 2018/19

Areas where the Trust is performing well include staff speaking to children in a way that they can understand. Areas identified for improvement were patients feeling it was not quiet enough for them to sleep when needed in the hospital.

National Maternity Survey 2019

Areas where the Trust is performing well include offering the choice where mothers have their baby, midwives providing relevant information about feeding, being aware of medical histories and asking about mental health, as well as mothers having the telephone number for the midwives.

Areas identified for improvement include mothers having the opportunity to ask questions about their labour and birth, delays in discharge, getting a member of staff to help you when needed and being given the information or explanations needed.

Initiatives to improve patient experience

Key projects for action have been based around the trust patient experience priorities. A selection includes:

- The Patient Experience Team has supported a number of 'Always Events' workshops with our Maternity and Emergency Department, the public and our volunteers. The focus of these events was on achieving improvements in care based on what matters most to patients. Workshops have led to a change in Plus 5 questions on the back of our Maternity FFT cards so that we could measure some of the improvements proposed from the workshop around information giving and support after birth. Our ED event led to a number of changes in the department around privacy and dignity of patients.

- The Patient Experience Team worked with ward managers, therapy and community services, to review current patient information related to discharge. We developed a 'Getting ready to leave hospital' leaflet and a 'Leaving hospital' postcard that are designed to inform, and prompt patients to ask staff for information about anything related to planning or leaving hospital.

- The Patient Experience Team, with support of local carers and carer support services developed the content for the Visitor information boards that were installed across all of our adult inpatient wards. The boards contain useful information, carers and discharge information, key quality metrics and explain how visitors can provide feedback.

- Environmental improvements have been made across our hospitals, including Gynaecology, Emergency Department cubicles and viewing areas, Radiology rooms, Carer friendly spaces, to provide more supportive, calming spaces for our patients and their loved ones. Outdoor garden space at Dewsbury hospital was also redeveloped and a number of new. PLACE assessments (national programme for Patient Led Assessments of the Care Environment) also took place to review all of our clinical spaces and highlighted areas for improvement.

- In collaboration with Carers Wakefield & District and Wakefield Council we introduced the Hospital based Carer Support Workers service. They offer support, advice and signposting to carers of patients admitted to our hospitals and have been really well received.

- The Trust is making ongoing improvements in End of Life care. End of Life resource drawers were rolled out across the Trust. The drawers contain information and resources to support both patients and their carers at this difficult time. An updated Bereavement Booklet, in line with national guidelines, was developed providing additional supportive information to bereaved relatives and we have designed a bereavement survey, to be implemented from April 2020 to help us identify improvements to the support we provide patients and carers.

1.17. NHS Staff Survey

The Trust participates in the NHS Staff Survey, which is designed to collect the views of staff about their work and the health care organisation they work for. The survey was sent to all staff working at the Trust and ran from 23 September 2019 until 29 November 2019. Nearly 4000 members of staff in the Trust responded which equates to 47% of staff and is 1% better than the average response rate for combined acute and community trusts and 5% better than the response rate in 2018.

The detailed content of the questionnaire has been summarised and presented in the form of 11 key themes such as morale, quality of care and health and wellbeing etc. Full results can be found at www.nhsstaffsurveys.com

The five questions where the Trust most improved on the 2018 scores were:

- 11% improvement from 61% to 72% of respondents who have any physical or mental health conditions, disabilities or illnesses saying the organisation made adequate adjustment(s) to enable them to carry out their work.

- 8% improvement from 51% to 59% of respondents saying they or a colleague reported physical violence at work the last time they experienced it (still 9% below peer group average).
- 8% improvement from 33% to 41% of respondents saying organisational values were definitely discussed at their appraisal.
- 5% improvement from 64% to 69% of respondents saying they don't work any additional paid hours per week for this organisation, over and above contracted hours.
- 5% improvement from 38% to 43% of respondents who had experienced harassment bullying or abuse saying they had reported it.

The Trust's best ranking scores compared to peers were:

- % of respondents who report working additional paid or unpaid hours.
- % of respondents who have adequate materials, supplies and equipment to do their work.
- % of respondents saying that patient experience feedback is collected in their directorate/department.
- % of respondents saying they have realistic time pressures.
- % of respondents saying their appraisal definitely helped them to improve how they do their job.

The five questions for which the Trust compares least favourably with other combined acute and community trusts were:

- % of respondents saying they or a colleague reported physical violence at work the last time they experienced it.
- % of respondents who agree that care of patients is the organisation's top priority.
- % of respondents would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.
- % of respondents saying they would recommend the Trust as a place to work.
- % of respondents saying the Trust acts on concerns raised by patients.

The Trust is required to report against the following indicators:

- 16% of staff said they experienced discrimination in the last 12 months (12% in 2017/18)
- 86% of staff said they believed the organisation acts fairly with regard to career progression (82% in 2018)
- 25% of staff said they had experienced bullying or harassment by patients, relatives or members of the public (27% in 2018)
- 43% of staff said they had reported their most recent experience of bullying or harassment (38% in 2018)

The results of the survey are based on 90 questions. Of those 90 questions the Trust improved on 47, deteriorated on 30, stayed the same on 13. Feedback from staff is more positive than last year and the Trust has shown some significant improvements on some key areas. There are also a number of key areas where the Trust is below average and these will be areas of focus. Improvement plans will be developed with staff in the coming year to address the key issues.

1.18. Freedom to Speak Up

The Trust Board is committed to ensuring that there are effective speaking up arrangements in place within the organisation which will help to protect patients and improve staff experience. The Trust believes that a healthy speaking up culture is one of the very important characteristics of the Trust being well led. The Trust also believes that making it easy for staff to speak up about their concerns, and protecting them from detriment when they do, is very consistent with the Trust's values and behaviours.

The Freedom to Speak Up Guardian role was established on a part-time basis in November 2016, in response to a directive from the Department of Health, to fulfil a key recommendation of the Francis Review 2015, and became a full-time role from January 2018.

The Guardian offers a face to face meeting with all colleagues wishing to speak up, to establish the full details of the issues and to agree the necessary 'next steps' towards escalation. Staff can contact the Guardian by phone or email, or can choose to share concerns anonymously, posting details using internal/external mail services. Discussion with the reporter focuses on

how concerns can be referred to senior managers for investigation and further action. Where an issue includes a patient safety concern, the Guardian will always escalate that concern, even in circumstances where a reporter expresses a reluctance for that to happen. Feedback on actions taken by managers is shared with all those reporting concerns, and feedback from the reporters is then gathered to establish their level of satisfaction with the support provided by the Guardian.

For those colleagues who do not wish to contact the Guardian directly, they have other options. The Trust has a team of volunteer Freedom to Speak Up Associate Guardians, clinical and non-clinical staff, working across all Trust sites. Staff can also contact the Chief Executive directly via a web based reporting system: www.myconcerns.org . Details of all these options are included in Freedom to Speak Up publicity materials and on the 'Speaking Up' page on the Trust intranet, and are shared at a range of publicity and staff engagement events across the year. In circumstances where the Guardian is not available (annual leave, training etc.) out of office messages give details of how staff can speak up, and who they can speak up to.

The Freedom to Speak Up Guardian has two key functions:

- To receive and manage concerns raised by staff, to ensure that issues of patient safety and staff experience are effectively addressed.
- To drive a programme of cultural change, to promote an open and transparent ethos within the organisation so that colleagues can have confidence that the concerns they raise will be well received, and that meaningful investigations will be undertaken to achieve best outcomes for patients.

During the year 2019-2020, the Guardian was contacted on 192 occasions by staff wishing to speak up, across a wide range of issues including:

- Concerns over the quality of care delivered on a ward
- Bullying behaviour by colleagues
- Feeling victimised on the basis of race
- Unsafe practice when gaining patient consent for surgery
- Patient transfer to theatre trolley not paying due regard of privacy and dignity

Our Guardian left the employment of the Trust at the end of February, with the role's successor taking up their full-time role in May 2020. A key focus of Francis' enquiries was the experience of staff who speak up, and the reasons they may feel reluctant to do so. Francis' findings suggested that it is often an anxiety that speaking up will lead to professional or personal repercussions; to that staff member suffering a detriment, which acts as a barrier to speaking up. Over and above the legal protection afforded to staff members, enshrined in a wider policy framework, fundamental to the work of the MYHT Freedom to Speak Up Guardian has been the development of a service which seeks to remove that barrier. This includes:

- **Offering a confidential service**: There are some situations where it isn't possible for the Guardian to assure complete confidentiality:
    - Where the staff member has already shared an intention to speak to a member of the Freedom to Speak Up Team with their colleagues.
    - Where the staff member shares a concern which has a safeguarding, or criminal element.
    - Should an issue be raised which results in a Public Interest Disclosure Act claim, and a tribunal judge subpoenas information held by a Guardian.

Outside of those situations, the Guardian commits to maintain the confidentiality of staff members. All feedback received by the Guardian for this reporting period indicates that those staff members who have made contact, have been confident that appropriate confidentiality has been maintained.

- **A discussion around detriment with reporters:** As part of the initial contact with all colleagues who speak up, the Freedom to Speak Up Guardian makes sensitive and appropriate reference to the aspect of the role which focuses on identifying situations where a detriment might result, and the support that would be available should that happen.

- **A close partnership with Human Resources colleagues:** In situations where reporters indicate that they feel they may have been treated differently as a result of speaking up, the Guardian will alert colleagues in the HR team, and seek advice on the most appropriate support and management of the situation (with due consideration of the need to maintain confidentiality).

- **A close partnership with trade union colleagues:** In situations where reporters indicate that they feel they may have been treated differently as a result of speaking up, the Guardian will advise contact with an appropriate trade union colleague, to ensure they secure adequate representation and support to raise the issue more formally, should they choose to do so.

- **Seeking support from the National Freedom to Speak Up Guardian:** The office of the National Guardian offers Freedom to Speak Up Guardians advice and support to ensure an effective response, where reporters have suggested they have suffered a detriment as a result of speaking up. The MYHT Guardian has consulted the National Office for advice in this reporting period

- **Training for the Freedom to Speak Up Guardian and Champions:** The MYHT Guardian and Champions have all completed appropriate and recognised training, in line with recommendations of the National Guardian's Office. This training includes reference to the Public Interest Disclosure Act, to ensure an awareness of the protection available to those who believe they have suffered a detriment as a result of speaking up.

In the context of organisational governance, the Guardian meets monthly with the Chief Executive, allowing oversight at senior level of the issues which are causing anxiety for members of staff across the Trust. During this discussion the Guardian is able to highlight issues of particular concern. The regular contact between Guardian and Chief Executive is in line with the recommendation of the National Freedom to Speak Up Guardian. The Guardian also contributes to a regular monthly report to the Trust Board, submitting anonymised details of all concerns raised within the previous reporting period. A comprehensive 'stand-alone' Freedom to Speak Up report is delivered in person to the Trust Board every six months; again, in line with the recommendation of the National Guardian. This report focuses on demonstrating progress towards achieving defined priorities in the context of Freedom to Speak Up service developments. Fundamentally, however, it serves the operational function of enabling Board members to review the nature of concerns, to explore emerging themes and patterns. In line with the principles outlined in the Freedom to Speak Up Review (Francis, 2015)

this reporting mechanism enables prompt and necessary action at the highest level, to ameliorate organisational risk.

1.19. Statements from our Stakeholders

Statement from Wakefield MDC Adults Services, Public Health and the NHS Overview and Scrutiny Committee - Mid Yorkshire Hospitals NHS Trust Quality Account 2019/20

Through the Quality Accounts process the Adults Services, Public Health and the NHS Overview and Scrutiny Committee have engaged with the Trust to review and identify quality themes and the Trust has sought the views of the Overview and Scrutiny Committee with the opportunity to provide pertinent feedback and comments.

This has included discussions on progress against the areas for improvement identified in the 2018/19 Quality Account. This allowed consideration of any potential issues that may have been of concern and has helped the OSC build up a picture of the Trust's performance in relation to the Quality Account.

In addition, the Committee has worked with the Trust over the last year and has challenged those areas most visibly under pressure – with particular focus on quality, patient experience, safety and clinical effectiveness – the three aspects of the Quality Account. Consequently, the Committee believes that the Trust's priorities identified in the Quality Account broadly match those of the public.

Whilst the Committee agrees that the continuum of improvement should be maintained, specifically by retaining some of the 2018/19 priority improvement targets, the Committee is pleased that the Trust has considered other, equally important areas for improvement.

The Committee accepts that the content and format of the Quality Account is nationally prescribed. The Quality Account is therefore having to provide commentary on a wide range of services to a broad range of audiences and is also attempting to meet two related, but different, goals of local quality improvement and public accountability. The Committee is therefore pleased that the number of acronyms used in the report from previous years has been minimized which makes the repot more reader friendly for the general public.

However, in order for the public to make sense of information presented requires the provision of standard, consistent and comparable measures, published in a format that enable interpretation and comparison. Priorities for improvement should then be given benchmark or trend information to provide some context for interpretation. The Committee would like the Trust to provide a summary document which hopefully will provide public clarity and relevance to the Quality Account.

The Committee is aware that the Trust has experienced difficulty in delivering key constitutional access standards and, as a result, to provide assurance of long term improvement. Access to services is a fundamental indicator of patient experience and improved outcomes. This is the most prevalent concern raised by member constituents.

The challenge of matching the Trust's capacity to demand for services is clearly reflected in the Quality Account and this is supported through the Committee's anecdotal evidence from patients, particularly in relation to the number of patients seen and treated within the 4-hour standard, together with the number of patients waiting longer than the 18-week standard. This position has continued into 2019/20 despite efforts by the Trust to improve performance.

The Committee notes the Trust's 2-week performance in relation to cancer services has been an area of success, which since June 2019 has been significantly above the national average, as reported in the Quality Account. However, it is disappointing to note that the Trust has struggled to meet the 62-day target thought the year which is also reflected throughout England.

The Committee welcomes the significant and sustained improvement against indicators of safety and quality, such as mortality and infection prevention.

The Committee is pleased to see the improvement in sepsis awareness leading to better practice and reduced mortality. It is disappointing to note that the Trust has not met the improvement target in relation to Acute Kidney Injury, however Members noted improved performance and was hopeful that this trajectory would be maintained over the coming year.

The Committee remains committed to a zero tolerance approach to pressure ulcers amongst inpatients with a focus on prevention in the first instance; thereby reducing the incidence of pressure ulcers, both new and inherited. Members firmly believe that pressure ulcer prevention is a fundamental part of ensuring high quality patient care, promotion of patient safety and health service efficiency. It was therefore disappointing that the Trust had not achieved the quality account priority for 2019/20.

It is acknowledged that the Trust is treating more patients than ever before but the objective of significant and sustained improvement in the reduction of pressure ulcers has not met the overall aim of eliminating this avoidable harm to patients.

The Committee notes the increase in never events within the Trust from 2 to 3 over the last year. A never event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventable measures had been implemented. There has also been a slight increase in serious incidents over the last year. The Committee would like to see a sustained effort to achieving zero never events and a significant reduction of serious incidents over the next year.

The Committee has continued to consider actions to reduce hospital-acquired harms which disproportionately affect the frail and elderly, which can lead to rapid decompensation, higher mortality and longer hospital stays. The Committee therefore was pleased to note that the falls prevention target had been met and that the Trust had worked hard to build on the achievements of the previous year and to expand the ‘reduced falls’ culture across the organisation.

The Committee is pleased to note that the Pontefract Urgent Treatment Centre (UTC) is providing excellent service to patients with patients receiving treatment in line with national standards despite growing attendance numbers.

The Committee welcomes the improvement priorities being more explicitly aligned to the Trust’s core values. This quality improvement process reinforces behaviours and ways of working that underpin a culture of service improvement which leads to better quality care.

Finally, the Committee believes that the Quality Account is a fair reflection of the Trust's performance, challenges and achievements during 2019/20.

NHS Wakefield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group

MYHT Quality Account 2019/20

The following statement is presented on behalf of Wakefield and North Kirklees Clinical Commissioning Groups. We welcome the opportunity to comment on the 2019/20 Quality Account. Throughout the year we have had access to a range of information about the quality and safety of services provided by the Trust. We are assured that this information is thoroughly assessed by the Trust Board and its subcommittees, it informs our regular dialogue with the Trust, and is used to identify areas for improvement. We are confident that the Quality Account provides an accurate and balanced summary of the quality of care provided by MYHT.

The Trust has accurately described the progress made against their quality priorities which aim to reduce harm, improve experience and ensure effective care. The Trust has been transparent in describing the reasons they have not been able to meet a number of the quality priorities, and as commissioners these are areas we are well sighted on through our regular dialogue. We are pleased to see that initiatives implemented to support a reduction in the number of falls resulting in harm has continued to have an impact, and that progress is being made to improve treatment for patients with sepsis and acute kidney injury.

The Trust was expecting to be revisited by the Care Quality Commission during 2019/20 following the inspection in summer 2018. Although the follow-up inspection has not yet taken place we are assured about the robust oversight arrangements for the completion of CQC actions. We have continued to use our patient safety walkabouts to 'test' these improvements in the areas we visit each month.

Our joint clinical executive group has a focus on quality and transformation and continues to meet each month. We attend the Trust's Quality Committee which gives further assurance for commissioners about the safety, effectiveness and experience of the Trust's acute and community services. We have welcomed the Trust's invitation to be involved in a number of quality improvement initiatives, including Rapid Process Improvement Workshops, AlwaysEvent® workshops and clinical summits. We hope our input and influence with primary care colleagues, has supported the achievement of the desired outcomes from these workshops.

We discussed the Trust's proposed quality improvement priorities for 2020/21 at our joint clinical executive group in March 2020. Commissioners are fully supportive of the priorities identified, some which align to the transformation priorities we have agreed with the Trust – including maternity, cancer services, and outpatients. The Trust described a clear rationale to support the decision to not carry forward a number of priorities from 2019/20 into 2020/21 due to the positive progress made, and the ambition to focus on areas for improvement.

Over the year we have strengthened our system-wide working to implement specific work to support demand and capacity management, improve patient flow, reduce length of stay and ensure timely discharge from hospital. This has meant that our health and care systems have been able to respond to the shared financial challenge and more effectively manage the increasing demand on the services the Trust provides.

It should be noted that during Q4 the Trust were planning and implementing rapid service change associated with the Covid-19 pandemic, and this undoubtedly impacted on the Trust's capacity to provide the range of services described. However, it is testament to the Trust, and the dedication of the staff that the standard and quality of care under these challenging circumstances was maintained.

Report on behalf of Healthwatch Wakefield on the Quality Account 2019/20 (Draft) of the Mid Yorkshire Hospitals NHS Trust

April 2020. Dr Richard Sloan. Trustee.

The Covid-19 pandemic has significantly impacted on the process of developing the draft report. Replies to the comments and questions from Healthwatch Wakefield task group could not be addressed and the workshop that had been arranged was mutually cancelled. There were several highlighted areas in the draft report that indicated where submissions were pending. It was decided that a brief report should be written from Healthwatch Wakefield and that later in the year a learning seminar will be set up by the trust to include the Healthwatch Wakefield Task group.

The work on the 8 priorities that resulted from the 2018/19 report demonstrates the incredible effort made by all to continually improve safe clinical care and excellent patient experiences, to mention just two. There are a significant number of “red” ratings but some of these were only small percentage points less than last year.

At a meeting with Caroline Jowett and Safeen Rehman, we had a report on the Quality Priority setting Workshop which has resulted in a simplified and improved system of addressing priorities for 2020/21. We agree with the areas that will be the focus of work and these are infection, pressure ulcers, patient experience, cancer treatment, maternity care and speed of admission to a bed.

Healthwatch Wakefield hears of problems with the trust from patients. These are about about learning from complaints, access to care, patient experiences. Some of these are related to perceived problems with staff. We also hear of the most amazing care that takes place in the trust and of the improvements that have been achieved in recent years.

<u>Learning from complaints.</u>
Healthwatch Wakefield realised that lack of compassions from some staff was a significant contributor to complaints and we undertook a project to improve that situation. It was good that the trust engaged in our workshops. The trust recognises that staff attitude and

behaviour is one of the top categories in formal complaints. It would be useful if the methods of addressing this were included in the report and also some targets set to measure improvement. Is compassion addressed in the staff appraisal?

Access to care.

There has been much work undertaken on emergency care. The Pontefract Urgent Treatment Centre has been a success, despite local people not wishing for this change as expressed in a Healthwatch Wakefield Consultation exercise. It would be interesting to see the numbers involved with same day and ambulatory emergency care. The actual percentage for long term patient reduction would be preferred rather than an expectation. Access to cancer services is excellent.

Patient Experience.

On the whole the patient experience survey reports were good. Having trust and confidence in professionals and being listened to came out well. A paragraph on patient experiences found by Healthwatch Wakefield and the Clinical Commissioning Group would have been interesting.

NHS Staff survey.

The feedback was more positive than last year. Discrimination and bullying is a significant problem and the Freedom to Speak up Guardian is a superb initiative. It is significant that the description of the role of the Guardian takes up nearly three pages of the report. It is good that the trust is seriously addressing staff's concerns.

The Mid Yorkshire Hospitals NHS Trust aims to provide a service of excellence to the people that are in its catchment area. Management and staff have worked diligently to achieve quality improvements year on year with the multitude of complex work that comes the trust's way. They are to be congratulated for what has been achieved in 2019/20 and the improvements in quality that have taken place. These improvements will see the trust in good stead for the immense pressure it will endure with the pandemic.

CHAPTER FIVE

THE EXTERNAL AUDITOR'S REPORT AND OPINION

Independent auditor's report to the Directors of Mid Yorkshire Hospitals NHS Trust

Report on the financial statements

Opinion on the financial statements

We have audited the financial statements of Mid Yorkshire Hospitals NHS Trust ('the Trust') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by HM Treasury's Financial Reporting Manual 2019/20 as contained in the Department of Health and Social Care Group Accounting Manual 2019/20, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20; and
- have been properly 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 section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material uncertainty relating to valuation to land and property

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosure made in note 19 to the financial statements concerning the material valuation uncertainty statement made by the Trust's valuer.

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 Directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about 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.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014

We are required to report to you if we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have a reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

On 24 June 2020, we issued a referral to the Secretary of State under section 30 a) and b) of the Local Audit and Accountability Act 2014 in relation to both the breach of the Trust's statutory financial duty as at 31 March 2020 and the planned breach as at 31 March 2021 under Paragraph 2(1) of Schedule 5 of the National Health Service Act 2006 that:

'Each NHS trust must ensure that its revenue is not less than sufficient, taking one year with another, to meet outgoings properly chargeable to revenue account'.

Other matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS Improvement; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or

- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

The Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Qualified conclusion (except for)

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in April 2020, with the exception of the matters described in the 'Basis for qualified conclusion' paragraph below, we are satisfied that, in all significant respects, Mid Yorkshire Hospitals NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Basis for qualified conclusion (except for)

Mid Yorkshire Hospitals NHS Trust reported an in-year surplus of £0.614 million in 2019/20, taking into accourt the receipt of £16.865 million of non-recurrent Financial Recovery Fund (FRF) funding. Whilst this represents an improvement compared to prior years, the Trust's cumulative deficit of £157.965 million as at 31 March 2020 remains significant.

The Trust's Medium Term Financial Plan includes no provision to repay the accumulated deficit. Furthermore it identifies the need to obtain circa £15 million of FRF funding to achieve in-year financial balance in each and every year to 2023/24. Access to this financial support is conditional on the Trust meeting its agreed and challenging financial improvement trajectories.

These issues are evidence of weaknesses in the Trust's arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust the Accountable Officer of the Trust is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by section 21(3)(c) and schedule 13(10)(a) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

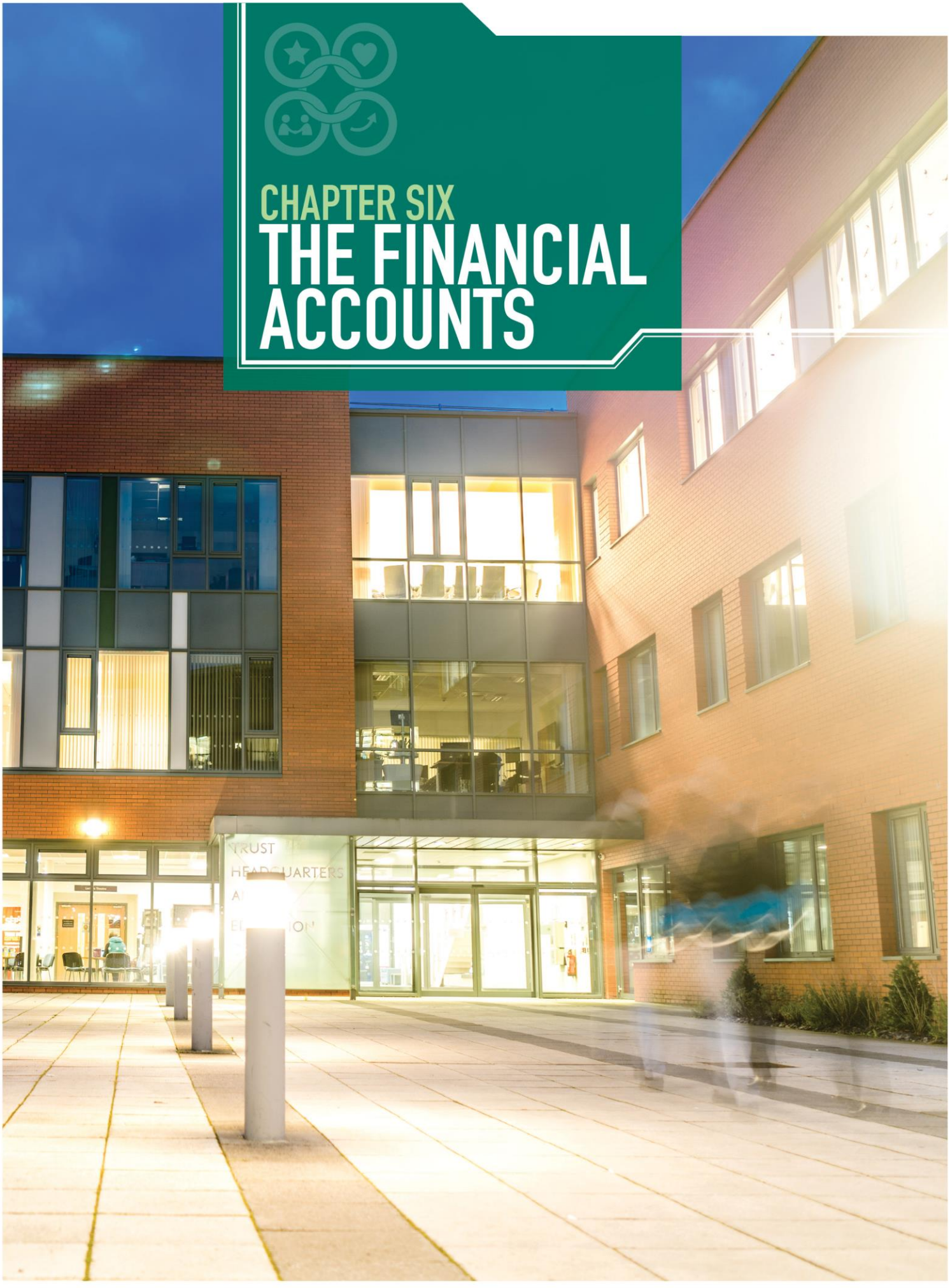
Use of the audit report

This report is made solely to the Board of Directors of Mid Yorkshire Hospitals NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of the financial statements of Mid Yorkshire Hospitals NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Dalton, Key Audit Partner
For and on behalf of Mazars LLP
5th Floor,
3 Wellington Place,
Leeds,
LS1 4AP
24 June 2020



CHAPTER SIX
THE FINANCIAL ACCOUNTS

Financial Overview 2019- 2020

In 2019-2020, we agreed a break even plan with NHS Improvement which included £20.8 million of Provider Sustainability Funding (PSF) & Financial Recovery Funding (FRF). Within this plan we provided for a cost improvement programme (CIP) of £19 million which equates to around 4% of the Trust's turnover. The Trust delivered £18.7m of the CIP target and also incurred a further £2.5m of unplanned pressures leaving the Trust £2.8m short of the NHS Improvement target. However, because the overall West Yorkshire & Harrogate Integrated Care System achieved financial balance, the Trust received an additional £2.9m PSF giving an overall surplus of £0.1m.

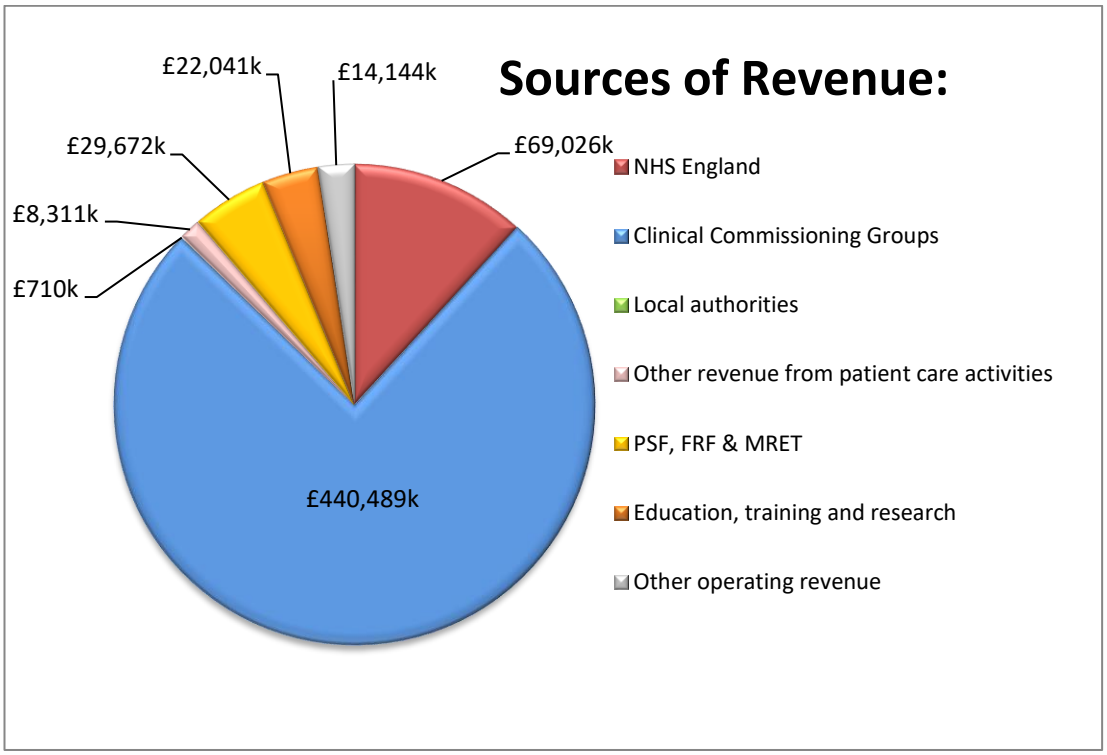
Achieving a financial surplus is a fantastic achievement for the Trust and the first time this has been accomplished in recent times. It reflects the hard work from all staff in controlling costs and reducing waste.

The table below summarises how the position has changed between 2018-2019 and 2019-2020.

	Position at 31/3/19	Position at 31/3/20		
		Plan	Actual	Variance
	£m	£m	£m	£m
Surplus/(Deficit) Excl. PSF/FRF	**(31.3)**	**(20.8)**	**(23.6)**	**(2.8)**
Add PSF/FRF	12.9	20.8	23.7	2.9
Control total surplus/(deficit) Incl. PSF/FRF	**(18.4)**	**0.0**	**0.1**	**0.1**

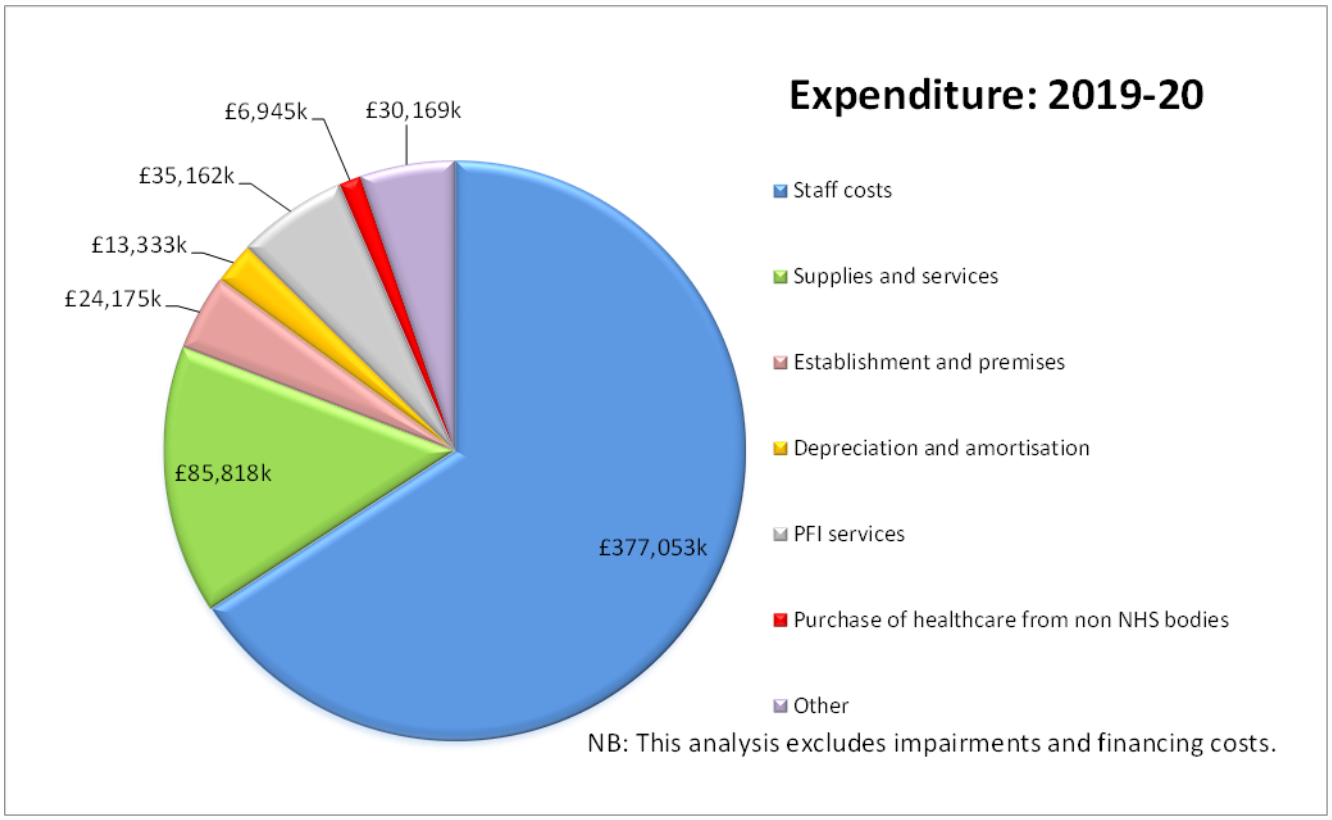
Revenue

The total revenue in 2019-2020 amounted to £584 million, an increase on the prior year total of £527 million. Revenue in 2019/20 includes £23.7 million PSF/FRF income, which is a £10.8 million increase on the £12.9 million in 2018/19. Around £510 million (87%) of our income is received from NHS commissioning bodies for the purchase of clinical activity.



Expenditure

Our operating expenditure excluding financing costs and impairments was £572.7 million and the largest element of this is the pay bill for our staff cost of £377.1 million (66%). Other significant components of the Trust's expenditure baseline are supplies and service costs of £43.1 million (8%), drug costs of £42.7 million (7%) and establishment and premise costs of £24.2 million (4%).



Capital Expenditure

In 2019-2020 we invested £16.2 million in capital expenditure, including £6.7 million invested in our healthcare facilities, £5.3 million on new medical equipment and £3.6 million in replacing our information technology.

In 2020-2021 we plan to spend a further £17 million on developing our healthcare facilities, information technology and equipment, subject to approval and securing funding from NHS Improvement.

Looking forward to 2020-2021

The financial planning process for 2020-2021 was suspended at the start of Covid-19 outbreak. The draft financial plan for the Trust was a break even position that included £17.3 million of FRF and this would require the Trust to cost improvements totalling £24 million.

NHS Improvement have put in place temporary financial arrangements during the Covid-19 outbreak until at least 31 October 2020 that should result in the Trust being provided with a level of revenue funding that will allow the Trust to break even. This takes into account the

significant changes in activity levels and additional costs incurred in dealing with the Covid-19 situation.

It is unclear when NHS Improvement will restart the 2020/21 financial planning process and how targets will be set for the remaining part after the temporary financial arrangements conclude. Any requirement to make cost improvements will be assessed for the impact on patient safety and patient experience by our Medical Director and Chief Nurse. We will continue to work with our stakeholders and we are supporting initiatives to drive efficiencies and transform healthcare services across the health economy to enable us to provide safe, quality and sustainable care for our patients. In 2020/21 we will be investing in essential medical and radiology equipment replacements, IT system upgrades, estate maintenance and ward modifications.

External Auditors

Mazars LLP were the Trust's external auditors in 2019-2020. The cost of the work undertaken by Mazars LLP was £0.1 million (inclusive of VAT). This includes the fees for audit services in relation to the statutory audit (£54,000) and the quality accounts (£5,000), excluding VAT. Auditing standards require the directors to provide the external auditors with representations on certain matters material to their audit opinion. The Board has confirmed and provided assurance via a statement of representation to its auditors that there is no information relevant to the audit that they are aware of that has not been made available to the auditors. Directors have taken all steps necessary to make themselves aware of any relevant audit information and established that the auditors are aware of that information.

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:

Chief Executive and Accountable Officer: Martin Barkley

Date: 20 June 2020

Statement of directors' responsibilities in respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.
- Prepare the financial statement on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

Signed:

Chief Executive and Accountable Officer: Martin Barkley
Date: 22 June 2020

Signed:

Director of Finance: Jane Hazelgrave
Date: 22 June 2020

Statement of Comprehensive Income for the year ended 31 March 2020

	2019-20	2018-19
	£000s	£000s
Operating income from patient care activities	518,536	480,452
Other operating income	65,857	46,570
Operating expenses	(572,655)	(534,172)
Operating surplus/(deficit) from continuing operations	11,738	(7,150)
Finance income	201	212
Finance expenses	(11,439)	(11,526)
Net finance costs	(11,238)	(11,314)
Other gains/(losses)	114	126
Surplus/(deficit) for the year from continuing operations	614	(18,338)
Other comprehensive income		
Reversal of impairments/(impairments)	0	3,355
Total comprehensive income / (expense) for the period	614	(14,983)
Adjusted financial performance (control total basis)		
Surplus / (deficit) for the period	614	(18,338)
Remove I&E impact of capital grants and donations	21	(21)
Remove impact of prior year PSF post accounts reallocation	(585)	0
Adjusted financial performance surplus / (deficit)	50	(18,359)

An NHS Trust's reported financial performance is assessed on its retained surplus/deficit adjusted for items that the Department of Health and Social Care does not consider to be part of the organisation's performance.

Breakeven duty financial performance

	2019-20	2018-19
	£000s	£000s
Adjusted financial performance surplus / (deficit) (control total basis)	50	(18,359)
Remove impairments scoring to Departmental Expenditure Limit - impairments	89	17
Add back income for impact of 2018/19 post-accounts PSF reallocation	585	0
Breakeven duty financial performance surplus / (deficit)	724	(18,342)

In 2019/20 £89k of impairments scoring to DEL was retained by the Trust (2018/19: £17k).

PSF/FRF/MRET income of £29,672k (2018/19: PSF £12,959k) is included in the reported financial performance.

Statement of Financial Position as at 31 March 2020

	31 March 2020	31 March 2019
	£000s	£000s
Non-current Assets		
Intangible assets	1,047	1,245
Property, plant and equipment	389,654	387,031
Receivables	1,191	0
Total non-current assets	391,892	388,276
Current Assets		
Inventories	7,109	6,820
Receivables	31,176	25,745
Cash and cash equivalents	13,679	7,115
Total current assets	51,964	39,680
Current Liabilities		
Trade and other payables	(37,575)	(38,327)
Borrowings	(125,604)	(29,592)
Provisions	(864)	(902)
Other liabilities	(2,438)	(2,389)
Total current liabilities	(166,481)	(71,210)
Total current assets less current liabilities	277,375	356,746
Non-current Liabilities		
Borrowings	(262,104)	(346,363)
Provisions	(8,059)	(6,806)
Total non-current liabilities	(270,163)	(353,169)
Total assets employed	7,212	3,577
Financed by		
Public dividend capital	209,630	206,609
Revaluation reserve	37,513	38,174
Other reserves	2,685	2,685
Income and expenditure reserve	(242,616)	(243,891)
Total taxpayers' equity	7,212	3,577

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

	Public Dividend Capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total reserves
	£000s	£000s	£000s	£000s	£000s
Taxpayers' equity at 1 April 2019 - brought forward	206,609	38,174	2,685	(243,891)	3,577
Surplus/(deficit) for the year				614	614
Other transfers between reserves		(661)		661	0
Public dividend capital received	3,021				3,021
Taxpayers' equity at 31 March 2020	209,630	37,513	2,685	(242,616)	7,212

In 2019/20, the Trust received £1,000k of permanent Public Dividend Capital (PDC) for same day emergency care, £826k for 2 CT scanners, £1,005k for an electronic patient record system, £144k towards the Scan for Safety scheme, £6k for the pharmacy infrastructure scheme and £40k towards Covid-19 capital costs.

	Public Dividend Capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total reserves
	£000s	£000s	£000s	£000s	£000s
Taxpayers' equity at 1 April 2019 - brought forward	203,139	35,481	2,685	(226,215)	15,090
Surplus/(deficit) for the year				(18,338)	(18,338)
Other transfers between reserves		(662)		662	0
Reversal of impairments/(impairments)		3,355			3,355
Public dividend capital received	3,470				3,470
Taxpayers' equity at 31 March 2019	206,609	38,174	2,685	(243,891)	3,577

In 2018/19, the Trust received £340k of permanent Public Dividend Capital (PDC) for patient wifi, £1,600k for e-prescribing, £1,514k for an electronic patient record system and £16k for the pharmacy infrastructure scheme.

Statement of Cash Flows for the Year ended 31 March 2020

	2019-20	2018-19
	£000s	£000s
Cash flows from operating activities		
Operating surplus/(deficit)	11,738	(7,150)
Non-cash income and expense:		
Depreciation and amortisation	13,333	13,522
Net impairments	89	17
Income recognised in respect of capital donations	(182)	(225)
(Increase)/decrease in receivables and other assets	(6,632)	(3,567)
(Increase)/decrease in inventories	(289)	834
Increase/(decrease) in payables and other liabilities	819	2,861
(Increase)/decrease in provisions	1,193	(576)
Net cash generated from / (used in) operating activities	20,069	5,716
Cash flows from investing activities		
Interest received	211	182
Purchase of intangible assets	(286)	(51)
Purchase of property, plant and equipment	(17,101)	(14,616)
Sales of property, plant and equipment	132	126
Receipt of cash donations to purchase capital assets	182	225
Net cash generated from / (used in) investing activities	(16,862)	(14,134)
Cash flows from financing activities		
Public dividend capital received	3,021	3,470
Movement on loans from the Department of Health and Social Care	21,477	24,910
Capital element of finance lease rental payments	(637)	(709)
Capital element of PFI	(9,166)	(8,887)
Interest on loans	(2,253)	(2,050)
Interest paid on finance lease liabilities	0	(20)
Interest paid on PFI	(9,085)	(9,375)
PDC dividend (paid) / refunded	0	0
Net cash generated from / (used in) financing activities	3,357	7,339
Increase / (decrease) in cash and cash equivalents	6,564	(1,079)
Cash and cash equivalents at 1 April - brought forward	7,115	8,194
Cash and cash equivalents at 31 March	13,679	7,115

A full set of the Trust's Financial Accounts 2019/20 is available at www.midyorks.nhs.uk

CHAPTER SEVEN
LOOKING FORWARD

Looking forward to the financial /planning 2020-2021 I have no doubt at all that this year will be very different to that we envisaged when we were developing our plans and priorities between September 2019 and February this year because of the impact of Covid-19.

As I write this part of the Annual Report, we are at the end of phase one of this epidemic, and are now developing plans for how we will deliver more non-Covid clinical work in ways that keep both staff and patients safe. These plans will take into account constraints such as availability of personal protective equipment (PPE) in sufficient quantities, availability of staff; as approximately 9% of the workforce is not physically at work because of sick leave or other Covid related absences. In addition, the use of our estate needs to remain a consideration as zoning Covid-19 and non-Covid-19 areas creates some limitations as does the consequence of social distancing.

Also at the time of writing this report we are revisiting the plans and priorities which we had originally planned to achieve during 2020-2021. This means that we will identify priorities and plans that we have the capacity to still deliver in these new circumstances and those that can, and need to, be deferred for a year, to ensure we continue to have the capacity and capability to meet the needs of patients who have, or are suspected of having, Covid-19.

The Trust will be proceeding with further, rapid digital innovation, increasing the adoption of Attend Anywhere the video outpatient consultation platform. The Trust adopted this platform to reduce the necessity of patients travelling to hospital for an appointment, which is providing a second means of non-face-to-face appointments adding to the use of the telephone. Work will start shortly in implementing a Patient Portal. This will enable patients to directly access correspondence relating to outpatient appointments, copies of clinical letters to GPs following either discharge from hospital or outpatient consultation. Beyond that, in the medium term, the portal will be the platform for patients to see their own clinical record summary.

It is also important to note in this Annual Report that the Department of Health and Social Care has announced that in September 2020, NHS Trusts will have their revenue support loans/borrowings and emergency capital loans converted into Public Dividend Capital (a form of equity). This will mean that the Trust will not have to pay back £114.8 million of loans which, in reality, the Trust had little prospect of doing. This is good news for the Trust but it will result in higher interest charges as interest on Public Dividend Capital is charged at 3.5% which is higher than the 1.5% on current borrowing. The increase of interest costs will be mitigated by adjustments to the Trust's control total in the short-term.

Another crucial priority is strengthening our system of continuous quality improvement known as the Mid Yorkshire Quality Improvement System, which I am confident will lead to improvements to the experience of staff and patients, evidenced, for example, by the survey results as well as improved retention of staff, and in the recruitment to our vacancies. I am more confident that we will be able to reduce the number of vacancies for nurses and doctors. In 2020-2021 the first cohorts of Trainee Nurse Associates complete their two year training. Next year the first cohort of graduate nurses at the new School of Nursing we established in partnership with Bradford University graduate, and notwithstanding Covid-19 travel restrictions, we expect 50 nurses from overseas to join us. Furthermore recurrent funding has been made available to recruit 40 additional staff to help reduce the workload of junior doctors to recalibrate the balance between service provision and their education and training. I expect this to lead to an improved experience for them when they are doing their placement in the Trust, especially in the medical specialties, and as a result, an improvement in the General Medical Council survey results. Linked to the need to improve the experience of staff is having an overdue focus on the issues that are causing BAME staff to be under-represented in management positions.

Whilst we learn to live and work with this wretched Covid-19 virus, the absolute priority is having safe ways of working for both patients and staff.

Signature:

Martin Barkley

Chief Executive Officer

APPENDICES

Quality Accounts Appendix I: Mandatory Indicators

Each year, the NHS identifies a range of indicators that all providers of hospital services must report on in the Quality Account. The indicators below are those that we are required to report on in 2019-2020.

Summary Hospital Level Mortality Indicators

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Oct17-Sept18	MYHT Oct18-Sept19	National Average	Other Trusts – Best	Other Trusts – Worst
1: Preventing People from dying prematurely; and 2: Enhancing quality of life for people with long-term conditions	12 a)	Summary hospital-level mortality indicator (SHMI)					
		SHMI Value	99.07	106.74	-	69.79	118.77
		SHMI Banding	As expected	As expected	-	Lower than expected	Higher than expected
	12 b)	Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	31.1%	27.3%	36.2%	58.7%	12.0%

The Trust considers this data is as described for the following reasons:

- The Trust Learning from Deaths Group continues to meet and reports regularly to the Trust's Quality Committee. The Group's function is to monitor and analyse mortality data in order to fully understand the basis for the results. This group has carried out a number of deep dive analyses of mortality rates within specific conditions and have tasked operational services with identifying improvement actions to meet the findings of these analyses.

- The Trust has taken a number of actions to improve the accuracy of data submitted, and so the quality of services, from which mortality rates are calculated.

Patient Reported Outcome Measures (PROMS)

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Apr17-Mar18	MYHT Apr18-Mar19	National Average	Other Trusts – Best	Other Trusts – Worst
3: Helping people to recover from episodes of ill health or following injury	18 (i)	Adjusted Average Health Gain: groin hernia surgery					
		EQ VAS	n/a	n/a	n/a	n/a	n/a
		EQ-5D Index	n/a	n/a	n/a	n/a	n/a
	18 (ii)	Adjusted Average Health Gain: varicose vein surgery					
		EQ VAS	n/a	n/a	n/a	n/a	n/a
		EQ-5D Index	n/a	n/a	n/a	n/a	n/a
		Aberdeen Score	n/a	n/a	n/a	n/a	n/a
	18 (iii)	Adjusted Average Health Gain: hip replacement surgery					
		EQ VAS	9.92	11.64	14.1	20.73	6.44
		EQ-5D Index	0.41	0.40	0.46	0.55	0.35
		Oxford Hip Score	19.8	20.2	22.26	25.38	18.65
	18 (iv)	Adjusted Average Health Gain: knee replacement surgery					
		EQ VAS	8.4	6.86	7.54	13.1	0.94
		EQ-5D Index	0.34	0.33	0.34	0.41	0.25
		Oxford Knee Score	17.57	17.11	17.2	19.98	13.55

Italics: Contains April 2017 to September 2017 only - Nationally ceased collection of GH and VV data.

The patient reported outcome score for groin hernia surgery

The national collection of this data has ceased.

The patient reported outcome measures scores (PROMS) for varicose vein surgery

The national collection of this data has ceased.

The patient reported outcome measures scores (PROMS) for hip replacement surgery.

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason; Provisional data for April 2018 to March 2019 remains below national average performance but has shown improvement when compared to previous years.

The Mid Yorkshire Hospitals NHS Trust has taken the following action to improve this score and so the quality of its services, by continuing to review the patient pathway to improve this score and so the quality of its services.

The patient reported outcome measures scores (PROMS) for knee replacement surgery.

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason, provisional data for April 2018 to March 2019 shows the Trust's PROMs scores for knee replacement surgery have worsened but remain close to national average performance.

The Mid Yorkshire Hospitals NHS Trust has taken the following action to improve this score, and so the quality of its services by continuing to review the patient pathway to improve this score and so the quality of its services.

Percentage of Patients ages 0-15 and 16 or over readmitted within 28 days

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Aug'17-Jul'18	MYHT Aug'18-Jul'19	National Average	Other Trusts – Best	Other Trusts – Worst
3: Helping people to recover from episodes of ill health or following injury	19 (i)	The percentage of patients **0 to 15** readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	10.17%	9.85%	9.88%	3.65%	15.90%
	19 (ii)	The percentage of patients **16 and over** readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	8.27%	8.44%	8.79%	5.67%	12.01%

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons. The latest information available through NHS Digital for the percentage of patients readmitted to a hospital within 28 days of discharge remains as 2011/12, the same as last year. The Trust has therefore taken a decision to use and publish data made available through Dr Foster Intelligence. This shows that for the 0-15 age range 9.85% of patients were readmitted during the 28 days period post-discharge which represents an improvement in performance from data reported last year and is better than the national average.

The Mid Yorkshire Hospitals NHS Trust has taken the following actions to improve this percentage, and so the quality of its services, by achieving an understanding of this performance. As part of the Unplanned Care Programme, the Trust is involved in pathway redesign supporting the delivery of Same Day Emergency Care (SDEC) principles to avoid unnecessary admission and readmissions using Get It Right First Time (GIRFT) principles.

Responsiveness to the personal needs of patients

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT 2017/18	MYHT 2018/19	National Average	Other Trusts – Best	Other Trusts – Worst
4: Ensuring that people have a positive experience of care	20	The Trust's responsiveness to the personal needs of its patients during the reporting period (score out of 100).	63.0%	63.9%	67.2%	85.0%	58.9%

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons.

The data shown is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

The questions used for this indicator are the following:

1. Were you involved as much as you wanted to be in decisions about your care and treatment?
2. Did you find someone on the hospital staff to talk to about your worries and fears?
3. Were you given enough privacy when discussing your condition or treatment?
4. Did a member of staff tell you about medication side effects to watch for when you went home?
5. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The Trust is supported in carrying out the survey by The Picker Institute which is approved by the CQC to undertake this survey work. The Trust's score for responsiveness to personal needs of patients remains below the national average.

The Mid Yorkshire Hospitals NHS Trust has taken action to improve this percentage, and so the quality of its services, by implementing the *Patient Family, & Carer Experience* action plan, developed and monitored by the Patient Experience Sub Committee, which aims to achieve improvements against the Trust's priorities for improvement. The focus is on improving patient involvement in and experience of the discharge process; improving communication and access to information; ensuring patients, families and carers are treated with respect and dignity and to improve the management of those patients suffering from pain. Questions relating to these priorities have been added to the Inpatient Friends and Family Test (FFT) in order to monitor the impact of change over time and help wards and Divisions learn from areas that are performing better.

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT2018	MYHT2019	National Average	Other Trusts – Best	Other Trusts – Worst
4: Ensuring that people have a positive experience of care	21	Staff Friends & Family - Staff who would recommend the Trust as a provider of care to their family or friends.	57.6%	58.0%	71.0%	90.5%	48.8%

National Average and Other Trusts Best and Worst for Combined Acute and Community Trusts

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons. The data shown is based on NHS Staff Survey 2019 data which shows the Trust has slightly improved on last year's score following the 9% improvement in 2018 but still remains in the lowest quartile. Key challenges for the Trust have related to staffing levels and service pressures and this is reflected in the feedback from staff.

The Mid Yorkshire Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services; continuation of embedding the MYQIS approach to quality improvement and introducing Everyday Lean Management as well as continuing to listen and act on all sources of staff and patient feedback.

Patients who would recommend the Trust to their family or friends

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Dec'18	MYHT Dec'19	National Average	Other Trusts – Best	Other Trusts – Worst
4: Ensuring that people have a positive experience of care	21.1	A&E Friends & Family Test – Patients who would recommend the Trust as a provider of similar treatment or care to their family or friends.	94.2%	93.0%	84.2%	98.7%	62.7%

There is a not a statutory requirement to include this indicator in the quality accounts reporting but NHS provider organisations should consider doing so.

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons, this data is based on patients attending the Trust Emergency Department services who have completed a FFT card. This is the Trust's score based on a single question in the Friends and Family survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. The Trust is supported in carrying out the survey by The Picker Institute and reported by NHS England, and therefore considered reliable. The data shows that the Trust score remains well above the national average.

The Mid Yorkshire Hospitals NHS Trust has taken the following actions to improve this percentage, and so the quality of its services by continuing to monitor and encourage participation in the national Friends and Family Test (FFT). Actions identified within service, Divisional and Trust level actions plans aim to achieve improvements in patient experience against priorities for improvement, which will be reflected in the Trust's FFT 'recommend' score.

Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT Q2 18/19	MYHT Q2 19/20	National Average	Other Trusts – Best	Other Trusts – Worst
5: Treating and caring for people in a safe environment and protecting them from avoidable harm	23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	95.41%	92.98%	95.40%	100%	71.7%

Acute Trusts only

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons, the Trust has a reporting system in place, which allows analysis of performance at divisional, and ward level.

The Mid Yorkshire Hospitals NHS Trust has taken the following actions to improve this percentage, and so the quality of its services; Work continues to ensure that systems and processes remain fit for purpose and a number of improvement actions have been identified. Where performance falls below standard, local audit and review is undertaken to assure patient safety. As a result of this, clinical confidence is high but work is in progress to improve reporting and assurance.

Rate of C Difficile Infections (CDI)

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT 2017/18	MYHT 2018/19	National Average	Other Trusts – Best	Other Trusts – Worst
5: Treating and caring for people in a safe environment and protecting them from avoidable harm	24	The rate per 100,000 bed days of cases of C difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.	31.6	33.9	22.1	0.0	168.0

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons. The national objective for CDI for 2019-2020 is no more than 73 Trust attributed cases. This is due to a national change in the way cases are assigned to organisations from 1st April 2019, this being:

a) Healthcare onset healthcare associated: cases detected in the hospital ≥3 days after admission,
b) Community onset healthcare associated: cases that occur in the community (or ≥2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks,

c) Community onset indeterminate association: cases that occur in the community (or ≥2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks,

d) Community onset community associated: cases that occur in the community (or ≥2 days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Trust attributed cases are now (a) healthcare onset healthcare associated and (b) community onset healthcare associated

At the end of February 2020 the Trust had reported 55 Trust attributed CDI cases. 42 Healthcare onset healthcare associated cases and 14 Community onset healthcare associated .the increase on the previous reporting year due to the re classification of cases as aforementioned.25 of the cases were deemed not preventable, 3 preventable cases and 27 cases remain in the review process at the time of writing this report , 4th March 2020.

The Mid Yorkshire Hospitals NHS Trust has taken the following actions to improve this percentage, and so the quality of its services;

A post infection review (PIR) is undertaken on all cases of CDI and reviewed with Health Economy colleagues, on behalf of the Wakefield and Kirklees Clinical Commissioning Groups (CCG). It is at this review where a decision on preventable/not preventable is made dependent upon whether a lapse in care has been identified and contributed to the development of the infection.

Learning from cases has been shared with clinical teams at the post infection review and through the divisional infection prevention and control meeting.

Patient Safety Incidents

Related NHS Outcomes Framework Domain	Prescribed Information		MYHT 2017/18	MYHT 2018/19	National Average	Other Trusts – Best	Other Trusts – Worst
5: Treating and caring for people in a safe environment and protecting them from avoidable harm	25	Patient safety incidents and those that resulted in severe harm or death					
		Number of incidents reports (all harm)	16,084	14,120	-	-	-
		Rate per 1,000 occupied bed days (all harm)	46.33	42.05	44.66	20.65	101.7
		Number that resulted in severe harm or death	48	34	-	-	-
		Percentage that resulted in severe harm or death	0.30%	0.24%	0.33%	0.01%	1.35%

National average and Other Trusts Best and Worst for Acute (Non Specialist) Trusts

The Trust considers that this data is as described for the following reasons: The data reflects incidents reported to the National Reporting and Learning System (NRLS) over a given period.

The Trust has a dedicated Quality and Safety team that is responsible for the identification and investigation of Serious Incidents (SI's) that occur within the Trust. The guidance for such investigations is the NHS England Serious Incident Framework (2015) which stipulates best practice for investigations – the Trust policy reflects this. The Trust Policy was updated in 2018. There is no definitive list of events/incidents that constitute a serious incident, each must be considered on an individual case-by-case basis. Outcome alone is not always enough to delineate what counts as a serious incident.

The Mid Yorkshire Hospitals NHS Trust has taken the following actions to improve this percentage, and so the quality of its services;

Patient safety incidents are reported via Datix (electronic incident reporting system) and these incidents are reviewed by the relevant clinical governance team. The Quality and Safety Team also produce a daily report which highlights any moderate, severe harm or death incidents that have occurred, so that a review and action can be taken quickly.

Overall, 2018/19 has seen a slight decrease in the number of incidents reported compared to 2017/18 and pleasingly a reduction of 14 incidents that resulted in severe harm or death.

Appendix II: Statement of Directors' responsibilities in respect of the Quality Account

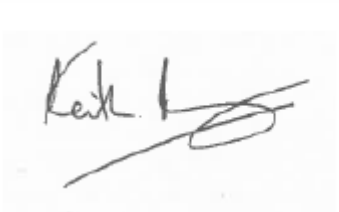
The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality Account, directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the reporting period.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with any Department of Health guidance.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board,



Keith Ramsey
Chairman

Martin Barkley
Chief Executive Officer

Appendix III: National clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2018-19.

National Clinical Audit and Clinical Outcome Review Programme	Host Organisation	MYH	Number Included (%)
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	TBC
Adult Asthma	British Thoracic Society	Yes	72 patients – 100% monthly sample agreed with NCAP
Adult Cardiac Surgery	National Institute for Cardiovascular Outcomes Research (NICOR)	N/a	
BAUS Urology Audits: Cystectomy	British Association of Urological Surgeons	Yes	43 (100%)
BAUS Urology Audits: Nephrectomy	British Association of Urological Surgeons	Yes	44 (100%)
BAUS Urology Audits: Percutaneous Nephrolithotomy	British Association of Urological Surgeons	Yes	9 (100%)
BAUS Urology Audits: Radical Prostatectomy	British Association of Urological Surgeons	Yes	62 (100%)
BAUS Urology Audits: Female Stress Urinary Incontinence	British Association of Urological Surgeons	Yes	23 (100%)
Bowel Cancer (NBOCAP)	Royal College of Surgeons	Yes	287 (100%)
Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	476 (Loops ICD/CRTD/P) unvalidated
Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)	Yes	904 (100%) 18/19 annual report
Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	None during this period
Congenital Heart Disease (CHD)	National Institute for Cardiovascular Outcomes Research (NICOR)	N/a	
Coronary Angioplasty National Audit of Percutaneous Coronary Interventions (PCI)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	410 procedures 332 PCI (100%)
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	Yes	April 18 – March 2019 (last full year data) 100% of eligible patients submitted to the audit

			PGH/PGI 194 DDH 117
Elective Surgery National PROMs Programme a) Hips b) Knees	NHS Digital	Yes	April 18 – March 2019 (last full year data) a) Hips Eligible 420 Recruited 380 (90.5%) b) Knees Eligible 704 Recruited 655 (93%)
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons	No	N/A
Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	Yes	Inpatient falls 27 (100%) Hip fracture database 560 (100%) Best Practice Tariff 479 (100%)
Head and Neck Cancer Audit	Saving Faces - The Facial Surgery Research Foundation	N/a	
Inflammatory Bowel Disease (IBD) Programme	Inflammatory Bowel Disease (IBD) Registry	Yes	Local register 102 patients
Learning Disability Mortality Review (LeDeR)	University of Bristol	Yes	21/21 (100%)
Major Trauma Audit	Trauma Audit and Research Network (TARN)	Yes	2019 800 (validated) 2020 58/45 (not validated)
Maternal, New born and Infant Clinical Outcome Review Programme	MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)	Yes	Total number of cases 35 (01/4/19 to 31/1/20) Still births 24 Neonatal deaths 5 (100% notified to EMRRACE)
Medical & Surgical Clinical Outcome Review Programme a) Long term ventilation b) Acute Bowel Obstruction	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	a) 2/9 b) 4/4
Mental Health Clinical Outcome Review	National Confidential Inquiry into Suicide and Homicide (NCISH)	N/a	
National Audit of Anxiety and Depression	Royal College of Psychiatrists	Yes	N/a
National Audit of Breast Cancer in Older Patients (NABCOP)	Clinical Effectiveness Unit, The Royal College Surgeons of England	Yes	171 (100%)
National Audit of Dementia	Royal College of Psychiatrists	Yes	57 (100% case notes) 77 (eligible staff questionnaires)

			23 (eligible career questionnaires)
National Audit of Intermediate Care (NAIC)	NHS Benchmarking Network	Yes	Not done in this period
National Audit of Psychosis	British College of Psychiatrists	N/a	
National Audit of Rheumatoid and Early Inflammatory Arthritis	British Society for Rheumatology	Yes	Dewsbury 115 Pinderfields 84 Pontefract 109 Total 308 (100%)
National Audit of Seizures and Epilepsies in Children and Young People	Royal College of Paediatric and Child Health	Yes	48/48 (100%)
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)	Yes	113 (100%)
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)	Yes	Number of calls – 704 Cardiac Arrests – 132 Number of Patients – 120
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Royal College of Physicians	Yes	Total 3469 (100%)
National Clinical Audit of Specialist Rehabilitation	London North West Healthcare NHS Trust	N/a	
National Comparative Audit of Blood Transfusion Programme: Medical use of Blood	NHS Blood and Transplant	Yes	40 (100%)
National Diabetes Adults; a) National Diabetes Inpatient Audit (NaDIA) b) National Pregnancy in Diabetes (NPD) c) National Foot Care Audit (NFA) d) Harms Audit	Health and Social Care Information Centre (HSCIC)	Yes	a) not done during this period b) 70 completed pregnancies (January 2016-December 2018) c) 120 (April 2015 – March 2018) d) 17 (May 2018 - January 2020)
National Emergency Laparotomy Audit (NELA)	The Royal College of Anaesthetists	Yes	213/240 (89%)
National End of Life Care Audit		Yes	80 (100%)
National Heart Failure Audit	National Institute for Cardiovascular Outcomes	Yes	947 (100%)
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership	Yes	1/1/19 – 31/12/19 1242 eligible 1201 submitted to NJR (96.69%)

National Lung Cancer Audit (NLCA)	Royal College of Physicians	Yes	505 (100%)
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	Yes	4878 (01/04/2019 to 31/01/2020)
Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health *(babies may have more than one episode)*	Yes	2019 report (2018 Data) 431 babies eligible for one or more NNAP measures (100% participation)
National Neurosurgical Audit Programme	Society of British Neurological Surgeons	N/a	
National Ophthalmology Audit (2017 patients)	Royal College of Ophthalmologists	Yes	1975 operations (Risk-adjusted posterior capsule rupture rate) 1334 operations (Risk-adjusted Visual Acuity Loss) (100%)
National Vascular Registry	Royal College of Surgeons of England	N/a	
National Oesophago - Gastric Cancer Audit (NOGCA)	Royal College of Surgeons	Yes	64 (100%) tumours (01/04/19-30/11/2019)
Paediatric Intensive Care (PICANet)	University of Leeds	N/a	
Emergency Medicine Feverish Child	Royal College of Emergency Medicine	Yes	101 (100%)
Emergency Medicine VTE in Lower Limb Immobilisation	Royal College of Emergency Medicine	Yes	120 (100%)
Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists	Yes	200 eligible 163 agreed to participate (82%)
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists	N/a	
Emergency Medicine Vital Signs in Adults	Royal College of Emergency Medicine	Yes	130 (100%)
National Prostate Cancer Audit	Royal College of Surgeons	Yes	348 (100%)
Sentinel Stroke National Audit Programme (SSNAP)	Royal College of Physicians	Yes	890 (100%) validated
Serious Hazards of Transfusion (SHOT): UK	Serious Hazards of Transfusion National Haemovigilance Scheme Transfusion Associated Circulatory Overload (TACO)	Yes	17 (100%)
UK Parkinson's Audit	Parkinson's UK	No	20 (100%)
BTS Adult Community Acquired Pneumonia (786)	British Thoracic Society	Yes	120 (100%)

BTS Adult Non-invasive Ventilation 2019 (788)	British Thoracic Society	Yes	60 (100%)
BTS Adult Smoking Cessation Audit (955)	British Thoracic Society	Yes	174 (100%)

Other National Audits non QA 2019-20	**Provider**	**% number of Cases**
Penile Prosthesis	British Association of Urologists (BAUS)	20 (100%)
Each Baby Counts	Royal College of Obstetricians and Gynaecologist	10 (100%)
iBRA-2: Immediate Breast Reconstruction and Adjuvant Therapy Audit -	Association of Breast Surgery (ABS), British Association of Plastic and Reconstructive Surgery (BAPRAS), Royal College of Radiologists (RCR) and Oncologists	Not done in this period
National Audit of Small Bowel Obstruction (NASBO)	Bowel Disease Research Foundation (NASBO)The Association of Coloproctological of Great Britain and Ireland (ACPGBI)	Not done in this period
BAD Non-Melanoma Skin Cancer Excisions Audit	British Association of Dermatologists	Not done in this period
7 Day Service (935)	NHS England	May 2019 – 175 (100%) November 56/112 (50%)
Breast and Cosmetic implant Registry (Keogh review Recommendation)	National Registry Association of Breast Surgery	67 patients July (2018 – June 19 Report)

Appendix IV: Glossary of terms

Board / Board of Directors: The trust is run by the Board of Directors made up of the Chairman, Chief Executive, Executive and Non-Executive Directors. The Board is responsible for ensuring accountability to the public for the services it manages.

Care Quality Commission (CQC): the independent regulator of health and social care in England who regulate the quality of care provided in hospitals, care homes and people's own homes by the NHS, local authorities, private companies and voluntary organisations, including protecting the interests of people whose rights are restricted under the Mental Health Act.

Clinical Commissioning Groups (CCGs): NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. CCGs are overseen by NHS England.

Clostridium Difficile: a species of bacteria of the genus Clostridium that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.

Commissioners: The organisations that have responsibility for buying health services on behalf of the population of the area work for.

Commissioning for Quality and Innovation (CQUIN): is a payment framework such that a proportion of NHS providers' income is conditional on quality and innovation. Its aim is to support the vision set out in High Quality Care for All of an NHS where quality is the organising principle**.**

Data Protection Act 1998: The law that regulates storage of and access to data about individual people.

DATIX: electronic system for collecting data about clinical, health and safety and information governance incidents.

Duty of Candour: From 27 November 2014 all NHS bodies are legally required to meet the Duty of Candour. This requires healthcare providers to be open and transparent with those who use their services in relation to their care and treatment, and specifically when things go wrong

Emergency readmissions: unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission.

Freedom of Information Act 2000: A law that outlines the rights that the public have to request information from public bodies (other than personal information covered by the Data Protection Act), the timescales they can expect to receive the information, and the exemptions that can be used by public bodies to deny access to the requested information.

Friends and Family Test: A survey question put to patients, carers or staff that asks whether they would recommend a hospital / community service to a friend of family member if they needed that kind of treatment.

General Medical Practice Code: is the organisation code of the GP Practice that the patient is registered with. This is used to make sure that our patients' GP practice is recorded correctly.

Health and Wellbeing Boards: The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system would work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way.

Healthwatch: local bodies made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. They aim to ensure that each community has services that reflect the needs and wishes of local people.

Hospital Episode Statistics (HES): is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals.

Hospital Standardised Mortality Ratio (HSMR) – an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for.

Information Governance Toolkit & Assessment Report: is a national approach that provides a framework and assessment for assuring information quality against national definitions for all information that is entered onto computerised systems whether centrally or locally maintained.

Methicillin-resistant Staphylococcus aureus (MRSA): is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is especially troublesome in hospitals, prisons and nursing homes, where patients with open wounds, invasive devices, and weakened immune systems are at greater risk of infection than the general public.

Multi-agency: this means that more than one provider of services is involved in a decision or a process.

National Confidential Inquiries (NCI) and National Clinical Audit: research projects funded largely by the National Patient Safety Agency (NPSA) that examine all incidents of, for example suicide and homicide by People with Mental Illness, with the aim is to improve mental health services and to help reduce the risk of these tragedies happening again in the future. Supported by a national programme of audit.

National Institute for Clinical Excellence (NICE): NHS body that provides guidance, sets quality standards and manages a national database to improve 83

National Institute for Health Research (NIHR): an NHS research body aimed at supporting outstanding individuals working in world class facilities to conduct leading edge research focused on the needs of patients and the public.

National Reporting and Learning System (NRLS): The National Reporting and Learning System (NRLS) is a central (national) database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

Never events: serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

NHS Digital: the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care**.**

NHS Staff Survey: an annual survey of staffs' experience of working within NHS Trusts.

Overview & Scrutiny Committees (OSCs): These are statutory committees of each Local Authority which scrutinise the development and progress of strategic and operational plans of multiple agencies within the Local Authority area.

Patient Advice & Liaison Team (PALs): The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient reported outcome measures (PROMs): tools we use to measure the quality of the service we provide for specific surgical procedures. They involve patients completing two questionnaires at two different time points, to see if the procedure has made a difference to their health.

Patient safety incident: any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care as defined by the National Patient Safety Agency.

Payment by Results (PBR): a new system being implemented across the NHS, and piloted in mental health Trusts, to provide a transparent, rules-based system for paying NHS Trusts. The system aims to reward efficiency, support patient choice and diversity and encourage activity for sustainable waiting time reductions. Payment will be linked to activity, adjusted for case-mix, and outcomes. Importantly, this system aims to ensure a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers.

PPI: Patient and Public Involvement.

Pressure ulcer: a type of injury that affect areas of the skin and underlying tissue. They are caused when the affected area of skin is placed under too much pressure. They can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

Project: A one-off, time limited piece of work that will produce a product (such as a new building, a change in a service or a new Strategy / policy) that will bring benefits to relevant stakeholders.

Quality Account: A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider.

Quality Committee: sub-committee of the Trust Board responsible for quality and assurance.

Quality Improvement Strategy: This is a Trust Strategy. The current Strategy covers 2015 – 2019. It sets a clear direction and outlines what the Trust expects from its staff to work towards our vision of providing excellent quality care. It helps the Trust continue to improve the quality and value of our work, whilst making sure that it remains clinically and financially sustainable

Quality Risk Profile Reports: The Care Quality Commission's (CQC) tool for providers, commissioners and CQC staff to monitor provider's compliance with the essential standards of quality and safety.

Root Cause Analysis (RCA): a technique employed during an investigation that systematically considers the factors that may have contributed to the incident and seeks to understand the underlying causal factors.

Safety thermometer: a local improvement tool for measuring, monitoring and analysing patient harms and harm free care. It provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time. The safety thermometer records pressure ulcers, falls, catheters with urinary tract Infections and venous thromboembolisms (VTEs).

Serious Untoward Incidents (SUIs): defined as an incident that occurred in relation

Stakeholder: a person, group, organisation, member or system who affects or can be affected by an organisation's actions.

Trust Board: See 'Board / Board of Directors'.

Trust wide: This means across the whole geographical area served by the Trust.

Unexpected Death: a death that is not expected due to a terminal medical condition or physical illness.

Urinary tract infection (UTI): an infection that can happen anywhere along the urinary tract. Urinary tract infections have different names, depending on what part of the urinary tract is infected. They are caused by bacteria entering the urethra and then the bladder which can lead to infection.

Venous thromboembolism (VTE): a blood clot within a blood vessel that blocks a vein or an artery, obstructing or stopping the flow of blood. A blood clot can occur anywhere in the body's bloodstream. There are two main types; venous thromboembolism (VTE) which is a blood clot that develops in a vein; and arterial thrombosis which is a blood clot that develops in an artery.

WHO checklist: The World Health Organization Surgical Safety Checklist was introduced in 2008 to increase the safety of patients undergoing surgery. The checklist ensures that surgical teams have completed the necessary listed tasks to ensure patient safety before proceeding with surgery.

ANNUAL REPORT AND FINANCIAL ACCOUNTS

2019/2020

Dewsbury and District Hospital
Halifax Road, Dewsbury WF13 4HS

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NHS Trust

Mid Yorkshire Hospitals NHS Trust

Annual accounts for the year ended 31 March 2020

Chairman – **Keith Ramsay**

Chief Executive – **Martin Barkley**

Striving for excellence

An Associated Teaching Trust

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	4	518,536	480,452
Other operating income	5	65,857	46,570
Operating expenses	7, 10	(572,655)	(534,172)
Operating surplus/(deficit) from continuing operations		**11,738**	**(7,150)**
Finance income	13	201	212
Finance expenses	14	(11,439)	(11,526)
Net finance costs		**(11,238)**	**(11,314)**
Other gains / (losses)	15	114	126
Surplus / (deficit) for the year from continuing operations		**614**	**(18,338)**
Surplus / (deficit) for the year		**614**	**(18,338)**
Other comprehensive income			
Impairments	9	-	3,355
Total comprehensive income / (expense) for the period		**614**	**(14,983)**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	16	1,047	1,245
Property, plant and equipment	17	389,654	387,031
Receivables	22	1,191	-
Total non-current assets		**391,892**	**388,276**
Current assets			
Inventories	21	7,109	6,820
Receivables	22	31,176	25,745
Cash and cash equivalents	23	13,679	7,115
Total current assets		**51,964**	**39,680**
Current liabilities			
Trade and other payables	24	(37,575)	(38,327)
Borrowings	26	(125,604)	(29,592)
Provisions	28	(864)	(902)
Other liabilities	25	(2,438)	(2,389)
Total current liabilities		**(166,481)**	**(71,210)**
Total assets less current liabilities		**277,375**	**356,746**
Non-current liabilities			
Borrowings	26	(262,104)	(346,363)
Provisions	28	(8,059)	(6,806)
Total non-current liabilities		**(270,163)**	**(353,169)**
Total assets employed		**7,212**	**3,577**
Financed by			
Public dividend capital		209,630	206,609
Revaluation reserve		37,513	38,174
Other reserves		2,685	2,685
Income and expenditure reserve		(242,616)	(243,891)
Total taxpayers' equity		**7,212**	**3,577**

The notes on pages 6 to 37 form part of these accounts.

The financial statements were approved by the Board on 18 June 2020 and signed on its behalf by

M J Barkley

Chief Executive

Date: 22.6.2020

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**206,609**	**38,174**	**2,685**	**(243,891)**	**3,577**
Surplus/(deficit) for the year	-	-	-	614	**614**
Other transfers between reserves	-	(661)	-	661	**-**
Public dividend capital received	3,021	-	-	-	**3,021**
Taxpayers' and others' equity at 31 March 2020	**209,630**	**37,513**	**2,685**	**(242,616)**	**7,212**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**203,139**	**35,481**	**2,685**	**(226,215)**	**15,090**
Surplus/(deficit) for the year	-	-	-	(18,338)	**(18,338)**
Other transfers between reserves	-	(662)	-	662	**-**
Impairments	-	3,355	-	-	**3,355**
Public dividend capital received	3,470	-	-	-	**3,470**
Taxpayers' and others' equity at 31 March 2019	**206,609**	**38,174**	**2,685**	**(243,891)**	**3,577**

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.

Other reserves
This represents the net value of assets transferred from the reconfiguration of healthcare trusts in 2002/2003.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		11,738	(7,150)
Non-cash income and expense:			
Depreciation and amortisation	7	13,333	13,522
Net impairments	9	89	17
Income recognised in respect of capital donations	5	(182)	(225)
(Increase) / decrease in receivables and other assets		(6,632)	(3,567)
(Increase) / decrease in inventories		(289)	834
Increase / (decrease) in payables and other liabilities		819	2,861
Increase / (decrease) in provisions		1,193	(576)
Net cash flows from / (used in) operating activities		**20,069**	**5,716**
Cash flows from investing activities			
Interest received		211	182
Purchase of intangible assets		(286)	(51)
Purchase of PPE and investment property		(17,101)	(14,616)
Sales of PPE and investment property		132	126
Receipt of cash donations to purchase assets		182	225
Net cash flows from / (used in) investing activities		**(16,862)**	**(14,134)**
Cash flows from financing activities			
Public dividend capital received		3,021	3,470
Movement on loans from DHSC		21,477	24,910
Capital element of finance lease rental payments		(637)	(709)
Capital element of PFI, LIFT and other service concession payments		(9,166)	(8,887)
Interest on loans		(2,253)	(2,050)
Interest paid on finance lease liabilities		-	(20)
Interest paid on PFI, LIFT and other service concession obligations		(9,085)	(9,375)
Net cash flows from / (used in) financing activities		**3,357**	**7,339**
Increase / (decrease) in cash and cash equivalents		**6,564**	**(1,079)**
Cash and cash equivalents at 1 April - brought forward		**7,115**	**8,194**
Cash and cash equivalents at 31 March	23	**13,679**	**7,115**

Notes to the Accounts

1 Accounting policies and other information

1.1 Basis of preparation

The Department of Health and Social Care (DHSC) has directed that the financial statements of the Trust shall meet the accounting requirements of the DHSC Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1.2 Going concern

These accounts have been prepared on a going concern basis. See note 2 Going concern.

1.2 Interests in other entities

Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Typically, timing of payments, are 30 days from satisfaction of performance obligations in line with NHS standard terms and conditions. Revenue from the Trust's main commissioners is received monthly as agreed within the contracts. Lifetime expected credit allowances are applied to contract assets based on expected recovery rates for each asset type.

1.3.1 Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for healthcare services. A performance obligation relating to delivery of a spell of healthcare is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end, this portion of revenue is deferred as a contract liability.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

1.3.2 Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

1.3.3 NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.3.4 Provider sustainability fund (PSF) and Financial recovery fund (FRF)
The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

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

1.3.6 Grants and donations
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. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

1.3.7 Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.4 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

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

1.6 Property, plant and equipment

1.6.1 Recognition

Property, plant and equipment is capitalised where:

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

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.

1.6.2 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.

1.6.3 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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie 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.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

For assets held at depreciated replacement cost, where there is no practical requirement for healthcare delivery to be at the same site, an alternative site valuation has been considered.

Valuation guidance issued by the Royal Institution of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. 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.

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 are not depreciated until the asset is brought into use.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

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.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable:

  - management are committed to a plan to sell the asset
  - an active programme has commenced to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.6.4 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.

1.6.5 Private Finance Initiative (PFI)

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Services received

The cost to the Trust of services received in the year is recorded within 'operating expenses'.

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to finance costs within the Statement of Comprehensive Income.

The element of the annual unitary payment apportioned to finance lease rental is split between an annual finance cost and repayment of the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract (lifecycle replacements) are not expected to meet the Trust's criteria for capital expenditure. For such lifecycle replacement costs these are recognised as an expense, as a proxy to depreciation.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Cash payments, surplus property or any other assets contributed by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.6.6 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 in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	2	90
Dwellings	30	80
Plant & machinery	3	25
Transport equipment	5	10
Information technology	2	10
Furniture & fittings	5	15

Finance-leased assets (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.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware is capitalised as an intangible asset.

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 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.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

1.7.1 Useful lives 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

	Min life Years	Max life Years
Software licences	2	10

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method or the weighted average cost method. This is considered to be a reasonable approximation to fair value due to the high turnover of stock.

1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.10 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport 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.

1.11 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics.

This includes the purchase or sale of non-financial items (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, i.e. when receipt or delivery of the goods or services is made.

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 profit and loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.
Financial liabilities 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 DHSC, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses 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).

Expected credit losses are determined based on the performance of asset categories. For contract trade receivables, less than 12-months overdue, the non-performance of this debt is used to calculate any likely loss when the debt is incurred. Any contract trade receivable overdue for more than a year is expected to be unrecoverable.

Receivables with NHS bodies are assumed to be collectable. If a receivable is deemed uncollectable, ordinarily a reversal of the receivable is made.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

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.

1.12 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.12.1 The Trust as lessee

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for 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 in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.12.2 The Trust as lessor

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.13 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020.

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 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 Contingencies

Contingent assets (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 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 29, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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 and grant 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 DHSC (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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Pinderfields and Pontefract Hospitals, constructed under Private Finance Initiative (PFI), meet the criteria for inclusion in the financial statements as finance leases as the Trust bears the risks and rewards of ownership. See note 1.12 Leases and paragraph 1.6.5 PFI transactions.

As part of the Private Finance Initiative the Trust is required to pay the operator for lifecycle replacement assets. A judgement was made at the time leading up to Financial Close of the payment for these assets and this is accounted for annually as a revenue expense. The lifecycle is not charged to revenue on a smoothed basis, but is charged based on the judgement regarding replacement at the time the financial model was developed.

1.22 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property, Plant and Equipment - paragraph 1.6 and note 17
PFI - paragraph 1.6.5 and note 31
Allowances for credit losses - note 22.1
Provisions - paragraph 1.13 and note 28

2 Going Concern

The accounting concept of Going Concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate indefinitely and not go out of business or liquidate its assets in the foreseeable future.

Under International Financial Reporting Standards, management are required to assess, as part of the accounts process, the Trust's ability to continue as a going concern. For public sector entities, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern. DHSC group bodies must prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

In preparing the financial statements on a going concern basis the directors have considered the Trust's improved financial position short, medium and longer term.

The Trust delivered its financial plan and savings target in 2019/20 and achieved an in year surplus of £614k for the year ended 31 March 2020. In addition the Trust closed the year with a cash balance of £13,679k (2018/19 £7,115k) and net assets of £7,212k (2018/19 £3,577k) - a marked improvement on previous years and a better financial basis on which to enter 2020/21.

The Trust has an agreed balanced plan for 2020/21 and is expecting to meet the statutory break even duty by 2021/22. The Trust has sufficient working capital and a balanced plan going forward therefore future external support in terms of cash loans will not be required.

On 2 April 2020, the DHSC and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21, existing DHSC interim revenue and emergency capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £114,780k are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Also as a result of the conversion of these loans to PDC, the Trust will not need to repay as originally planned. This will make a significant contribution to the improvement of the Trusts future finances.

Based on these indications and much improved financial position the directors believe that it is appropriate to prepare the financial statements on a going concern basis.

3 Operating Segments

All of the Trust's activities are in the provision of healthcare, which is an aggregate of the individual specialty components included therein. The majority of the Trust's revenue originates from the UK Government and expenditure mainly relates to staff costs, supplies and overheads. The activities which earn revenue and incur expenses are of one broad, combined nature to deliver healthcare.

The Trust's chief operating decision maker is deemed to be the Board. The finance report considered monthly contains summary figures for the whole Trust and includes the statement of financial position, statement of comprehensive income and cash flow statement. Therefore one segment of healthcare is considered in the Board's decision making process.

The single segment of 'healthcare' is deemed appropriate and is consistent with the core principles of IFRS8 to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

4 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.

4.1 Income from patient care activities (by nature)	2019/20 £000	2018/19 £000
Acute services		
Elective income	68,268	66,865
Non elective income	164,172	151,281
First outpatient income	32,554	31,043
Follow up outpatient income	40,926	39,462
A & E income	36,207	30,771
High cost drugs income from commissioners (excluding pass-through costs)	27,976	27,407
Other NHS clinical income	87,217	85,856
Community services income from CCGs and NHS England	33,086	31,969
Income from other sources (e.g. local authorities)	72	24
All services		
Private patient income	75	44
Agenda for Change pay award central funding*	-	5,573
Additional pension contribution central funding**	13,983	-
Other clinical income***	14,000	10,157
Total income from activities	**518,536**	**480,452**

Other NHS clinical income is activity that is out of scope of Payments by Results and includes such items as direct access, elements of critical care and income from quality and innovation schemes.

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Other clinical income includes income received from the Injury Costs Recovery Scheme and £1,191k (£0k 2018/19) of central funding for a provision relating to consultants' tax on pension liabilities, this is disclosed at note 28.

4.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England**	69,026	49,833
Clinical commissioning groups	440,489	418,260
Department of Health and Social Care	-	5,573
Other NHS providers	3,158	2,434
Local authorities	710	535
Non-NHS: private patients	75	44
Non-NHS: overseas patients (chargeable to patient)	255	233
Injury cost recovery scheme	2,766	3,006
Non NHS: other*	2,057	534
Total income from activities	**518,536**	**480,452**
Of which:		
Related to continuing operations	518,536	480,452

Injury cost recovery income is subject to an allowance for expected credit losses of 21.79% (2018/19: 21.89%) to reflect expected rates of collection.

*Non NHS: other includes £1,191k (£0k 2018/19) of central funding for a provision relating consultants' tax on pension liabilities, this is disclosed at note 28.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

4.3 Overseas visitors (relating to patients charged directly by the provider)

	2019/20	2018/19
	£000	£000
Income recognised this year	255	233
Cash payments received in-year	71	59
Amounts added to provision for impairment of receivables	221	87
Amounts written off in-year	402	-

5 Other operating income

	2019/20	2018/19
	£000	£000
Research and development	1,625	1,707
Education and training	20,416	18,068
Non-patient care services to other bodies	731	603
Provider sustainability fund (PSF)*	7,336	12,959
Financial recovery fund (FRF)*	16,865	-
Marginal rate emergency tariff funding (MRET)*	5,471	-
Income in respect of employee benefits accounted on a gross basis	2,603	2,402
Receipt of capital grants and donations	182	225
Charitable and other contributions to expenditure	240	290
Rental revenue from operating leases	614	614
Other income	9,774	9,702
Total other operating income	**65,857**	**46,570**
Of which:		
Related to continuing operations	65,857	46,570

*These funds were linked to the achievement of financial and performance targets.

Other contract income includes income from car parking of £3,853k (2018/19: £3,950k). Income generating activities are not considered to be material and any surplus is used in patient care.

6 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	530	624

6.1 Transaction price allocated to remaining performance obligations

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

7 Operating expenses

	2019/20 £000	2018/19 £000
Staff and executive directors costs	377,053	345,301
Purchase of healthcare from NHS and DHSC bodies	334	180
Purchase of healthcare from non-NHS and non-DHSC bodies	6,611	5,739
Remuneration of non-executive directors	96	83
Supplies and services - clinical (excluding drugs costs)	40,995	41,362
Supplies and services - general	2,147	2,352
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	42,676	42,041
Inventories written down	79	53
Consultancy costs	167	231
Establishment	3,568	4,632
Premises	20,607	18,014
Transport (including patient travel)	1,841	338
Depreciation on property, plant and equipment	12,761	12,806
Amortisation on intangible assets	572	716
Net impairments	89	17
Movement in credit loss allowance: contract receivables / contract assets	869	790
Movement in credit loss allowance: all other receivables and investments	49	22
Change in provisions discount rate(s)	440	(118)
Statutory Audit*	65	65
Other external auditor remuneration - audit related assurance services**	6	10
Internal audit costs	140	137
Clinical negligence	18,027	18,927
Legal fees	108	205
Insurance	465	543
Research and development	34	30
Education and training	1,766	1,287
Rentals under operating leases	686	471
Charges to operating expenditure for on-SoFP IFRIC 12 schemes	35,162	33,027
Car parking & security	394	334
Hospitality	58	34
Other	4,790	4,543
Total	**572,655**	**534,172**
Of which:		
Related to continuing operations	572,655	534,172

*The external auditor of trust is Mazars LLP. The audit fee for 2019/20 was £65k (including VAT).

**Non-audit services are in respect of the Quality Account assurance. The fee for this work in 2019-20 was £6k(including VAT). The fee billed in 2018-19 was £10k (including VAT).

8 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2019/20 or 2018/19.

9 Impairment of assets

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	89	17
Total net impairments charged to operating surplus / deficit	**89**	**17**
Impairments charged to the revaluation reserve	-	(3,355)
Total net impairments	**89**	**(3,338)**

10 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	274,724	262,965
Social security costs	24,721	21,239
Apprenticeship levy	1,378	1,194
Employer's contributions to NHS pensions	45,408	29,904
Pension cost - other*	1,334	78
Termination benefits	-	86
Temporary staff (including agency)	31,214	30,248
Total gross staff costs	**378,779**	**345,714**
Recoveries in respect of seconded staff	-	-
Total staff costs	**378,779**	**345,714**
less costs capitalised as part of assets	(1,726)	(413)
Total staffing costs in Operating Expenditure - note 7	**377,053**	**345,301**

*Pension cost - other includes expenditure of £1,191k (£0k 2018/19) for a provision relating to consultants' tax on pension liabilities, this is disclosed at note 28.

Additional analysis of staff numbers and costs are included in the annual report.

10.1 Retirements due to ill-health

During 2019/20 there were 3 early retirements from the Trust agreed on the grounds of ill-health (9 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £107k (£474k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

11 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 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 employer contribution rate for 2019/20 is 20.6%.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) Pension Costs Other Schemes

Under the terms of the Pensions Act 2008 the Trust is required to provide a pension scheme for employees who are not eligible for membership of the NHS Pension Scheme. Qualifying employees are enrolled in the National Employment Savings Trust (NEST) managed scheme.

NEST is a defined contribution scheme managed by a third party organisation. It carries no possibility of an actuarial gain or loss to the Trust and there are no financial liabilities other than payment of employer's contribution of qualifying earnings. The contribution rate increased to 3% in 2018/19. Employer contributions are charged directly to the

12 Operating leases

12.1 The Trust as a lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

	2019/20 £000	2018/19 £000
Operating lease revenue		
Minimum lease receipts	514	515
Contingent rent	100	99
Total	**614**	**614**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease receipts due:		
- not later than one year;	200	200
- later than one year and not later than five years;	-	200
Total	**200**	**400**

12.2 The Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	686	471
Total	**686**	**471**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	940	698
- later than one year and not later than five years;	4,022	1,281
- later than five years.	2,169	150
Total	**7,131**	**2,129**

The Trust leases equipment, vehicles and short term property lets. None of these are individually significant.

13 Finance income

Finance income represents interest received on assets and investments in the period.

	2019/20 £000	2018/19 £000
Interest on bank accounts	201	212
Total finance income	**201**	**212**

14 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2019/20 £000	2018/19 £000
Interest expense:		
Loans from the Department of Health and Social Care	2,332	2,124
Finance leases	-	20
Main finance costs on PFI and LIFT schemes obligations	9,085	9,375
Total interest expense	**11,417**	**11,519**
Unwinding of discount on provisions	22	7
Total finance costs	**11,439**	**11,526**

14.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

Interest of £0 (2018/19 £160) was paid for late payments under The Late Payments of Comercial Debts (interest) Act 1998.

15 Other gains / (losses)

	2019/20 £000	2018/19 £000
Gains on disposal of assets	132	126
Losses on disposal of assets	(18)	-
Total other gains / (losses)	**114**	**126**

16 Intangible assets

	2019/20 £000 Software licences	2018/19 £000 Software licences
Valuation / gross cost at 1 April - brought forward	**7,871**	**7,820**
Additions	374	51
Valuation / gross cost at 31 March	**8,245**	**7,871**
Amortisation at 1 April - brought forward	**6,626**	**5,910**
Provided during the year	572	716
Amortisation at 31 March	**7,198**	**6,626**
	-	-
Net book value at 31 March	**1,047**	**1,245**
Net book value at 1 April	**1,245**	**1,910**

Purchased computer software is amortised and charged to the income statement on a straight line basis over the shorter of the term of the licence or their useful lives.

The remaining lives for purchased computer software are 2 to 10 years. Amortisation periods and methods are reviewed annually and adjusted if appropriate to reflect fair value.

17 Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2019 - brought forward	**21,741**	**335,513**	**2,650**	**7,469**	**66,816**	**24**	**30,796**	**3,707**	**468,716**
Additions	-	5,693	31	3,210	4,002	-	2,400	155	**15,491**
Reclassifications	-	3,431	-	(7,895)	8	-	4,449	7	**-**
Disposals / derecognition	-	-	-	-	(1,218)	-	-	-	**(1,218)**
Valuation/gross cost at 31 March 2020	**21,741**	**344,637**	**2,681**	**2,784**	**69,608**	**24**	**37,645**	**3,869**	**482,989**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**5,671**	**55**	**-**	**49,082**	**24**	**23,942**	**2,911**	**81,685**
Provided during the year	-	5,482	55	-	4,748	-	2,136	340	**12,761**
Impairments	-	-	-	-	89	-	-	-	**89**
Disposals / derecognition	-	-	-	-	(1,200)	-	-	-	**(1,200)**
Accumulated depreciation at 31 March 2020	**-**	**11,153**	**110**	**-**	**52,719**	**24**	**26,078**	**3,251**	**93,335**
Net book value at 31 March 2020	**21,741**	**333,484**	**2,571**	**2,784**	**16,889**	**-**	**11,567**	**618**	**389,654**
Net book value at 1 April 2019	**21,741**	**329,842**	**2,595**	**7,469**	**17,734**	**-**	**6,854**	**796**	**387,031**

17.1 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	18,386	332,743	2,650	1,378	64,463	24	28,070	3,696	451,410
Additions	-	2,770	-	6,091	5,252	-	2,726	11	16,850
Reversals of impairments	3,355	-	-	-	-	-	-	-	3,355
Disposals / derecognition	-	-	-	-	(2,899)	-	-	-	(2,899)
Valuation/gross cost at 31 March 2019	21,741	335,513	2,650	7,469	66,816	24	30,796	3,707	468,716
Accumulated depreciation at 1 April 2018 - brought forward	-	-	-	-	46,988	24	22,184	2,565	71,761
Provided during the year	-	5,671	55	-	4,976	-	1,758	346	12,806
Impairments	-	-	-	-	17	-	-	-	17
Disposals / derecognition	-	-	-	-	(2,899)	-	-	-	(2,899)
Accumulated depreciation at 31 March 2019	-	5,671	55	-	49,082	24	23,942	2,911	81,685
Net book value at 31 March 2019	21,741	329,842	2,595	7,469	17,734	-	6,854	796	387,031
Net book value at 1 April 2018	18,386	332,743	2,650	1,378	17,475	-	5,886	1,131	379,649

17.2 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	21,741	116,385	2,571	2,784	16,592	10,492	568	**171,133**
Finance leased	-	-	-	-	1	932	16	**949**
On-SoFP PFI contracts and other service concession arrangements	-	214,684	-	-	-	-	-	**214,684**
Owned - donated	-	2,415	-	-	296	143	34	**2,888**
NBV total at 31 March 2020	**21,741**	**333,484**	**2,571**	**2,784**	**16,889**	**11,567**	**618**	**389,654**

17.3 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	21,741	109,710	2,595	7,469	17,329	5,389	734	**164,967**
Finance leased	-	-	-	-	11	1,311	20	**1,342**
On-SoFP PFI contracts and other service concession arrangements	-	217,800	-	-	-	-	-	**217,800**
Owned - donated	-	2,332	-	-	394	154	42	**2,922**
NBV total at 31 March 2019	**21,741**	**329,842**	**2,595**	**7,469**	**17,734**	**6,854**	**796**	**387,031**

18 Donations of property, plant and equipment

Donated assets are from grants provided by the Trust's related charity The Mid Yorkshire Hospitals NHS Trust Charitable Fund and other local charities. No conditions or restrictions are imposed by the donors.

The Trust received a grant of £138k in 2017-18 from the City of Wakefield Metropolitan District Council to extend the childcare facility to support the provision of 30 hours free nursery childcare. There is a seven year claw back period and a reducing percentage of capital funds is repayable should there be change in use of the facilities or a disposal of the property.

19 Revaluations of property, plant and equipment

In 2019/20 the Trust assessed the value of its land and buildings, which included using information from its valuers. The Trust's has concluded that the value of land and buildings are not materially misstated and no formal revaluation was required. As part of this assessment the Trust has considered a 'material valuation uncertainty' disclosure relating to the CV-19 outbreak in the valuer's correspondence as follows:

"The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organization as a 'Global Pandemic' on the 11th March 2020, has impacted global financial markets. Travel restrictions have been implemented by many countries.
Market activity is being impacted in many sectors. As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to COVID 19 means that we are faced with an unprecedented set of circumstances on which to base a judgement.
Our valuation(s) is / are therefore reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global. Consequently, less certainty –and a higher degree of caution –should be attached to our valuation than would normally be the case"

The Trust is not in a position to quantify the degree of uncertainty but will keep the valuation of its estate under review during 2020/21.

At the PFI sites, Wakefield and Pontefract, the Trust has reverted to current site land valuation rather than alternative site, this change in estimate is included from 2018/19.

In 2017/18 land and buildings were revalued by a professional independent valuer as at 31 March. The Valuer used the independent index issued by the Building Cost Information Service (BCIS) of the Royal Institute of Chartered Surveyors (RICS). Valuations are at depreciated replacement cost using the Modern Equivalent Asset (MEA) approach (Note 1.7). The MEA valuation is based on maintaining three hospitals within the current localities, not necessarily on the existing sites.

The PFI buildings are valued net of VAT, reflecting the cost at which the service potential would be replaced by a PFI Operator. All other valuations are at replacement cost inclusive of VAT.

The Valuer advises changes to asset lives when they undertake a full valuation. Building lives vary between 1 to 86 years and assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust.

Buildings, installations and fittings are depreciated at current value over the estimated remaining life of the asset as advised by the Valuer. Leaseholds are depreciated over the primary lease term, buildings (excluding dwellings) over 1 to 86 years and dwellings over 33 to 73 years.

Equipment is depreciated on current cost over the estimated life of the asset using the following lives:

Software licences	2 to 10
Plant and machinery	3 to 25
Transport equipment	5 to 10
Information technology	2 to 10
Furniture and fittings	5 to 15

Values of properties held at existing use are not materially different to market values.

The nature and value of impairments are detailed in note 9

20 Disclosure of interests in other entities

From 2013-14, the Trust has been required to consider consolidating the results of The Mid Yorkshire Hospitals NHS Trust Charitable Fund over which it considers it has the power to exercise control in accordance with IFRS10 requirements. The transactions are immaterial in the context of the group and have not been consolidated. Details of the transactions with the Charity are included in note 34, the related party note.

21 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	2,104	1,853
Consumables	4,859	4,793
Energy	146	174
Total inventories	**7,109**	**6,820**

Inventories recognised in expenses for the year were £81,505k (2018/19: £81,688k). Write-down of inventories recognised as expenses for the year were £79k (2018/19: £53k).

22 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	26,145	21,106
Allowance for impaired contract receivables / assets	(1,633)	(1,728)
Allowance for other impaired receivables	(95)	(105)
Prepayments (non-PFI)	3,372	2,929
Interest receivable	9	19
VAT receivable	2,740	2,666
Other receivables	638	858
Total current receivables	**31,176**	**25,745**
Non-current		
Other receivables	1,191	-
Total non-current receivables	**1,191**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	17,814	13,093
Non-current	1,191	-

Other receivables (non current) includes income of £1,191k (£0k 2018/19) relating to central funding of a provision for consultants' tax on pension liabilities, this is disclosed at note 28.

22.1 Allowances for credit losses

	2019/20		2018/19	
	receivables £000	receivables £000	receivables £000	receivables £000
Allowances as at 1 April - brought forward	1,728	105	-	1,663
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	-	-	1,572	(1,572)
New allowances arising	1,098	75	974	53
Reversals of allowances	(229)	(26)	(184)	(31)
Utilisation of allowances (write offs)	(964)	(59)	(634)	(8)
Allowances as at 31 Mar 2020	**1,633**	**95**	**1,728**	**105**

Amounts written off in the year are still subject to enforcement activity.

22.2 Exposure to credit risk

In 2019/20 allowances for expected credit losses were calculated on a general provision basis. This was by category of contract receivable less than 12 months overdue for payment; these range from 10% to 62% for non NHS contract receivables. Items over 12 months past due for payment are deemed non-collectable.

For 50% of the overseas visitor receivable the local CCG is liable for any credit loss, therefore only 50% is at risk and assessed for expected credit losses.

NHS contract receivables have been assessed for recoverability, no provision has been made against these receivables.

23 Cash and cash equivalents movements

Cash and cash equivalents comprise of 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.

	2019/20 £000	2018/19 £000
At 1 April	**7,115**	**8,194**
Net change in year	6,564	(1,079)
At 31 March	**13,679**	**7,115**
Broken down into:	-	-
Cash at commercial banks and in hand	41	57
Cash with the Government Banking Service	13,638	7,058
Total cash and cash equivalents as in SoFP	**13,679**	**7,115**

23.1 Third party assets held by the trust

Mid Yorkshire Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020 £000	31 March 2019 £000
Monies on deposit	1	-
Total third party assets	**1**	**-**

24 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	9,168	11,175
Capital payables	4,647	6,169
Accruals	12,081	10,066
Social security costs	3,703	3,491
Other taxes payable	3,264	3,120
Other payables	4,712	4,306
Total current trade and other payables	**37,575**	**38,327**
Of which payables from NHS and DHSC group bodies:		
Current	1,684	2,297

25 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	2,041	1,865
Deferred grants	67	100
Other deferred income	330	424
Total other current liabilities	**2,438**	**2,389**

26 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Loans from DHSC	115,780	19,789
Obligations under finance leases	-	637
Obligations under PFI, LIFT or other service concession contracts	9,824	9,166
Total current borrowings	**125,604**	**29,592**
Non-current		
Loans from DHSC	4,500	78,935
Obligations under PFI, LIFT or other service concession contracts	257,604	267,428
Total non-current borrowings	**262,104**	**346,363**

On 2 April 2020, the DHSC and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £114,780k are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

26.1 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2019	**98,724**	**637**	**276,594**	**375,955**
Cash movements:				
Financing cash flows - payments and receipts of principal	21,477	(637)	(9,166)	**11,674**
Financing cash flows - payments of interest	(2,253)	-	(9,085)	**(11,338)**
Non-cash movements:				
Application of effective interest rate	2,332	-	9,085	**11,417**
Carrying value at 31 March 2020	**120,280**	**-**	**267,428**	**387,708**

26.2 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2018	**73,674**	**792**	**285,481**	**359,947**
Cash movements:				
Financing cash flows - payments and receipts of principal	24,910	(709)	(8,887)	**15,314**
Financing cash flows - payments of interest	(2,050)	(20)	(9,375)	**(11,445)**
Non-cash movements:				
Impact of implementing IFRS 9 on 1 April 2018	66	-	-	**66**
Additions	-	554	-	**554**
Application of effective interest rate	2,124	20	9,375	**11,519**
Carrying value at 31 March 2019	**98,724**	**637**	**276,594**	**375,955**

27 Finance leases

The Trust as a lessee

Obligations under finance leases where the Trust is the lessee.

	31 March 2020	31 March 2019
	£000	£000
Gross lease liabilities	**-**	**637**
of which liabilities are due:		
- not later than one year;	-	637
Net lease liabilities	**-**	**637**
of which payable:		
- not later than one year;	-	637
Contingent rent recognised as expense in the period	-	(449)

The finance lease refered to above has come to an end at 31 Mar 2020, therefore there is no carry forward finance lease obligation.

28 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2019	**4,041**	**3,321**	**241**	**105**	**7,708**
Change in the discount rate	134	306	-	-	**440**
Arising during the year	286	16	119	1,191	**1,612**
Utilised during the year	(423)	(142)	(105)	-	**(670)**
Reversed unused	(29)	(98)	(62)	-	**(189)**
Unwinding of discount	12	10	-	-	**22**
At 31 March 2020	**4,021**	**3,413**	**193**	**1,296**	**8,923**
Expected timing of cash flows:					
- not later than one year;	424	142	193	105	**864**
- later than one year and not later than five years;	1,695	569	-	-	**2,264**
- later than five years.	1,902	2,702	-	1,191	**5,795**
Total	**4,021**	**3,413**	**193**	**1,296**	**8,923**

The early departure provision relates to pension costs for certain staff taking early retirement and is determined by capitalising the cost using formula agreed by NHS Pensions. The formula assumes that the member of staff will live beyond normal retirement age.

Other contains a provision for clinician pension tax liability resulting from additional payments which exceed the annual pensions savings amount threshold.

The provision (£1,191k) is broadly equal to the tax charge owed by clinicians. NHSE and the Government have committed to fund this and as such a corresponding income accrual and receivable has been recognised.

Guidance for 2020/21 will be updated nationally.

28.1 Clinical negligence liabilities

At 31 March 2020, £315,941k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Mid Yorkshire Hospitals NHS Trust (31 March 2019: £282,592k).

29 Contingent assets and liabilities

	31 March 2020	31 March 2019
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(116)	(98)

Clinical negligence claims are managed by NHS Resolution on behalf of the Trust. The value of contingent liabilities for legal claims is provided by NHS Resolution for cases where the amount and timing remain uncertain.

The Trust is aware of the on-going "Flowers" case which is currently referred to the Supreme Court with no date of review as at the date of the production of the Annual Accounts. The outcome of the case is not yet clear, however, there is a possible obligation for the Trust dependent upon the outcome. It should also be noted that if the outcome was in the favour of "Flowers" there is uncertainty as to whether the obligation would be statutory or contractual and therefore the potential liability cannot be accurately estimated. The potential liability has numerous outcomes and values that could range between £Nil and £970k.

30 Contractual capital commitments

	31 March 2020	31 March 2019
	£000	£000
Property, plant and equipment	843	1,845
Total	**843**	**1,845**

31 On-SoFP PFI, LIFT or other service concession arrangements

The Trust entered into a PFI contract to provide new hospital facilities and associated support services in Wakefield and Pontefract on 28 June 2007 with a 35 year term. The facilities were phased in and were fully operational from 2012/13.

31.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**381,265**	**399,644**
Of which liabilities are due		
- not later than one year;	18,732	18,379
- later than one year and not later than five years;	76,752	76,782
- later than five years.	285,781	304,483
Finance charges allocated to future periods	(113,837)	(123,050)
Net PFI, LIFT or other service concession arrangement obligation	**267,428**	**276,594**
- not later than one year;	9,824	9,166
- later than one year and not later than five years;	44,628	43,219
- later than five years.	212,976	224,209

31.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,419,218**	**1,466,090**
Of which payments are due:		
- not later than one year;	48,509	47,068
- later than one year and not later than five years;	206,234	200,335
- later than five years.	1,164,475	1,218,687

31.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2019/20 £000	2018/19 £000
Unitary payment payable to service concession operator	**53,413**	**51,289**
Consisting of:		
- Interest charge	9,085	9,375
- Repayment of balance sheet obligation	9,166	8,887
- Service element and other charges to operating expenditure	32,559	30,487
- Revenue lifecycle maintenance	2,603	2,540
Total amount paid to service concession operator	**53,413**	**51,289**

32 Financial instruments

32.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the NHS Improvement. The loans are for 1 – 25 years, in line with the life of the associated assets, and interest charged is fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust accessed interim revenue loans from the DHSC. The loans are interest bearing, fixed at 1.5%, repayable on or before the specified repayment dates.

The Trust had a working capital facility with the DHSC. It is a fixed rate (3.5%) interest bearing facility based on the daily outstanding balance.

It is Trust policy to invests surplus cash in other liquid resources at the National Loans Fund when it is financially beneficial to do so. The Trust can therefore be susceptible to movements in current interest rates.

Credit risk

As the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its capital resource limit. The Trust is not, therefore, exposed to significant liquidity risks.

32.2 Carrying values of financial assets

	Held at amortised cost	
Carrying values of financial assets	**31 March 2020 £000**	**31 March 2019 £000**
Trade and other receivables excluding non financial assets	25,064	20,150
Cash and cash equivalents	13,679	7,115
Total	**38,743**	**27,265**

32.3 Carrying values of financial liabilities

	Held at amortised cost	
Carrying values of financial liabilities	**31 March 2020 £000**	**31 March 2019 £000**
Loans from the Department of Health and Social Care	120,280	98,724
Obligations under finance leases	-	637
Obligations under PFI, LIFT and other service concession contracts	267,428	276,594
Trade and other payables excluding non financial liabilities	30,608	31,716
Total	**418,316**	**407,671**

32.4 Maturity of financial liabilities

	31 March 2020 £000	**31 March 2019 £000**
In one year or less	156,212	61,308
In more than one year but not more than two years	11,674	55,264
In more than two years but not more than five years	37,454	59,740
In more than five years	212,976	231,359
Total	**418,316**	**407,671**

32.5 Fair values of financial assets and liabilities

Due to the nature of the Trust's financial assets and financial liabilities the book value (carrying value) is considered a reasonable approximation of fair value.

33 Losses and special payments

	2019/20		2018/19	
	Total number of cases Number	**Total value of cases £000**	**Total number of cases Number**	**Total value of cases £000**
Losses				
Bad debts and claims abandoned	2,136	1,034	1,520	607
Stores losses and damage to property	4	79	7	53
Total losses	**2,140**	**1,113**	**1,527**	**660**
Special payments				
Ex-gratia payments	57	129	62	249
Total special payments	**57**	**129**	**62**	**249**
Total losses and special payments	**2,197**	**1,242**	**1,589**	**909**
Compensation payments received				

There are no individual cases that exceed £300k

34 Related parties

The Department of Health and Social Care is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent. The main entities are NHS England, Wakefield CCG, North Kirklees CCG, & Leeds CCG.

Services were also purchased from: Yorkshire Ambulance Service NHS Trust, Leeds Teaching Hospitals NHS Trust, NHS Blood and Transplant, NHS Resolution and NHS Professionals.

In addition, the Trust has had a number of transactions with other government departments and other central and local government bodies. Most of these transactions have been with Wakefield Council and Kirklees Council.

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as the Trust is the corporate trustee of the linked NHS Charity (The Mid Yorkshire Hospitals NHS Trust Charitable Fund), it effectively has the power to exercise control so as to obtain economic benefits. The transactions are immaterial in the context of the group and transactions have not been consolidated. The transactions with the charity are disclosed in the table below and the audited accounts of The Mid Yorkshire Hospitals NHS Trust Charitable Fund.

Transactions with related parties are disclosed below. There are no bad debt expenses or provisions in respect of these organisations.

2019/20		Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
Nature of Relationship	**Related Party**	**£000s**	**£000s**	**£000s**	**£000s**
Julie Charge, Non-Executive Director, Director of Finance to Salford University	Salford University	1	3	-	-
David Melia, Director of Nursing and Quality, Trustee of Wakefield Hospice	Wakefield Hospice	1	179	-	21
Phillip Marshall, Director of Workforce and OD, Board member of the North LETB for Health Education England	Health Education England	-	18,365	115	295
Board Members, Corporate Trustee to the Mid Yorkshire Hospitals NHS Trust Charitable Fund	The Mid Yorkshire Hospitals NHS Trust Charitable Fund	-	589	-	65
		2	**19,136**	**115**	**381**

2018/19 Nature of Relationship	Related Party	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Julie Charge, Non-Executive Director, Director of Finance to Salford University	Salford University	3	-	-	-
David Melia, Director of Nursing and Quality, Trustee of Wakefield Hospice	Wakefield Hospice	20	174	8	27
Board Members, Corporate Trustee to The Mid Yorkshire Hospitals NHS Trust Charitable Fund	The Mid Yorkshire Hospitals NHS Trust Charitable Fund	-	505	-	121
		23	**679**	**8**	**148**

35 Events after the reporting date

On 2 April 2020, the DHSC and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and emergency capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £114,780k as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

36 Better Payment Practice code

	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	78,158	317,812	69,278	270,352
Total non-NHS trade invoices paid within target	62,648	281,825	37,993	204,118
Percentage of non-NHS trade invoices paid within target	80.2%	88.7%	54.8%	75.5%
NHS Payables				
Total NHS trade invoices paid in the year	2,977	32,846	2,876	40,092
Total NHS trade invoices paid within target	2,232	28,047	1,167	27,524
Percentage of NHS trade invoices paid within target	75.0%	85.4%	40.6%	68.7%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

37 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2019/20 £000	2018/19 £000
Cash flow financing	8,131	19,863
Finance leases taken out in year		
Other capital receipts		
External financing requirement	**8,131**	**19,863**
External financing limit (EFL)	20,810	26,427
Under / (over) spend against EFL	**12,679**	**6,564**

38 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	15,865	16,901
Less: Disposals	(18)	-
Less: Donated and granted capital additions	(182)	(225)
Charge against Capital Resource Limit	**15,665**	**16,676**
Capital Resource Limit	15,921	16,676
Under / (over) spend against CRL	**256**	**-**

39 Breakeven duty financial performance

Adjusted financial performance (control total basis):	2019/20 £000	2018/19 £000
Surplus / (deficit) for the period	614	(18,338)
Remove I&E impact of capital grants and donations	21	(21)
Prior period adjustments	(585)	-
Adjusted financial performance surplus / (deficit) (control total basis)	**50**	**(18,359)**
Remove impairments scoring to Departmental Expenditure Limit - impairments	89	17
Add back income for impact of 2018/19 post-accounts PSF reallocation	585	-
Breakeven duty financial performance surplus / (deficit)	**724**	**(18,342)**

40 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		871	983	(19,217)	(21,839)	(19,171)
Breakeven duty cumulative position	(26,110)	(25,239)	(24,256)	(43,473)	(65,312)	(84,483)
Operating income		395,875	430,417	456,954	460,792	456,810
Cumulative breakeven position as a percentage of operating income		(6.4%)	(5.6%)	(9.5%)	(14.2%)	(18.5%)

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(9,056)	(20,530)	(7,873)	(18,405)	(18,342)	724
Breakeven duty cumulative position	(93,539)	(114,069)	(121,942)	(140,347)	(158,689)	(157,965)
Operating income	483,428	482,792	504,454	505,584	527,022	584,393
Cumulative breakeven position as a percentage of operating income	(19.3%)	(23.6%)	(24.2%)	(27.8%)	(30.1%)	(27.0%)

The Department of Health and Social Care has determined that a trust's breakeven duty will be assumed to have been met if expenditure is covered by income over a three year period. The Trust has been unable to meet this duty. The impact of this on the Income and Expenditure reserve is referred to in note 2 "Going concern".