

# Our Year

## Annual Review 2014/15



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## Key facts

Population: 800,000 Area covered: 3,400 sq miles Acute staff: 7,000 Community staff: 1,500

● **Acute Hospital**

● Community and Rehabilitation Hospital

### St Monica's Hospital

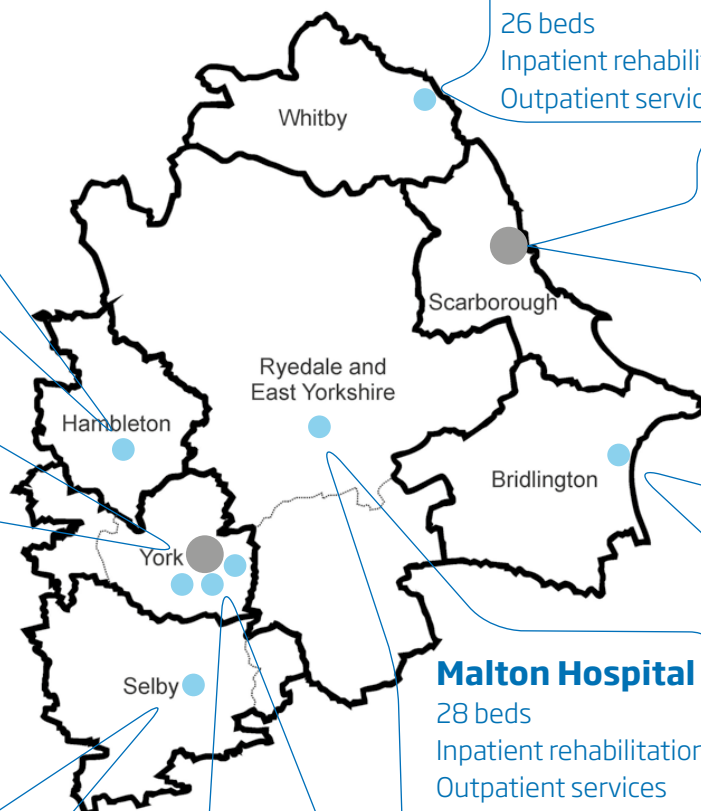
12 beds  
Rehabilitation Services

### The York Hospital

700 beds  
Acute medical & Surgical services  
Emergency Department  
Critical care  
Maternity  
Paediatrics  
Outpatient services

### Selby Hospital

23 beds  
Inpatient rehabilitation  
Outpatient services  
Hub for community-based teams



### Whitby Hospital

26 beds  
Inpatient rehabilitation  
Outpatient services

### Scarborough Hospital

298 beds  
Acute medical & Surgical services  
Emergency Department  
Critical care  
Maternity  
Paediatrics  
Outpatient services

### Bridlington Hospital

88 beds  
Inpatient rehabilitation  
Elective orthopaedics and other surgical specialties  
Outpatient services

### Malton Hospital

28 beds  
Inpatient rehabilitation  
Outpatient services  
Hub for community-based teams

### St Helen's, White Cross Court & Archways

64 beds across the three sites  
Interdisciplinary assessment, treatment and rehabilitation facilities



A handwritten signature in blue ink that reads "Susan Symington".

**Susan Symington**  
Chair

## Chair's welcome

**Alan Rose completed his maximum nine years as a Director of the Trust on 31 March this year, and I succeeded him as Chair of the Trust on 1 April. This statement reflects Alan's final year as chair.**

One month into my role as Chair at the time of writing, and I am developing a strong sense of our Trust. Of hardworking, committed staff that place patients at the centre of everything they do, of strong partnerships and creative alliances, and of a desire to continually improve the services we offer.

But these are tough times. Across all our sites and between all 8,500 of our staff, we face shared challenges in the year ahead. The first is to maintain and develop our heartfelt commitment to the care of our patients and service users. The second is to meet the significant financial and regulatory challenges we face.

Our mission is a constant. We want to be trusted to provide safe, effective, sustainable healthcare for the communities we serve. Our unswerving focus on our mission and our courage to meet the challenges we face, will ensure that during 2015-16 we will continue to successfully meet the needs of the communities we serve.



*We want to be trusted to provide safe, effective, sustainable healthcare for the communities we serve.*





## Chief Executive's welcome



**Patrick Crowley**



*Despite the increasing pressure and complexity of the environment we work in, we have made a strong start...*



### **Welcome to our annual review for 2014/15.**

As has been the case for the past few years, once again this report details our performance during a difficult period for the NHS and the public sector as a whole, and the pressures placed on us continue to rise.

We have always been a strong performer in terms of our financial management and meeting our efficiency obligations, however, despite our best efforts and continuing achievement of our efficiency targets, we have for the first time, alongside many other Trusts, reported a deficit for this year.

We have completed our second year as a single organisation following the formal acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust, and it is clear that there is still more that we need to do to fully integrate the two acute organisations and our community services. Despite the increasing pressure and complexity of the environment we work in, we have made a strong start and I am in no doubt as to the commitment of our staff from every part of the organisation in terms of putting patients at the centre of everything we do.

Merging our organisations was never going to be easy but I am proud of how we have worked together on this at a time when the NHS has never been under so much pressure and working to such high expectations.

In March this year we welcomed the Care Quality Commission into the organisation as part of their planned inspection programme, at the time of writing we are still to receive their final report and assessment. I have genuinely sensed that the assessment process itself has brought the organisation closer together. It has encouraged us to focus on what we are good at, and this in itself will help accelerate the process of truly becoming one organisation.

There are of course areas where we need to improve, and we are prioritising these, however I am pleased to report that we continue to perform to a good standard in most key areas.

I believe we have always been ambitious in our planning and in our desire to continually improve what we do for the benefit of our patients, and we have already delivered a number of schemes that look better, make people feel better and allow us to provide

better services. Many of these are on our East Coast sites, where such investment was urgently needed.

Our new £5m purpose built surgical ward and surgical assessment unit in Scarborough was officially opened at the end of March 2015. We have also completed the new visitor car park, refurbished the maternity theatre at Scarborough Hospital, and provided a new discharge lounge where patients can wait for their transport once they are ready to go home, freeing up beds more quickly and improving patient flow.

As a Board we have made a commitment to a long term strategy which includes a focus on supporting acute and planned care through better use of our estate, the development of plans around what activity can be delivered at Bridlington, and the priority areas for capital development in Bridlington, York and Scarborough.

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, and the benefits of this were

felt immediately in orthopaedics where we have separated elective work which is now provided at Bridlington Hospital. Planned orthopaedic surgery was able to continue throughout winter for the local population, unaffected by the bed pressures on the Scarborough site, as a result of our decision to relocate it. This would simply not have happened if we had not moved the service to Bridlington, as evidenced in other surgical specialties that saw a number of planned surgery lists cancelled.

We need to continue to plan and deliver in this way to ensure we retain our ability to make these choices for ourselves, and by maintaining control of our finances and performance I have every confidence we will succeed.

Part of the solution to this is around working more closely with other local organisations and thinking differently about how we deliver services. We are working closely with Scarborough and Ryedale CCG and North Yorkshire County Council to begin to establish a shared vision and set of priorities for well-being, health care and social care for the next five years.

We have introduced community hub models in the Selby and Malton localities, enabling care and support to be given to patients in the community and in their homes, and reducing the reliance on inpatient facilities.

Finally, I wish to place on record my thanks and appreciation as Chair Alan Rose reaches the end of his allowed term of office. Alan led us through the integration of York and Scarborough Trusts, and under his leadership, the Board of Directors was also awarded the title of "NHS Board of the Year" by the NHS Leadership Academy in December 2012.

I would like to thank him for his tireless commitment to both the Trust and the patients he has served over the past nine years. He will be missed, however, we wish him all the best for his new role as Chair of Colchester Hospital University Foundation Trust. I look forward to working with Susan Symington, our new Chair, to build on Alan's work in strengthening the organisation for the benefit of all of our patients and staff.

**Patrick Crowley**  
Chief Executive



## New DVD supports life after cancer

**A groundbreaking DVD to support those living with and beyond a cancer diagnosis has been produced by the Trust to help patients get the support they need.**

*The DVD, launched this month, is based directly on the award winning events held over the last three years looking at how ongoing services and support for people who are living with and beyond cancer could be improved.*

*Jane Archer, Cancer Care Centre Manager, played a key role in bringing the content of the events onto DVD.*

*Jane said: "It was quite a challenge to put the different subjects onto film but we had a clear vision about what we needed and we had a wonderful set of local experts who had already proved how much they could help people.*

*"Often people feel very alone through the experience of cancer diagnosis and treatment and it's vital that those living with and beyond cancer get the support they need to lead as healthy and active a life as possible."*

*Patients and their supporters can all benefit from watching the DVD which comprises a set of short films covering fear of recurrence, coping with worry, fatigue, diet, relationship concerns and how to pick*



*the right level of exercise and plan for the future.*

*Christine Norris, Lead Cancer Manager for the Trust, said: "People need help in so many ways - medical, social, psychological, spiritual, financial and informational needs.*

*"We found experts who could provide the information that really helps people. We have transferred this to DVD and we are delighted with the result."*

*The DVD, 'Living well with cancer', supports a new national strategy launched last year aimed at understanding what issues are important to those who have survived. It will be distributed to patients under the care of the Trust as part of a holistic needs assessment toward the end of treatment.*



## Listening to patients and the public

**Patient Experience is a key element of quality. Patients tell us that they care about their experience as much as clinical effectiveness and safety. Patients tell us they want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as individuals and value efficient processes.**

The Trust want patients to receive the best possible care and treatment at York Teaching Hospital NHS Foundation Trust. We are committed to improving the experiences of our patients and their families when they access our services.

The Trust welcomes feedback from patients, relatives and carers and there are a number of different ways the Trust captures this feedback including:

- National and local surveys
- Concerns and complaints
- Positive feedback
- Involving service users through our Patient and Public Liaison forums

The Trust wants everyone who accesses services to have a high quality, positive experience.

Quarterly Trust-wide patient experience reports are reviewed by the Board of Directors. The reports bring together a range of patient experience information that ensures that patient experience is routinely considered at the most senior level.

Communication and staff attitude continue to feature as key themes in both complaints and compliments. In response to some of the complaints made, the Trust has introduced a customer care training module which uses anonymised complaints as part of the programme and delivered the programme to key groups of staff. Additionally, with the support of NHS Elect, (an independent consultancy body), and in partnership with the Patient Experience Team and Organisational Development, a train-the-trainer module has been developed that is now being delivered to front line staff by matrons and sisters.

## Complaints and Compliments

**The Trust places a high value on concerns, complaints and compliments as a resource to provide assurance that the care and treatment provided across the hospitals and community services meets the needs and expectations of patients and the public in terms of quality, outcome and safety.**

The Trust recognises that complaints can provide a valuable insight into further improvements that could be made. Compliments enable the Trust to feedback to staff when excellent service has been given. Patients, their families and visitors are encouraged to share any concerns or suggestions they have so that their comments and suggestions can be investigated and responded to, and so that we can learn lessons from their experiences.

The Trust has an established Concerns and Complaints Policy and Procedure. Complaints can be made in person, by letter, email or telephone. All complainants receive an acknowledgement letter detailing who will investigate the complaint, their contact details and when a response can be expected. The acknowledgement letter also explains the role of the NHS Complaints Advocacy Service. The Trust will arrange a local resolution meeting with staff if requested by the complainant.

Our complaint correspondence also includes details of how to contact the Care Quality Commission, the independent regulator of all health and social care services in England.

Three information leaflets, How to Complain, PALS and the Quality of Care feedback form have been reviewed and replaced by a new leaflet, 'Your Experiences Matter', with the emphasis moving from how to complain, to how the Trust values and seeks feedback from patients, relatives and carers. It is recognised that not everyone finds it easy to feedback on their experience and this new leaflet will help towards creating an environment where people feel comfortable to do so.

All complaints received are reviewed weekly by the Chief Executive, Chief Nurse and Lead for Patient Experience.



*Between 1 April 2014 and 31 March 2015 the Trust as a whole received 655 complaints (including 101 resolved outside the procedure). Last year we received 687 complaints (123 resolved outside the procedure).*

*Of the 554 registered complaints received, 81 cases are still being investigated as at 31 March 2014. Of the completed cases, 84% generated actions for improvement.*





*A total of 9,123 examples of positive patient feedback were recorded by the Patient Experience Team across the whole Trust, in the form of letters, cards and emails.*

The Patient Experience Team and the Communications Team are developing a system for collecting and sharing the increased feedback received through social media sites such as Facebook and Twitter. Examples of the positive feedback received by the Trust include:

**Mr R:** *"I was met with courtesy and made to feel at ease, the staff were cheerful and methodical in their advice and procedure. I would like to commend everyone involved in my seamless treatment."*

**Mr B:** *"You have a hospital and staff to be proud of, all the staff I met did a brilliant job. The concerns over my health during the last months had become a real worry, but thanks to you all these have been alleviated."*

**Mr D:** *"I have been overwhelmed by the care, compassion, dedication and medical skills that I have experienced from all the staff, the cleaners, meal providers, nurses, doctors, surgeons and others who have helped in many ways. I have also attended a number of clinics and everybody without exception has been highly professional and reassuring. Their kindness has been very much appreciated and helped me through a difficult time."*





Jean Kellett  
Health Care Assistant

**A series of annual surveys required by the Care Quality Commission for all NHS Acute trusts in England are carried out each year. The purpose of the annual surveys is to understand what our patients think of healthcare services provided by the Trust.**

## Inpatient Survey 2013

**Each year, every NHS Hospital Trust in England carries 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 hospital to the treatment and care they receive whilst they are in hospital. It also 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.

The survey 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:

	2012	2013	2014
Overall: rating of care 7+ out of 10	77%	77%	85%
Overall: treated with respect and dignity	78%	81%	79%
Doctors: always/sometimes had confidence and trust	81%	81%	83%
Hospital: room or ward was very/fairly clean	95%	98%	97%
Hospital: toilets and bathrooms were very/fairly clean	95%	96%	94%
Hospital: hand-wash gels visible and available for patients and visitors to use	91%	91%	94%
Care: always enough privacy when being examined or treated	88%	89%	91%

The results also highlight where improvements can be made. The Directorates each develop an action plan for improvement from the National Inpatient Survey which feed into the overall Trust action plan.

## National Cancer Patient Experience Survey 2014

**153 acute hospital NHS Trusts providing cancer services took part in the survey, accounting for every Trust that provides adult cancer care in England.**

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 2013 and 30 November 2013, were invited to take part in the postal survey.

The survey was carried out on behalf of the Department of Health. Like the National Inpatient Survey the findings are very positive:

- 93% of respondents rated their care as either excellent or very good

- 90% of respondents said that they were given easy to understand written information about their test
- 93% 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
- 97% of patients reported that staff told them who to contact if worried post discharge

A Trust-wide action plan is in place which focuses on the priorities identified from the survey. A main priority from the previous survey highlighted that we did not communicate nor provide information to patients equitably across the whole Trust. It is therefore encouraging to see that our results in these areas have increased and work continues to improve further in these areas.

## The Friends and Family Test

**The Friends and Family Test (FFT) introduced by the Prime Minister in 2012 and rolled out to acute trusts in 2013 is delivered across the whole Trust in all wards, services and departments.**

The FFT is a simple, comparable test of patient satisfaction. It will enable patients to compare services,

identify those who are performing well and drive others to take steps to improve. (NHS England, 2013). Patients are asked:

*“How likely are you to recommend our ward and emergency department to friends and family if they needed similar care or treatment?”*

All patients are further asked a follow-up question asking for them to explain the main reason for the answer they have given to the FFT question.

The Trust chose to use an A5 card and an online survey. Patients are given the card as early as possible during their hospital stay, and complete the card at the point of discharge or within 48 hours of leaving the hospital. Patients attending the Emergency Department complete either the card, online survey or respond via a text message option.

The Friends and Family Test is designed to measure patient feedback on a specific question, with some supporting information about why they have given that response. Patients can still use the other methods of giving feedback, and the process for contacting PALS, or giving a complaint or compliment through the patient experience team is still in place.

The FFT is a valuable source of feedback which, when used in conjunction with other feedback from PALS, complaints, national surveys and staff feedback, can provide the Trust with an overall understanding of what patients accessing our service feel about their experience and also highlight areas where we need to improve.

Over the last 12 months (at April 2015) over 56,000 people have responded to the FFT question via cards, text messages and the token systems which were previously in use. This includes responses from inpatients and outpatients from all of our sites, as well as maternity service users and community patients.

The responses have been positive, with 93% likely or extremely likely to recommend the service they experienced.

**The responses have been positive, with 93% likely or extremely likely to recommend the service they experienced.**



## Minster FM Award for York ED



**Congratulations to the Emergency Department (ED) at York Hospital, winner of the Team of the Year 2015 in the Minster FM Local Hero Awards.**

*The accolade is awarded to a group of individuals who have made outstanding achievements through their work together.*

*James Christie, Deputy Charge Nurse, nominated the team after a very difficult winter in the department. James said: "I wanted to nominate the team to give them a boost after*

*everyone has worked so hard. It was a complete surprise to be shortlisted let alone to win team of the year!"*

*Jill Wilford, Lead Nurse for ED, said: "Everyone is absolutely delighted, it was just what we all needed. The department has been so busy at times with staff under a lot of pressure so it was reassuring and humbling to find that the public would still vote for us even through difficult times."*

*A video of the winners can be viewed on the Minster FM website under Local Hero Awards 2015.*



## Elected to represent you

**Every NHS Foundation Trust is required to have a body of elected governors. York Teaching Hospital NHS Foundation Trust has a Council of Governors, which is responsible for representing the interests of Foundation Trust members, patients and carers, staff members and partner organisations.**

The Council of Governors' roles and responsibilities are outlined in law and detailed in the Trust's constitution.

Its prime role is to represent the local community and other stakeholders in the stewardship of the Trust. They work with the Board of Directors in an advisory capacity, bringing the views of staff and local people forward, and helping to shape the Trust's future. The Council has a right to be consulted on the Trust's strategies and plans and any matter of significance affecting the Trust or the services it provides.

The Council holds the Board of Directors to account for the performance of the Trust.

**The Council of Governors is specifically responsible for:**

- The appointment and removal of the Chairman and other non-executive directors
- The approval of the appointment of the Chief Executive
- The appointment and removal of the external auditors.

**Their role also includes:**

- Representing the interests and views of local people
- Regularly feeding back information about the Trust, its visions and its performance to the community they represent
- Monitoring performance against the Trust's service development strategy and other targets
- Advising the Board of Directors on their strategic plans
- Making sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by Monitor (the Foundation Trust regulator)
- Being consulted on any changes to the Trust's constitution
- Agreeing the Chairman's and non-executive directors' pay
- Providing representatives to serve on specific groups and committees
- Informing Monitor if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust.

## Our governors

Our governors represent different constituencies. From 1 April 2014 to 31 March 2015, the Council of Governors comprised the following members:

### Partner governors (appointed by their organisations):



*Voluntary sector: 1 seat*  
**Michael Beckett** (North Yorkshire and York Forum)

*Local authority: 3 seats*



**Caroline Patmore** (North Yorkshire County Council)



**Joseph Riches**  
(City of York Council)



**Dee Sharpe** (East Riding of Yorkshire Council)



*University of York: 1 seat*  
**Rowena Jacobs**

### Public governors (elected by Foundation Trust members)

*Bridlington: 2 seats*



**Terry Atherton**

**Clive Neale**



*Hambleton: 1 seat*



**Jane Dalton**

*Ryedale and East Yorkshire: 3 seats*



**Jeanette Anness**

**Sheila Miller**



**Jenny Moreton**



*Scarborough: 2 seats*



**Sue Wellington**

**David Wheeler**



\*denotes governors who resigned during 2014/15

*Selby: 2 seats*



**Ann Bolland** **Andrew Butler**



*Whitby: 1 seat*



**Stephen Hinchliffe**

*York: 5 seats*



**Paul Baines** **Helen Fields**



**Margaret Jackson** **Helen Mackman\***



**Penelope Worsley** **Robert Wright**



**Staff governors: 5 seats**

*Scarborough and Bridlington Hospitals: 2 seats*



**Helen Noble**

**Andrew Bennett**



*York Hospital: 2 seats*



**Liz Jackson**

**Mick Lee**



*Community-based staff: 1 seat*



**Les North**

\*denotes governors who resigned during 2014/15



## Matron of the Day provides better patient experience

**A new resource aimed at improving patient experience is to launch with a nominated 'Matron of the Day' who will be available to ensure that urgent matters receive timely and appropriate attention.**

*Beverley Geary, Chief Nurse, pictured right, explained: "There are occasions when patients and relatives urgently wish to speak to the Matron or the Lead Nurse for their designated area, as well as times when staff may require advice from their Matron with regard to a patient experience matter.*

*"We know this is not always possible as some Matrons work across Trust sites or may be unavailable due to other commitments. In order to ensure that there is always a senior nurse available we plan to institute a 'Matron of the Day' on each site. This is in addition to our current cover and contact arrangements and is not intended to replace the responses that ward staff and Ward Sister would normally make."*





## Lead Governor's report



By Lead Governor  
Margaret Jackson

**“ Having been elected by my governor colleagues as Lead Governor in April 2014 and re-elected as governor by Members in September 2014 this is my first report as Lead Governor.**

Although my working life was spent in the NHS with much of my employment being in York I have learnt much about the services provided and the expectations of the community since taking on the role of governor. In the most recent elections the governors were particularly pleased that staff governors were elected to support those already holding this position ensuring that the views of staff are listened to, included in any debates and represented at meetings.

I would like to take this opportunity of thanking my predecessor, Helen Mackman for ensuring that the role of a governor is developed and that the CoG is recognised and accepted as an integral part of the Foundation Trust. It is

seen as a crucial group in holding the Trust to its values, in ensuring that the views of Members and the wider community continues to be sought and taken account of at every opportunity. Patient care and safety is the first priority for the Trust in increasingly challenging times. This year, governors have been able to continue to develop their role working closely with everyone at the Trust but particularly with the Trust Chair, Alan Rose and Anna Pridmore, Foundation Trust Secretary. Thanks to them for their on-going advice, support and availability. It is much appreciated by all.

As usual, governors have been able to see Directors and Non-Executive Directors in their roles in a variety of ways and been able to debate and discuss issues as they arise. Governors have attended Board of Directors meetings, ad-hoc seminars presented by Directors and Trust Senior Managers on topics highlighted as of interest by governors. Presentations at the CoG from Non-Executive Directors allowing for debate

*Trust colleagues spend much time with governors ensuring that they are kept up to date with developments*

and discussion about their role and the work they have been or are involved in. They are members of different Trust groups in which they are able to contribute ensuring that their colleagues are kept abreast of issues being debated. Of particular interest this year was the afternoon governors spent with Directors and Non-Executive Directors discussing the Strategic Plan.

Governors felt valued, involved and able to pro-actively contribute to this development. Trust colleagues spend much time with governors ensuring that they are kept up to date with developments being considered or planned and their time is much appreciated. All of these activities have enabled governors to continue to build their relationships with Directors, Non-Executive Directors and Trust staff, understand their roles and become more aware of how they carry out their responsibilities. Also governors have been involved in the recruitment to senior posts within the organisation and have greatly

valued being included in these appointments.

Public governors have been elected by Trust Members to represent their views and those of the wider community across the large geographical area served by the Trust. This in itself presents a real challenge as issues are or may be different for each community and their priorities may differ. The Trust, since the acquisition of Scarborough Hospital, has continued to review and develop services involving the local governors in the discussions.

Governors attended the Annual General Meeting (AGM) and Open Day at Scarborough providing a stand on the day and a presentation as part of the AGM. The stand highlighted aspects of their role, and the benefits of becoming a Member of the Trust. Governors along with the Trust are keen to increase the number of Members and the current information available is being reviewed and updated to support this.

*Continues on next page →*



## Lead Governor's report continued

*Continued from previous page →*

To gain the views of Members and the community, governors attend patient participation groups in their local General Practices or areas, local commissioning group meetings, and are involved in visiting departments within the Trust. This enables governors to meet and discuss issues with staff, patients and visitors. The Head of Communications has encouraged governors to submit information about their activities to be included in the Members newsletter.

The two particular developments that I would like to highlight, and governors are delighted to see developed and support, are the following:

**1.** A Psychiatric Liaison Service based in the Emergency Department (ED) at York Hospital. This is a pilot scheme to run for a year and has been developed by York Trust and Leeds and York Partnership NHS Foundation Trust. A Psychiatric Liaison Specialist Nurse

is available 24 hours a day, seven days a week with Consultant support. The initial feedback is very good. This service has been seen by the governors as an essential part of the service provided to patients in ED and the development is welcomed.

**2.** The change of emphasis made by the Patient Experience team in looking at the patient experience as a whole and not focusing on one element, complaints or concerns. A new leaflet is being produced which has been widely consulted on and should be available shortly. It is entitled "Your Experience Matters". Please do encourage patients and their families to let the Trust know about their experiences.

Governors are very aware of the challenges the Trust faces and are grateful to the commitment shown by all staff to ensure that patients receive the best care possible. In attending the Trust Celebration of Achievement Award ceremony this year it was a privilege to see the efforts individuals and teams were making to ensure this happens.









## Archways celebrates ten years of promoting independence

**Staff and patients at Archways intermediate care unit enjoyed a teatime treat to celebrate their tenth anniversary.**

*The unit provides ongoing care for anyone over the age of 18 after an accident or operation. Patients come into the unit for assessment, treatment and rehabilitation and are admitted directly from home, the Emergency Department or following hospital stay.*

*Deputy Ward Manager Sheena Foxwell has worked at the unit since it opened and during that time she has seen many changes, including two changes of organisation.*

*Recalling the opening ten years ago, Sheena said: "It was really exciting - daunting but exciting. The opening was delayed as the building work was not complete and I was shown around the unit on my first day wearing a hard hat! We faced many challenges during the first year or so, mostly around processes, recruitment, records, pharmacy and transport. We still face challenges such as staff shortages and increasing demands on the service but we are old hands now and experience really helps.*



*"Ten years ago many older people found themselves going into 24 hour care facilities which was costly and also was not the best option for a lot of people. Intermediate care aimed to provide treatment and, most importantly rehabilitation, to older people in a range of settings rather than keeping people in hospital.*

*"The unit has always had a strong nursing as well as large therapy presence. While therapy is vital in promoting independence and helping patients to get home, having round the clock nursing care is brilliant as it acknowledges the important role nursing has in rehabilitation - pain management, wound management, medicines management and self administration, and co-ordinating the team.*

## Our membership

**One of the benefits of being a Foundation Trust is that the structure allows us to work more closely with local people and service users to help us better respond to the needs of our communities. People can become involved in this process by becoming a member of the Foundation Trust.**

We have seven public constituencies, and governors are elected for each of these by the members. We also have governors who have been elected by staff members, as well as those who have been nominated by various partner organisations.

### Membership numbers by constituency

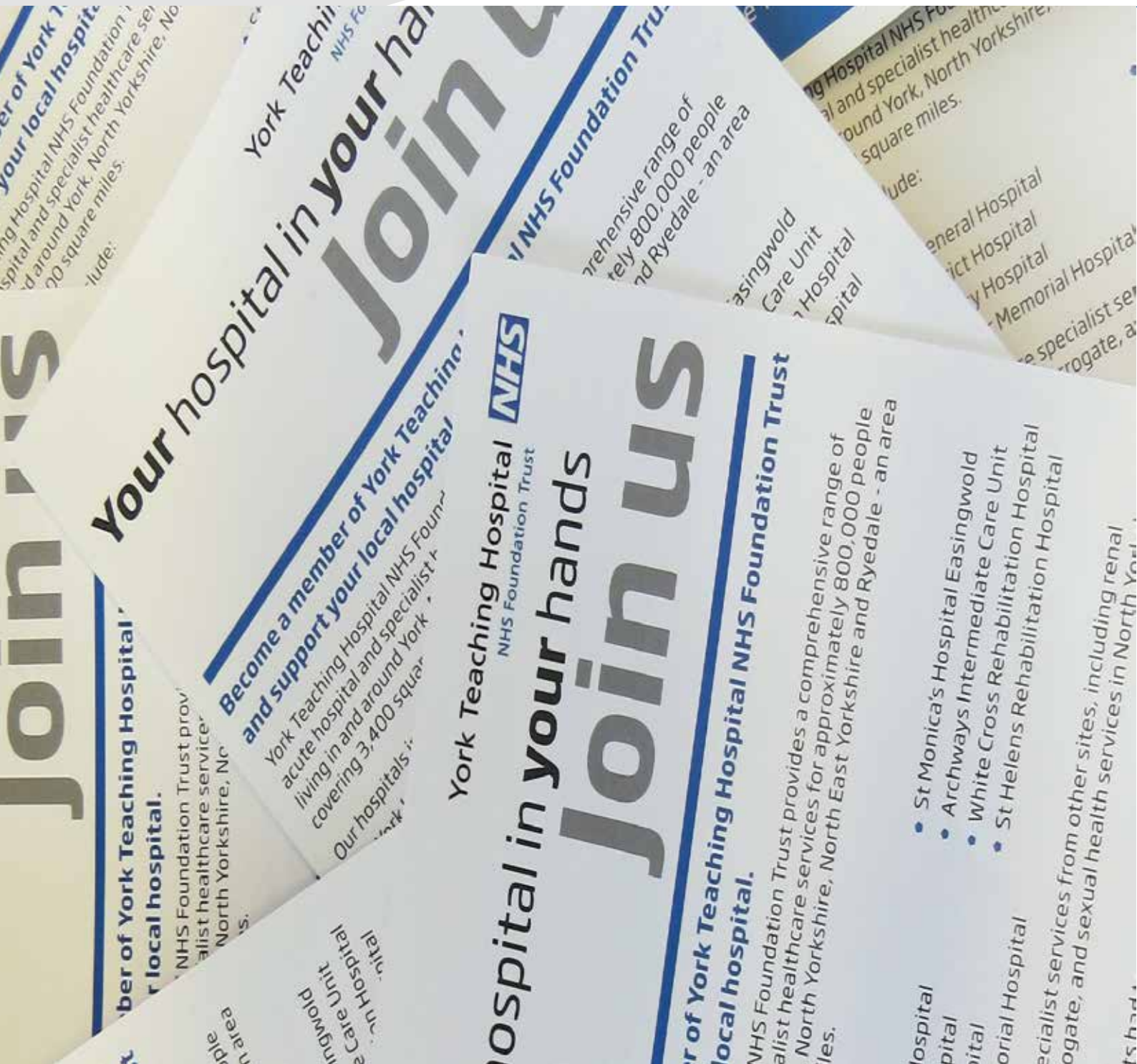
Constituency	Membership at 31 March 2015
York	6,093
Selby	1,727
Hambleton	773
Ryedale & East Yorks	1,656
Bridlington	467
Scarborough	434
Whitby	258
Out of area	718
Staff	9,285
<b>Total</b>	<b>21,411</b>

### Membership fact

**You don't need any special skills or experience to be a member of our NHS Foundation Trust. Membership is free and is open to anyone aged 16 and over.**

### Membership fact

**As an NHS Foundation Trust, our Council of Governors ensures that the views of members, as well as those of the wider community, are represented appropriately.**



Join us

Member of York Teaching Hospital  
Your local hospital.

NHS Foundation Trust provides specialist healthcare services in North Yorkshire, North Yorkshire, North Yorkshire, North Yorkshire.

**Become a member of York Teaching Hospital and support your local hospital**

York Teaching Hospital NHS Foundation Trust provides specialist healthcare services for approximately 800,000 people living in and around York covering 3,400 square miles. Our hospitals include:

York Teaching Hospital  
NHS Foundation Trust

**Join us**

**Member of York Teaching Hospital NHS Foundation Trust**  
Your local hospital.

NHS Foundation Trust provides a comprehensive range of specialist healthcare services for approximately 800,000 people in North Yorkshire, North East Yorkshire and Ryedale - an area of approximately 800 square miles.

- St Monica's Hospital Easingwold
- Archways Intermediate Care Unit
- White Cross Rehabilitation Hospital
- St Helens Rehabilitation Hospital

York Teaching Hospital NHS Foundation Trust provides specialist healthcare services for approximately 800,000 people living in and around York covering 3,400 square miles. Our hospitals include:

**Join us**

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of specialist healthcare services for approximately 800,000 people living in and around York covering 3,400 square miles. Our hospitals include:

Easingwold Intermediate Care Unit  
St Helens Rehabilitation Hospital

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- Archways Intermediate Care Unit
- White Cross Rehabilitation Hospital
- St Helens Rehabilitation Hospital



## Proud to be a living wage employer

### **National Living Wage Week was a UK-wide celebration of the Living Wage and Living Wage Employers.**

*The Trust is proud to be a 'Living Wage Employer' and since April 2014, 630 staff across the whole Trust, including porters, catering, domestic and healthcare assistants have been paid the National Living Wage.*

*Patrick Crowley, Chief Executive, said: "Adopting the Living Wage forms part of our aim to be an employer of choice in all the communities that we provide services for, and despite the significant additional cost, overall it was felt strongly to be the right thing to do.*

*The living wage is a voluntary scheme designed to encourage employers to raise the pay of those on the lowest incomes, to ensure that it covers the basic cost of living in the UK. The hourly rate is set independently and updated annually and at £7.65 per hour (for those outside London) it currently exceeds the statutory minimum wage of £6.31 per hour. Employers can opt to pay the rate voluntarily. The Board of Directors at the Trust agreed to implement the Living Wage for the financial year 2014/15, reviewing it on an annual basis.*



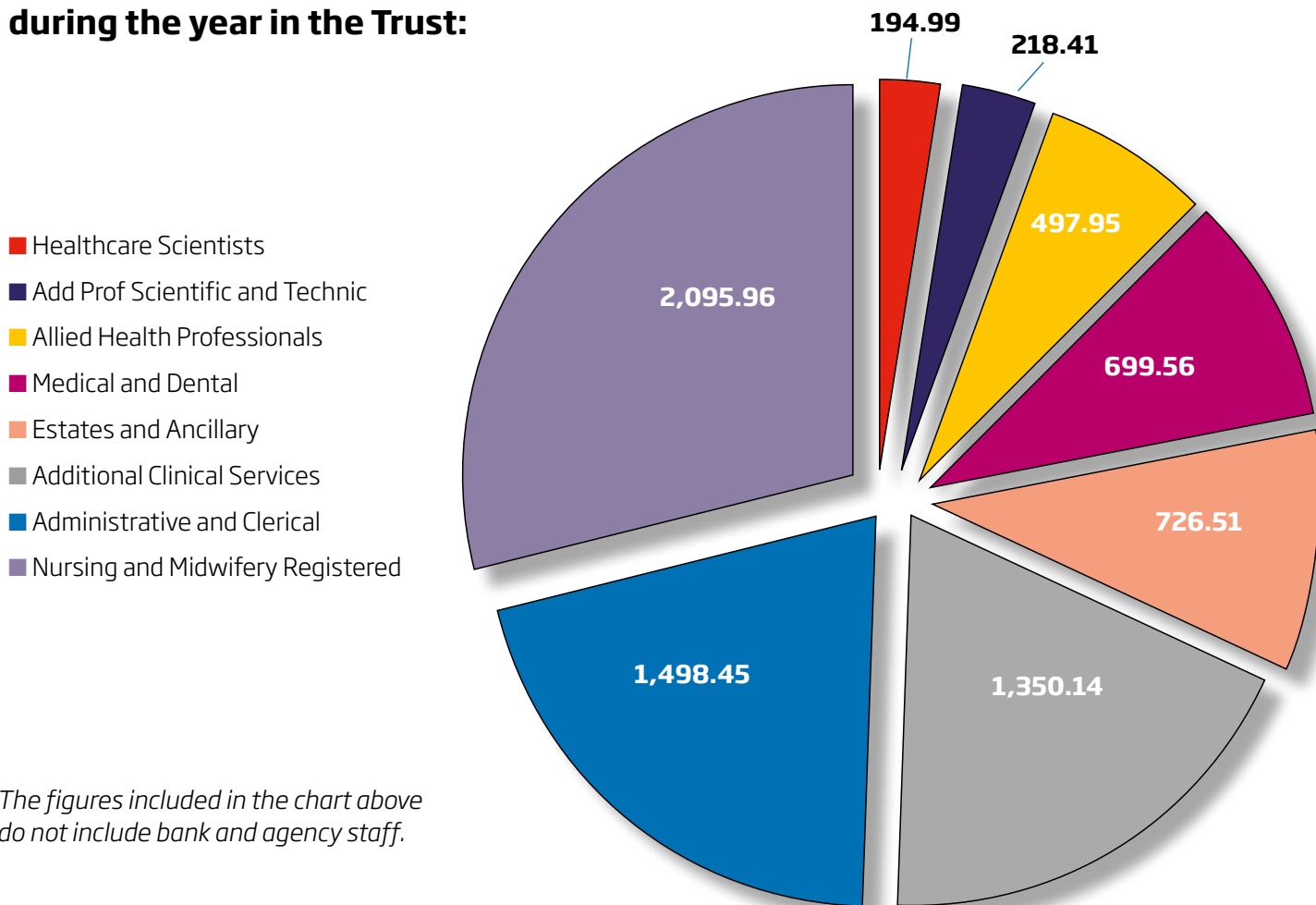
*This means that all employees whose pay was below £7.65 per hour received a pay rise to 'top up' their pay from 1 May 2014. The Living Wage also applies to all new employees who join the trust.*

*Carol Popplestone, Staffside Chair, which represents the Trade Unions said: "We are very pleased that the Board made the decision to implement the living wage. This demonstrates their recognition of the hard work of staff who work in ancillary roles.*

*"The Trust works hard to achieve partnership working and the implementation of the living wage is one recognition of that."*

## Our staff

The table below shows the number of full time equivalent staff we have in post during the year in the Trust:



The figures included in the chart above do not include bank and agency staff.





## Occupational Therapists celebrate special week



**There are over 29,000 qualified occupational therapists in the UK and more than 90 working for the Trust, all who have been proud to celebrate their profession for November's Occupational Therapy Week.**

*Occupational therapists (OTs) work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident.*

*The team helps people who are ill, disabled or feeling the effects of ageing to do the things that are important*

*to them - such as preparing a meal, returning to work, or doing a favourite pastime. Occupational therapists work in a variety of roles including helping people to return to work, supporting people with depression, to designing accessible environments and products.*

*OTs across the Trust promoted their profession by asking people to support them with an 'I Love Occupational Therapists' badge. First to wear the badge was Chief Executive Patrick Crowley who the staff visited at a recent Staff Surgery.*





## Managing our finances

The table below provides a high level summary of the Trust's financial results for 2014/15.

### Summary financial performance 2014/15

	Plan £million	Actual £million	Variance £million
Clinical income	401.7	399.7	-2.0
Non-clinical income	35.6	41.4	5.8
Total income	<b>437.3</b>	<b>441.1</b>	<b>3.8</b>
Pay spend	-293.6	-300.1	-6.5
Non-pay spend	-145.6	-152.4	-6.8
Total spend before dividend, and interest	<b>-439.2</b>	<b>-452.5</b>	<b>-13.3</b>
Operating deficit before exceptional items	-1.9	-11.4	-9.5
Transition Support	12.2	12.2	0
Dividend, finance costs and interest	-7.2	-6.5	0.7
Net surplus	<b>3.1</b>	<b>-5.6</b>	<b>-8.8</b>



**Income from our clinical work**

Clinical income totalled £399.7m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£397.0m), with the balance of £2.7m from other patient-related services, including private patients, overseas visitors and personal injury cases.

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

Other income totalled £41.4m 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.





## Refurbished Energy Centre opens at York Hospital

**Wednesday 4 March marked the official opening of the refurbished Energy Centre at York Hospital when Vital Energi, the appointed supplier for the project, handed over the centre to the Trust.**

*The Trust is committed to reducing its carbon footprint through the work of the Sustainable Development Group. The development of the energy centre is helping make a large step towards reducing the Trust's carbon footprint.*

*Brian Golding, Director of Estates and Facilities, said: "As an organisation, we are very much aware of sustainability issues and are committed to reducing our environmental impact. Our sustainable development group ensures that we are consistently addressing energy consumption across all our hospitals, looking at everything from light bulbs through to the design of new buildings.*

*"Last year we completed a major energy saving and carbon reduction project at York Hospital using a Carbon and Energy Fund Framework with Vital Energi. Since the completion of this project, we have seen a huge reduction in our energy consumption.*

*"We are delighted to officially open the refurbished*



*energy centre. By reducing energy costs, we can reinvest savings into front line services and patient care."*

*The principal component of the new installation is a new combined heat and power unit (CHP). Carbon emissions are projected to be cut by 2,996 tonnes a year, a reduction of 22 per cent.*

*CHP is a great technology that uses a gas fuelled engine to produce electricity, while heat is collected from the hot exhaust gases of the engine to help heat the hospital.*



## Performance

**Whilst the Trust has performed well against the majority of its targets, we have faced increasing demand for our services and this has put pressure on our ability to consistently meet all targets in certain areas.**

One of the key areas that has been affected by this is the four hour maximum waiting time standard in both of our emergency departments, and ambulance turnaround times.

We are taking steps to improve this, and we are working with the wider health community to find solutions to what is a whole-system issue that cannot be resolved solely by the hospital. There have been well-documented issues with the achievement of this target across the country, particularly around what was an unprecedented winter period for demand on NHS services.

Another area 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 2013/14 to a planned failure of the 18 week admitted target, and this reflects the approach that has been agreed nationally for this year. 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.

Detailed information about our performance against all of our targets is available in the annual report and accounts 2014/15.



## New roles for Healthcare Assistants

### **New advanced level training for Healthcare Assistants (HCA) will see more highly qualified staff assisting in nursing teams**

*HCA's who are currently in post were invited to apply to develop their skills and take their career to the next level to a band 3 Senior Healthcare Assistant.*

*Helen Hey, Deputy Chief Nurse, said: "The Trust is delighted to welcome our new band 3, Senior Healthcare Assistants into their posts. They have undergone two weeks of classroom based training which is followed by a period of supported learning on a small number of wards on each site.*

*"The impact of these new roles will be monitored over the next year in order to explore whether we can offer this personal development opportunity to more of our band 2 Healthcare Assistants. I am sure you will join me in supporting them in their new roles and wish them every success this year."*

*The first cohort on the course has ten candidates from Scarborough Hospital and eight candidates from York Hospital.*



*Luke Thompson, Healthcare Assistant at York Hospital is amongst the first to be accepted on the course. Luke said: "It's exciting to get the opportunity for more development in the role. Learning new clinical skills helps us to become more patient focused and makes the job a lot more interesting. I'm looking forward to putting my new skills into practice and it takes me a step closer to nurse training which is what I would eventually like to do. It's really satisfying when you see that patients appreciate what you do."*

## Community services

**York Teaching Hospital NHS Foundation Trust has been commissioned to design, develop and deliver a care hub model in the Selby and District locality.**

Vale of York CCG has developed a five year vision for health care. In partnership with local authorities, resources will be combined to deliver a coordinated and integrated response to health and social care need. Key to this approach are local hubs, which will provide a central point of access to health and social care services, across a defined geography and patient population.

As part of a longer term programme of development, York Teaching Hospital NHS Foundation Trust, working in partnership with North Yorkshire County Council, is testing three new services to provide health and social care to a defined population across the district.

**Care Home Inreach** – started November 2014

- Comprehensive review of all care home residents jointly by GP and Elderly Consultant
- Includes nursing, mental health and pharmacy input
- Full medication review and care planning (including end of life planning) undertaken
- Educational benefit to GPs in optimal management of frail elderly patients

**Community Response Team**

– started January 2015

- Clinical model co-designed between health and social care staff
- Co-located, joint health and social care team – nurses, therapists, social care co-ordinators and generic workers provide over 30 whole time equivalents
- Service operates 8am-8pm Monday to Sunday
- Responds to individuals in crisis to prevent non-elective admission and ED attendance
- Facilitates timely discharge once acute phase is complete and maximises independence to prevent re-admission and high intensity use of community resources
- Works with individuals to optimise function to ensure that they do not need to move into residential accommodation until they really have to
- Works closely with existing community services (health and social care, including mental health, and third sector) to ensure seamless transition and efficient use of resource

*Continues on next page →*





## Community services continued



**Ryedale Frailty Clinic pilot** - this began in November 2014 and expanded to include Selby in early 2015.

The clinics provide:

- Comprehensive assessment of complex elderly patients
- Consultant supported by trainee Advanced Clinical Practitioner
- Will include Consultant Old Age Psychiatrist in Ryedale
- Referral on to specialist services, including community therapy, as required
- Provide detailed advice to primary care MDT to ensure care planning in place

### Phase two Developments

The following areas have been identified as potential developments through 2015:

- Develop the role of the Community Geriatrician further, including ambulatory care pathways
- Develop 'Discharge to Assess' models
- Closer integration between health and social care, looking at joint appointments and management structures
- Closer integration with existing locality teams
- Closer integration with mental health services



## New Surgical Ward at Scarborough Hospital is officially opened

**Scarborough Hospital's brand new surgical ward - Lilac Ward - was officially opened on Friday 27 March by Alan Rose, Trust Chair, on his last day as Chair of the Trust Board.**

*The official opening event was held ahead of a programme of deep-cleaning for the ward to be ready to open its doors to the first patients on 13 April.*

*The 31 bed ward, which is located on top of Maple Ward, has 15 single rooms and four bays, each with four beds. The ward also features a surgical assessment area, which will help streamline the patient pathway for patients requiring surgery, meaning care for surgical patients is greatly improved.*

*Lilac Ward is the first ward nationally to have been built using a design solution called the repeatable room design.*

*Alan Rose, Chair of the Trust, said: "Lilac Ward represents the finest piece of real estate across all of our sites. It will be a wonderful new facility for surgical patients at Scarborough Hospital and represents a great example of reaping specific benefits from combining the strengths of Scarborough and York. I would like to*



*thank everyone who has helped make this happen."*

*The ward will open as a surgical facility allowing Haldane ward, one of the hospital's oldest wards, to close.*

*Andrew Bennett, Head of Capital Projects, explained: "The design of the four-bed bays makes efficient use of space whilst maximising the distance between bed heads, which is an important factor in infection prevention. The 'nested' design of the single rooms with en suite facilities also makes best use of available space."*



## Building for the future

During 2014/15, the Trust has invested in the region of £18.5m in capital projects across the estate. The major projects on site during that period included the following:

- The construction of a brand new state-of-the-art inpatient facility at Scarborough that will accommodate 31 inpatients - mainly in single rooms each with ensuite facilities
- A substantial and complex project to replace two CT scanners at York, together with improvements to patient flow and patient privacy and dignity
- Improvements to the emergency department at York to reduce waiting times and delays in releasing ambulances
- The completion and opening of the upgraded maternity theatre at Scarborough;
- Upgrades to maternity ventilation at both York and Scarborough
- The completion of a major refurbishment project to create a new central food production kitchen at York together with an upgraded restaurant facility for visitors and staff
- Improved decontamination facilities for Endoscopy at York

In addition to the above, there are some major projects in the pipeline that the Capital Projects Team is working on, which include:

- A challenging project to reconfigure a number of wards at York to improve patient flow
- Further radiology equipment replacement and facilities upgrade projects (e.g. MRI) in York and Scarborough
- Projects to upgrade and expand Cardiology and Vascular imaging and treatment facilities at York
- A project to create a new urology diagnostic facility at Malton Hospital
- Complex projects to replace elements of engineering services at Scarborough and York (e.g. lifts)
- Improvements to the emergency department at Scarborough to reduce waiting times and delays in releasing ambulances
- Further work to increase surgical capacity and facilities at Bridlington Hospital



## York Hospital supports pancreatic cancer awareness campaign

**Specialist nurses from York Hospital highlighted Pancreatic Cancer Awareness Month in November with an information stand in the hospital foyer.**

*Pancreatic cancer is the eleventh most common cancer and often affects older people. Around 8,800 people are diagnosed with the disease every year and it is one of the most difficult to treat. However, patients who are diagnosed in time for surgery have a more than 30 percent chance of surviving beyond five years after diagnosis.*

*The disease rarely causes symptoms in the early stages, so it's often not detected until the cancer is fairly advanced.*

*Eden Galang, Lead Upper Gastro Intestinal Macmillan Nurse Specialist at York Teaching Hospital NHS Foundation Trust, explained: "Many people do not know where the pancreas is and what it does. They are not aware of the symptoms of pancreatic cancer and when symptoms present themselves it is often late stage.*

*"Late diagnosis of the disease has an effect on survival rates so raising awareness of the disease and its symptoms is absolutely vital to drive earlier diagnosis and ultimately*



*increase a patient's chance of survival. Awareness, along with research, is the key to battling the disease."*

*Krystina Hardy was recently diagnosed with the disease and has undergone surgery and is now receiving chemotherapy.*

*Krystina said: "My diagnosis came out of the blue, looking back I had symptoms such as digestive problems and diarrhoea but I was going through a very stressful time so put it down to that. I had no pain or lethargy so it was only when I developed jaundice that I went to my GP and within days I was in hospital and had my operation."*



Mandy Gashman  
Senior Occupational Therapist

Lisa Gray  
Occupational Therapist

Sarah Jones  
Occupational Therapist

## Medical education and research



**The number of patients recruited to participate in research approved by a research ethics committee during 2014/15 was 3,773.**

The Trust is a partner organisation within the Yorkshire and Humber Clinical Research Network (Y&H CRN). The CRN provide funding to support research staff who work across a wide range of specialities. These staff are appropriately trained and qualified and (with the exception of the two generic teams) managed by the Trust's Lead Research Nurse Coordinators. The generic research staff are managed directly by the CRN, and support studies that do not conveniently fit with the more established speciality teams.

The Trust also employs two research advisors who work closely with investigators to ensure that all Trust-sponsored research is developed and conducted to the appropriate standards. In addition all research in the Trust is conducted in accordance with the Trust standard operating procedures .

The Trust also employs an R&D Quality Assurance Manager who carries out risk-based audits and monitoring of research and who reports directly to the Head of R&D.



Listed below is the range of studies the Trust is part of:

	Active and Recruiting	Active and in follow-up
Anaesthetics	8	0
Cancer & Oncology (York)	23	27
Cancer & Oncology (Scarborough)	16	16
Cardiology	7	4
Dermatology	6	0
Emergency Department	3	1
Clinical Research Facility+	2	0
Gastroenterology	5	0
Generic Team (York)+	14	5
Generic Team (Scarborough)+	25	5
Neurology	2	0
Obstetrics	6	2
Ophthalmology	4	3
Palliative Care	0	0
Paediatrics	8	0
Renal	11	0

*Data taken from the activity report 31st March 2015*

+These teams support research across a number of specialities including sexual health, stroke, ICU, A&E, orthopaedics, tissue viability and dementia.





## New name, new look for York Hospital restaurant

**The former Mallard restaurant at York Hospital has recently unveiled its new look following an extensive refurbishment and was given an 'official' opening on Monday 2 February.**

*As well as a whole new interior, kitchen and fittings, the restaurant has been renamed 'Ellerby's' as a tribute to Keith Ellerby a much respected member of the catering team who tragically lost his life in 2011. Keith had worked for catering services in the NHS in this Trust for almost 50 years. Keith started his career in Bootham Park Hospital in 1962 as an apprentice chef and at the end of his career was Trust Food Safety and Quality Manager.*

*The restaurant was unveiled by Susan Ellerby, wife of Keith, with the Lord Mayor and Mayoress in attendance. Staff were also invited to join in the celebrations.*

*Peter Mills, Head of Facilities York, said: "We are delighted with the new Ellerbys restaurant, it's been a huge undertaking and a massive investment for the Trust. We now have state-of-the-art kitchens and a bright and inviting area for staff and visitors to enjoy our food. It's an honour to be able to dedicate the restaurant to Keith Ellerby and I'm sure he would be very proud of what we've achieved."*



*There has been a complete rebuild of the kitchen and dining room area while the brand new seating area offers a more relaxing and comfortable area for dining as well as for meetings.*

*Pierre Gomez, Retail Catering Manager said: "The menus have been given a makeover bringing Ellerby's in line with current food trends and a focus on healthier eating such as freshly cooked stir fries and pasta, deli sandwiches and high quality coffee. We've listened to feedback and more food concepts will be introduced."*

## Taking a closer look at safety

We aim to be recognised as one of the safest hospitals nationally, delivering safe, evidence-based care, partly by acting and learning when we identify need for improvement.

Our Patient Safety Strategy focuses on enhancing our culture of transparency. By joining the “Sign up to Safety” campaign we have committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patients’ safety. We continue to encourage reporting of errors and incidents in order to learn from them and are refining our systems for doing this, and reporting rates are rising. Our governance structure has been strengthened further and safety is at the forefront of our discussions at Trust Board.

Care of patients at risk from falling remains one of our highest priorities. Our work to reduce falls and pressure ulcers is based on national good practice and is being managed via strategy groups. To ensure learning is shared, every root cause analysis is presented to a panel with learning being fed back. We are making progress and have seen a reduction in the numbers of patients who are harmed from falling, but know that there is much more to do. Reduction in the number of patients who develop pressure ulcers whilst in our care is a significant challenge. The Chief Nurse Team has developed pressure ulcer reduction plans for both hospital and community care, progress is good, and the



prevalence of harm from pressure ulcers is reducing, but we continue to report the development of category 3 and occasionally category 4 pressure ulcers.

We are proud that no patient contracted MRSA whilst in our care during 2014. Our CDiff performance has improved but procedures continue to be tightened around prescribing of antimicrobials in particular. We finished the year within trajectory but we recognise that we have challenges with intravenous line management that has contributed to our MSSA rates. In managing this we have invested in the appointment of a Central Line Specialist Nurse with an aim to facilitate dedicated training delivery and deliver best practice.

## 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 in decisions about their care and treatment**

**Let us know if anything of concern is noticed**

**Inform us of allergies**

**Alert us to non compliance, for example with hand hygiene**

**Be sure that we identify them correctly**

**Know what medicines they are taking and why**

**Ensure that they understand what we are planning to do before consenting to treatment**

## Board of Directors

**The Board of Directors has a strategic focus - developing, monitoring and delivering plans. The Board members have collective responsibility for all aspects of the performance of the Trust, including finance, patient safety, management and governance. As a Foundation Trust, the Board of Directors works in partnership with the Council of Governors to ensure the organisation is delivering the community's healthcare needs.**

Board meetings are held in public, and anyone is welcome to attend. You can find the dates for the meetings along with the agenda and papers on our website: [www.york.nhs.uk](http://www.york.nhs.uk)



*Mr Alan Rose - Chairman  
(retired 31 March 2015)*



*Mr Patrick Crowley -  
Chief Executive*



*Mrs Jennifer Adams -  
Non-executive Director*



*Ms Susan Symington  
- Chairman (from  
1 April 2015)*



*Mr Philip Ashton - Non-  
executive Director, Chairman  
of the Audit Committee and  
Senior Independent Director*



*Mr Michael Keaney -  
Non-executive Director*



*Ms Libby Raper -  
Non-executive Director*



*Mr Andrew Bertram -  
Executive Finance Director*



*Mr Mike Proctor -  
Deputy Chief Executive*



*Mr Michael Sweet - Non-  
executive Director*



*Mrs Beverley Geary -  
Executive Chief Nurse*



*Dr Alastair Turnbull -  
Executive Medical Director*



*Professor Dianne Willcocks  
- Non-executive Director  
and Vice Chairman*



*Mrs Sue Holden - Executive  
Director of Workforce and  
Organisational Development*



*Mrs Juliet Walters -  
Chief Operating Officer*







*I believe we have always been ambitious in our planning and in our desire to continually improve what we do for the benefit of our patients, and we have already delivered a number of schemes that look better, make people feel better and allow us to provide better services.*

Parick Crowley, Chief Executive





## Living our values





## Find out more...

To learn more about us or to read our full annual report and accounts for 2014/15 visit: [www.york.nhs.uk](http://www.york.nhs.uk)

 Twitter: [@YorkTeachingNHS](https://twitter.com/YorkTeachingNHS)

 Facebook: [York Teaching Hospital NHS Foundation Trust](https://www.facebook.com/YorkTeachingHospitalNHSFoundationTrust)

 Instagram: [YorkTeachingNHS](https://www.instagram.com/YorkTeachingNHS)

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To become a member of York Teaching Hospital NHS Foundation Trust, you can:

Call **01904 631313**

Email [membership@york.nhs.uk](mailto:membership@york.nhs.uk)

Join online: [www.york.nhs.uk/membership](http://www.york.nhs.uk/membership)