



## Chief Executive's welcome

### **Welcome to our annual report and account for 2013/14.**

Once again this report details our performance during a difficult financial period, and the pressures placed on the hospital sector continue unabated.

This year, despite the challenges we have faced, we have continued to perform to a high standard, meeting targets and achieving accolades. It has by no means been easy, but we are starting to see some tangible improvements and real benefits for our patients.

It is now over 18 months since the completion of the formal acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust, and it is clear that it will take several years to fully integrate the two acute organisations and our community services. We are still at an early stage of our journey, but I have no doubt that we have made a strong start and I remain committed to this course of action as I believe it is vital not only for our patients but also for the Trust's long term future, and for us to live up to our values of putting patients first, respecting each other's contribution and working as part of a team.

As the pressure increases this will inevitably become harder to achieve. There are of course areas where we need to improve, and we have focussed on these, however I am happy to report good performance overall. The newly

introduced Friends and Family Test gives us a valuable insight into the quality of our services, and enables us to respond quickly to issues raised by patients.

We need to continue to set our standards at the highest level, and we have a strong track record with regard to achieving the standards we set for ourselves, be it in terms of patient safety, operational performance or responsible management of our finances.

As the NHS changes and resources become further stretched, it is increasingly apparent that we cannot carry on simply doing what we have always done as it is clinically and financially unsustainable.

We have begun to set out a clear future for the organisation and for the development of many of our clinical services.

We continue to focus on our acute services, with the aim of improving how we deliver care for those of our patients who are most ill. A key element of this is the separation wherever possible of our acute and elective activity.

For example, we have moved the majority of our planned orthopaedic work from Scarborough Hospital to Bridlington, necessitating the addition of a further temporary modular theatre on the site and the refurbishment of Kent Ward.



“ *We are increasingly seeking to collaborate with partners in the health and social care economy within which we work.* ”

This move is not only positive news for Bridlington, but by separating some of our acute and elective capacity we will also help to alleviate pressure on our acute services on the Scarborough site and will reduce the need for operations to be cancelled.

A further element is the assessment of acute patients and improving patient flow at every step of the health and social care system, from the ambulance service and GPs, through the hospital, and out into the community, be it social care, mental health, community services or back home.

We are actively the development of community hubs which would reduce the reliance on inpatient facilities. We are working with all of our Clinical Commissioning Groups (East Riding, Vale of York and Scarborough and Ryedale) to develop these community hubs, which will focus on the longer-term assessment and management of patients on a day case basis.

Over the coming year, you will also start to see the results of many months of hard work and planning, for example in the delivery of key building projects and improvements, many of which are described in this report, and all of which will help us deliver the benefits we have promised and stand us in good stead for a stronger future.

I continue to have great pride in our organisation, and you only have to walk around any one of our hospitals or in our communities to see the true dedication of our staff.

Whatever the immediate challenges we face, whether this be meeting the increased demand for our services, our financial outlook, rising expectations, ongoing local and national reorganisation or the changing commissioning and regulatory environment, it is vital that we do not lose sight of our long term goals and that we continue to plan for the future. I am confident that we can continue to provide services that deserve the confidence of our patients and their families.



**Patrick Crowley**

*Across most of the ways in which we measure our safety and quality of care – our essential mission as an organisation – we have achieved good results.*



## Inpatient Survey 2013

**Each year, every NHS Hospital Trust in England carried out the Survey of Adult Inpatients in the NHS as part of a national programme led by the Care Quality Commission, the regulator of health and social care services.**

The questions within the survey cover the patients' pathway from when they are admitted to our hospitals the treatment and care they receive whilst they are in hospital. It additionally focuses on the quality of how we communicate with our patients and the information that we provide, through to the point at which they are discharged from our hospitals.

This is the second inpatient survey which provides the Trust with an understanding of what our patients are saying about both York Hospital and Scarborough Hospital combined, which allows us to identify our Trust priorities for improvement, whilst still allowing us the opportunity to look at key priorities for each hospital site and speciality.

The results of the survey highlight many positive aspects of patient experience across the Trust, with the majority of patients reporting that:

	2011*	2012	2013
Overall: rating of care 7+ out of 10	90%	77% **	77%
Overall: treated with respect and dignity	89%	78%	81%
Doctors: always/sometimes had confidence and trust	84%	81%	81%
Hospital: room or ward was very/fairly clean	95%	95%	98%
Hospital: toilets and bathrooms were very/fairly clean	94%	95%	96%
Hospital: hand-wash gels visible and available for patients and visitors to use	93%	91%	91%
Care: always enough privacy when being examined or treated	88%	88%	89%

\*York Hospital figures only

\*\* question replaced in 2012 with a net promoter score

The results also highlight where improvements are needed and the Directorates each develop an action plan for improvement from the National Inpatient Survey for their specific areas.



# National Cancer Patient Experience Survey 2012/13

**All Trusts providing adult cancer care in England took part in the survey. All adult patients with a primary diagnosis of cancer, who had been admitted to hospital as an inpatient or as a day case patient, and were discharged between 1 September 2012 and 30 November 2012, were invited to take part in the postal survey.**

Like the National Inpatient Survey the findings are very positive, with patients reporting that:

- 91% of respondents rated their care as either excellent or very good
- 91% of respondents said that they were given easy to understand written information about their test
- 94% of respondents reported that the Clinical Nurse Specialist (CNS) definitely listened carefully
- 93% of respondents reported that the CNS gave understandable answers to important questions all/most of the time
- 95% of patients reported that staff told them who to contact if worried post discharge

A two year action plan is in place which focuses on the priorities identified from the survey. It was highlighted, following the previous year's survey, that we did not communicate information to patients consistently across the whole Trust. The 2012/13 survey showed that actions to improve in this area have been successful and our results have improved in this area.



## Managing our finances

The table below provides a high level summary of our finances for 2013/14:

### Summary income and expenditure 2013/14

	Plan £million	Actual £million	Variance £million
Clinical income	382.6	387.1	4.5
Non-clinical income	40.4	44.8	4.4
Total income	423.0	431.9	8.9
Pay spend	-286.3	-289.6	-3.3
Non-pay spend	-140.5	-148.3	-7.8
Total spend before dividend, and interest	-426.8	-437.9	-11.1
Operating deficit before exceptional items	-3.8	-6.0	-2.2
Transition Support	12.0	12.0	0
Dividend, finance costs and interest	-5.8	-5.9	-0.1
Net surplus	2.4	0.1	-2.3

*At the end of the financial year, the Trust reported an income and expenditure surplus of £70.3m, compared with a planned surplus of £1.2m, mainly due to the gain from the transfer under absorption.*



### **Income from our clinical work**

Clinical income totalled £387.1m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£384.2m), with the balance of £2.9m from other patient-related services, including private patients, overseas visitors and personal injury cases.

### **Income generated from our non-clinical work**

Other income totalled £44.8m and comprised funding for education and training, for research and development, and for the provision of various non-clinical services to other organisations and individuals.

### **Monitor financial risk rating**

The underlying financial performance of all NHS Foundation Trusts is assessed by Monitor using its Continuity of Services rating. This is a simple scoring indicator ranging from 1 to 4, 4 being the highest/best rating. For 2013/14, the Trust scored 4 on this assessment.



## Performance

**The past year has been busy and challenging, however the Trust has again performed well against the majority of the targets and standards we are managed against.**

There are a couple of notable exceptions to this. One is the Emergency Department standard of four hours maximum waiting time from arrival to admission/transfer or discharge. This target was met in the latter part of the year, due in large part to additional external finance and increased awareness that this is a whole-system issue that cannot be resolved solely by the hospital.

The second is the 18 week referral to treatment target. The Trust has seen demand continue to rise, and there have been issues nationally regarding 18 week performance. We agreed with our commissioners and regulators in

the latter part of the year to a planned failure of the 18 week target, and this reflects the approach that has been agreed nationally for 2014/15. This approach has enabled us to treat some of the patients who have been waiting longest and to review how we manage demand in some of our more challenging specialties.

Despite these pressures, we are pleased that the majority of our patients continue to give positive feedback about our services.

We continue to perform well on quality and safety. Although we exceeded our rate for Clostridium Difficile cases, our performance improved in the latter part of the year and we are under trajectory for 2014/15 so far. We are amongst the best nationally for MRSA, and we have not seen a case since last summer.





## Community services

**Both Vale of York and Scarborough and Ryedale Clinical Commissioning Groups are seeking to 'test out' a local hub concept at both Malton and Selby Community Hospital, providing health and social care services to a defined population across the district. York Teaching Hospital NHS Foundation Trust has been commissioned to develop and deliver this approach.**

The purpose of the hubs will be to ensure that frail, elderly and vulnerable older people are supported and enabled to be as healthy, active and independent as possible in their own home (for as long as possible); to support these individuals in a crisis and to ensure that there is a timely and efficient multi agency response as required.



Through providing better, more coordinated care, closer to home the project will deliver:

- more accessible and flexible services, via a single point of entry ('the Hub')
- seamless and holistic health and social care in the right place at the right time and promotion of self care of long term conditions; maximising people's independence
- support for lively healthy and 'full' lives by reducing the need for intensive and costly interventions and support people to retain or improve levels of independence via short term re-ablement.

York Teaching Hospital NHS Foundation Trust is committed to working with partner organisations to develop and deliver the proposed Selby and Malton Community Hub model. Work is progressing to engage with Selby and Ryedale GPs to secure their commitment and support in working collaboratively to deliver this model.

Preliminary conversations have taken place with North Yorkshire County Council (NYCC) and further discussions are due to take place in the near future. The intention of this model is to reduce the number of people who need to visit hospital and to reduce the length of stay for people in hospital by providing more care locally, delivered by integrated health and social care teams.

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## **Service Model**

The service model is focused on four key service areas:

- First Contact
- Urgent/Crisis response (in reach and out reach from the community hub)
- An integrated community support service
- Long term care and support.

### **First Contact**

Work is already underway to pilot/develop a Single Point of Access into adult community services. The service due to launch in the next few weeks will deliver an effective and efficient call handling service that will accept referrals from GPs and other health care professionals, deal with patient queries and coordinate an appropriate response from community health services.

### **Urgent/Crisis Response**

Existing rapid response services will be enhanced to enable an integrated team response within four hours. This will be provided in three ways:

- The patient will be transported into the Selby Community Hub for assessment, diagnostic intervention and treatment
- A team will be dispatched to assess/treat a patient in their usual place of residence
- A combination of the above.

## **The Integrated Community Support Service**

This service will support people to develop and maintain their independence. This service will aim to support recovery and provide rehabilitation within a 12 week period. This could also include a period of re-ablement or specialist therapeutic intervention. The service will:

- Support organised and early discharge from hospital
- Prevent inappropriate hospital admissions

### **Long Term Care and Support**

This service will provide continuing health and social care support to people with ongoing health and social care needs.

Case managers will work with social care staff who will help people to manage their care by providing personal budgets and/or through arranging access to residential and nursing care as appropriate. This service will also assist people to manage their long term conditions working with a nominated case manager; in addition, staff will coordinate support across a range of services including palliative care when required.



# Building for the future

## Capital investment

During 2013/14, the Trust invested £17m in capital projects across the estate. The major projects on site during that period included:

- Creation of a new visitor car park at Scarborough, which will ease parking problems and create a new development zone
- A major upgrade of the maternity theatre at Scarborough
- Upgrades to maternity ventilation at both York and Scarborough
- Improvements to the emergency department at York to reduce waiting times
- Replacement boiler plant and lighting to increase energy efficiency and reduce carbon emissions at York Hospital
- Ongoing major refurbishment of the staff and visitor restaurant and main production kitchen at York
- A dispensing robot for the pharmacy at York
- Improved delivery rooms in maternity at York
- Improved decontamination facilities for Endoscopy at York
- Improvements to public toilets and the installation of a 'Changing Places' facility for severely handicapped patients and visitors
- Improvements to St Monica's hospital (supported by the League of Friends)
- Improvements to Fitzwilliam ward at Malton
- An improved blood taking facility at York
- A new standby generator at Bridlington

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

## Planned capital investment

Capital investment plans for 2014/15 include:

- We are planning new facilities to allow the development of acute assessment areas at both York and Scarborough, which will be integrated with the emergency departments and improve the way in which acute patients are managed.
- We have begun work on the construction of a new surgical ward at Scarborough, which will be completed in Spring 2016.
- A key Trust focus remains on reducing backlog maintenance by replacing essential parts of the estate infrastructure such as the lifts at Scarborough, electrical distribution panels, and medical gas system improvements.



## Taking a closer look at safety

**The Patient Safety Strategy has been developed following consultation with our staff. In addition, we have compared our systems and practices with other hospitals and considered national and international guidance on improving safety.**

Our guiding principle is to provide safe, patient-centered care to a consistent, high standard. To achieve this we have established six key streams of work:

- Ensuring consistency of care, 24 hours a day, seven days a week
- Reduction of harm by early detection of the patient at risk of deteriorating
- Reducing mortality and improving mortality indicators
- Excellence in end of life care
- Infection prevention and control
- Action on areas of frequent harm

Many of us focus on improvement for our patients, every day. This strategy does not seek to exclude any of this work; rather it helps us collectively to focus on those things we know can have the most impact, for the greatest number of our patients.

Clinical leaders continually review our systems of work to ensure that patients who are admitted to our hospitals do not experience undue delay in assessment, diagnostics, treatment or review by a senior clinician. We are working towards delivering a seven day service with no variation in timeliness or safety and quality of experience.

We are striving to improve the safety of those who are vulnerable to unexpected deterioration by enhanced training and the implementation of systems to support

early recognition of the risk of deterioration. This is being supported by policies and clinical guidelines for initiation of early responses, interventions and, where necessary, escalation. This includes recent guidance around urgent and effective response to sepsis.

We have developed and are refining systems for mortality review which will be consistently applied in all clinical areas including our community hospitals.

We will ensure that recognised strategies for reduction of mortality, such as multidisciplinary ward rounds and care bundles, are implemented in all clinical areas. Many are currently in place and their implementation will be audited by review of compliance.

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## Taking a closer look at safety (continued)

For our patients approaching the end of life and for their families and carers, our focus will be on the safety and experience of care. This includes patients who die suddenly or after a very brief illness. Our aim is to ensure that people approaching the end of life receive care which is aligned to their needs and preferences, is compassionate and delivered in accordance with agreed principles.

We have begun work on the implementation of electronic prescribing and medicines administration (EPMA), recognised to improve aspects of patient safety and helping to address one of our most frequent causes of avoidable harm. We will audit compliance with administration of medicines focusing specifically on critical medicines and on antimicrobial stewardship.

We will use every opportunity to learn from incidents, complaints and litigation by reflecting on our practice and where necessary changing systems of work to ensure that patients are safe in our care and that repetition of avoidable harm is prevented.

The Serious Incident (SI) and Critical Incident (CI) procedures continue to evolve to ensure appropriate dissemination of change and learning, and work is now focusing on learning from litigation and complaints. In responding to these events we recognise the implication and responsibilities on our duty of candour.

We also take every opportunity to learn from national benchmarking including national audit publications such as the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and inspections from our regulators. We have developed along with our local commissioners, several patient safety initiatives which are being managed through the Commissioning for Quality and Innovation (CQUIN) aspect of the contract.

Patient Safety Walkrounds have provided valuable opportunities for senior leaders to discuss safety issues with frontline staff. As a commitment to developing our culture of safety, we aim to undertake four walkrounds each month and to provide a monthly summary report to the Trust Board.

We aim to make good use of peer review to support analysis and to facilitate learning, both within and outside of formal systems. CHKS provides us with healthcare intelligence to support the delivery of safe and effective care.

We are one of 13 Foundation Trusts who are members of NHS QUEST; a network for Foundation Trusts who wish to focus relentlessly on improving quality and safety.

We want our patients to:

- Be involved as much as they want be in decisions about their care and treatment
- Let us know if anything of concern is noticed
- Be sure that we identify them correctly
- Ensure that they understand what we are planning to do before consenting to treatment
- Know what medicines they are taking and why
- Inform us of allergies
- To alert us to non compliance, for example with hand hygiene.

