Working towards an integrated Trust

Significant progress has been made during the year to integrate Scarborough and North East Yorkshire Healthcare NHS Trust with York Teaching Hospital NHS Foundation Trust.

A huge amount of work was required to make the case for the acquisition and as a result, everything is in place to seek authorisation for the acquisition, which is expected to take place on 1 July 2012.

During 2011/12, two important milestones in this process were achieved:
- In January 2012, the Trust Board of Directors and LIINKs gave their support to the dissolution of the Trust.
- In February 2012, the Cooperation and Competition Panel (CCP) published its report into the acquisition by York Teaching Hospital NHS Foundation Trust. They examined the costs and benefits of the proposed acquisition to patients and taxpayers, in order to ascertain whether the transaction is consistent with Principle 10 of the Principles and Rules for Cooperation and Competition. They considered the effect of the transaction on patient choice and competition for acute services in North Yorkshire, York, the East Riding of Yorkshire and any relevant surrounding area. Their report concluded that it was likely that there would be sufficient choice and competition following the merger. The CCP’s advice is an important step towards approving the acquisition, as it will be considered by Monitor and the Department of Health when making their decision.

Integrating services

Ahead of becoming a single organisation a number of services were integrated this year helping lay the foundations for a successful acquisition. Departments that integrated during 2011/12 include Information Technology, Human Resources and Communications.

In July 2011, York and Scarborough also agreed to formally integrate breast services. New patients and diagnostic elements of the breast service were temporarily transferred to York Hospital whilst work was undertaken to develop a state-of-the-art mammography suite at Scarborough Hospital.

This has been a great example of how the integration with York will not only ensure that clinical services are maintained at Scarborough Hospital but will provide a much improved service.

Sharing best practice

A NURSING and Midwifery Conference took place in October and this gave the opportunity for staff from each trust to meet colleagues and share good practice.

Staff Matters

IN JULY the Trust’s internal newsletter ‘Staff Matters’ was expanded to cover news from York Hospital and the community services for Selby, York, Scarborough, Whitby and Ryedale. This 12-page newsletter has been an effective tool to communicate with staff, and included an integration update in every edition.

Undertaking local consultation

IN PARTNERSHIP with the Local Involvement Networks (LIINKs), a series of public consultation meetings took place across Malton, Whitby, Scarborough and Bridlington, for people to find out more about the acquisition by York Teaching Hospital NHS Foundation Trust. Mike Proctor, Chief Executive, explained: “These meetings have been very useful as they allowed us, to allay some of the concerns around transport and centralisation of services.” The meetings were very well attended with members of the public showing their support for the merger.

In order to give staff the opportunity to ask questions Chief Executive drop in sessions were also held to update staff on the integration.
Welcome – from the Chairman and Chief Executive

Welcome to Scarborough and North East Yorkshire Healthcare NHS Trust’s Annual Report for 2011/12. During the financial year 2011/12 we have continued to deliver improvements to the patient experience and environment at Scarborough and Bridlington Hospitals, reflecting our vision of ‘Caring with Pride.’

From a new main reception and gateway, which gives our patients, visitors and staff a much improved first impression of Scarborough Hospital and the care that we provide, to fresher, seasonal and more nutritious food – we have continued to make great strides in 2011/12.

These improvements have been made whilst we continue to work towards integration with York Teaching Hospital NHS Foundation Trust. This has been no mean feat and the amount of work required to enable us to make the case for the acquisition should not be underestimated. The satisfactory achievement of this objective due for completion by 1 July 2012 will ensure the continuation of safe, effective and sustainable services in the areas we serve, and remove the historic debt that has been such a serious impediment to the development of better services for so many years. There will also be substantial capital development and this will allow us to upgrade our outdated facilities.

Despite this additional work, the safety and wellbeing of our patients has remained our top priority and a number of patient safety initiatives led by our frontline staff have made a real difference out on the wards. From red socks to reduce patient falls to internal communication campaigns to ‘Scrap poor prescribing’ our staff have been integral to improving patient safety.

Our staff have continued to work together to reduce the levels of Hospital Acquired Infections and we have once again come under trajectory for our MRSA and C Difficile targets, despite an outbreak of a difficult strain of C Difficile earlier in the year. We have also performed well against other key national targets, achieving our A&E, Cancer, Maternity, and privacy and dignity targets.

Despite the challenging economic climate, we have delivered our financial obligations, achieving a £1.9 million surplus in the financial year and this has been delivering robust cost improvement programmes.

None of the progress outlined above would have been possible without the continued efforts of all of our staff, and everyone should be extremely proud of what we have accomplished.

We are confident that as part of a new single organisation our staff will continue to provide the highest quality services to the residents and visitors of Scarborough, Ryedale, Whitby and Bridlington and the Board of Directors wish the new organisation every success in the future.

Sir Michael Carlisle
Chairman

Mike Proctor
Chief Executive

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Low infection rates at Bridlington and Scarborough

THIS year, the number of cases of C. Difficile at Scarborough and Bridlington Hospitals has reduced by 17 percent. We were eight cases under our trajectory for C. Difficile in 2011/12 and one case below our trajectory for MRSA bacteraemia, which was set at two cases.

These figures demonstrate the ongoing work of the Trust and the infection prevention and control team to control and prevent the spread of C. Difficile at Scarborough and Bridlington Hospitals.

Sue Peckitt, Deputy Director Infection Prevention and Control, explained: “The achievements relating to the reduction of Clostridium Difficile cases and the control of its spread within the Trust is phenomenal and due to the hard work of all our staff.

“We continue to use Hydrogen peroxide vapor technology for environmental decontamination after every case of C. Difficile and due to the success of this we are planning to roll out a proactive Hydrogen peroxide vapor environmental decontamination programme. Throughout this year the Trust has invested in patient equipment that is designed to improve hospital hygiene and patient safety and ‘design bugs out’ bedside lockers, bed tables and commodes are standard across all of our wards. The ‘design bugs out’ patient chairs are also available on every in-patient area.”

During 2011/12 the laboratory processed 129 confirmed cases of Clostridium Difficile, 10 cases more than the previous year. Of these cases 38 were attributed to the Trust. In October Sue Peckitt and Donna Winter, Clinical Nurse Specialist, attended the Infection Prevention Society annual international conference at Bournemouth to present two posters, one of which was shortlisted for an award.

New strategy

APRIL 2011 saw the launch of the Trust’s nursing and midwifery strategy. Over 90 nurses and midwives attended the launch sessions which were held at Scarborough and Bridlington Hospitals.

The strategy set out the Trust’s ambition for nursing and midwifery over the year with a pledge to ‘Caring with Pride.’ It also set out a longer term ambition for nursing and midwifery as the Trust moves forward with York to provide care as a single organisation.

Mortality Rates

Understanding and tackling patient safety continued to be a top priority and during 2011/12 the Trust worked with staff and patients on some extremely robust initiatives.

Helen Noble, Patient Safety Manager, explained: “This year we launched a Patient Safety and Quality Improvement Strategy which set out our key priorities for patient safety and quality improvement for 2011/12. This strategy also supports key patient safety and quality improvement priorities including, falls, nutrition, prescribing and care of the deteriorating patient.”

A Divisional Mortality Review Committee monitors and acts on themes from mortality case note reviews and shares lessons learnt across all divisions. This committee also fosters the development of a safety culture within the Trust to enable all staff to understand, act on and take responsibility for patient safety.

Red socks at the ready

A Red Socks campaign has been introduced on four of our medical wards (Oak, Graham, Stroke and Waters) to identify those patients who are not safe to walk without help and who may be at risk of falling.

All patients who are assessed by either a nurse or physiotherapist as being unsteady on their feet and who need somebody to walk with them are given a pair of red socks or red slipper socks to wear.

Patients and their relatives are informed of the campaign and asked if they are happy to be identified by being at risk by wearing the red socks. Posters have also been produced to raise awareness of the campaign to both visitors and staff.

Hilary Woodward, Matron for Medicine, said: “The idea behind the ‘Red Socks Campaign’ is if a member of staff, or a visitor, see a patient wearing red socks who is standing or walking unassisted, they will know to inform a member of nursing staff or accompany them back to their bed or a chair.

“Many different staff groups visit a ward as part of their role; we want everyone from consultants to catering staff to get involved and to be aware of the campaign.”

For more information please speak to a member of nursing staff or pick up a leaflet from the ward.
A mobile computer system which electronically captures patient observations, ensuring that they are taken in full and on time, has now been rolled out at Scarborough and Bridlington. This exciting development is helping ward staff to measure and recognise the importance of deteriorating vital signs, enabling them to respond quickly, ultimately avoiding adverse events such as cardiac arrests, Intensive Care admissions and deaths from Venous thromboembolism (a disease that includes deep vein thrombosis (DVT) and pulmonary embolism (PE)).

Rowena Smith, Clinical Standards Coordinator, is the nursing lead for the roll out across the Trust, with Dr John Mensah, Consultant Anaesthetist.

Rowena explained: “We began the roll out of VitalPAC in mid-January and are delighted that we are now at the stage where it has been introduced on every ward. Once staff have learnt about the benefits of the device, how it can not only improve patient care but also reduce the amount of paperwork, they have welcomed its introduction onto the wards.”

Nurses use a handheld VitalPAC device (PDA) to enter a patient’s vital signs and other clinical observations at the bedside. VitalPAC then calculates a risk score, alerts staff immediately if there is any deterioration in the patient and advises if action is required according to hospital protocols.

Nursing and medical staff then use computer screens (iPads and fixed computers) to view the information that would previously have been viewed on paper charts.

Rowena continued: “All information recorded on VitalPAC becomes part of the patient record. Data is immediately sent via a secure wireless network to the hospital’s main computers, which have very tight security controls in accordance with NHS guidelines.”

IN DECEMBER Scarborough Hospital’s Cardiac Catheter Laboratory opened its doors to patients. This new facility means that the 600 patients from Scarborough who previously had to travel to York or Hull for treatment will now be able to be treated at their local hospital.

Our three Cardiologists at Scarborough have been driving to develop the provision of Diagnostic Coronary Angiography at Scarborough Hospital for some time and are delighted that with the support of Trust management this has now become a reality.

Cardiologist Tim Houghton said: “This is a very significant development for the Cardiology Department and indeed the Trust. This facility allows the Cardiologists at Scarborough to look at patients’ coronary arteries and recommend appropriate treatment.”

Cardiologist Tim Houghton cuts the ribbon to the Cardiac Catheter Laboratory
Domestic violence Awareness campaign

Working in Partnership with Scarborough’s Domestic Abuse Partnership and the ‘Making Safe’ Team, the Trust adopted a NICE approved package of support and awareness campaign.

As part of this campaign, a new poster highlighting the wealth of support that is available locally has been displayed. New badges are also now worn by the Trust’s 25 Link Nurses – nurses who have been specially trained to support patients and staff with regards to Domestic Violence.

The badges which identify the nurse as a Domestic Violence Link Nurse are designed to encourage victims of Domestic abuse to speak up. Jo Monty, Named Midwife for Child Protection said: “For many people who experience violence or abuse, an NHS setting such as a hospital often represents the one place where it is possible to talk to someone about their experience without discovery or reprisal.”

Link Nurses at the launch of the Domestic Violence Awareness Campaign

IN AUGUST we launched a new project which involved referring 100 heart failure patients to Telehealth – a new technology that enables them to monitor their vital signs from the comfort of their own home.

Cardiologist Tim Houghton commented: “This is an exciting project for the Trust which aims to prove that telehealth can be deployed successfully in both the Primary and Secondary care settings. We are hoping that this technology will enable earlier discharge of this group of patients from hospital whilst their medication doses are being increased.

“Telehealth will also give us the opportunity to monitor patients from a distance so that our specialist team can intervene when necessary to prevent deterioration in symptoms and alter therapies, which will mean that patients with heart failure are hopefully less likely to be admitted to hospital.”

IN FEBRUARY the Trust piloted a standardised approach to communication originating from the nuclear submarine service. SBAR creates a model for effective information transfer by providing a standardised structure for concise, factual communications among clinicians.

SBAR stands for Situation Background Assessment Recommendation.

Hospital delivers right kind of rehab

OVER the last year we have increased investment in Occupational Therapy and Physiotherapy at Bridlington Hospital. Investment in staff, working arrangements, equipment and facilities means that the hospital is able to offer patients the right kind of rehabilitation, ensuring that they can return home as quickly as possible.

Two senior physiotherapists, a senior occupational therapist, a junior physiotherapist and a new generic therapy assistant have taken up new positions at the hospital. This investment means that there is now full time cover at the hospital and it also means that there is a wealth of experience and specialism for staff to draw from.
A look back at 2011/12

Organ Donation Committee
THE TRUST is working to encourage organ donation and transplantation through its Organ and Tissue Donation Committee and in order to support this work an Organ and Tissue Donation Policy has been approved and is now active.

This policy provides the framework for the identification of potential organ donors, approaching potential organ donors’ family, organ donor management and organ retrieval.

Dr Jenny King, Consultant Anaesthetist, is the Clinical Lead for the Committee. She explained: “At the time of death, potential donor families may not realise the option of donation. It is the responsibility of the staff caring for the patient and family to consider organ donation, and to refer all cases to the on call specialist nurse for organ donation. Each and every family whose relative has died or imminent death is anticipated in Intensive Care or the Emergency Department should be offered the option of organ donation, if they are medically suitable.”

Since the committee was established organ donation referral at the Trust has increased.

Endoscopy accreditation
THIS year the Endoscopy Department was delighted to receive a national accreditation. The Joint Advisory group (JAG) on Gastrointestinal Endoscopy accreditation was the result of two year’s hard work by staff involved.

In order to work towards this accreditation, around £400,000 was invested in state-of-the-art equipment, including new trolleys, scopes, IT equipment for reporting, washing and drying equipment. Alongside this capital investment has been the appointment of additional staff including nurses, receptionists and a decontamination assistant.

Achieving this accreditation demonstrates the equity of endoscopy services ensuring patients that they are getting the best possible care and service.

500th baby born on the MLU
IN OCTOBER The Midwifery-Led Unit (MLU) at Scarborough Hospital celebrated its 500th birth.

The MLU had its first birth in February 2010 and up to March 31 2012, 756 babies have been born in the purpose built unit, with mothers from across Scarborough, Whitby, Bridlington and Ryedale choosing the unit as their first choice to give birth.

Baby-friendly Trust
This year the Trust achieved international recognition from UNICEF (United Nation’s Children’s Fund), receiving stage one accreditation in the Baby Friendly Initiative (BFI).

Midwife Jacqui Mortimer, Infant Feeding Coordinator, has been leading the drive to become baby friendly. She explained: “Following an assessment in June we are delighted to achieve Stage One BFI. When we embarked on this programme back in June 2010 our breastfeeding rates were 60 percent and we have already begun to see a gradual rise with rates now at 65 percent.

“We are aiming to continue to see a two percent rise each year and hope to receive Stage Two next year.”

Committed to research and development
THE TRUST is committed to the Department of Health’s national strategy which highlights the importance of involving patients, carers and the public at all stages of the research process. The Trust continues to grow its research activity and patient recruitment in support of this.

In 2011/12 our Research staff continued to work in partnership with Hull and East Yorkshire Hospitals NHS Trust Research and Development Unit. They are compliant to the Research Governance Framework, EU Directives and follow Good Clinical Practice guidelines to ensure the best standards in research governance and delivery.

During the year the Trust participated in 33 clinical trials, 21 of which were cancer related. This represents a 27 percent increase on the previous year with 552 patients successfully recruited into these trials. The Trust is also benefitting from an increasing involvement in commercial research studies.

These generate a welcome income stream to complement the funding and support received from the Comprehensive Local Research Network (CLRN).

David McCue, Research Development Coordinator said: “We were delighted to be one of only seven sites nominated for the 2011 Pharma Times ‘Clinical Research Site’ Award recognising the excellent contribution made by the Trust’s Clinicians, Research Nurses and Support Staff.”
Caring for the elderly

With one of the highest proportions of elderly patients in the entire country, we have introduced a number of projects to ensure older people receive the best possible care.

With a third of patients coming into hospital over 80 and two thirds are over 65, we recently set aside two wards – Oak and Graham – specifically for older people.

Care of the Elderly consultant Ed Jones said: “We made the change to speciality wards in November and it’s working really well. The staff have specialist training and we have further training and development in dementia care planned.”

- All adult patients admitted to hospital are now screened for dementia and the Trust is working on implementing a Dementia Care Plan
- Work is also progressing in the area of ortho-geriatrics, with patients coming under the joint care of a physician and surgeon.
- Other projects aimed at caring for the elderly include a dining companion scheme. The project is designed to give older people companionship and assistance at mealtimes, to ensure that they enjoy their food and have a helping hand if they need it.

Medical school gaining strength

SCARBOROUGH Hospital has been a key partner in the delivery of teaching and assessment of medical students from the Hull York Medical School for the past eight years. This has been another successful year for HYMS at Scarborough Hospital. As well as delivering 32 weeks of teaching, supporting activities included pastoral support, tutor development and widening participation events.

The fourth cohort of newly qualified doctors graduated in summer 2011. A significant proportion of which are now working for HYMS partner hospitals as Foundation Year 1 doctors, joining their FY2 colleagues and specialist trainee colleagues who had graduated in 2008, 2009 and 2010 respectively.

A number of new consultants have joined the teaching team at HYMS and an apprentice administration assistant was taken on for the year to provide additional support to the department.

Shared care

In July the Trust embarked on a new model of care for fractured neck of femur patients which is now ‘shared’ between the Orthopaedic Surgeons and Geriatricians.

Fractured neck of femur – a fracture of the hip bone at the base of the neck or head of femur – is one of the most common injuries observed in the elderly. The principal cause of the fracture is a fall and women with osteoporosis are at an increased risk of a fracture.

As well as hip fracture patients, the model of shared care includes Care of the Elderly patients who have fallen or who have Osteoporosis.

Dr Olympio D’Souza, Care of the Elderly Consultant, said: “The ‘shared care’ model of collaborative working with orthopaedic surgeons in pre-operative assessment and peri-operative care, is working well. This kind of care is known to be best practice and as such is extremely beneficial to the patient.”

Changes to ENT

A number of changes have taken place in our ENT service aimed at improving patient pathways and service delivery.

A new team of Consultants is in place, working in partnership with colleagues from York Trust. There has also been significant reorganisation of all ENT clinics at Scarborough and Bridlington Hospitals.

A new Head and Neck Lump clinic is allowing a fast access to see a consultant within two weeks of referral. The clinic sees all new neck lumps, including recent onset thyroid lumps. The clinic which started in August was set up within the national cancer network guidelines for head and neck cancer.

A monthly voice clinic has also commenced where patients see both an ENT consultant and a Speech therapist. The introduction of this clinic will help improve the voice disorder services in the Scarborough locality.
A view of the main reception from the new WRVS coffee bar

**Estate and Environment**

### Additional capital investment

**IN MARCH** the Government announced the Trust was to receive additional funding totalling £26.7 million to improve services for NHS patients across Scarborough, Bridlington, Whitby and Ryedale.

This funding will be used to modernise and improve paediatric, coronary care and therapy services for the 240,000 population that the Trust serves.

### Pride in the workplace

**IN DECEMBER,** we launched a campaign to instil pride in the workplace. Nicki McNaney, Director of Nursing, said: “Our vision is for all staff to ‘Care with Pride.’ We want our staff to want to be here to serve the public and our patients. We want our staff to be proud and to own the environment.”

### New tables and lockers

As part of the Trust’s work to improve pride and the patient environment all lockers and bedside tables have been replaced with the new ‘Design Bugs Out’ (DBO) models, following a successful bid to Charitable Funds.

Replacement with the latest models will help with infection prevention and control as they are easy to clean. The bed tables also have locking wheels that will help with falls prevention.

### New gateway to hospital opened

The main entrance and reception at Scarborough Hospital has undergone a complete transformation. A new layout has improved patient flow whilst new facilities include a waiting area, baby changing room and a hand washing station with sink and hand gels – helping promote the importance of good hand hygiene.

The first thing that you see when you walk in is a new reception and PALS enquiry desk which will be manned during key hours.

The WRVS shop has been extended and now includes a coffee bar with freshly ground coffee and hot chocolate machines alongside an additional seating area with tables, chairs and bar stools. The coffee bar also serves a selection of hot food including soup, jacket potatoes, toasted sandwiches and Paninis. Fresh fruit and bakery produce is also delivered to the shop daily.

This £565,000 refurbishment was made possible thanks to a £240,000 donation from the WRVS and £250,000 of funding from the Trust’s charitable funds.

Over £100,000 has also been made available through the Trust’s Capital Plan for 2010/11 and 2011/12 to improve the patient environment.

### Patient environment inspection says Trust is ‘good’

**THE NATIONAL Patient Safety Agency PEAT inspection team has once again scored Scarborough and Bridlington Hospitals as ‘Good’ across the categories of Environment and Privacy and Dignity, and ‘Excellent’ for Food in its annual assessment.**

PEAT (Patient Environment Action Team) is an annual assessment of inpatient healthcare sites. The scores demonstrate how well healthcare providers are performing in key areas such as food, cleanliness, infection control, patient environment and privacy and dignity. Sites are scored from 1 (unacceptable) to 5 (excellent) in three categories.

Leo McGrory, Chairman of the Scarborough branch of LINks, said: “I wasn’t surprised that the Trust scored a good rating once again across all categories because I have seen the improvements that it continues to make.”
New theatre opens its doors

The main theatre at Bridlington Hospital has undergone a £500,000 refurbishment to bring it up to the highest possible standard. This refurbishment has included new flooring, ceilings and air purification system.

The theatre schedule has been extended to include additional theatre lists for urology, general surgery, orthopaedics and ENT.

Three theatre lists have also been transferred from Scarborough Hospital, which means that the two theatres are both fully utilised at the hospital.

The surgical nursing team has been strengthened with the appointment of six new nurses. A Consultant Anaesthetist is also based at the hospital to support patients overnight.

Examples of the procedures which will take place include gall bladder removal, dental work and shoulder surgery.

Treatment for bladder and kidney stones will also be possible as £50,000 has been invested in a new laser for urology treatments.

Clinical skills facility is officially opened

IN OCTOBER the ribbon was officially cut and the doors opened to Scarborough Hospital’s Clinical Skills Facility as staff were given the opportunity to view the Trust’s excellent new clinical skills facilities and resources.

Alasdair Strachan, Executive Group Chair, Yorkshire and Humber Clinical Skills Network officially opened the facility.

The new building replaced ageing training blocks previously housed in portable accommodation.

The state-of-the-art unit gives trainee doctors, nursing and other clinical staff the opportunity to test their skills as well as ensuring that experienced clinicians are kept up to date with the very latest treatment techniques.

Replicating a clinical environment, from beds to complex medical equipment, it also features life-sized, computer-controlled mannequins which can simulate conditions such as heart attacks.

Investment to improve efficiency

A PROJECT to improve the energy efficiency of Bridlington Hospital has been given the go ahead.

The £47,000 capital investment will see the installation of 270mm of insulation to the loft space at the hospital helping the hospital save 78 tonnes of carbon – around 8 percent of its carbon reduction target – and achieve yearly savings of £12,000.

High hopes: Franco Villani, Bill Taylor, Kevin Sowersby and Simon Smeathers and on the roof at Bridlington Hospital

State-of-the-art clean room for hospital

The introduction of the Clean Room – a sterile room – means that patients can now have this treatment in the Outpatient Department rather than the theatre in the Dales Unit.

Suzanne Meek, Sister in the Outpatients Department, said: “Since we launched the Lucentis service in April, the take up has been phenomenal. The addition of a Clean Room in the Outpatients Department means that the service can be fully delivered in Outpatients which is great news for both patients and staff.”
A look back at 2011/12

Door handles help combat infections
NEW infection-busting door handles have been installed at Scarborough and Bridlington Hospitals as part of a pilot project.

The hygienic door handles have been installed in toilets in public areas of the hospitals as well as being trialled on Oak and Maple Wards. The state-of-the-art door handles come with an automatic sleeve dispenser, which covers the door handle with a clean film of protective plastic every time it’s used.

Healthcare Awards finalist
THE TRuST was a finalist in the Estates and Facilities Management Category in this year’s Building Better Healthcare (BBH) Awards for demonstrating improvements in infection control through use of Hydrogen Peroxide Vapour (HPV) decontamination.

Ofsted inspection reveals ‘Good’ feedback
KINDER PLACE – the onsite nursery at Scarborough Hospital – has been rated as “Good” in its first Ofsted inspection.

Kinder Place took over providing nursery provision at the hospital last November. James Hayward, Director of Facilities, explained: “I am delighted that the new crèche provider has done so well in the first formal Ofsted assessment. The Trust will continue to work with Kinder Place to ensure the service provided is of a high standard and reflects the needs of the children.”

Making improvements for blind and partially sighted people
WE HAVE been working closely with the Royal National Institute of Blind People (RNIB) and Scarborough Blind and Partially Sighted Society to make it easier for blind and partially sighted people to access facilities at Scarborough and Bridlington Hospitals.

James Hayward, Director of Facilities, said: “Working in partnership with RNIB and the Scarborough Blind and Partially Sighted Society we have been able to tackle the problems that blind and partially sighted people were having in accessing our facilities.

“As well as installing new signage and increasing the font size in patient letters and information leaflets we are currently looking at awareness training for staff and how we can provide Braille for service users.”

Patients benefit from new sensory garden

The project was made possible thanks to a £6,600 grant given to Hospital Arts for North East Yorkshire (Hafney) from Awards for all lottery funding.

The garden was designed and landscaped by Scarborough-based family firm Costello Landscaping.

All plants and materials used in the garden have been sourced from within a 20 mile radius of Scarborough.

New isolation room on ICU
IN SEPTEMBER work started to create a new Isolation Room on the Intensive Care Unit (ICU).

This work involved substantial remodelling of the unit in order to provide a dedicated isolation room for vulnerable or infectious patients. The addition of a dedicated isolation room will greatly improve the quality of care for seriously ill patients.

Sarah Robinson, Lead Nurse for ICU, said: “This new development will enable us to provide the best possible care to critically ill patients.”
Improvemments to A&E completed

The first stage of a major refurbishment of the Emergency Department at Scarborough Hospital has been completed.

The project has helped to increase patient flow through the department, with improvements to the main waiting area and reception, nurse assessment facilities, minor injuries stream capacity and resuscitation room.

When a patient first enters A&E they are seen by an assessment nurse who 'streams' patients to be seen by the appropriate practitioner. The environment and facilities now support this streaming with emergency or major injuries treated in a designated area and more minor injuries allocated to a separate area in the department.

This project has resulted in improvements to the patient experience, for example a refurbished waiting area creates a better first impression and nicer area to wait and includes a new children’s waiting room with TV, as well as new toilets with increased infection controls measures such as hygienic door handles.

Improvements to the facilities also include new nurse assessment rooms, including a dedicated children’s assessment room, a special ophthalmology treatment room, and a new room for patients with less major injuries.

This project has seen a significant improvement to patient flow patterns, the physical environment and infection control measures.

Radiology Improvements

IN DECEMBER the doors were opened to Scarborough Hospital’s new mammography unit which was named after Consultant Radiologist Ian Glaves. Enhancing patient privacy and dignity and improving the patient and clinical flow were the key factors behind this project. A refurbishment of the reception and waiting area were also undertaken.

Surgical Assessment Unit

IN FEBRUARY, the Trust opened a Surgical Assessment unit. Located on Beech Ward Annexe it is open midweek from 11am until 7pm. Liz Booth, Director of Operations said: “This is an example of a positive development to ensure that all our patients receive the right care by the right health professionals in a timely way.”

Department leads the way in IT

A NEW system which allows Emergency Department clinicians to view a patient’s full electronic record has been introduced at Scarborough Hospital.

Scarborough Hospital is the first Hospital to go live with the Clinical Record Viewer (CRV) module. The module allows clinicians who work in an emergency care setting to access a read-only view of the patient’s full electronic record via their smartcard.

This allows the clinician treating the patient to view their full history and medication along with any sensitivities and allergies.

Preparinng for emergencies

THE TRUST continues to be well prepared to manage major incidents, such as pandemic flu, or a major accident or emergency. The Major Incident Response Procedure (MAJAX) and Pandemic Influenza Plan are well practiced and engrained within the organisation and the Trust has provided assurance to the board over its preparedness for pandemic flu.

THE ARTS Council for England awarded a £58,000 grant to Hospital Arts for North East Yorkshire (Hafney) to fund art provision for four new projects at Scarborough Hospital.

The grant will provide funding for art’s provision for the emergency department, the main entrance, mammography and the children’s ward. As well as funding the artists and materials, the grant will help meet the costs of the Trust’s Arts Co-ordinator, Jo Davis as well as other administration costs.

Jo Davis, Arts Coordinator for Hafney, said: “This is a very exciting project which will make a huge visual impact on the fabric of Scarborough Hospital.

“Our intention is to create high quality visual environments and these projects will create a much more visually interesting place for people visiting and working there.”

A look back at 2011/12
Hospital has a real appetite for change

As part of a week long series broadcast on BBC One Celebrity Chef James Martin worked alongside chefs at Scarborough Hospital, to change the way hospital food is created.

In the programme James addressed the main issues surrounding hospital food nationally including the cost of meals, patient feedback, and nutritional standards.

James worked with staff to create a new weekly menu which has now been rolled out to patients and staff.

Changes implemented as part of this project include:

- A weekly seasonal menu, for patients and staff, using more fresh and local ingredients
- Packet soup was replaced with daily fresh homemade varieties - choices include cauliflower and apple, butternut squash and lime and carrot and coriander
- All eggs are now cage free – the hospital was awarded a Good Egg Award in December 2011
- All meat used in the department is now farm assured
- All milk is now from a Yorkshire dairy
- Less frozen foods – for example frozen omelettes have been removed from the menu and patients are now served a homemade smoked haddock omelette which is cooked from fresh (using free range eggs)
- Reducing the carbon footprint of the department by looking at delivery and mileage of suppliers
- A new fresh baguette and salad bar in the restaurant is helping generate additional income
- Introduction of a suppliers cart selling fresh Yorkshire produce including biscuits, cakes and chutneys, which visitors can purchase for patients
- Working with local suppliers to produce special menu items such as Slow Roasted Aberdeen Angus Brisket of Beef
- Following patient feedback ice cream vending machines are located near to the wards
- A makeover of the hospital restaurant which was named Pat’s Place after Catering Manager Pat Bell
- These changes will be rolled out at Bridlington Hospital
- The hospital is working towards the Soil Association’s Bronze Award

Since the new menu was introduced there has been an increase in compliments and a reduction in complaints in relation to food.

Since the new menu has been introduced we have noticed less waste and have even had patients asking for seconds which never happened before.”

Published March 2012
New booking system is launched by Trust

Preparations to introduce a new booking system for outpatient’s appointments in April 2012 began in January.

The new system called ‘Partial Booking’ will give patients who need a follow up appointment the ability to choose appointments which suit them, meaning that, in most cases, patients will be seen sooner. The system will also help the Trust to organise its clinics more effectively reducing the number of cancellations and non-attendance.

Sarah Piper, Head of Operational Efficiency, explained: “Each month we have on average 3500 new patient appointments and 8700 follow up appointments – out of all these appointments 58 percent are rescheduled.

“A move to this new booking system will greatly improve the patient administration pathway and patient experience.”

Outpatient survey results are published

The annual outpatient survey, carried out by the Picker Institute on behalf of the Trust, asked the views of adult outpatients who had experienced attending an outpatient appointment during May 2011.

The survey highlighted that for all questions asked the Trust is performing in line with other NHS Trusts across the country.

The majority of patients (95 percent) reported that their overall experience was excellent, very good or good and 89 percent of patients felt they were treated with respect and dignity all the time when they attended the outpatient department.

Liz Booth, Director of Operations, said: “The aim of this survey is to not only highlight those areas where patient’s think we are doing well, but more importantly areas where we can make improvements.

“In many of those areas highlighted in this survey, such as the rescheduling of appointments, we are pleased to report that we have already begun to implement improvement initiatives.”

Hospital award for animal welfare

THE TRUST was among some 40 hospitals, educational centres and local councils to be presented a Good Farm Animal Welfare Award in November. The award was presented by Compassion in World Farming for Scarborough’s efforts to help improve the welfare of millions of farm animals.

Pat Bell, Catering Manager at Scarborough Hospital, attended the event to collect the award and to speak about the work that the Trust has been doing with Celebrity Chef James Martin.

Pat said: “We are delighted to have received a Good Egg award which shows our commitment to using cage free hens. As part of the filming for Operation Hospital Food we visited a farm that rehomes battery hens and it was really quite distressing to see images of the hens when they first arrived at the farm.

“We are proud to say that all our eggs now come from happy hens!”

Sarah Piper, Head of Efficiency

The aim of this survey is to not only highlight those areas where patient’s think we are doing well, but more importantly areas where we can make improvements.
The Trust came top of the national NHS leader board in a corporate fitness challenge. The International Global Corporate Challenge is a fun initiative which makes it easy for staff to get more active and healthy over the summer.

Over 16 weeks, in groups of seven, staff take a virtual walk around the world by entering their daily step count into the organisers’ interactive website. Jo Startup, HR Advisor, said: “This is the first year that the Trust has participated in the Global Corporate Challenge and we were delighted to come top of the national NHS leader board, beating York Trust to the post by just eight steps! “I would like to congratulate everyone who took part in the competition. In total 419,183,537 steps were walked, an average of 15,817 per person, per day. “88 percent of staff who participated in the programme reported an improvement to their overall health which is great news.”

A look back at 2011/12

Global Corporate Challenge

Dennis is first Learning Disability Assistant

IN NOVEMBER Dennis Allen was appointed as Scarborough Hospital’s first Learning Disability Assistant, a new role that has been made available thanks to funding from the Learning Disability Service. Dennis’ role is to talk to patients with Learning Disabilities as well as attend meetings to talk about issues affecting patients with special needs.

Matron Tracey Wright, who is the lead for Learning Disability at the Trust, said: “Dennis is doing a great job and feedback from staff, patients and carers has been extremely positive. Dennis said: “I am really enjoying working at the hospital it is one of the best jobs that I have ever had. I really enjoy meeting and talking to patients. For patients with special needs coming into hospital can be a frightening experience, I try to reassure them and keep them company.”

Maternity support worker appointed

A MATERNITY support worker from the Trust was one of the first in the Yorkshire and the Humber region to complete a new course at Leeds Metropolitan University to enhance her clinical skills in caring for babies, mothers and their families.

Ann Kelly was one of the Maternity Workers to gain the qualification. She said: “I thoroughly enjoyed taking part in this course. Although going to University and writing assignments was out of my comfort zone, I really enjoyed the experience and will be able to put the skills that I learnt into good practice.

Ann who lives in Scarborough started working at the Hospital in 2003 as a Domestic. Joining the nurse bank she went onto become a Healthcare Assistant, joining the Maternity Department in 2009.

Ann continued: “My role is community-based. Covering the whole of Scarborough I help new mums with feeding, bathing and anything else that they may need support with. I absolutely love my job – no two days are the same.”

“88 per cent of staff who participated in the programme reported an improvement to their overall health which is great news.

Global Corporate Challenge”
Going above and beyond

Staff at Bridlington and Scarborough Hospitals continuing to get the recognition they deserve as part of a staff recognition scheme, introduced in June 2009. This year over 30 Trust staff have been nominated by colleagues and patients for going ‘Above and Beyond the Call of Duty’ in the Trust’s award scheme - the ABCD Awards.

ABCD Winners 2011/12

<table>
<thead>
<tr>
<th>Month</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2011</td>
<td>Zoe Jennings (Staff Nurse on Holly Ward)</td>
</tr>
<tr>
<td>May 2011</td>
<td>Lesley Cammish (Domestic Assistant)</td>
</tr>
<tr>
<td>June 2011</td>
<td>Wyn Jones (Staff Nurse on Duke of Kent)</td>
</tr>
<tr>
<td>July 2011</td>
<td>Pat Bell and the Catering team at SGH</td>
</tr>
<tr>
<td>August 2011</td>
<td>Tracy Ingleton (Nurooascular nurse specialist)</td>
</tr>
<tr>
<td>September 2011</td>
<td>Jayne Tracey (Healthcare Assistant on A&amp;E)</td>
</tr>
<tr>
<td>October 2011</td>
<td>Healthcare Assistants (Waters Ward)</td>
</tr>
<tr>
<td>November 2011</td>
<td>Lynn Duggan (Midwife)</td>
</tr>
<tr>
<td>December 2011</td>
<td>Charles Hayes (Volunteer), pictured left</td>
</tr>
<tr>
<td>January 2012</td>
<td>Gary Connelly and Shaun Fletcher (Grounds Staff)</td>
</tr>
<tr>
<td>February 2012</td>
<td>Alison Thurston (Midwife)</td>
</tr>
<tr>
<td>March 2012</td>
<td>WRVS Volunteers</td>
</tr>
</tbody>
</table>

A look back at 2011/12

Long-serving staff recognised

In December, 20 more long serving members of staff were recognised for giving 25 years of service to Scarborough and Bridlington Hospitals.

Carol Ward, Hotel Services Manager, was one of the staff members to be recognised. She said: “My 25 years have been spent solely in the domestic department. To have spent such a long time in one department speaks volumes itself. There have been many changes in terms of how cleanliness of the hospital is delivered with more emphasis now than ever before on infection control. The department has thrived on the challenges presented to it and the goodwill and expertise of its hardworking and dedicated staff; I cannot imagine working in any other department.”

The following staff were recognised at the Long Service Awards.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorothy Beesley</td>
<td>Nursery Nurse, SCBU</td>
</tr>
<tr>
<td>Glenn Broadbent</td>
<td>Maintenance Supervisor</td>
</tr>
<tr>
<td>Angela Casson</td>
<td>Staff Nurse, ICU</td>
</tr>
<tr>
<td>Robert Clark</td>
<td>Consultant Cardiologist</td>
</tr>
<tr>
<td>Linda Elwick</td>
<td>HCA Outpatients</td>
</tr>
<tr>
<td>Maureen Feetenby</td>
<td>Linen Room Manager</td>
</tr>
<tr>
<td>Margaret Glew</td>
<td>Domestic</td>
</tr>
<tr>
<td>Gail Hollingsworth</td>
<td>HCA, Duke of Kent</td>
</tr>
<tr>
<td>Alison Hornsby</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Janice Kirby</td>
<td>Senior Nurse Duke of Kent</td>
</tr>
<tr>
<td>Paul McLean</td>
<td>Maintenance Assistant Grounds</td>
</tr>
<tr>
<td>Philip Poon</td>
<td>Clinical Biochemist</td>
</tr>
<tr>
<td>Alison Ray</td>
<td>Knowledge and Library Manager</td>
</tr>
<tr>
<td>Lesley O’Shea</td>
<td>Community Midwife</td>
</tr>
<tr>
<td>Sharon Simpson</td>
<td>Domestic</td>
</tr>
<tr>
<td>Mary Staniforth</td>
<td>Staff Nurse, Haldane</td>
</tr>
<tr>
<td>Deborah Thompson</td>
<td>Midwife, Whitby</td>
</tr>
<tr>
<td>Carol Ward</td>
<td>Hotel Services Manager</td>
</tr>
<tr>
<td>Samantha Devall-Rowntree</td>
<td>Deputy Procurement Manager</td>
</tr>
<tr>
<td>Trish Lee</td>
<td>Resuscitation Officer</td>
</tr>
</tbody>
</table>

Alcohol support worker

Working in partnership with the Cambridge Centre a new Accident and Emergency Alcohol Support Link Worker is based at Scarborough Hospital.

Stephen Ripley has taken on the new role which will support patients who have moderate to severely harmful drinking patterns. Stephen’s role is split between working in A&E two nights a week and providing follow up appointments in the community for two days a week.

As well as working directly with patients Stephen provides training for nurses working in the Emergency Department on using the Paddington Alcohol Test (PAT) a screening tool to identify those drinking at harmful levels.

Funding for this three year project has been provided by the North Yorkshire Strategic Partnership.

Dining companion

A NEW volunteering scheme to make sure that older patients get as much help as possible during mealtimes has been introduced.

Helen Noble, Patient Safety and Clinical Governance Manager, explained: “Dining companions go on to wards at mealtimes to help staff serve older patients their food, gently encouraging patients to eat and helping make meal times more sociable.

“We have already been doing a lot of work in this area however the volunteers will help play a key part in helping us to make continued improvements and will make a positive difference to the experience of both our patients and staff.”
THIS year Scarborough Trust has helped 22 young people start out in a career at their local hospital. During 2011/12 the Trust has taken on 11 Healthcare Apprentices, 10 Advanced Healthcare Apprentices (Cadets) and a Business and Admin Apprentice based in HYMS. Trish Gerard, Training and Development Manager, explained: “This year has also seen one of our Advanced Business and Administration Apprentices complete their placement in Trust headquarters whilst three of our former cadets have moved from Trust employment to university to undertake a degree in nursing. “We have also had a large number of support staff that have completed work based learning qualifications in the last year, formerly known as NVQ now known as QCF.”

Helping young people start out in a career

The new intake of cadet nurses

Equality and diversity

The Trust seeks to provide fair, accessible services for all its patients and equality of opportunity for all staff. Equality and diversity is embedded into all employment policies and processes. All policies aim to ensure that no job applicant or employee receives less favourable treatment where it cannot be shown to be justifiable on the grounds of age, disability, race, sexual orientation, gender, religion, gender re-assignment, marriage and civil partnership, pregnancy and maternity in relation to recruitment, promotion, training, discipline, grievance and all terms of conditions of employment. Steve Purdy, HR Manager, explained: “We know that having a committed and motivated workforce depends on staff feeling that they are treated with fairness, respect and dignity and that they have equal opportunities for self-development. We want to ensure that our staff are not discriminated against, or harassed, on the grounds of any of the protected characteristics detailed in the Equality Act 2010. Equally, if this happens, we want staff to feel confident about using our policies to raise concerns and to have them addressed. “We recognise the important role we play as an active and socially responsible member of the local community and that our patients, clients and staff represent the community we serve. “The Trust will continue to encourage its employees to proactively implement methods of reducing and where possible eliminating barriers to full participation in our services and employment, thereby improving access to and use of our services and ensuring everyone benefits equally from our service provision.”

An army of volunteers

THE TRUST is supported by a number of external charities and support groups, including the WRVS and League of Friends, whose work and team of volunteers is invaluable in providing services such as the WRVS shop, hospital trolley service as well as through its fundraising work. Amy Messenger, the Trust’s Volunteer Services Administrator, said: “Our army of volunteers provide an invaluable service to our patients, visitors and staff. From welcoming patients to providing chaplaincy services to helping out on the wards, each of our volunteers really does make a huge difference.”

Fair treatment for all staff

WORK is taking place to ensure fair treatment for staff at Scarborough and Bridlington Hospitals. Fair Treatment Contacts are an independent group of staff who are there to support staff by signposting or providing information so that they can resolve a concern. In addition to bullying they help to address any concern a member of staff might have about their work.
Our staff: the figures

As at 31 March 2012 the Trust employed 2,790 staff, equating to 1,968 full time equivalents (FTE). The table below shows this as a breakdown by staff group.

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Staff in post 31/03/12 (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional, Scientific and Technical</td>
<td>43.91</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>383.26</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>392.41</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>71.21</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>231.71</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>58.61</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>219.51</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>567.67</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,968.29</strong></td>
</tr>
</tbody>
</table>

**Staff turnover**

Annual turnover rates are calculated by dividing the number of leavers over a period (1 April 2011 to 31 March 2012) by the number of staff in post at the beginning of the period (1 April 2011). The table below shows the annual turnover rate by staff group for the year to 31 March 2012.

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Annual turnover – Year Ending 31/03/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional, Scientific and Technical</td>
<td>8.81%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>9.97%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>9.45%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>4.98%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>12.16%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>11.33%</td>
</tr>
<tr>
<td>Medical and Dental*</td>
<td>11.37%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>8.76%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9.67%</strong></td>
</tr>
</tbody>
</table>

*Note that for the purposes of calculating annual turnover for the medical and dental staff group, junior doctor numbers are removed from the calculation as they are employed on rotational contracts and therefore as they are processed as leavers at each placement their movement between organisations would skew turnover rates.

**Sickness absence rates**

Over the past year the sickness absence rate at the Trust has reduced from 4.47 percent (annual absence rate March 2011) to 4.4 percent (annual absence rate March 2012). The Trust implemented a new sickness absence management policy at the end of 2011 and has adopted the principles and approach that have been used at York Hospital to successfully achieve significant reductions in absence rates. It is therefore anticipated that as the new approach becomes fully embedded, absence rates at the Trust will continue to reduce over the next year.

**National NHS Staff Survey 2011**

All NHS organisations are required to participate in the annual national staff survey. The results are presented as 38 Key Findings under themes including staff satisfaction, access to training, support from managers and health and wellbeing. Within the results of the 2011 survey there had been an improvement in seven of the 38 Key Findings compared to the results from 2010.

The scores for the remaining findings were unchanged from the previous year, so encouragingly no scores had deteriorated from 2010.

The results of the survey are benchmarked against the results from other acute trusts. The findings for which the organisation compared most favourably with other organisations in the 2011 survey were:

- The percentage of staff working extra hours
- The impact of health and wellbeing on ability to perform work or daily activities
- The percentage of staff agreeing that their role makes a difference to patients
- Staff motivation at work

The results of the survey have helped to identify areas where actions are required to improve staff experiences and action plans will be developed and monitored to ensure that these areas are addressed.
### Staff group breakdown by ethnicity – March 2012

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Professional, Scientific &amp; Technical</th>
<th>Medical &amp; Dental</th>
<th>Nursing &amp; Midwifery</th>
<th>Allied Health Professionals</th>
<th>Estates &amp; Ancillary</th>
<th>Additional Clinical Services</th>
<th>Admin &amp; Clerical</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC % of total</td>
<td>HC % of total</td>
<td>HC % of total</td>
<td>HC % of total</td>
<td>HC % of total</td>
<td>HC % of total</td>
<td>HC % of total</td>
<td>HC % of total</td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>91.46%</td>
<td>59.91%</td>
<td>91.56%</td>
<td>91.46%</td>
<td>88.89%</td>
<td>88.68%</td>
<td>91.56%</td>
<td>91.83%</td>
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<tr>
<td>White Irish</td>
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<td>92.01%</td>
<td>91.56%</td>
<td>91.46%</td>
<td>91.56%</td>
<td>91.56%</td>
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</tr>
<tr>
<td>Any other White</td>
<td>8.55%</td>
<td>4.64%</td>
<td>8.44%</td>
<td>8.55%</td>
<td>8.44%</td>
<td>8.44%</td>
<td>8.44%</td>
<td>8.17%</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>9.55%</td>
<td>4.64%</td>
<td>9.23%</td>
<td>9.55%</td>
<td>9.23%</td>
<td>9.23%</td>
<td>9.23%</td>
<td>9.23%</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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<td>0.00%</td>
</tr>
<tr>
<td>White and Black Asian</td>
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<td>0.00%</td>
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<td>Any other Black background</td>
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<tr>
<td>Indian</td>
<td>1.89%</td>
<td>1.71%</td>
<td>0.41%</td>
<td>2.00%</td>
<td>0.28%</td>
<td>1.54%</td>
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<td>1.54%</td>
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<tr>
<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
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<td>0.00%</td>
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<td>0.00%</td>
</tr>
<tr>
<td>African</td>
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<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>Any other Black background</td>
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<td>Caribbean</td>
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<td>0.00%</td>
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</tr>
<tr>
<td>Chinese</td>
<td>0.00%</td>
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<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Any other ethnic group</td>
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<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
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<td>1.89%</td>
<td>1.71%</td>
<td>0.41%</td>
<td>2.00%</td>
<td>0.28%</td>
<td>1.54%</td>
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<td>1.54%</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>604</td>
<td>363</td>
<td>1044</td>
<td>492</td>
<td>492</td>
<td>1704</td>
<td>2790</td>
</tr>
</tbody>
</table>
Vision and Values

Building on work that took place in 2010 and 2011, which focused on using cultural transformation tools to develop a set of values as part of an organisational transformation programme, the Trust has been working hard to align these values with those of York in order to establish one set of values which represent the expectations, needs and commitments for staff at all sites.

Paula Graham, Service Improvement Manager, explained: “This has involved working with staff and values champions across sites to collaborate and identify and establish values; but more importantly to work together to create a Personal Responsibility Framework, based on the way we want to ‘live’ our values and use them to encourage a culture where we can build trust and commitment, improve services and safety and promote and develop a learning culture around the importance of understanding the needs of ourselves and others.

The Personal Responsibility framework will be launched formally, following a trial in the Emergency Departments at both York and Scarborough.

Paula continued: “‘Personal Responsibility’ is a philosophy of an alternative way of thinking that seeks to develop our organisation and improve both the experience of those coming into contact with our services, and the experience of the workforce in providing that care. “It involves a cultural shift in the way that we think about our roles, encouraging a 50/50 commitment from both staff and the organisation to doing our best in providing safe, effective care for patients and to continuously improve standards and deliver best practice.

“Creating this environment is conducive to enabling an engaged, motivated and valued workforce, to provide the best care possible through our development of shared responsibility, in line with the Values of the new organisation.”

Our Values

Values, drivers and motivators:
- Caring about what we do
- Respecting and valuing each other
- Listening in order to improve (always seeking to improve)
- Always doing what we can to be helpful

Providing support by:
- Working in partnership and responding to local needs
- Respecting differences: Building on similarities.
- Empowering people to be involved in decisions about how we provide care
- Encouraging others to behave respectfully in line with our values
- Suggesting ‘Values Behaviours’ to influence and perform efficiently in line with our brand.
- Behaviours that support the Values have been identified as: Patient Focus, Team working, Personal Integrity, Gaining commitment through Open Communication, Self development and Development of others.

Our priorities

In 2011/12 the Trust worked towards a number of corporate objectives centred around:

- Safety
- Effectiveness
- Patient experience
- Finance
- Strategic Direction
- Public Health
- Developing our People

Quality Account Priorities 2011/12
- Effectiveness/Patient Experience – Improve the quality of care for patients with dementia
- Effectiveness/Patient Experience – Improving End of Life Care
- Effectiveness/Patient Experience – Nursing Homes – Linked with End of Life Care
- Effectiveness/Patient Experience – Reducing inappropriate hospital admissions for nursing home and care home patients
- Effectiveness – Psychiatric assessment in A&E
- Safety/Effectiveness – Improve efficiency of discharge transport
- Safety – Reducing SHMI to less than 75
- Safety – Harm Free Care
- Patient Experience - Feedback on outpatient appointment rescheduling
Finance

Summary of financial position
At the outset of 2011/12 the Trust set itself the objective of achieving a surplus of £1.884 million to ensure that we could make the final repayment of the Department of Health loan.

This objective was achieved with the reported surplus at 31 March 2012 being £1.899 million. This constituted a satisfactory outcome to the financial year.

This performance was achieved whilst the Trust was also managing considerable operational pressures, in particular during the winter period. The organisation delivered a cost improvement and efficiency programme of £6 million whilst managing these operational imperatives.

Going concern
The accounts of Scarborough and North East Yorkshire Healthcare NHS Trust are prepared on a Going Concern basis. The Audit Committee reviewed this position, taking into consideration the current position of the Trust both financially and operationally, and agreed that it is appropriate to prepare the accounts on this basis.

Format of the accounts
The format of the accounts is as specified in the NHS Trust Manual for Accounts and consists of the following:

Four primary statements:
- Statement of Comprehensive Income
- Statement of Financial Position
- Statement of Change in Taxpayers’ Equity
- Statement of Cash Flows

The Annual Accounts also include:
- Notes to the accounts
- Annual Governance Statement
- Directors statement of responsibilities; and
- The auditor’s report

Summary of financial duties
The Trust’s performance measured against its statutory financial duties is summarised as follows:

Break-even on income and expenditure
(a measure of financial stability)
The Trust reported a surplus of income over expenditure of £1.899 million for 2011/12.

The accounts for 2011/12 show the Trust reporting a deficit of £45,000, after accounting for the charge to I&E from impairments to the estate. The Trust’s financial performance is measured before impairment and technical adjustments.

The impairment adjustment in 2011/12 was £2.369m and donated income and depreciation was £0.425m. The adjusted retained surplus was therefore £1.899m, against a target of £1.884m.

<table>
<thead>
<tr>
<th>I&amp;E deficit</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjust for:</td>
<td></td>
</tr>
<tr>
<td>Impairment charged to I&amp;E</td>
<td>2,369</td>
</tr>
<tr>
<td>Donated income &amp; depreciation</td>
<td>-425</td>
</tr>
<tr>
<td>Adjusted I&amp;E</td>
<td>1,899</td>
</tr>
</tbody>
</table>

Target surplus | £1,884 |

Capital cost absorption rate
(a measure of balance sheet management)
NHS Trusts are targeted to absorb the cost of capital at a rate of 3.5 per cent of average net assets (as reflected in their opening and closing balance sheets for the year). In 2011/12, the dividend payable on public dividend capital was based upon the actual (rather than the forecast) average relevant net assets therefore the actual capital cost absorption rate is automatically 3.5 percent.

External Financing Limit (an overall cash management control)
The trust was set a target to reduce its level of external finance by £1.884 million in 2011/12. The Trust over achieved against this target by reducing its level of external finance by £1.899 million.

External audit services are provided by the Audit Commission
Audit fees of £126,000 including VAT were incurred in 2011/12 (Note 8 of the Accounts). These included charges for the main Audit Fee, the National Fraud Initiative and for the review of arrangements for production of the Quality Accounts.

Working to reduce fraud
The Board is committed to maintaining an honest, open, non-discriminatory and well-intentioned atmosphere throughout the Trust. It is therefore committed to reducing fraud and to the rigorous investigation of any such cases. Where any acts of fraud or corruption are proven, the Trust will ensure that the culprits are appropriately dealt with, and will also take all appropriate steps to recover any losses in full. Staff are encouraged to raise concerns under the Trust’s Whistleblowing policy.
## Salary and pension entitlements of senior managers

### A) Salaries and allowances

#### 1. Remuneration

<table>
<thead>
<tr>
<th>Name - Title</th>
<th>Post</th>
<th>Salary Excl. On Costs in bands of £5,000</th>
<th>Other Real Remuneration</th>
<th>Benefits in Kind</th>
<th>Salary Excl. On Costs in bands of £5,000</th>
<th>Other Real Remuneration</th>
<th>Benefits in Kind</th>
</tr>
</thead>
<tbody>
<tr>
<td>M Proctor</td>
<td>Chief Executive</td>
<td>140-145</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>B Chalk</td>
<td>Director of Finance</td>
<td>115-120</td>
<td>0</td>
<td>0</td>
<td>70-75</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C M Andrews</td>
<td>Medical Director</td>
<td>50-55</td>
<td>165-170</td>
<td>0</td>
<td>55-55</td>
<td>100-165</td>
<td>0</td>
</tr>
<tr>
<td>T Fenech</td>
<td>Deputy Chief Executive/Dir of Nursing (to 20/02/12)</td>
<td>90-95</td>
<td>0</td>
<td>0</td>
<td>85-90</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>P Kennedy</td>
<td>Acting Director of Operations (to 31/02/11)</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>35-40</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J Hayward</td>
<td>Director of Facilities</td>
<td>165-110</td>
<td>0</td>
<td>0</td>
<td>100-105</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J Adamson</td>
<td>Director of Human Resources (to 30/06/11)</td>
<td>10-35</td>
<td>0</td>
<td>0</td>
<td>96-100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>P Hayward</td>
<td>Director of Human Resources (from 01/07/11)</td>
<td>20-30</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E J Booth</td>
<td>Director of Operations</td>
<td>75-80</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>M McNaney</td>
<td>Director of Nursing</td>
<td>85-90</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sir M Carlisle</td>
<td>Chairman</td>
<td>20-25</td>
<td>0</td>
<td>0</td>
<td>25-25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Derr</td>
<td>Non Executive Director (to 31/12/11)</td>
<td>0-5</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>F Shrimmin</td>
<td>Non Executive Director</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A Raymond</td>
<td>Non Executive Director</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D McNulty</td>
<td>Non Executive Director</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>M Harvey</td>
<td>Non Executive Director</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Real increase in pension at age 60</th>
<th>Real increase in lump sum at age 60</th>
<th>Total accrued pension at age 60 at 31 March 2012</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2012</th>
<th>Cash Equivalent Transfer Value at 31 March 2012</th>
<th>Cash Equivalent Transfer Value at 31 March 2011</th>
<th>Real increase in Cash Equivalent Transfer Value</th>
<th>Employer’s contribution to stakeholder pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>M Proctor</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>45-50</td>
<td>145-150</td>
<td>1011</td>
<td>967</td>
<td>957</td>
<td>54</td>
</tr>
<tr>
<td>Bernard Chalk</td>
<td>-4.5</td>
<td>-5-7.5</td>
<td>50-55</td>
<td>160-165</td>
<td>1214</td>
<td>1232</td>
<td>-18</td>
<td></td>
</tr>
<tr>
<td>Teresa Fenech</td>
<td>2.5-5</td>
<td>7.5-10</td>
<td>20-25</td>
<td>70-75</td>
<td>429</td>
<td>340</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>James Hayward</td>
<td>2.5-5</td>
<td>7.5-10</td>
<td>50-55</td>
<td>150-155</td>
<td>1095</td>
<td>983</td>
<td>112</td>
<td></td>
</tr>
<tr>
<td>Jayne Adamson</td>
<td>until 30/06/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E J Booth</td>
<td>20-25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicola McNaney</td>
<td>Director of Nursing</td>
<td>5-10</td>
<td>0</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Andrews</td>
<td>Medical Director</td>
<td>12.5-15</td>
<td>40-42.5</td>
<td>45-50</td>
<td>140-145</td>
<td>846</td>
<td>546</td>
<td>300</td>
</tr>
</tbody>
</table>

NHS Pensions has used the most recent set of actuarial factors produced by the Government Actuary’s Department (GAD) with effect from 8 December 2011. Therefore, the GAD factors used as at 31 March 2012 are marginally different from those used as at 31 March 2011.

The tables containing salary and pension information for directors have been audited.

Banks indicate no prior year data.

Reduction in CETVs is due to change from Retail Price Index to Consumer Price Index.

Pension data for P Hayward and P Kennedy will be supplied by their employing organisation.
## Trust Board

### Non Executive Directors (NED)
- Chairman, Sir Michael Carlisle
- Non Executive Director, Robert Deri (left 31/12/11)
- Non Executive Director, Frances Shimmin
- Non Executive Director, Martin Narey
- Non Executive Director, Dr Deborah McInerny
- Non Executive Director, Dr Alan Raymond

### Executive Directors (ED)
- Chief Executive, Mike Proctor
- Director of Finance, Bernard Chalk
- Director of Strategy and Planning, Teresa Fenech (up to 31/01/12)
- Medical Director, Mark Andrews
- Director of Operations, Liz Booth
- Director of Estates and Facilities, James Hayward

### Membership of Committees:

#### Audit Committee
- Robert Deri, Chair, NED (left 31/12/12)
- Alan Raymond, Chair, NED (from 01/01/2012)
- Fran Shimmin, NED

#### Risk and Assurance Committee (from 01/11/2011)
Replaces Corporate Governance Committee
- Deborah McInerny, Chair, NED
- Mike Proctor, ED
- Bernard Chalk, ED
- Mark Andrews, ED
- Nicki McNaney, ED (up to 29/02/2012)
- Liz Booth, ED
- James Hayward, ED

#### Corporate Governance Committee (up to 31/10/2011)
- Mike Proctor, Chair, ED
- Frances Shimmin, NED
- Bernard Chalk, ED
- James Hayward, ED
- Nicki McNaney, ED
- Liz Booth, ED

#### Remuneration Committee
- Sir Michael Carlisle, Chair, NED (left 31/12/2011)
- Robert Deri, Vice Chair, NED
- Frances Shimmin, NED
- Alan Raymond, NED
- Deborah McInerny, NED
- Martin Narey, NED

#### Charitable Funds
- Frances Shimmin, Chair, NED
- Deborah McInerny, NED
- Bernard Chalk, ED
- Nicki McNaney, ED (up to 29/02/2012)

### Declaration of Interests

<table>
<thead>
<tr>
<th>Position</th>
<th>Declaration Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sir Michael Carlisle, Chairman</td>
<td>Chairman of HYMS Fitness to Practise Committee</td>
</tr>
<tr>
<td>Rob Deri, Non Executive Director</td>
<td>Nil Return</td>
</tr>
<tr>
<td>Frances Shimmin, Non Executive Director</td>
<td>Fellow of the Chartered Institute of Management Accountants</td>
</tr>
</tbody>
</table>
| Dr Deborah McInerny, Non Executive Director | Director of McInerny Limited  
Justice of the Peace, Ministry of Justice  
Medical Panel Member, Tribunals Service  
Diversity Ambassador, Women's Group, Cabinet Office  
Area Liaison, Royal Medical Benevolent Fund |
| Alan Raymond, Non-Executive Director    | Sales and Marketing Director, Aesica Pharmaceuticals Limited, Contract Manufacturer of Pharmaceuticals  
Non Executive Director, Oncimmune Limited, Developer of Cancer Diagnostics |
| Martin Narey, Non-Executive Director    | Director, Martin Narey Ltd  
Non Executive Board Member, Advertising Standards Authority  
Non Executive Board Member, Fabrick Housing Association  
Advisor on Penal Issues, G4S  
Visiting Professor, Universities of Durham and Sheffield Hallam |
| Mike Proctor, Chief Executive           | Nil Return                                                                                                                                              |
| Bernard Chalk, Director of Finance      | Nil Return                                                                                                                                              |
| Teresa Fenech, Director of Strategy and Planning | Member of the Institute of Healthcare Managers                                                                                                         |
| Nicki McNaney, Director of Nursing      | Nil Return                                                                                                                                              |
| Mark Andrews, Medical Director          | Nil Return                                                                                                                                              |
| Liz Booth, Director of Operations       | Nil Return                                                                                                                                              |
| James Hayward, Director of Estates and Facilities | Panel Member, Department of Health, National Institute of Health Research (Physical Environment Research Panel)  
External Academic and Technical Advisory Member, De Montfort University, Institute of Energy and Sustainable Development  
Board Member, The Cambridge Centre (Drug and Alcohol Charity) (Scarborough) |
Performance and Targets

Whilst patient safety is always our priority, we have to sustain levels of performance against national performance indicators.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Score</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTT - Admitted %</td>
<td>&gt; 90%</td>
<td></td>
<td>ACHIEVED FROM Q3</td>
</tr>
<tr>
<td>RTT - Non-Admitted %</td>
<td>&gt; 95%</td>
<td></td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>A&amp;E - 4 Hour %</td>
<td>&gt; 95%</td>
<td>95.8%</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>Cancer - 2 Week Wait Aggregate</td>
<td>&gt; 93%</td>
<td>98.4%</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>Cancer - 62 Day Wait Aggregate</td>
<td>&gt; 86%</td>
<td>88.6%</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>Cancer - 31 Day FDT from Diagnosis</td>
<td>&gt; 96%</td>
<td>99.0%</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>Cancer - 31 Day Sub-TTmt</td>
<td>&gt; 94%</td>
<td>99.6%</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>Stroke - 90% of time in hospital on a stroke ward</td>
<td>&gt; 80%</td>
<td></td>
<td>ACHIEVED FROM Q3</td>
</tr>
<tr>
<td>High Risk TIA patients assessed and treated within 24 hours</td>
<td>&gt; 60%</td>
<td>69.0%</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>MRSA Infections (cumulative)</td>
<td>&lt;= 2</td>
<td>1</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>C-Diff Infections (cumulative)</td>
<td>&lt;= 46</td>
<td>36</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>VTE Compliance</td>
<td>&gt; 90%</td>
<td>91%</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>Mixed Sex Breaches</td>
<td>0</td>
<td>0</td>
<td>ACHIEVED</td>
</tr>
<tr>
<td>Maternity - % women seen within 12 weeks 6 days of Pregnancy</td>
<td>&gt; 90%</td>
<td>91%</td>
<td>ACHIEVED</td>
</tr>
</tbody>
</table>

About Us

Scarborough and North East Yorkshire Healthcare NHS Trust was formed in 1992. It runs two hospitals – Scarborough District General Hospital and Bridlington General Hospital – and also provides health care from community hospitals at Whitby, Driffield and Malton.

The Trust provides a range of acute hospital services for around 240,000 people living in and around Scarborough, Bridlington, Whitby and Ryedale.

Our Patients

Between April 2011 and March 2012 the Trust had:

- 53,060 attendances at A&E
- 156,062 outpatient attendances
- 42,230 inpatients and daycases

Staff carried out 27,956 procedures and operations and delivered 1,722 babies during 2011/12.