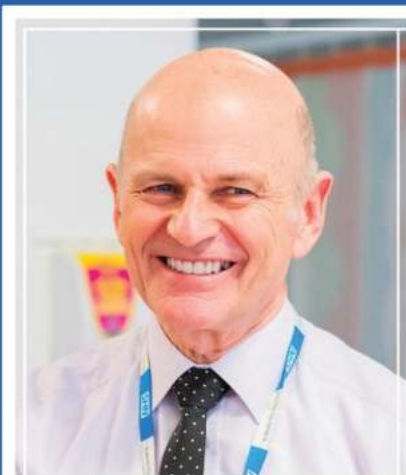




Annual Report and Financial Accounts



2020/2021

Contents

| | |
|--|------------|
| The Chairman's Statement | 4 |
| Chapter One: Performance Report..... | 10 |
| Chief Executive's Performance Statement..... | 11 |
| Overview: About the Trust..... | 15 |
| Trust strategic direction, vision and values and behaviours | 16 |
| Trust Organisational Structure..... | 24 |
| Working in Partnership..... | 25 |
| Equality, Diversity and Inclusion | 32 |
| Activity Levels 2020-21 | 34 |
| Financial Sustainability | 34 |
| Trust Procurement..... | 37 |
| 2020-2021 Performance | 38 |
| Sustainability Report..... | 48 |
| Energy and Carbon Management | 49 |
| Progression Towards Net Zero | 51 |
| Travel and transport..... | 52 |
| Electric Vehicles..... | 53 |
| Waste Management | 54 |
| Sustainable Services..... | 55 |
| Chapter Two: A Covid Reflection | 59 |
| Chapter Three: The Accountability Report | 67 |
| Directors' Report..... | 68 |
| Remuneration Report..... | 86 |
| Staff Report..... | 94 |
| MID YORKSHIRE HOSPITALS NHS TRUST 2020/21 ANNUAL GOVERNANCE STATEMENT | 121 |
| Chapter Four: The Quality Accounts | 141 |
| 1. Chief Executive's Statement from the Board | 144 |
| 1.1. Introducing the Trust..... | 144 |
| 1.2. Chief Executive's Statement | 144 |
| 1.3. An Overview of Mid Yorkshire Hospitals NHS Trust | 146 |
| 1.4. Care Quality Commission – Inspection and Ratings..... | 147 |
| 2. Priorities for Improvement and Statements from the Board | 149 |
| 2.1. Review of 2020/21 Quality Priorities..... | 149 |
| 2.2. What the Trust has done to address the Quality Improvement Priorities..... | 150 |

| | | |
|-------|--|-----|
| 2.3. | Priorities for improvement 2021/22..... | 158 |
| 2.4. | Mid Yorkshire Quality Strategy..... | 160 |
| 2.5. | Nursing Quality Governance Framework | 161 |
| 2.6. | MY Quality Improvement System (MYQIS)..... | 162 |
| 2.7. | Statements of assurance from the Board..... | 165 |
| 3. | Review of other quality performance | 175 |
| 3.1. | Duty of Candour | 175 |
| 3.2. | Number of Serious Incidents (SIs)..... | 175 |
| 3.3. | Number of Never Events | 176 |
| 3.4. | National Patient Safety Alerts | 177 |
| 3.5. | Learning from Complaints..... | 178 |
| 3.6. | Focus on Patient Experience | 179 |
| 3.7. | Maternity Services..... | 184 |
| 3.8. | Implementation of priority clinical standards for 7 day services | 184 |
| 3.9. | Junior Doctor Rotas | 185 |
| 3.10. | Access to Care..... | 186 |
| 3.11. | NHS Staff Survey..... | 193 |
| 3.12. | Freedom to Speak Up..... | 195 |
| 3.13. | Statements from our Stakeholders | 198 |
| | Quality Account Appendices..... | 205 |
| | Appendix I: Mandatory Indicators..... | 205 |
| | Appendix II: Statement of Directors' responsibilities in respect of the Quality Account..... | 212 |
| | Appendix III: Directory of Services | 213 |
| | Appendix IV: National clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2020-21. | 216 |
| | Appendix V: Audit and Actions | 225 |
| | Appendix VI: Glossary of terms | 232 |
| | Chapter Five: The External Auditor Report..... | 239 |
| | Chapter Six: The Financial Accounts | 246 |
| | Financial Overview 2020/21..... | 247 |
| | Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust | 258 |
| | Chapter Seven: Looking Forward..... | 266 |
| | Looking Forward - by Martin Barkley | 267 |

The Chairman's Statement

This year, the NHS has proven itself to be able to withstand the toughest of storms. In doing so it has inspired millions of people across the globe by leading the way in the fight of this dreaded virus.

For us, here in our Trust, the entire year has been dominated by the COVID pandemic, and our work has centred around how best to respond.



The sheer scale and volume of incredible achievements have humbled the Trust Board and we owe a debt of enormous gratitude to each member of our workforce, all of whom have shown resilience, courage and bravery in the face of the biggest challenge to present to the NHS in its history.

By the end of March 2021, we had cared for 4262 people with a Covid diagnosis and this number continues to rise. Many, many of these patients have been extremely poorly with 490 number of them requiring care from our critical care team.

To enable us to treat these patients effectively, large-scale change was required within days of the pandemic announcement, including the reconfiguration of estate, retraining of medical and non-medical staff, the introduction of innovative solutions to maintain essential services including virtual consultations and the facilitation of hundreds of safe discharges into the community, to name a few.

Not only did the Trust and our community services lead in the treatment and care of patients, but we have also led the local vaccine efforts to keep our communities safe and protected in support of the country's recovery.

Amidst the immediate challenges that presented themselves last March, a wave of innovation ensued; creating new ways of working that created lasting shifts in how we will deliver care to our patients and their families from this day forward.

We are truly thankful to our community partners, businesses and individuals who, in their thousands offered their support to the Trust to care for our staff, patients and communities in any way they could.

The MY Hospitals Charity has received incredible support too, and generated a record-breaking income of close to £700,000.

We now look back to reflect and learn, but also look forward to a changing world in which our staff and patients can benefit from new practices, new technology, new services and new opportunities from an NHS of which they can be proud.

Martin's retirement

At the start of 2021, our Chief Executive Officer, Martin Barkley, announced his intention to retire this summer. Martin has led the organisation since 2016. There is no doubt that his impact on this Trust has been extraordinary. His steady, thoughtful leadership, his strong sense of integrity, his commitment to quality improvement along with his absolute focus on how staff feel about coming into work, have ensured huge improvements to the culture of Mid Yorkshire in the last five years. I have lost count of how many staff have told me since I became Chair that Martin is the best Chief Executive they have experienced in many years of working here.

The very tough job of finding a successor commenced in March and we are pleased to announce that in October 2021, Len Richards will be taking the position as the Trust's new Chief Executive Officer. Len will join the Trust from Cardiff and Vale University Health Board, where he has been Chief Executive since 2017. He has more than 30 years' experience in the health sector, including 15 years serving as a Chief Executive and four years working within the Australian healthcare system. I have no doubt that Len's considerable experience and expertise will prove invaluable as we focus our attention on the recovery of services for our patients, and build on the great work already in place as we continue the Trust's journey of improvement.

With challenges come opportunities, and I, along with the rest of my Trust Board colleagues, commit to supporting you in the year to come; a year in which we can move forward with gratitude whilst always remembering the sacrifices made, and the impact felt during the last year.

A handwritten signature in black ink, appearing to read "Keith Ramsay". The signature is written in a cursive style with a prominent horizontal stroke across the bottom.

Keith Ramsay

Celebrating Our Staff & Patients



One kind person left this banner on our car park railings at Pinderfields. It brought a smile and a few tears to the faces of many workers that morning!



Staff returning to work in Critical Care on Monday after the weekend were greeted with these wonderful 'welcome back' messages and gift packs



Martha (4) and Elizabeth (8) are Clinical Specialist Physiotherapist Alison Frost's nieces. They painted these beautiful rainbows to make Pinderfields at little brighter!



Thank you to Emily who is the daughter of a member of our Interventional Radiology team. Emily created a huge poster to brighten up the space as you walk in. It includes every team members' name. Holding the poster are Sister Emily Cunniff and Shannon Lettin, Trainee Nursing Associate.



Thank you Bradford Forster Academy! Their pupils sent us some of their finest artwork. Here are just two:



A huge thank you to the West Yorkshire Police Federation who visited A&E at Pinderfields to give out free coffee and hot chocolate to our staff and ambulance crews.





Abacus Nursery produced a wonderfully colourful banner to thank the NHS and all key workers. You can find it on the railings at the top of the Pinderfields Hospital site.



Lauren Rose, who works in our Regulation and Compliance team, drew this picture to thank all our staff across the Trust, saying: "You are amazing. You are strong. You are brave. You are selfless. You are heroes to so many!"



Rainbows drawn by some of our patients at Wakefield Intermediate Care Unit to thank staff.



On 16 April we welcomed 27 third year student midwives and pre-registration student nurses to our Trust! We are so very proud of every single one of them - they are starting their work with us a few months earlier than they originally expected!



Warburtons generously offered to donate around 800 packets of a variety of bread three times a week for our Trust. Staff from Employee Benefits, Organisational Development and Volunteers will be bagging up the bread to deliver to all hospitals, departments and community bases.



On 9 April we welcomed over 40 third year student Pre-Registration Nurses to our Trust. They have each volunteered to undertake a six month paid clinical placement to support our staff during Covid-19. We couldn't be more proud of them for stepping up!



The communications team has been working with the media - and sharing across our social media channels - all the fantastic work our teams are doing to support patients and relatives in the most distressing of circumstances. Here are some highlights:

- BBC Look North came to film an interview with Helen Buglass, Consultant in Intensive Care Medicine and Anaesthesia, to understand what it's like to be a healthcare professional in the middle of a Covid-19 situation (no clinical work was interrupted and the film crew did not enter any Covid areas in line with our visitor policy, ensuring everyone's safety). Helen was also interviewed from her home by BBC Breakfast the next morning via video link. Helen did us proud. Her team are doing amazing work and her interviews were excellent.
- One of our apprentice porters, Reece Scahill, featured on This Morning, live on his 18th birthday from Dewsbury Hospital. He spoke to Phil and Holly about the great work he is doing.
- Stories of patients who have been discharged after beating Covid have featured on the local news and one survivor was even asked to take part in a podcast. News of the increasing number of Covid patients we have been able to discharge continues to be covered by local ITV and BBC channels and one of our midwives has been interviewed by local radio about how we are caring for mums and their babies.



NHS



Mr Camille El-Khatib - Mr Camille El-Khatib was one of the first people at our Trust hub to receive the Pfizer vaccine. He has very proudly worked at Mid Yorks since May 1985, passionately serving the same community. Mr El-Khatib is 73 years young and has performed over 20,000 surgeries in his career. He intends to keep working for as long as he is physically and mentally able to.

"I have been very impressed with the organisation of the vaccine, it has been exceptional. I'd like to give my special regards to Mr Barkley, Chief Executive. I hope to continue to share my surgical skills and experience from over the years with younger colleagues and I'm glad that having the vaccine will allow me to do so safely."



Clare Trueman - "I can't thank the staff at Pinderfields Hospital enough. It has been a hard journey and they have been wonderful. I know for my family, they would want to thank the staff on ICU who have been their rock. Everyone has been amazing to me but the Physiotherapist's particularly. Liam and Stacey, they helped me to get back on to my feet which was a big deal. It was scary waking up and not being able to walk so to be moving again feels incredible."



Physician Associates - MY Health Heroes - Our Physician Associates (PAs) are #MYHealthHeroes. Nick Wyrill, Patient Services Manager nominated them for their team spirit and for working flexibly to meet the demands of the hospital during the Covid-19 pandemic to support ward teams.



Richard Holmes, Volunteer Guide at Pinderfields - Richard was awarded the British Empire Medal for services to the NHS, in the Queen's Birthday Honours in 2020. He averaged a 48 hour volunteering week between March and October 2020 on the front desk.

David Melia, Director of Nursing and Quality, who nominated Richard for the award, said: "I am delighted that Richard has been awarded this honour in recognition of his volunteering services. Richard shows genuine compassion and has a limitless wealth of patience and empathy with people. He is a fantastic volunteer ambassador for the Trust and this honour is well and truly deserved."





Chapter one

Performance Report



Chief Executive's Performance Statement



Chief Executive's Performance Statement for the Annual Report

This annual report covers the period of my fifth year as the Accountable Officer for The Mid Yorkshire Hospitals NHS Trust. This will be the last time I write such a statement as I will be retiring in September 2021 having served the Trust for five and a half years and the NHS for 49 years; in fact, this will be the 27th annual report statement I have written as a Trust Chief Executive.

This last year has, of course, been the most extraordinary year in my career and I am sure in many of our lives, certainly since the end of the Second World War. The Covid-19 pandemic has had a huge impact on all of us both at work and outside of work. I am not sure any of us could have predicted quite what the severity of the pandemic would bring, nor its long-term nature and the potential long-term consequences, which I believe we are yet to fully know or understand.

The Trust hit the peak of wave one of the pandemic on 10 April 2020 with 170 inpatients who had the Covid-19 virus. Based on national guidance at the time, virtually all planned care work stopped. This decision was made to enable staff to be freed up to work on wards either clinically, or in administrative roles. To add further support, many medical and nursing students were released by universities and supported by regulators to work in all Trust's, including ours. Of course, in wave one there was much anxiety because change needed to happen very quickly and the virus was unfamiliar. During this time we were also experiencing issues with an erratic national supply of PPE, in particular long-sleeved fluid repellent gowns. The Trust invested a considerable amount of time into establishing local supply chains and, thankfully, we were ultimately able to come through this period and keep our staff safe who needed to wear the long sleeved fluid repellent gowns.

Neither I nor anyone else believed that wave two could be so much worse and more serious than the first wave. The Trust hit the peak of wave two on 17 November 2020, with a responsibility to care for 332 Covid inpatients on that day. Since the end of wave

one, we had aimed to undertake as much 'business as usual' activity as possible in service of our patients, alongside dealing with the continued pressures of Covid. Despite the seriousness of wave two and three, we did maintain outpatient activity at approximately 80% of the level of the previous year. Unfortunately, however, planned surgery had to stop at the end of October to free up theatre staff to support the staff working on the intensive care units. This peak of inpatients also coincided with a peak of staff not being at work, either through ill health or having to self-isolate or shield because of Covid. This resulted in staffing being very stretched indeed, particularly on many of our inpatient wards. Gradually, the numbers of patients reduced, reaching 142 on 1 January 2021, but they then increased again, reaching a height of 257 on 26 January 2021, which was the Trust's peak of wave three. At the time of writing this report, in May 2021, the Trust is caring for just 10 inpatients who have the Covid-19 virus.

In the 12-month period covered by this report, the Trust cared for more than 4000 inpatients who had Covid, as well as 93,000 other inpatients who did not have the virus (both planned and emergency admissions).

One of the most difficult aspects of the past 12 months for many patients and their families has been restricted visiting and, at times and for many months of the year, no visiting except in exceptional circumstances. Whilst this was introduced to reduce the spread of the virus both in the hospital and amongst visitors, we nevertheless understand it had a big impact on our patients and indeed their loved ones who wanted to spend time with them in the hospital. We know relatives often felt frustrated when trying to contact either patients or the ward team looking after them, with telephones being frequently engaged and long waits for the telephone to be answered. Despite the huge efforts made by ward staff to keep next of kin involved as to the condition of their loved one, this did, at times, prove extremely challenging for us to achieve.

Throughout this year the staff at the Trust, both in the hospital and community services, have been amazing. Their dedication, their commitment, the compassion they have shown, the support they have given to each other, the willingness to take on new roles and adopt new ways of working in response to the needs of patients has been wonderful to see and so impressive. The support of our community has meant a great deal to all of our staff.

As a result of the pandemic, the Trust has not been able to achieve several of the NHS constitutional standards. However, some of the most clinically important ones, such as the two-week fast-track referral standard for suspected cancer, we were able to achieve for virtually the whole year. The Trust's relative position compared to others in England for many of the other access standards has improved. Nevertheless, like many Trusts, we have fallen a long way short of meeting the 18 week constitutional standard for starting treatment. Before the pandemic began we had no patients waiting more than 52 weeks; at the end of March 2021 we had over 1700 patients waiting more than 52 weeks. The Trust's position though continues to be better than the national average.

Crucial to the quality of service provided to patients is the morale of staff. If the Trust does not create the right conditions, both physically and psychologically, for staff to give their best, then the quality of service will be negatively impacted. I am delighted to report our most recent Staff Friends and Family Test results showed the ongoing improvement journey of the Trust in relation to the two key questions of 'would you recommend it as a place for treatment?', and 'would you recommend it as a place to work? 77% of staff said they would recommend it as a place for treatment (this compares to just 54% five years ago), and 65% would recommend it as a place to work (compared to just 43% five years ago). Further improvements are still very much needed, and I know the Trust Board is fully committed to ensuring the improvements continue.

I have been very fortunate to end my career as the Chief Executive of The Mid Yorkshire Hospitals NHS Trust. I have so enjoyed my time at the Trust, working alongside so very, very many motivated, dedicated, hardworking staff who give so much, despite the constant pressure created by the gap between the demand for our services and our capacity to meet that demand. I will hugely miss working here and all my colleagues at the Trust, but I know the improvement journey will continue because of the wonderful people that work in and lead the Trust.

Signature:

A handwritten signature in black ink that reads "Martin Barkley". The signature is written in a cursive style with a large, looping 'y' at the end.

Chief Executive and Accountable Officer: Martin Barkley

Organisation: The Mid Yorkshire Hospitals NHS Trust

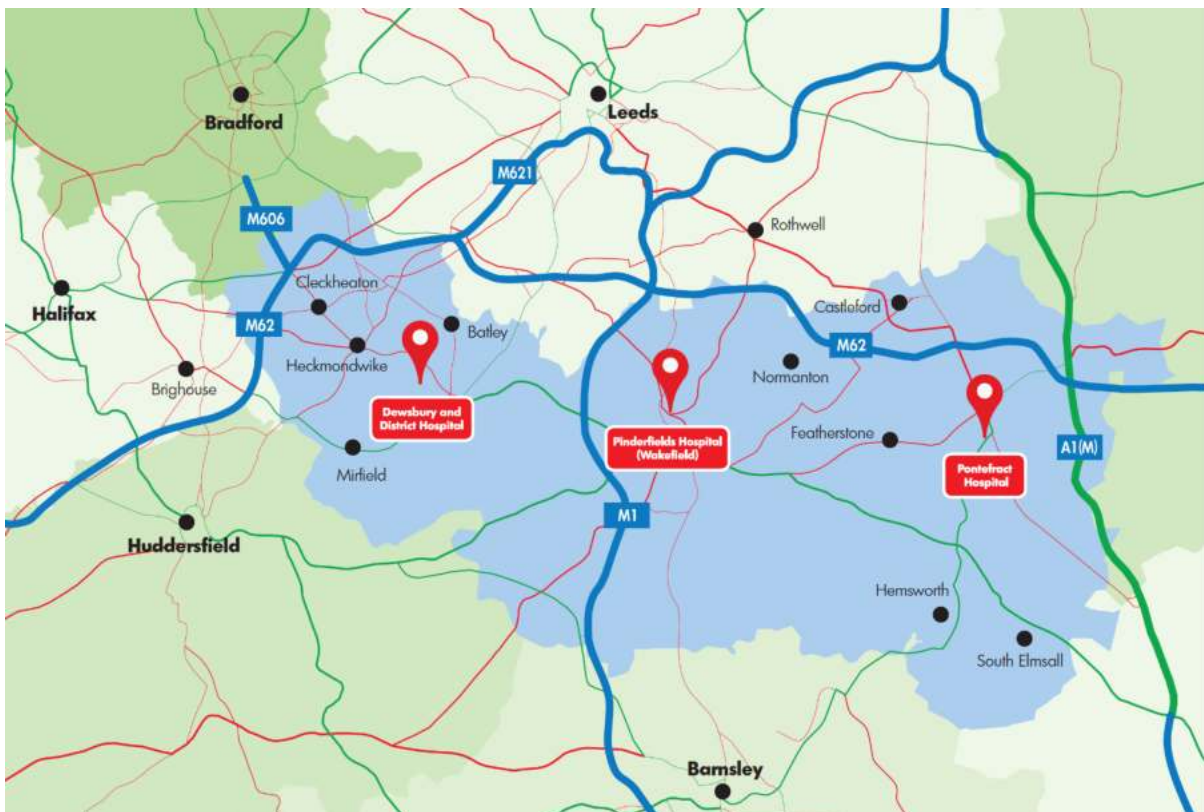
Date: 10 June 2021

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 and delivers a range of community services mainly to the 360,000 population of Wakefield.

The Trust offers services from three hospital sites and many community settings, as well as directly into people's homes. The three acute settings are:

- Pinderfields Hospital (Wakefield)
- Dewsbury and District Hospital
- Pontefract Hospital



The Trust provides an extensive range of services, including secondary care hospital services, intermediate support and community care.

In addition, 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.

The Trust is made up of a team of 9,200 staff, making the Trust one of the largest employers in the locality and it has an income of more than half a billion pounds. The Trust works in partnership with two local authorities, two primary clinical commissioning groups (CCGs) and a wide range of other providers, including voluntary and private sector organisations. It also works as a member of the West Yorkshire and Harrogate Partnership, which is the Integrated Care System within which the Trust resides. 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 from the neighbourhood level to region-wide.

A snapshot of the Trust during 2020-2021:

- There were more than 180, 000 attendances to A&E
- More than 76,000 patients were admitted
- Patients attended more than 440,000 outpatient appointments
- Almost 5,500 babies were delivered
- There were more than 250, 000 home visits to patients in our community

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. This provides clarity to all stakeholders of the Trust’s

purpose and 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 Goals:

Strategic Goal 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 Goal 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 that 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 per national guidelines and best practice
- meet national clinical standards

Strategic Goal 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 Goal Four:

Be a well-led Trust that delivers value for money

The Trust is an NHS organisation. It has a responsibility to provide the 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 the best value
- provide the 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 Goal 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 the patient experience or support better patient outcomes
- make a full contribution to the 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 Goal Six:

Provide excellent research, development and innovation opportunities

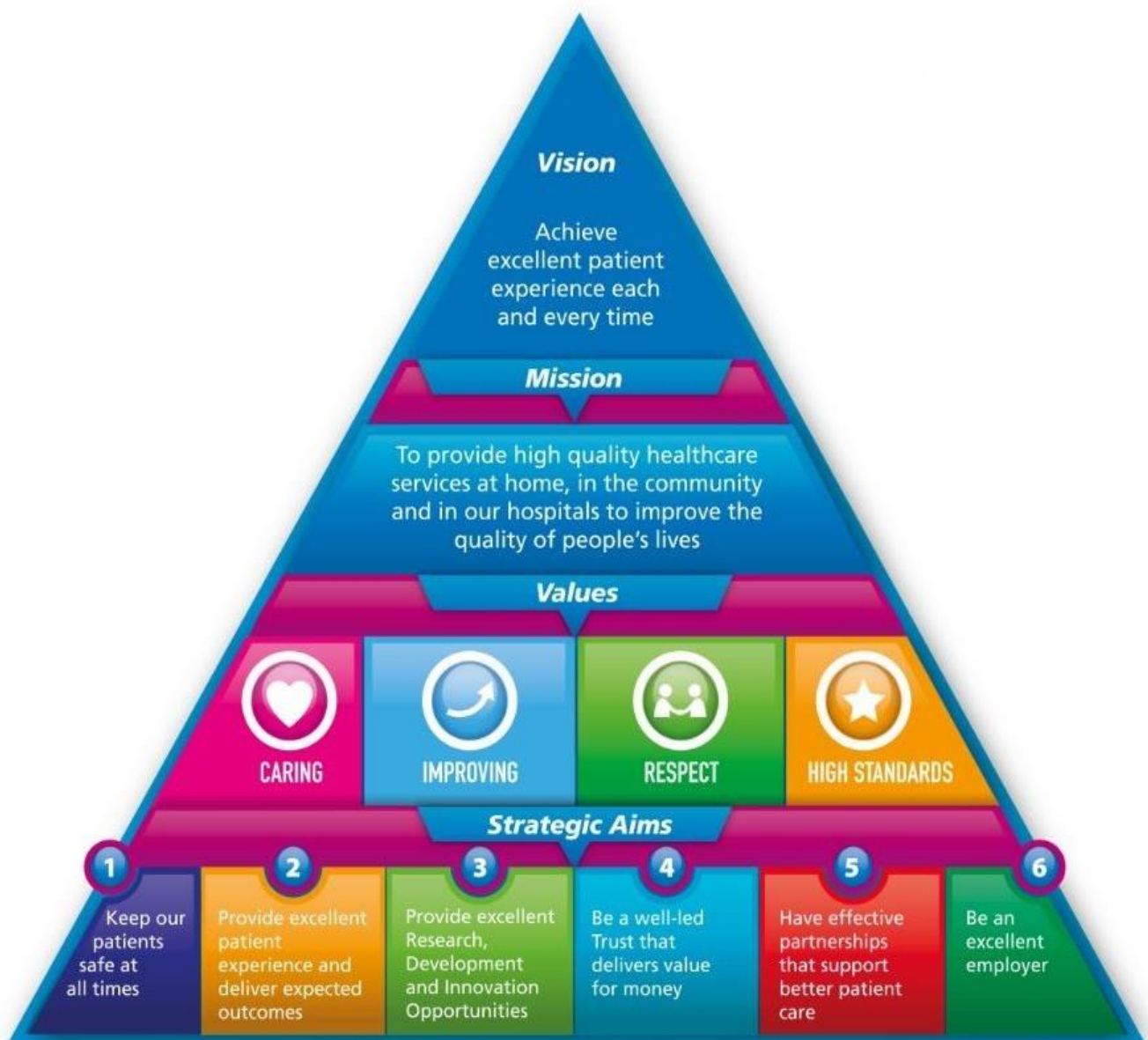
As a learning organisation, with three acute hospitals and vibrant community services, the Trust is perfectly positioned to be actively involved in research, development and innovation opportunities. Enhancing its involvement in research and innovation will strengthen the Trust's offering to patients 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
- actively engage our patients and the public in delivering effective research and development projects.

The six strategic goals 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.



Striving for Excellence Strategy Pyramid

Each year, the Trust develops an internal operating plan that reviews the strategic goals, determines True North Metrics (those key metrics that demonstrate we are moving closer to our Vision) and establishes annual operating objectives to which teams within the organisation respond. This process ensures operational alignment to the strategy and supports us to remain focused on moving towards our True North Vision of achieving excellent patient experience each and every time, whilst adjusting our direction in response to the changes to the environment in which we operate.

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.

Executive Directors

Non-Executive Directors

- **Celia Weldon**
Company Secretary
- **Michael Lewis**
- Head of Programme Management Office

Martin Barkley
Chief Executive

Keith Ramsay
Chairman

Karen Stone
Medical Director

Julie Charge
Non-Executive Director

David Melia -
Director of Nursing and Quality

Gary Ellis
Non-Executive Director

Jane Hazelgrave
Director of Finance

Mahmud Nawaz
Non-Executive Director

Mark Braden
Director of Estates, Facilities and IMT

Simon Stone
Senior Independent Director

Trudie Davies
Chief Operating Officer

David Throssell
Non-Executive Director

Debbie Newton
Director of Community Services

Amanda Moat
Associate Non-Executive Director

Phillip Marshall
Director of Workforce and Organisational Development

Stephen Radford
Associate Non-Executive Director

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 delivers the plan's ambitions. In February 2021, the government published the white paper ***'Integration and innovation: working together to improve health and social care for all'***. The paper outlines legislative proposals for a Health and Care Bill, including making Integrated Care Systems (ICS) statutory bodies, which in turn, brings changes to how the NHS is funded and organized at a regional and local level.

The proposals aim to build on the collaborations seen through COVID and shape a system that is better able to serve people in a fast-changing world. For the Trust and its partners, this means that we will be further encouraged to work together to achieve the best possible health outcomes for the populations we serve. The paper also outlines plans to absorb the functions of the current Clinical Commissioning Group within a new ICS function.

West Yorkshire and Harrogate Health and Care Partnership



West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) is the Integrated Care System (ICS) for our region and to which the Trust is aligned.

West Yorkshire and Harrogate is a large, complex system covering public, voluntary community and social enterprise organisations (VCSE). The image below shows the partners within the system:

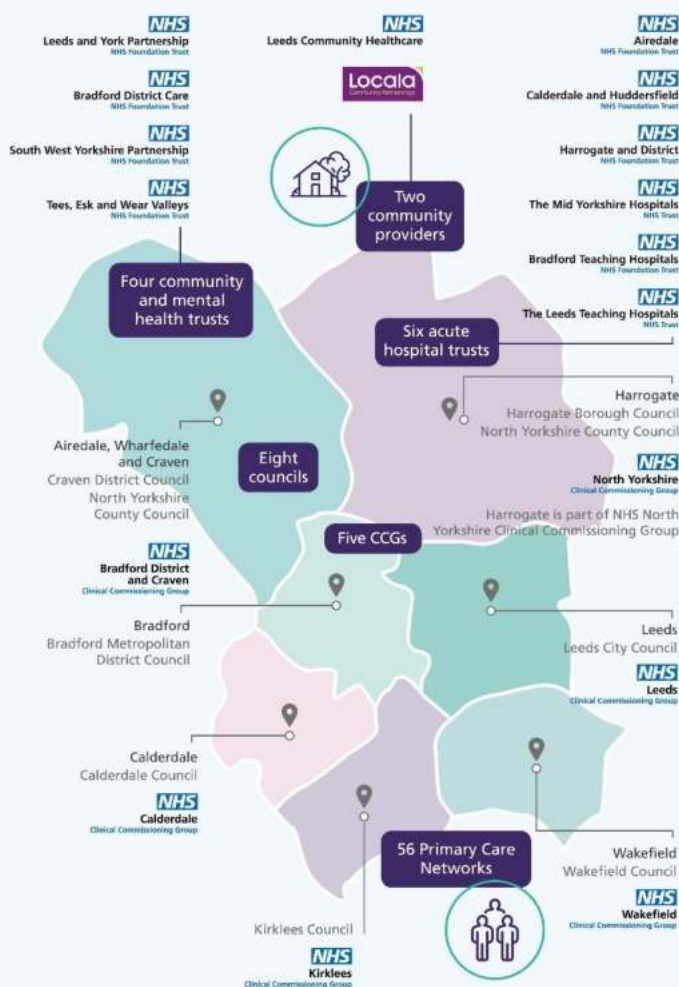
Our health and care landscape

Our councils



- 316 GP practices
- 555 community pharmacies, plus 38 online
- 431 providers of services in people's homes
- More than 611 care homes
- 11 hospices
- Thousands of voluntary and community organisations
- Hundreds of independent care providers

Figures accurate at November 2019.



Collectively as part of this partnership the Trust helps support 2.7million people, including 260,000 unpaid carers. 23% (570,000) of the total West Yorkshire and Harrogate population are children and young people. As a region, we are proud to be home to 20% of people from minority ethnic groups and have a sense of pride in the richness, heritage and diversity of our communities.

As a Trust, we are proud to be part of West Yorkshire and Harrogate Health and Care Partnership. The Partnership belongs to us all. Since the Partnership began in 2016, each party has worked hard to build the relationships needed to deliver better health, care and wellbeing support to people across West Yorkshire and Harrogate.

In doing so it has enabled the creation of meaningful provider collaboratives in which Mid Yorkshire Trust is an active member, such as the West Yorkshire Association of Acute Trusts, the Mental Health, Learning Disabilities and Autism Committee in Common, and the Joint Committee of Clinical Commissioning Groups. Supported by the politically led and inclusive Partnership Board (established in 2018) and all the 'places' (a 'place' will be defined as a district's Local Authority boundary from April 2022 i.e Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield), the partnership has focused on the strength of joint working to improve people's lives.

The way we work within this partnership has led to genuine changes, for example: most recently in the delivery of the COVID vaccine programme; hyper acute stroke units (the critical care people receive in the first 72 hours); vascular services, and assessment and treatment units for people with complex learning disabilities, eating disorder services; and a new specialised child and adolescent mental health services being built - to name a few.

The partnership has led to good practice being shared, for example, the award-winning 'Healthy Hearts' programme, where around 6,300 patients have had a change to a more effective statin and 2,400 people who are at risk of CVD have been offered a statin. In total, an estimated 1200 people could avoid a heart attack or stroke in the next five to 10 years across the area.

Another important example is the work within the partnership is to actively tackle health inequalities whilst improving the lives of the poorest the fastest. COVID-19, with its disproportionate impact on those with the greatest challenges, including minority ethnic communities and colleagues, gives added urgency to this work and the recent commission on this topic focuses on real action, from housing and jobs to improved planning, representative leadership and improvements in mental health services.

The COVID-19 crisis has strengthened relationships and trust within the partnership. Without this solid foundation, the handling of the pandemic would have been much poorer. Issues like maintaining personal protective equipment supply, coordinating testing, helping people who were shielding and mutual aid have been led by individuals working for the collective.

The partnership has invested additional funding, over £2.5m in the VCSE to continue their essential work. This stretches to the delivery of care as equal partners, for example, support for men's mental health as part of the partnership's suicide prevention strategy; the Grief and Loss Support Service and the staff Check-In campaign to help prevent staff suicide and the mental health and wellbeing hub for all colleagues.

This is underscored by the established ethical principles that underpin the partnership work to help individual clinical decision-makers and multidisciplinary teams have confidence and integrity during the pandemic and into the future.

The WY&H Partnership Improving Population Health Management Annual Report (December 2020) describes the collective difference we have made in the past 12 months, including the ambitions to address climate change and housing for health. It also describes actions for 2021, including violence reduction and the impact of childhood trauma. Just some of the partnership's big ambitions articulated within the coproduced [Five Year Plan](#).

Whilst the direct impacts of COVID-19 on health are recognised, it is important to acknowledge the economic and societal impacts associated with the long-term nature of the restrictions in West Yorkshire. Residents of West Yorkshire have been under a combination of national and local restrictions for all but two months since the end of March 2020 (accurate March 2021).

The relationships we have with the West Yorkshire Combined Authority for the area's economic recovery plan, Health Education England, the Academic Health Science Network, med-tech and the skills sector, including universities, helps us to look at what we can do together to develop and grow the workforce and support people into better jobs via the National People Plan and the associated local work.

As a proud and valued partner, we are pleased with the progress we have made. Together we are sharing and spreading good practice across the area, and ultimately saving more lives by improving people's health and wellbeing.

We know that more needs to be done to give everyone the very best start and every chance to live a long and healthy life. Only by working together can we truly achieve this.

West Yorkshire Association of Acute Trusts

The West Yorkshire Association of Acute Trusts is part of the West Yorkshire and Harrogate Health and Care Partnership. West Yorkshire Association of Acute Trusts (WYAAT) is an innovative collaboration that brings together the NHS trusts who deliver acute hospital services across West Yorkshire and Harrogate. It is about 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 are:

- 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 partnership is to create a region-wide, efficient and sustainable healthcare system that embraces the latest thinking and best practice so we consistently deliver the highest quality of care and the best possible outcomes for our patients.

WYAAT was established in 2016 with the first meeting of the Committee in Common on 12 December 2016. The purpose of the association is for the hospitals to work together on behalf of patients to deliver the best possible experience of care and support.

The aim is to organise hospitals around the needs of people living in West Yorkshire and Harrogate rather than planning at an individual organisational level so we can deliver more joined-up care, high quality, cost-effective care for patients.

WYAAT has thirteen 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.

WYAAT acts as the delivery mechanism for West Yorkshire and Harrogate Health and Care Partnership's hospitals working together with programmes and also provides a strong voice for hospitals within the Partnership. The thirteen priorities for WYAAT include:

1. The West Yorkshire Vascular Service
2. Elective surgery (orthopaedics)
3. Our stroke units
4. Pharmacy, Medicines and Patients
5. Yorkshire Imaging Collaborative
6. Pathology
7. Scan4Safety
8. Procurement
9. Information Management & Technology
10. Estates and facilities
11. Workforce
12. West Yorkshire and Harrogate clinical strategy
13. West Yorkshire and Harrogate Health and Care Partnership Priorities

Integrated Care Partnerships

As part of the changes proposed within the government white paper [**'Integration and innovation: working together to improve health and social care for all'**](#) Integrated Care Partnerships will be organised at 'Place' level. 'Place', on the most part, refers to the Local Authority boundaries of a geographical area. This means that the Trust will span two Integrated Care Partnerships (ICPs) or 'places' – both Kirklees and Wakefield. North Kirklees Clinical Commissioning Group, along with Greater Huddersfield Clinical Commissioning Group will be merged into the local 'Kirklees Place'.

Established for several years, Wakefield Integrated Care Partnership will evolve during the next 6-12 months to fulfil the statutory requirements in tandem with the ICS, as outlined within the paper. Kirklees Integrated Care Partnership is too evolving.

Integrated care partnerships (ICPs) are alliances of health and social care organisations that work together to deliver care through collaboration; often removing the need for competition. These providers include hospitals, community services, mental health services and GPs from Primary, Secondary, Social Care and Voluntary sectors.

As part of these new arrangements, our existing partnerships and relationships will serve us well to maintain stability during the transition to any new arrangements and the Trust remains committed to playing a key influencing, strategic and operational role in delivering the best outcomes for the people to we serve.

Equality, Diversity and Inclusion

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

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

In more normal times, during July we would have celebrated the graduation of the interns from our third Project SEARCH Pinderfields cohort. The year-long programme provides work experience for young people with learning disabilities.

When the pandemic hit we had no option but to suspend the placements for the eleven 2019/20 Interns. The Tutor and Job Coaches did continue to provide the academic aspect of the programme and to support the Interns in job searching, however losing more than half of the actual workplace experience they should have received was a major setback. This was not just a disappointment for the Interns but also for their families who were hoping the programme would provide a route into paid employment and also to the Trust who has benefitted enormously from the commitment and passion of interns individually.

On a more positive note, Wakefield Council agreed that three of last year's cohort continue on the scheme and so they have joined the six new Interns that were recruited to the 2020/21 programme over the summer, which started at the College on 8 September 2021.

September also saw the arrival of the first Project SEARCH Kirklees cohort of seven interns at Dewsbury Hospital. They arrived on site on 3 September 2019 and received a warm welcome from our Chairman and the Leader of Kirklees Council. As a result, we are now the first NHS Trust outside of a site in London to be hosting two Project SEARCH programmes, a fact of which we are incredibly proud.

Working in partnership with the local clinical commissioning groups and other NHS service providers, the Trust has used the NHS Equality Delivery System 2 (EDS) as a framework to engage local community groups across both Wakefield and North Kirklees. These groups provide comments on our efforts to improve patient experience and complaints with a particular focus on people reporting their patient experiences and accessibility to complaints process about services for a range of different communities, all of which is used to help improve services.

The NHS Rainbow Badge is a visual symbol that identifies its wearer as someone with whom an LGBT+ individual can feel comfortable talking about issues relating to sexual orientation or gender identity. It shows that the wearer is there to listen without judgement and signpost to further support. The scheme was launched at the Trust as part of the Nursing & Midwifery Conference 'Shout Out and Be Proud'. The response has been overwhelming since we launched the scheme and we have now processed over 1200 applications for an NHS Rainbow Badge, representing over 15% of the workforce.

The Trust Board approved a Black, Asian and Ethnic Minority action plan in 2019/20 to progress work on improving the experience of our workforce. This plan was developed following two vibrant Trust Board seminars on the topic of Equality, Diversity and Inclusion, which all Board members attended.

The Trust was proud to be promoted following the publication of the 2020 National Staff Survey results as being one of the Top 10 Trusts in the country for low levels of discrimination from managers towards staff.

Activity Levels 2020-21

Important to note that activity levels during 2020-2021 have been significantly impacted by the Covid-19 Pandemic.

| | 2020/21 | 2019/20 |
|---|---------|---------|
| Emergency Department attendances | 194,762 | 265,975 |
| Patients who were admitted as an emergency admission | 45,749 | 60,862 |
| Total outpatient appointments | 480,283 | 527,254 |
| Patients admitted as an elective (planned) admission/day case | 47,351 | 71,684 |
| Total number of births/deliveries | 5,951 | 6,165 |
| Radiology examinations | 365,268 | 540,159 |
| Home visits in the community | 278,511 | 293,293 |
| Total number of referrals from GPs | 85,948 | 113,177 |
| Total number of referrals to the Trust | 185,511 | 201,936 |

Financial Sustainability

Like many NHS Trusts, the Mid Yorkshire Hospitals NHS Trust faced significant financial and operational pressures throughout the year.

During the financial year 2020/21, the Trust has been required to realign focus and resource to support its response to the COVID-19 pandemic. This has been recognised nationally and a revised financial framework has been in place which limits financial risk within the NHS in the current financial year.

Despite the understandable shift in focus, the Trust has still endeavoured to deliver efficiency plans where it is safe and appropriate to do so. Moreover, periodic updates have been delivered to the Resource and Performance Committee with regards to CIP performance and CIP planning for future years. The Trust has also maintained its effective, robust budgetary control systems and internal financial controls.

Despite the pandemic situation, the Trust was still able to deliver CIP of £9.8m. This is less than the original plan of £24.0m created prior to the covid outbreak, but this reflects the different financial regime and that the primary focus in 20/21 has been dealing with pandemic.

The Trust has reported a surplus financial position on Income & Expenditure for the financial year 2020/21, for the second successive year. Unlike the previous year 2019/20, there is no risk to earning any incentive income dependant on the overall financial performance of the West Yorkshire Integrated Care System. The Trust's financial performance is reviewed and scrutinised in detail at the Resource and Performance Committee and at Trust Board.

The Trust is expecting to meet the statutory break even duty for 2021/22. It is anticipated that there will be based on two half yearly plans with NHSI/E in 2021/22 whilst considering the continuing impact of COVID upon NHS resources. 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.

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 in 2020/21 and achieved an in year normalised surplus of £40k for the year ended 31 March 2021. In addition the Trust closed the

year with a cash balance of £38,574k (2019/20 £13,679k) and net assets of £163,188k (2019/20 £7,212k) - a marked improvement on previous years and a better financial basis on which to enter 2021/22. This improvement includes the impact of reforms to the NHS cash regime in the 2020/21 financial year. DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment, loans totalling £114,780k which were classified as current liabilities within the 2019/20 financial statements were converted. The repayment of these loans were funded through the issue of PDC.

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 ethically and responsibly:

- 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

Under Section 54 of the Modern Slavery Act, the Trust is committed to ensuring our employees: 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.

2020-2021 Performance

Performance Management Framework

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 that need to be in place to ensure the sustainable delivery of mandatory and locally agreed performance targets and the Trust's strategic and annual objectives. All underpinned by the Trust's strong 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 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 national activity against planned levels and finance. Also, many 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 2021* is as follows:

| | | | | |
|------------|---|---|----|---|
| Caring | 3 | | 3 | |
| Safe | 4 | | 6 | |
| Effective | 1 | 1 | 3 | |
| Responsive | 6 | | 10 | |
| Well-led | 9 | | | 2 |

* or most recent position where March 2021 not yet available

Data is reported using a scorecard approach and, except for 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 2020/21 Trust performance against the five domains of quality is detailed in this section.

Caring

There are three national and three local indicators within this domain all relating to whether staff would recommend the Trust as a place to receive care or whether patients had a positive or negative experience whilst receiving care. The Trust achieved two and improved in two of the national indicators.

Staff recommending the Trust as a place to receive care was 76.9% in Q4 2020/21. This has continued to improved year-on-year since 2018/19 when 70% of staff stated they would 'recommend care'.

Safe

Of the eight national indicators under this domain, the Trust has achieved two and improved its performance on 2019/20 against three standards.

There are three locally defined indicators in the Safe domain, of which none are currently achieving the level of ambition set.

The Trust had six confirmed cases of Methicillin-resistant Staphylococcus aureus (MRSA) in 2020/21.

Reportable incidents which are harmful at the 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. However, improvement has been seen compared to last year, which demonstrates the impact of the focused work in these areas.

5 Never Events occurred during 2020/21. A Never Event is defined by NHS England and Improvement as 'serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers'.

The Trust's annual objective is to have no more than 73 Trust-attributable Clostridium difficile infection (CDI) cases. At the end of March 2021, the Trust reported 61 cases of Trust-attributable CDI, 51 hospital-onset healthcare-associated cases and 10 community-onset healthcare-associated cases. Following a review by the Trust's Consultant Microbiologist, Trust Infection Prevention and Control Team and Antimicrobial Stewardship Team, only 9 of these cases were deemed preventable. The lessons learned from any lapses in care have been shared with clinical teams.

Effective

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

The Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme based in the School of Population Health and Environmental Studies at King's College London. SSNAP measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland. The Trust's SSNAP domain level has achieved an A (the best achievable rating) in three of the last six quarters and a B rating in the remaining three.

SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence based standards, including the 2016 National Clinical Guideline for Stroke. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients. SSNAP has been voted the most effective national clinical audit in the UK for nine consecutive years by healthcare professionals involved in audit.

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. Likewise, the Summary Hospital Mortality Indicator (SHMI) follows similar principles but is set against a risk level of one, where anything above (and outside of confidence interval) is classed as statistically higher than the national average.

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 the national average for SHMI but statistically higher than the average for HSMR. It should be noted that national coding changes relating to COVID-19 in April 2020 did have a negative impact on the Trusts HSMR position and has continued to compromise the annual position. Year-end information will not be available until June 2021, 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 affected by the current COVID-19 Pandemic and the Trust has experienced a deterioration in performance whilst it deals with unprecedented pressures. Before the pandemic – the Trust had seen a number of years of steadily improving performance with an increase in the % of people waiting under 18 weeks for their first appointment – a metric referred to as ‘referral to treatment’ (RTT) and no patients had waited 52 weeks or longer in the previous 4 years. In addition, the Trust had achieved its targets with diagnostic standards.

The Trust is 52 in the country, out of 160 reporting organisations at the end of March 2021. This means that 73.04% of patients waiting on incomplete referral to treatment (RTT) pathways were waiting less than 18 weeks. Nationally, performance has worsened against this target and although the Trust’s position has also deteriorated as a result of COVID, it continues to be better than the national average. If we take the most recent published position available, March 2021, the national average is 64.1% compared to the Trust position of 73.04%. This has improved our national ranking position by 51 places (based on March 2020 – ranked 103).

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 2020-2021, there were 1,153 breaches of the 30-minute target of which 325 were over the 60-minute target. However, the Trust continues to perform well against regional peers.

Before the pandemic, MYHT had experienced no 52-week breaches for over 4 years. In March 2020, we experienced our first two patients waiting over 52 weeks as a result of the restrictions of the pandemic. At the end of March 2021, 1765 patients have waited longer than 52 weeks, representing the impact of COVID-19 on the Trust's elective activity.

The successful delivery of the diagnostic target was compromised during the pandemic but in March 2021 had recovered to a delivery point of 96.89% against a target of 99% and national average of 75.7%. The Trust's position is expected to continue to improve.

The validated data for cancer access performance in March 2021 shows 76.03% of patients receiving their first definitive treatment for cancer, waited less than 62 days from GP referral. This was below the $\geq 85\%$ standard mandated nationally, but above the national average of 73.9% in the same period.

In March 2021, the number of patients waiting less than two weeks from urgent GP referral to 1st outpatient appointment was 97.2%. This was above the $\geq 93\%$ standard mandated nationally and above the national average of 91.2%

Well-led

There are two national targets within this domain, both of which are being met consistently. These relate to the Trust submitting at least 99% accuracy of patient NHS numbers within our SUS Acute and A&E commissioning datasets. The Secondary Uses Service (SUS) is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Local indicators in this domain that were below target related to Agency staff spend on nurse and medical staffing; and non-medical annual appraisal rate. It is important to note that these indicators have been impacted by the Covid pandemic; the total agency spend is within target after the removal of Covid agency costs. Of the remaining indicators, four achieved the target, whilst five were temporarily suspended in response to the increased staffing pressures through the pandemic, as per national agreement.

In Quarter 4 2020/21, the percentage of staff recommending the Trust as a place to work was 65.4%. There have been considerable improvements in this indicator since Q4 2017/18 when the score was 54%. In Q1 2020/21, during wave one of the pandemic, 65.6% of staff would recommend the Trust as a place to work.

The Trust's target for sickness absence performance was set locally for 2020/21 at $\leq 6\%$, a slight increase on the previous year's target in response to the inevitable increase in sickness.

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 2020/21 compared to 2019/20*, as well as how the Trust has performed in 2020/21 against the 2020/21 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.

* Please note that due to the pandemic throughout 2020/21, some of the periods have had to be re-aligned to ensure similar periods are used when comparing 2019/20 and 2020/21.

2020-2021 actual performance compared to 2020-2021 national target

| Status | Performance description |
|--------|--|
| | Not achieved: the required standard has not been met for this indicator |
| | Achieved: the required standard has been met for this indicator |

The amber colour seen 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.

2020-2021 performance compared to 2019-2020

| Status | Performance description |
|--------------|--|
| Deteriorated | 2020/21 has declined based on the 2019/20 performance position |
| Improved | 2020/21 has improved based on the 2019/20 performance position |
| No Change | No change in performance and not achieving target |

| | |
|-----------|---|
| No Change | No change in performance but achieving target |
| - | Indicator not comparable to previous year |

Please note, the Friends and Family Test was halted during much of the last year due to Covid.

| Performance Indicator | Desired Direction | 2020/21 National Target | 2019/20 | 2020/21 | Performance Direction |
|--|-------------------|-------------------------|-----------------|-----------------|-----------------------|
| Caring | | | | | |
| Staff Friends and Family Test: recommend care | High | ≥73% | 69% (Q4) | 77% (Q4) | Improved |
| Friends and Family Test (FFT): inpatient/daycase - % Positive experience | High | ≥97% | 96.6% (Dec-Feb) | 97.8% (Dec-Feb) | Improved |
| Friends and Family Test (FFT): A&E services - % Positive experience | High | ≥97% | 93.4% (Dec-Feb) | 69.2% (Dec-Feb) | Deteriorated |
| Safe | | | | | |
| Trust attributable MRSA infection cases | Low | 0 | 2 | 6 | Deteriorated |
| Venous Thromboembolism (VTE) risk assessment of eligible inpatients | High | ≥95% | 91.9% | 85.5% | Deteriorated |
| Reported patient safety incidents that are harmful: trust level | Low | ≤15% | 31.2% | 29.3% | Improved |
| Reported patient safety incidents that are harmful: acute services | Low | ≤15% | 25.1% | 25.9% | Deteriorated |
| Outstanding open CAS alerts | Low | 0 | 1 | 0 | Improved |
| Trust attributable C. difficile infection cases | Low | ≤73 | 59 | 61 | Deteriorated |
| Trust attributable C. difficile infection cases where lapse in care identified | Low | n/a | 3 | 9 | Deteriorated |
| Trust attributable C. difficile infection cases - rate per 100,000 occupied bed days | Low | 22.2 | 17.7 | 23.4 | Deteriorated |
| Effective | | | | | |
| Stroke care: SSNAP overall level | - | A | B (Q4) | A (Q4) | Improved |
| Summary Hospital Mortality Indicator (SHMI) - rolling year | Low | ≤1 | 1.07 | 1.08 | Deteriorated |
| Hospital Standardised Mortality Ratio (HSMR) | Low | ≤100 | 107.1 | 111.3 | Deteriorated |

| Performance Indicator | Desired Direction | 2020/21 National Target | 2019/20 | 2020/21 | Performance Direction |
|--|-------------------|-------------------------|-----------------|---------------|-----------------------|
| Responsive | | | | | |
| Ambulance handovers 15-30 minutes from arrival | Low | ≤3944 | 3751 | 3538 | Improved |
| Ambulance handovers 30-60 minutes from arrival | Low | 0 | 689 | 1337 | Deteriorated |
| Ambulance handovers >60 minutes from arrival | Low | 0 | 60 | 346 | Deteriorated |
| Referral to Treatment (RTT): incomplete <18 weeks | High | ≥92% | 79.75% | 73.04% | Deteriorated |
| Referral to Treatment (RTT): incomplete >52 week waits at month end | Low | 0 | 2 | 1765 | Deteriorated |
| Diagnostic waiting times: >6 weeks from referral for test | High | ≥99% | 97.42% | 78.24% | Deteriorated |
| Cancer: 2 weeks from urgent GP referral to 1st outpatient | High | ≥93% | 96.2% | 96.4% | Improved |
| Cancer: 2 weeks from urgent GP referral for breast symptoms to 1st outpatient | High | ≥93% | 79.9% | 88.9% | Improved |
| Cancer: 31 days from diagnosis to first definitive treatment | High | ≥96% | 96.4% | 96.4% | No Change |
| Cancer: 31 days to subsequent treatment - surgery | High | ≥94% | 94.2% | 94.9% | Improved |
| Cancer: 31 days to subsequent treatment - drug | High | ≥98% | 99.8% | 99.8% | No Change |
| Cancer: 62 days from urgent GP referral to first definitive treatment | High | ≥85% | 76.5% | 77.5% | Improved |
| Cancer: 62 days from referral from NHS screening service to first definitive treatment | High | ≥90% | 86.4% | 73.6% | Deteriorated |
| Last minute cancelled operations (non-clinical reasons) not re-booked within 28 days | Low | 0 | 14 | 3 | Improved |
| Delayed transfers of care: acute/ sub acute beds | Low | ≤3.5% | 4.44% (Apr-Feb) | Not Available | - |
| Delayed transfers of care: community beds | Low | ≤7.5% | 7.83% (Apr-Feb) | Not Available | - |
| Urgent operations cancelled for a second time | Low | 0 | 0 | 0 | No Change |
| Well-led | | | | | |
| Valid NHS number in acute commissioning dataset submitted via SUS | High | ≥99% | 99.9% | 99.9% | No Change |
| Valid NHS number in A&E commissioning dataset submitted via SUS | High | ≥95% | 99.4% | 99.6% | Improved |
| Staff Friends and Family Test: recommend work | High | ≥65% | 62.1% (Q4) | 65.4% (Q4) | Improved |
| Staff sickness absence | Low | ≤6% | 5.22% | 5.64% | Deteriorated |
| Staff turnover rate | Low | ≤11.5% | 10.78% | 10.89% | Deteriorated |

Sustainability Report

Whilst 2020-21 was understood to have been a very difficult year to maintain Trust progress against its national and local climate change objectives, it has, however, been able to maintain a broad sustainability focus during this Covid-19 pandemic and commit to delivering a 'Net Zero' NHS.

One of the most significant longer-term concerns is the climate emergency, which is also a health emergency. If no action is taken climate change threatens to disrupt patient care. Increasing levels of pollutants in the air contribute to major diseases including cardiac problems, asthma and cancer, and a warming climate is responsible for increasing the frequency of heatwaves, flooding and aiding the spread of infectious diseases.

The NHS is responsible for around 4% of the nation's carbon emissions and therefore plays a major part in reducing the nation's impact on the environment. The NHS has committed to reducing emissions to 'net zero' by 2040 from the NHS Carbon Footprint with an interim target of an 80% reduction by 2028–2032 on a 1990 baseline. Even more ambitiously, the NHS has committed to net zero emissions from the NHS Carbon Footprint Plus by 2045. This includes indirect emissions from aspects including patient travel and the supply chain. Supply chain purchases of goods and services such as medicines and medical equipment account for more carbon emissions than from the entire buildings estate.

Several key areas of sustainability are reported including plans to build stronger 'green' environments in the post covid environment. Sustainable learning has also been achieved during the Covid period and a number of measures continue to be taken to reduce the Trust carbon footprint and demonstrate the Trust's commitment to sustainable development by creating long-term improvements to Trust services.

Active carbon management arrangements are in place 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.

Included in this report are sections that highlight how the Trust is taking forward the core sustainable areas of energy management, travel and transport and waste management services, procurement and service provision.

In particular, the Trust emphasises the importance of the effective use of scarce resources to deliver our hospital and community services and intends to do this by putting efficient strategies in place to improve environmental performance and reduce consumption.

The Trust is committed to developing its greener NHS plan and intends to do this by building on current strategies to deliver more sustainable patient care in our hospital and community services.

Energy and Carbon Management

Active carbon management programmes are in place across a range of services in the Trust, to reduce waste, bring forward innovative technology and improve efficiency. These programmes covering both the retained and PFI estate will contribute to playing our part in reaching the UK's net-zero carbon targets. As energy spend increases year on year, energy management plays an important role in helping the Trust improve its sustainability and safeguard financial resources.

The following are some schemes delivered during 2020-2021:

The Trust has been awarded a £1.925m interest-free loan for energy saving schemes by Salix. Work began onsite earlier in 2020 at Dewsbury to convert the Medium Temperature Hot Water system (MTHW) to a Low-Temperature Hot Water system (LTHW). This scheme will allow lower boiler operating temperatures and optimise the performance of the Salix CHP (Combined Heat and Power) project. CHP generates electricity onsite and dramatically reduces the amount of electricity needed to be imported from the grid, saving up to £460,000 per year and improving site resilience. Salix also funded an LED lighting replacement project which will lower energy consumption and reduce maintenance costs and improve lighting quality.

A £78,000 grant from the Decarbonisation Low Skills Fund was secured from Salix to be used to develop a comprehensive decarbonisation plan across the three main sites.

Business cases and technical project plans have been completed which will help the Trust achieve major milestones on its journey towards net-zero by 2040. Decarbonisation projects included adding to existing onsite generation from solar PV and air source pumps.



Solar PV panels and Air Source Heat Pumps at the Eye Centre, Pinderfields

The Trust is procuring REGO-certified renewable energy from April 2021 sourced from wind or solar generators. The Trust will therefore be able to claim zero emissions from electricity imported from the national grid.

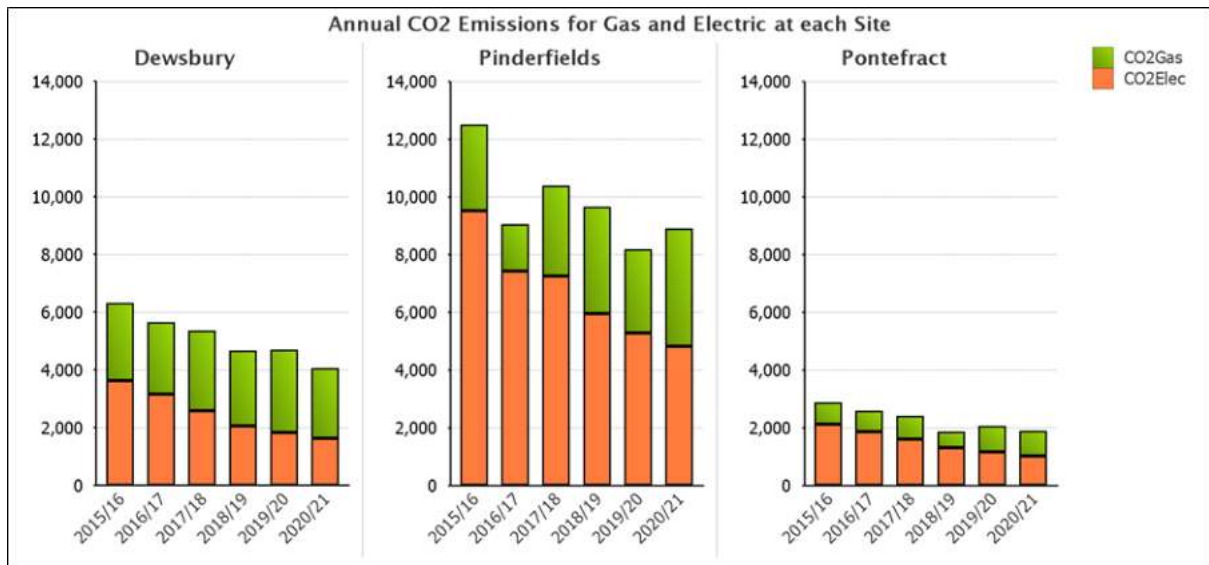
LED light upgrades – the 2020-2021 year sees the continuation of rolling LED lighting replacement for areas not covered by the Salix loan including the replacement of car parking lights, external building lights and facilities such as the Trust HQ Lecture Theatre and staff canteen. The new lights have improved lighting levels, reduced the number of required light fittings and made the external areas safer.

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 investment included new metering systems that will identify areas of high energy usage for the Energy Management Team and control the distribution of treated air with more efficient chilling and heating.

The rollout of the Trust's PC power management software called Nightwatchman continued in 2020/21. The system will reduce energy consumption by shutting computers when not in use out of hours.

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

Progression Towards Net Zero



Annual CO2 Emissions for each site associated with gas and electricity consumption

The Trust has reduced annual emissions by 6,863tCO₂ compared to 2015/16. This is against a background of increased business activity within the Trust, and more recently in the context of a large influx of Covid patients at our largest site, Pinderfields Hospital.

Nationally, the reduction of UK CO₂ emissions has been helped by the rapid decarbonisation of the country's electricity grid. Since 2015/16 the amount of renewable generation feeding into the national grid has accelerated to the point that over half of all electricity generated in 2020 came from renewable sources such as wind, hydro and solar PV. Our decarbonisation plans for the future aim to leverage technologies such as air source heat pumps because they shift heat generation from natural gas to electricity and take advantage of the 'greening' of the grid.

Travel and transport

During the COVID period, travel and transport have been a key focus and challenge for the Trust, with Covid-19 precautions and home working reducing travel activity. Maintaining effective transport links with both public bus services and the Trust shuttle services have been essential. The Trust will continue to focus on maintaining the sustainable travel services necessary to support staffing on our three hospital sites.

In addition to the use of bus services, walking and cycling have also featured as a core area requiring support during the Covid pandemic. Cycling by staff has particularly benefited from reduced road congestion and the Trust has continued its support with safe and secure cycle storage at work.

In 2021, the Trust was able to undertake its annual travel and transport questionnaire survey of staff. As in previous years the questionnaire was circulated in both electronic and hard copy formats; the results of this questionnaire will not be fully known until May. Analysis from the questionnaire will be used to determine investment priorities in sustainable travel and support the further development of Trust 'travel plans'.

Management of Trust transport services and vehicles including shuttle bus services continued to be reviewed using best sustainable practice on low emission vehicles and further development of the Trust hybrid and electric fleets. Having procured the first fully electric vehicle for the Trust fleet further developments will take place to electrify the procurement of Trust fleet vehicles.

The Trust has maintained further fleet efficiencies including the expansion of the community pool car fleet to improve fuel efficiency and carbon reduction. Small, fuel-efficient cars have been procured on a shared pool arrangement for business mileage.

Trust shuttle bus services, including the commissioned free public bus service, make a major contribution in the provision of effective and efficient transport infrastructure. Their sustainable efficiency has been reduced during the Covid pandemic period with increased services to support social distancing and reduced passenger numbers due to increased home working.

The service does however continue to support a reduction in car journeys and make a contribution to a reduction of CO2 (as detailed in the table below for the current and previous year).

Shuttle Bus Co2 Savings

| Fuel | Type | Miles | Co2 Savings |
|----------------|-------------|---------|-------------|
| 2019/20 | | | |
| Diesel | Shuttle Bus | 313,664 | 68.06 |
| 2020/21 | | | |
| Diesel | Shuttle Bus | 359,788 | 42.34 |



Electric Vehicles

Since April 2020 the Trust, in conjunction with Fleet Solutions, has leased 155 electric vehicles to staff members with an annual average mileage of 10,000 miles per annum. Each of these vehicles has zero tailpipe carbon dioxide emissions meaning reduced greenhouse gasses, enabling the UK to move towards sustainable, renewable sources of electricity. Over a year, just one electric car on the roads can save an average of 1.5 million grams of CO2. That's the equivalent of four return flights from London to Barcelona.



Waste Management

In 2020 with a further revision in 2021, the Trust revised its Healthcare Waste Management Guide for staff. The changes were necessary to reflect the new Government guidance on managing clinical waste in ward areas with Covid-19 patients. This infectious pathogen has to be handled with great care and have a higher level of care for both segregation and safe disposal.


The Mid Yorkshire Hospitals
NHS Trust

Healthcare Waste Leaflet (2020)

(COVID 19 Update Included)

**Sustainable, Compliant, Cost Effective
Waste Management**




The Mid Yorkshire Hospitals
NHS Trust

In October 2020 the Trust appointed a new Clinical Waste Contractor to manage the disposal of all clinical waste arising's on all Trust hospital. The new waste contractor

was appointed to recognising that the core criteria placed on this service were to place sustainability at the heart of the new service. In addition, there is a requirement that the sustainability profile of the service must be able to offer a 'year on year' improvement in carbon reduction.

Trust waste policy has been revised to support a strategy that focuses on key aspects of sustainability including waste reduction and improved performance on recycling. Staff training also continues to remain a key area of development within the policy, in 2020 the Trust Waste Management Committee started to look more closely at plastic reduction priorities with its waste containers. The Trust has successfully introduced a new biodegradable waste container for medicine waste and has undertaken a review to introduce recyclable sharps containers and reprocess single-use surgical instruments to recycle their base metal.

The Trust's domestic waste contracts were subject to further review in 2020/21, with over 600 tons of domestic waste produced each year from Trust sites the review was keen to ensure that not all domestic waste goes to landfill. It was confirmed that 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.

The Trust has, despite the high volumes of waste being produced been able to maintain a very stable level of segregation and can take assurance that its waste management systems across the organisation remain safe and effective.

Sustainable Services

Recognising the Trust's commitment to a 'net zero' National Health Service for sustainability the Trust has committed to a number of areas of sustainable improvement across its services environment.

Laundry Services: In laundry & linen services several initiatives were taken to improve sustainability including the introduction of washable PPE Gowns to replace disposables, this initiative very much supported the Covid imperative to increase the use of PPE but also reduced both procurement and disposal costs.

The improvements in-year also established a small on-site laundry facility to further reduce road miles on the transport of laundry to off-site facilities and improved the quality of smaller items of laundry which are difficult to manage in high volume industrial laundries.



Catering Services: From previous years, the Trust catering services continued to make their contribution to sustainability by further reductions in the use of plastic containers. In 2020 the Trust joined the national commitment to remove all plastic straws, disposable drinking cups and hot drink stirrers from its restaurants and cafes.

At Dewsbury Catering Department the Trust was able to improve its handling practice for waste food with the introduction of a Food Waste Dryer, this equipment avoids food waste entering the wastewater drainage system and provides a hygienic service solution for food wastes with no requirement to use clean water in the process. The Trust is investigating using the dried product as a soil enhancement in Trust grounds & Gardens.



Image of Food Waste Dryer

Procurement: The Trust is committed to using the NHS Supply Chain for a range of products including food for our patient meal service and hospital restaurants and cafes. The Supply Chain provides our hospitals with multiple frameworks for food procurement within the NHS including ‘Food To Go’, Delivered Ready Prepared Meals, Fresh Food (including fruit & vegetables, milk and bread) and many more.

On behalf of the Trust, these frameworks are renewed frequently to allow new suppliers the opportunity to work with the NHS. This also allows NHS Supply Chain to review how suppliers are managing sustainability and the environment whilst providing their products and services.

As part of recent procurements of NHS Supply Chain foods, we are now mandating that any successfully awarded suppliers must complete the Government’s online

Carbon, Waste and Water Reduction Assessment. Once suppliers complete the assessment it will provide a score and an action plan for suppliers to use to further improve their sustainability scores. Procurement are also now asking prospective suppliers to provide any of the following as part of their tender submission: Carbon, Waste and Water Reduction & Greenhouse Gas reduction policy/assessment;

- Carbon, waste and water reduction and greenhouse gas reduction policy/assessment
- Reduction/elimination of single-use plastics policy/assessment
- Waste and the circular economy policy or equivalent
- Ethical policy or equivalent
- Sustainability/environmental policy or equivalent

As part of our supply chain management programme, there will be an expectation that suppliers will need to show a sustainable improvement annually regarding their contract for the provision of products to the Trust.



Chapter two

Covid Response



A personal reflection from Dr Andy Smith, Emergency Medicine Consultant and Clinical Lead for Emergency Preparedness, Resilience and Response.



The COVID-19 pandemic has impacted most, if not all areas of the world, including the UK. Healthcare Systems have been placed under tremendous pressures. The NHS and Mid Yorkshire Hospitals are no exception.

It has not been a sprint, rather a marathon or even an ultra-marathon.

The first known case of coronavirus in the UK was made public on the 31st January 2020, one day after the World Health Organisation announced the virus as a Public Health Emergency of International Concern.

At this point, global knowledge about the virus including how it spread, high-risk members of the population, how best to treat it and how contagious it was, was not fully understood.

As the virus spread across the world, the NHS watched cautiously learning of the impact and the necessary actions to be undertaken, a very steep learning curve.

On 3rd March 2020, the government published its COVID-19 plan, with scenarios from a mild pandemic to a severe prolonged pandemic.

The government centred its approach on delaying the spread of the virus to provide the NHS time to prepare for a rapid rise in infections of COVID-19 and in an attempt to prevent the NHS from becoming overwhelmed.

The Trust received its first Covid patient on the 15th March 2020.

On the 17th March 2020, NHS England wrote to NHS leaders to advise them to suspend elective activity from the 15th April for 3 months to enable capacity and free up personnel to manage the wave of patients attending acute care facilities.

While the majority of those who become symptomatic are cared for at home, 15-20% who contract the virus become unwell and may require hospitalisation. A small number (5%) require intensive care, some of whom require breathing support through ventilation. The Trust needed to be ready to respond to an unknown ask.

Mid Yorkshire Response

The Trust underwent rapid changes in the ways of working to prepare and care for the many COVID-19 patients during the first wave of the pandemic.

Within days of the pandemic's announcement, the Trust had organised, operationalised and communicated how its three sites would be used to support the continuation of care to the greatest degree possible.

Pinderfields Hospital was made the primary site for managing acute COVID-19 and that it would be ring-fenced for the hosting and treatment of COVID-19 positive and, potentially positive, patients.

Pontefract Hospital was nominated as the designated site at which our immunocompromised, non-covid-19 patients would reside and receive care and services.

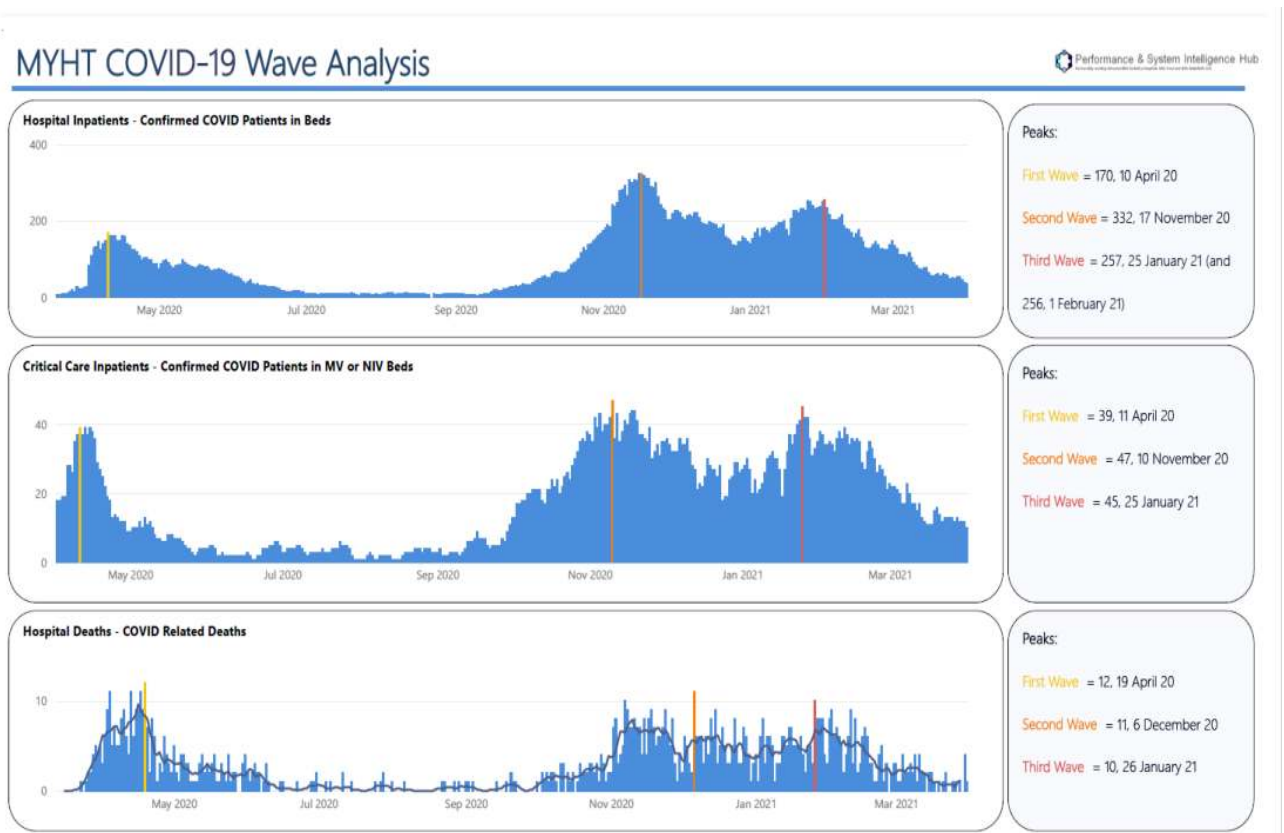
Dewsbury & District Hospital was initially a non-COVID-19 site. This meant that there was growth in the number of elderly services delivered from Dewsbury, an increased number of beds to provide care to non-COVID-19 frail and elderly patients. Throughout the second and third waves Dewsbury also kindly looked after COVID positive patients.

During wave one in April, at its peak, the Trust was caring for 170 inpatients with COVID-19, at this point, 39 people were receiving critical care.

Throughout the pandemic, the Trust has implemented a reflective process after each of the waves to identify positive practice to be retained and areas for development. This has been completed for waves 1 and 2 and is underway for wave 3.

During wave two in November, at its peak, the Trust was caring for 325 inpatients with COVID-19, at this point, 47 people were receiving critical care.

During wave three in January 2021, at its peak, the Trust was caring for 255 inpatients with COVID-19, at this point, 47 people were receiving critical care.



Throughout the year, the Communications Team has continued to provide briefings to all internal and external stakeholders providing staff, partners and national stakeholders up to date with developments. This was especially important at the start of the pandemic when national guidance was changing rapidly and it was vital for us to respond and relay messages swiftly.

An essential part of the Trust's incident response to the COVID-19 pandemic has been the continued engagement of the Infection, Prevention and Control (IPC) team in decision-making.

The Trust developed, under guidance, its own pillar one testing for personnel and their families, aligned with the internal Test, Trace and Isolation team to achieve early identification of COVID to prevent spread, but also allowing personnel to return to work, limiting the impact on service delivery.

It is pleasing to report the NHS supply chain of PPE has been more robust in the latter stages of the year, bolstered by regional procurements during the second and third

waves. The Trust PPE group continue to meet to ensure a sustainable pipeline for necessary equipment.

The redeployment of personnel is an essential part of managing incidents, ensuring adequate personnel are allocated to key areas for the care of patients. This year, this has included: the expansion of the critical and respiratory care teams; COVID-19 ward areas; Emergency Preparedness, Resilience and Response (EPRR) team; and corporate staff supporting training, procurement, logistics, data capture and others.

The setting up of the critical care cell was fundamental for those patients requiring critical/HDU care. The surge arrangements are subject to continuous review. Understanding the appropriate ceiling of care, the utilisation of non-invasive ventilation, rather than intubation and ventilation, along with the development of end of life arrangements for some of these patients and support for their relatives was valued and retained during each wave.

There have been significant challenges for the Trust's community teams and their community colleagues throughout the incident, with large numbers of patients, discharged at the beginning of wave one, the ongoing management of vulnerable patients in their homes and the onsite and impact of long-covid. Once again, collaborative and supportive work has been essential.

Throughout the COVID-19 Incident, there has been and continues to be, a large number of data requests. This has required the dedication of the Trust's Business Intelligence and Programme Management Office team to produce these reports.

Caring for Our People

A concern throughout the pandemic has been the welfare and wellbeing of Trust personnel. The provision of welfare and wellbeing communications including the intranet website and communications directly from the CEO has been most welcomed.

A dedicated team have provided tremendous support, being available at difficult times, running debriefing sessions, and facilitated wobble rooms amongst other initiatives. Clear communication of "it is OK to not be OK" and needing support was most welcomed.

For personnel requiring shielding, the Trust provided a clear process and where possible employees were enabled to work from home which required the procurement of additional IT equipment.

Understandably, a key focus is on the Trust's personnel welfare; recognising with gratitude, the steps undertaken so far, but once again the need to continue to reflect and improve where possible the working environment and supportive structures. The Trust's leadership team actively promote the message that is OK to seek and request help when required.

Partnership Working

The Trust continues to progress through the challenges of managing the COVID-19 pandemic. At each stage options have been considered through the command structure discussions, integrated engaged system decisions, and communicated, internally to Trust personnel, externally to system partners and both regionally and nationally.

Collaborative working, both internally within the Trust and externally with system and regional partners, is fundamental to achieve the best outcomes for delivery of care while understanding the risks. Effective and efficient communication is paramount in managing any incident, especially one of such magnitude and longevity.

Continuing Care

During the first wave, elective activity declined to enable the provision of care for COVID patients through the redeployment of facilities and personnel. Towards the end of the first wave, the Trust implemented Reset Steering and Operational groups to facilitate the return of activity while integrating lessons learned, including some changes in practice, which has seen many patients receiving their care via video consultation. This also included building resilience for future potential waves.

During the second and third waves, despite the extensive pressure placed on services, the Trust was able to deliver more elective activity. We are proud of our achievement to retain the delivery of cancer and urgent activity throughout the pandemic.

As a direct impact of the pandemic, there is a significant backlog of elective activity and the Trust has ambitious plans to ensure patients are seen and treated as quickly as possible.

Vaccination Programme

Since the first wave, immunological profiling has developed a greater understanding of the virus, including the identification of several variants. The development of vaccines has been crucial. Meeting the challenge of vaccine roll out in the UK, Mid Yorkshire Hospitals established two centres, one at the Pinderfields Hospital in the Trust Head Quarters and Education Centre for Health and Social Care personnel and a second at Navigation Walk, Wakefield for the wider population.

Ensuring the population, including the Trust's personnel, are vaccinated is essential to combat the potential of further surges of COVID in the community. The vaccination programme will hopefully reduce the demand placed upon the NHS, but we all must remain vigilant and follow the guidance.

The Emergency Preparedness, Resilience and Response (EPRR) reflective reviews are supportive of the changes implemented, welcoming the implementation of lessons learnt from the waves of COVID surges to achieve effective caring practice. A continued reflective process is essential.

Moving Forwards

The impact of managing a new virus, resulting in a pandemic, should not be underestimated. Through a clear command and control structure and the willingness of the Trust personnel to engage with the incident, often working in most challenging circumstances, the Trust has shown clear commitment to and provided for, both the care of the patients and their families accessing the acute and community services.

Ahead lies the continued challenge of monitoring and managing the COVID-19 incident, respecting the possibility of further waves, while resetting the provision of all aspects of care within the Trusts remit.

Thorough and careful planning, learning lessons, the engagement of the Mid Yorkshire System partners and the tremendous, continued response of the workforce will see

the Trust deliver the best care possible for its patients while ensuring the safety and well-being of its people.

A handwritten signature in black ink, appearing to read 'Andy Smith', written in a cursive style.

Andy Smith

Emergency Medicine Consultant

Associate Medical Director / Clinical Lead EPRR/Major
Incident/HAZMAT/CBRNE/MERIT



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 the agenda and papers, are available on 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 a declaration of any actual or potential conflict of interest, and the Fit and Proper Persons Test.

Signature:

A handwritten signature in black ink that reads "Martin Barkley". The signature is written in a cursive style with a large, looping 'y' at the end.

Chief Executive and Accountable Officer: Martin Barkley

Organisation: The Mid Yorkshire Hospitals NHS Trust

Date: 10 June 2021

Our Board of Directors as of 31 March 2021:

Non-Executive Directors

Keith Ramsay – Chair

Julie Charge – Non-Executive Director, Chair Audit and Governance Committee

Gary Ellis – Non-Executive Director

Mahmud Nawaz – Non-Executive Director (appointed 23 November 2020)

Simon Stone – Senior Independent Director, Chair Resource and Performance Committee

David Throssell – Non-Executive Director, Chair Quality Committee (appointed 1 April 2020)

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

Stephen Radford

Non-Voting Executive Directors

Mark Braden – Director of Estates, Facilities and IM&T

Phillip Marshall – Director of Workforce and OD

Debbie Newton – Director of Community Services

One Board member left during 2020/21:

Non-Executive Director

Lenore Ogilvy, Non-Executive Director – left 30 September 2020

Declarations of interests for Directors in post at 31 March 2021

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, Incommunities Commercial Limited Patron, Thackray Museum |
| Julie Charge | Non-Executive Director | Employee Salford University |
| Gary Ellis | Non-Executive Director | Chief Executive The Coalfields Regeneration Trust (<i>The CRT is a subcontractor to the Five Towns PCN in Wakefield relating to a health and wellbeing programme</i>) Director of Wholly Owned Subsidiary companies of The Coalfields Regeneration Trust Non-Executive Director with Berneslai Homes |
| Mahmud Nawaz | Non-Executive Director | Employee Lloyds Banking Group Member of the Leeds Teaching Hospitals NHS Trust Organ Donation Committee NHS Blood and Transport Organ Donation Ambassador |
| Simon Stone | Senior Independent Director | Nil |
| David Throssell | Non-Executive Director | Emeritus Consultant, Sheffield Teaching Hospitals NHS FT |

| | | |
|-----------------|----------------------------------|---|
| | | Faculty member and facilitator, Royal College of Anaesthetists' Leadership and Management Course |
| 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 Project Manager |

Executive Directors:

| Name | Position | Description of Interest |
|------------------|---|---|
| Martin Barkley | Chief Executive | <p>Member of the West Yorkshire Association of Acute Trusts Committee in Common</p> <p>Member of the Yorkshire and Humber Applied Research Collaboration Board</p> <p>Member of the Wakefield Integrated Partnership Board</p> <p>Member of the WYH Partnership Board</p> |
| Trudie Davies | Chief Operating Officer | Nil |
| Jane Hazelgrave | Director of Finance | Nil |
| David Melia | Director of Nursing and Quality/ Deputy Chief Executive | Nil |
| Karen Stone | Medical Director | Nil |
| Phillip Marshall | Director of Workforce and OD | Wife is employed by the Mid Yorkshire Hospitals NHS Trust |
| Debbie Newton | Director of Community Services | Nil |
| Mark Braden | Director of Estates, Facilities and IM&T | Nil |

Attendance at Board Meetings

| Member | April 2020 | May 2020 | May 2020 (Extraordinary) | June 2020 | July 2020 | Sept 2020 | October 2020 | November 2020 | December 2020 | January 2021 | February 2021 | March 2021 | Attendance |
|------------------|---------------|----------|---------------------------------------|-----------|-----------|-----------|--------------|--|---------------|--------------|---------------|------------|------------|
| Keith Ramsay | | | | | | | | | | | | | 100% |
| Martin Barkley | | | | | | | | | | | | | 100% |
| Julie Charge | | | | | | | | | | | | | 92% |
| Gary Ellis | | | | | | | | | | | | | 100% |
| Mahmud Nawaz | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | 100% |
| Simon Stone | | | | | | | | | | | | | 100% |
| David Throssell | | | | | | | | | | | | | 92% |
| Lenore Ogilvy | | | | | | | N/A | N/A | N/A | N/A | N/A | N/A | 100% |
| Amanda Moat | | | | | | | | | | | | | 100% |
| Stephen Radford | | | | | | | | | | | | | 100% |
| Jane Hazelgrave | | | | | | | | | | | | | 100% |
| Karen Stone | | | | | | | | | | | | | 92% |
| David Melia | | | | | | | | | | | | | 100% |
| Trudie Davies | | | | | | | | | | | | | 100% |
| Mark Braden | | | | | | | | | | | | | 92% |
| Debbie Newton | | | | | | | | | | | | | 92% |
| Phillip Marshall | | | | | | | | | | | | | 92% |
| KEY | In attendance | | Not in attendance, apologies received | | | | | Not in attendance, no apologies received | | | | | |

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 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 2020/2021, there was good attendance at Board and Committee meetings by Board members. During the year, all Board and Tier 1 Committee meetings have been held virtually by video link due to the Covid-19 pandemic and the need to observe the arrangements for social distancing. Quality, Finance, Resource, Risk and Workforce governance are all overseen by Tier 1 Committees to assure 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 Tier 1 Committee has an annual work plan. Trust Board members routinely receive the minutes of all Tier 1 Committees and these are considered at meetings of the Audit and Governance Committee. A summary of the key issues and assurances from the meetings is presented to the following meeting of the Board.

In addition to the above and in response to the Covid 19 pandemic, a Covid 19 Board Assurance Committee was established to meet in between Board meetings and Board Development Seminars to ensure that there was an update to Board members on Covid 19 weekly during the busiest times. The frequency of the meeting was adjusted as required during the year. The key purpose of the COVID-19 Board Assurance Committee was to provide a mechanism through which non-executive directors could

receive information for assurance on key aspects of the organisational response to the COVID-19 pandemic and to consider the impact of any exceptional measures being taken concerning:

- Capacity and service changes
- Patient safety
- Quality considerations including the work of the Ethics Committee
- Staffing matters including social distancing and vaccinations
- Risk

Three of the Tier 1 Committees are Statutory and three are Assurance. The Trust also participates in a Committee in Common with other provider NHS trusts in West Yorkshire.

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 personal 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, no issues were arising in 2020/2021.

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 (Mazars), 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 is made up of 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 which are produced after every meeting of the Committee and inform 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, about which no concerns were highlighted. The Committee also reviews the minutes from the Quality Committee, Resource and Performance Committee and the Risk Committee. The Committee conducts a separate review of its effectiveness; actions that arise from the review are monitored through to completion.

Once again the Committee has seen a continued trend in receiving significant assurance reports from internal audit including Medical Recruitment and Retention, Cyber Security, Equality, Diversity and Inclusion and the Governance Framework; and follow up reports have also shown improvements in areas such as waste management and community mobile devices. The Annual Governance Statement summarises the total number of audit reports as well as the assurance level.

Charitable Funds Committee (Statutory)

The role of the Charitable Funds Committee is to assure 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 the Board to enable it to fulfil its role as Corporate Trustee.

The Committee met four times in the year and is made up of both Executive and Non-Executive Directors including 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 2020/21 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 the use of monies for a memorial garden and ICU balcony at Pinderfields Hospital. The installation of Water Coolers on all sites and over the Christmas period, provision of festive lights.

The Committee adapted fundraising and requests for monies to accommodate the different needs/requirements due to the COVID-19 pandemic.

Fundraising activities of 2020 have contributed significantly towards achieving the charitable aim of enhancing patient care in our hospitals and we expect the impact of the Charity to increase as awareness of these activities, and the Charity's existence, spreads further amongst both staff and the wider community.

2020 has been an extraordinary and challenging year across the NHS and NHS Charities. MY Hospitals Charity is no exception to this. The pandemic severely impacted the Charity's planned fundraising events in 2020. For example the Charity had a record number of runners scheduled to take part in the 2020 Great North Run which sadly had to be cancelled due to the pandemic. MY Hospitals Charity has however experienced phenomenal support from the public, our staff and businesses throughout this year. The amazing commitment of fundraisers and generosity of donors has resulted in MY Hospital Charity receiving funds of over £751,000 an increase of £125,000 from the previous year. These funds are enabling the charity to fund equipment and provide support to our patients and staff during these challenging times.

In 20/21 the Charity has provided over £460,000 in grants providing enhanced clinical equipment such as the provision of additional bladder scanners. Utilising grants received from NHS Charities Together during the pandemic the charity has been able to provide funding to create an outdoor balcony area to make it easier for staff on the Pinderfields Critical Care Unit to take a break. Funding has also been made available for creating memorial/reflection gardens at both Dewsbury and Pinderfields Hospitals.

Enhancing the patient environment has also been a key element of charitable funding in 2020/21 with the charity funding the installation of Visualite Ceiling Tiles in Radiology and refurbishing the children's waiting area at the Pontefract Urgent Treatment Centre. As the charity goes from strength to strength there will be undoubtedly me more exciting projects in 2021/22 benefitting both patients and staff.



MY HOSPITALS CHARITY

OUR 2020 RECAPPED



REGISTERED CHARITY 1067163

FUNDING APPROVED towards enhancing patient care & experience

£580,068.95



£396,000

SECURED from working with Grant making organisations

1,056

NEW SOCIAL MEDIA FOLLOWERS &

PEOPLE REACHED

524,316

times by our social media posts

CHRISTMAS PRESENT

50+ DONATIONS delivered to our Staff & Patients across the Trust.



THANK YOU FOR YOUR SUPPORT IN 2020

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 2020/2021. The role of the committee is to:

- Provide assurance to the Trust Board that there are robust systems of governance across the organisation
- Foster the development of a learning organisation ensuring we are listening to feedback from patients and carers, learning from concerns, complaints, compliments and incidents and acting to improve care
- Provide assurance to the Trust Board on the clinical quality and safety of all services across the organisation ensuring all required standards are achieved
- Allow for planning and driving continuous improvement
- Identify and manage risks to the quality of care
- Identify, share and ensure delivery of best practice
- Investigate and take action on substandard performance

The Terms of Reference were reviewed and were later 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. These are presented at the beginning of the relevant section of the Board meeting so they can be taken into account throughout.

An annual committee work plan covers all the requirements of the Terms of Reference and is approved by the Trust Board. As a matter of routine the Committee reviews:

- Performance against key indicators relating to clinical quality and patient safety as set out in the Quality Strategy
- Trust compliance with the Care Quality Commission requirements and associated internal programmes of work/action plans
- Divisional governance performance
- Patient experience reports
- Serious clinical incidents
- Infection protection and control
- Complaints
- Legal claims
- Safeguarding issues
- Mortality rates
- Maternity quarterly surveillance reports
- Research activity
- Organ donation annual report
- Major trauma update
- Health and safety updates
- 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 a particular focus on:

- The impact of the Covid-19 pandemic on quality
- Continued monitoring of the delivery of the CQC Action Plan and review of the CQC Insight Tool
- Cancer and Oncology improvement work
- Maternity Transformation work
- Never Events
- Identifying specific risks that needed to be escalated to the Board and maintaining oversight of these as well as existing key risks to quality and safety
- Improving information received by the Committee and a Task and Finish Group is in place to review the Quality Strategy Dashboard.

In December 2020 the Committee implemented a monthly Quality Seminar to discuss any areas where greater understanding was needed to gain assurance. This is open to all members of the committee as well as the other Non-Executive Directors. Areas of focus have included Trust-wide pressure ulcers and the Stroke Service.

The Committee conducted a separate review of its effectiveness, no significant issues were identified and any actions will be monitored through to completion.

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 is made up of 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 sets out 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 a particular focus on:

- The Trust's overall financial position
- The Reset Programme following the first wave of the Covid-19 pandemic
- Re-establishment of full agile working in Adult Community Services
- The impact of the Covid-19 pandemic on the workforce
- Improvements in the Staff Friends and Family Test results
- Continued work to improve Equality, Diversity and Inclusion within the Trust with a particular focus on BAME staff.

The Committee conducts a separate review of its effectiveness, no significant issues were identified and any actions will be monitored through to completion.

Risk Committee (Assurance)

The Risk Committee was established in 2019/20 following a discussion at a Trust Board Seminar 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.

The Committee is made up of 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.

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) |
|--|------------------------------|--|---|---|--|--------------------------------------|
| 2020-21 | £000 | £00 | £000 | £000 | £000 | £000 |
| Keith Ramsay, Chairman | 40-45 | 40 | 0 | 0 | 0 | 40-45 |
| Simon Stone, Non-Executive Director | 10-15 | 8 | 0 | 0 | 0 | 10-15 |
| Julie Charge, Non-Executive Director | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Lenore Ogilvy, Non-Executive Director to 30 September 2020 | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Gary Ellis, Non-Executive Director | 10-15 | 4 | 0 | 0 | 0 | 10-15 |
| Amanda Moat, Associate Non-Executive Director | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Stephen Radford, Associate Non-Executive Director | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| David Throssell, Non-Executive Director from 1 April 2020 | 10-15 | | 0 | 0 | 0 | 10-15 |
| Mahmud Nawaz, Non-Executive Director from 24 November 2020 | 0-5 | | 0 | 0 | 0 | 0-5 |

| | (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 | | | | | | |
| 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 |

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) |
|--|--------------------------|--|---|---|--|----------------------------------|
| 2020-21 | | | | | | |
| | £000 | £00 | £000 | £000 | £000 | £000 |
| Martin Barkley, Chief Executive | 195-200 | 0 | 0 | 0 | 0 | 195-200 |
| Jane Hazelgrave, Director of Finance | 140-145 | 51 | 0 | 0 | 0 | 145-150 |
| Dr Karen Stone, Medical Director (A) | 210-215 | 69 | 0 | 0 | 47.5-50 | 265-270 |
| David Melia, Director of Nursing and Quality | 145-150 | 0 | 0 | 0 | 0-2.5 | 145-150 |
| Debbie Newton, Director of Operations (B) | 115-120 | 0 | 0 | 0 | 12.5-15 | 130-135 |
| Trudie Davies, Chief Operating Officer from 1 March 2018 | 145-150 | 7 | 0 | 0 | 35-37.5 | 180-185 |
| Phillip Marshall, Director of Workforce and OD (B) | 130-135 | 0 | 0 | 0 | 15-17.5 | 145-150 |
| Mark Braden, Director of Estates, Facilities and IMT (B) | 120-125 | 13 | 0 | 0 | 0-2.5 | 120-125 |

| 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 |

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.

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.

C) 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 2021 (bands of £5000) | Lump sum at pension age related to accrued pension at 31 March 2021 | Cash equivalent transfers value at 1 April 2020 | Real increase in cash equivalent transfer value | Cash equivalent transfer value at 31 March 2021 | Employers contribution to stakeholder pension |
|--|---|--|--|---|---|---|---|---|
| 2020-2021 | | | | | | | | |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Jane Hazelgrave, Director of Finance | 0 | 0 | 40-45 | 130-135 | 1061 | 0 | 1082 | 0 |
| Dr Karen Stone, Medical Director | 2.5-5 | 0-2.5 | 60-65 | 130-135 | 1109 | 55 | 1,204 | 0 |
| David Melia, Director of Nursing and Quality | 0-2.5 | 2.5-5 | 60-65 | 185-190 | 1340 | 32 | 1,416 | 0 |
| Debbie Newton, Director of Operations | 0-2.5 | 2.5-5 | 35-40 | 115-120 | 879 | 38 | 948 | 0 |
| Trudie Davies, Director of Operations | 2.5-5 | 0-2.5 | 45-50 | 95-100 | 737 | 29 | 798 | 0 |
| Phillip Marshall, Director of Workforce | 0-2.5 | 0 | 55-60 | 130-135 | 1044 | 22 | 1103 | 0 |
| Mark Braden, Director of Estates, Facilities and IMT | 0-2.5 | 0 | 40-45 | 80-85 | 709 | 4 | 742 | 0 |

*The above table includes full year pension costs

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.

The banded remuneration of the highest paid director in Mid Yorkshire Hospitals NHS Trust in the financial year 2020/21 was £215,000 to £220,000 (£205,000 to £210,000 in 2019/20).

This was 8.23 times (2019/20, 8.08) the median remuneration of the workforce, which was £25,000 - £30,000 (£25,000 - £30,000 in 2019/20).

In 2020/21 seven employees received remuneration in excess of the highest paid director. Remuneration ranged from £215,000 to £375,000 (in 2019/20 there were five employees ranging from £205,000 to £340,000).

| | 2020/21 | 2019/20 |
|--|---------------------|-------------------|
| Range – based on bands of £5000 | £15000 - £375,000 | £15000 - £340,000 |
| Highest paid director's total remuneration | £215,000 - £220,000 | £205,000-£210,000 |
| Median total remuneration | £25,000 - £30,000 | £25,000 - £30,000 |
| Ratio | 8.23 | 8.08 |

Exit Packages agreed in 2020-2021 – Subject to Audit

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. This is based on the annualised full time equivalent remuneration as at the reporting period date.

The ratio has slightly increased this year as although the median remuneration is within the same band as the prior year, the highest paid director's salary has increased in 2020/21.

| 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 | | | 35 | 83,035 | 35 | 83,035 | | |
| £10,001 - £25,000 | | | 1 | 24,684 | 1 | 24,684 | | |
| £25,001 - £50,000 | | | | | | | | |
| £50,001 - £100,000 | | | | | | | | |
| £100,001 - £150,000 | | | | | | | | |
| £150,001 - £200,000 | | | | | | | | |
| > £200,000 | | | | | | | | |
| | | | 36 | 107,719 | 36 | 107,719 | | |
| 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 | | | | | | | | |
| Total | | | 33 | 89,729 | 33 | 89,729 | | |

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

| | 2020-21 Agreements | 2020-21 Total value of agreements | 2019-20 Agreements | 2019-20 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 | 36 | 108 | 33 | 90 |
| Exit payments following Employment Tribunals or court orders | 0 | 0 | 0 | 0 |
| Non-contractual payments requiring HMT approval | 0 | 0 | 0 | 0 |
| Total | 36 | 108 | 33 | 90 |
| Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary | 0 | 0 | 0 | 0 |

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 Activities
- Communications strategic plan

Further plans are in development to support the full implementation of the national NHS People Plan.

The delivery of the workforce strategy is monitored by a number of workforce metrics and several 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 Resource 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 covers 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.

The Trust has continued to work 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. Further, the Trust has worked with partner organisations across Wakefield and North Kirklees to enable the rapid, temporary deployment of workers to support the pandemic response. Similarly, the Trust has taken on the role of the lead employer to support the delivery of the Covid-19 vaccination programme across Wakefield.

During 2020-2021, the Trust supported a number of students to work in the Trust on a fixed-term basis, providing additional support during the pandemic. In 2020, the Trust supported 9 therapy students; 69 medical students; 150 nursing students in their second and third years; 39 midwifery students in their second and third years. 86 of these nursing and midwifery students had been offered posts as part of the graduate recruitment described below and were, therefore, able to commence their permanent employment immediately following their fixed-term contracts. In February 2021, the Trust supported 86 students on fixed-term contracts to support during the pandemic.

The Trust delivered several recruitment campaigns and programmes of work during 2020- 2021 to: reduce the number of vacant posts; fill a number of new posts created as a result of additional investment in our Medical and Patient Administration

workforce; and resource several new services created as part of the pandemic response, namely the Trust's Test, Trace and Isolate service; Fit Testing team; Patient Swabbing Team and Covid-19 Vaccination Service.

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.

The recruitment campaigns have resulted in the following increases to our substantive workforce, all of whom commenced employment between April 2020 and March 2021:

- 197 whole-time equivalent Healthcare Assistants and Apprentice Healthcare Assistants;
- 220 whole-time equivalent Registered Nurses, who were recruited through domestic and international recruitment;
- 41 Midwives who completed their midwifery training during 2020-2021;
- 19 Physician's Associates;
- Over 200 individuals working in a variety of administrative, ancillary and clinical roles, supporting our pandemic response as part of our newly created Test, Trace and Isolation Team; Fit Testing Team and our Covid-19 Vaccination Services.

Additionally, the Trust has appointed:

- 107 individuals who will commence their employment as Registered Nurses upon completion of their nurse training during 2021-2022
- The first cohort of individuals to undertake their nurse training through a Degree Nurse Apprenticeship, commencing in 2021.
- A further 60 international nurses, who will commence employment in the latter part of 2021, and has commissioned the recruitment of a further 20 international nurses.

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

The Trust remains 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. In 2020, the Trust also joined the Health and Care Integrated Careers and Pathways Pilot Project delivering careers education for young people across Wakefield and Kirklees.

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 has made significant steps towards further raising the profile of this priority area. This has taken the form of two board seminars and a dedicated session at the Trust's Leadership Community Forum. The Trust has also consulted on and agreed to the contents of a BAME staff experience improvement plan which will form the basis of our activity in the year ahead.

The Executive Mentoring Scheme specifically for BAME staff, which was launched last year, continues enabling Executive Board members to mentor at least one BAME colleague. A key priority for the Trust last year and in the year ahead is to support BAME staff to develop their careers. Key performance indicators for achieving improved representation in specific staff groups and grades have been established and these are monitored monthly at the Resources and Performance Committee. The Trust has also recently been successful in securing the placement of participants from the West Yorkshire BAME fellowship programme who will join the team for six months in a very senior divisional management post. The Trust has also met all of its obligations with regard to Workforce Race Equality Standard, Disability Equality standards and Gender Pay Gap reporting.

During 2020, the Trust continued its support of the Armed Forces Community by achieving the Employer Recognition Scheme Gold award. 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

| Ethnic Group | Total | % |
|---------------------|--------------|----------|
| Asian | 926 | 10.1% |
| Black | 210 | 2.3% |
| Mixed | 120 | 1.3% |
| Other | 142 | 1.6% |
| Unknown | 174 | 1.9% |
| White | 7579 | 82.8% |

Staff in post by band*

| Band | No. |
|--------------------|-------------|
| Apprentice/Trainee | 6 |
| Band 1 | 50 |
| Band 2 | 2667 |
| Band 3 | 1173 |
| Band 4 | 519 |
| Band 5 | 1585 |
| Band 6 | 1273 |
| Band 7 | 620 |
| Band 8 | 349 |
| Band 9 | 6 |
| Medical | 888 |
| Other | 15 |
| Grand Total | 9151 |

Staff profile*

| Staff Group | Total |
|----------------------------------|--------------|
| Add Prof Scientific and Technic | 294 |
| Additional Clinical Services | 2084 |
| Administrative and Clerical | 1784 |
| Allied Health Professionals | 634 |
| Estates and Ancillary | 1051 |
| Healthcare Scientists | 163 |
| Medical and Dental | 888 |
| Nursing and Midwifery Registered | 2252 |
| Students | 1 |
| Grand Total | 9151 |

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

The age profile of staff

| Age Group | Total |
|--------------------|-------------|
| Under 25 | 617 |
| 25-34 | 2273 |
| 35-44 | 1987 |
| 45-49 | 1094 |
| 50-54 | 1145 |
| 55-59 | 1115 |
| 60-64 | 686 |
| 65+ | 234 |
| Grand Total | 9151 |

Annual Staff Survey 2020

The results of the NHS Staff Survey 2020 were published in March 2021 following a period between the end of September and the end of November 2020 when opinions were collected. The Trust invited a sample of staff (1250) to participate and 559 members of staff submitted their answers, giving a response rate of 45%.

The National Survey results compare the Trust to other, similar trusts and the final report benchmarks the Trust against the other 128 acute and combined acute and community trusts in England.

The results from the survey are based on 78 questions (75 enabling a historical comparison). Of those 75 questions, the Trust improved on 21 compared to its results in 2019. It deteriorated on 44 questions (although this deterioration was only significant on 4 questions) and stayed the same on 10.

Significant improvements were seen in the equality, diversity and inclusion questions with a reduction in the numbers of minority ethnic staff feeling they have experienced discrimination at work from both patients/public and managers/colleagues. Improvements were also seen in the Health and Wellbeing questions and those relating to the Safety Culture of the Trust.

Whilst it is important to review year on year progress, it is also useful to look at changes over a longer period to assess the impact of improvement interventions. Two of the most important questions within the survey ask how people feel about the Trust as a place to work and a place to receive care. The Trust has seen a continued improvement year upon year in both the number of people who would recommend the Trust as a place to receive care/treatment and who would recommend the Trust as a place to work. The Trust's performance however on these two questions does fall below the national benchmark average and these areas will continue to be an area of focus along with other questions which constitute the staff engagement theme given its link to patient care. This theme is derived from nine of the 78 questions. The Trust will also continue its improvement focus on Health and Wellbeing and Equality, Diversity and Inclusion.

The full national NHS Staff Survey results for 2020 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 awards aim 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 2020 awards also included the Dr Kate Granger Compassionate Care Award, which was nominated by patients and members of the public. This was won by Dr Tulika Singh, Consultant Obstetrician at Pinderfields for her exceptional kindness and compassion shown to families receiving maternity care.

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 (a process where information cascades through line managers); traditional newsletters; social media channels like Facebook and Twitter; and digital communications such as screensavers, digital screens and the intranet.

The Trust recognises the importance of senior leaders being visible and each month, after the Trust Board meeting, all members of the Board have the usual practice of visiting wards, teams and departments to speak to staff and listen directly to their views. During the pandemic, these visits have been conducted successfully 'virtually' using Microsoft Teams – experiencing good levels of attendance and engagement. 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. In addition to these forums, during the pandemic, the Trust established a weekly informal meeting with trade unions to ensure partnership working was a feature of the Trusts pandemic response. These have evaluated well and will continue in the year ahead.

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. Progress with this initiative including additional significant programmes of work related to the NHS People Plan will be areas of specific focus in the year ahead. Our commitment to working with our staff will also be assisted by the implementation of the Communications strategic plan which was agreed at the end of 20/21 and which will be an essential part of taking our staff engagement ambitions forward.

Training and Development

The Organisational Development Team responded to the pandemic early by enthusiastically bolstering efforts to support staff wellbeing and distribute community donations. Later on, their skills were put to good use in asymptomatic testing of staff, fit testing of face masks and training immunisers for the vaccination rollout.

Whilst priorities changed and seminar rooms closed, the Trust managed to maintain its target of core mandatory training across the year. This was largely achieved by an extra 10,000 e-learning completions.

All new Consultants continued to be appointed following online and virtual assessment against the Trust's Values & Behaviours. These new Consultants and aspiring medical leaders accessed development programmes as a specific focus of the Trust's approach to talent management.

The Trust's 'Embedding Values & Behaviours' programme for senior leaders was interrupted by lockdown but did manage to keep the momentum going as a key part of the Trust's Excellence ambition. The same is true of training new clinical support staff, where normal training was repackaged and support offered in new ways before this vital staff group commenced work on wards and departments. The challenges of the last year however didn't interrupt the Trust's apprenticeship programme, with well over 200 apprentices learning and qualifying in a variety of jobs.

Organisational Development continued to support teams and services as they adjusted to challenges and implemented the learning and change as a result.

In November 2020, the Trust undertook its annual "check-up" against its Investors in People accreditation. Despite the pandemic, the external assessment concluded that progress was being made towards advancing the Trust's accreditation status.

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 supported 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 accessed 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 to facilitate 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 underpin 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 easily accessible. The library is a fundamental service to support learners, provide 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% compliance rating within the NHS Healthcare Education England (HEE) national library and knowledge service framework.

Teams of the Week

The Trust introduced the Team of the Week Award in 2016, it is awarded when teams have 'gone the extra mile'. 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 2020-21, teams that received this recognition were:

April 2020

- The Daily Chess Sitrep Team
- The Rheumatology Team
- Doctor Training Delivery Team
- HSDU Team
- PERT and Cardiology Teams

May 2020

- Multi-Disciplinary Team for Gate 23
- Tiger Goggle Team
- Planning and Partnerships Team
- Shielding Review Multi-Disciplinary Team
- IT Training team/ BAME Seminar Team

June 2020

- Richard Firth, Alison Ward, Kate Firth and William Worboys
- The Blood Sciences Team
- A team led by Janet Marshall and including Pharmacy, Engie and the PFI Team
- The Palliative Care Team
- Linen Rooms at Pinderfields and Dewsbury Hospitals

- The Tactical Group
- The Patient Property Repatriation Team
- Medical Education Team

July 2020

- The Soft Services Transfer Team
- The Perinatal Mental Health Team
- IT Repercussions

August 2020

- The COVID-19 G45a Outbreak Control Team
- Junior Doctor Induction Programme
- G41 Overnight Team
- The Respiratory Medical Team
- The UTC at PGI
- Theatres and HSDU Teams at PGI and PGH

September 2020

- REACT Team
- MDT Team led by Jackie Thompson
- The Agile Working changes team
- PPE Team/ A1 Team
- The Respiratory Nursing Team
- The Theatres Team
- Occupational Health Team
- Legal Team

October 2020

- G11 Turn Around Team
- The Pathology Team
- IT Team supporting Symphony update

- The Robot Theatre Team

November 2020

- Domestic Management Team
- Community Nursing Staff
- ED/UTC Team
- Clinical Fellow Training
- The Therapies Team
- The MSSA Surveillance Team
- WICU Team
- The multi-disciplinary Medical Oxygen Team
- The Recruitment and PDEU Teams

December 2020

- Natalie Thomson - Performance and System Intelligence Hub
- MDT Acute Labour Ward Team
- Medical Physics Team
- Lateral Flow Test Team
- Arlene Wills and Celebrating Excellence Awards Teams 2020

January 2021

- Organ Donation Team
- Vaccination Operational Delivery Group
- Trust Test Trace and Isolate Team
- Decontamination Team
- A&E Team
- Gate 44 Team

February 2021

- Recruitment Task & Finish Group for Wakefield Community Vaccination Hub

- Estates Team
- Multidisciplinary Team – Wakefield Intermediate Care Unit IT Works

March 2021

- The COVID-19 Strategic and Executive Huddle Administrative Team
- Bereavement Team, Ongoing Strategy Away-Day organisers
- Network 2 Community Team
- Team managing the Pain Recovery Fortnight

Staff Health and Wellbeing

The SARSCoV-2 pandemic necessitated a new and vital approach to the delivery of the wellbeing plan that has addressed the impact of new ways of working and helped reduce the pressures felt by all employees during the past 12 months. Routine and regular events which were becoming embedded in the organisational consciousness such as Schwartz Rounds and Mental Health First Aid Training were unable to take place due to social distancing requirements and the demands of the workplace on the employees. Regular events to assist in mental wellbeing and resilience could not be delivered in their previous formats and the physical wellbeing offer was also hampered as the Fitness Centre at Dewsbury and District Hospital and the hydrotherapy pool at Pinderfields were closed as required to comply with Government directives. The impact of the pandemic on the health and wellbeing of employees was evident and a new response was required.

MY Wellbeing Matters

The MY Wellbeing Matters platform enabled employees to make direct contact to request a discreet appointment of up to 1 hour with the Occupational Health Psychology Team supported by the in house psychology provision. This service was set up in immediate response to the pandemic in April 2020 and has continued to operate throughout. There are no plans to step this service down in the foreseeable future.

This service provides discreet single contacts, and the nature of these contracts should be to provide emotional support and 'containment' – not psychological therapy. Employees identified as requiring longer-term high acuity interventions will, with their consent, have their care transferred to the Occupational Health Psychology Team. Originally remote telephonic/ MS Teams based the offer of face-to-face appointments was available from October 2020.

In addition to the above service, employees accessing the MY Wellbeing Matters Platform could access a range of self-help topics other services such as:

- Health Coaching
- Chaplaincy Services

- Bereavement Support
- Psychological Wellbeing sessions via YouTube
- Nutrition and Hydration advice
- Sleep Hygiene
- Leading compassionately- an external coaching service commissioned by the NHS

All the national support made available through NHSE/I was added to this platform to create a “one-stop” shop for support.

Occupational Health Psychology Services

In Q1 Executive Directors agreed to the following increase in investment to staff wellbeing provision.

Together with support from the CHP Occupational Health Psychology Services employees can access:

- Ongoing therapy where specific need required (e.g. complex trauma needing EMDR therapy)
- Individual staff support via MY Wellbeing Matters
- Staff trauma screening work
- Support to specific ward areas
- Response to adverse incidents where required
- Rapid response to support for senior medics

Psychology Support to High Acuity Areas

The Occupational Health Psychology Team, with support from the wider CHP service, provided regular in-reach to high acuity areas from the start of the pandemic. Much of this contact during the first wave of the pandemic focused on ICU, Emergency Departments on both sites and 4 ward areas classed as ‘COVID red’ or as they are now known “high-risk areas”. This in-reach activity was in the form of dedicated and specified psychology presence in these areas. This included out of hours on-call support via telephone. The demand for in-reach has continued to increase with the team currently supporting the following areas weekly:

- ICU – 3 hours
- ARCU – 4.5 hours
- AAU – 2 hours
- Gate 44 – 2 hours
- Ward 10 (DDH) – 2 hours

There is no plan to scale this activity back in Q1 of 2021/2022

Common Rooms

It was recognised very early in the pandemic that employees would need a safe space to take a break, reflect and recover. They were a space where it was OK not to be OK. Those spaces were given the nickname in many areas as the “wobble rooms”. Areas were encouraged and advised to identify spaces that were suitable for this use and the Wellbeing Steering Group produced a starter pack to help managers set up and access resources. Drinks and food were made available by the Employee Benefits Team and Occupational Health clinicians visited regularly to provide goody bags containing advice around how to care for your skin and handwritten thank you notes for employees. Children’s Services and Therapies Service, Radiology are just three examples of areas that prepared and led the way in developing these safe spaces for employees.

Fit Testing

The need for respiratory protective equipment to protect the health and wellbeing of employees during a respiratory virus pandemic has been front and centre of the protective personal equipment roll out. Face Fit Protection – level 3 (FFP3) is required for all patient contact where Covid 19 has been diagnosed or is suspected where the aerosol-generating procedure is taking place. This equipment needs a fit test to ensure the mask is the correct fit and does not leak whilst the employee is wearing this equipment. It was very quickly recognised that the Trust couldn’t guarantee that there was sufficient capacity in the Occupational Health and the Infection Prevention and Control Teams to rapidly roll out a fit testing programme especially when the make and model of FFP3 being provided via the centralised purchasing facility kept changing

and when frequent re-testing would be required. In September 2020 The Trust agreed to fund a dedicated team of fit testers 5.0WTE and a Team Leader to coordinate and deliver this service, recording outcomes on employees records and develop a testing map to support the planned distribution of FFP3 masks. To date, this team have performed more than 3000 face fit tests by operating over 6 days a week creating a testing hub on the Pinderfields sites and continuing to offer onsite testing services. Their work continues as the supply chain continues to fluctuate.

Pillar 1 PCR testing

Access to internal Pillar 1 testing service was established in May 2020 following instruction from NHS E/I and PHE. Occupational Health and Wellbeing services rapidly rolled out a new service that had the capacity to be operational 10 hours a day 7 days a week. The operating hours have pared back during periods when the community transmission rates fell in between surge periods. 2 swabbing facilities were set up outside of HG Jones and this enabled employees who were reporting an absence from work due to the development of Covid related symptoms to be swabbed within 24 hours of reporting their absence.

Employees who could not attend work as they were a contact of a household member with symptoms could arrange for their household member to be swabbed. This allowed those staff an early return to work where PCR swabbing was negative and there was evidence of clinical improvement in the case. Where PCR swabs gave a positive result Occupational Health clinicians were able to hold conversations with those employees and their family members providing reassurance and advice on what steps to take if their condition deteriorated.

Seasonal Influenza vaccination

Occupational health and wellbeing services planned and eventually commenced delivery of the seasonal flu campaign in October 2020. The CQUIN target was set at 90% uptake within the NHS front line there was a very real push from NHSE/I and PHE to have the ambition to vaccinate 100% of all front line NHS staff.

An order for 6000 vaccines was placed in Q4 of 2019 as is required by PHE. The impact of the pandemic meant the rapid recruitment for approximately 1300 during Q1 and Q2 so we did anticipate a shortfall.

The vaccine delivery was staged which was unhelpful to the rollout and a ring-fencing approach was taken until we could order a further 1500 vaccines in November 2020 and open up the campaign to all employees. The final figures were:

82.30% of all front line staff accepted the seasonal flu vaccination

73.27% of all staff employed at the Mid Yorkshire Hospitals NHS Trust accepted the flu vaccination

The Schwartz Rounds

Schwartz Rounds are a place where people who don't usually talk about the heart of the work are willing to share their vulnerability and to question themselves. The program provides an opportunity for dialogue that doesn't happen anywhere else in the hospital.

Throughout the last year, the Schwartz steering group has continued to meet to identify alternative delivery models and to make preparations to deliver this support. An online event did take place in Quarter 4 and there are plans to produce one digital Schwartz round each quarter.

Mental Health First Aid training

The Mental Health First Aid Instructors attended an additional training session to enable them to deliver this training remotely. The first remote session was delivered in Q4 and there is a plan in place to deliver a remote training session every quarter.

Staff Fitness Centre

The Staff Fitness Centre at Dewsbury and District Hospital has been closed but has undergone a complete refurbishment during this time. There are upgrades to the shower and locker areas, the floor has been repaired and renewed and all the old and obsolete unused equipment has been removed and replaced with new equipment. If the Government's road map for coming out of lockdown remains on target we expect to re-open the gym in Q1 2021 with the required restrictions on numbers and track and trace information until all national restrictions have been lifted.

SEQOSH

(Safe, Effective, Quality Occupational Health Services - 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 seventh consecutive year.

Clinician of the Year – Celebrating Excellence Awards

In 2018/2019 Occupational Health physiotherapist John Kent won Clinician of the Year. In 2019/2020 we were extremely pleased that Megan Jones, Occupational Health – Occupational Therapist won Clinician of the year. Winning this award for 2 consecutive years for health and wellbeing initiatives demonstrates that health and wellbeing remain front and centre in the organisation's commitment to caring for its employees.

Staff sickness absence

| | 2020/21 | 2019/20 | 2018/19 | 2017/18 |
|---------------------------|------------|---------|---------|---------|
| Total FTE Days Lost | 138,238.00 | 133,134 | 125,582 | 129,342 |
| Average SIP | 7860.19 | 7480.35 | 7316.55 | 6973.9 |
| Average Working Days Lost | 17.59 | 17.80 | 17.16 | 18.53 |

Staff sickness absence data is based on full-time equivalent days for the financial year April 2020 to March 2021.

Staff facts and figures

Analysis of gender distribution of staff

| | Female | Male | Total | % Female | % Male |
|--|-------------|-------------|-------------|--------------|--------------|
| Directors | 6 | 9 | 15 | 40.0% | 60.0% |
| Other Senior Managers | 11 | 10 | 21 | 52.4% | 47.6% |
| Employees excluding the above categories | 7391 | 1724 | 9115 | 81.1% | 18.9% |
| Grand Total | 7408 | 1743 | 9151 | 81.0% | 19.0% |

Employee benefits gross expenditure – Subject to Audit

| | 2020-21 | | | 2019-20 | | |
|--------------------------------------|----------------|----------------------|---------------|----------------|----------------------|---------------|
| | Total | Permanently Employed | Other | Total | Permanently Employed | Other |
| | £000s | £000s | £000s | £000s | £000s | £000s |
| Salaries and wages | 307,232 | 306,060 | 1,172 | 274,724 | 273,459 | 1,265 |
| Social Security costs | 27,253 | 27,253 | 0 | 24,721 | 24,721 | 0 |
| Apprenticeship Levy | 1,503 | 1,503 | 0 | 1,378 | 1,378 | 0 |
| NHS Pensions Scheme | 50,133 | 49,685 | 448 | 45,408 | 45,132 | 276 |
| Other pension costs | 151 | 141 | 10 | 1,334 | 1,324 | 10 |
| Termination Benefits | 0 | 0 | 0 | 0 | 0 | 0 |
| Temporary staff | 34,592 | 0 | 34,592 | 31,214 | 0 | 31,214 |
| Total - including capitalised | 420,864 | 384,642 | 36,222 | 378,779 | 346,014 | 32,765 |

| | | | | | | |
|--|----------------|----------------|---------------|----------------|----------------|---------------|
| costs | | | | | | |
| Costs capitalised as part of assets | 1,221 | 898 | 323 | 1,726 | 1,394 | 332 |
| Total - excluding capitalised costs | 419,643 | 383,744 | 35,899 | 377,053 | 344,620 | 32,433 |

Average number of employees (WTE basis)

| Staff group | 2020-21 | | | 2019-20 | | |
|---|--------------|----------------------|--------------|--------------|----------------------|--------------|
| | Total | Permanently Employed | Other | Total | Permanently Employed | Other |
| | Number - WTE | Number - WTE | Number - WTE | Number - WTE | Number - WTE | Number - WTE |
| Medical and dental | 1,047 | 908 | 139 | 974 | 858 | 116 |
| Ambulance staff | 1 | 1 | 0 | 0 | 0 | 0 |
| Admin and estates | 1,541 | 1,405 | 136 | 1,390 | 1,335 | 55 |
| Healthcare assistants and other support | 1,004 | 904 | 100 | 901 | 742 | 159 |
| Nursing, midwifery and health visiting | 3,365 | 3,234 | 131 | 3,204 | 3,046 | 158 |
| Nursing, midwifery and health visiting learners | 1 | 1 | 0 | 0 | 0 | 0 |
| Scientific, therapeutic and technical staff | 1,068 | 1,060 | 8 | 1,023 | 1,005 | 18 |
| Healthcare science | 310 | 308 | 2 | 306 | 300 | 6 |
| Other | 63 | 63 | 0 | 63 | 63 | 0 |
| Total average numbers | 8,400 | 7,884 | 516 | 7,861 | 7,349 | 512 |
| Number of employees (WTE) engaged on capital projects | 30 | 21 | 9 | 45 | 40 | 5 |

Expenditure on consultancy

In 2020/21 the Trust's expenditure on consultancy was £172k (2019/20: £167k). 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

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2021, greater than £245 per day:

| | Number |
|---|--------|
| Number of existing engagements as of 31st March 2021 | 1 |
| <i>Of which, the number that have existed:</i> | |
| for less than one year at the time of reporting | 0 |
| for between one and two years at the time of reporting | 0 |
| for between two and three years at the time of reporting | 1 |
| for between three and four years at the time of reporting | 0 |
| for four years or more at the time of reporting | 0 |

Off-payroll workers engaged at any point during the financial year

For all new off-payroll engagements between 1 April 2020 and 31 March 2021, for more than £245 per day:

| No. of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021 | 5 |
|---|---|
| <i>Of which...</i> | |
| number not subject to off-payroll legislation | 0 |
| number subject to off-payroll legislation and determined as in-scope of IR35 | 0 |
| number subject to off-payroll legislation and determined as out of scope of IR35 | 5 |
| number of engagements reassessed for compliance or assurance purposes during the year | 1 |
| Of which: number of engagements that saw a change to IR35 status following review | 1 |

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 | 8 |

MID YORKSHIRE HOSPITALS NHS TRUST 2020/21 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 The 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 The Mid Yorkshire Hospitals NHS Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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 the Tier 1 Risk Committee having been escalated/de-escalated from/to Divisional or Directorate, or Programme 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 (meeting 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 the 2020/21 audit, the overall opinion stated *'The review confirmed that arrangements around the Board Assurance Framework and supporting arrangements have remained robust throughout 2020/2021. This includes the introduction of a specific COVID 19 Assurance Group early in the year. The review of the Board Assurance Framework forms an integral part of the Head of Internal Audit Opinion and therefore the overall opinion level will be covered in the Opinion. However it is clear that the Trust's arrangements around the Board Assurance Framework have remained strong.'*

The Trust Risk Management Framework sets out the responsibilities for the effective implementation of risk management arrangements in the Trust. 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.

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

The Audit and Governance Committee, at their meeting in December 2020, 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):

| | |
|---|--|
| Risk Identification and Assessment | <p>All risks within the Trust are recorded on the DATIX system</p> <p>System updates and improvements to the DATIX system are managed by the Patient Safety and Risk Team</p> <p>DATIX is a menu based system with a standard form to complete for consistency in completing risks. There is also guidance in the Risk Management Framework</p> <p>Access to DATIX is via username and password, staff only receive log on details when they have been trained in the use of the system and how to recognise, assess and record risks, control, and actions</p> |
| Risk Evaluation (Scoring) | <p>The Risk Management Framework describes the process for risk evaluation. In 2020/2021 an additional element was added to DATIX. Risks now have three scores – initial (ie when the risk was originally recorded); the current score and the target score.</p> <p>Risk scores are considered at:</p> <ul style="list-style-type: none">• Divisional/directorate management team meetings• Risk Committee – all divisional, corporate and Trust Level risks are reviewed on a rolling basis at the Risk Committee, one focus of this review is the consistency of scoring and recording of risks across the Trust. |
| Risk Treatment | <p>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</p> <p>Review dates are set on DATIX and there is an ‘audit trail’ facility to view what changes have been made, when and by whom. The review is the time for risks to be re-evaluated, has the current risk</p> |

score changed, does the risk need escalating to TLRR (or conversely if it is on the TLRR, can be removed), assess whether the actions are having an effect and checking that the controls are still relevant

Updates are made by the risk owner and signed off by the risk owner's manager

Risk Appetite

The Trust Board considered risk appetite at the Board Development Seminar in September 2020. Following the discussion and an exercise to consider the risk appetite of the Board against each of the Trust Principal Risks (from the BAF), members of the Audit Committee arranged to meet to consider this further and further work will be developed.

Risk Registers

The Trust Board and the Audit and Governance Committee should be familiar with the suite of risk registers in operation at the Trust:

- Trust Level
- Divisional (Operational) risk registers
- Directorate risk registers (Finance; Workforce and OD; Estates, Facilities and IM&T; Medical Directorate and Nursing and Quality
- Specialty and Department risk registers
- In 2021/2022 there will also be an additional focus on Programme Risks at the Risk Committee on a cyclical basis

Escalation Procedures

The Risk Management Framework sets out the review and escalation procedures for risk management from ward to Board. This is tested by divisional governance arrangements, Internal Audit review and consideration at the Risk Committee.

Major risks

The risks currently included in the TLRR cover the risks of:

- Inability to recruit our funded establishment for registered nurse, midwife and care staff
- The impact of Registered Nurse vacancies potentially poses a risk to patient safety and experience
- Doctor to Patient Ratios out of hours
- Identification and management of patients with sepsis
- Harm to patients caused by poor compliance against pressure ulcer prevention and management strategies

- Selection challenges, lack of career progression, employment experience prevent proportionate BAME representation above Band 7
- Risk to patient safety due to the significant numbers of staff absent due to Covid-19 related reasons

The Trust has eleven 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
- 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
- Failure to managed the significant risk that the Covid-19 Pandemic represents to the operations of the Trust and wider system, and 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 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. Throughout the year, the impact of the Covid 19 pandemic has been considered on a regular basis and updates made as appropriate.

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 DATIX system as appropriate.

The Head of Internal Audit has concluded that the system of internal control in place during 2020/2021 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. However, in 2020/2021, these audits were scaled back due to the Covid 19 pandemic. This does not impact the Head of Internal Audit overall opinion.

Internal Audit

During the year, Internal Audit has faced some issues in progressing work due to the Covid 19 pandemic. Audits have generally taken longer to complete than previous experience. Throughout the year, Internal Audit has kept the Audit and Governance Committee apprised of the position and 'must do' audits were identified and agreed which would be required in order for the Head of Audit Opinion to be given at the year end. All of the audits have been satisfactorily completed.

Internal Audit has issued 16 (84 %) High/Significant assurance reports during the year (31 (94%) in 2019/20). Internal Audit issued 3 (16 %) low/limited assurance reports during the year compared with (2 (6%) in 2019/20).

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 2021, all recommendations are complete. The Board had a refresher Board Development Session in November 2020 to take stock of progress nine months on from the report being completed, and previous workshops on the content and action and the results of a 360 Feedback process completed in April 2020. Well Led will be

considered as part of the Board Effectiveness Review (internal) that will be carried out in the Spring of 2021.

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
- 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 2020/21 the Trust participated in 45, (98%) of the Quality Account national clinical audits and 2, (100%) of the national confidential enquiries, it was eligible to participate in.

A further 116 audits in addition to those in the Quality Accounts tables were completed between 1 April 2020 and March 2021. 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 2020 to March 2021 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 recognises good quality data is a fundamental requirement in the delivery of effective care to service users. The availability of accurate, complete and quality data is essential in ensuring our patients receive an excellent patient experience each and every time. Continuing to improve our data quality remains one of the Trust's key strategic priorities.

The Trust has a Trust Data Quality Policy which details the approach and commitment to Data Quality. The Trust also has a Data Quality Service whose role and purpose is to ensure that Trust data is recorded accurately and in accordance with national guidance and definitions. The Data Quality Service is responsible for the promotion, maintenance and monitoring of all aspects of the Trust Data Quality Policy.

The Trust Data Quality Service:

- Have a suite of dedicated data quality reports, which highlight potential data quality issues for review and action, these reports are actioned on a regular and timely basis by members of the data quality team.
- Undertake routine monthly data quality audits reviewing data captured on PAS. The results of the audits are provided as a requirement of the NHS Digital Data Security and Protection Toolkit and these are presented to internal groups such as the Corporate Information Governance Steering Group, and Internal Planned Care Group.
- Monitor various external and internal data quality metrics and reports which they then use to assess and improve data quality.

- Provide a data quality support service for all members of Trust staff. Staff across the organisation are able to contact the members of the data quality team for training, advice, guidance and to request types of data corrections if needed.
- Deliver a range of contextual data quality training sessions and support services with capture of good data quality across the Trust. The data quality team are authors of the Trust Elective Care Training Strategy, which aims to ensure that any member of staff recording elective care waiting time data, is trained in the national elective care waiting time guidance and definitions.

From the above any Trust service which is identified as requiring an improvement in data quality, is entered onto the Trust Data Quality Improvement Plan (DQIP). The data quality team then support services with making the required improvements. The Trust DQIP is then routinely tracked and monitored through the Contracting and Information Service's Internal Quality Assurance Group (CIS IQAG).

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 Doctors' Assistant, Nursing Associate and the Advanced Clinical Practitioner.

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. 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 Leadership and Management Development Plan is in place to focus on the development of our existing and future leaders. The Trust's vision is to strive to achieve an '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 2020/21. Planned re-inspection of our services was expected in spring 2020, with an ambition to achieve an overall quality rating of good; building on improvements in the quality and safety of our services demonstrated in our last inspection. However, emergence of the Covid-19 pandemic led the CQC to pause all routine inspections in early 2020, including the anticipated re-inspection of our services; this part of the regulator's national response to the unprecedented crisis. The Trust therefore has not had opportunity to demonstrate through re-rating of its services, the improvements in quality and safety made since the last inspection in 2018. The Trust's overall rating remains "requires improvement"; this the outcome of the last inspection in summer 2018.

The Trust has worked closely with the CQC throughout the pandemic to provide assurance of the safety and quality of services in compliance with the emergency response and transitional regulatory requirements that replaced routine inspections. This has included thorough assessment and assurance of the Trust's compliance with

respect to infection prevention and control, medicines optimisation, winter preparedness and in March 2021, the comprehensive Transitional Monitoring Approach (TMA) questions which covered a broad range of CQC key lines of enquiry in respect to the safety, access and leadership of services. All assessments have evaluated positively, with no risk-based inspections carried out at the Trust.

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 2020/21, there have been the following changes to Board members:

Lenore Ogilvy, resigned as Non-Executive Director from 30 September 2020

David Throssell was appointed as Non-Executive Director from 1 April 2020

Mahmud Nawaz was appointed as Non-Executive Director from 23 November 2020

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 efficiency agenda is led by the Chief Executive working in close collaboration with the Director of Finance, Chief Operating Officer and other Executive Directors. The Trust has an established Project Management Office (PMO) which supports the identification, planning, delivery and monitoring of the Trust's annual cost improvement programme, alongside supporting the Trust to deliver other major improvement programmes. The Deputy Head of the PMO leads the Trust's Cost Improvement Programme on a day to day basis.

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

- A monthly Resource and Performance Group chaired by a Trust Non Executive and attended by Executive and Non-Executive Directors to hold Executive Directors to account for performance within their respective portfolios

- A monthly Finance and Performance Group chaired by the Director of Finance and attended by Executive Directors to hold Divisions to account alongside offering support with regards to finance, operational performance and workforce, this has not operated during 2020/2021
- A monthly Chief Executive Oversight Group chaired by the Chief Executive focussed on CIP which provides oversight on performance and challenges associated with CIP planning and delivery

During the financial year 2020/21, the Trust has been required to realign focus and resource to support its response to the COVID-19 pandemic. This has been recognised nationally and a revised financial framework has been in place with limits financial risk within the NHS in the current financial year. As such some the governance arrangements described above have been scaled back to ensure the organisation can refocus and redeploy resources to adequately and appropriately respond to the demands of COVID-19. In addition, project management resource has been redeployed to support the Trust to deliver COVID-19 related projects and tasks.

Despite the understandable shift in focus, the Trust has still endeavoured to deliver efficiency plans where it is safe and appropriate to do so. Moreover, periodic updates have been delivered to the Resource and Performance Committee with regards to CIP performance and CIP planning for future years. The Trust has also maintained its effective, robust budgetary control systems and internal financial controls.

Divisional efficiency schemes and cross cutting schemes such as medical agency efficiencies and procurement schemes were unable to be taken forward due to the significant operational pressures. These will be reviewed again for the plan in 2021/22.

Through the Trust's 2021/22 Operating Plan process, the idea generation phase associated with 2021/22 Cost Improvement Programme has commenced and a number of Divisional and cross Divisional opportunities have been identified which require further validation and exploration.

The Trust will continue to utilise available benchmarking generated by the Model Hospital (MH), Service Line Reporting (SLR) and Getting it Right First Time (GIRFT) to support the production of efficiency plans. The latest available information in the Model Hospital (2019/20) demonstrates the impact of the Trust's efficiency agenda with the principal metric (cost per weighted activity unit) performing better than the national average. This is further supported by the Trusts reference cost index being below 100%. It is widely recognised that the Trust has a number of structural elements of its financial position which prevents further financial improvement including excess costs associated with the Trust's two PFI sites.

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

The Trust has reported a surplus financial position on Income & Expenditure for the financial year 2020/21, for the second successive year. Unlike the previous year 2019/20, there is no risk to earning any incentive income dependant on the overall financial performance of the West Yorkshire Integrated Care System. 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 UK GDPR) 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 UK GDPR, 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 Digital's CareCert audit.

During the year, the Trust experienced three incidents which the Trust reported to the Department of Health and Social Care. Of these three incidents, none were reportable to the Information Commissioners Office (ICO). During the past year the Trust has not received any complaints or actions from the ICO.

1 – Third Party organisation, who provide home delivery of products to our patients, suffered a malware attack. This resulted in halt of processing for 24 hours. This incident affected the processing of 493 patients. No Identifiable Information was disclosed during the incident. The third party did report the incident to the ICO themselves.

2 – A member of staff added an incorrect recipient to an email which contained a patient's, NHS number; unit number; surname; consultant pathway. The incorrect recipient contacted the Trust and deleted the email. The staff member was provided with copies of policies and provided additional Information Governance training and training in the use of emails and patient details.

3 – 34 Patient referrals were shared with third party provider. No formal sharing agreement was in place between Mid Yorkshire Hospitals and the third party provider at the time of incident. There was a discussion with the Trust contracting teams and a contract and data protection agreement was put in place to transfer the information to the third-party provider.

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 2021 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 strategic structured Command and Control arrangements and includes the implementation of the COVID-19 plan and activation of the Business Continuity Plans and supporting documents, in operational and corporate divisions and directorates. This has resulted in an enhanced level of meetings, controls and measures over and above the Trust's existing Business Continuity Plan in response to the outbreak.

The AMD/EPRR Clinical Lead and EPRR Operational Manager have undertaken a "Reflective and Learning EPRR Report" following each wave of the COVID-19 incident to review the impact, actions taken, implementation and lessons learnt to develop further preparedness for this and future incidents and identify new ways of working in general. These reports are submitted to the Trust's Executive and Board, and more widely to both regional and national EPRR teams.

Business Continuity Planning (BCP) is included in the Internal Audit Strategic Programme and was last reviewed and reported to the March 2019 Audit and Governance Committee (Significant Assurance). The Trust's BCPs were reviewed in October 2020 for the regional and national assurance framework and duly submitted. Preparation for a Major Incident was reviewed and reported in 2020, and IT Business Continuity was included in the Internal Audit programme for 2020/2021 having been received for the next Business Resilience Group meeting in March 2021.

Additionally, in line with EPRR requirements, the Trust regularly stress tests resilience and Business Continuity Plans. This includes attending numerous table top exercises with system and regional partners. This is currently ongoing in relation to COVID-19, and included managing major incidents during COVID-19 but was also carried out for EU Exit purposes during 2019/2020 thereafter with no significant issues highlighted.

The Trust has a Business Resilience Group (BRG) which has oversight of business continuity, this is chaired by the AMD/EPRR Clinical Lead. 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 Risk Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place and ongoing.

Significant Issues

The Covid 19 pandemic during the year had a significant impact on the Trust and thereby, controls. Internal Audit reviewed this in detail with the Company Secretary and the Chief Operating Officer's team and they found that additional governance arrangements were put in place including weekly updates to the Trust Board at the time of highest activity in relation to Covid 19. A Command and Control system was established throughout in line with the Trust's EPRR approach and Major Incident policy and procedure. Internal Audit allocated an overall opinion of High Assurance on the adequacy of governance arrangements the Trust had and continues to have, in place. Internal Audit confirmed that adequate arrangements were put into place by the Trust during Covid-19 which operated effectively. The Trust established various groups to manage the governance process such as the Covid-19 Board Assurance Group, Covid-19 Strategy Group, Covid-19 Operational Group which all play a key role in maintaining effective governance processes.

A Trust Board Business Continuity Plan (BCP) was developed in response to the pandemic along with Standard Operating Procedures (SoP) to support this process.

Conclusion

The Trust, as in common with the NHS as a whole, has had one significant control issue during 2020/2021 relating to the Covid 19 pandemic. This has been detailed in the Annual Governance Statement above.

Signed

A handwritten signature in black ink that reads "Martin Barkley". The signature is written in a cursive style with a large, looping 'y' at the end.

Martin Barkley

Chief Executive

Date: 10 June 2021



Chapter four

The Quality Account



Quality Accounts - Contents

| | | |
|-------|---|-----|
| 1. | Chief Executive's Statement from the Board..... | 144 |
| 1.1. | Introducing the Trust..... | 144 |
| 1.2. | Chief Executive's Statement..... | 144 |
| 1.3. | An Overview of Mid Yorkshire Hospitals NHS Trust..... | 146 |
| 1.4. | Care Quality Commission – Inspection and Ratings..... | 147 |
| 2. | Priorities for Improvement and Statements from the Board | 149 |
| 2.1. | Review of 2020/21 Quality Priorities | 149 |
| 2.2. | What the Trust has done to address the Quality Improvement Priorities 150 | |
| 2.3. | Priorities for improvement 2021/22..... | 158 |
| 2.4. | Mid Yorkshire Quality Strategy | 160 |
| 2.5. | Nursing Quality Governance Framework..... | 161 |
| 2.6. | MY Quality Improvement System (MYQIS) | 162 |
| 2.7. | Statements of assurance from the Board | 165 |
| 3. | Review of other quality performance..... | 175 |
| 3.1. | Duty of Candour | 175 |
| 3.2. | Number of Serious Incidents (SIs)..... | 175 |
| 3.3. | Number of Never Events | 176 |
| 3.4. | National Patient Safety Alerts | 177 |
| 3.5. | Learning from Complaints..... | 178 |
| 3.6. | Focus on Patient Experience..... | 179 |
| 3.7. | Maternity Services | 184 |
| 3.8. | Implementation of priority clinical standards for 7 day services | 184 |
| 3.9. | Junior Doctor Rotas | 185 |
| 3.10. | Access to Care | 186 |
| 3.11. | NHS Staff Survey | 193 |
| 3.12. | Freedom to Speak Up..... | 195 |
| 3.13. | Statements from our Stakeholders | 198 |
| | Quality Account Appendices | 205 |
| | Appendix I: Mandatory Indicators | 205 |
| | Appendix II: Statement of Directors' responsibilities in respect of the Quality Account..... | 212 |
| | Appendix III: Directory of Services..... | 213 |

| | |
|--|-----|
| Appendix IV: National clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2020-21. | 216 |
| Appendix V: Audit and Actions | 225 |
| Appendix VI: Glossary of terms | 232 |

1. Chief Executive's Statement from the Board

1.1. Introducing 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
- Pontefract Hospital.

The Trust provides an extensive range of services, including secondary care hospital services, intermediate support and community care.

In addition, 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 9,200 staff and an annual operating income in excess of £545 million (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.

1.2. Chief Executive's Statement

We are pleased to present The Mid Yorkshire Hospitals NHS Trust Quality Account 2020/21. This document is an honest reflection of our performance, challenges and achievements during 2020/21 and describes the quality improvement priorities for 2021/22. To the best of my knowledge, the information in the Quality Account is accurate.

A theme that has dominated the reporting year is the COVID-19 pandemic which has caused unprecedented challenges to the Mid Yorkshire Hospitals NHS Trust. 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 during the pandemic. The Trust has responded to the pandemic in many ways such as keeping our patients and staff safe while putting into operation effective Infection Prevention and Control (IPC)

arrangements. During 2020/21 we have treated more than 4,000 patients with COVID, many of whom were very seriously ill. In addition, we have treated over 40,000 other non-COVID-19 in-patients. The response to the pandemic has been an enormous task, the likes of which have not been seen in the NHS before. Despite the pressures created by the pandemic, the Trust has delivered almost 80% of its expected outpatient activity and continued to deliver most diagnostic procedures. This is a testament to the hard work, commitment and resilience shown by our dedicated workforce.

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 which has been further compounded by COVID-19. However, despite the challenges presented by the pandemic, in January 2021, the Trust ranked 57th out of 162 reporting organisations in relation to referral to treatment times, which is one of the best positions the Trust has reported in several years.

The Trust continues to participate in the pilot to test new Urgent and Emergency Care Standards (UECS) in our two Emergency Departments and our Urgent Treatment Centre at Pontefract Hospital which opened in April 2018.

During 2020-2021 we have not been inspected by our regulators, the Care Quality Commission (CQC), therefore the rating of 'Requires Improvement' remains the same. We are working hard, building on improvements to prepare for our next inspection and continue to aspire 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.

An important part of the Quality Account is looking forward to the year ahead. Our new Quality Improvement Priorities for 2021/22, reflect our endeavours to provide excellent and high quality healthcare for our patients at all times.

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

1.3. An Overview of Mid Yorkshire Hospitals NHS Trust

The Trust's Vision and its 'True North' is:

'To achieve an excellent patient experience each and every time'

First published in 2017, the Strategy 'Striving for Excellence' was refreshed in 2019 and 2021, to reflect several new national directives and local developments. The strategy provides clarity of purpose, direction and objectives that provide common goals for the Trust's workforce and the Board of Directors. In addition to the strategic objectives to achieve its vision, the strategy describes the intended place,

and role, of the Trust in the local and regional health and social care economies.

The Trust must work with external health and social care organisations to contribute to the improved health and wellbeing of the population reduce avoidable admissions to acute settings, release efficiencies and increase productivity. Now, more than ever, there is a need and expectation for the Trust to embrace collaboration.

The Strategy is summarised in the 'Striving for Excellence' pyramid below:



1.4. Care Quality Commission – Inspection and Ratings

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

CQC Ratings - Trust-wide (including Community)



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 any enforcement action against the Mid Yorkshire Hospitals NHS Trust during 2020-2021.

The Trust had an ambition to achieve an overall quality rating of good during 20/21 by building on improvements in the quality and safety of our services

demonstrated in our last inspection. The COVID-19 pandemic led the CQC to pause all routine inspections in early 2020, including the anticipated re-inspection of our services. The Trust therefore has not had opportunity to demonstrate the improvements in quality and safety made since the last inspection in 2018. The Trust’s overall rating remains “requires improvement”. In the 2018 inspection, 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' question also improved to 'good', as did ratings against the 'well-led' domain at site level for Pinderfields and Dewsbury, and the 'responsive' rating for Pontefract Hospital.

The Trust has worked closely with the CQC throughout the pandemic to provide assurance of the safety and quality of services in compliance with the emergency response and transitional regulatory requirements that replaced routine inspections. This has included thorough assessment and assurance of the Trust's compliance with respect to infection prevention and control, medicines optimisation, winter preparedness and in March 2021 the comprehensive Transitional Monitoring Approach (TMA) questions which covered a broad range of CQC key lines of enquiry in respect to the safety, access and leadership of services. All assessments have been positively evaluated, with no risk-based inspections carried out at the Trust.

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 responds to risk or concerns. Throughout 2020-2021 the

Trust has established strong working relationships with a new CQC Inspection Manager and Relationship Owner, promoting an open and transparent culture to share information and drive continuous improvement against regulatory requirements.

During 2020-2021 the Trust continued to work to address and monitor the efficacy and sustainability of the improvement recommendation actions from the 2018 inspection, with particular focus on the impact, if any, of the pandemic on compliance. The rapid changes in systems and processes necessitated by COVID-19 did inevitably impact sustainability and delivery of some actions, however this has been closely managed and risks mitigated operationally through the robust oversight arrangements in place. Progress against actions continues to be 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.



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

2. Priorities for Improvement and Statements from the Board

2.1. Review of 2020/21 Quality Priorities

| Domain | Outcome measure/indicator | Metric | 2020/21 Performance | |
|------------|--|---|--|-------|
| Safe | Reducing all forms of preventable Trust attributable healthcare associated infection (HCAI): MRSA bloodstream infections, Clostridium Difficile infections (CDIFF), Reduction in Gram Negative Blood Stream Infections | Zero preventable MRSA bloodstream infections | 6 | |
| | | No more than 73 Trust Clostridium difficile infections | 61 | |
| | | 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. Target 98 based on a 10% reduction from 19/20 FYE. | 107 | |
| | Improving pressure ulcer prevention | Q1 establish the process and the baseline | Achieved | |
| | | Q2 agree metric using baseline and start to report | Partially achieved | |
| | | Q3 & 4 continue reporting | Partially achieved | |
| | To improve patient experience of discharge | 90% of electronic discharge summaries sent within 24 hours | Inpatients | 35.7% |
| | | | Emergency Department | 81.3% |
| | | 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) | Data not collected due to COVID-19 | |
| | 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 | 77.4% |
| Experience | To provide our maternity postnatal patients with the best possible experience demonstrated by | Increase in the Maternity postnatal FFT experience score. Target $\geq 97\%$ | Data not collected due to COVID-19 | |

| | | | |
|--|---|--|------------------------------------|
| | improved FFT experience score | | |
| | To increase the number of FFT responses from those attending our outpatient areas | Increase in the FFT response rate for outpatients. Target 10% | Data not collected due to COVID-19 |
| | 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 | 26.7% |

 Achieved 2020/21 Target
 Not achieved 2020/21 Target

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

2.2.1. Priority One: Reducing preventable Trust attributable healthcare associated infection (HCAI)

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. The learning is shared through educating, supporting and facilitating clinical colleagues in evidence based infection prevention practices.

The classification of Clostridioides Difficile (CDI), cases for 2020/21 is indicated as:

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 2020/2021 have been set on the first two categories:

Hospital onset health care associated and community onset healthcare associated. The revised locally set objective for the Trust was no more than 73 cases.

At the 31st March 2021 the Trust had reported 61 cases, 51 hospital onset healthcare associated cases and 10 community onset healthcare associated cases. In previous years, Trust cases have been subject to a post infection review jointly with the 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). Due to the impact of Covid-19 during 2020/21, a decision was made at the Infection Prevention and Control Committee with approval from the CCG colleagues that this process should be stepped down. All cases have been internally scrutinised by the Consultant Microbiologist, Trust Infection Prevention and Control Team and Antimicrobial Stewardship Team who concluded 52 cases were not preventable and 9 cases were preventable. The lessons learned from any lapses in care have been shared with the clinical teams.

An outbreak of *Clostridioides Difficile* was notified to Public Health England on 23/03/21. 2 cases were identified as

sharing the Ribotype 078. There were also 2 other cases in Quarter 3 and 3 further cases in Quarter 4 2021 in the ward, all of which had sporadic ribotypes. Scrutiny of these cases identified no contact between the cases or commonality of allocated bed space, however clinical issues have been identified with these cases and infection prevention and control measures implemented.

Clinical learning themes identified include:

- Stool sampling delays.
- Suboptimal documentation on the Bristol Stool Chart.
- Delays in isolating patients on commencement of diarrhoea.
- Delays in commencing antimicrobial treatment and antimicrobial prescribing guideline.
- Suboptimal environmental audits.

To support improvement, 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 education sessions and safety briefs.
- Issues regarding prescribing and administration delays have been discussed with clinical teams,
- Antimicrobial Stewardship and Infection Prevention and Control

Team attendance at the Elderly Clinical Governance meeting.

- Decontamination of the environment and equipment improvements, documented on regular FLO audits.
- Clostridioides Difficile improvement plan for 2021/22 includes learning from 2020/21 cases.

There is a national zero tolerance to preventable MRSA bloodstream infections.

The Trust has reported 6 MRSA bloodstream infections all of which were deemed not preventable following the post infection review. The MRSA reduction action plan has been updated to incorporate the learning from these cases.

There is a national objective to reduce Gram Negative Bloodstream infection (GNBSI) cases by 50% by 2024. At 31st March 2021 the trust had reported 66 E coli bloodstream infections, 29 Klebsiella bloodstream infection and 12 Pseudomonas blood stream infections. The Gram Negative Bloodstream Infection reduction action plan has been updated to incorporate the learning from these cases.

The Trust has a comprehensive reduction plan to reduce these Gram Negative 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.

2.2.2. Priority Two: Improving pressure ulcer prevention

Background

The prevention of pressure ulcers continues to be a key improvement priority for the Trust. Significant evidence-based improvement work has been and continues to be taken forward, supported by the expertise of our Tissue Viability Nursing team. All wards and departments are collectively working to ensure effective pressure area prevention practice, each and every time. The ambition during 2020/21 was to enhance this work with a particular focus on rapid learning. Key to this ambition was the development and implementation of a concise review tool, to be completed by the clinical team for each incident of Category 2-4 pressure damage reported. In addition to contemporaneous early learning, completion of the tool enables a more in-depth evaluation of care provided and a greater understanding of the incidence of pressure ulcers observed despite the high quality care and best efforts of our clinical teams to prevent them.

Progress in 2020/21

In 2020/21, the Trust aimed to establish and implement the new process for rapid review of incidents and enhanced reporting, and to establish this new way of reporting within our core business. Despite the significant impact of the Covid-19 pandemic on all our inpatient and community services, the Trust has successfully implemented the new

process, with a Plan, Study, Do, Act (PDSA) methodology adopted to review and improve the review tool post-implementation with our clinical teams to ensure this was proportionate and effective. Whilst steps have been taken to establish this new way of reporting and analysis in core business, there is more work to do to ensure that this is truly embedded and the benefits realised in improved outcomes and experience for our patients. This will form the focus of our improvement priority for 2021/22, in addition to establishing an accurate baseline from which we can measure improvement.

Whilst it had been our intention to deliver this in full in 2020/21, the unavoidable impact of the Covid-19 pandemic has meant that this was not achievable, despite the commitment and dedication of our staff. Not only were our tissue viability team redeployed to support our front line staff, limiting the pace at which our improvement work could be delivered, and redeployment of clinical staff to higher acuity areas, the pandemic also presented new challenges to pressure area prevention. The significant increase in ventilation support required by patients in our hospitals resulted in an associated increase in device related pressure damage, despite initiatives and innovative practice to try to mitigate this. Furthermore, the clinical presentation of Covid-19 meant that a significant proportion of the patients we were caring for in hospital were more acutely unwell, frailer and more vulnerable, and at greater risk of pressure damage to physiology changes arising from the virus, than in

previous years. Emergence of the pandemic meant our priority for pressure ulcer prevention in 2020/21 became to respond to and mitigate the risks arising from Covid-19 to keep our patients safe. In 2021/22 we will focus on embedding these new processes and reporting, to provide a robust foundation against which to measure our future improvement.

Key Achievements in 2020/21

It is important to report on some achievements that despite the pressures caused by the pandemic, a number of improvements over the last 12 months have occurred. This is to be applauded as it demonstrates commitment to reducing harm has still been a focus in-between the waves of the pandemic

Quality Improvement Plan

An improvement plan was implemented; this consisted of intense training, staff support in order to improve the skills and knowledge of frontline staff. This enabled our colleagues to identify patients at risk of developing pressure ulcer and implement appropriate management plans to prevent pressure ulcers developing. This was rolled out in the areas identified for development opportunities. This has included REACT to Red training, the team has trained a wide range of staff including; therapies, new nurses, proning team and healthcare support workers.

Device related support

There has been an increase device related pressure ulcers on patients

requiring non-invasive ventilation. The Tissue Viability (TVN) team has worked with clinical areas to provide advice and support, facilitating bespoke specialist preventative equipment for these patients.

Specialist Mattresses in assessment areas

A project commenced to provide Emergency Department and Assessment Units with pressure relieving 'trolley toppers'. The toppers are designed to relieve a patient's pressure and provide additional comfort and provide quick access and easy assembly for the busy assessment areas.

Redesigned pressure ulcer prevention document - SSKIN

The SSKIN document is used to record and communicate ongoing assessment, repositioning and care for patients at risk of developing a pressure ulcer or prevent deterioration of an existing pressure ulcer. The document was redesigned to encourage the user to consistently fill in and read the plan leading to improved patient experience. There has been excellent feedback on the ease of use, content and flow of the document.

We are working the Digital Transformation team to move all paper documents online.

Protecting staff from pressure ulcers

COVID-19 pandemic has seen an unprecedented increase in staff use of personal protective equipment (PPE) especially in high dependency areas. This equipment is vital for staff safety; however PPE such as face masks can

increase the risk of staff developing a pressure ulcer. The specialist Tissue Viability team researched and implemented guidelines for the prevention of pressure ulcers to staff under PPE masks. Training and support was provided across the Trust to protect our front line staff. Feedback from high dependency areas shows that the numbers of staff experiencing pressure damage from face mask has significantly reduced; however, it is difficult to compare exact numbers as staff incidents were not always captured during the first COVID – 19 wave.

2.2.3. Priority Three: To improve patient experience of discharge

90% of electronic discharge summaries sent within 24 hours

Electronic Discharges from Emergency Department (ED) attendance

Prior to 2020 ED attendances generated a paper discharge letter that was sent out to GP colleagues. There was no metric possible to confirm they were sent or received. In 2020 the Trust developed a process to generate and send these documents electronically.

Initial monitoring demonstrated >90% successfully sent between May-October 20 then there was a dramatic deterioration. Engagement with the software supplier identified a coding problem that was rectified and performance has been >90% for 5 weeks.

The next step will be to switch off paper printing once assured the process is stable.

Inpatient Discharge Letters

The Trust has used SystemOne for generating discharge summaries on admitted patients for over 10 years. There have been persistent challenges in the completion, completeness and quality of the discharge letters generated. The Trust made a strategic decision to switch production of Discharge Letters to PPM+ (Electronic Patient Record (EPR)) but this is delayed until full integration of ePrescribing v.10 into PPM+. It is anticipated that this will be delivered in Q2 21/22.

The interim measure is to use the medicines prescription in ePrescribing to generate discharge medicines and continue with a typed summary in SystemOne pending the PPM+ solution.

Data in January 2021 showed that for inpatients in Medicine both the medicines and typed letter had been sent within 24 hours in 75% of cases and a further 10.2% of these cases had medicines sent electronically (but not the typed letter) and a further 6% had the typed letter but not the medicines.

The Trust is committed to a comprehensive, linked discharge letter containing accurate, timely and complete information including a clinical summary and a medication list. In the absence of this until PPM+ completes, the Trust has seen better performance over the last year than in any of the previous 10.

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)

In March 2020 NHS England/ Improvement provided high-level advice about reducing burden and releasing capacity to manage the COVID-19 response and temporarily suspending the submission of FFT data to NHS England/ Improvement from all settings until further notice. Advice given to Trusts was to avoid any methods that have a risk of infection such as feedback cards or tablets. Feedback via PALS, complaints, social media and the NHS website has continued to be monitored by the Trust's Patient Experience Sub Committee to identify areas for improvement.

2.2.4. Priority Four: To improve performance in the Cancer 62 day standard

The National Cancer Waiting Times (Version 11 September 2020) definition of the 62-day performance is from an Urgent referral form a suspected cancer treatment to first definitive treatment and the target is 85%.

The Trust has a comprehensive and robust performance management process in relation to performance against all the national cancer standards including the 62-day performance.

The Trust acknowledges that we have had an ongoing challenge in meeting the 62-day Cancer Performance target.

The Trust undertook a comprehensive review of the 62-day performance during 2019/20 and identified key areas of work that included implementation of the National Optimal pathways for Colorectal and Prostate referrals.

The Prostate improvement work was implemented in March 2020 and significant improvements in Urology. Although not reflected in the overall performance (due to impact of the national pandemic) Urology has had an increase in the numbers of patients treated before day 62.

The Colorectal Optimal pathway, which included triaging of patients to straight to test (colonoscopy), was implemented in the Trust in January 2021. During the National Pandemic, colonoscopies were paused as per national guidance, and the start date of the implementation of the pathway delayed. However, despite this, the colorectal team looked at other ways of progressing those patients care and introduced the FIT (fecal immunochemical test) to keep patients moving through the pathways.

In the coming year, the Trust has a comprehensive programme of work

with the aim of achieving the 62-day standard. This includes site-specific pathway review and improvements over the next year including Upper GI and Haematology.

The Trust is committed to implementing innovations and pathway approaches and has implemented the Rapid Diagnostic Centre for patients with non-specific (vague) symptoms and plans to expand this to Upper gastrointestinal (GI) cancers tumour sites 2021/22. In addition we plan to implement Teledermatology in 2021/22.

The Cancer Management team monitor the 62-day performance daily; each site-specific pathway engages in a full review of all patients weekly through multi professional meetings.

The Cancer Informatics team have developed a dashboard for the Cancer Waiting Times standards which is refreshed daily. The team upload the performance to the National database on a monthly timetable.

Cancer Performance is very high in the Trust's priorities. It is reviewed at the Trust weekly Access and Performance meetings and reported to the Trust's Cancer Board bi-monthly and Quality committee monthly.

| Cancer 62-day (≥85%) | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Q1 | Q2 | Q3 | Q4 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|
| England % | 74.4% | 70.0% | 75.4% | 78.6% | 78.0% | 74.3% | 74.5% | 75.5% | 75.2% | 71.2% | 69.7% | 73.9% | 73.4% | 76.8% | 75.1% | 71.8% |
| MYHT % | 79.4% | 77.1% | 76.0% | 85.6% | 82.8% | 80.5% | 75.8% | 79.6% | 81.8% | 63.1% | 72.1% | 76.0% | 78.0% | 82.7% | 79.0% | 70.8% |

2.2.5. Priority Five: To provide our maternity postnatal patients with the best possible experience demonstrated by improved FFT experience score

In March 2020 NHS England and Improvement provided high-level advice about reducing burden and releasing capacity to manage the COVID-19 response and temporarily suspending the submission of FFT data to NHS England and Improvement from all settings until further notice. Advice was to avoid any methods that have a risk of infection such as feedback cards or tablets. Feedback via PALS, complaints, social media and the NHS website has continued to be monitored by the Trust's Patient Experience Sub Committee to identify areas for improvement.

2.2.6. Priority Six: To increase the number of FFT responses from those attending our outpatient areas

In March 2020 NHS England/ Improvement provided high-level advice about reducing burden and releasing capacity to manage the COVID-19 response and temporarily suspending the submission of FFT data to NHS England/ Improvement from all settings until further notice. Advice given to Trusts was to avoid any methods that have a risk of infection such as feedback cards or tablets. Feedback via PALS, complaints, social media and the NHS website has continued to be monitored by the Trust's Patient Experience Sub

Committee to identify areas for improvement.

2.2.7. Priority Seven: To improve performance in taking less than 1 hour to bed from decision to admit

Timely and effective patient flow throughout the Trust remains a key priority for our organisation to achieve the standard of 80% Ready to Admit within the hour.

In line with all other Trusts in the Urgent and Emergency Care Standards (UECS) pilot, Mid Yorkshire launched a Ready to Admit measure that tracks the length of time it takes for a patient to be admitted once their immediate treatment is completed in the Emergency Department. The pilot was launched in June 2020.

The Trust's ambition is for at least 80% of patients needing admission to a bed to leave the Emergency Department within one hour. Performance has been challenged throughout the pandemic and patient experience has been impacted as a result. Quality improvement around patient flow is at the heart of the Unplanned Care Programme for 2020/2021.

The MYHT unplanned care improvement programme sits within the wider system approach to transformation of unplanned care. The programme has been undergoing a refresh since December 2020 to take the learning from the pandemic along with the clear areas of focus and create a transformation programme that will enable the delivery of sustainable

change. Details of the wider programme can be found later in this document but the internal MYHT

projects focus on same day emergency care and safe transfer of care.

2.3. Priorities for improvement 2021/22

Quality improvement and continued sustainable change is at the heart of all we do. For this reason this year the Trust chose to hold a Quality Improvement Priority setting Workshop. Senior leaders from the Quality Directorate along with Non-Executive Directors considered the following as part of the priority setting process:

- Progress of 2020-2021 Quality Improvement Priorities
- Other existing Trust Priorities
- Summary of the Trust Quality Strategy Dashboard
- Summary of the True North 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 2021/22 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) | <ul style="list-style-type: none"> • Zero preventable MRSA bloodstream infections. • No more than 73 Trust <i>Clostridium difficile</i> 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 | <ul style="list-style-type: none"> • Measure the percentage of category 2-4 pressure ulcer reviews completed within the specified timeframe • Q1-Q2 – achieve 80% compliance • Q3-Q4 – achieve 85% compliance |
| To improve patient experience of discharge | 90% of medication and narrative sent together electronically within 24 hours of discharge. |
| 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 | |
| <p>To achieve a reduction in the number of formal complaints received.</p> <p>To achieve a reduction in the number of formal complaints that cite staff attitude as being a cause for dissatisfaction.</p> <p>To achieve an increase in response rates in the national patient FFT survey across all service areas.</p> <p>To achieve an above average national inpatient survey score in response to the question: To what extent did staff involve you in decisions about you leaving hospital?</p> <p>To achieve an increase in the overall rating, reported by a relative/friend, about the support they received during the time around the death of their loved one, as</p> | <p>To achieve a 10% reduction in the number of complaints received by March 2022.</p> <p>To achieve a 10% reduction in formal complaints that cite staff attitude as being a cause for dissatisfaction by March 2022.</p> <p>To achieve 20% response rate by March 2022 in the monthly Inpatient & Day case, Emergency Department, Maternity, Outpatient and Community Services FFT response rates.</p> <p>To achieve a national Inpatient survey score which is above the national average in response to the question: 'To what extent did staff involve you in decisions about you leaving hospital?' (National Inpatient survey 2021).</p> <p>To achieve an 85% overall rating in response to the question: 'Overall, how would you rate the support you received during the time around the death of your relative/friend', as reported within the Trust's Bereavement survey.</p> |

| | |
|---|--|
| reported in the Trust's Bereavement survey. | |
| 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 |

2.4. Mid Yorkshire Quality 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.

A process of review and refresh of the strategy will be undertaken during the latter part of 2021.



Quality Strategy 2018-2022: Summary

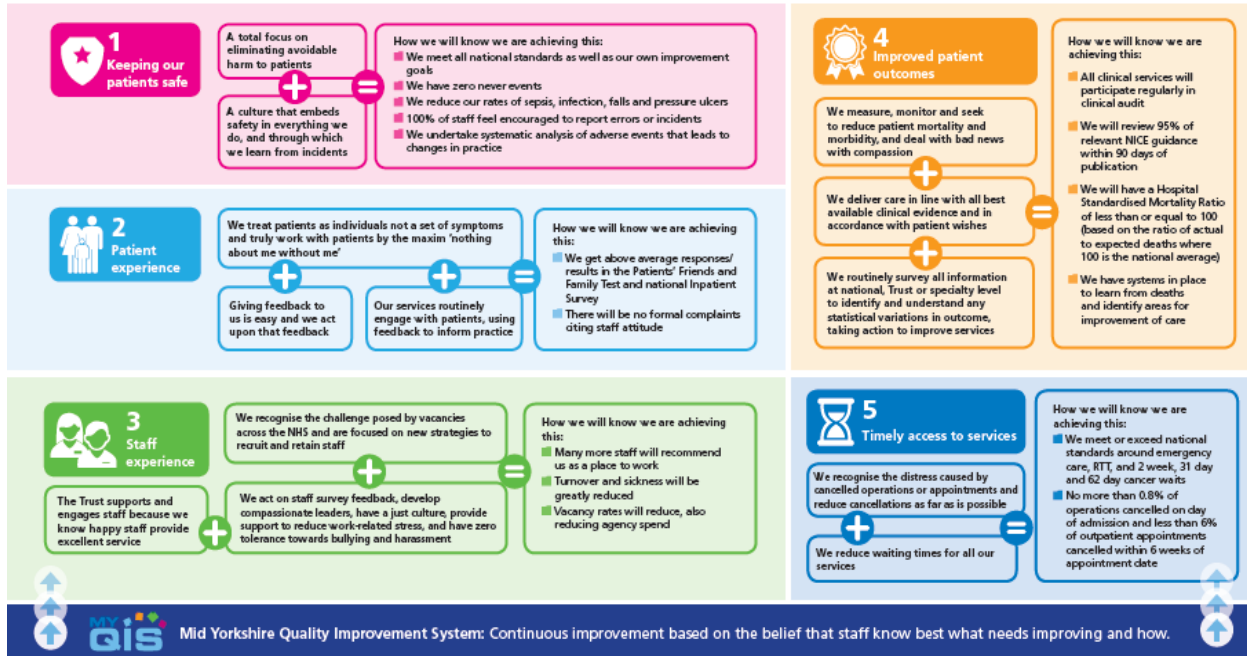
Mid Yorkshire is resolute in its determination to continuously improve the quality of our care in order to provide an excellent experience to the people we serve.

Our Quality Strategy sets out how we intend to achieve that.



The Mid Yorkshire Hospitals
NHS Trust

The ambition: To achieve an excellent patient experience each and every time.



2.5. Nursing Quality Governance Framework

The Nursing and Midwifery Quality Governance Framework continues to develop 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. To achieve this, the Framework brings together key elements that are known to impact on patient care, requiring clinical teams to use methods of improvement, challenge issues that lead to a poor experience and/or harm, all whilst increasing staff engagement and supporting team development. It is also aimed at providing evidence of effective

performance at ward level and ensuring control systems are in place, with a focus on the recognition of the importance of an open culture, strong professional practice and clinical leadership and ensuring quality is achieved.

Over this last year the roll out to children's services and maternity services has taken place but due to the pandemic the process of undertaking audits and accreditations on other general wards has had to be changed to reflect the challenges placed on the workforce. Focused audits and quality reviews incorporating areas of quality and risk caused by the pandemic were introduced to ensure that the Trust had evidence and oversight of all wards across the Trust. This quality

assurance process was subject to change throughout the year to be responsive to the ever-changing impact and pressures of the pandemic on the clinical areas.

Despite this, the outcomes of the quality reviews and outcomes have continued to be reported via the usual governance routes to ensure that the Trust has an effective process of oversight of quality on all ward areas.

2.6. 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.

Mid Yorkshire Daily Management System

The latest stage of the MYQIS journey is to implement World Class Management which aligns the Mid Yorkshire strategic goals and Daily Management methodology. The four year Mid Yorkshire Daily Management System (MYDMS) programme was initiated in June 2020. MYDMS is a new

way of working and creates consistency across our leaders to ensure a daily focus towards achieving an “excellent patient experience, each and every time” and continuous improvement becomes part of everybody’s daily work.

MYDMS supports every team and individual to have ownership and influence over running and improving the business. It provides a framework where concerns and issues can be resolved by teams. To support the adoption of MYDMS, every member of a team is trained using a standard problem solving methodology. This alongside key tools and techniques, many of which introduced as part of MYQIS, enables staff to improve processes which impacts them and performance each and every day.

The training consisted of 23 hours of content over 10 sessions, including 50 participants from the model areas. The model areas included, Executive Team and Chairman, Senior Corporate Services Managers, Stroke, Spinal Injuries, Community Networks 3, 5 and 6, Accounts Payable, Sterile Services, Programme Management Office and Kaizen Promotion Office (KPO). The wave 1 services are due to report their progress in May 2021.

Wave 1 training was delivered to model areas by The Virginia Mason Institute (VMI), based in Seattle, USA and VMI are supporting the KPO to co-design wave 2 starting in March 2021. Wave 2 training will be facilitated by KPO with coaching support from VMI.

MYQIS Education and Training

Improvement events usually 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 courses 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
- 85 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 2020-2021 no staff have yet completed MYQIS leaders course due to the suspension of non-essential training during COVID-19. MYQIS Leader Training restarted in February 2021

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.

February 2021 saw the start of abridged training for team members who services were part of the first wave of MYDMS. Feedback from wave 1 MYDMS participant's stated, prior knowledge of MYQIS was vital to the success and implementing of MYDMS. During February and March 2021, 29 staff participated in MYQIS Foundation.

Rapid Process Improvement Workshops (RPIWs)

During 2020-2021 no RPIWs have taken place due to the suspension on non-essential training during COVID-19. The next RPIW is due to take place in May 2021.

Kaizen activity during COVID-19

The MYQIS methodology has been used during the pandemic to make improvements to COVID-19 process including testing and vaccination.

List of all KPO kaizen activity in 2020-21 included:

- Legal Team Kaizen Event
- Fit Testing
- 5S in Outpatients
- COVID-19 Swabbing
- Pathology Mapping
- 5S in Community
- Stroke Review
- Oncology Pathway
- Board Round Observations and Audit
- Medical Infusion
- Nutritional Policy Review and Strategy Delivery Plan
- COVID-19 Pathway
- Patient Property Kaizen event
- COVID-19 Vaccination Hub at Pinderfields
- COVID-19 Vaccination Hub at Navigation Walk, Wakefield
- Medical Records Kaizen event
- Pathology Specimen Reception Auto Receipt Process
- Nursing Research Strategy Kaizen event
- EPRR Kaizen event

2.7. Statements of assurance from the Board

2.7.1. Review of Services

During 2020-2021, the Mid Yorkshire Hospitals NHS Trust provided 132 relevant health services. These can be found in Appendix III.

The Quality Account is based on a review of data available on the quality of care in all 132 of these services. The Mid Yorkshire Hospitals has reviewed all the data available on the quality of care in 132 of these relevant health services.

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

2.7.2. 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 is a partner organisation in the NIHR 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.

Research contributes to providing excellent patient care:

- Research can allow patients access to new treatments.
- When we asked our research participants in 18/19, 82% of them said taking part in research had a positive impact on their wellbeing.
- There is evidence to say that research active Trusts provide better care – it is used as a proxy for quality by CQC for this reason.
- Research contributes new knowledge about treatments which leads to improved care for all patients.
- Research gives colleagues in the Trust the opportunity to learn more about developing treatments and interventions and opportunities to work in partnership with academics and pharmaceutical companies.
- Patients can have an improved experience of their care whilst taking part in research - for example they might have increased interactions with their care team, develop better

understanding of their health condition, experience increased safety monitoring etc.

- When we have asked participants about their experience of taking part in research they have mentioned a number of benefits including getting personal satisfaction from being part of research, helping to improve their condition, helping others and understanding more about their condition.

For Mid Yorkshire NHS Trust, 2020/2021 has been an exceptional year for research. Like so many other areas of the Trust there were significant changes to the service in order to respond to the COVID 19 pandemic and more participants than ever before have taken part in research here this year.

On March 19, 2020 UK Government Chief Scientist Patrick Vallance and Chief Medical Officer (CMO) Chris Whitty told journalists at a Science Media Centre briefing in London that the long-term strategy for exiting the pandemic relies on researchers' ability come up with solutions. We are proud to have been able to support this work at Mid Yorkshire NHS Trust.

In response to the pandemic, research activity in the Trust was reprioritised in line with national, NIHR, priorities. Where participants were already recruited to trials and receiving research interventions as part of their care, this activity continued and was adapted to non-face to face and /or off

site wherever possible. Most studies paused, for at least some of the year, to new recruits, while we focused on research related to COVID 19 and in particular 'Urgent Public Health' studies as identified by NIHR and CMO teams. Trials were opened in a number of specialties, most notably in critical care and on respiratory wards, with PIs also coming from cardiology, haematology and colorectal.

This new research activity included the high profile "UK flagship COVID 19 treatment trial" – RECOVERY. It opened in the first week of April and at the time, offered our patients the only access to new treatments for COVID 19. With great support from a number of clinical teams, 201 of our patients have taken part in the trial this year. <https://www.nihr.ac.uk/case-studies/the-uks-flagship-COVID-19-treatment-trial-the-recovery-trial/25358>. So far, the trial has studied ten drugs and produced findings on efficacy for six of them. This includes identifying two effective treatments for severe COVID 19 which are now introduced into standard care for all COVID patients.

Some Research Nurses have reflected on the experience of providing research to COVID positive patients in the RECOVERY trial during the pandemic: They said:

"...that having the chance to take part in research offered hope to extremely frightened people who knew there was no known effective treatment and who were very fearful they were not going to survive it...Research gives patients a bit of control in their care, and a choice

whether to participate or not, when a lot of control had been taken from their lives... Participants feel they are not only taking part as a potential benefit to themselves but also wanted to take part for altruistic reasons, to potentially help others... They felt it was important to have an opportunity to be involved and they wanted to be part of finding the solution. People seemed very proud to be a part of it, to be able to help society and not just themselves.”

One of the Research Nurses said “When I tell people that I am working on the Recovery trial so many of them are aware of the study from media reporting and family and friends and they are so pleased with and proud of the Trust for providing it as an option to them.”

Other Urgent Public Health studies included a high profile commercially sponsored, international multi site monoclonal antibody study, PROVENT, which was identified as one of the UK Government’s Vaccine Taskforce priority studies. Working with other organisations in Wakefield, the Trust recruited the first global participant into the trial, one of our Advanced Nurse Practitioners working in critical care at the Trust. 51 participants from Wakefield have taken part this year in the study focusing on the safety and effectiveness of a long-acting antibody (LAAB) combination called AZD7442, and will test whether the treatment will prevent COVID-19 for up to a year. The study’s focus is on adults who are at increased risk of inadequate response to vaccination or increased risk of COVID-19 infection.
[https://www.nihr.ac.uk/news/uk-study-](https://www.nihr.ac.uk/news/uk-study-participant-is-worlds-first-to-receive-astrazenecas-COVID-19-antibody-combination/26275)

[participant-is-worlds-first-to-receive-astrazenecas-COVID-19-antibody-combination/26275.](https://www.nihr.ac.uk/news/uk-study-participant-is-worlds-first-to-receive-astrazenecas-COVID-19-antibody-combination/26275)

Another Urgent Public Health Study opened at Mid Yorks is SIREN, in which 280 members of staff at the Trust have taken part. The purpose of this study is to understand whether prior infection with SARS-CoV2 (the virus that causes COVID-19) protects against future infection with the same virus. In February 2021 Public Health England used the SIREN study in order to analyse this first real-world UK data which showed the Pfizer-BioNTech vaccine provides high levels of protection against infection and symptomatic disease.
<https://www.gov.uk/government/news/first-real-world-uk-data-shows-pfizer-biontech-vaccine-provides-high-levels-of-protection-from-the-first-dose>

In 20/21 2859 participants have taken part in Urgent Public Health Studies at the Trust.

Throughout the year as capacity across the Trust has allowed, we have restarted many of the trials paused in March 2020 and have also begun to open new ‘non COVID 19’ trials.

Between 1st April 2020 and 31 March 2021, over 173 studies were active within the Trust. Of those, 32 studies were new and opened during 2020-21. The Trust also has a track record of engagement with commercial research organisations such as pharmaceutical companies and of these, 3 are new multi-centre international commercial studies.

The number of patients receiving relevant health services provided or subcontracted by Mid Yorkshire Hospitals NHS Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 4127. 100 % (4127 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".

The Trust is pleased to say that NIHR recruitment figures have exceeded the target set for us by NIHR for 2020/21, and that the Trust successfully recruited 4,127 participants into NIHR studies against the target of 1485.

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 NIHR YHCRN and national Coordinating Centre.

During 20/21 118 research participants completed a survey to feed back on their experiences of taking part in research at the Trust with 97% saying that they would take part in research again in the future.

2.7.3. Participation in Clinical Audit

The Trust has a Clinical Audit Programme, with an Annual Audit Priority Programme which is approved by Patient Safety and Clinical Effectiveness Sub-Committee. Clinical Audit helps the Trust to identify ways in which it can improve the care it provides for patients.

During 2020/21 the Mid Yorkshire Hospitals NHS Trust participated in 45 (98%) of national clinical audits and 2 (100%) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. Of the 1 National audit registry not participated in, there is a local arrangement in place to monitor service and patient outcomes. The national clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2020-21 are shown in a table included here as Appendix IV.

A further 116 audits in addition to those in the Quality Accounts tables were completed between 1 April 2020 and March 2021. 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 2020 to March 2021 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.

The national clinical audits and national confidential enquiries that Mid Yorkshire NHS Hospitals NHS Trust participated in, and for which data collection was completed during 2020-21, are listed in Appendix IV 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 enquiry.

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 22 national clinical audits were reviewed by the provider in April 2020 to March 2021 and the Mid Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided (see Appendix V).

2.7.4. Commissioning for Quality and Innovation Framework (CQUIN)

Historically a proportion of the Mid Yorkshire Hospitals NHS Trust's annual income is conditional on achieving quality improvement and innovation goals set out in commissioning contracts. The content is generally set out in the NHS Standard Contract.

For 2020/21 the guidance related to CQUINs is set out in the NHS standard Contract at

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-20-21/>

however, updated guidance to the NHS has now been published on the [third phase of the NHS response to COVID-19](#). The operation of CQUIN (both CCG and specialised) will remain suspended for all providers until 31 March 2021; providers do not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data. For Trusts, an allowance for CQUIN will continue to be built into nationally-set block payments; for non-NHS providers, commissioners should continue to make CQUIN payments at the full applicable rate. As a result, CQUINs were suspended for 2020/21.

2.7.5. Information Governance Toolkit attainment levels

The Trust has an Information Governance Steering Group (IGSG) 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 UK GDPR) 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 external auditors prior to the 31st March final submission. However, due to COVID-19 this national submission has been extended for 2021 until June.

The Mid Yorkshire Hospitals NHS Trust Data Security and Protection Toolkit Assessment report score for 2019-2020 demonstrates all security standards have been met.

The Mid Yorkshire Hospitals NHS Trust Data Security and Protection Toolkit Assessment report score for 2020-2021 demonstrates all security standards have been 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.

2.7.6. Clinical Coding

The Mid Yorkshire Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2020-2021 by the Audit Commission.

2.7.7. Information on the quality of data

The Mid Yorkshire Hospitals NHS Trust submitted records from April 2020 to February 2021 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 2019/20 | Trust 2020/21* |
|----------------------|--------|---------------|----------------|
|----------------------|--------|---------------|----------------|

| Valid NHS Number | | | |
|-------------------------------------|-----|-------|-------|
| Admitted patient care | 99% | 99.8% | 99.8% |
| Outpatient care | 99% | 99.9% | 100% |
| Accident and emergency care | 95% | 99.2% | 99.4% |
| Valid General Medical Practice Code | | | |
| Admitted patient care | 99% | 100% | 100% |
| Outpatient care | 99% | 100% | 100% |
| Accident and Emergency care | 99% | 100% | 100% |

**Please note that the information for 2020-2021 was taken from the December 2020 NHS Digital Data Quality Maturity Index. This was the latest view of data quality available from NHS Digital at the time of providing this statement.*

The Mid Yorkshire Hospitals NHS Trust recognises good quality data is a fundamental requirement in the delivery of effective care to service users. The availability of accurate, complete and quality data is essential in ensuring our patients receive an excellent patient experience each and every time. Continuing to improve our data quality remains one of the Trust's key strategic priorities. The Mid Yorkshire Hospitals NHS Trust therefore has a Data Quality Policy which it continues to promote, 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

2.7.8. Learning from Deaths

During the reporting period April 2020 and March 2021, 2465 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 | 652 |
| Q2 | 395 |
| Q3 | 749 |
| Q4 | 669 |

The crude mortality rate was 2.64% and the relative risk of mortality (12 month rolling, latest available period (January 2020 - December 2020) has risen to 118.7 from 108 when comparing the same period (December 2018 – November 2019).

By 31 March 2021, 439 case record reviews and 9 investigations have been

automatically trace patients; this is to ensure the optimal accuracy of demographic information, in particular patient NHS Numbers.

- The Trust Data Quality Service will continue to support and work with Services across the organisation to improve data quality in areas identified in the Data Quality Improvement Plan. The progress on these improvements will be monitored via the Trust Internal Quality and Assurance Group.

carried out in relation to 582 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. 33 cases progressed to a second stage review with 9 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 | 205 | 31.4% |
| Q2 | 75 | 18.9% |
| Q3 | 43 | 5.7% |
| Q4 | 116 | 17.3% |

9 deaths representing 0.37 % of the patient deaths during the reporting period are judged to be more likely than

not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

3 representing 0.46 % for the first quarter and 6 representing 1.5% for the second 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 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+

185 case record reviews or investigations were completed after 31 March 2020 which related to deaths before the start of the reporting period

3. Review of other quality performance

Patient Safety

3.1. Duty of Candour

The Trust is committed to being open and honest with our patients and their families.

The Duty of Candour is a legal requirement that for all notifiable safety incidents, we will formally apologise to the patient and/or family involved and undertake an investigation into their care. The Trust has a Duty of Candour/Being Open Policy in place and adherence monitored daily. A formal audit undertaken in 2020-21 which reviewed the Trust's processes with regard to delivery of the Duty of Candour reported "significant assurance".

There have been no duty of candour breaches in 2020-2021.

3.2. Number of Serious Incidents (SIs)

The Trust reported 87 serious incidents in total in 2020/21. Unlike never events, there is no definitive list of events or incidents that constitute a serious incident under the national Serious Incident Framework. 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

A root cause analysis investigation is completed for every serious incident. As part of this, an action plan is developed and implemented to reduce the likelihood of a similar incident occurring in future. Delivery and embedding of actions is continually reviewed through our quality assurance processes and in collaboration with our commissioners.

Of the 87 serious incidents in 2020/21, the main themes were pressure ulcers, falls and diagnostic incidents.

The Trust has adopted an MDT (multidisciplinary team) approach for the review of category 3 and 4 pressure ulcers and falls, to enable early learning and increase opportunities to influence patient care.

SI action plans are reviewed at the Patient Safety and Clinical Effectiveness Sub Committee for further scrutiny; this has been agreed with Wakefield CCG as this enhances the quality of actions and greater Trust oversight.

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. The Safety Leads within the WYAAT have continued to meet throughout the

pandemic and lessons learned from never events and serious incidents are shared.

The Patient Safety Strategy will affect the number and types of Serious Incidents reported, this is currently being reviewed by the early adopter Trusts.

A virtual “Learning Library” is available for all staff and provides concise learning from Serious Incident and Never events.

Embedding learning from incidents in our staff education and training programmes using scenario based learning and simulations. Incidents are shared with the Practice Development Education Unit and the resuscitation department.

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.

3.3. 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 6 never events in 2020/21. These are categorised below using the national never event criteria.

- **Wrong site surgery (4)**
- **Retained foreign object post procedure (1)**
- **Wrong implant insertion (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 a similar incident happening again. We continue to monitor these actions through our quality assurance process and the Trust’s commissioners have oversight of completed investigations and action plans.

The Trust continues to work collaboratively with safety leads from across the region in the West Yorkshire Association of Acute Trusts (WYAAT) Learning Group. Learning from Never

Events is shared with organisations across the WYAAT and internally through the Patient Safety Panel and Patient Safety Bulletin.

The Trust Never Event Group continues to meet and divisional leads attend with the appropriate gap analysis and action plan. This is also a forum to raise concerns.

The Healthcare Safety Investigation Branch (HSIB) completed a national learning report in 2021 that analysed previous national investigations to review themes and factors that contributed. This has resulted in a recommendation for national review of the never events list.

3.4. 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 2020 to 31 March 2021 the Trust has been issued with a total of 8 National Patient Safety Alerts (NatPSA) from the Central Alerting System.

5 of these alerts have been completed.

- 1 was within the stipulated completion period.
- 4 were outside of the stipulated completion periods.

There are 3 remaining alerts – all are still within the completion dates:

- 13 May 2021
- 1 June 2021
- 1 June 2021

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.

Patient Experience

3.5. 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 2020 to 31 March 2021, 395 formal complaints were received. The Trust is pleased to report that this represents an overall 54% improvement compared with the same period in 2019/20. Whilst it is encouraging that there had been a reduction in the number of formal complaints, this must be considered in the context of COVID-19 in the reporting period. During COVID-19 a change to the complaints triage criteria was implemented as there was a need to reduce clinical input as clinicians were required for other duties. Complaints which related to actual harm were formally investigated and

therefore, the PALS team have been pro-active in the early resolution of informal concerns and low graded complaints.

The graph below shows the number of complaints received from April 2018 to March 2021. The figures clearly show that there is a downward trend in the number of complaints received.



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
- Communication

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.

3.6. Focus on Patient Experience

Our patient experience priorities for improvement are identified 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 our patient experience priorities. Action plans are also developed and implemented at divisional, service and ward level.

Patient Experience surveys

One of our key sources of patient experience feedback is 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.

National Adult Inpatient Survey 2019/20

This Care Quality Commission survey report was published in July 2020. The survey involved 143 acute and specialist NHS trusts across England.

The Trust is pleased to report that these are the best CQC inpatient survey results we have had to date.

| Comparisons with our previous surveys | 2017 Compared to the 2016 survey | 2018 Compared to the 2017 survey | 2019 Compared to the 2018 survey |
|--|----------------------------------|----------------------------------|----------------------------------|
| Number of questions which were significantly higher than our previous year's survey | 0 | 4 | 13 |
| Number of questions which were significantly lower than our previous year's survey | 2 | 0 | 0 |

| Compared to other trusts scores | 2017 | 2018 | 2019 |
|--|------|------|------|
| Number of questions which were significantly better compared with most other trusts | 0 | 0 | 1 |
| Number of questions which were significantly worse compared with most other trusts | 12 | 4 | 0 |

These results demonstrate that the Trust has shown year on year improvement. The question where the Trust performed 'significantly better compared with most other trusts' was whether patients felt they were told what to expect after an operation or procedure. We also significantly improved compared to our own previous results on 13 questions.

Areas where the results show the Trust performing well included; patients not being bothered by noise at night from other patients, patients knowing which nurse is in charge of their care and being asked to give views on the quality of care.

Areas identified for improvement included; improvements in the waiting time to get to a bed on a ward and improving communication at the point of discharge about medicines, what patients should or should not do after leaving hospital and any potential danger signals to look out for.

Initiatives to improve patient experience

Projects for action have been based around the Trust's patient experience priorities and themes identified from complaints and PALS information. Examples of the improvements which have been achieved include:

- Our 'Messages from Home' service supports families keeping in touch with their relatives across our three hospital sites whilst visiting restrictions are in place. During the first month of initiating the project (April 2020), 170 messages were received. Staff ensure these messages are passed to patients on a daily basis.
- The Family Liaison Officer (FLO) role commenced April 2020 across a number of wards at Pinderfields and Dewsbury Hospital. The role supports communication between families and patients in collaboration with ward staff directly involved in the patients care. Numerous touchscreen tablet devices have been made available on our wards to support relatives communicating with patients where they do not have access to their own tablets or smartphones.

"I had an inpatient stay in June 2020... 2nd day in, feeling a tad scared a wonderful lady named Rachael came into my room, and asked me if I would like help in contacting someone at home. She had a mobile, and iPad with her. I was amazed at such a service...

I then went on to witness her spend an hour with a patient... when she heard her loved ones thru the iPad, was something I will never forget. I'm not sure who cried most... Two days later Sharon called into my room, to ask me if I needed any help calling someone important to me. I would like to commend the team for such an excellent innovation"

- Children’s waiting area and facilities at Pontefract Urgent Treatment Centre have been redecorated and furnished through funding from the Trust’s Charitable Fund. The designs have been inspired by conversations and creative work with children, young people, their relatives and staff.



Quotes from staff and visitors include:

‘lovely first impressions, I like the clean tidy notices and spaces, reflects the care given’ [parent]

‘I remember what it was like before – what a transformation!’ [parent]

‘I love the colours and the ocean window the best’
[child age 6 years]

- We have established a 'Priority Gold Line', a single telephone number for people who are in the palliative stage of their life (or their families/carers) to ring for practical or emotional support. Implemented in July 2020, this is a 24 hour a day, 365 day a year service. Calls are transferred to a professional who can discuss and arrange the best support for individual needs drawing together services across the district including Community, Acute, Hospices and specialist End of Life services.



- Nine ‘MY Space’ rooms for carers have been decorated and furnished through generous funding from Wakefield Council and in consultation with carers, registered with Carers Wakefield and District. The rooms provide a comfortable and restful space away from the bedside.



- In collaboration with local carers, teams, and patient experience leads we have designed and installed 118 carers and visitor information boards across our wards and departments. The displays provide welcoming, relevant and consistent information based on what matters most to relatives and carers.



- A volunteer supported service was established to enable relatives to get essential items of property to their family members. These items can be brought to the main entrance of the hospitals for receipt by volunteer guides and onward delivery to the wards: Monday to Friday 8.30am to 3pm.
- Members of our local community have been making matching pairs of knitted/ sewn connection hearts to send to relatives who lose a loved one they have been unable to visit. One is kept with their loved one as

they sadly pass away, the other matching heart is sent to their relative in a card from staff expressing condolences after their loved one has passed away.



- A volunteer led post discharge follow-up telephone call project pilot was established in January 2021 and will be further extended during the year. Volunteers check that patients have been discharged safely and signpost patients to further support where appropriate. The feedback gained at this time also helps us gain a deeper insight into discharge pathways, what leads to poor experience of care, and ideas for improvement.
- Our Truly Above and Beyond Awards recognise staff who demonstrate exceptional compassion in care given based on respect, dignity and kindness. To date there have been above 20 staff who have received this prestigious award.



Nominations included the following feedback:

“She was truly amazing, her credibility, knowledge and kindness gave

confidence to the team to be able to support the young girl and family in an extremely difficult situation”

“Had Sarah not gone above and beyond for this patient he would have undoubtedly lost his sight. Not only have we been able to preserve his sight but the support provided from the screening programme has also prompted him to re-engage with his GP regarding his diabetes care”

- Guidance has been developed which describes how the Trust will actively support the rights of carers of those patients with complex needs to remain with loved ones who would benefit from their support in our adult inpatient areas. The approach is in line with equality legislation and the underlying principles of the national John's Campaign.
- Our social media channels supported the virtual campaign 'Make Caring Visible'. Martin Barkley, Chief Executive spoke about how the Trust recognises, supports and appreciates carers. We shared some of the improvements made to ensure carers receive a high quality level of support and explained how the Trust supports staff who are carers, as well as the carers of our patients.
- We have implemented the role of Medical Examiners and Medical Examiner Officers based within the Trust's Bereavement Team. The officers coordinate the completion of death certificates and referrals to the Coroner, whilst providing much

needed support for bereaved families.



- The Trust has developed a new Pain Assessment and Management Policy with details of actions that will improve the lives of those in pain and ensure that the Trust has a consistent and safe approach across our inpatient care.
- A Nutrition, Hydration and Food Strategy has been developed by the Nutrition Hydration and Food Steering Group and outlines our ambitions over the next five years. The Strategy takes into consideration the relevant national guidance in this area.



- A number of clear and accessible easy read leaflets have been developed in collaboration with our local Learning Disability Patient Experience Group which offer

guidance on steps to take to keep safe during the COVID-19 pandemic.

- Recognising that staff wearing masks and other protective clothing can increase patients' fears and feelings of isolation, we produced laminated staff photographs for staff to show to the patients they are

caring for in order to establish a more personal and caring relationship.

This continued progress takes us ever closer to achieving our ambition of an excellent patient experience each and every time.

3.7. Maternity Services

The Maternity improvement programme was established in December 2019 following the acknowledgement by Wakefield Clinical Commissioning Group that Maternity was a priority area for the local health system. The purpose of the Maternity Strategy Board is to develop and maintain an understanding of the current and future requirements of Maternity Services at the Mid Yorkshire Hospitals NHS Trust, ensuring the vision set out in the national maternity services review, Better Births, is delivered locally.

To achieve its objective the Maternity Strategy Board oversaw the production the MY Maternity Strategy and its alignment to Better Births, the Local Maternity System Strategy and the Trust strategy. Secondly it monitored the delivery of the My Maternity Strategic objectives through the implementation of the maternity improvement programme, thus ensuring Maternity services delivered are patient centred and safe, and that staff are supported to deliver this.

Clinical Effectiveness

3.8. 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 has previously required Trusts to submit two self-assessment returns per annum one in the spring/summer and the other in the autumn/winter. The returns for 2020/21 were abandoned/postponed due to the COVID pandemic.

3.9. 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 for 2020/21 is shown below.

| June 2020 Fill Rates | | | |
|-----------------------|------|-----------------------|-------|
| DoS | | DoM | |
| Total Number on rotas | 169 | Total Number on rotas | 181 |
| Total Gaps | 12.9 | Total Gaps | 21.85 |
| Fill percentage | 92 | Fill percentage | 88 |
| F&CSS | | Trust | |
| Total Number on rotas | 84 | Total Number on rotas | 434 |
| Total Gaps | 6.7 | Total Gaps | 41.45 |
| Fill percentage | 92 | Fill percentage | 90 |

| September 2020 Fill Rates | | | |
|---------------------------|------|-----------------------|-------|
| DoS | | DoM | |
| Total Number on rotas | 168 | Total Number on rotas | 191 |
| Total Gaps | 12.6 | Total Gaps | 18.75 |
| Fill percentage | 93 | Fill percentage | 90 |
| F&CSS | | Trust | |
| Total Number on rotas | 84 | Total Number on rotas | 443 |
| Total Gaps | 2.8 | Total Gaps | 34.15 |
| Fill percentage | 97 | Fill percentage | 92 |

| December 2020 Fill Rates | | | |
|--------------------------|-----|-----------------------|-------|
| DoS | | DoM | |
| Total Number on rotas | 168 | Total Number on rotas | 191 |
| Total Gaps | 9.6 | Total Gaps | 16.95 |
| Fill percentage | 94 | Fill percentage | 91 |
| F&CSS | | Trust | |
| Total Number on rotas | 84 | Total Number on rotas | 443 |
| Total Gaps | 3 | Total Gaps | 29.55 |
| Fill percentage | 96 | Fill percentage | 93 |

March 2021 Fill Rates

| DoS | | DoM | |
|-----------------------|-----|-----------------------|-------|
| Total Number on rotas | 168 | Total Number on rotas | 191 |
| Total Gaps | 7.6 | Total Gaps | 24.95 |
| Fill percentage | 95 | Fill percentage | 87 |
| F&CSS | | Trust | |
| Total Number on rotas | 84 | Total Number on rotas | 443 |
| Total Gaps | 5.2 | Total Gaps | 37.75 |
| Fill percentage | 94 | Fill percentage | 91 |

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.

3.10. 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, the COVID-19 pandemic has largely affected performance this year, in particular a number of access to care performance metrics.

At the height of the pandemic, GP referrals and activity levels significantly

reduced as capacity was moved to support the pandemic. Capacity that was available was ring fenced for cancer and urgent patients. As a result, the overall referral to treatment waiting list reduced but the number of long waiters significantly increased.

The Reset & Delivery Programme has been core to supporting the restart of elective activity, managing demand and supporting performance improvement.

Cancer Services

2 Week Wait

The Trust's 2 week performance has been an area of success since June 2019 and the Trust has maintained excellent performance, significantly above the national average despite the pressures placed on the service as a result of the pandemic.

31 Day and 62 Day Standards

The Trust struggled to meet the 31-day performance target during the first half of the year but achieved the national standard in Q3. A reduction in performance is also reflected throughout England.

Performance against the 62-day target has remained a challenge and this trend is also reflected at a national level. The Trust has struggled to achieve the 85% national standard but has reported performance above the national average.

There have been multiple contributors to current performance specifically in relation to the national pandemic, and a reduction in referrals from primary care (in the first wave). The Trust have continued to deliver and prioritise cancer diagnostics and treatments.

The Optimal pathways for Prostate and Colorectal have been implemented and the positive impacts of this are being felt within those pathways. Work continues

with implementing Tele dermatology and looking at other key site-specific pathways such as Upper GI.

The Cancer Services team continue to work hard to recover performance and deliver sustainable services in the context of growing demand for cancer services, and the complexities of delivering services throughout a national pandemic.

| Cancer 2 Week (≥93%) | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Q1 | Q2 | Q3 | Q4 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|
| England % | 88.1% | 94.2% | 92.5% | 90.4% | 87.6% | 86.1% | 87.9% | 87.0% | 87.5% | 83.4% | 90.3% | 91.2% | 92.0% | 88.0% | 87.5% | 88.6% |
| MYHT % | 93.4% | 93.7% | 92.9% | 98.8% | 98.3% | 92.3% | 97.7% | 98.0% | 98.0% | 95.0% | 96.7% | 97.2% | 93.3% | 96.5% | 97.9% | 96.4% |

| Cancer 31-day (≥96%) | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Q1 | Q2 | Q3 | Q4 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|
| England % | 96.3% | 94.0% | 93.8% | 95.1% | 94.6% | 94.6% | 95.7% | 95.2% | 96.0% | 94.0% | 94.7% | 94.7% | 94.8% | 94.8% | 95.7% | 94.5% |
| MYHT % | 97.2% | 92.4% | 93.8% | 96.0% | 95.8% | 94.4% | 98.2% | 95.7% | 98.3% | 97.9% | 97.2% | 97.9% | 95.0% | 95.3% | 97.5% | 97.7% |

| Cancer 62-day (≥85%) | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Q1 | Q2 | Q3 | Q4 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|
| England % | 74.4% | 70.0% | 75.4% | 78.6% | 78.0% | 74.3% | 74.5% | 75.5% | 75.2% | 71.2% | 69.7% | 73.9% | 73.4% | 76.8% | 75.1% | 71.8% |
| MYHT % | 79.4% | 77.1% | 76.0% | 85.6% | 82.8% | 80.5% | 75.8% | 79.6% | 81.8% | 63.1% | 72.1% | 76.0% | 78.0% | 82.7% | 79.0% | 70.8% |

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 significantly been affected by the COVID-19 pandemic. The Trust's performance, along with the whole of England, reports below the 92% national standard however, the Trust does report favourably against the

national average and performance has improved significantly since quarter 2. In January 2021, the Trust ranked 57th out of 162 reporting organisations which is one of the best positions we have reported in years.

During 2020/21, the Trust focus has been on the response to the pandemic and for planned care services this has involved;

- Increased significantly the amount of appointments that are carried out via telephone or video from 10% in 2019/20 to 35-40% in 2020/21. The increase in non-face-to-face activity was adopted because of the need to keep patients away from hospital but it has now been embedded as an alternative to requiring patients to attend hospital, offering more choice to patients about accessing healthcare in secondary care.
- An increase in e-consultation activity to support communication between primary and secondary care pre-referral. The volume has increased from 16,000 in 2019/20 to over 27,000 in 2020/21. This service is offered in 18 specialties.
- Referral Assessment Services were rolled out across all services to support triage of referrals and demand management.
- Implementation of the Shared Routine Referral Pathway which has demonstrated a new way of working that allows a shared decision making between primary and secondary care about the best pathway for a patient. Consultants can virtually review a patient's history, arrange any necessary tests and talk to the patient about their condition prior to a referral

being made to hospital. The impact is a reduction in requests for unnecessary tests, and patients being managed in the most appropriate setting. Referrals into the cardiology service have reduced by 70%.

The pandemic has presented an opportunity to embed new ways of working with technological solutions which many services have made business as usual.

The current performance position is largely influenced by the admitted incomplete waiting list, patients who are waiting to attend hospital for surgery. This is a direct impact of the pandemic, where elective routine operating had to be cancelled or reduced in order to support the increasing numbers of critical care and high acuity patients. Where possible, the independent sector has been utilised to support continuation of operating but this has been limited largely to cancer patients. The Trust has adopted the national prioritisation codes and used this process to book patients in clinical priority.

The Trust set a target to aim for no patients waiting over 52 weeks on a non-admitted pathway by the end of March 2021. There has been noteworthy improvement and achievement in this and whilst there will still be some patients who will be waiting over 52 weeks on a non-admitted pathway at the end of March 2021, this will be less than 100 and largely as a result of very complex pathways or patient choice to wait.

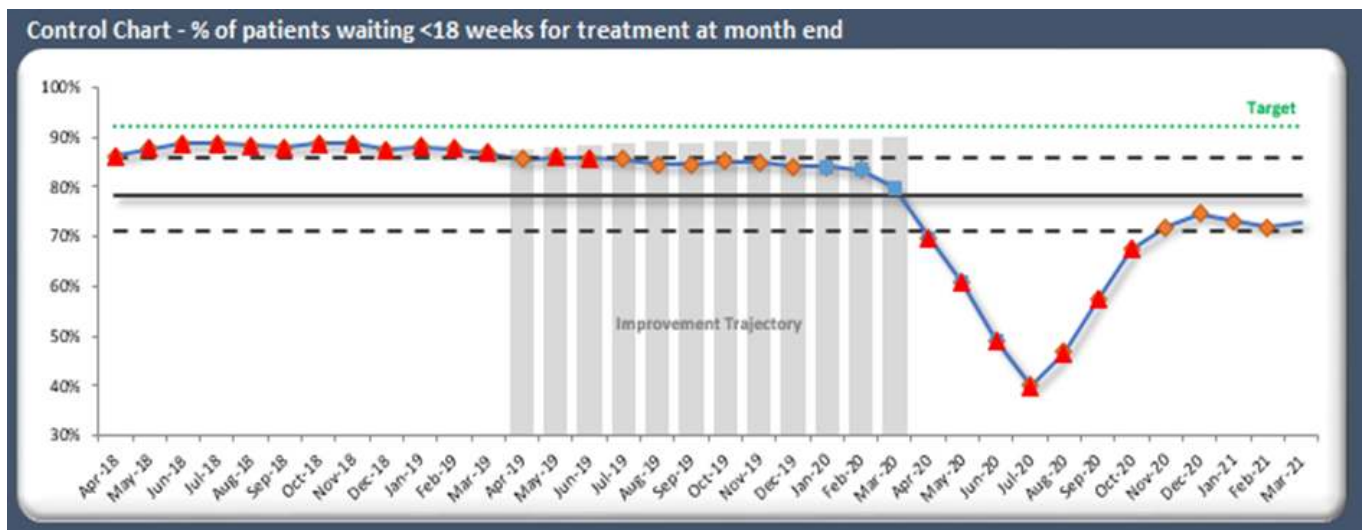
At a divisional level, all areas saw a drop in performance as a result of the pandemic however all services and therefore divisions have seen improvement in the second half of the year. The Division of Medicine have not fully recovered their performance but are making good progress to achieve in 2020/21.

In the Division of Family Services, the performance is driven by the Gynaecology service and this service was significantly impacted by the reduction of elective operating throughout 2020/21. The service has made good progress to improve back to

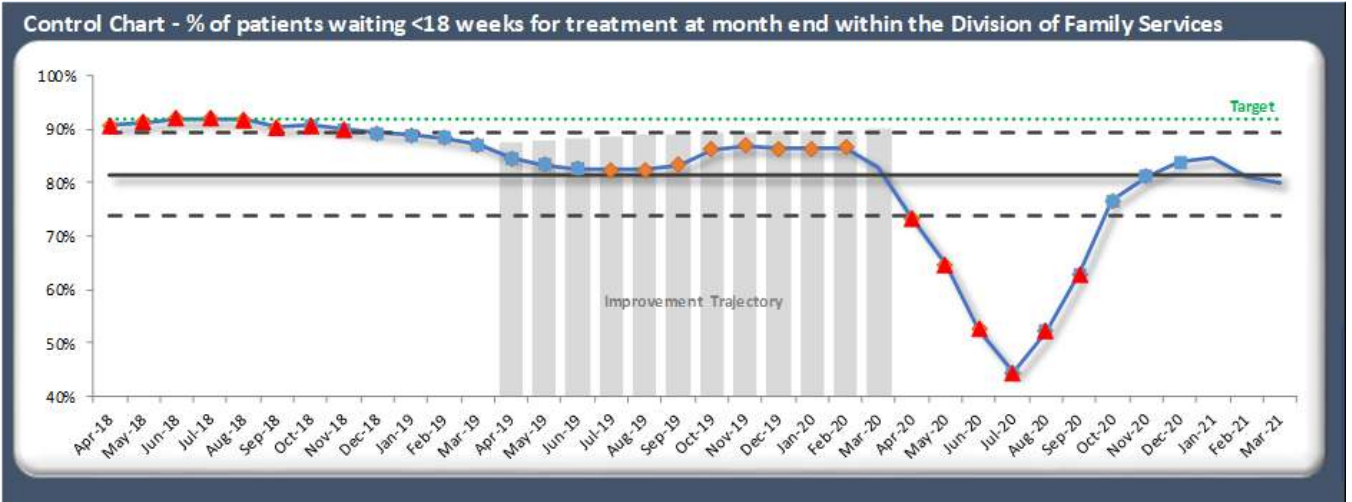
a level close to where they ended 2019/20 and have a robust plan for further improvement in 2021/22.

The Division of Surgery was impacted significantly by the reduction in elective routine operating and this is reflected in the performance. The primary focus for 2021/22 will be to bring as many patients in for surgery as possible and clear those waiting a significantly long time for surgery.

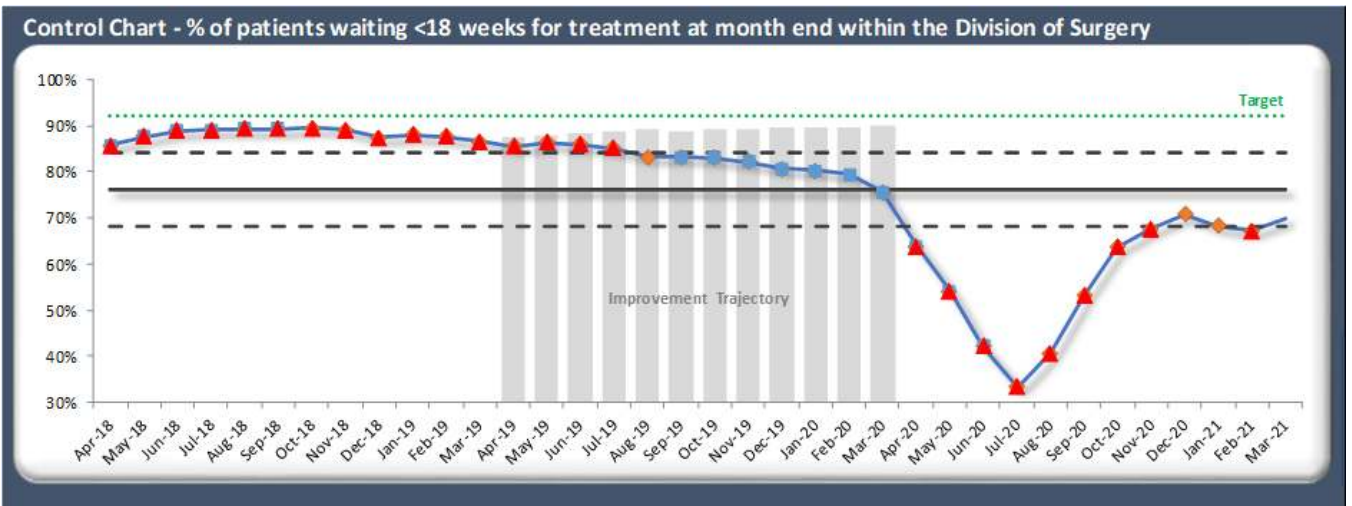
The Trust remains committed to ensuring that patients are treated fairly in clinical and chronological order and as such monitor this compliance on a weekly basis.



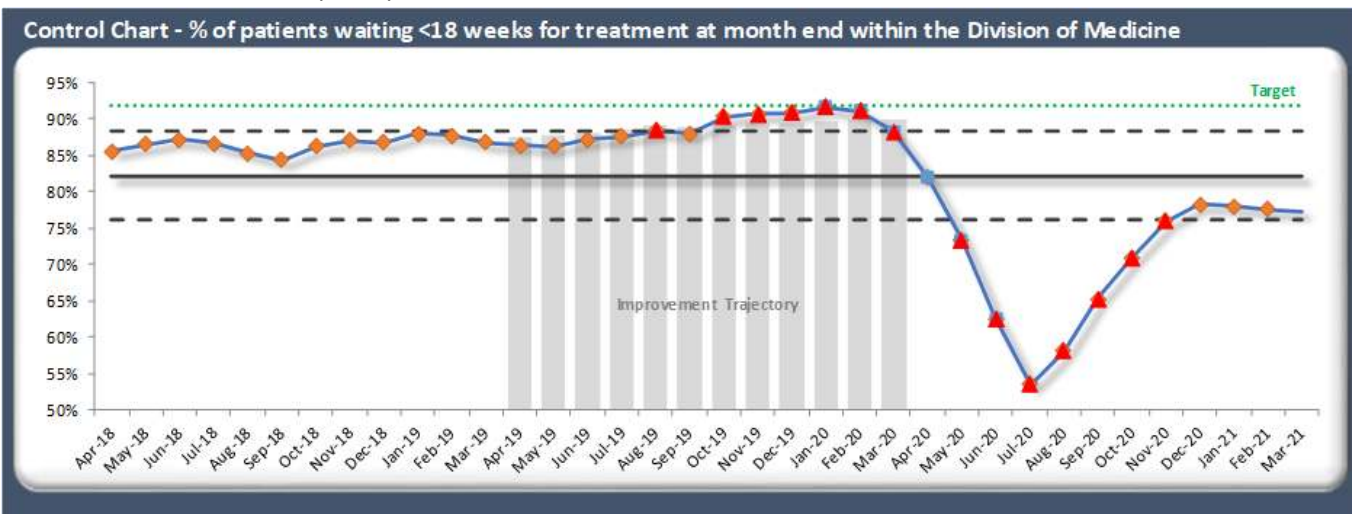
Referral to Treatment (RTT) – Families



Referral to Treatment (RTT) - Surgery



Referral to Treatment (RTT) – Medicine



| RTT - Incomplete Pathways | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| England % | 71.0% | 62.0% | 52.0% | 47.1% | 53.7% | 60.6% | 65.5% | 68.1% | 67.8% | 66.1% | 64.4% | 64.1% |
| MYHT % | 69.7% | 60.6% | 49.0% | 39.9% | 46.7% | 57.4% | 67.4% | 71.8% | 74.6% | 73.2% | 71.8% | 73.0% |

The Emergency Care Standard (ECS)

The Trust continues to participate in the pilot to test a new set of Urgent and Emergency Care Standards (UECS). NHS England & Improvement have now completed a consultation exercise on these new standards (Feb 21) and it is expected a recommendation on a final set of revised measures will be made in the coming months. 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 but in the last quarter of this year (Q4) has seen an increase in the percentage of patients waiting over 12 hours in the department which is a symptom of the significant challenges experienced by the Trust as a result of the third wave of the pandemic.

The Pontefract Urgent Treatment Centre (UTC) continues to perform exceedingly well with the vast majority of patients receiving treatment in line with national standards.

The two Emergency Departments have seen significant structural changes throughout the course of the pandemic introduced to keep patients and staff safe. Each Department now runs two

concurrent units, one for patients presenting with COVID-like symptoms and the other for patients presenting with other complaints. This has effectively resulted in two separate departments running within one environment, each needing to be staffed separately in order to meet infection control requirements. Despite these challenges, the Trust continues to make good progress on a number of indicators. 72% of all patients presenting to the Emergency Departments this year, were clinically assessed within 15 minutes of their arrival. Early initial clinical assessment ensures that patients can be signposted to the right clinical area both in and outside of the Emergency Department reducing delays to any treatment they might require.

The Trust continues to receive the highest number of ambulance conveyances regionally on the Pinderfields site, with the number of conveyances in March 2021 exceeding baseline 19/20 activity.

Performance against the 15 minute standard remains top for the Dewsbury site; the impact of environmental & IPC changes at the Trust initially had a detrimental impact on performance against the <15 minute handover standard, particularly on the Pinderfields site, although following

recent work undertaken with the teams this position continues to improve.

The role of the Clinical Quality Nurse Lead continues to progress the recommendations made by the CQC at previous visits.

The unplanned care programme is a system wide transformation programme. MYHT plays a crucial role in this programme as a provider and is working in partnership to create an integrated urgent and emergency health and social care system for Wakefield and North Kirklees. This system will be simple and clear for all to use based on the principal of the right care in the right place at the right time. We will do this by:

- As a system we are going to work together to create a simple route of access that will support clear

navigation enabling our patients to access the right care and services at the right time in their pathway in a safe way in line with their clinical need.

- It will be delivered by an inclusive provider and commissioning alliance across health and social care with integrated digital solutions that will support delivery of a single consistent service offering wherever the patient presents.

The programme is an ambitious system wide programme tackling issues across providers and commissioners. It has been reviewed and re-launched in December 2020 with three areas of focus:

- Integrated urgent care
- Same day emergency care
- Safe transfer of care

| Ambulance Handover Performance | Metric | Target | Months | | | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| | | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 20/21 YTD |
| Ambulance Arrivals | | | | | | | | | | | | | | | |
| Trust-wide ambulance arrivals | | | 2,929 | 3,427 | 3,471 | 3,695 | 3,745 | 3,550 | 3,850 | 3,780 | 3,853 | 3,809 | 3,498 | 3,956 | 43,563 |
| Trust-wide ambulance arrivals previous year | | | 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 |
| % increase previous year | | | -31.9% | -21.1% | -15.9% | -15.1% | -11.8% | -11.9% | -11.0% | -13.5% | -14.7% | -9.8% | -9.2% | 8.3% | -13.4% |

Fig 1: Ambulance handover performance 20/21

Staff Experience

3.11. NHS Staff Survey

We know that positive patient outcomes are dependent on positive staff experience. The pandemic has emphasised the absolute strategic and moral importance of sustaining the health and well-being of our workforce. The Trust already has a very well developed Health and Wellbeing offer that has been supplemented by significant additional investment in Psychology capacity during the pandemic. Therefore the primary focus of the year ahead will be to maintain this offer and to also strengthen other areas that are known to improve wellbeing. Specifically, this relates to maintaining the success of the Trust's approach to communication during the pandemic and to find new and innovative ways to have 'two-way' engagement with the workforce. In the year ahead we will implement Health and Wellbeing conversations as directed in the NHS people plan with a focus on quality and confidentiality.

The Trust's BAME staff experience improvement plan will also help us to build on our work to date, designed to significantly improve the experience of BAME staff working at the Trust. These initiatives, when combined with the Health and Wellbeing offer, staff engagement plans, the communications strategic plan, and our ongoing reward and recognition programmes will help us make further steps forward in ensuring the Trust is an increasingly excellent employer.

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 Trust alternates annually between a census and sample survey. In 2020 a sample of staff (1250) were invited to participate in the survey which ran from 21st September 2020 until 27th November 2020. 559 members of staff in the Trust responded which equates to 45% of staff. The average response rate for acute and combined acute and community trusts in 2020 was 46.2%.

The results of the survey were based on 78 questions (75 enabling a historical comparison). Of those 75 questions the Trust improved on 21, deteriorated on 44, stayed the same on 10.

The detailed content of the survey is summarised and presented in the form of 10 key themes such as equality, diversity and inclusion, morale, quality of care and health and wellbeing etc. Full results can be found at www.nhsstaffsurveys.com

The two most significant questions in the survey ask the following:

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

Improvements were seen in the these two key recommendation questions

with a 2% increase in the number of respondents recommending the Trust as a place to work (57%) and a 1% improvement in the number of respondents who would be happy with the standard of care provided if a friend or relative needed treatment (59%).

The Trust also experienced significant improvements in the equality, diversity and inclusion questions. There was a reduction in the numbers of minority ethnic staff reporting experiencing discrimination at work from both patients/public and managers/colleagues which according to the Heath Service Journal's analysis of the results places the Trust as the third best performing Trust in the country on this issue.

The five questions where the Trust most improved on the 2019 scores were:

- 9% improvement from 59% to 68% of respondents saying they or a colleague reported physical violence at work the last time they experienced it
- 9% improvement from 41% to 50% of respondents saying in the last 3 months they have not come to work when not feeling well enough to perform duties
- 4% improvement from 61% to 65% of respondents saying staff are given feedback about changes made in response to reported errors/near misses/incidents
- 4% improvement from 68% to 72% of respondents saying the

Trust takes action to ensure errors/near misses/incidents are not repeated

- 3% improvement from 32% to 35% of respondents saying there are enough staff to enable them to perform their job properly

The Trust's best ranking scores compared to peers were:

- % of staff who feel relationships at work are strained
- % of respondents who are given feedback in response to errors/near misses/incidents
- % of respondents experiencing harassment, bullying or abuse from colleagues
- % of respondents experiencing discrimination from manager/team leader/other colleagues
- % of respondents experiencing harassment, bullying or abuse from patients/service users/public

The five questions for which the Trust compares least favourably with other combined acute and community trusts were:

- % of respondents who would be happy with the standard of care provided by the Trust
- % of respondents who would recommend the Trust as a place to work
- % of respondents who believe that care of patients/service users is the Trust's top priority
- % of respondents who feel that the Trust acts on concerns raised by patients/service users

- % of respondents who are able to make improvements happen in their area of work

Whilst the Trust has shown some significant improvements in 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.

3.12. 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.

For the financial year 2020-2021 the Guardian was contacted on 205 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
- Concerns raised regarding support from managers

*Colleague is defined as anyone who works within the Trust, for the Trust.

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 Guardian's 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 Associate Guardians (Champions): The MYHT Guardian and Associate Guardians (Champions) have all completed appropriate and recognised training, in line with recommendations of the

National Guardians 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.

3.13. Statements from our Stakeholders



Report on behalf of Healthwatch Wakefield on the Quality Account 2020/21 of the Mid Yorkshire Hospitals NHS Trust

Healthwatch Wakefield is the independent champion created to listen to and gather local people's experiences of using health and care services. It is a Charity Limited by Guarantee. We employ a small staff team and are helped by a significant number of volunteers. The draft Quality Account was circulated to our volunteers and their responses are incorporated by me in this report.

On 15 March, there was a virtual meeting between Healthwatch Wakefield and those involved with the Quality Account from Mid Yorkshire Hospitals NHS Trust. It was well attended. Safeen Rehman (Volunteer Officer and Young Healthwatch Coordinator) and several volunteers represented us, and a significant team involved with the Quality Account represented the trust. The latter team included Katie Frankland (Provider Manager) and David Melia (Director of Nursing and Quality). The Trust team gave us an excellent presentation of the areas of the quality account that were felt to be important. All our questions were answered in a clear manner. We recommended strongly that in future reports figures should be presented from previous years so that trends can be seen. This meeting facilitated feedback for the final report.

A significant absence from this report were recommendations from the annual Care Quality Commission Inspection. These inspections did not take place in any acute trust in this year because of the Covid pandemic. We hope that next year there will be charts to show what has been achieved in 19/20, 20/21 and 21/22. This might show how the Trust is dealing with quality the year after this extraordinary one.

The priorities: safe, effective and experience. Patient and staff experiences are of the essence. These are the main business of Healthwatch. I shall focus on these in more detail later.

The training and education planned and undertaken are excellent. It would be useful to have some feedback from participants of training included in this report.

Like last year, the research and audit activity is exemplary especially considering the effects of the pandemic. Only a few projects had to be cancelled. It was good to have some feedback from nurses about being involved in research related to Covid. This positive feedback is a motivator.

A definition of clinical audit would be useful. This report should be able to be clear to lay people. Similarly, there should be a definition of a Caldicott Guardian. Two of our volunteers have significant healthcare experience at a senior level and contributed detailed and valuable comments about the draft report. There was one other brief comment from one of our 60 or more volunteers, who feels that the complexity of the report might make it incomprehensible in parts for some lay people. This may deter active engagement. Lay people should therefore be considered part of the key audience when determining the presentation and language of the report.

The Quality Account addresses the issues and actions planned to manage any reduction in junior doctors. However, given the pressures over the last year, the report does not indicate any actions that might be required if sickness rises or there are more vacant posts within clinical staffing. In particular, any reductions in the appropriate levels of nursing staff could negatively impact on the quality that the Trust delivers.

Examples of feedback from staff in the report could be useful when learning from deaths. A report on any feedback about the formal apologies regarding safety incidents might hopefully improve the style of the apologies. I personally know of two people who were really upset with the formal apology they received.

The importance of learning from complaints is stressed and how much effort has been put into the management of complaints. The numbers of complaints reduced but a comment on how the actual management of these complaints has been improved would be useful. Some reduction of the number of complaints might be as a result of the immense gratitude the nation has to the NHS due to the pandemic. Who wants to complain when people are clapping outside of their homes?

Quotes regarding quality are important from both staff and patients. The section on patient experiences has only positive quotes. Healthwatch Wakefield is very much aware of negative comments about the trust as well as complimentary messages. We think the quality account should include some quotes from patient complaints. Here are three quotes from comments made during the last year to Healthwatch Wakefield:

The ward staff do not answer phone (27/02/21)

“Main concern relates to being not able to get through to get 43B. Merely to check on my husband’s condition is almost impossible. This is very distressing. Ward staff do not answer the phone.”

Efficient, friendly and informative service (10/01/21)

“Helpful and friendly service at the eye centre despite all the pandemic problems we have at the present time. We are very impressed.”

Friendly advice (04/11/20)

“I contacted gate 41 regarding visiting my father who is a patient there. Lynn answered the call and was very friendly, efficient and did all she could to help. I couldn’t come to visit my father but she told me she would let him know I had called.”

Good care (22/03/21)

“My relative received very good care whilst a patient on gate 27.”

The relatively new role of the Family Liaison Officer has been a success. Recognising staff demonstrating exceptional compassion and care based on respect is an excellent quality improvement. The Trust was significantly involved in the Compassion in Care project Healthwatch Wakefield undertook and reported in 2018. A significant number of the comments that were received about the trust previously were about the lack of compassion and kindness.

Access to care has suffered. However, the trust has attained a better cancer 62-day target than the England average during the pandemic and this is a laudable achievement. Virtual consultations might be an opportunity for the future but patient experience with these should be surveyed.

A Healthwatch Wakefield survey a number of years ago showed that the people of Pontefract wanted to retain a consultant-led 24-hour A&E service. Despite that, the Pontefract Urgent Treatment Centre was developed. It is good to see that this is reported as a success for the people from the East of the District.

The staff experience and staff survey were particularly important this year. Because of the pandemic, valuable staff may be exhausted now and leave their posts creating a serious deficiency. There was only a 45% response rate to the staff survey which had a lot of questions (78). This poor response rate should be studied and perhaps a target introduced. Why was there such a poor response rate? This is concerning. Over 40% of respondents would not recommend the trust as a place to work and were not happy with the standard of care that a relative or friend might receive. Some of the comments from this 40% would be useful. The improvements reported here were not significant. The value of comparing this Trust with others is debatable if the problems are endemic.

The freedom to speak up guardian role is a good one as are champions but what were the root causes that resulted in the creation of such a role?

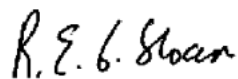
Bullying by colleagues is addressed, but what is the definition of a colleague?

Appendix 6, the glossary of terms, is very important for lay people who might read this report. The compiler of this glossary is to be commended. Involvement of a lay person in the creation of the glossary and explanation of acronyms should be mandatory. At the same time, a lay person or persons should be involved in the presentation and language of the report.

The actions recommended from the National Audit were exemplary and a fantastic piece of evidence that the Trust wants to continuously improve quality for the benefit of patients.

Healthwatch Wakefield wish Martin Barkley, Trust CEO, a happy retirement and congratulate him in managing his team to provide a continuously improving high quality service for the people in the Trust's catchment area. The work of all those working for the trust is complex. Healthwatch Wakefield is proud of the Trust's amazing work during this pandemic with such desperately ill patients. The Trust's response to this immense pressure has been superb.

This report has been approved by the Chair of Trustees on behalf of the trust and CEO of Healthwatch Wakefield.



Richard E G Sloan. MBE, PhD, FRCGP, Trustee

MYHT response to Healthwatch feedback

Mid Yorkshire have made the subsequent amendments following feedback from Healthwatch:

- Inclusion of a definition of clinical audit in the glossary
- Inclusion of a definition of a Caldicott Guardian in the glossary
- Inclusion of a definition of a colleague in the Freedom to Speak Up section

NHS Wakefield and NHS Kirklees CCGs

Over the last year, Mid Yorkshire Hospitals NHS Trust (MYHT) has worked in radically different ways in response to the Covid-19 pandemic. Hospital wards have been reconfigured to care for patients requiring intensive support, virtual ways of working have been adopted and new pathways of care and services implemented. We are extremely grateful to all our colleagues in MYHT for their hard work and efforts in such extraordinary circumstances. MYHT's ability to respond so positively and effectively in response to unprecedented challenges is not a happy accident. It reflects the results of significant and deliberate work over previous years to develop the skills, culture and experience needed to continuously safeguard and improve quality of care.

It is important that this year's MYHT Quality Account is read in the context of Covid-19 and resulting national policy. In March 2020, NHS England / Improvement temporarily stood down many quality metrics and associated data collection processes. Locally, unprecedented service pressure, staff redeployment and new ways of working have impacted on the pace of delivery of the planned quality account priorities. Despite this, MYHT has provided an open, honest and comprehensive reflection of achievements and challenges to the quality of care in 2020/21.

MYHT has maintained a total focus on keeping both patients and staff safe. It has responded to new safety issues, for example pressure area damage prevention arising from increased use of PPE and respiratory devices. There has been close oversight of issues such as infection prevention and control in order to prevent the spread of Covid-19 in hospital and community settings. The Trust has maintained a close and positive working relationship throughout with the Care Quality Commission. This has included thorough assessment and assurance of the Trust's compliance with infection prevention and control, medicines optimisation, winter preparedness and the comprehensive Transitional Monitoring Approach (TMA) questions. All assessments have been positively evaluated, with no risk-based inspections carried out at the Trust.

The Trust has maintained close oversight of benchmarked mortality data and undertaken thematic analysis of deaths following a positive Covid-19 diagnosis. It has also continued to employ clinical audit and structured judgement case review to understand the quality of care and improve clinical outcomes. The Trust has employed a variety of mechanisms so that staff can learn lessons from complaints, incidents and patient deaths. The account outlines how the Trust has implemented change to address themes such as fluid balance, escalation plans / care of the deteriorating patient and identification and management of sepsis. The Trust works effectively with colleagues in the West Yorkshire Association of Acute Trusts (WYAAT) and shares information, support and lessons learned to improve patient outcomes.

The Quality Account also shows how MYHT continues to direct significant effort on providing positive patient experience. The account describes many examples of

collaborative work in response to the needs of patients, families and carers; from environment improvements, supported information and communication, and emotional support, particularly in times of crisis and loss. The 'Messages from Home' service supported families to keep in touch with their relatives whilst visiting was restricted. The introduction of the Family Liaison Officer has shown what an impact these measures can make on people's experiences and memories of difficult times. The Trust has achieved a 59% reduction in formal complaints. We are pleased that the Trust acknowledges that a reduction in complaints does not in itself mean an improvement, and consider the possible barriers to raising concerns, particularly in the context of the pandemic. It is good to see that the focus on addressing complaints and patient experience is carried into next year's priorities

Quality of patient care is dependent on the health and wellbeing of staff. The Trust clearly recognises the importance of staff welfare and has introduced additional support through the Health and Wellbeing Offer, including extra psychological support. Access to sufficient numbers of trained and experienced medical and nursing staff has been challenging. The Trust has undertaken a range of actions in order to address staffing shortfalls which impacts on both patient and staff experience. Whilst deterioration in responses in the Staff Survey is to be expected in the middle of a pandemic, it is good to see that there will be a continued focus on support and welfare of staff as they too go through a period of recovery.

Mid Yorkshire Hospitals NHS has treated more than 4,000 patients with Covid-19, many of whom were very seriously ill. They also continued to treat over 40,000 non-Covid-19 inpatients. Despite the pressures created by the pandemic, the Trust delivered almost 80% of its expected outpatient activity and continued to deliver most diagnostic procedures. The Trust anticipates continued challenges matching capacity to demand, and the restoration and recovery of services in the coming year. We support the comprehensive programme of work which aims to improve patient access, and applaud the systems approach to quality improvement and the MYQIS approach to developing sustainable solutions. This approach has been used to great effect during the year to design and deliver new services at speed, such as Covid-19 testing and mass vaccination services.

In conclusion, we thank MYHT for their continued hard work and dedication throughout the past year. We support the key priorities identified for 2021-22, which builds on previous work and responds to new needs. We would like to see continued focus on referral pathways into secondary care and discharge communication for patients and primary care. Both Wakefield CCG and Kirklees CCG welcome opportunities for collaborative working to achieve this. We both also look forward to continuing our work with Mid Yorkshire Hospitals NHS Trust as we move towards a new phase in the integrated care partnership journey in Wakefield and Kirklees places.

Wakefield Overview and Scrutiny Committee and North Kirklees Healthwatch

Due to the exceptional circumstances of the pandemic, Wakefield Overview and Scrutiny Committee and North Kirklees Healthwatch have not provided the trust with feedback for the 20/21 Quality Account.

Quality Account Appendices

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 2020-2021.

The value and banding of the Summary Hospital-level Mortality Indicator ('SHMI') for the trust for the reporting period and the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

| Related NHS Outcomes Framework Domain | Prescribed Information | MYHT | MYHT | National | Other Trusts – | Other Trusts – |
|---|--|-------------|-------------|----------|---------------------|----------------------|
| | | Jan19-Dec19 | Jan20-Dec20 | Average | Best | 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 | 1.06 | 1.08 | - | 0.70 | 1.18 |
| | 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 | 26.3% | 27.6% | 36.6% | 61.4% | 7.7% |

* 20/21 Data not available until August 2021 – after publication of the Quality Accounts

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 last six months of the reported period has been impacted by the pandemic response.

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.

The trust's patient-reported outcome measures scores for:

- (i) groin hernia surgery**
- (ii) varicose vein surgery**
- (iii) hip replacement surgery and**
- (iv) knee replacement surgery**

during the reporting period.

| Related NHS Outcomes Framework Domain | Prescribed Information | MYHT 2018/19 | MYHT 2019/20 | 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 | 11.64 | 11.83 | 13.97 | 19.52 | 7.14 |
| | | EQ-5D Index | 0.40 | 0.44 | 0.45 | 0.53 | 0.34 |
| | | Oxford Hip Score | 20.2 | 21.6 | 22.32 | 25.39 | 15.66 |
| | 18 (iv) | Adjusted Average Health Gain: knee replacement surgery | | | | | |
| | | EQ VAS | 6.86 | 5.68 | 7.81 | 12.61 | 1.25 |
| | | EQ-5D Index | 0.33 | 0.32 | 0.33 | 0.41 | 0.21 |
| | | Oxford Knee Score | 17.11 | 16.82 | 17.36 | 20.73 | 12.88 |

* Data is now supplied by NHS Digital but only available up to 19/20 - no future publication date available (last published February 2020).

Previously used Dr Foster Intelligence as NHS Digital did not report Readmissions.

The patient reported outcome score for groin hernia surgery

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason; the national collection of this data has ceased.

The patient reported outcome measures scores (PROMS) for varicose vein surgery

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reason; 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 2019 to March 2020 remains below national average performance but has shown improvement in 2 of the 3 indicators when compared to previous years and is moving closer to national average in these indicators.

The Mid Yorkshire Hospitals NHS Trust has taken the following action to improve this score, and so the quality of its services, by continuing to review the patient pathway to improve this score and so the quality of its services.

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 2019 to March 2020 shows the Trust's PROMs scores for knee replacement surgery have worsened in 2 out of 3 indicators 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.

The percentage of patients aged:

(i) 0 to 14 and

(ii) 15 or 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.

| Related NHS Outcomes Framework Domain | Prescribed Information | MYHT 2018/19 | MYHT 2019/20 | 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 any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period. | 11.07% | 10.81% | 12.45% | 0.00% | 20.74% |
| | 19 (ii) The percentage of patients 16 and over readmitted to any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period. | 14.16% | 14.00% | 14.67% | 0.00% | 23.33% |

* Data now supplied by NHS Digital but only available up to 19/20 - no future publication date available (last published February 2020).

Previously used Dr Foster Intelligence as NHS Digital did not report Readmissions.

The data shows improvement in both measures during the reporting period when compared to last year and the Trust performs better than national average.

Responsiveness to the personal needs of patients

| Related NHS Outcomes Framework Domain | Prescribed Information | MYHT 2018/19 | MYHT 2019/20 | 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). | 63.9% | 67.9% | 67.1% | 84.2% | 59.5% |

*** Note: 2020/21 results due to be published 19th August 2021**

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' has improved and is now above 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 | MYHT 2019 | MYHT 2020 | 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. | 57.8% | 58.8% | 74.3% | 91.7% | 49.7% |

* Organisation Level Results/Questions 2020 (filter on Mid Yorks and Q18d - prev Q21d)

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 Friends and Family data which shows the Trust has improved on last year’s score but still remains significantly below average. 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 is taking a number of actions to improve this score which includes a continued focus upon health and wellbeing, focused work on the equality, diversity and inclusion agenda underpinned by a BAME Experience Improvement plan and the development of specialty level engagement improvement plans. Work also continues to embed the MYQIS approach to quality improvement and the introduction of Everyday Lean Management.

The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.

| Related NHS Outcomes Framework Domain | Prescribed Information | MYHT Q3 18/19 | MYHT Q3 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. | 89.21% | 94.43% | 95.33% | 100% | 71.6% |

* VTE collection and publication is currently suspended due to COVID-19 - last report relates to Q3 19/20.

The data shows a significant improvement for Q3 2019/20 when compared to Q3 2018/19 and this improvement moves the Trust significantly closer to national average. The Trust has taken a number of actions including the introduction of digital forms and a range of educational/awareness raising activities.

Rate of C Difficile Infections (CDI)

| Related NHS Outcomes Framework Domain | Prescribed Information | MYHT 2018/19 | MYHT 2019/20 | National Average | Other Trusts – Best | Other Trusts – Worst |
|---|--|--------------|--------------|------------------|---------------------|----------------------|
| 5: Treating and caring for people in a safe environment and protecting them from avoidable harm | 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. | 34.2 | 33.6 | 23.5 | 0.0 | 142.8 |

* Last updated December 2020 to include 2019/20 data - no future release date provided. Historically, 2020/21 would be made available July 2021.

The Mid Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons. The national objective for CDI for 2020-21 is no more than 73 Trust attributed cases. Trust attributed cases are (a) healthcare onset healthcare associated and (b) community onset healthcare associated:

- 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

At the end of February 2021 the Trust had reported 61 Trust attributed CDI cases.

The Mid Yorkshire Hospitals NHS Trust has taken the following actions to improve this percentage, and so the quality of its services; all cases are reviewed by the Consultant Microbiologist, Antimicrobial Stewardship Team and Infection Prevention and Control Team. Any lapses in care are addressed with the clinical team. Learning from cases is shared with clinical teams.

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

| Related NHS Outcomes Framework Domain | Prescribed Information | MYHT 2018/19 | MYHT 2019/20 | National Average | Other Trusts – Best | Other Trusts – Worst |
|---|--|--------------|--------------|------------------|---------------------|----------------------|
| 5: Treating and caring for people in a safe environment and protecting them from avoidable harm | 25 Patient safety incidents and those that resulted in severe harm or death | | | | | |
| | Number of incidents reports (all harm) | 14,120 | 15,150 | - | - | - |
| | Rate per 1,000 occupied bed days (all harm) | 42.05 | 45.45 | 48.88 | 21.04 | 107.0 |
| | Number that resulted in severe harm or death | 34 | 43 | - | - | - |
| | Percentage that resulted in severe harm or death | 0.24% | 0.28% | 0.31% | 0.01% | 1.31% |

*Published every 6 months, next publication 19th August 2021 (Date period: Apr - Sep 2020)

The Mid Yorkshire Hospitals NHS 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.

Ensuring patients do not come to harm whilst in our care is a key priority, 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. 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 ensures that 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, 2019/20 has seen a slight increase in the number of incidents reported compared to 2018/19, however and pleasingly all measures remain less than the national average.

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 Ramsay
Chairman



Martin Barkley
Chief Executive

Appendix III: Directory of Services

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|----------------------------------|--|
| A&E Primary Care Support | Community Dietetics |
| Accident & Emergency | Community Geriatrics |
| Adult SaLT | Community In-Reach |
| Anaesthetics | Community Matrons |
| Audiology | Community NIV |
| Breast Surgery | Community Specialist Nurses |
| Burns Care | Community Specialist Palliative Care Nursing |
| Burns Care Clinical Psychology | Connecting Care Hubs |
| Burns Care Occupational Therapy | Continence Service & Products |
| Burns Contract Adjustment | Critical Care Medicine |
| Cancer MDT | Critical Care Outreach |
| Cardiac Liaison Nurses | Dermatology |
| Cardiac Rehab Post Discharge | DESP |
| Cardiology | Diabetes Education (DAFNE) |
| Child Community Medical | Diabetes Foot Protection Team |
| Child Death Review | Diabetic Medicine |
| Child Health Admin | Dietetics |
| Children's Community Nursing | E-Consultation Review |
| Children's Continuing Healthcare | EEG |
| Children's SaLT | Emergency Respiratory Team (PERT) |
| Clinical Haematology | Endocrinology |
| Clinical Oncology | ENT |
| Clinical Psychology | Epilepsy |
| Colorectal Surgery | Gastroenterology |

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|---|--------------------------------------|
| Community Cardiology | Ambulatory Care |
| Community Dental | General Adult Community Nursing |
| Community Diabetes | General Medicine |
| General Surgery | Paediatric Diabetes Nurse Specialist |
| Geriatric Medicine | Paediatric Diabetic Medicine |
| Gynaecological Oncology | Paediatric Endocrinology |
| Gynaecology | Paediatric Epilepsy |
| Gynaecology Early Pregnancy Assessment Unit | Paediatric Gastroenterology |
| Hand Therapy | Paediatric High Dependency Unit |
| Hepatology | Paediatric Nephrology |
| High Dependency Unit | Paediatric Neuro-Disability |
| Intensive Care | Paediatric Neurology |
| Intermediate Care | Paediatric OT |
| Interventional Radiology | Paediatric Respiratory Medicine |
| Late Visiting Service | Paediatric Rheumatology |
| Looked after Children | Paediatric Therapies |
| Maternity | Paediatrics |
| Medical Oncology | Pain Management |
| MY Therapy | Palliative Daycare |
| Neonatal High Dependency Unit | Palliative Medicine |
| Neonatal Intensive Care Unit | Pathology |
| Neonatal Outreach | Physiotherapy |
| Neonatology | Plastic Surgery |
| Neurology | Podiatry |
| Neurology Learning Disabilities Epilepsy | Radiology |

| | |
|---------------------------------------|-------------------------------------|
| Obstetrics | Radiology Family History |
| Occupational Therapy | Rehabilitation |
| Ophthalmology | Respiratory Medicine |
| Oral Surgery | Respiratory Physiology |
| Orthodontics | Rheumatology |
| Orthoptics | Single Point of Contact (SPOC) |
| Orthotics | Special Care Baby Unit |
| Pacemaker checks | Special School Nurses |
| Paediatric Burns Care | Spinal Injuries |
| Paediatric Cardiology | Spinal Injuries Clinical Psychology |
| Spinal Injuries Occupational Therapy | Urology |
| Stroke Medicine | Vascular Surgery |
| Tissue Viability | Wakefield intermediate care unit |
| Transient Ischaemic Attack | Weight Management Service |
| Trauma & Orthopaedics | Weight Management Service |
| Trauma & Orthopaedics Fracture Clinic | WESAIL |
| Upper Gastrointestinal Surgery | Youth Offenders Team |

Appendix IV: National clinical audits and national confidential enquiries that Mid Yorkshire Hospitals NHS Trust was eligible to participate in during 2020-21.

| National Clinical Audit and Clinical Outcome Review Programme | Host Organisation | MYH | Number Included (%) 2020-21 |
|--|---|------------|---|
| Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) | National Institute for Cardiovascular Outcomes Research (NICOR) | Yes | 690 (100%) |
| Adult Asthma | British Thoracic Society | Yes | 92 Patients (68%) sample part suspended due to COVID) |
| Adult Cardiac Surgery | National Institute for Cardiovascular Outcomes Research (NICOR) | N/a | |
| BAUS Urology Audits: Cystectomy | British Association of Urological Surgeons | Yes | 19 (100%) |
| BAUS Urology Audits: Nephrectomy | British Association of Urological Surgeons | Yes | 81 (100%) |
| BAUS Urology Audits: Radical Prostatectomy | British Association of Urological Surgeons | Yes | 82 (100%) |
| BAUS Urology Audits: Female Stress Urinary Incontinence | British Association of Urological Surgeons | Yes | 48 (100%) |
| Bowel Cancer (NBOCAP) | Royal College of Surgeons | Yes | 260 (91%) |
| Cardiac Rhythm Management (CRM) | National Institute for Cardiovascular Outcomes Research (NICOR) | Yes | 422 ICD/CRT/D, Loops and box change |
| Case Mix Programme (CMP) | Intensive Care National Audit and Research Centre (ICNARC) | Yes | 908 (100%) |
| Child Health Clinical Outcome Review Programme | National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | Yes | None during this period |

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|---|---|-----|---|
| 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 | 445 procedures (100%) 391 (100%) PCI |

| National Clinical Audit and Clinical Outcome Review Programme | Host Organisation | MYH | Number Included (%) 2020-21 |
|--|---|------------|--|
| Diabetes (Paediatric) (NPDA) | Royal College of Paediatrics and Child Health | Yes | April 19 – March 2020 (last full year data) 100% of eligible patients submitted to the audit PGH/PGI: 214 DDH: 118 |
| Elective Surgery National PROMs Programme a) Hips b) Knees | NHS Digital | Yes | April 19 – March 20 (last full year data) a) Hips Eligible 350 Recruited 349 (99.7%) b) Knees Eligible 583 Recruited 582 (99.8%) |
| Endocrine and Thyroid National Audit | British Association of Endocrine and Thyroid Surgeons | No | |
| Falls and Fragility Fractures Audit Programme (FFFAP) | Royal College of Physicians | Yes | Inpatient Falls 11(100%) Hip Fracture database 559 (100%) Best Practice Tariff 544 (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 217 patients |
| Learning Disability Mortality Review (LeDeR) | University of Bristol | Yes | 16/16 (100%) |
| Major Trauma Audit | Trauma Audit and Research Network (TARN) | Yes | 540 (validated) |
| Maternal, New born and Infant | MBRRACE-UK - National Perinatal | Yes | Total 24 100% notified to MBRACE |

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| Clinical Outcome Review Programme | Epidemiology Unit (NPEU) | | |
|---|-----------------------------|--|--|

| National Clinical Audit and Clinical Outcome Review Programme | Host Organisation | MYH | Number Included (%) 2020-21 |
|---|---|------------|---|
| Medical & Surgical Clinical Outcome Review Programme a) Out of hospital cardiac arrest b) Dysphagia | National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | Yes | a) 0/4 100% casenotes b) 0/3 100% casenotes |
| 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 | N/a | Not done in this period |
| National Audit of Breast Cancer in Older Patients (NABCOP) | Clinical Effectiveness Unit, The Royal College Surgeons of England | Yes | 236/236 (100%) |
| National Audit of Dementia | Royal College of Psychiatrists | Yes | No data collection in this period |
| National Audit of Intermediate Care (NAIC) | NHS Benchmarking Network | Yes | Data collection suspended due to COVID |
| National Audit of Psychosis | British College of Psychiatrists | N/A | |
| National Audit of Rheumatoid and Early Inflammatory Arthritis | British Society for Rheumatology | Yes | Dewsbury 133 Pinderfields 87 Pontefract 113 Total 333 (100%) |
| National Audit of Seizures and Epilepsies in Children and Young People | Royal College of Paediatric and Child Health | Yes | Cohort 2 148 (100%) |
| National Bariatric Surgery Registry (NBSR) | British Obesity and Metabolic Surgery Society (BOMSS) | N/a | 0 surgeries done in this period |

| | | | |
|---|--|-----|--|
| National Cardiac Arrest Audit (NCAA) | Intensive Care National Audit and Research Centre (ICNARC) | Yes | Number of calls - 619 Cardiac Arrests - 90 Number of Patients - 81 |
| National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme | Royal College of Physicians | Yes | Total 4534 (100%) |
| National Clinical Audit of Specialist Rehabilitation | London North West Healthcare NHS Trust | N/A | |

| National Clinical Audit and Clinical Outcome Review Programme | Host Organisation | MYH | Number Included (%) 2020-21 |
|---|--|-----|---|
| National Comparative Audit of Blood Transfusion Programme: Medical use of Blood | NHS Blood and Transplant | Yes | 39/39 (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) 126/126 (100%) b) 70/70 (100%) c) 120/120 (100%) d) 12/12 (100%) |
| National Emergency Laparotomy Audit (NELA) | The Royal College of Anaesthetists | Yes | 209/209 (100%) |
| National End of Life Care Audit | | N/a | No data collected in this period (suspended due to COVID) |
| National Heart Failure Audit | National Institute for Cardiovascular Outcomes | Yes | 678 (100%) |
| National Joint Registry (NJR) | Healthcare Quality Improvement Partnership | Yes | 1/1/20 – 30/12/20 508 eligible, 495 (97.44%) submitted |
| National Lung Cancer Audit (NLCA) | Royal College of Physicians | Yes | 498 (100%) |
| National Maternity and Perinatal Audit | Royal College of Obstetricians and Gynaecologists | Yes | 4330 (100%) |
| Neonatal Intensive and Special Care (NNAP) | Royal College of Paediatrics and Child Health (<i>babies may have more than one episode</i>) | Yes | 2020 report (2019 Data) 482 babies eligible for one or more NNAP measures (100%) participation |


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| National Neurosurgical Audit Programme | Society of British Neurological Surgeons | N/A | |
| National Ophthalmology Audit (2017 patients) | Royal College of Ophthalmologists | Yes | 1259 operations 1085 patients |


| National Clinical Audit and Clinical Outcome Review Programme | Host Organisation | MYH | Number Included (%) 2020-21 |
|--|--|------------|---|
| National Vascular Registry | Royal College of Surgeons of England | N/A | |
| National Oesophago - Gastric Cancer Audit (NOGCA) | Royal College of Surgeons | Yes | 2019-20 data Summary (962) Tumours - 237 (100%) HGD - 3 (100%) |
| Paediatric Intensive Care (PICANet) | University of Leeds | N/a | |
| Emergency Medicine Mental Health in ED | Royal College of Emergency Medicine | Yes | 208 (100%) |
| Emergency Medicine Cognitive Impairment in Older People in ED | Royal College of Emergency Medicine | Yes | 265 (100%) |
| Emergency Medicine Care of Children in ED | Royal College of Emergency Medicine | Yes | 269 (100%) |
| Perioperative Quality Improvement Programme (PQIP) | Royal College of Anaesthetists | Yes | Recruited 96 from July 2020 to December 2020 (prior to July on hold due to COVID) |
| Prescribing Observatory for Mental Health (POMH-UK) | Royal College of Psychiatrists | N/A | |
| National Prostate Cancer Audit | Royal College of Surgeons | Yes | 358 (100%) |
| Sentinel Stroke National Audit Programme (SSNAP) | Royal College of Physicians | Yes | 1043 (validated) |
| Serious Hazards of Transfusion (SHOT): UK | Serious Hazards of Transfusion National Haemovigilance | Yes | 15 (100%) |

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| | Scheme Transfusion Associated Circulatory Overload (TACO) | | |
| UK Parkinson's Audit | Parkinson's UK | Yes | 20 (100%) |

| Other National Audits non QA 2019-20 | Provider | % number of Cases 2020-21 |
|--|---|--|
| Breast and Cosmetic implant Registry (Keogh review Recommendation) | National Registry Association of Breast Surgery | 70 Patients (97%) 75 Operations (96%) |
| Bladder Outlet Obstruction (BOO) Audit | British Association of Urological Surgeons | 14 (100%) |
| National Mesolithioma Audit | Royal College of Physicians | 61 (100%) |

Appendix V: Audit and Actions

| National Audit | Local Actions/Recommendation from National Audit |
|--|---|
|  <p>Pinderfields and National Results.p</p> | <p>Bladder Outflow Obstruction (BOO) Audit</p> <p>Hospital Episode Statistics (HES) data in England indicate that approximately 1000 Bladder Outflow Obstruction (BOO) procedures are performed each week. Prompt diagnosis and treatment of bladder outlet obstruction is important to prevent serious problems those include renal failure, infections, bladder stones, haematuria and permanent catheterization. Bladder outlet obstruction in men is a blockage that slows or stops urine flow out of the bladder, causing urinary retention, leading to difficulty urinating and other uncomfortable urinary symptoms.</p> <p>Possible causes of bladder outlet obstruction might include:</p> <ul style="list-style-type: none"> • Enlarged prostate, also known as benign prostatic hyperplasia (BPH) — this is the most common cause of bladder outlet obstruction in men • Scarring of the urinary channel (urethra) or bladder neck, as a result of injury or surgery • Use of certain medications, including antihistamines, decongestants or drugs to treat overactive bladder • Prostate cancer <p>The audit was initiated by the British Association of Urinary Surgeons (BAUS) to collect baseline data and determine the level of compliance with national guidelines. The results will also establish if there are any variations in assessment, treatment, waiting times, and indications for surgery.</p> <p>Findings</p> <p>MYHT used four procedures, mainly ‘Green Light Laser’ followed by ‘Urolift’, ‘Monopolar TURP’ and ‘Bipolar TURP’ opposed to nationally; the majority of procedures being undertaken ‘Bipolar’ and ‘Monopolar TURP’.</p> |

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| | <p>Assessment was higher locally in three out of four areas with 'LUTS patients with documented uroflowmetry data' being slightly lower than the national results.</p> <p>MHYT had excellent complication results with no complications to report.</p> <p>One (7.14%) patient for MHYT had a 'Failed initial trial without catheter' compared to 13.9% nationally.</p> <p>Median time to surgery for patients with or without catheter was considerable longer at MYHT compared to that nationally</p> <p>Actions</p> <ul style="list-style-type: none"> ✓ Review process to identify if time to surgery can be reduced by revising the pathway ✓ Review uroflowmetry documentation to improve completion <p>Key Successes</p> <ul style="list-style-type: none"> • Excellent assessment • Zero complications evidenced in the results provide assurance for patient outcomes • Failed trial without catheter was less than National average <p>Key concerns</p> <p>Time to surgery was longer at MYHT when compared nationally</p> |
|  <p>NLCA Annual Report Trust Summ</p> | <p>National Lung Cancer Audit (NLCA) 2018 Patients</p> <p>The purpose of the NLCA annual report is to understand the current quality of care and outcomes for patients with lung cancer. The main body of the report gives an overview of data completeness and the clinical outcomes for 39,754 patients diagnosed with lung cancer in 2018 at a national level.</p> <p>The report includes 13 recommendations, which include nine for the attention of members of multidisciplinary teams (MDTs).</p> <p>National Recommendations:-</p> <p>Using key steps from the improvement toolkit</p> <ol style="list-style-type: none"> 1. Improve data completeness figures for : - <ul style="list-style-type: none"> • Recording Performance Status • PS & Stage |

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| | <ul style="list-style-type: none"> • FEV1 • FEV1 Absolute • FEV1 Absolute in stage I-II and PS 0-1 <ol style="list-style-type: none"> 2. Ensure there is adequate access to all appropriate diagnostic procedures and pathological processing techniques 3. Review Nursing workforce number and their roles, to ensure 90% of patients have access to a LCNS 4. Review workup and selection of patients for surgery, in order to ensure that at least 20% (future target) have access to this form of treatment 5. To increase the performance rate of patients receiving Systemic Anticancer Treatment (SACT) to the recommended higher target (70%) 6. To review process for selection of patients having curative-intent treatment to achieve the new standard of 85% <p>Key successes</p> <ul style="list-style-type: none"> ✓ Maintained the lung cancer service during the peak of the COVID pandemic including weekly lung cancer MDT meetings using the virtual Teams platform, diagnostic procedures such as bronchoscopy/EBUS and outpatient clinic appointments with no significant gaps in the service. ✓ Introducing video consultations to the lung cancer fast track clinics within a short period of time with positive patient feedback. The only trust in the network to introduce video clinics rather than telephone calls for fast track patients. ✓ Ongoing pathway development with establishment of the daily referral triage using the electronic ERS system to further reduce the time between referrals and secondary care assessment to help achieving the first element of the National Optimal Lung Cancer Pathway. ✓ Engagement with the Harrogate and West Yorkshire Cancer Alliance to improve diagnostic and treatment pathways and achieve National pathway recommendations and the National Optimal Lung Cancer Pathway. |
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- ✓ Modifying the pathway for patients presented with haemoptysis according to evidence and local audit which helped improving the respiratory outpatient capacity.
- ✓ Completion of the initial phase of the Wakefield lung health check pilot.
- ✓ Excellent engagement with NLCA – Data from 2019 report (2018 co-hort). Total cases diagnosed at MYHT 505
- ✓ Data completeness consistently above the national mean for performance status and stage.
- ✓ High proportion of patients seen by Lung Cancer Clinical Nurse Specialist at time of diagnosis 86.3% (compared to national average 73.4%).
- ✓ Higher than national average proportion of patients with stage I/II and PS 0-2 receiving treatment with curative intent (surgery or radical radiotherapy) (87% compared to 80% nationally)
- ✓ Higher than national average for England and audit standard for chemotherapy in Small-Cell Lung Cancer (74%).
- ✓ More patients than nationally receiving Curative-Intent treatment (87%).
- ✓ One year survival 39.5% which is both above the national mean (38.7%) and an improvement on previous audit figure.

Key concerns

- Adoption of the full National Optimal Lung Cancer Pathway (NOLCP) developed by the Lung Clinical Expert Group, National Health Service England (NHSE) is challenging in the current circumstances in view of the COVID pandemic.
- Respiratory and radiology capacity in light of the North Kirklees screening programme. There are ongoing discussions between the Trust and the Harrogate and West Yorkshire cancer alliance regarding the programme.
- Radiology capacity in view of the COVID pandemic and pressure on CT scanning.
- The NLCA highlighted that the surgical resection rate is lower than regional and national average. However, the curative intent treatment (Surgery and radiotherapy) for stage 0-II is higher than the national average.

Action Plan

- Complete a review the Lung Cancer pathway taking into the consideration the impact of the COVID pandemic and the pressure on diagnostic and treatment capacity. To further develop:
- Ongoing improvement on the early part of the pathway with the monitoring of the daily triage meetings to aid on faster review for lung cancer patients.
- Ensuring adherence to lung cancer waiting time targets and working toward achieving the national optimal lung cancer pathway.
- Review the results of the Wakefield lung health check pilot including the lung cancer diagnosis, stage shift and other significant findings of the CT screening.
- Develop the clinical and operational pathways for the potential North Kirklees lung health check as part of the national lung health check programme. This is in collaboration with the West Yorkshire & Harrogate Cancer Alliance
- Further establishment of the virtual pulmonary nodule clinic
- Development of a referral algorithm and regular pulmonary nodules MDT meetings.
- Further development of a designated pleural disease service
- Liaise with National Lung Cancer Audit team to enable optimal input of data
- Review the impact of the COVID pandemic on outpatient services, including the introduction of video consultations to the fast track clinic.
- Obtain patients feedback regarding the use of video clinics for new cancer diagnosis.
- Review the effectiveness of video consultations of the lung cancer pathway
- Attend And review feedback from the national conference – British Thoracic Society winter meeting



NMA Annual
Report (2016-2018)

National Mesothelioma Audit


The National Mesothelioma Audit (NMA) report uses data provided by Public Health England (PHE), the Welsh Cancer Network, the Northern Ireland Cancer Registry (NICR), lung cancer teams in Guernsey and the national peritoneal mesothelioma multidisciplinary team (MDT) at Basingstoke, this provides a summary of key findings, national averages and geographical variance across an agreed list of mesothelioma service performance indicators and patient outcomes.

The audit made nine specific recommendations around quality improvement for the attention of healthcare executives, MDTs and commissioners of mesothelioma services, highlighting where practice deviates from British Thoracic Society (BTS) guidelines.

Recommendations

1. Data completeness for PS and stage should exceed 90%
2. All MDT's should appoint a "Clinical Data Lead" with protected time to allow promotion of data quality, governance and quality improvements
3. All Mesothelioma cases should be discussed in a timely fashion by an MDT that reviews a sufficient number of cases to maintain expertise and competence in the diagnosis and treatment of Pleural mesothelioma (MPM)
4. At least 80% of patients should have a CNS present at the time of diagnosis and 90% should be signposted to MesoUK resources including the Mesothelioma CNS helpline if there is not a locally available Mesothelioma CNS
5. Pathological confirmation should be over 95%, and where the proportion of cases of unspecified MPM is above 10%, review of diagnostic procedures and pathological processes is recommended
6. Patients with adequate PS should be offered active anticancer treatment, including palliative chemotherapy

MDTs with chemotherapy rates for patients (with PS of 0 or 1) below 60% should perform a detailed case note review to ascertain reasons why. High-quality patient information should be available to guide treatment decisions.

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| | <p>Key successes</p> <ul style="list-style-type: none"> ✓ Above regional average for recording patients stage of cancer ✓ Above both national and regional average for the % of patients discussed at MDT ✓ MYHT achieved higher than national, regional and audit standards for CNS data completeness, assessed and present at diagnosis ✓ Above regional average for pathological diagnosis confirmation <p>Key concerns</p> <ul style="list-style-type: none"> • MYHT below national and regional average for having PS recorded and below national average for recording the patient's stage • Below national average for pathological diagnosis confirmation • Below national and regional average for offering active anticancer treatment including chemotherapy • Below national and regional average for considering palliative radiotherapy for symptom control <p>Actions</p> <p>Appoint a "Clinical Data Lead" with protected time to allow promotion of data quality, governance and quality improvement</p> <p>Develop a mechanism to ensure when a patient is offered active treatment this is recorded and captured in the system</p> <p>Perform a case note review to ascertain reasons why chemotherapy was not offered/ received</p> <p>Develop a mechanism to ensure when a patient is offered palliative radiotherapy that this is recorded and captured in the system</p> |
|  <p>National NOGCA Report 2020.pdf</p> | <p><u>National Oesophageal Gastric-Cancer Audit 2020</u></p> <p>Oesophago-gastric (O-G) cancer is currently the fifth most common 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% for both oesophageal and gastric cancer. The National Oesophago-Gastric Cancer Audit (NOGCA) was set up in 2006 to</p> |

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| | <p>investigate the quality of care received by patients with OG cancer, and latterly the management of high grade dysplasia (HGD) of the oesophagus.</p> <p>The purpose of the audit is to look at the care received by people with oesophago-gastric cancer and oesophageal high grade dysplasia in England and Wales from the time of diagnosis to the end of a patient's primary treatment and identify areas of variation for local investigation.</p> <p>Key successes</p> <ul style="list-style-type: none"> ✓ Comparable with national results in the majority of areas. ✓ Locally higher than national average on the number of HGD cases discussed at MDT meeting, active treatment plan and endoscopy therapy. ✓ OG cancer higher locally than national average on pre-treatment staging of cancer and time (days) from referral to start of curative treatment. <p>Key concerns</p> <p>Meeting the 62 days target continues to be a challenge nationally.</p> <p>Actions</p> <p>Presented and discussed results at the specialty and MDT meetings</p> <p>Discuss with the national team (NOGCA) regarding suggestions to amend dataset to include a non-descript answered fields where data may not always be available to prevent records from being excluded</p> |
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Appendix VI: 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.

Caldicott Guardian: a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities which provide social services must have a Caldicott Guardian.

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 Audit: is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices anywhere healthcare is provided.

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 or 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.

PI – Principle Investigator. This may be the chief investigator, or where the research involves more than one site, the principal investigator is the person at each site responsible for the day to day running of the research project.

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.



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 audit of 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 2021 which comprise the Statement of Comprehensive Income, the Statements 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 accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of the Trust's 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 2020/21; 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.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Director's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going

concern are described in the relevant sections of this report.

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 these regards.

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 2020/21 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust and Group, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates and significant one off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included, but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included, but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary

Guidance Note 01, issued by the National Audit Office in April 2021.

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.

Report on 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 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 21(1)(c) of the National Health Service Act 2006 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 work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

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 requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; 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 under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; 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 respect of these matters.

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.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.



Mark Dalton, Key Audit Partner For and on behalf of Mazars LLP
5th Floor, 3 Wellington Place, Leeds, LS1 4AP
14 June 2021

Audit Completion Certificate issued to the Directors of Mid Yorkshire Hospitals NHS Trust for the year ended 31 March 2021

In our auditor's report dated 14 June 2021 we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

This work has now been completed.

No matters have come to our attention since 14 June 2021 that would have a material impact on the financial statements on which we gave our unqualified opinion.

The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

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 2021.

We have nothing to report in this respect.

Certificate

We certify that we have completed the audit 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
11 August 2021



Chapter six

The Financial Accounts



Financial Overview 2020/21

In 2020/21, we agreed a plan with a deficit of £5.8m with NHS Improvement which included £23.1 million of Top-Up funding.

Like many NHS Trusts, the Mid Yorkshire Hospitals NHS Trust faced significant financial and operational pressures throughout the year. The Trust has been required to realign focus and resource to support its response to the COVID-19 pandemic. This has been recognised nationally and a revised financial framework has been in place which limits financial risk within the NHS in the current financial year.

Despite the understandable shift in focus, the Trust has still endeavoured to deliver efficiency plans where it is safe and appropriate to do so.

The Trust has reported a surplus financial position on Income & Expenditure for the financial year 2020/21 (£40k), for the second successive year, which reflects the hard work from all staff in controlling costs and reducing waste.

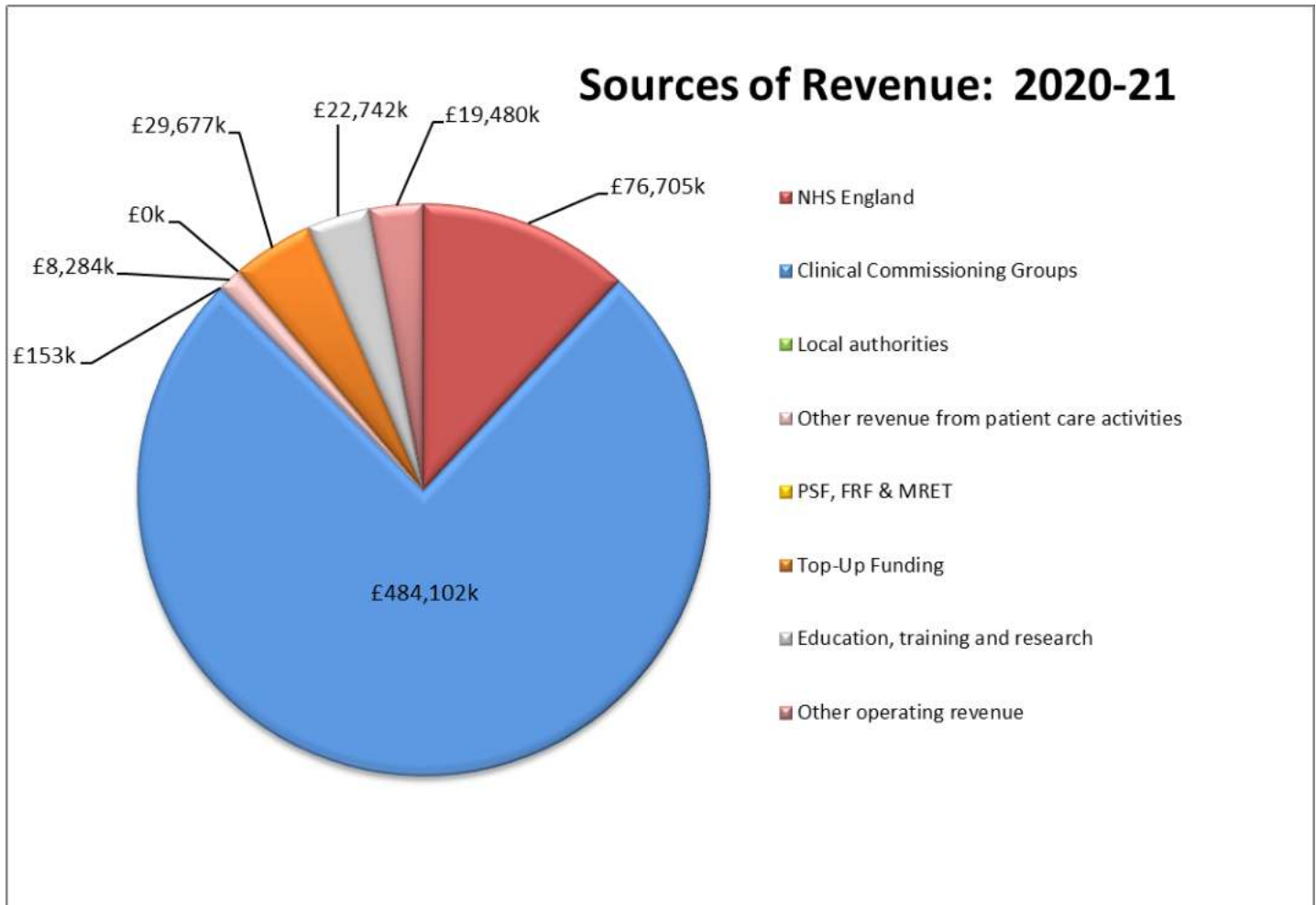
The table below summarises how the position has changed between 2019/20 and 2020/21.

| | Position at 31/3/20 £m | Position at 31/3/21 | | |
|--|---------------------------|---------------------|---------------|----------------|
| | | Plan £m | Actual £m | Variance £m |
| Surplus/(Deficit) Excl. PSF/FRF/MRET/Top-Up | (29.0) | (28.9) | (29.6) | (0.7) |
| Add PSF/FRF/MRET/Top-Up | 29.1 | 23.1 | 29.6 | 6.5 |
| Control total surplus/(deficit) Incl. PSF/FRF/MRET/Top-Up | 0.1 | (5.8) | 0.0 | 5.8 |

Revenue

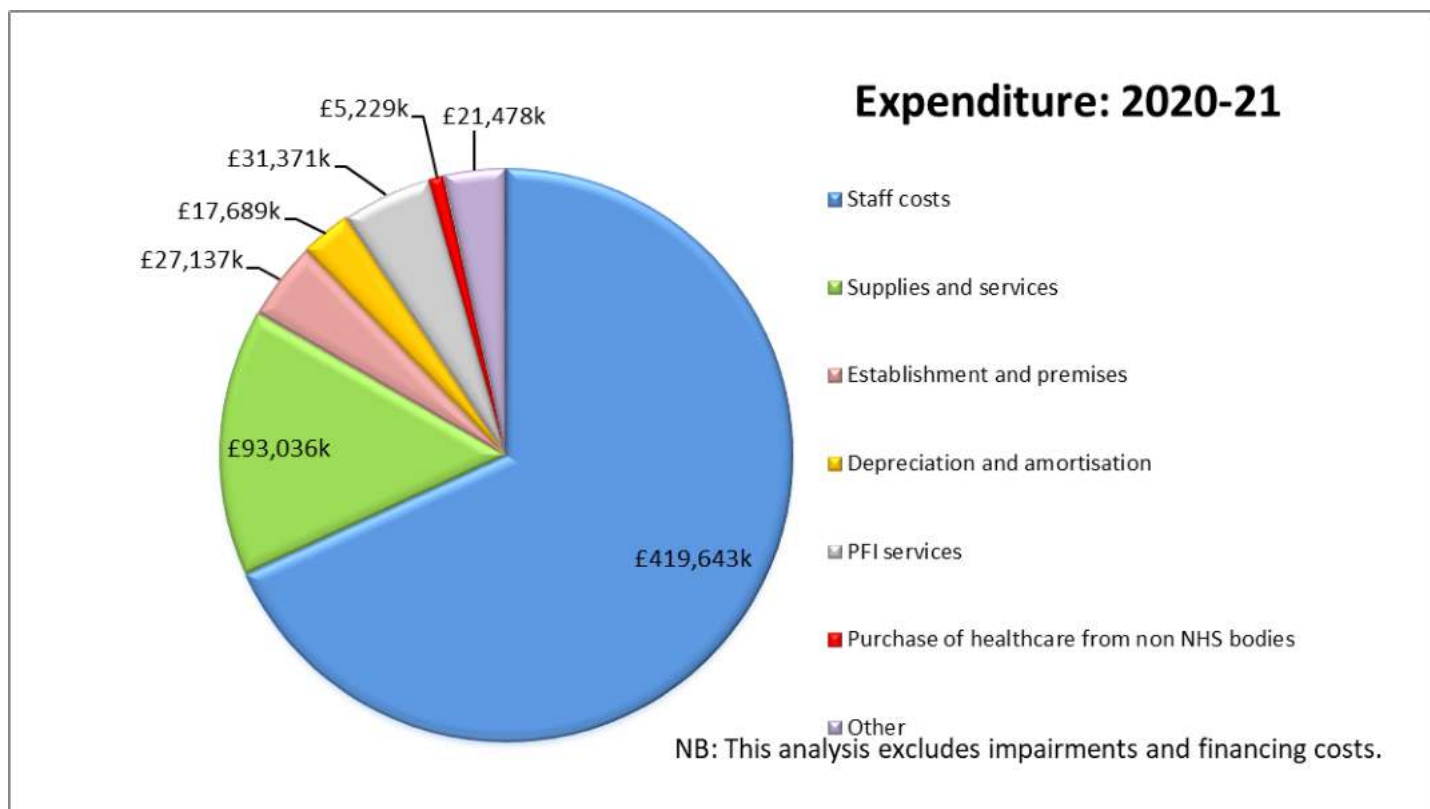
The total revenue in 2020/21 amounted to £641 million, an increase on the prior year total of £57 million. Revenue in 2020/21 includes £29.6 million PSF/FRF/MRET/Top-Up income, which

is a £0.5 million increase on the £29.1 million in 2019/20. Around £561 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 £615.6 million and the largest element of this is the pay bill for our staff cost of £419.6 million (68%). Other significant components of the Trust’s expenditure baseline are supplies and service costs of £52.6 million (8%), drug costs of £40.4 million (7%) and establishment and premise costs of £27.1 million (4%).



Capital Expenditure

In 2020/21 we invested £34.4 million in capital expenditure, including £12.7 million invested in our healthcare facilities, £15.2 million on new medical equipment and £6.5 million in replacing our information technology.

In 2021/22 we plan to spend a further £18.5 million on developing our healthcare facilities, information technology and equipment, subject to approval and securing funding from NHS Improvement.

Looking forward to 2021/22

The Trust is expecting to meet the statutory break even duty for 2021/22. It is anticipated that there will be two half yearly plans with NHSI/E in 2021/22 whilst considering the continuing impact of COVID upon NHS resources. 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.

External Auditors

Mazars LLP were the Trust's external auditors in 2020/21. The cost of the work undertaken by Mazars LLP was £64,800 (inclusive of VAT). This includes the fees for audit services in relation to the statutory audit (£64,800), there is no charge for audit services relating to the quality audit. 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 Comprehensive Income for the year ended 31 March 2021

| | 2020-21 | 2019-20 |
|---|-----------|-----------|
| | £000s | £000s |
| Operating income from patient care activities | 569,244 | 518,536 |
| Other operating income | 71,899 | 65,857 |
| Operating expenses | (615,583) | (572,655) |
| Operating surplus/(deficit) from continuing operations | 25,560 | 11,738 |
| Finance income | 9 | 201 |
| Finance expenses | (8,614) | (11,439) |
| PDC Dividends Payable | (1,974) | 0 |
| Net finance costs | (10,579) | (11,238) |
| Other gains/(losses) | 18 | 114 |
| Surplus/(deficit) for the year from continuing operations | 14,999 | 614 |
| Other comprehensive income | | |
| Reversal of impairments/(impairments) | (12,851) | 0 |
| Total comprehensive income / (expense) for the period | 2,148 | 614 |
| Adjusted financial performance (control total basis) | | |
| Surplus / (deficit) for the period | 2,148 | 614 |
| Remove I&E impact of capital grants and donations | (2,108) | 21 |
| Remove impact of prior year PSF post accounts reallocation | 0 | (585) |
| Adjusted financial performance surplus / (deficit) | 40 | 50 |

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

| | 2020-21 | 2019-20 |
|--|---------|---------|
| | £000s | £000s |
| Adjusted financial performance surplus / (deficit) (control total basis) | 40 | 50 |
| Remove impairments scoring to Departmental Expenditure Limit - impairments | 63 | 89 |
| Add back income for impact of 2018/19 post-accounts PSF reallocation | 0 | 585 |
| Breakeven duty financial performance surplus / (deficit) | 103 | 724 |

In 2020/21 £63k of impairments scoring to DEL was retained by the Trust (2019/20: £89k).

Statement of Financial Position as at 31 March 2021

| | 31 March 2021 | 31 March 2020 |
|-------------------------------|---------------|---------------|
| | £000s | £000s |
| Non-current Assets | | |
| Intangible assets | 3,610 | 1,047 |
| Property, plant and equipment | 419,771 | 389,654 |
| Receivables | 1,398 | 1,191 |
| Total non-current assets | 424,779 | 391,892 |
| Current Assets | | |
| Inventories | 7,706 | 7,109 |
| Receivables | 22,323 | 31,176 |
| Cash and cash equivalents | 38,574 | 13,679 |
| Total current assets | 68,603 | 51,964 |
| Current Liabilities | | |
| Trade and other payables | (51,454) | (37,575) |
| Borrowings | (12,290) | (125,604) |
| Provisions | (2,620) | (864) |
| Other liabilities | (4,664) | (2,438) |
| Total current liabilities | (71,028) | (166,481) |

| | | |
|---|----------------|--------------|
| Total current assets less current liabilities | 422,354 | 277,375 |
| Non-current Liabilities | | |
| Borrowings | (250,911) | (262,104) |
| Provisions | (8,255) | (8,059) |
| Total non-current liabilities | (259,166) | (270,163) |
| Total assets employed | 163,188 | 7,212 |
| Financed by | | |
| Public dividend capital | 347,467 | 209,630 |
| Revaluation reserve | 39,757 | 37,513 |
| Other reserves | 2,685 | 2,685 |
| Income and expenditure reserve | (226,721) | (242,616) |
| Total taxpayers' equity | 163,188 | 7,212 |

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021

| | Public Dividend Capital | Revaluation reserve | Other reserves | Income and expenditure reserve | Total reserves |
|--|-------------------------|---------------------|----------------|--------------------------------|----------------|
| | £000s | £000s | £000s | £000s | £000s |
| Taxpayers' equity at 1 April 2020 - brought forward | 206,630 | 37,513 | 2,685 | (242,616) | 7,212 |
| Surplus/(deficit) for the year | | | | 14,999 | 14,999 |
| Other transfers between reserves | | (896) | | 896 | 0 |
| Impairments | | 3,140 | | | 3,140 |
| Public dividend capital received | 137,837 | | | | 137,837 |
| Taxpayers' equity at 31 March 2021 | 347,467 | 39,757 | 2,685 | (226,721) | 163,188 |

In 2020/21, the Trust received £114,561k of permanent Public Dividend Capital (PDC) to repay loans to the Department of Health and Social Care, £7,999k of emergency PDC to help fund the Trust's capital programme, £4,699k to fund Critical Infrastructure Risk capital schemes, £2,616k for the Regional Imaging Collaborative Yorkshire capital scheme, £2,607k for Urgent & Emergency Care capital schemes, £1,281k for Adopt & Adapt Diagnostics capital schemes, £789k for the Scan 4 Safety capital scheme, £777k for Critical Care capital schemes, £313k for the E-Roster & E-Job planning scheme, £119k for the electronic patient record system, £69k towards cyber security and £1,946k towards Covid-19 capital costs. The Trust also received a further £61k relating to 2019/20 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 | 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.

Statement of Cash Flows for the Year ended 31 March 2021

| | 2020-21 | 2019-20 |
|---|-----------------|-----------------|
| | £000s | £000s |
| Cash flows from operating activities | | |
| Operating surplus/(deficit) | 25,560 | 11,738 |
| Non-cash income and expense: | | |
| Depreciation and amortisation | 17,689 | 13,333 |
| Net impairments | (12,788) | 89 |
| Income recognised in respect of capital donations | (2,444) | (182) |
| (Increase)/decrease in receivables and other assets | 8,646 | (6,632) |
| (Increase)/decrease in inventories | (597) | (289) |
| Increase/(decrease) in payables and other liabilities | 11,955 | 819 |
| (Increase)/decrease in provisions | 1,989 | 1,193 |
| Net cash generated from / (used in) operating activities | 50,010 | 20,069 |
| Cash flows from investing activities | | |
| Interest received | 9 | 211 |
| Purchase of intangible assets | (3,171) | (286) |
| Purchase of property, plant and equipment | (25,169) | (17,101) |
| Sales of property, plant and equipment | 18 | 132 |
| Receipt of cash donations to purchase capital assets | 344 | 182 |
| Net cash generated from / (used in) investing activities | (27,969) | (16,862) |
| Cash flows from financing activities | | |
| Public dividend capital received | 137,837 | 3,021 |
| Movement on loans from the Department of Health and Social Care | (115,561) | 21,477 |
| Movement on other loans | 1,074 | 0 |
| Capital element of finance lease rental payments | (41) | (637) |
| Capital element of PFI | (9,891) | (9,166) |
| Interest on loans | (369) | (2,253) |
| Interest paid on finance lease liabilities | (1) | 0 |
| Interest paid on PFI | (8,493) | (9,085) |

| | | |
|---|---------------|---------------|
| PDC dividend (paid) / refunded | (1,701) | 0 |
| Net cash generated from / (used in) financing activities | 2,854 | 3,357 |
| | | |
| Increase / (decrease) in cash and cash equivalents | 24,895 | 6,564 |
| Cash and cash equivalents at 1 April - brought forward | 13,679 | 7,115 |
| Cash and cash equivalents at 31 March | 38,574 | 13,679 |

A full set of the Trust's Financial Accounts 2020/21 is available at

www.midyorks.nhs.uk

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: 10 June 2021

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:

A handwritten signature in black ink, appearing to read "Martin Barkley". The signature is written in a cursive style with a large initial 'M'.

Chief Executive and Accountable Officer: Martin Barkley
Date: 10 June 2021

Signed:

A handwritten signature in black ink, appearing to read "Jane Hazelgrave". The signature is written in a cursive style with a large initial 'J'.

Director of Finance: Jane Hazelgrave
Date: 10 June 2021

Statement of Comprehensive Income for the year ended 31 March 2021

| | 2020-21 | 2019-20 |
|---|-----------|-----------|
| | £000s | £000s |
| Operating income from patient care activities | 569,244 | 518,536 |
| Other operating income | 71,899 | 65,857 |
| Operating expenses | (615,583) | (572,655) |
| Operating surplus/(deficit) from continuing operations | 25,560 | 11,738 |
| Finance income | 9 | 201 |
| Finance expenses | (8,614) | (11,439) |
| PDC Dividends Payable | (1,974) | 0 |
| Net finance costs | (10,579) | (11,238) |
| Other gains/(losses) | 18 | 114 |
| Surplus/(deficit) for the year from continuing operations | 14,999 | 614 |
| Other comprehensive income | | |
| Reversal of impairments/(impairments) | (12,851) | 0 |
| Total comprehensive income / (expense) for the period | 2,148 | 614 |
| Adjusted financial performance (control total basis) | | |
| Surplus / (deficit) for the period | 2,148 | 614 |
| Remove I&E impact of capital grants and donations | (2,108) | 21 |
| Remove impact of prior year PSF post accounts reallocation | 0 | (585) |
| Adjusted financial performance surplus / (deficit) | 40 | 50 |

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

| | 2020-21 | 2019-20 |
|--|---------|---------|
| | £000s | £000s |
| Adjusted financial performance surplus / (deficit) (control total basis) | 40 | 50 |
| Remove impairments scoring to Departmental Expenditure Limit - impairments | 63 | 89 |
| Add back income for impact of 2018/19 post-accounts PSF reallocation | 0 | 585 |
| Breakeven duty financial performance surplus / (deficit) | 103 | 724 |

In 2020/21 £63k of impairments scoring to DEL was retained by the Trust (2019/20: £89k).

Top-Up income of £29,677k (2019/20: PSF/FRF/MRET £29,087k) is included in the reported financial performance.

Statement of Financial Position as at 31 March 2021

| | 31 March 2021 | 31 March 2020 |
|--|------------------|------------------|
| | £000s | £000s |
| Non-current Assets | | |
| Intangible assets | 3,610 | 1,047 |
| Property, plant and equipment | 419,771 | 389,654 |
| Receivables | 1,398 | 1,191 |
| Total non-current assets | 424,779 | 391,892 |
| Current Assets | | |
| Inventories | 7,706 | 7,109 |
| Receivables | 22,323 | 31,176 |
| Cash and cash equivalents | 38,574 | 13,679 |
| Total current assets | 68,603 | 51,964 |
| Current Liabilities | | |
| Trade and other payables | (51,454) | (37,575) |
| Borrowings | (12,290) | (125,604) |
| Provisions | (2,620) | (864) |
| Other liabilities | (4,664) | (2,438) |
| Total current liabilities | (71,028) | (166,481) |
| Total current assets less current liabilities | 422,354 | 277,375 |
| Non-current Liabilities | | |
| Borrowings | (250,911) | (262,104) |
| Provisions | (8,255) | (8,059) |
| Total non-current liabilities | (259,166) | (270,163) |
| Total assets employed | 163,188 | 7,212 |
| Financed by | | |
| Public dividend capital | 347,467 | 209,630 |
| Revaluation reserve | 39,757 | 37,513 |
| Other reserves | 2,685 | 2,685 |
| Income and expenditure reserve | (226,721) | (242,616) |
| Total taxpayers' equity | 163,188 | 7,212 |

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021

| | Public Dividend Capital | Revaluation reserve | Other reserves | Income and expenditure reserve | Total reserves |
|--|-------------------------|---------------------|----------------|--------------------------------|----------------|
| | £000s | £000s | £000s | £000s | £000s |
| Taxpayers' equity at 1 April 2020 - brought forward | 206,630 | 37,513 | 2,685 | (242,616) | 7,212 |
| Surplus/(deficit) for the year | | | | 14,999 | 14,999 |
| Other transfers between reserves | | (896) | | 896 | 0 |
| Impairments | | 3,140 | | | 3,140 |
| Public dividend capital received | 137,837 | | | | 137,837 |
| Taxpayers' equity at 31 March 2021 | 347,467 | 39,757 | 2,685 | (226,721) | 163,188 |

In 2020/21, the Trust received £114,561k of permanent Public Dividend Capital (PDC) to repay loans to the Department of Health and Social Care, £7,999k of emergency PDC to help fund the Trust's capital programme, £4,699k to fund Critical Infrastructure Risk capital schemes, £2,616k for the Regional Imaging Collaborative Yorkshire capital scheme, £2,607k for Urgent & Emergency Care capital schemes, £1,281k for Adopt & Adapt Diagnostics capital schemes, £789k for the Scan 4 Safety capital scheme, £777k for Critical Care capital schemes, £313k for the E-Roster & E-Job planning scheme, £119k for the electronic patient record system, £69k towards cyber security and £1,946k towards Covid-19 capital costs. The Trust also received a further £61k relating to 2019/20 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 | 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.

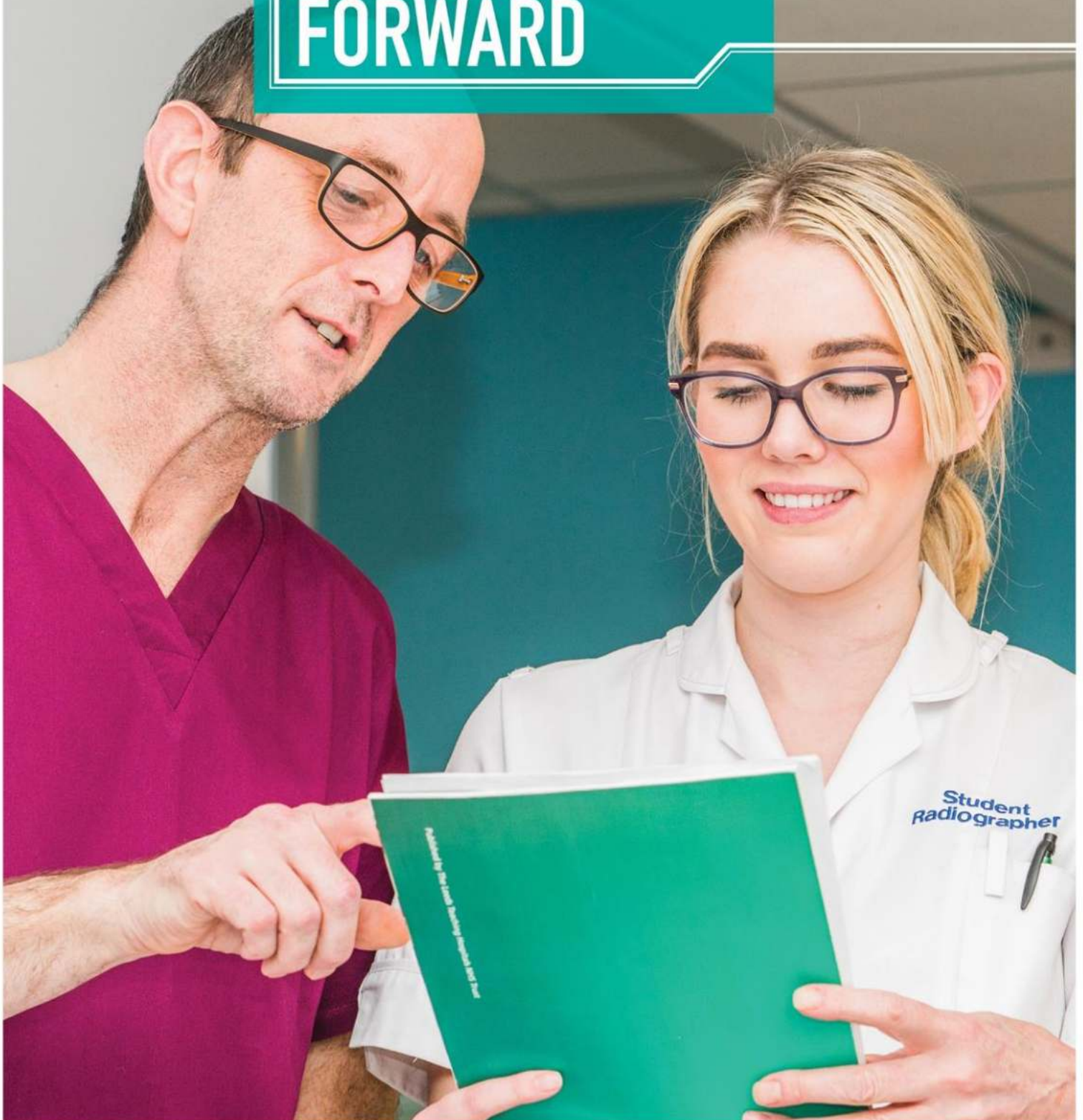
Statement of Cash Flows for the Year ended 31 March 2021

| | 2020-21 | 2019-20 |
|---|-----------------|-----------------|
| | £000s | £000s |
| Cash flows from operating activities | | |
| Operating surplus/(deficit) | 25,560 | 11,738 |
| Non-cash income and expense: | | |
| Depreciation and amortisation | 17,689 | 13,333 |
| Net impairments | (12,788) | 89 |
| Income recognised in respect of capital donations | (2,444) | (182) |
| (Increase)/decrease in receivables and other assets | 8,646 | (6,632) |
| (Increase)/decrease in inventories | (597) | (289) |
| Increase/(decrease) in payables and other liabilities | 11,955 | 819 |
| (Increase)/decrease in provisions | 1,989 | 1,193 |
| Net cash generated from / (used in) operating activities | 50,010 | 20,069 |
| Cash flows from investing activities | | |
| Interest received | 9 | 211 |
| Purchase of intangible assets | (3,171) | (286) |
| Purchase of property, plant and equipment | (25,169) | (17,101) |
| Sales of property, plant and equipment | 18 | 132 |
| Receipt of cash donations to purchase capital assets | 344 | 182 |
| Net cash generated from / (used in) investing activities | (27,969) | (16,862) |
| Cash flows from financing activities | | |
| Public dividend capital received | 137,837 | 3,021 |
| Movement on loans from the Department of Health and Social Care | (115,561) | 21,477 |
| Movement on other loans | 1,074 | 0 |
| Capital element of finance lease rental payments | (41) | (637) |
| Capital element of PFI | (9,891) | (9,166) |
| Interest on loans | (369) | (2,253) |
| Interest paid on finance lease liabilities | (1) | 0 |
| Interest paid on PFI | (8,493) | (9,085) |
| PDC dividend (paid) / refunded | (1,701) | 0 |
| Net cash generated from / (used in) financing activities | 2,854 | 3,357 |
| | | |
| Increase / (decrease) in cash and cash equivalents | 24,895 | 6,564 |
| Cash and cash equivalents at 1 April - brought forward | 13,679 | 7,115 |
| Cash and cash equivalents at 31 March | 38,574 | 13,679 |

A full set of the Trust's Financial Accounts 2020/21 is available at www.midyorks.nhs.uk



CHAPTER SEVEN
**LOOKING
FORWARD**



Looking Forward - by Martin Barkley

Looking forward to the financial/planning year of 2021/22, the key priorities are:

- Meeting the health and wellbeing needs of our workforce. Many members of our workforce have experienced huge emotional demands on them, including trauma, and it will take time and support for those individuals to recover and rebuild resilience to enable them to give off their best.
- To get back to achieving, as a minimum 2019/20 Planned Care activity levels. This relates to outpatient appointments and elective surgery and other planned treatments. Because it has not been possible to maintain usual levels of planned care activity during the COVID pandemic (and as with many Trust's in England) waiting times have increased for patients awaiting outpatient appointments or surgery. We will be making every effort to reduce waiting times during this year and beyond.
- Embedding the Mid Yorkshire Quality Improvement System (including the daily management system component) which is very much based on the Virginia Mason hospital systemic approach to quality improvement. This approach to quality improvement will not only be of benefit to patients but also enable all staff to contribute to improving quality and eliminating waste.
- The Trust is long overdue an inspection by the Care Quality Commission (CQC). The Trust has been rated as "requires improvement" for far too long and all staff have worked extremely hard to resolve opportunities for improvement that were highlighted by the previous CQC inspection in 2018. Our workforce are looking forward to the next CQC inspection to be able to demonstrate the improvements that have been made over the past three years with the ambition of achieving a rating of "good" prior to our ultimate ambition of achieving the rating of "outstanding".

- Implementing our plans to reduce inequalities in our role as a provider of services, as well as our role as a large employer.
- Engage in developing and implementing new arrangements in the NHS in accordance with proposed NHS Health Legislation that was in the Queen's Speech. In particular this means contributing to the development of Place Based Partnerships both in Wakefield and Kirklees
- The management of the transition of all of the arrangements that we have had to establish in the Trust in response to the COVID-19 pandemic to whatever the new normal will be. At the time of writing this report we do not know what the policy will be within hospitals with regards to social distancing for example in work places and this will in turn influence home working arrangements etc. There will no doubt be a lot of anxiety amongst staff where they will need support either because they are worried about home working continuing or worried about social distancing arrangements ending.
- Supporting the new Chief Executive, Len Richards who is due to start his role in the Trust in October 2021. I wish him every success and happiness.

ANNUAL REPORT AND FINANCIAL ACCOUNTS


2020/2021

Dewsbury and District Hospital
Halifax Road, Dewsbury WF13 4HS

Pinderfields Hospital
Aberford Road, Wakefield WF1 4DG

Pontefract Hospital
Friarwood Lane, Pontefract WF8 1PL

 01924 541000

 @MidYorkshireNHS

 TheMidYorkshireHospitalsNHSTrust

 www.midyorks.nhs.uk



The Mid Yorkshire Hospitals NHS Trust

Audited Annual Accounts for the Year Ended 31 March 2021

The Mid Yorkshire Hospitals NHS Trust

Audited Annual Accounts for the Year Ended 31 March 2021

Table of Contents

| Page | Note |
|------|---|
| 2 | Statement of Comprehensive Income |
| 3 | Statement of Financial Position |
| 4 | Statement of Changes in Taxpayers' Equity |
| 5 | Statement of Cash Flows |
| 6 | 1 Accounting policies and other information 1.1 Basis of preparation 1.1.1 Accounting convention 1.1.2 Going concern 1.2 Interests in other entities 1.3 Revenue from contracts with customers 1.3.1 Revenue from NHS contracts |
| 7 | 1.3.2 Revenue from research contracts 1.3.3 NHS injury recovery scheme 1.3.4 Other forms of income 1.3.5 Grants and donations 1.3.6 Apprenticeship service income |
| 8 | 1.4 Expenditure on employee benefits 1.5 Expenditure on other goods and services 1.6 Property, plant and equipment 1.6.1 Recognition 1.6.2 Subsequent Expenditure 1.6.3 Measurement |
| 10 | 1.6.4 Donated and grant funded assets 1.6.5 Private finance initiative (PFI) |
| 11 | 1.6.6 Useful lives of property, plant and equipment 1.7.1 Intangible assets |
| 12 | 1.7.2 Useful lives of intangible assets 1.8 Inventories 1.9 Cash and cash equivalents 1.10 Financial assets and financial liabilities |
| 13 | 1.11 Leases 1.11.1 The Trust as lessee |
| 14 | 1.11.2 The Trust as lessor 1.12 Provisions 1.13 Contingencies |
| 15 | 1.14 Public dividend capital 1.15 Value added tax 1.16 Third party assets 1.17 Losses and special payments 1.18 Early adoption of standards, amendments and interpretations 1.19 Standards, amendments and interpretations in issue but not yet effective or adopted |
| 16 | 1.20 Critical judgements in applying accounting policies 1.21 Sources of estimation uncertainty |
| 17 | 2 Going Concern 3 Operating Segments |
| 18 | 4 Operating income from patient care activities 4.1 Income from patient care activities (by nature) 4.2 Income from patient care activities (by source) |
| 19 | 4.3 Overseas visitors (relating to patients charged directly by the provider) 5 Other operating income |
| 20 | 6 Operating expenses |
| 21 | 7 Nightingale hospital 8 Limitation on auditor's liability 9 Impairment of assets 10 Employee benefits 11 Retirements due to ill-health |

The Mid Yorkshire Hospitals NHS Trust

Audited Annual Accounts for the Year Ended 31 March 2021

Table of Contents

| Page | Note |
|------|---|
| 22 | 12 Pension costs |
| 23 | 13 Operating leases 13.1 The Mid Yorkshire Hospitals NHS Trust as a lessor 13.2 The Mid Yorkshire Hospitals NHS Trust as a lessee |
| 24 | 14 Finance income 15.1 Finance expenditure 15.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 16 Other gains / (losses) 17 Intangible assets |
| 25 | 18.1 Property, plant and equipment - 2020/21 |
| 26 | 18.2 Property, plant and equipment - 2019/20 |
| 27 | 18.3 Property, plant and equipment financing - 2020/21 18.4 Property, plant and equipment financing - 2019/20 |
| 28 | 19 Donations of property, plant and equipment 20 Revaluations of property, plant and equipment 21 Disclosure of interests in other entities |
| 29 | 22 Inventories 23.1 Receivables 23.2 Allowances for credit losses 23.3 Exposure to credit risk |
| 30 | 24 Cash and cash equivalents movements 24.1 Third party assets held by the trust 25 Trade and other payables |
| 31 | 26 Other liabilities 27.1 Borrowings |
| 32 | 27.2 Reconciliation of liabilities arising from financing activities - 2020/21 27.3 Reconciliation of liabilities arising from financing activities - 2019/20 28 Finance leases |
| 33 | 29.1 Provisions for liabilities and charges analysis 29.2 Clinical negligence liabilities 30 Contingent assets and liabilities 31 Contractual capital commitments |
| 34 | 32 On-SoFP PFI, LIFT or other service concession arrangements 32.1 On-SoFP PFI, LIFT or other service concession arrangement obligations 32.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments 32.3 Analysis of amounts payable to service concession operator |
| 35 | 33 Financial instruments 33.1 Financial risk management 33.2 Carrying values of financial assets 33.3 Carrying values of financial liabilities |
| 36 | 33.4 Maturity of financial liabilities 33.5 Fair values of financial assets and liabilities 34 Losses and special payments |
| 37 | 35 Related parties 36 Events after the reporting date |
| 38 | 37 Better Payment Practice code 38 External financing limit 39 Capital Resource Limit 40 Breakeven duty financial performance |
| 39 | 41 Breakeven duty rolling assessment |

Statement of Comprehensive Income

| | | 2020/21 | 2019/20 |
|--|-------|------------------------|------------------------|
| | Note | £000 | £000 |
| Operating income from patient care activities | 4 | 569,244 | 518,536 |
| Other operating income | 5 | 71,899 | 65,857 |
| Operating expenses | 6, 10 | <u>(615,583)</u> | <u>(572,655)</u> |
| Operating surplus from continuing operations | | <u>25,560</u> | <u>11,738</u> |
| Finance income | 14 | 9 | 201 |
| Finance expenditure | 15 | (8,614) | (11,439) |
| PDC dividends payable | | <u>(1,974)</u> | <u>-</u> |
| Net finance costs | | <u>(10,579)</u> | <u>(11,238)</u> |
| Other gains | 16 | <u>18</u> | <u>114</u> |
| Surplus for the year from continuing operations | | <u>14,999</u> | <u>614</u> |
| Surplus for the year | | <u>14,999</u> | <u>614</u> |
| Other comprehensive income | | | |
| Will not be reclassified to income and expenditure: | | | |
| Revaluations | 18.1 | <u>3,140</u> | <u>-</u> |
| Total comprehensive income for the period | | <u>18,139</u> | <u>614</u> |

The adjusted financial performance for 2020/21 is a surplus of £40k (2019/20 £ 50k) and is disclosed at note 40.

Statement of Financial Position

| | | 31 March 2021 £000 | 31 March 2020 £000 |
|--|-------------|--------------------------|--------------------------|
| | Note | | |
| Non-current assets | | | |
| Intangible assets | 17 | 3,610 | 1,047 |
| Property, plant and equipment | 18 | 419,771 | 389,654 |
| Receivables | 23 | 1,398 | 1,191 |
| Total non-current assets | | 424,779 | 391,892 |
| Current assets | | | |
| Inventories | 22 | 7,706 | 7,109 |
| Receivables | 23 | 22,323 | 31,176 |
| Cash and cash equivalents | 24 | 38,574 | 13,679 |
| Total current assets | | 68,603 | 51,964 |
| Current liabilities | | | |
| Trade and other payables | 25 | (51,454) | (37,575) |
| Borrowings | 27 | (12,290) | (125,604) |
| Provisions | 29 | (2,620) | (864) |
| Other liabilities | 26 | (4,664) | (2,438) |
| Total current liabilities | | (71,028) | (166,481) |
| Total assets less current liabilities | | 422,354 | 277,375 |
| Non-current liabilities | | | |
| Borrowings | 27 | (250,911) | (262,104) |
| Provisions | 29 | (8,255) | (8,059) |
| Total non-current liabilities | | (259,166) | (270,163) |
| Total assets employed | | 163,188 | 7,212 |
| Financed by | | | |
| Public dividend capital | | 347,467 | 209,630 |
| Revaluation reserve | | 39,757 | 37,513 |
| Other reserves | | 2,685 | 2,685 |
| Income and expenditure reserve | | (226,721) | (242,616) |
| Total taxpayers' equity | | 163,188 | 7,212 |

The notes on pages 6 to 39 form part of these accounts.

The financial statements were approved by the Trust Board on 10 June 2021 and signed on its behalf by



Position
Date

Chief Executive
10 June 2021

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021

| | Public dividend capital £000 | Revaluation reserve £000 | Other reserves £000 | Income and expenditure reserve £000 | Total £000 |
|--|---------------------------------|-----------------------------|------------------------|--|----------------|
| Taxpayers' and others' equity at 1 April 2020 - brought forward | 209,630 | 37,513 | 2,685 | (242,616) | 7,212 |
| Surplus for the year | - | - | - | 14,999 | 14,999 |
| Other transfers between reserves | - | (896) | - | 896 | - |
| Revaluations | - | 3,140 | - | - | 3,140 |
| Public dividend capital received | 137,837 | - | - | - | 137,837 |
| Taxpayers' and others' equity at 31 March 2021 | 347,467 | 39,757 | 2,685 | (226,721) | 163,188 |

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

| | Public dividend capital £000 | Revaluation reserve £000 | Other reserves £000 | Income and expenditure reserve £000 | Total £000 |
|--|---------------------------------|-----------------------------|------------------------|--|---------------|
| Taxpayers' and others' equity at 1 April 2019 - brought forward | 206,609 | 38,174 | 2,685 | (243,891) | 3,577 |
| Surplus 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 |

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 and Social Care 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

| | 2020/21 | 2019/20 |
|---|------------------|-----------------|
| Note | £000 | £000 |
| Cash flows from operating activities | | |
| Operating surplus | 25,560 | 11,738 |
| Non-cash income and expense: | | |
| Depreciation and amortisation | 6 17,689 | 13,333 |
| Net impairments | 9 (12,788) | 89 |
| Income recognised in respect of capital donations | 5 (2,444) | (182) |
| (Increase) / decrease in receivables and other assets | 8,646 | (6,632) |
| (Increase) / decrease in inventories | (597) | (289) |
| Increase / (decrease) in payables and other liabilities | 11,955 | 819 |
| Increase / (decrease) in provisions | 1,989 | 1,193 |
| Net cash flows from operating activities | 50,010 | 20,069 |
| Cash flows from investing activities | | |
| Interest received | 9 | 211 |
| Purchase of intangible assets | (3,171) | (286) |
| Purchase of PPE | (25,169) | (17,101) |
| Sales of PPE | 18 | 132 |
| Receipt of cash donations to purchase assets | 344 | 182 |
| Net cash flows used in investing activities | (27,969) | (16,862) |
| Cash flows from financing activities | | |
| Public dividend capital received | 137,837 | 3,021 |
| Movement on loans from DHSC | (115,561) | 21,477 |
| Movement on other loans | 1,074 | - |
| Capital element of finance lease rental payments | (41) | (637) |
| Capital element of PFI service concession payments | (9,891) | (9,166) |
| Interest on loans | (369) | (2,253) |
| Interest paid on finance lease liabilities | (1) | - |
| Interest paid on PFI service concession obligations | (8,493) | (9,085) |
| Public Dividend Capital (PDC) dividend (paid) | (1,701) | - |
| Net cash flows from financing activities | 2,854 | 3,357 |
| Increase in cash and cash equivalents | 24,895 | 6,564 |
| Cash and cash equivalents at 1 April - brought forward | 13,679 | 7,115 |
| Cash and cash equivalents at 31 March | 24 38,574 | 13,679 |

Notes to the Accounts

1 Accounting policies and other information

1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case, 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was 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.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled 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.

1.3.2 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 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 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.

1.3.5 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 grants 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.

1.3.6 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care 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: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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, or
- 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. The Dewsbury site has been valued on a modern equivalent asset (MEA) basis following review with the Estates Team in determining provision of the same service potential in a hypothetical MEA model.

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 Institute 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, borrowings 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 the criteria in IFRS 5 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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. 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.

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

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.

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 | Max life |
|--------------------------------|-----------------|-----------------|
| | Years | Years |
| Land | - | - |
| Buildings, excluding dwellings | 11 | 45 |
| Dwellings | 13 | 34 |
| 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 above.

1.7.1 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, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value 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.

1.7.2 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 in the table below:

| | Min life | Max life |
|-------------------|-----------------|-----------------|
| | Years | 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.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost offset by corresponding deemed income, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.10 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 ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses 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.

1.11 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.

1.11.1 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.

1.11.2 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.

1.12 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 2021:

| | | Nominal rate |
|-------------|------------------------------|---------------------|
| Short-term | Up to 5 years | minus 0.02% |
| Medium-term | After 5 years up to 10 years | 0.18% |
| Long-term | Exceeding 10 years | 1.99% |

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

| | Inflation rate |
|-----------------|-----------------------|
| Year 1 | 1.20% |
| Year 2 | 1.60% |
| Into perpetuity | 2.00% |

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 29.2 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.

1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 30 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 30, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 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

(iv) approved expenditure on COVID 19 capital assets

(v) assets under construction for nationally directed schemes

(vi) cash support for revenue PDC drawn in year

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.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

1.15 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.

1.16 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*.

1.17 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.

1.18 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

1.19 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 2022. 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 2022, 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 defined by HM Treasury. Currently this rate is 0.91% 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 2022 for existing finance leases.

For leases commencing in 2022/23, 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.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

1.20 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 1.10 Leases and paragraph 1.5.6 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.

1.21 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:

Impairment of receivables

The Trust is required to judge when there is sufficient evidence to impair individual receivables; this is undertaken on the aged profile and class of the receivable. The Trust adopts a prudent policy of increasing the expected credit loss, with the increasing ageing of the receivable. The Trust makes every effort to collect the debt, even when it has been impaired, and only writes off the debt as a final course of action after all possible collection efforts have been made. The actual level of debt written off may be different to that which had been judged as impaired, but not materially so. Further details are provided in paragraph 1.3 and note 23.3 of the accounts.

Provisions

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes, paragraph 1.12 and notes 29.1 and 29.2 refer.

Estimation of payments for the PFI and service concession assets, including finance costs

The assets and liabilities relating to the PFI scheme have been brought onto the Statement of Financial Position based on estimations from the Department of Health and Social Care's financial model as required by the Department of Health and Social Care guidance. The models also provide estimates for interest payable and contingent rent as disclosed in note 32 of the accounts.

Plant, Property and Equipment Valuations and Useful Economic Lives

The Trust has used valuations carried out at 31 March 2021 by its expert valuers to determine the value of property. These property valuations and useful lives are based on the Royal Institution of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury, the National Health Service and the Department of Health and Social Care. Further details are provided in paragraph 1.6.3 and note 20 of the accounts. Depreciation of equipment is based on asset lives, which have been estimated upon recognition of the assets. Managers have adjusted estimated lives at the end of the accounting period, where their estimate of useful life is significantly different to the original. The estimate of asset lives may differ to the actual period the Trust utilises the asset but any difference would not be material.

Impairment of property, plant and equipment

The Trust has undertaken an annual impairment exercise of its Property, Plant and Equipment. Following an interim professional valuation carried out at 31 March 2021, the Trust has considered items such as: indices movements; deterioration of assets and its further estates plans to support its impairment assessment. It is the judgement of management following this review that there is not an indication of impairment.

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 in 2020/21 and achieved an in year normalised surplus of £40k for the year ended 31 March 2021. In addition the Trust closed the year with a cash balance of £38,574k (2019/20 £13,679k) and net assets of £163,188k (2019/20 £7,212k) - a marked improvement on previous years and a better financial basis on which to enter 2021/22.

The Trust is expecting to meet the statutory break even duty for 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 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £114,780k were classified as current liabilities in 2019/20 financial statements. The transfer and repayment has been processed in 2020/21 and is included within the net assets movement noted above.

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, the is Trust is not aware of any intention to dissolve the Trust.

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) | 2020/21 | 2019/20 |
|--|----------------|----------------|
| | £000 | £000 |
| Acute services | | |
| Elective income | - | 68,268 |
| Non elective income | - | 164,172 |
| First outpatient income | - | 32,554 |
| Follow up outpatient income | - | 40,926 |
| A&E income | - | 36,207 |
| Community services income from CCGs and NHS England | - | 33,086 |
| Block contract / system envelope income* | 537,383 | - |
| High cost drugs income from commissioners (excluding pass-through costs) | 688 | 27,976 |
| Other NHS clinical income | 6,132 | 87,217 |
| Community services | | |
| Income from other sources (e.g. local authorities) | 99 | 72 |
| All services | | |
| Private patient income | 11 | 75 |
| Additional pension contribution central funding** | 15,245 | 13,983 |
| Other clinical income*** | 9,686 | 14,000 |
| Total income from activities | 569,244 | 518,536 |

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have 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 £207k (£1,191k 2019/20) of central funding for a provision relating to consultants' tax on pension liabilities, this is disclosed at note 29.

4.2 Income from patient care activities (by source)

| 4.2 Income from patient care activities (by source) | 2020/21 | 2019/20 |
|---|----------------|----------------|
| | £000 | £000 |
| Income from patient care activities received from: | | |
| NHS England | 76,705 | 69,026 |
| Clinical commissioning groups | 484,102 | 440,489 |
| Other NHS providers | 5,096 | 3,158 |
| Local authorities | 153 | 710 |
| Non-NHS: private patients | 11 | 75 |
| Non-NHS: overseas patients (chargeable to patient) | 283 | 255 |
| Injury cost recovery scheme | 2,177 | 2,766 |
| Non NHS: other * | 717 | 2,057 |
| Total income from activities | 569,244 | 518,536 |
| Of which: | | |
| Related to continuing operations | 569,244 | 518,536 |

Injury cost recovery income is subject to an allowance for expected credit losses of 22.43% (2019/20: 21.79%) to reflect expected rates of collection.

*Non NHS: other includes £207k (£1,191k 2019/20) of central funding for a provision relating consultants' tax on pension liabilities, this is disclosed at note 29.

4.3 Overseas visitors (relating to patients charged directly by the provider)

| | 2020/21 | 2019/20 |
|--|---------|---------|
| | £000 | £000 |
| Income recognised this year | 283 | 255 |
| Cash payments received in-year | 55 | 71 |
| Amounts added to provision for impairment of receivables | 268 | 221 |
| Amounts written off in-year | - | 402 |

5 Other operating income

| | 2020/21 | | | 2019/20 | | |
|---|-----------------|---------------------|---------------|-----------------|---------------------|---------------|
| | Contract income | Non-contract income | Total | Contract income | Non-contract income | Total |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Research and development | 1,543 | - | 1,543 | 1,625 | - | 1,625 |
| Education and training | 19,901 | 1,298 | 21,199 | 19,529 | 887 | 20,416 |
| Non-patient care services to other bodies | 888 | - | 888 | 731 | - | 731 |
| Provider sustainability fund (2019/20 only) * | - | - | - | 7,336 | - | 7,336 |
| Financial recovery fund (2019/20 only) * | - | - | - | 16,865 | - | 16,865 |
| Marginal rate emergency tariff funding (2019/20 only) * | - | - | - | 5,471 | - | 5,471 |
| Reimbursement and top up funding | 29,677 | - | 29,677 | - | - | - |
| Income in respect of employee benefits accounted on a gross basis | 1,192 | - | 1,192 | 2,603 | - | 2,603 |
| Receipt of capital grants and donations | - | 2,444 | 2,444 | - | 182 | 182 |
| Charitable and other contributions to expenditure | - | 10,174 | 10,174 | - | 240 | 240 |
| Rental revenue from operating leases | - | 619 | 619 | - | 614 | 614 |
| Other income ** | 4,163 | - | 4,163 | 9,774 | - | 9,774 |
| Total other operating income | 57,364 | 14,535 | 71,899 | 63,934 | 1,923 | 65,857 |
| Of which: | | | | | | |
| Related to continuing operations | | | 71,899 | | | 65,857 |

* These funds were linked to the achievement of financial and performance targets.

** Other contract income includes income from car parking of £325k (2019/20: £3,853k). Income generating activities are not considered to be material and any surplus is used in patient care.

6 Operating expenses

| | 2020/21 | 2019/20 |
|---|----------------|----------------|
| | £000 | £000 |
| Purchase of healthcare from NHS and DHSC bodies | 762 | 334 |
| Purchase of healthcare from non-NHS and non-DHSC bodies | 4,467 | 6,611 |
| Staff and executive directors costs | 419,643 | 377,053 |
| Remuneration of non-executive directors | 127 | 96 |
| Supplies and services - clinical (excluding drugs costs) | 45,315 | 40,995 |
| Supplies and services - general | 7,329 | 2,147 |
| Drug costs (drugs inventory consumed and purchase of non-inventory drugs) | 40,392 | 42,676 |
| Inventories written down | 363 | 79 |
| Consultancy costs | 172 | 167 |
| Establishment | 4,293 | 3,568 |
| Premises | 22,844 | 20,607 |
| Transport (including patient travel) | 1,432 | 1,841 |
| Depreciation on property, plant and equipment | 17,169 | 12,761 |
| Amortisation on intangible assets | 520 | 572 |
| Net impairments | (12,788) | 89 |
| Movement in credit loss allowance: contract receivables / contract assets | 652 | 869 |
| Movement in credit loss allowance: all other receivables and investments | 55 | 49 |
| Change in provisions discount rate(s) | 470 | 440 |
| Audit fees payable to the external auditor | | |
| audit services- statutory audit * | 65 | 65 |
| other auditor remuneration (external auditor only) ** | - | 6 |
| Internal audit costs | 138 | 140 |
| Clinical negligence | 20,750 | 18,027 |
| Legal fees | 68 | 108 |
| Insurance | 505 | 465 |
| Research and development | 65 | 34 |
| Education and training | 1,870 | 1,766 |
| Rentals under operating leases | 1,431 | 686 |
| Charges to operating expenditure for on-SoFP IFRIC 12 schemes - PFI | 31,371 | 35,162 |
| Car parking & security | 427 | 394 |
| Hospitality | 8 | 58 |
| Other | 5,668 | 4,790 |
| Total | 615,583 | 572,655 |
| Of which: | | |
| Related to continuing operations | 615,583 | 572,655 |

*The external auditor of trust is Mazars LLP. The audit fee for 2020/21 was £65k (including VAT).

**Non-audit services are in respect of the Quality Account assurance. The fee for this work in 2020-21 was £0k. The fee billed in 2019-20 was £6k (including VAT). These are not expected to be required by 30 June 2021, resulting in no in year charge.

7 Nightingale hospital

During 2020/21 the Leeds Teaching Hospitals NHS Trust was the host trust in our Integrated Care System (ICS) for a Nightingale facility as part of the regional coronavirus pandemic response and the Trust collaborated over the operation of the facility.

The costs incurred by the Trust in operating the facility have been included within the operating expenses note in these accounts. The total costs associated with the facility are disclosed below for information; this includes where existing resources were redeployed so the note below does not represent the additional cost to the Trust of operating the facility. Incremental costs associated with operating the facility have been reimbursed by NHS England.

| | Gross costs |
|--------------------------|--------------------|
| | 2020/21 |
| | £000 |
| Running costs: | |
| Staff costs | 14 |
| Total gross costs | 14 |

8 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2020/21 or 2019/20.

9 Impairment of assets

| | 2020/21 | 2019/20 |
|--|-----------------|----------------|
| | £000 | £000 |
| Net impairments charged / credited to operating surplus resulting from: | | |
| Loss or damage from normal operations | 63 | 89 |
| Changes in market price | (12,851) | - |
| Total net impairments charged to operating surplus | (12,788) | 89 |
| Impairments charged to the revaluation reserve | - | - |
| Total net impairments | (12,788) | 89 |

The Trust has undertaken a full site revaluation resulting in a revaluation increase of £3,140k (included within movement on SOCIE) and reversal of previous impairment of £12,851k (included on the SOCI) this has been adjusted within the Trust's normalised surplus of £40k for 2020/21. This relates to land and buildings.

10 Employee benefits

| | 2020/21 | 2019/20 |
|---|----------------|----------------|
| | Total | Total |
| | £000 | £000 |
| Salaries and wages | 307,232 | 274,724 |
| Social security costs | 27,253 | 24,721 |
| Apprenticeship levy | 1,503 | 1,378 |
| Employer's contributions to NHS pensions | 50,133 | 45,408 |
| Pension cost - other | 151 | 1,334 |
| Temporary staff (including agency) | 34,592 | 31,214 |
| Total gross staff costs | 420,864 | 378,779 |
| Of which | | |
| less costs capitalised as part of assets | (1,221) | (1,726) |
| Total staffing costs in Operating Expenditure - note 6 | 419,643 | 377,053 |

Pension cost - other includes expenditure of £1,191k 2019/20 for a provision relating to consultants' tax on pension liabilities, the provision has been updated due to a change in discount rate, this is disclosed at note 29.

11 Retirements due to ill-health

During 2020/21 there were 7 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £275k (£107k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

12 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

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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 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

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 at 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

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 Statement of Comprehensive Income and paid to NEST monthly.

13 Operating leases

13.1 The Mid Yorkshire Hospitals NHS Trust as a lessor

This note discloses income generated in operating lease agreements where The Mid Yorkshire Hospitals NHS Trust is the lessor.

| | 2020/21 £000 | 2019/20 £000 |
|--|-----------------------------------|-----------------------------------|
| Operating lease revenue | | |
| Minimum lease receipts | 520 | 514 |
| Contingent rent | 99 | 100 |
| Total | 619 | 614 |
| | 31 March 2021 £000 | 31 March 2020 £000 |
| Future minimum lease receipts due: | | |
| - not later than one year; | 332 | 200 |
| - later than one year and not later than five years; | 1,280 | - |
| Total | 1,612 | 200 |

13.2 The Mid Yorkshire Hospitals NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where The Mid Yorkshire Hospitals NHS Trust is the lessee.

| | 2020/21 £000 | 2019/20 £000 |
|--|-----------------------------------|-----------------------------------|
| Operating lease expense | | |
| Minimum lease payments | 1,431 | 686 |
| Total | 1,431 | 686 |
| | 31 March 2021 £000 | 31 March 2020 £000 |
| Future minimum lease payments due: | | |
| - not later than one year; | 1,001 | 940 |
| - later than one year and not later than five years; | 3,386 | 4,022 |
| - later than five years. | 2,169 | 2,169 |
| Total | 6,556 | 7,131 |

The Trust leases equipment, vehicles and short term property lets. None of these are individually significant.

14 Finance income

Finance income represents interest received on assets and investments in the period.

| | 2020/21 | 2019/20 |
|-----------------------------|----------|------------|
| | £000 | £000 |
| Interest on bank accounts | 9 | 201 |
| Total finance income | 9 | 201 |

15.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

| | 2020/21 | 2019/20 |
|--|--------------|---------------|
| | £000 | £000 |
| Interest expense: | | |
| Loans from the Department of Health and Social Care | 157 | 2,332 |
| Finance leases | 1 | - |
| Main finance costs on PFI and LIFT schemes obligations | 8,493 | 9,085 |
| Total interest expense | 8,651 | 11,417 |
| Unwinding of discount on provisions | (37) | 22 |
| Total finance costs | 8,614 | 11,439 |

15.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

Interest of £260 (2019/20 £0) was paid for late payments under The Late Payments of Commercial Debts (interest) Act 1998.

16 Other gains / (losses)

| | 2020/21 | 2019/20 |
|---|-----------|------------|
| | £000 | £000 |
| Gains on disposal of assets | 18 | 132 |
| Losses on disposal of assets | - | (18) |
| Total gains / (losses) on disposal of assets | 18 | 114 |

17 Intangible assets

| | 2020/21 | 2019/20 |
|---|---------------|--------------|
| | £000 | £000 |
| | Software | Software |
| | £000 | £000 |
| Valuation / gross cost at 1 April 2020 - brought forward | 8,245 | 7,871 |
| Additions | 3,083 | 374 |
| Valuation / gross cost at 31 March 2021 | 11,328 | 8,245 |
| Amortisation at 1 April 2020 - brought forward | 7,198 | 6,626 |
| Provided during the year | 520 | 572 |
| Amortisation at 31 March 2021 | 7,718 | 7,198 |
| Net book value at 31 March | 3,610 | 1,047 |
| Net book value at 1 April | 1,047 | 1,245 |

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.

18.1 Property, plant and equipment - 2020/21

| | 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 2020 - brought forward | 21,741 | 344,637 | 2,681 | 2,784 | 69,608 | 24 | 37,645 | 3,869 | 482,989 |
| Additions | - | 13,227 | 33 | 2,833 | 9,693 | 156 | 5,330 | 86 | 31,358 |
| Impairments | - | (45,521) | - | - | - | - | - | - | (45,521) |
| Reversals of impairments | 51 | 58,321 | - | - | - | - | - | - | 58,372 |
| Revaluations * | 1,857 | (18,867) | 51 | - | - | - | - | - | (16,959) |
| Reclassifications | - | 2,620 | - | (4,173) | 1,552 | - | 1 | - | - |
| Disposals / derecognition | - | - | - | - | (3,030) | - | - | (1) | (3,031) |
| Valuation/gross cost at 31 March 2021 | 23,649 | 354,417 | 2,765 | 1,444 | 77,823 | 180 | 42,976 | 3,954 | 507,208 |
| Accumulated depreciation at 1 April 2020 - brought forward | - | 11,153 | 110 | - | 52,719 | 24 | 26,078 | 3,251 | 93,335 |
| Provided during the year | - | 8,756 | 80 | - | 4,903 | - | 3,161 | 269 | 17,169 |
| Impairments | - | - | - | - | 19 | - | 44 | - | 63 |
| Revaluations | - | (19,909) | (190) | - | - | - | - | - | (20,099) |
| Disposals / derecognition | - | - | - | - | (3,030) | - | - | (1) | (3,031) |
| Accumulated depreciation at 31 March 2021 | - | - | - | - | 54,611 | 24 | 29,283 | 3,519 | 87,437 |
| Net book value at 31 March 2021 | 23,649 | 354,417 | 2,765 | 1,444 | 23,212 | 156 | 13,693 | 435 | 419,771 |
| Net book value at 1 April 2020 | 21,741 | 333,484 | 2,571 | 2,784 | 16,889 | - | 11,567 | 618 | 389,654 |

* this includes the impact of removing gross accumulated depreciation following the revaluation exercise and the net revaluation in year is (£16,959k) less (£20,099k) i.e. an increase of £3,140k and is consistent with the revaluation reported in the Statement of Comprehensive Income on page 2.

18.2 Property, plant and equipment - 2019/20

| | 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 2019 - as previously stated | 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 - as previously stated | - | 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 |

18.3 Property, plant and equipment financing - 2020/21

| | 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 |
| Net book value at 31 March 2021 | | | | | | | | | |
| Owned - purchased | 23,649 | 92,762 | 2,765 | 1,444 | 20,911 | 156 | 13,493 | 400 | 155,580 |
| Finance leased | - | - | - | - | - | - | 104 | - | 104 |
| On-SoFP PFI contracts and other service concession arrangements | - | 260,841 | - | - | - | - | - | - | 260,841 |
| Owned - donated/granted | - | 814 | - | - | 2,301 | - | 96 | 35 | 3,246 |
| NBV total at 31 March 2021 | 23,649 | 354,417 | 2,765 | 1,444 | 23,212 | 156 | 13,693 | 435 | 419,771 |

18.4 Property, plant and equipment financing - 2019/20

| | 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 |
| 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/granted | - | 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 |

19 Donations of property, plant and equipment

Donated assets include grants provided by the Trust's related charity, The Mid Yorkshire Hospitals NHS Trust Charitable Fund (£158k), other local charities (£105k), Salix Low Carbon Skills Fund (£81k) and from DHSC as part of the coronavirus pandemic response in 2020/21 (£2,100k). 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.

20 Revaluations of property, plant and equipment

The Trust undertook a full revaluation exercise as at 31 March 2021, this was undertaken by the DVS Valuation Office Agency and included a full on site review of existing land and buildings.

The valuation has been undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the HMT Treasury FReM compliant with the Department of Health and Social Care GAM. This is also prepared in accordance with the professional standards of the Royal Institution of Chartered Surveyors: RICS Valuation - Global Standards and RICS UK National Supplement, commonly known together as the red book, in so far as these are consistent with IFRS and the above mentioned guidance: RICS UK VPGA 5 refers.

Specialised operational assets have been valued on an existing use value (EUUV) at current value utilising the Depreciated Replacement Cost (DRC) approach. This is defined as the current cost of replacing an asset with its modern equivalent asset less deductions for physical obsolescence and optimisation. Non specialised operational assets are valued on a market based evidence to support the EUUV to arrive at a current value.

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 inclusive of VAT.

The Dewsbury site has been valued on a modern equivalent asset (MEA) basis following review with the Estates Team in determining provision of the same service potential in a hypothetical MEA model.

The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, our valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The Valuer advises changes to asset lives when they undertake the full valuation exercise. Buildings lives vary between 11 and 45 years and assets in 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 11 to 45 years and dwellings over 13 to 34 years.

Equipment is depreciated on current cost over the estimated life of the asset using the following lives (years):

| | |
|------------------------|---------|
| 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.

21 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 35, the related party note.

22 Inventories

| | 31 March 2021 | 31 March 2020 |
|--------------------------|---------------|---------------|
| | £000 | £000 |
| Drugs | 1,988 | 2,104 |
| Consumables | 5,551 | 4,859 |
| Energy | 167 | 146 |
| Total inventories | 7,706 | 7,109 |

Inventories recognised in expenses for the year were £88,396k (2019/20: £81,505k). Write-down of inventories recognised as expenses for the year were £363k (2019/20: £79k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £9,574k of items purchased by DHSC all of which have been expensed during the year and are included in the expenses disclosed above.

23.1 Receivables

| | 31 March 2021 | 31 March 2020 |
|--|---------------|---------------|
| | £000 | £000 |
| Current | | |
| Contract receivables | 15,161 | 26,145 |
| Allowance for impaired contract receivables / assets | (1,773) | (1,633) |
| Prepayments (non-PFI) | 3,703 | 3,372 |
| Interest receivable | 9 | 9 |
| VAT receivable | 4,054 | 2,740 |
| Other receivables | 1,319 | 638 |
| Allowance for other impaired receivables | (150) | (95) |
| Total current receivables | 22,323 | 31,176 |
| Non-current | | |
| Other receivables | 1,398 | 1,191 |
| Total non-current receivables | 1,398 | 1,191 |

Of which receivable from NHS and DHSC group bodies:

| | | |
|-------------|-------|--------|
| Current | 6,453 | 17,814 |
| Non-current | 1,398 | 1,191 |

Prior to 1 April 2020 CCGs and NHSE were billed based on patient activity and contract receivables were raised to match this income. This financial year patient activity was paid on block contracts so there has been a reduction in contract receivables

Other receivables (non current) includes income of £1,398k (£1,191k 2019/20) relating to central funding of a provision for consultants' tax on pension liabilities, this is disclosed at note 29.

23.2 Allowances for credit losses

| | 2020/21 | | 2019/20 | |
|---|--|-----------------------|--|-----------------------|
| | Contract receivables and contract assets | All other receivables | Contract receivables and contract assets | All other receivables |
| | £000 | £000 | £000 | £000 |
| Allowances as at 1 April - brought forward | 1,633 | 95 | 1,728 | 105 |
| New allowances arising | 881 | 68 | 1,098 | 75 |
| Reversals of allowances | (229) | (13) | (229) | (26) |
| Utilisation of allowances (write offs) | (512) | - | (964) | (59) |
| Allowances as at 31 Mar 2021 | 1,773 | 150 | 1,633 | 95 |

Amounts written off in the year are still subject to enforcement activity (IFRS 7, para 35L)]

23.3 Exposure to credit risk

In 2020/21 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 4% to 96% for non NHS contract receivables. Items over 12 months past due for payment are deemed non-collectable.

Prior to 1st April 2020, 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. This arrangement has been paused due to change in the funding regime and Overseas Visitors income in the current financial year is at risk and assessed for credit losses at 100%.

NHS contract receivables have been assessed for recoverability, no provision has been made against these receivables.

24 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

| | 2020/21 | 2019/20 |
|---|---------------|---------------|
| | £000 | £000 |
| At 1 April | 13,679 | 7,115 |
| Net change in year | 24,895 | 6,564 |
| At 31 March | 38,574 | 13,679 |
| Broken down into: | | |
| Cash at commercial banks and in hand | 37 | 41 |
| Cash with the Government Banking Service | 38,537 | 13,638 |
| Total cash and cash equivalents as in SoFP | 38,574 | 13,679 |

24.1 Third party assets held by the trust

The 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 | 31 March |
|---------------------------------|----------|----------|
| | 2021 | 2020 |
| | £000 | £000 |
| Monies on deposit | 1 | 1 |
| Total third party assets | 1 | 1 |

25 Trade and other payables

| | 31 March | 31 March |
|--|---------------|---------------|
| | 2021 | 2020 |
| | £000 | £000 |
| Current | | |
| Trade payables | 7,453 | 9,168 |
| Capital payables | 8,524 | 4,647 |
| Accruals | 22,743 | 12,081 |
| Social security costs | 4,031 | 3,703 |
| Other taxes payable | 3,420 | 3,264 |
| PDC dividend payable | 273 | - |
| Other payables | 5,010 | 4,712 |
| Total current trade and other payables | 51,454 | 37,575 |
| Of which payables from NHS and DHSC group bodies: | | |
| Current | 1,658 | 1,684 |

26 Other liabilities

| | 31 March 2021 £000 | 31 March 2020 £000 |
|--|--------------------------|--------------------------|
| Current | | |
| Deferred income: contract liabilities | 4,450 | 2,041 |
| Deferred grants | 20 | 67 |
| Other deferred income | 194 | 330 |
| Total other current liabilities | 4,664 | 2,438 |

27.1 Borrowings

| | 31 March 2021 £000 | 31 March 2020 £000 |
|--|--------------------------|--------------------------|
| Current | | |
| Loans from DHSC | 1,007 | 115,780 |
| Obligations under finance leases | 41 | - |
| Obligations under PFI service concession contracts | 11,242 | 9,824 |
| Total current borrowings | 12,290 | 125,604 |
| Non-current | | |
| Loans from DHSC | 3,500 | 4,500 |
| Other loans | 1,074 | - |
| Obligations under finance leases | 42 | - |
| Obligations under PFI service concession contracts | 246,295 | 257,604 |
| Total non-current borrowings | 250,911 | 262,104 |

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 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £114,780k were classified as current liabilities within the 2019/20 financial statements. The repayment of these loans were funded through the issue of PDC.

The Trust received a Salix energy efficiency loan in 2020/21 to upgrade the heating and lighting systems, this is disclosed in other loans. The total loan value is £1,927k and is repayable over 5 years at 0% interest with repayments commencing in April 2022. The Trust has drawn £1,074k as at 31 March 2021.

27.2 Reconciliation of liabilities arising from financing activities - 2020/21

| | Loans from DHSC £000 | Other loans £000 | Finance leases £000 | PFI and LIFT schemes £000 | Total £000 |
|---|-------------------------------|------------------------|---------------------------|------------------------------------|------------------|
| Carrying value at 1 April 2020 | 120,280 | - | - | 267,428 | 387,708 |
| Cash movements: | | | | | |
| Financing cash flows - payments and receipts of principal | (115,561) | 1,074 | (41) | (9,891) | (124,419) |
| Financing cash flows - payments of interest | (369) | - | (1) | (8,493) | (8,863) |
| Non-cash movements: | | | | | |
| Additions | - | - | 124 | - | 124 |
| Application of effective interest rate | 157 | - | 1 | 8,493 | 8,651 |
| Carrying value at 31 March 2021 | 4,507 | 1,074 | 83 | 257,537 | 263,201 |

27.3 Reconciliation of liabilities arising from financing activities - 2019/20

| | Loans from DHSC £000 | Other loans £000 | Finance leases £000 | PFI and LIFT schemes £000 | Total £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 |

28 Finance leases

The Mid Yorkshire Hospitals NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

| | 31 March 2021 £000 | 31 March 2020 £000 |
|--|--------------------------|--------------------------|
| Gross lease liabilities | 83 | - |
| of which liabilities are due: | | |
| - not later than one year; | 42 | - |
| - later than one year and not later than five years; | 41 | - |
| Net lease liabilities | 83 | - |
| of which payable: | | |
| - not later than one year; | 41 | - |
| - later than one year and not later than five years; | 42 | - |

The addition in year relates to IT Hardware.

29.1 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 2020 | 4,021 | 3,413 | 193 | 1,296 | 8,923 |
| Change in the discount rate | 77 | 186 | - | 207 | 470 |
| Arising during the year | 294 | 105 | 213 | 1,663 | 2,275 |
| Utilised during the year | (423) | (145) | (62) | - | (630) |
| Reversed unused | (66) | - | (60) | - | (126) |
| Unwinding of discount | (20) | (17) | - | - | (37) |
| At 31 March 2021 | 3,883 | 3,542 | 284 | 3,166 | 10,875 |
| Expected timing of cash flows: | | | | | |
| - not later than one year; | 423 | 145 | 284 | 1,768 | 2,620 |
| - later than one year and not later than five years; | 1,687 | 579 | - | - | 2,266 |
| - later than five years. | 1,773 | 2,818 | - | 1,398 | 5,989 |
| Total | 3,883 | 3,542 | 284 | 3,166 | 10,875 |

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 is £1,398k (£1,191k 2019/20), is broadly equal to the tax charge owed by clinicians and has been updated due to a change in discount rates. NHSE and the Government have committed to fund this and as such a corresponding income accrual and receivable has been recognised.

29.2 Clinical negligence liabilities

At 31 March 2021, £341,291k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Mid Yorkshire Hospitals NHS Trust (31 March 2020: £315,941k).

30 Contingent assets and liabilities

| | 31 March 2021 £000 | 31 March 2020 £000 |
|--|-----------------------|-----------------------|
| Value of contingent liabilities | | |
| NHS Resolution legal claims | (73) | (116) |
| Other | (215) | - |
| Gross value of contingent liabilities | (288) | (116) |
| Net value of contingent liabilities | (288) | (116) |

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 has several property leases in place which may lead to costs of future repairs and renovations when these leases come to an end. There is uncertainty to the timings of any future liabilities, a value has been estimated but is likely to fluctuate due to price changes in future years. The estimated costs are included in other.

31 Contractual capital commitments

| | 31 March 2021 £000 | 31 March 2020 £000 |
|-------------------------------|-----------------------|-----------------------|
| Property, plant and equipment | 829 | 843 |
| Intangible assets | 2,752 | - |
| Total | 3,581 | 843 |

32 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.

Soft FM services previously included in the PFI service contract returned to the Trust in July 2020 and is reflected in the model below.

32.1 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 2021 £000 | 31 March 2020 £000 |
|---|--------------------------|--------------------------|
| Gross PFI, LIFT or other service concession liabilities | 354,601 | 381,265 |
| Of which liabilities are due | | |
| - not later than one year; | 19,345 | 18,732 |
| - later than one year and not later than five years; | 73,094 | 76,752 |
| - later than five years. | 262,162 | 285,781 |
| Finance charges allocated to future periods | (97,064) | (113,837) |
| Net PFI, LIFT or other service concession arrangement obligation | 257,537 | 267,428 |
| - not later than one year; | 11,242 | 9,824 |
| - later than one year and not later than five years; | 44,337 | 44,628 |
| - later than five years. | 201,958 | 212,976 |

32.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|--------------------------|--------------------------|
| Total future payments committed in respect of the PFI, LIFT or other service concession arrangements | 1,143,346 | 1,419,218 |
| Of which payments are due: | | |
| - not later than one year; | 41,637 | 48,509 |
| - later than one year and not later than five years; | 176,980 | 206,234 |
| - later than five years. | 924,729 | 1,164,475 |

32.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

| | 2020/21 £000 | 2019/20 £000 |
|---|-----------------|-----------------|
| Unitary payment payable to service concession operator | 49,755 | 53,413 |
| Consisting of: | | |
| - Interest charge | 8,493 | 9,085 |
| - Repayment of balance sheet obligation | 9,891 | 9,166 |
| - Service element and other charges to operating expenditure | 28,969 | 32,559 |
| - Revenue lifecycle maintenance | 2,402 | 2,603 |
| Total amount paid to service concession operator | 49,755 | 53,413 |

33 Financial instruments

33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate

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.

It is Trust policy to invest 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 block income allocations with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its capital resource limit. The Trust is not, therefore, exposed to significant liquidity risks.

33.2 Carrying values of financial assets

| Carrying values of financial assets | Held at amortised cost | |
|--|--------------------------|--------------------------|
| | 31 March 2021 £000 | 31 March 2020 £000 |
| Trade and other receivables excluding non financial assets | 15,941 | 25,064 |
| Cash and cash equivalents | 38,574 | 13,679 |
| Total | 54,515 | 38,743 |

33.3 Carrying values of financial liabilities

| Carrying values of financial liabilities | Held at amortised cost | |
|--|------------------------|------------------|
| | 31 March 2021 | 31 March 2020 |
| Loans from the Department of Health and Social Care | 4,507 | 120,280 |
| Obligations under finance leases | 83 | - |
| Obligations under PFI, LIFT and other service concession contracts | 257,537 | 267,428 |
| Other borrowings | 1,074 | - |
| Trade and other payables excluding non financial liabilities | 43,707 | 30,608 |
| Total | 306,908 | 418,316 |

33.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

| | 31 March 2021 | 31 March 2020 |
|--|--------------------------|--------------------------|
| | £000 | £000 |
| In one year or less | 64,222 | 165,277 |
| In more than one year but not more than five years | 77,704 | 81,588 |
| In more than five years | 262,377 | 285,781 |
| Total | 404,303 | 532,646 |

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

33.5 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.

34 Losses and special payments

| | 2020/21 | | 2019/20 | |
|--|-------------------------|-----------------------------|-------------------------|-----------------------------|
| | Total Number | Total value £000 | Total Number | Total value £000 |
| Losses | | | | |
| Cash losses | 3 | - | - | - |
| Bad debts and claims abandoned | 504 | 512 | 2,136 | 1,034 |
| Stores losses and damage to property | 7 | 364 | 4 | 79 |
| Total losses | 514 | 876 | 2,140 | 1,113 |
| Special payments | | | | |
| Ex-gratia payments | 61 | 118 | 57 | 129 |
| Total special payments | 61 | 118 | 57 | 129 |
| Total losses and special payments | 575 | 994 | 2,197 | 1,242 |
| Compensation payments received | | - | | - |

There are no individual cases that exceed £300k

35 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.

| | | Payments to Related Party | Receipts from Related Party | Amounts owed to Related Party | Amounts due from Related Party |
|--|---|---------------------------------|--------------------------------------|--|---|
| | | £000s | £000s | £000s | £000s |
| 2020/21 | | | | | |
| Nature of Relationship | Related Party | | | | |
| Julie Charge, Non-Executive Director, Director of Finance to Salford University | Salford University | - | - | - | - |
| David Throssell, Faculty member and facilitator, Royal College of Anaesthetists' Leadership and Management Course Non-Executive, Emeritus Consultant, Sheffield Teaching Hospitals NHS FT | Royal College of Anaesthetists Sheffield Teaching Hospitals NHS FT | 2 108 | - 1,046 | - 11 | - 184 |
| Mahmud Nawaz, Non-Executive Director, Employee Lloyds Banking Group Member of the Leeds Teaching Hospitals NHS Trust Organ Donation Committee NHS Blood and Transport Organ Donation Ambassador | NHS Blood & Transport Leeds Teaching Hospitals NHS Trust | 2,416 | - | 60 | 1 |
| | | 4,970 | 2,364 | 455 | 181 |
| Jane Hazelgrave, Director of Finance, Son is employed through NHS Professionals to work in the Procurement Team at Mid Yorkshire Hospitals NHS Trust | NHS Professionals | 13,080 | - | 1,492 | - |
| Phillip Marshall, Director of Workforce and OD, Board member of the North LETB for Health Education England | Health Education England | 69 | 20,655 | - | 289 |
| Board Members, Corporate Trustee to the Mid Yorkshire Hospitals NHS Trust Charitable Fund | The Mid Yorkshire Hospitals NHS Trust Charitable Fund | - | 478 | - | 193 |
| | | 20,645 | 24,543 | 2,018 | 848 |
| 2019/20 | | | | | |
| | | Payments to Related Party | Receipts from Related Party | Amounts owed to Related Party | Amounts due from Related Party |
| | | £000s | £000s | £000s | £000s |
| Nature of Relationship | Related Party | | | | |
| 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 |
| Keith Ramsey, Chair, Director, Incommunities Group Ltd | Incommunities Group Ltd | - | - | - | - |
| 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 |

36 Events after the reporting date

There are no events after the reporting date which would have an effect on the accounts for 2020/21.

37 Better Payment Practice code

| | 2020/21 | 2020/21 | 2019/20 | 2019/20 |
|---|---------|---------|---------|---------|
| Non-NHS Payables | Number | £000 | Number | £000 |
| Total non-NHS trade invoices paid in the year | 70,750 | 338,397 | 78,158 | 317,812 |
| Total non-NHS trade invoices paid within target | 56,306 | 304,622 | 62,648 | 281,825 |
| Percentage of non-NHS trade invoices paid within target | 79.6% | 90.0% | 80.2% | 88.7% |
| NHS Payables | | | | |
| Total NHS trade invoices paid in the year | 1,956 | 34,214 | 2,977 | 32,846 |
| Total NHS trade invoices paid within target | 1,576 | 30,544 | 2,232 | 28,047 |
| Percentage of NHS trade invoices paid within target | 80.6% | 89.3% | 75.0% | 85.4% |

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.

38 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

| | 2020/21 | 2019/20 |
|---------------------------------------|-----------------|---------------|
| | £000 | £000 |
| Cash flow financing | (11,601) | 8,131 |
| Finance leases taken out in year | 124 | - |
| External financing requirement | (11,477) | 8,131 |
| External financing limit (EFL) | 15,729 | 20,810 |
| Under spend against EFL | 27,206 | 12,679 |

39 Capital Resource Limit

| | 2020/21 | 2019/20 |
|--|---------------|---------------|
| | £000 | £000 |
| Gross capital expenditure | 34,441 | 15,865 |
| Less: Disposals | - | (18) |
| Less: Donated and granted capital additions | (2,444) | (182) |
| Charge against Capital Resource Limit | 31,997 | 15,665 |
| Capital Resource Limit | 32,058 | 15,921 |
| Under spend against CRL | 61 | 256 |

40 Breakeven duty financial performance

| | 2020/21 | 2019/20 |
|--|------------|------------|
| | £000 | £000 |
| Surplus / (deficit) for the period | 14,999 | 614 |
| Remove net impairments not scoring to Departmental expenditure limit | (12,851) | - |
| Remove I&E impact of capital grants and donations | (2,108) | 21 |
| Prior period adjustments | - | (585) |
| Adjusted financial performance surplus (control total basis) | 40 | 50 |
| Remove impairments scoring to Departmental Expenditure Limit | 63 | 89 |
| Add back income for impact of 2018/19 post accounts PSF allocation | - | 585 |
| Breakeven duty financial performance surplus | 103 | 724 |

41 Breakeven duty rolling assessment

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 |
|--|----------|----------------|----------------|----------------|----------------|----------------|----------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Breakeven duty in-year financial performance | | 871 | 983 | (19,217) | (21,839) | (19,171) | (9,056) |
| Breakeven duty cumulative position | (26,110) | (25,239) | (24,256) | (43,473) | (65,312) | (84,483) | (93,539) |
| Operating income | | 395,875 | 430,417 | 456,954 | 460,792 | 456,810 | 483,428 |
| Cumulative breakeven position as a percentage of operating income | | (6.4%) | (5.6%) | (9.5%) | (14.2%) | (18.5%) | (19.3%) |
| | | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | | £000 | £000 | £000 | £000 | £000 | £000 |
| Breakeven duty in-year financial performance | | (20,530) | (7,873) | (18,405) | (18,342) | 724 | 103 |
| Breakeven duty cumulative position | | (114,069) | (121,942) | (140,347) | (158,689) | (157,965) | (157,862) |
| Operating income | | 482,792 | 504,454 | 505,584 | 527,022 | 584,393 | 641,143 |
| Cumulative breakeven position as a percentage of operating income | | (23.6%) | (24.2%) | (27.8%) | (30.1%) | (27.0%) | (24.6%) |

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".