Start of a new era

Recognising that the Trust would not be able to achieve Foundation Trust status by 2013, an approach was made this year to join up with neighbouring hospital trust, York Teaching Hospital NHS Foundation Trust.

Discussions began in November 2010 around integrating York and Scarborough Trusts into a single organisation. Both York and Scarborough Trusts are committed to working ever closer with Hull, on the configuration of services in North and East Yorkshire. The overall objective is to ensure that services can be maintained for the people of Scarborough and Bridlington. The partnership aims to strengthen clinical services and ensure the long term future for Scarborough and Bridlington hospitals. The key aim for both Trusts is to deliver the most comprehensive set of sustainable, quality services, as close to patients’ homes as possible. As the partnership discussions continue, there have been some initial changes to the organisational structure, which included the stepping down of the Trust’s Chief Executive Richard Sunley in March 2011.

Sir Michael Carlisle, Chairman of Scarborough and North East Yorkshire NHS Trust, said: “Richard was a tremendous asset to the trust and has helped us take great strides forward.” Mike Proctor, Deputy Chief Executive at York Teaching Hospital NHS Foundation Trust, took up the role of Chief Executive at Scarborough to help lead the integration process.

Secretary of State for Health visits Trust

The Secretary of State for Health, Andrew Lansley visited Scarborough and Bridlington Hospitals in December 2010, meeting staff and patients as well as taking in recent developments such as the midwifery-led unit, newly refurbished emergency department and Waters Ward. Andrew Lansley said: “I’ve been shown how new developments like the Midwifery-Led Unit at Scarborough is helping staff improve patient experience. I’ve heard how staff are dedicated to putting their patients at the heart of what they do, and how passionate they are about delivering the best possible care to them.”

New ward officially opens

The new state-of-the-art £3 million ward at Scarborough Hospital was officially opened in March 2011 by the Trust’s Chairman Sir Michael Carlisle. Maple Ward was built using government funding for single sex accommodation. The 28-bedded ward is at the heart of the Trust’s drive to eliminate mixed-sex accommodation as it has seven, three-bedded bays, alongside seven, single rooms with en-suite bathrooms.

James Hayward, Director of Facilities said: “This development has been designed to meet the most modern and exacting standards for NHS inpatient accommodation and it represents another step towards the modernisation of the Scarborough site.” Sir Michael Carlisle said: “I was honored to be asked to open Maple ward. It really is a fantastic facility which is offering surgical patients a wonderful environment in which to recover.”

Cutting edge training lab open

Scarborough Hospital’s new £900,000 clinical skills training facility opened for business in August 2010. The 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.
Welcome - from the Chairman and Chief Executive

Welcome to Scarborough and North East Yorkshire Healthcare NHS Trust’s Annual Report for 2010/11.

Anyone coming through the doors of Scarborough and Bridlington Hospitals this year will have noticed improvements to the patient environment and patient experience, reflecting our vision of ‘Caring with Pride.’ However, there still remains much to do.

From ‘Realtime’ discharge planning, a state-of-the-art surgical ward, strengthened nursing leadership, to a greatly improved training facility for staff – under the leadership of Chief Executive Richard Sunley – the Trust made great strides in 2010/11.

This year, following consultation with staff, we were delighted to launch our five organisational values – patient satisfaction, patient safety, teamwork, honesty and open communication – which are now at the heart of everything that we do as an organisation.

Investment to help us meet privacy and dignity standards, has seen an increase in dedicated single sex accommodation culminating in the opening of Maple Ward, a brand new 28-bedded ward in October, and of Maple Ward, a brand new single sex accommodation has seen an increase in dedicated privacy and dignity standards, we do as an organisation.

We strive to make our environment cleaner and safer in order to instil confidence in our patients, staff and visitors.

We will continue to ensure that our values are at the heart of our decision making and that we always do the right thing, first time and every time for every patient.

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 has been accomplished.

We look forward to working with all our staff to provide the highest quality services to the residents and visitors of Scarborough, Rydeley and Bridlington, and in what we are sure will be another challenging yet successful and exciting year in the context of substantial changes to the NHS.

Mike Proctor
Chief Executive

Sir Michael Carlisle
Chairman
1. Clinical Overview

Low infection rates

This year has seen significant progress in reducing the number of MRSA and C Difficile infections across Scarborough and Bridlington Hospitals.

Intense infection prevention and control work has resulted in a continued decline in hospital-acquired infections with this year showing the best results on record.

Sue Peckitt, Lead Infection Control Nurse, 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.”

Measures taken this year to prevent and control the spread of C Difficile include:
- The opening of an isolation unit with enhanced staffing and cleaning
- Introduction of new antimicrobial prescribing guidelines in conjunction with York Teaching Hospital NHS Foundation Trust
- The introduction of hydrogen peroxide fogging
- Increased education of all staff
- Raising awareness and improving compliance of the fundamental practice of hand hygiene through the innovative “Wash Factor” initiative
- The introduction of executive-led infection prevention walkarounds

Staff from Scarborough and Bridlington Hospitals came forward to take part in the ‘Wash Factor’ competition to highlight the importance of good hand hygiene. The competition was launched during International Infection Prevention and Control week to encourage wards and departments to come up with a song or dance to highlight good hand washing.

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<td>C. Difficile</td>
<td>99</td>
<td>84 (11 under the trajectory of 95)</td>
<td>77 (4 under the target of 81)</td>
<td>46 (20 cases under the target of 66)</td>
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<td>MRSA</td>
<td>18</td>
<td>7 (6 under the trajectory of 13)</td>
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1. Clinical Overview

Thumbs-up for new Midwifery-Led Unit

The Trust’s new £1 million Midwifery-Led Unit (MLU) at Scarborough Hospital opened this year on a full time basis.

The new purpose-designed unit is a low technology environment with two birthing pools, supervised by midwives, offering low risk mothers and babies from across Scarborough, Whitby, Bridlington and Malton natural, home-style births.

Freya Oliver, Manager of the MLU and Supervisor of Midwives said: “We now have the highest number of midwives that we have seen at the Trust in recent years. This includes strengthening our community midwifery teams in Malton, Bridlington and Whitby to offer women increased support for home deliveries.”

The Malton, Whitby and Bridlington Community Midwifery Teams still continue to offer women support locally, delivering antenatal and postnatal care, as well as support for home deliveries, should women want to have their babies at home.

Happy Birthday – The MLU celebrated its first birthday in February. In just twelve months, since it first opened its doors 265 babies have been born in the unit

New maternity service for local women

A new service for women in the early stages of their pregnancy, or for women who are planning a pregnancy is receiving positive feedback from mums-to-be.

“The early booking and preconception sessions held at Briercliff Children’s Centre in Scarborough is a new service,” explained Freya Oliver. The sessions are for women who are newly pregnant, around 6 to 10 weeks, or those who wish to plan a pregnancy. Run twice a week on Monday evenings and Friday mornings, the session includes a presentation which lasts about 30 minutes, featuring information on health in pregnancy, diet and screening tests.

Patient Comment:
I cannot compliment enough the skills, care, cleanliness or variety of meals provided. In fact without the expertise of these professionals I wouldn’t be here today
Mortality rates continue to fall at the Trust

Mortality rates continue to fall at the Trust with overall Hospital Standardised Mortality Rates (HSMR) dropping from 97.4 (the average is 100) for 2009/10, to 77 for the year to date at the end of March 2011.

The Trust’s Medical Director Mark Andrews said: “We have worked extremely hard to understand our mortality rates this year and, whilst we know that we have some way to go, we have made significant progress. Thanks to a huge effort from staff to improve patient safety and the recording and coding systems, we are noticing a steady fall in our mortality rates.”

Improvement programme goes live

The Trust has gone ‘live’ this year with a pioneering improvement programme designed to reduce the length of a patient’s hospital stay.

It is the first hospital trust in the country to introduce RealTime onto its wards – a computerised clinical process system which will help manage its discharge planning more effectively as well as helping ensure patients are seen more quickly and reducing the risk of contracting an infection.

Survey’s positive results

A survey of women who attend the breast outpatient’s department at Scarborough Hospital, has revealed a positive experience of the service.

The results revealed many positive findings, including patients’ experience of the facilities, staff, the duration of their visit, communication and information about their consultation.

Breast Consultant Kartikae Grover, said: “The results of this survey are very good and are a real credit to everyone involved in the breast care pathway. The survey has also enabled us to identify areas where we can make improvements.”

Survey results

- Facilities – 94% said that their overall impression of facilities in outpatient areas, was very good or good
- Staff – 96% of patients said that they found the nursing staff either very helpful or helpful
- Duration of visit – 88% said that their hospital visit took about as long, or less time than they expected
- Communication - 94% felt they understood their diagnosis and 94% felt they were given the opportunity to ask questions
- Information about their consultation – 87% felt that the information was useful, 76% felt that the information was given at the correct time whilst 82% felt that they had received enough information.
Heart attack patients from Bridlington are receiving the best possible cardiac care with figures released this year showing that 94% of patients from the East Riding are receiving specialist care within 150 minutes.

Bridlington patients with acute myocardial infarction (MI, also known as a heart attack) are taken directly to Castle Hill Hospital’s Cardiac Unit by paramedics, where they can receive specialist treatment in a state-of-the-art, 24/7 consultant-led service.

The benefit to this service is earlier definitive intervention to all patients requiring urgent angioplasty.

Primary Percutaneous Coronary Intervention (PPCI) often referred to as primary angioplasty, is a specialised treatment for heart attack patients. The procedure can only be carried out by highly trained cardiologists in a catheterisation laboratory.

Patient safety remains number one priority

A number of initiatives focused on improving patient safety take place on a regular basis at both Scarborough and Bridlington Hospitals. From the infection control ‘walkarounds’ to the work of the patient safety advocates – patient safety remains the Trust’s number one priority.

Helen Noble, Clinical Governance and Patient Safety Manager, explained: “Patients and staff can be assured that patient safety remains our top priority. ‘We have introduced many new initiatives that are focussed on ensuring the safety of our patients.”

Patient safety initiatives include:

- Executive Patient Safety Walkarounds – walkarounds are undertaken by members of the executive team on a regular basis
- Patient Safety Advocates – each ward or department has a patient safety advocate who attends a monthly meeting with the other advocates. This enables staff to share ideas and agree how these can be taken forward
- Infection Control Walkarounds – walkarounds take place on all wards to ensure good hand hygiene and infection control practices
- Weekly audits – weekly audits of risk assessments take place on all wards
- Monitoring of staffing – ward staffing is monitored on a weekly basis
- Monthly Patient Safety Forum – a monthly forum discusses patient safety issues. Meeting is attended by the Chief Executive and Deputy Director of Nursing
- Mortality Group – the group meets on a weekly basis to review all the deaths in the hospital to see whether anything could have been done better to improve patient safety

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Gold level service for cardiac patients

Leading the way in Parkinson’s

The Trust is working in partnership with St Catherine’s Hospice to set up a dedicated Parkinson’s palliative care service – thought to be the only one of its kind in the country.

Patients will be able to have access to the range of facilities and services available at the hospice, tailored to the specific needs of Parkinson’s patients. Referrals to the palliative care service will be made by Parkinson’s Disease specialists who are already looking after these patients.

Baby friendly is best

The Trust has been awarded a Certificate of Commitment in its first step towards gaining international recognition from the UNICEF (United Nation’s Children’s Fund) Baby Friendly Initiative. “We decided to join forces with the Baby Friendly Initiative to increase breastfeeding rates and to improve care for all mothers and babies across Scarborough, Whitby, Bridlington and Ryedale,” said Midwife and Infant Feeding Coordinator, Jacqui Mortimer.

The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies.

In the UK, the initiative works with health professionals to ensure that mothers and babies receive high-quality support to enable successful breastfeeding. The Certificate of Commitment recognises that a health care facility is dedicated to implementing recognised best practice standards.
Improvements to radiography

Leading the way in diabetes

The Trust is leading the way in its treatment of children and young people with diabetes, scoring well in a report which compares services across the Yorkshire and Humber region.

The report, undertaken by the University of Leeds, looked at diabetes services for children and young people across the region between 2007 and 2009 and showed that the Trust was the second best performing Trust in the Yorkshire and Humber region.

Dr Udupa Venkatesh is the Trust’s Paediatric Consultant with special interest in diabetes, and is supported by Suzanne Wright, Paediatric Diabetic Nurse and Anne Walker, Paediatric Dietitian and Dr Tim Hopkirk, the Associate Specialist.

Dr Venkatesh commented: “What these results mean is that we are seen to be managing our patients and their condition extremely well. The report also acknowledges that we are delivering an excellent service to our patients, despite being less well resourced than other larger Trusts.”

Best ever organ donation referral rate at Trust

Between October and December the Trust had a 50% organ donation rate – the best referral rate to date.

The Organ Donation Committee is working to increase this referral rate where appropriate. An Organ and tissue donation policy is being produced. This policy will provide the framework for the identification of potential donors, approaching potential donors’ families, donor management and organ retrieval.

Medical school goes from strength to strength

The Trust continues to reap the benefits of its strong links with Hull York Medical School (HYMS) with 180 students being placed within the Trust during the 2010/2011 academic year.

HYMS at Scarborough continues to receive outstanding support from GPs, hospital staff, St Catherine’s and Cross Lane Hospital.

In October 2009, HYMS worked in collaboration with the Trust to submit a bid to the SHA for a new clinical skills facility, to be constructed on top of the existing HYMS building. This bid was successful and the new facility opened in August.

Over one hundred sixth form students from across the region were given an insight into what it was like to work in a hospital at an open day held by HYMS at Scarborough Hospital in October. Mini lectures, skills sessions and workshops gave local students an opportunity to see the wealth of careers that are available at their local hospital.

Bridlington pain clinic

Bridlington patients are benefiting from an expansion of the Trust’s pain services as an additional clinic commenced at the hospital in July 2010.

Dr Sleeba Jacob joined the Trust's chronic pain team, working alongside Dr Jones and Dr Garthwaite, to treat patients who experience chronic pain.

Sleeba joined the Trust in 2003 as a Consultant Anaesthetist and for the last year he has been working with the chronic pain team at Leeds University Hospitals. Sleeba explained: “The service is highly regarded by its patients and the expansion of the service at Bridlington Hospital is great news for local residents.”
2. Organisational Development

Partnership plans progress

During 2010/11 discussions began around integrating York and Scarborough Hospital Trusts into a single organisation.

As the partnership discussions continue, there have been some initial changes to the organisational structure.

Richard Sunley stepped down from his role as Chief Executive of Scarborough and North East Yorkshire NHS Trust on March 7 to take up a secondment role at Hull and East Yorkshire Hospitals NHS Trust.

Sir Michael Carlisle, Chairman of Scarborough and North East Yorkshire NHS Trust, said: “Richard was a tremendous asset to the trust and has helped us take great strides forward.

“As Chief Executive of Scarborough and North East Yorkshire NHS Trust, Richard has seen the Trust improve its performance both clinically and financially.”

Mike Proctor, Deputy Chief Executive at York Teaching Hospital NHS Foundation Trust, took up the role of Chief Executive at Scarborough to help lead the integration process.

In addition, the trust appointed an Interim Director of Nursing, Nicki McNaney, whilst current Director of Nursing Teresa Fenech took up a new role as integration lead. Teresa will be working with both Scarborough Trust and York Trust to head up the partnership project.

In addition a number of new Executive Director appointments have been made during 2010/11.

- Chief Executive, Richard Sunley
  - March 2009 to 6 March 2011
- Chief Executive, Mike Proctor
  - (from 7 March 2011)
- Director of Human Resources, Jayne Adamson
- Medical Director, Mark Andrews
- Deputy Chief Executive and Director of Nursing, Teresa Fenech
- Interim Director of Nursing, Nicki McNaney
- Interim Director of Operations, Peter Kennedy
- Director of Facilities, James Hayward
- Acting Director of Finance, Richard Mellor (1 August 2009 to 31 July 2010)
- Director of Finance, Bernard Chalk (from 1 August 2010)
Welcome changes

Work has begun to update Scarborough Hospital’s main reception and entrance area, to be completed in 2012. The new interior will be lighter and more spacious, proving a better experience and first impression for patients, staff and visitors.

The new layout will help improve patient flow whilst improved facilities will include a coffee shop, baby changing facilities and toilets, seating areas and a new reception office.

A&E refurbishment to provide huge benefits

A refurbishment of Scarborough Hospital’s A&E department begun this year, to improve patient facilities and make it a more comfortable environment. The project will also help improve patient flow by increasing nurse assessment and minor injuries facilities and providing enhanced resuscitation room facilities.

New signage for Scarborough site

Visitors, staff and patients are now greeted by new internal and external signs at Scarborough Hospital – making it easier for people to navigate their way around the hospital.

Malcolm Miller, Capital Projects Manager, explained: “Following the signage presentations we held last May, new signs have been designed and erected. We are working hard to improve the accessibility of our hospitals, to make sure that a visit to hospital is as stress free as possible and patients and visitors can easily find their way around our hospitals.”

Inspection reveals improvements to patient environment

This year, the PEAT inspection team scored Scarborough and Bridlington Hospitals as ‘Good’ across the three categories of Environment, Food and Privacy and Dignity in its annual assessment. This is a significant improvement over previous years’ scores.

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, Environment, Food and Privacy and Dignity.
Estate and environment

Greener hospital sites

Thirty three trees have now been planted in the grounds of Scarborough and Bridlington Hospitals as part of the NHS Forest project, a national project coordinated by the Campaign for Greener Healthcare. The project aims to improve the health of staff, patients and communities through the use of green space as well as by encouraging Trusts to help reduce the NHS’ carbon footprint.

The Trust was granted £2,500 of funding from the charitable funds committee to purchase the trees, enabling it to participate in the NHS Forest initiative.

Shaun Fletcher, Grounds Maintenance Supervisor, explained: “The trees are of a native variety found in North Yorkshire and include Maple, Rowan, Beech, Ash, Oak, Pine and Hornbeam.

“We planted the first tree last May and since then we have planted a total of thirty three trees in suitable protected locations across both hospital sites.”

James Hayward, Director of Facilities, said: “The planting of these trees will help us go greener in many ways. As well as helping offset our carbon emissions, the trees have been planted in locations which will help create shade on buildings, to help with our heatwave planning.”

Trust helps 270,000 people through AquaFund

The Trust has been working with ADSM, a leading UK utility management company, to help reduce its water consumption, through a scheme called AquaFund.

AquaFund provides the expertise, the resources and the infrastructure to drive down UK organisations’ water costs, helping them to make water savings and efficiencies. The fund not only pays for the infrastructure required to save water but also the regular monitoring services that identify further potential savings over time. Money raised from AquaFund is donated to WaterAid. The initiative raises funds for international water projects by working with UK organisations to use less water – when AquaFund customers use less water, international communities gain access to more drinkable water. James Hayward, explained: “This is a great initiative that has not only helped us to become more energy efficient but in doing so we are helping to support those who do not have access to clean drinking water.

“IT is something that we take for granted, but by reducing the amount of water that we use as an organisation we have not only made savings but have helped bring clean water to over 270,000 people in Bangladesh.”

Having been involved in the Scarborough and Bridlington inspections for several years I believe this year the overall standard of areas inspected showed a significant upgrade. The provision of new bed curtains made the wards brighter and more patient friendly. Hand cleansing facilities for staff and visitors were more obvious than in previous years and overall both hospitals created a positive impression and a sense of moving forward.

Leo McGrory, Chair of the Scarborough branch of LINks
A new energy saving programme which has also reduced operating costs, has been introduced at the Trust this year. By using energy efficient lighting and boilers NHS sites in Scarborough and Bridlington the Trust has saved £70,000 this year – the equivalent of 700 tonnes of carbon dioxide.

Following a full energy audit at the Trust, a host of energy saving schemes were identified as part of EnergyEdge. Simple measures introduced immediately saved the Trust 5% of its annual utility costs, with other initiatives increasing this saving to 10% and up to 29% savings were made at the Trust’s Bridlington site.

Energy Manager John Green explained: “Like all other Trusts, we knew we had to improve the efficiency of our energy consumption without reducing the quality of patient care. Working with Schneider Electric we have been able to meet our energy saving targets in a relatively short space of time.”

Energy saving initiatives have included:

- Adjusting some of the Trust’s building energy management system settings
- Reducing pump sizes
- Fitting variable speed drives
- Replacing obsolete and faulty controls

“We were so pleased with the initial savings that we continued with the scheme and have now identified some further significant improvements,” said John.

Preparing for emergencies
The Trust is well prepared to manage major incidents, such as pandemic flu or a major accident or emergency. Its 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. As with all NHS organisations, the Trust has published a statement of readiness against key elements of the Demand and Capacity Guidance (April 2009).

Energy savings
A project to map out the Trust’s energy and water use has got underway, thanks to the appointment of Simon Smeathers, from De Montford University in Leicester.

Simon has been working to reduce the Trust’s carbon footprint as part of a Knowledge Transfer Partnership (KTP) - a two year professional development scheme.

Simon explained: “The project I will be working on aims to map out the Trust’s energy and water use and the underlying behaviours which govern the use of these resources. This will enable the Trust to develop and implement strategies to reduce utilities consumption and thus reduce the Trust’s carbon emissions.”

He continued: “I believe this is an exciting project because it provides the Trust with knowledge and expertise which is not currently present within the organisation. It also demonstrates a positive commitment by the Trust to actively improve its environmental performance and become a leader within the NHS in terms of its sustainability practices.”

Green policies set to pay dividends
Also this year the Trust signed up to the CRC Energy Efficiency Scheme a new mandatory incentive aimed at improving energy efficiency in large UK public and private sector organisations, such as hospitals.

It’s seen as being vital to achieving the UK’s overall targets of reducing greenhouse gas emissions by at least 80 per cent by 2050.

The Trust is among around 5,000 organisations who will need to monitor their emissions and ‘buy’ allowances to allow them to emit carbon dioxide (CO2). The more CO2 an organisation emits, the more allowances it will need to buy, so there is a clear incentive to reduce emissions. But participating organisations will also be helped to reduce their energy bills and save money, with any savings likely to exceed the cost of participating.

The Trust’s Estates Department is already working hard to reduce energy consumption and carbon emissions, with a number of schemes operating at both Scarborough and Bridlington hospitals. These include:

- new energy-efficient light fittings in main corridors and lift lobbies (Scarborough & Bridlington hospitals)
- installing variable speed drives to electric motors in the main plant rooms at Scarborough and all plant rooms at Bridlington
- new steam-raising boilers in the main boiler house (Scarborough)
- replacement of all heating and ventilation controls (Bridlington).

James Hayward, Director of Facilities, said: “We have approved an Energy and Carbon Policy and Strategy, and the Estates Department will submit annual reports on Trust energy consumption and carbon emissions, and report on initiatives which are being implemented.”
3. People

Nursing strategy days hosted by Trust

Over 60 nursing staff from Scarborough and Bridlington Hospitals took part in a nursing strategy development day in 2010 to explore and discuss local and national nursing priorities.

Presentations included Fit for the Future – the Trust’s clinical vision for the future – patient safety, privacy and dignity and improving patient experience. Workshops and group work gave staff the opportunity to interact and feedback best practice from their ward or to highlight any areas of concern.

Dianne Swiers, Deputy Chief Nurse said: “The day was very well attended and we were delighted with the feedback that we got from staff. It was great to see staff so enthusiastic and engaged.”

Feedback from staff included:
“The day gave me more understanding about the Trust’s vision for the future.”
“I would like this to be repeated.”
“It reinforced the good work that is being done and highlighted areas we need to focus on.”
“The day gave me a great insight into what is going on and what is expected of us.”

Three new matrons - Annette Wilkes, David Thorpe and Emma Day - were welcomed onboard this year. They joined Hilary Woodward and Tracey Wright, taking the total number of matrons to five – the highest number of matrons that the Trust has had since 2005.

Teresa Fenech, Director of Nursing and Deputy Chief Executive, said: “Strong nursing leadership is integral to delivering our patients with the best possible care and we are delighted to now have five matrons at the Trust, the most that we have had in recent years.”

Matrons: from left, Emma Day, Tracey Wright, David Thorpe and Hilary Woodward. Unfortunately, Annette Wilkes is missing from the photo.

Learning disabilities

The Trust has appointed a part-time Learning Disability lead, thanks to support from the Learning Disability Service.

The role will involve working at Scarborough Hospital for four hours a week, talking to patients with Learning Disabilities about their care, as well as assisting with jobs such as checking hand gel dispensers.

Lynne Taylor, Health Facilitator from NHS North Yorkshire and York, said: “This is an excellent example of local health services working together to give people with learning disabilities the opportunity to work.”

In addition, the Trust has asked staff to volunteer as Learning Disability (LD) Champions, who will become advocates for patients with learning disabilities and their carers/family whilst acting as a positive mentor and role model for other colleagues.

Tracey Wright, Matron for Surgery, who is the lead for learning disability explained: “As a healthcare provider it is vital that we make sure that people with learning disabilities get the best possible healthcare – the care that they are entitled to.”

Fair treatment for all staff

Work is continuing to take 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. They help to address any concern a member of staff might have about their work, including issues with bullying.

Jaye Adamson, Director of HR, explained: “Bullying causes a great deal of unhappiness, can affect people’s health, greatly affects attitudes towards work and prevents effective team work.”
The Trust first introduced its Hospital Volunteer Scheme 13 years ago in 1998 and since then hundreds of volunteers have generously given up their time to assist patients, visitors and staff in a variety of roles. The Trust is also 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.

Yvonne Pearson, 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.”

The Trust has 45 chaplaincy volunteers, 100 hospital volunteers and 70 WRVS volunteers at Scarborough and Bridlington Hospitals.

Nine new cadet nurses took their first step onto the nursing ladder by joining the Trust during 2010/11, taking the total number of cadets on the scheme up to 18. Kris Marsh, Laura Hodgson, Jodie Rich, Maddie Stamp, Jenni Stephenson, Amanda Winterflood, Jessica Armstrong and Anne-Marie McMahon will work full time at Scarborough Hospital, whilst Ashleigh Lewis will be based at Bridlington Hospital.

The cadets spend two days a month at college, gaining a formal qualification alongside practical hands on experience.

The cadet nurse scheme is a two year programme which is open to young people aged between 16 and 23. During this time the cadets will work towards a Technical Certificate at level 3 in Supporting in Care Practice, and a level 3 QCF in General Healthcare Support – qualifications which are equivalent to four A Levels.

On successful completion of the course all cadets will have the opportunity to be interviewed for a place at York University to start nurse training, or may be able to gain permanent employment as healthcare assistants within the Trust.

Dianne Swiers, the Trust’s Deputy Chief Nurse said: “As it is the only cadet nurse scheme in North Yorkshire, it is extremely popular so I would like to commend the cadets for gaining a place on the programme.

“We are proud to have been training cadets for the past 10 years. The scheme gives young people not only hands on, practical experience of nursing but will also enable them to gain an academic qualification and a route into university or a permanent healthcare position.

“Of course, we’d also like to thank all of the members of staff who support our cadets in their learning experience.”

The Trust has recently employed a number of newly qualified Registered Nurses who have previously completed the cadet scheme before taking up studies at York University and subsequently applying for permanent roles within the Trust.

I have worked in 15 different roles over the last 25 years at the acute trust, also linking into the PCT. Each post has been challenging, rewarding and enjoyable. Here’s to the next 25 years!

Lesley Dennis, Governance Projects Manager.

**Partnership award for Trust**

The Trust has been recognised for effective partnership working with its trade unions by coming runner up in the trade union capacity category in the Recognition of Effective Social Partnership Working Awards.

The awards, which are run by Yorkshire and the Humber NHS, aim to recognise good practice and effective social partnership working.

Jayne Adamson, Director of Human Resources, said: “I am really delighted that we have been recognised in this category. Over the past year we have been working extremely hard to build our trade union capacity.

“This work has involved education – educating both managers about the role of the union and the union about the unique issues we face. We have also worked to improve communication through regular meetings and away days. As a Trust we are committed to continuing to develop this relationship even further and this recognition is testament to the hard work which has taken place on both sides.”

**Trust welcomes nine new cadet nurses**

**Army of volunteers appreciated**

The Trust has been recognised for effective partnership working with its trade unions by coming runner up in the trade union capacity category in the Recognition of Effective Social Partnership Working Awards.
People

Giving the recognition that people deserve...

Hospital staff are getting the recognition they deserve as part of a staff recognition scheme, introduced in June 2009.

Over 200 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.

<table>
<thead>
<tr>
<th>ABCD Winners 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>April 2010</td>
</tr>
<tr>
<td>May 2010</td>
</tr>
<tr>
<td>June 2010</td>
</tr>
<tr>
<td>July 2010</td>
</tr>
<tr>
<td>August 2010</td>
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<tr>
<td>September 2010</td>
</tr>
<tr>
<td>October 2010</td>
</tr>
<tr>
<td>November 2010</td>
</tr>
<tr>
<td>December 2010</td>
</tr>
<tr>
<td>January 2011</td>
</tr>
<tr>
<td>February 2011</td>
</tr>
<tr>
<td>March 2011</td>
</tr>
</tbody>
</table>

Disability

The Trust is committed to equality of opportunity for all staff. It ensures disability equality forms part of its general duty to promote equality of opportunity and forms part of its overarching equality agenda. Its commitment to equality means that that the Trust will meet its responsibility under the Disability Discrimination Act 2005 by promoting equality of opportunity with its communities, its partner organisations and its staff.

The Disability Equality Scheme plays a vital part in ensuring that this duty is put into place. Progress against the scheme is reported to the Board on an annual basis. This scheme aims to reflect the ‘social model of disability’ which particularly focuses on the attitudinal and environmental barriers faced by disabled people, rather than their impairment or medical condition. The scheme intends to break down those barriers so that disabled people can gain equal access to services and employment. The Trust wishes to deliver its services and employ staff in such a way that disabled people feel they are not excluded and are treated equally.

The Trust’s clinical functions and policies demonstrate the provision of care on the basis of clinical need. It is recognised that people who access and use our services will bring with them a set of personal needs.

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 high class service provision.

Equality and diversity

The Trust believes in fairness, equity and above all values diversity in all dealings, both as provider of health services and an employer. It is committed to eliminating discrimination on the basis of gender, age, disability, race, religion, sexuality or social class. We aim to provide accessible services, delivered in a way that respects the needs of each individual and does not exclude anyone.

By demonstrating these beliefs the Trust aims to ensure that it develops a healthcare workforce that is diverse, non discriminatory and appropriate to deliver modern healthcare.

The Trust intends to embed its equality and diversity values into every day practice, policies and procedures – so that equality and diversity becomes the norm for all. Equality is not about treating everyone the same, it is about ensuring that access to opportunities are available to all by taking account of people’s differing needs and capabilities.

Diversity is about recognising and valuing differences through inclusion, regardless of age, disability, gender, racial origin, religion, belief, sexual orientation, commitments outside work, part-time or shift work, language, union activity, HIV status, perspectives, opinions and person values etc.

The Trust is supporting NHS employers in working towards developing a workforce that is representative of the community it serves.

Human Rights is a set of minimum legal standards and core values that Scarborough Trust is committed to meeting to build a community and wider society based on fairness, respect, equality, dignity and autonomy.

News review – look back at 2010/11

ABCD Winners 2010/11

- April 2010: Margaret Hedges (Hotel Services Supervisor at BDH)
- May 2010: Craig Self and Richard Souter (Porters)
- June 2010: Jean Campbell (Stoma Care Nurse Specialist)
- July 2010: Tricia Stevenson (Cashier BDH)
- August 2010: Tracey Bott (Medical Records at BDH)
- September 2010: Lydia Lopez, Dr Rakhi Sharma and Pat Lanny (A&E staff)
- October 2010: Minor Injuries at BDH
- November 2010: Jackie Mills (Facilities Helpdesk)
- December 2010: Andrea Wilson (Specialist Cardiac Nurse)
- January 2011: Ann Moorhouse (Ward Clerk on Waters Ward at BDH)
- February 2011: Chris Coombs (Trust Board Secretary)
- March 2011: Caron Smith (Antenatal Office)
The trust employs 1931 Whole Time Equivalent (WTE) staff which equates to around 2585 employees, representing 62 different careers.

The table below covers the whole of the workforce and identifies the contracted whole time equivalents (as opposed to worked whole time equivalents) at the end of each period. Turnover is an annualised figure, calculated by dividing the number of leavers into the average contracted staff in post during the reporting period.

### Staff in post and turnover by directorate

<table>
<thead>
<tr>
<th>Staff (Full time equivalent)</th>
<th>Mar-09</th>
<th>Jun-09</th>
<th>Sep-09</th>
<th>Dec-09</th>
<th>Mar-10</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional, Scientific &amp; Technical</td>
<td>40</td>
<td>41.9</td>
<td>38.9</td>
<td>39.7</td>
<td>40.7</td>
<td>12.7</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>328.2</td>
<td>340.7</td>
<td>349.0</td>
<td>354.3</td>
<td>351.6</td>
<td>11.2</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>348.5</td>
<td>353.3</td>
<td>359.6</td>
<td>355.9</td>
<td>357.9</td>
<td>8.4</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>55.2</td>
<td>62.7</td>
<td>65.0</td>
<td>64.1</td>
<td>61.4</td>
<td>18.8</td>
</tr>
<tr>
<td>Estates &amp; Ancillary</td>
<td>224.1</td>
<td>220.1</td>
<td>216.5</td>
<td>214.4</td>
<td>217</td>
<td>10.3</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>57.3</td>
<td>58.4</td>
<td>59.2</td>
<td>57</td>
<td>57.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>196.6</td>
<td>200.0</td>
<td>205.2</td>
<td>202.6</td>
<td>206.3</td>
<td>58.4</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>567.5</td>
<td>566.1</td>
<td>563.3</td>
<td>570.3</td>
<td>569.5</td>
<td>10.2</td>
</tr>
<tr>
<td>Staff FTE: Total</td>
<td>1817.7</td>
<td>1843.2</td>
<td>1856.7</td>
<td>1858.5</td>
<td>1862</td>
<td>15.9</td>
</tr>
</tbody>
</table>

### Sickness absence

Sickness absence is expressed as a percentage of the time lost against contracted whole time equivalents. The Trust has a lower than average sickness rate, compared to other acute trusts in the region. The comparative average for acute trusts within the patch is 4.9% and this trust has a sickness rate of 4.7%. In July the Trust appointed Jo Startup, as HR Advisor, Jo’s role is to work to reduce sickness levels across the Trust.

### Ethnic breakdown by directorate

<table>
<thead>
<tr>
<th>Total</th>
<th>% Non white</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof, Scientific &amp; Tech</td>
<td>40.7</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>351.6</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>357.9</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>61.4</td>
</tr>
<tr>
<td>Estates &amp; Ancillary</td>
<td>217</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>57.2</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>206.3</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>569.5</td>
</tr>
<tr>
<td>Total (Full time equivalent)</td>
<td>1862</td>
</tr>
</tbody>
</table>

### Gender breakdown by directorate

75.5% of staff are female and 24.5% of staff are male

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof, Scientific &amp; Tech</td>
<td>24.9</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>293.9</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>289.4</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>51</td>
</tr>
<tr>
<td>Estates &amp; Ancillary</td>
<td>125.9</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>29.2</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>53</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>538.1</td>
</tr>
<tr>
<td>Total (full time equivalent)</td>
<td>1405.8</td>
</tr>
</tbody>
</table>
4. Vision and Values

This year has seen the development of a new vision and set of values for the Trust. An intensive piece of work has been carried out with staff, as part of an organisational transformation programme. The work has involved understanding the personal values of staff in order to create the vision and values for the Trust.

Director of HR Jayne Adamson explained: “It has been a huge piece of work involving all our staff and they have all worked so hard to contribute to what I feel has been a worthwhile process. Vision-guided, values-driven organisations are the most successful organisations so this has been a very important exercise for us all.”

Staff were asked to take part in a cultural values assessment to help understand the current culture and see what needed to improve. Following on from this, values were selected and voted on for the Trust.

As an organisation the trust has committed to the vision of ‘Caring with Pride’ and the following five values:

- Patient safety
- Patient Satisfaction
- Open Communication
- Honesty
- Teamwork

Our priorities
In 2010/11 the Trust worked towards a number of corporate objectives, centred around:

- Patient safety
- Clinical and cost effectiveness
- Clinical and corporate governance
- Patient focus/ accessible and responsive care
- Public health
- Organisational development/valuing staff
- Finance
- Strategic direction

The priorities for improvement as set out in the 2010/11 Quality Accounts were:

- Patient experience – reduce the number of patient moves for non-clinical reasons
- Patient experience – minimise the number of outpatient appointments that are rescheduled
- Patient safety – reduce hospital mortality
- Patient safety – reduce the rate of C Difficile
- Clinical effectiveness – Improve stroke care

5. Looking Forward

The priorities for improvement as set out in the 2010/11 Quality Accounts are:

- Continuation of focus on minimising the number of outpatient appointments that are rescheduled
- Reduce hospital readmissions
- Discharge and medication information for patients, their carers and GPs
- Food nutrition and feeding
- MSSA and EColi surveillance

Patient Comment:
I couldn’t have asked for more. It has been my experience to witness how hard everyone works without complaint in a busy environment delivering a service second to none.
## 6. Performance and Targets

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

### National performance against key national targets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient focus and access</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>New target achieved 96.28% of patients in A&amp;E were admitted or discharged within four hours of arrival</td>
</tr>
<tr>
<td>New target for 2010/11 - 95% of patients to wait no more than 4 hours to be seen in A&amp;E</td>
<td>Achieved</td>
<td>98.07% of patients in A&amp;E were admitted or discharged within four hours of arrival</td>
<td>Achieved</td>
<td>No data available as monitoring of these targets stopped in March 2010</td>
</tr>
<tr>
<td>In patients must be seen within 26 weeks of the decision to admit</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>Delayed transfers of care (delayed discharges)</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>Rapid access – 98% of patients referred by their GP with chest pain have to be seen within 14 days</td>
<td>Underachieved</td>
<td>99.86% of patients were seen within 14 days</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>Patients must wait no longer than 13 weeks from GP referral to first new outpatient appointment</td>
<td>Achieved</td>
<td>Underachieved</td>
<td>Achieved</td>
<td>No data available as monitoring of these targets stopped in March 2010</td>
</tr>
<tr>
<td>Hospital cancellations on the day of admission – less than 0.8% of all elective admissions can be cancelled on the day of admissions</td>
<td>Failed</td>
<td>Underachieved</td>
<td>Underachieved</td>
<td>Failed</td>
</tr>
</tbody>
</table>

### 18-week waiting time targets

<p>| By December 2008, 90% of admitted patients must be admitted to hospital within 18 weeks of being referred by their GP | Target of 85% achieved | New target achieved 92.52% of admitted patients were admitted to hospital within 18 weeks of going to see their GP | Achieved | Failed 80.83% of admitted patients were admitted to hospital within 18 weeks of going to see their GP |</p>
<table>
<thead>
<tr>
<th>By December 2008, 95% of non-admitted patients must be seen and discharged from hospital within 18 weeks of being referred by their GP</th>
<th>Target of 90% achieved</th>
<th>New target achieved 95.54% of non-admitted patients were seen and discharged from the hospital within 18 weeks of being referred by their GP</th>
<th>Achieved</th>
<th>Achieved 95.95% of non-admitted patients were seen and discharged from the hospital within 18 weeks of being referred by their GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer waiting time targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93% of patients with suspected cancer must be seen within 14 days of referral from their GP</td>
<td>Achieved 99.35% of all cancer patients were seen within 14 days of the GP's decision to refer</td>
<td>Achieved 99.57% of all cancer patients were seen within 14 days of the GP's decision to refer</td>
<td>Achieved</td>
<td>Achieved 98.67% of all cancer patients were seen within 14 days of the GP's decision to refer</td>
</tr>
<tr>
<td>97% of patients with cancer must be treated within 31 days of diagnosis</td>
<td>Achieved 98% of cancer patients were treated within 31 days of diagnosis</td>
<td>Achieved 99.44% of cancer patients were treated within 31 days of diagnosis</td>
<td>Achieved</td>
<td>Achieved 98.25% of cancer patients were treated within 31 days of diagnosis</td>
</tr>
<tr>
<td>85% of patients with suspected cancer must be treated within 62 days of referral from their GP</td>
<td>Achieved 95.40% of cancer patients were treated within 62 days of referral from their GP</td>
<td>Achieved 96.45% of cancer patients were treated within 62 days of referral from their GP</td>
<td>Achieved</td>
<td>Achieved 90.24% of cancer patients were treated within 62 days of referral from their GP</td>
</tr>
<tr>
<td>Health and wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data quality on ethnic group – 85% of all patients admitted must have their ethnic category assigned to them on the Patient Administration System (PAS)</td>
<td>Underachieved</td>
<td>Underachieved</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Clinical quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68% of patients have to be treated with thrombolysis within 60 minutes of making an emergency call</td>
<td>Underachieved 45.3% of patients received thrombolysis within 60 minutes of making an emergency call</td>
<td>Achieved 70.27% of patients received thrombolysis within 60 minutes of making an emergency call</td>
<td>Underachieved</td>
<td>Patients no longer thrombolysed at Scarborough Hospital from January 2010</td>
</tr>
<tr>
<td>Hospital Acquired Infection Control targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Diff</td>
<td>No target for 2007/98</td>
<td>New target achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>MRSA</td>
<td>Failed</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

### 7. Finance

The Trust has continued to make good progress, reporting a financial surplus for 2010/11. Tight budgetary control and careful monitoring has meant the Trust has again delivered its agreed surplus of £1.89 million at 31 March 2011. The Trust has also slightly under spent on its capital programme, which totals £5.317 million for 2010/11. Although cost improvement plans have been made more realistic, the Trust has not achieved its targets this year and will be looking at making additional savings next year.

**Reducing Fraud**

The Board is absolutely committed to maintaining an honest, open, non-discriminatory and well-intentioned atmosphere throughout the Trust. It is therefore committed to reducing fraud to the absolute practical minimum within the Authority, 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.
The Trust Board

Non Executive Directors
- Chairman, Sir Michael Carlisle
- Non Executive Director, Robert Deri
- Non Executive Director, Frances Shimmin
- Non Executive Director, Martin Narey
- Non Executive Director, Dr Deborah McInerny
- Non Executive Director, Dr Alan Raymond

Executive Directors
- Chief Executive, Mike Proctor
- Chief Executive, Richard Sunley
- Director of Finance and Procurement, Bernard Chalk
- Deputy Chief Executive and Chief Nurse, Teresa Fenech
- Director of Operations, Denise Potter
- Interim Director of Operations, Peter Kennedy
- Medical Director, Mark Andrews
- Director of Human Resources, Jayne Adamson
- Director of Estates and Facilities, James Hayward
- Acting Director of Finance, Richard Mellor

Membership of committees
All Non-Executive Directors (NEDs) are members of the Remuneration Committee

Audit Committee:
Current:
Robert Deri NED (Chair)
Frances Shimmin NED (Vice Chair)
Alan Raymond NED
Teresa Fenech ED
Bernard Chalk ED

Corporate Governance Committee:
Current:
Teresa Fenech ED Chair
Bernard Chalk ED
James Hayward ED
Jayne Adamson ED
Peter Kennedy ED
Frances Shimmin NED

Clinical Governance Committee:
Current:
Teresa Fenech ED Chair
Mark Andrews ED Vice Chair
Deborah McInerny NED

Capital Group:
Current:
Richard Mellor ED Chair
Teresa Fenech ED
James Hayward ED

Remuneration Committee:
Current:
Sir Michael Carlisle NED Chair
Robert Deri NED Vice Chair
Frances Shimmin NED
Alan Raymond NED
Deborah McInerny NED
Martin Narey NED

Charitable Funds:
Current:
Frances Shimmin NED Chair
Deborah McInerny NED
Teresa Fenech ED
Bernard Chalk ED

DECLARATION OF DIRECTORS’ INTERESTS

Sir Michael Carlisle
Chairman
Chairman HYMS Fitness to Practice Committee
Member of Court, University of York
Companion Chartered Management Institute

Robert Deri
Non-Executive Director
Director Deri Consultants Limited

Frances Shimmin
Non-Executive Director
No Interests (Nil return)

Dr Deborah McInerny
Non-Executive Director
Director of D. McInerny Ltd which provides HR consultancy to NHS Trusts
Justice of the Peace - Ministry of Justice
Panel Member Tribunal Service
Trustee Fyling Hall School
Diversity Ambassador – Cabinet Office (Women’s Group)

Alan Raymond
Non Executive Director
Investor in Pro-Line Therapeutics Ltd Drug Discovery Company
Shareholder Critical Pharmaceuticals Ltd Drug delivery Company
Owner / Director Pentamery Consulting – Biomedical Strategy/New product development consultancy

Martin Narey
Non Executive Director
Chief Executive Barnardo’s
Chair of Trustees Redbridge College

Mike Proctor
Interim Chief Executive
Governor York College

Richard Sunley
Chief Executive
No Interests

Teresa Fenech
Director of Nursing/ Deputy Chief Executive
Member of the Institute of Healthcare Managers

Bernard Chalk
Director of Finance
Member of the Chartered Institute of Public Finance and Accountancy

Peter Kennedy
Interim Director of Operations
No Interests

Mark Andrews
Medical Director
No interests

James Hayward
Director of Facilities
External Advisor – Care Quality Commission
Governor – Southfield Girls School (Kettering)
Panel Member - National Institute for Health Research
External Academic and Technical Advisor- De Montford University, Institute of Energy and Sustainable Development
Trustee – The Cambridge Centre Scarborough

Jayne Adamson
Director of Human Resources
York Foundation Trust - Member

Richard Mellor
Acting Director of Finance
No Interests
## Remuneration report

### Salaries and allowance – year ended 31 March 2011

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Post</th>
<th>Salary Excl On Costs in bands of £5,000</th>
<th>Other Remuneration</th>
<th>Benefits in Kind</th>
<th>Salary Excl On Costs in bands of £5,000</th>
<th>Other Remuneration</th>
<th>Benefits in Kind</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R Sunley</strong></td>
<td>Chief Executive (to 06/03/11)</td>
<td>135-140</td>
<td>0</td>
<td>0</td>
<td>145-150</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>M Proctor</strong></td>
<td>Chief Executive (from 07/03/11)</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B Chalk</strong></td>
<td>Director of Finance (from 01/08/10)</td>
<td>70-75</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R Mellor</strong></td>
<td>Acting Director of Finance (to 31/07/10)</td>
<td>25-30</td>
<td>0</td>
<td>0</td>
<td>40-45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>C M Andrews</strong></td>
<td>Medical Director</td>
<td>50-55</td>
<td>100-105</td>
<td>0</td>
<td>50-55</td>
<td>130-135</td>
<td>0</td>
</tr>
<tr>
<td><strong>T Fenech</strong></td>
<td>Deputy Chief Executive/ Director of Nursing</td>
<td>85-90</td>
<td>0</td>
<td>0</td>
<td>85-90</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>D Potter</strong></td>
<td>Director of Clinical Services (to 30/09/10)</td>
<td>40-45</td>
<td>120-125</td>
<td>0</td>
<td>80-85</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>P Kennedy</strong></td>
<td>Acting Director of Operations (from 01/10/10)</td>
<td>35-40</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>J Hayward</strong></td>
<td>Director of Facilities</td>
<td>100-105</td>
<td>0</td>
<td>0</td>
<td>95-100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>J Adamson</strong></td>
<td>Director of Human Resources</td>
<td>95-100</td>
<td>0</td>
<td>0</td>
<td>85-90</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sir M Carlise</strong></td>
<td>Chairman</td>
<td>20-25</td>
<td>0</td>
<td>0</td>
<td>20 - 25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>R Deri</strong></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><strong>F Shimmin</strong></td>
<td>Non Executive Director</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>5 -10</td>
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</tr>
<tr>
<td><strong>A Raymond</strong></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><strong>D Mclnerney</strong></td>
<td>Non Executive Director</td>
<td>5-10</td>
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<td>0</td>
<td>5 -10</td>
<td>0</td>
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</tr>
<tr>
<td><strong>M Narey</strong></td>
<td>Non Executive Director</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0 - 5</td>
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</tr>
</tbody>
</table>

* Recharge of salary costs from York Teaching Hospital NHS FT £ Accrual for expected recharge of salary costs from South West SHA
Blanks indicate no prior year data.

### Pension benefits – year ended 31 March 2011

<table>
<thead>
<tr>
<th>Name and title</th>
<th>(bands of £2,500) £000</th>
<th>Real increase in pension at age 60</th>
<th>(bands of £2,500) £000</th>
<th>Real increase in pension lump sum at aged 60</th>
<th>(bands of £5,000) £000</th>
<th>Total accrued pension at age 60 at 31 March 2011</th>
<th>(bands of £5,000) £000</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2011</th>
<th>(bands of £5,000) £000</th>
<th>Cash Equivalent Transfer Value at 31 March 2011</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>Real increase in Cash Equivalent Transfer Value</th>
<th>Employer’s contribution to stakeholder pension</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Richard Sunley</strong></td>
<td>Chief Executive</td>
<td>0-2.5</td>
<td>5-7.5</td>
<td>50-55</td>
<td>155-160</td>
<td>848</td>
<td>928</td>
<td>-80</td>
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<tr>
<td><strong>Bernard Chalk</strong></td>
<td>Director of Finance from 01/08/10</td>
<td>2.5-5.0</td>
<td>7.5-10</td>
<td>55-60</td>
<td>165-170</td>
<td>1232</td>
<td>1238</td>
<td>-6</td>
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<tr>
<td><strong>Richard Mellor</strong></td>
<td>Acting Director of Finance to 31/07/10</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>15-20</td>
<td>50-55</td>
<td>216</td>
<td>246</td>
<td>-30</td>
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<tr>
<td><strong>Denise Potter</strong></td>
<td>Director of Clinical Services</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>30-35</td>
<td>100-105</td>
<td>611</td>
<td>658</td>
<td>-47</td>
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<tr>
<td><strong>Teresa Fenech</strong></td>
<td>Deputy Chief Executive/ Director of Nursing</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>20-25</td>
<td>60-65</td>
<td>340</td>
<td>349</td>
<td>-9</td>
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<tr>
<td><strong>James Hayward</strong></td>
<td>Director of Facilities</td>
<td>2.5-5</td>
<td>10-12.5</td>
<td>45-50</td>
<td>140-145</td>
<td>983</td>
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<tr>
<td><strong>Jayne Adamson</strong></td>
<td>Director of Human Resources</td>
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<td>55</td>
<td>17</td>
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<tr>
<td><strong>Mark Andrews</strong></td>
<td>Medical Director</td>
<td>-0-2.5</td>
<td>-0-2.5</td>
<td>30-35</td>
<td>100-105</td>
<td>546</td>
<td>623</td>
<td>-77</td>
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</tbody>
</table>

The tables containing salary and pension information for directors have been audited. Blanks indicate no prior year data.
Scarborough and North East Yorkshire Healthcare NHS Trust was formed in 1992. It runs two hospitals – Scarborough District General Hospital and Bridlington Hospital – and also provides health care from community hospitals at Whitby, Driffield and Malton which are run by the local primary care trusts (PCTs).

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

The hospital services are mainly commissioned by two Primary Care Trusts (PCTs) – NHS East Riding and NHS North Yorkshire and York and most of the trust’s income comes from contracts with these two PCTs.

Our patients
Between April 2010 and March 2011 the Trust had:

- 55,668 attendances at A&E
- 152,327 outpatient attendances
- 43,016 inpatients and daycases

Staff carried out more than 27,800 procedures and operations and delivered 1,680 babies during 2010-11.

Our services
The services which the trust delivers include:

- A&E
- Anaesthetics
- Cardiology
- Chemical pathology
- Care of the elderly
- Clinical pharmacology
- ENT
- General medicine
- Gynaecology
- Haematology
- Maternity
- Obstetrics
- Ophthalmology
- Paediatrics
- Radiology
- Trauma and Orthopaedics
- Urology

The majority of services are delivered from Scarborough General Hospital and Bridlington Hospital, with a number of services also delivered from Whitby, Malton and Driffield Hospitals.

Our area
Whitby, Scarborough, Filey and Bridlington are all nationally famous seaside resorts, but the entire county of North Yorkshire is a hugely popular tourist destination, particularly in the summer months.

The diverse area also covers communities in the market towns of Malton, Norton, Driffield, Pickering and Kirkbymoorside as well as the huge rural areas of the North York Moors and East Yorkshire Wolds. As a consequence, there are enormous fluctuations in the population numbers, which increase considerably during the summer holidays.

Popularity as a retirement destination also leads to particular demands upon health care provision. More than 20% of the population is over the age of 65, against a national average of 15%.

As a consequence of the location and demographics, the Trust faces particular challenges in delivering healthcare:

- Delivering the range of acute services which people need as close to their homes as possible
- Ensuring that the needs of the growing elderly population are met
- Maintaining safe and appropriate clinical care for all patients, working with many other hospitals and health teams
- Working with partner organisations across a wide and split geographical area.