We’re improving

All 2,500 staff at Scarborough and Bridlington Hospitals were handed out free ice creams last year to mark the Trust’s achievement in the NHS performance ratings.

The special ‘Scarborough Fair’ ice creams were given out to staff at Scarborough and Bridlington Hospitals as a special thank you for their contribution to the Trust’s improved performance. The specially flavoured strawberry and vanilla ice creams were sponsored by Harbour Bar in Scarborough.

The Trust was rated ‘Fair’ for both quality of service and use of resources in the 2009 Care Quality Commission (CQC) health check ratings. Chief Executive Richard Sunley said: “The result is a credit to all our staff and is the result of a huge amount of work by everyone. This improved performance confirms that we are heading in the right direction and, going forward, we now have a clear vision of what action is needed to improve our position further.”

good work: chief executive richard sunley; hilary woodward, matron for medicine (right); and harriet lynch, senior sister, with their ice cream treats.

...thanks to staff

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Winter extremes bring out the best in our staff

The extreme weather conditions this winter didn’t stop staff at Scarborough and Bridlington Hospitals coming into work. On one of the worst days in January, three shifts were fully staffed on the wards and all the Trust’s medical staff turned up for clinics at Bridlington and Scarborough Hospitals.

Chief executive Richard Sunley said: “This is an incredible achievement, given the weather. All our staff managed to get in to work to cover all three shifts – some of them travel more than 20 miles from south of Bridlington, Whitby, Pickering and Ryedale on un-gritted roads. Some walked or took public transport, but they managed to get to work. I want to say a huge thank you to all the staff who helped us continue to provide treatment and care to our patients.

“We have an amazing, dedicated team of staff within our hospitals. Many of them have worked here for a number of years which creates a very special environment.”

Come to our open day and AGM

You are invited to attend the Scarborough Hospital Open Day on Saturday 4 September from 10am until 3pm. The day will also include the Trust’s Annual General Meeting, which will take place at 1pm.

New look smartens up Trust image

The Trust launched a new look corporate image last year to improve the look and feel of all its communications and publications. The Trust’s ‘wave’, which highlights the Trust’s East Coast connections, now appears on all external and internal publications and gives the Trust a much more professional image.

Snow fun: staff enjoy the weather

Visit www.scarborough.nhs.uk
Anyone coming through the doors of our hospitals this year will see many changes. They will see cleaner wards, new flooring, new facilities, improved signage and better single sex accommodation on the wards. They will see a brand new 28-bedded ward being built and a brand new, state-of-the-art, midwifery-led maternity unit. The main changes and improvements, however, are not just the ones they will see. We hope their overall experience of our hospitals will be better, reflecting our priorities of patient experience and patient safety.

It’s been a roller coaster year with many ups and downs, but we have achieved a great deal and, more importantly, we can see real differences for our patients. Achieving a £2 million surplus this year means we have met our financial obligations for 2009/2010. With the management changes in place this year, we have been able to have tighter budgetary control and this improvement continues.

We have placed significant emphasis this year on patient safety and, as a result have seen improvements in mortality rates and in rates of MRSA and C. Diff. We know that, from talking and listening to our patients, they are seeing many improvements and we want this to continue.

In addition, we have launched our Fit for the Future programme, which is an organizational change programme to achieve long term service and cultural changes. Short term measures have achieved improvements, but if the Trust is to deliver health services which are fit for purpose in the future, transformation is needed.

The Strategic Review of local health service, lead by the Primary Care Trust, has identified a different care model for the area which, we know, will address both financial and operational issues in the future. This model has now been agreed and work has begun to make this happen.

This Trust is always going to have particular issues because of our geography, demographic make-up, building and environment and historical difficulties. We have difficulty recruiting because of where we are and sometimes have to rely on agency and temporary staff. Taking this into consideration, we have looked at areas where we can work smarter and areas where we can work in collaboration with other hospitals.

Change and transformation will be our focus for this coming year and, by listening to our staff, patients and community, our priorities are clearly set out in our Quality Accounts and Business Plan. We hope you will find this report of our activities for 2009/2010 interesting and informative and we welcome your feedback.

Richard Sunley
Chief executive

Sir Michael Carlisle
Chairman

Visit boosts privacy and dignity projects at Trust

Former Secretary of State for Health Alan Johnson visited the Trust in June 2009 to see for himself the work being done by the Trust to improve patients’ privacy and dignity.

The Trust received a share of £10.5 million of government funding this year to improve single sex accommodation for patients. Deputy Chief Executive Teresa Fenech said: “We were really pleased to welcome the Secretary of State and show him around Scarborough Hospital. Staff spoke to him about some of the difficulties and challenges we face within some of the older areas of the hospital to achieve privacy and dignity for patients.”

Patient comment

Kind support at a traumatic time
Katie Burchell, Canada

My gratitude also has to go to Scarborough Hospital nurses and the Macmillan Coordinator. I could not have got through my traumatic experience with out their help; a kinder set of professional people you could never meet.

Tour: Home Secretary and former Secretary of State for Health, Alan Johnson, visited Scarborough Hospital recently where he was shown some of the Trust’s mixed-sex accommodation plans.
Drive to reduce infection

Great efforts have been made by staff to reduce the number of patients getting infections this year. The Trust has made progress in reducing the number of MRSA and C. Difficile infections this year. The Trust’s successful ‘Board to Ward’ action plan to drive forward its infection prevention and control work has ensured a culture of zero tolerance on hospital acquired infections across the organisation. An infection control taskforce, weekly hand hygiene audits and department reviews of infection rates have all helped keep infection down across the hospital sites. In addition, a Bare Below the Elbows campaign has seen an improvement in hygiene standards. Scarborough Hospital began a programme of deep cleaning as part of infection control measures introduced to tackle an increase in cases of C Difficile in April 2010. James Hayward, Director of Facilities, said: “The deep cleaning programme will continue until we remain 100 per cent satisfied that there is no risk of spreading the infection.”

Midwifery-led unit given thumbs up

The Trust’s new £1m Midwifery-led unit opened its door for mums-to-be at Scarborough Hospital this year.

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 are delighted that this fantastic unit is now open. This means that we now have the highest number of midwives that we have seen at the Trust in recent years. We have also strengthened our community midwifery teams in Malton, Bridlington and Whitby to offer women increased support for home deliveries.”

All midwifery-led deliveries have now been transferred to Scarborough from Bridlington, Whitby and Malton hospitals. The Malton, Whitby and Bridlington Community Midwifery Teams will 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.

Fact file

- The opening of this unit is part of the IRP maternity review which will see midwifery-led deliveries transferred to Scarborough from Bridlington, Whitby and Malton hospitals.
- The new purpose-designed unit houses the Scarborough Community Midwifery Team.
- The unit has three delivery rooms which have been called Ryedale, Abbey and Quays.
- Supervised by midwives, two of the unit’s three rooms, Abbey and Quays, are equipped with a birthing pool.
- The unit which is located on the second floor of the hospital is situated in close proximity to the Trust’s main delivery ward – offering women the added reassurance rapid transfer for consultant support should any complications occur.
- Hafney (Hospital arts for North East Yorkshire) helped source the artwork for the unit which is by well known children’s artist Quentin Blake.

Patient comment

Level of hospital care was second to none:
Susan Fulcher, Foxholes, Driffield – Following an eight night stay in Scarborough Hospital in February I wanted to express my thanks to all those who looked after both myself and our baby with such care and attention.
Cash boost for training facility

A brand new £900,000 cutting-edge training facility has been built at Scarborough Hospital this year. The new unit will provide trainee doctors, nurses and other clinical staff with the opportunity to test their skills and will help experienced clinicians keep up to date with the very latest treatment techniques.

James Hayward, Director of Facilities and Estates, said: “It’s a hugely exciting project for the Trust, as it will provide training doctors and other clinical staff with access to the very latest training facilities, which will put Scarborough and North East Yorkshire Healthcare NHS Trust right at the forefront of medical training.”

Anne Britton, Hull York Medical School Student Liaison Manager for HYMS, said: “We are delighted to be involved with this exciting new development, which will greatly enhance medical education and training. In particular the four simulated consulting rooms, with DVD/video recording facilities, will deliver an important realistic work environment for HYMS students, as well as provide a suitable base for exams.”

NHS Yorkshire and the Humber, the regional strategic health authority, has provided nearly £900,000 towards the project after the Trust made a successful bid for funding last year.

Mortality rates improve

Latest results show that mortality rates continue to fall at the Trust. Overall the Hospital Standardised Mortality Ratio (HSMR) has dropped from 108.6 for 2008/2009, to 97.4 for the period April to December 2009.

We do, however, continue to experience higher than expected mortality rates in some specialties and so our plans for 2010/11 include a continued emphasis on reducing hospital mortality. A programme to reduce mortality rates began in January 2010 and will continue.

Single-sex accommodation

Patients are getting same-sex sleeping areas, bathrooms and toilet facilities as part of a drive to improve privacy and dignity across the Trust.

We were one of the Trusts in the region to receive a share of £10.5m of government funding to ensure that male and female patients are treated in a single sex environment.

We have made many physical improvements to the hospital to ensure that we can provide same-sex accommodation, toilets and washing facilities. And a new 28-bedded modular building is being built at Scarborough Hospital which will provide a mixture of single rooms and three-bedded bays, all of which will have en-suite toilet and bathroom facilities. The new purpose built building will provide a high quality environment for patients and staff.

Teresa Fenech, the Trust’s director of nursing, said: “We are committed to protecting the privacy and dignity of our patients and the extra funding will enable us to make a number of improvements to achieve this including, building changes, installation of fixed partitions, curtains and screens, private bathrooms, better signage and patient information.

Fact file

• The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect. An HSMR of 100 is at the expected rate.
Scarborough and North East Yorkshire Healthcare
NHS Trust

Dementia champions

The Trust is continuing to support patients with dementia with the introduction of dementia champions.

Working in partnership with the Department of Health Sciences at the University of York to increase the understanding of hospital staff around dementia issues, the new dementia champions will be supporting and updating colleagues on dementia issues and linking into local services and the community.

A new educational project entitled, ‘Supporting Individuals with dementia in general hospital settings’ is also helping frontline staff have a better understanding of issues facing dementia patients and the carers.

Gordon Evans, Programme Lead for Dementia at the University of York’s Department of Health Sciences, explained: “The start of 2010 will witness major developments here on the North Yorkshire coast for individuals with dementia.

“The Government’s National Dementia Strategy highlights the need for better understanding and support for those diagnosed with dementia and their carers and the introduction of ‘dementia champions’ is one way to provide such support.”

Dianne Swiers, deputy chief nurse at the Trust said: “We are pleased to be taking part in this project which will have a significant impact on patient care and support.”

Pathology continues to lead the way

The Trust’s pathology laboratory continues to lead the way and has recently had its CPA (Clinical Pathology Accreditation) review, with all of its departments being accredited unconditionally.

This CPA accreditation comes hot on the heels of the blood transfusion department assessed as being compliant against the European Blood Directive and Good Manufacturing Process by the Medicines and Healthcare Products Regulatory Agency (MHRA). These Regulations set the standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components.

Reports from all external quality assurance schemes have continued to demonstrate that all departments are providing accurate and consistent results reporting.

Steve Bilton explained: “Our laboratory provides pathology services not only for the acute trust but for the wider community including two primary care trusts, NHS East Riding and NHS North Yorkshire and York.

“Covering an extensive geographical area from Bridlington up to Whitby and across to Kirkbymoorside, last year we processed in excess of 3,900,000 tests, which is a phenomenal figure when you consider we are a relatively small team.

“It has been an extremely busy six months with both CPA and MHRA assessments, and staff are to be commended for their continued hard work, as despite these added pressures we are still maintaining our turn round target, and support for those diagnosed with dementia and their carers.”

Fact file

- The Trust’s pathology laboratory carried out more than 3 million tests last year
- It is estimated that 70% of clinical decisions rely to some extent on pathology results
- Carrying out around 8,000 tests a day on bloods, tissues and other samples, the lab is open 24 hours a day, seven days a week
- More than 100 people work in the pathology laboratory at Scarborough Hospital

Training: Gordon Evans, centre, is helping educate staff about dementia
Medical school makes advances

New Bridlington breast clinic for under 30s
Younger women are benefiting from a new ‘benign’ breast clinic launched at Bridlington Hospital this year.

The aim is to ensure that women under 30 who are a given non-urgent referral by their GP can be seen quickly and, for those patients living in Bridlington, closer to home. GPs from the Scarborough area can also access this clinic.

Pamela Hayward-Sampson, Business Manager for the Trust’s Breast Care Service, said: “We are trying to improve access to our Breast Service, which traditionally has run clinics only on a Monday. This clinic is very busy, and not all patients require access to all the services available of the Monday, such as Mammography.

“We want to do what we can to try and reduce any anxieties which women under 30 might be feeling after being referred, and providing those who live in the Bridlington and Scarborough area with a clinic they can attend is just one way to help us do that.

“We want to emphasise that these referrals will be non-urgent GP referrals.”

The clinic is staffed by a specialist breast care team, including a consultant breast surgeon and breast nurse.

Shortest cancer waiting times
Staff have been praised after figures revealed that Scarborough cancer patients had the shortest waiting times in the Yorkshire and Humber region.

The latest figures from the Department of Health for Quarter Two of 2009/10 show 98.4 per cent of patients at the Trust received treatment within two weeks, ranking Scarborough the best performing Trust in the Yorkshire and Humber region.

Deputy Chief Executive Teresa Fenech said: “We are delighted that our performance for cancer waiting times continues to remain strong against the national targets.”

The Trust continues to reap the benefits of its strong links with Hull York Medical School (HYMS) with 153 students being placed within the Trust during the 2009/2010 academic year.

HYMS at Scarborough continues to receive outstanding support from GPs, hospital staff, St Catherine’s and Cross Lane Hospital. And this year 13 former HYMS students have returned as FY1 junior doctors and six as FY2 junior doctors.

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 will be completed by the end of June 2010.

Fact file
- During the academic year 2009/10 a total of 153 students will have been on placement in Scarborough
- HYMS continues its “Widening Participation” brief by providing Teddy Bear Hospitals in the nurseries at Yorkshire Coast College and the Trust, and working with local schools to provide information about careers in medicine.
- Students are regular volunteer patients for the Trust’s ATLS and CCrisp training courses.
- Following an annual HYMS monitoring visit in November 2009 to evaluate Scarborough’s performance, students in Years 3 and 4 rated Scarborough the most enjoyable learning experience and put the Trust in second place for educational value.
- The medical school also offers a varied and valued training programme to Scarborough tutors, including initiating the “Hot Topics” professional update evenings in the Postgraduate Centre.
2. Organisational Development

Leadership matters

This year we have seen the formation of a new executive team, following the appointment of chief executive Richard Sunley in March 2009. Richard joined the Trust, taking over from interim chief executive Christine Green, from his post of Director of Operations at Cambridge University Hospitals NHS Trust.

Corporate management structure 2009/10

- Chief Executive Richard Sunley
- Director of Human Resources – Jayne Adamson (started 11 May, 2009)
- Acting Director of Finance – Richard Mellor (started 1 August 2009)
- Director of Facilities – James Hayward (Started 1 April 2009)
- Medical Director – Mark Andrews (started 1 April 2009)
- Deputy Chief Executive and Acting Director of Finance and Procurement – Richard Mellor
- Director of Nursing – Teresa Fenech
- Director of Facilities – James Hayward
- Director of Human Resources – Jayne Adamson
- Director of Clinical Services – Denise Potter
- Director of Planning and Performance – Simon Jones (1 May 2009 to 12 February 2010)
- Director of Finance – Malcolm Feathersone (20 April to 31 July 2009)

Fact file

- “The key to success is employee engagement” – Jayne Adamson, director of HR

New director of HR Jayne Adamson joined the Trust in May 2009 to complete the new executive team. Jayne worked in a variety of roles with Smith and Nephew, Ideal Standard and Nestle, her most recent role was with Swift Group in Cottingham where she was HR Director.

- “The facilities team has a significant part to play in providing an excellent patient experience,” – James Hayward, director of facilities

James Hayward, joined the Trust as its new director of facilities in April 2009. He came from Kettering Foundation Trust where he was director of estates and facilities and had worked for 20 years.

Patient comment

“Treatment
Betty Taylor, Bridlington
“As one of the many people suffering from a broken limb during this icy winter I would like to thank Scarborough and Bridlington Hospitals for their excellent treatment. The care and attention I experienced in both places was 100%.”
The estates department has undertaken and completed a considerable amount of work this year which is a commendable achievement.

A number of projects have been delivered at Scarborough and Bridlington:

Scarborough Hospital site
- Commissioning of operating theatres 2 and 3, as well as the creation of a new theatre recovery area. This scheme was completed in December 2009
- Construction of a new Midwifery-Led Unit and Women’s Unit. This scheme was completed in June 2009
- Creation of an additional clinical booth and trolley space in the A&E Department. This was completed in March 2010
- Major flooring repairs to the main circulation areas, including fracture clinic and Outpatients C
- A programme of roof repair works
- A programme of road repairs and road marking schemes.
- Provision of a state-of-the-art 10-bed theatre recovery suite
- Refurbishment of the Trust Intensive Care unit at a cost of £100,000
- Implementation of several energy saving schemes that were identified by the Carbon Trust during its survey of Scarborough Hospital and funded by the Department of Health’s Energy and Sustainability Fund
- Commenced the construction of a new 28-bed, fully compliant ward in Jan 2010, which is due to be completed in July 2010
- Commenced the construction of a £1 million clinical skills laboratory to enable clinical staff to access highquality training facilities.

Bridlington Hospital site
- Site-wide replacement of the fire alarm/detection system to improve the overall safety of staff and patients which will be completed in November 2009
- Decoration of the main outpatient department
- Refurbishment and expansion of the endoscopy suite to provide first class fully compliant facilities
- Refurbishment of Waters Ward

This year the Trust has developed both a Sustainable Transport Strategy and a Carbon Sustainability strategy. These interrelated documents have helped forge the Trust’s direction and focus efforts on reducing our carbon emissions.

Sustainable Transport Strategy
The Trust has met with Scarborough Borough Council and North Yorkshire County Council to discuss a sustainable transport strategy and we have joined the Local Transport Forum.
In July 2009, the Trust Board approved our Sustainable Transport Plan which is now being implemented. Since July we have:
- Introduced a tax efficient cycle scheme
- Improved road and pathway markings
- Provided additional cycle racks for staff and the public
- Introduced a staff family lease car scheme
- Secured approval for the introduction of a Penalty Charge Notice scheme
- Bid to have extant staff changing facilities upgraded
- Presentation to Local Transport Forum - Dec ‘09
- Installed external benches – Mar 10
- Secured funds to improve staff changing rooms – Feb 10
- Completed staff changing rooms improvements – May 10
- Transfer stores deliveries to overnight - Jan ‘10
- Secured funding for additional external and internal seating / benches – Oct ‘09
- Joined the Access for health forum

Carbon Reduction Strategy
- Supported the NHS Forest initiative – planting some £2500 of trees over both sites
- Major investment in ultra efficient lighting systems in both sites
- Installed high efficiency heat exchangers in plant rooms
- Installed £190K of computer controlled engineering systems at BDH
- Forged links with the University of Leicester Institute of Energy and sustainable developments
- Prepared a DTI bid for a two year Knowledge transfer partnership bid.
- Reduced carbon emissions from engineering plant by a target 5% over previous year.

Going green: Shaun Fletcher, Grounds Maintenance Supervisor plants the first tree with John Green, Engineer, and James Hayward, Director of Facilities.
Preparing for emergencies

Preparing to deal with major incidents or emergencies has been crucial this year as the health service successfully managed the flu pandemic. 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).

Working hard to get Fit for the Future

The Trust has pledged its commitment to get fit for the future by launching a transformation programme to help it improve.

Fit for the Future aims to transform the Trust into a viable and sustainable provider of outstanding healthcare.

The programme has four main areas of improvement:
- clinical services,
- organisational development,
- development of staff and
- visions and values.

The Fit for the Future programme contains three key phases:
- Foundations,
- Direction and
- Transformation.

The aim of Fit for the Future is to create:
- Safe and financially sustainable clinical services
- An employee population which has the development and support it needs to deliver its realigned responsibilities
- An organisation which is designed to learn from experiences so that it can embark on a continuous path of improvement

The Trust is currently progressing Phase One of the programme which concentrates on maximising opportunities to improve the Trust’s current financial situation and creating a platform to support the development of a future strategic direction for the organisation. It also involves initial work to develop the organisation’s vision and values.

Chief Executive Richard Sunley said: “The Fit for the Future programme encapsulates the planning and service delivery process that will transform the Trust’s healthcare ratings. The programme sets out a number of coordinated activities that will lead to the establishment of safe, sustainable and financially viable health services.”

Director of human resources Jayne Adamson continued: “Staff are an integral part of Fit for the Future and they are being encouraged to get involved and be an active voice in helping us improve our services.

“As part of Phase One we will be asking staff to help us develop vision and values. The next two, longer term, phases will also involve lengthy engagement with both our internal and external stakeholders.”

Fact file

- Fit for the Future is our transformational change programme
- It will give us high quality, viable, clinical services for the future
- Three pilot projects have been set up to deliver better clinical services – Urgent treatment, diabetes and respiratory
- We are creating a vision and values for the Trust

Patient comment

“Superior care in the town
Paul Osburn,
Cayton

Until three years ago we lived in Greater Manchester and I can assure anyone that the medical care in Scarborough is far superior to the care we received at our former hospital and doctor’s practice.”
3. People

Staff go above and beyond

Over 100 staff from Scarborough and North East Yorkshire Healthcare NHS Trust have been nominated by colleagues and patients for going ‘Above and Beyond the Call of Duty’ in the Trust’s new internal recognition scheme – the ABCD Awards.

Since the awards were introduced in June 2009, patients and staff have taken the time to recognise 17 staff members, from catering staff and domestic assistants working behind the scenes, to frontline medical staff, including nurses, ward sisters and even the Medical Director, Mark Andrews.

Richard Sunley, Chief Executive, said: “The ABCD Awards have proved to be a great success and they seem to be gaining momentum every month with us receiving more and more really deserving nominations.”

“To have received over 100 nominations to date, from colleagues and patients, is a fantastic achievement. This is a reflection of the excellent work that is taking place at the Trust, both behind the scenes and on the wards.”

<table>
<thead>
<tr>
<th>Date</th>
<th>Winner</th>
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<tbody>
<tr>
<td>June 2009</td>
<td>Helen King (Macmillan unit secretary) and Dave Toodie (porter at Brid)</td>
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<tr>
<td>July 2009</td>
<td>Ian McGuffie and Grace Jenkinson (domestics at SGH)</td>
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<tr>
<td>August 2009</td>
<td>Carole Popplestone (Urology nurse specialist)</td>
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<tr>
<td>September 2009</td>
<td>Jo Armstrong (PALS) and Gary Watson (Domestic at Brid)</td>
</tr>
<tr>
<td>October 2009</td>
<td>Steve Turner (Head porter)</td>
</tr>
<tr>
<td>November 2009</td>
<td>Claire Grover (A&amp;E) and Neil Bingham (Porter at Brid)</td>
</tr>
<tr>
<td>December 2009</td>
<td>Rui Correia (Domestic Duke of Kent Ward)</td>
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<tr>
<td>January 2010</td>
<td>Paul McLean, Shaun Fletcher and Gary Connelly (Gardeners)</td>
</tr>
<tr>
<td>February 2010</td>
<td>Ernest Howard (Pharmacy at Bridlington)</td>
</tr>
<tr>
<td>March 2010</td>
<td>Charlotte Brown (relief ward clerk)</td>
</tr>
<tr>
<td>April 2010</td>
<td>Margaret Hedges (Hotel services supervisor at Brid)</td>
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Support in the workplace

The Trust is working with the Health and Safety Executive (HSE) to understand the causes of stress in the workplace and help reduce the causes of stress at work.

A stress audit was carried out to help the Trust to assess the risk of stress-related ill health arising from work activities and to take action to control that risk.

Following on from this audit, the Trust also ran a series of feedback sessions for managers so that they can understand the root causes of what may be making their staff stressed at work.

Jayne Adamson, Director of Human Resources, said: “We all experience pressure regularly, it can often help to motivate us however, it is when we experience too much pressure and feel unable to cope that stress can occur. “Hospital’s can be extremely stressful environments due to the nature of the work performed. This work will look at the culture of the organisation, to ensure that the risks from work related stress are being effectively managed and controlled.

*Preventing ill health because of work-related stress is part of creating a good working environment and by taking action to reduce the problem, we can help create a more productive and healthy workforce. As part of this work the Trust’s Human Resources department is also working with Occupational Health on a new three year strategy.

Patient comment

“Praise for staff
Denis Beadle, Bridlington
There has been a great deal of adverse comments made by correspondents to the media in recent weeks and months about Scarborough Hospital and the staff employed there... I think that it is time for someone to say something good about the staff and that’s my job.”

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A team of specially trained staff are helping people who face difficulties at work. The Fair Treatment Contact Group is a point of contact for people who have problems in the workplace such as stress or bullying. Members of the group have been trained by ACAS (Advisory, Conciliation and Arbitration Service) to listen to problems in an unbiased manner and help explore what advice is available.

They are independent and treat all conversations as confidential.

Fair Treatment Contact Group established

The smiling face of the NHS

The smiling face of one of Scarborough Hospital’s best known staff members has won a nationwide competition to be the ‘the face of NHS jobs’. Helen King, secretary for the Macmillan and Stoma Care Unit, is one of the winning 15 faces of the NHS Employers search for staff to front its new website – www.jobs.nhs.uk.

Earlier this year NHS Employers launched its search year for a member of staff who could ‘inspire others to join the team and make a difference’. More than 800 entries were received, and after being short listed to final 30 Helen was invited to attend a photo shoot in Manchester, where she impressed the judges with her friendly smile.

Helen’s face will appear on the website later this year, proudly representing the face of Scarborough and North East Yorkshire Healthcare NHS Trust.

“Helen said: ‘I honestly can’t believe that I am one of the winning 15. I entered more in fun – I never thought that I would make it through, however I feel very privileged to be flying the flag for the Trust.

Helen, who has also just been appointed as the Trust’s part time fundraising coordinator, continued: “I can honestly say that I love every aspect of the job I do, I love working with an incredible team of people, the patient contact both face-to-face and over the phone, the buzz of the hospital and how no two days are ever the same.

“I am also really excited to have taken on a new challenge as the Trust’s fundraising coordinator. As a member of the League of Friends I have been involved in fundraising for the hospital for many years however I am looking forward to meeting new faces and drumming up further support in the local community for the hospital.’

Staff tell us what they think and informed this year’s NHS Staff Survey highlighted the areas where we need to improve and where progress has been made. The survey did highlight some key areas of progress with staff commenting that they feel safe at work. Other areas where we scored well were in training and development.

Following the results, we have implemented a number of initiatives to tackle the key issues raised by staff and have carried out our own internal staff values survey which has received 660 responses.

Director of HR Jayne Adamson said: “A wealth of work has been taking place with the senior management team to look at how we develop our managers. And our staff briefing sessions have given staff the opportunity to find out more about our transformational programme and vision for the future and has encouraged them to get involved in shaping our vision and values.

“We have also been working with the Health and Safety Executive (HSE) to understand the causes of stress at work. As part of this work, a stress audit has taken place which will help us assess the risk of stress-related ill health and take action to control this.”

Equality and diversity

The Trust believes in fairness, equity and above all values diversity in all dealings, both as provider of health services and employers of the people. It is committed to eliminating discrimination on the basis of gender, age, disability, race, religion, sexuality or social class. We aim to provide accessible and considerate care 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.
Annual Report 2009/10

Staff: the numbers

The trust employs 1,862 Full Time Equivalent staff, 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.

<table>
<thead>
<tr>
<th>Staff in post and turnover by directorate</th>
<th>Mar-09</th>
<th>Jun-09</th>
<th>Sep-09</th>
<th>Dec-09</th>
<th>Mar-10</th>
<th>Annual turnover March 2010 %</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><strong>Staff FTE: Total</strong></td>
<td><strong>1817.7</strong></td>
<td><strong>1843.2</strong></td>
<td><strong>1856.7</strong></td>
<td><strong>1858.5</strong></td>
<td><strong>1862</strong></td>
<td><strong>15.9</strong></td>
</tr>
</tbody>
</table>

Please note: the above staff numbers differ from those in the Accounts section which calculate an annual FTE average.

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%.

**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 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.

**Ethnic breakdown**

<table>
<thead>
<tr>
<th>Ethnic</th>
<th>Total</th>
<th>% Non white</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof, Scientific &amp; Tech</td>
<td>40.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>351.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>357.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>61.4</td>
<td>1.6</td>
</tr>
<tr>
<td>Estates &amp; Ancillary</td>
<td>217</td>
<td>0.4</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>57.2</td>
<td>10.4</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>206.3</td>
<td>43.2</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>569.5</td>
<td>19.1</td>
</tr>
<tr>
<td><strong>Total (Full time equivalent)</strong></td>
<td><strong>1862</strong></td>
<td><strong>11.8</strong></td>
</tr>
</tbody>
</table>

**Gender breakdown by directorate**

<table>
<thead>
<tr>
<th>Gender breakdown by directorate</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof, Scientific &amp; Tech</td>
<td>24.9</td>
<td>15.8</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>293.9</td>
<td>57.7</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>289.4</td>
<td>68.5</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>51</td>
<td>10.4</td>
</tr>
<tr>
<td>Estates &amp; Ancillary</td>
<td>125.9</td>
<td>91.1</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>29.2</td>
<td>28</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>53</td>
<td>153.3</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>538.1</td>
<td>31.4</td>
</tr>
<tr>
<td><strong>Total (full time equivalent)</strong></td>
<td><strong>1405.8</strong></td>
<td><strong>456.2</strong></td>
</tr>
</tbody>
</table>
We want our staff to work in an environment where they feel valued and informed and this year’s NHS Staff Survey highlighted the areas where we need to improve and where progress has been made.

The survey did highlight some key areas of progress with staff commenting that they feel safe at work. Other areas where we scored well were in training and development.

Following the results, we have implemented a number of initiatives to tackle the key issues raised by staff and have carried out our own internal staff values survey which has received 660 responses. Director of HR Jayne Adamson said: “A wealth of work has been taking place with the senior management team to look at how we develop our managers. And our staff briefing sessions have given staff the opportunity to find out more about our transformational programme and vision for the future and has encouraged them to get involved in shaping our vision and values. “We have also been working with the Health and Safety Executive (HSE) to understand the causes of stress at work. As part of this work, a stress audit has taken place which will help us assess the risk of stress-related ill health and take action to control this.”
4. Vision and values

Caring with pride

The Trust’s vision is currently being developed, with the help of staff, as part of an organisational transformation programme called Fit for the Future.

An important piece of work is currently underway to understand the personal values of staff and create the vision and values of the organisation.

Director of HR Jayne Adamson explained: “Vision-guided, values-driven organisations are the most successful organisations. However, having an aspiring vision that motivates employees is not enough. The lived-values of the Trust must resonate with the personal values of our employees. It’s really important that staff feel at home here.

“So we’ve been asking them to take part in a cultural values assessment to help us understand the current culture and see where we need to improve.”

Patient comment

“Thanks for helping me after my fall.
D Hemsworth, Scarborough
“Thanks to the emergency services and the A&E department at our wonderful Scarborough Hospital – THANKS.”

5. Looking forward

Preparing for tomorrow

Our priorities for improvement during 2010/2011

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

Patient safety

This year we have concentrated on programmes to improve patient safety and, as a result, have seen improvements in our mortality rates and MRSA infection rates. We carry out regular patient safety walkarounds and our patient safety group drives forward improvements across the Trust. Our patient questionnaire post cards have been extremely successful, giving us vital feedback about what our patients feel about their care, treatment and hospital processes. Using the feedback from these postcards, we are able to act quickly and make improvements in many areas.

Our priorities

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
6. Performance and targets

Whilst patient safety is always our priority, we have to sustain levels of performance against national performance indicators. Performance is reported to the trust board, using the performance indicators described in the Operating Framework for the NHS in England 2008/09, the national 18-week waiting time targets, the waiting time targets for patients with suspected cancers and the national targets for reducing hospital acquired infection rates. More patients than ever before are coming through our doors and this year the trust has seen another significant increase in the number of people referred to the hospital from local GPs.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient focus and access</strong></td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>98% of patients to wait no more than 4 hours to be seen in A&amp;E</td>
<td>98% of patients in A&amp;E were admitted or discharged within four hours of arrival</td>
<td>98.07% of patients in A&amp;E were admitted or discharged within four hours of arrival</td>
<td>98.34% of patients in A&amp;E were admitted or discharged within four hours of arrival</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>
</tr>
<tr>
<td>Delayed transfers of care (delayed discharges)</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>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>93.71% of patients were seen within 14 days</td>
<td>99.86% of patients were seen within 14 days</td>
<td>100% of patients were seen within 14 days</td>
<td></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>
</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>
</tr>
</tbody>
</table>

**18-week waiting time targets**

By December 2008, 90% of admitted patients must be admitted to hospital within 18 weeks of being referred by their GP. This performance must be maintained during the final quarter of the year (January to March 2009)

<table>
<thead>
<tr>
<th>18-week waiting time targets</th>
<th>Target of 85% achieved</th>
<th>New target achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.52% of admitted patients were admitted to hospital within 18 weeks of going to see their GP</td>
<td>90.25% of admitted patients were admitted to hospital within 18 weeks of going to see their GP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Trust performance against key national targets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-admitted patients</strong></td>
<td>Target of 90% achieved</td>
<td>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</td>
<td>Achieved 96.74% of non-admitted patients were seen and discharged from the hospital within 18 weeks of being referred by their GP</td>
</tr>
<tr>
<td><strong>Cancer waiting time targets</strong></td>
<td>Achieved 99.35% of all cancer patients were seen within 14 days of the GPs decision to refer</td>
<td>Achieved 99.57% of all cancer patients were seen within 14 days of the GPs decision to refer</td>
<td>Achieved 98% of all cancer patients were seen within 14 days of the GPs decision to refer</td>
</tr>
<tr>
<td>93% of patients with suspected cancer must be seen within 14 days of referral from their GP</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 98.89% of cancer patients were treated within 31 days of diagnosis</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 98.89% 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 91.05% of cancer patients were treated within 62 days of referral from their GP</td>
</tr>
</tbody>
</table>

### Health and wellbeing

| Data quality on ethnic group – 85% of all patients admitted must have their ethnic category assigned to them on the Patient Administration System (PAS) | Underachieved | Underachieved | Achieved |

### Clinical quality

| 68% of patients have to be treated with thrombolysis within 60 minutes of making an emergency call | Underachieved 45.3% of patients received thrombolysis within 60 minutes of making an emergency call | Achieved 70.27% of patients received thrombolysis within 60 minutes of making an emergency call | Underachieved 56.52% of patients received thrombolysis within 60 minutes of making an emergency call |

### Hospital Acquired Infection Control targets

| C Diff | No target for 2007/98 | New target achieved | Achieved |
| MRSA | Failed | Achieved | Achieved |
Focusing on improving our finances this year, we are pleased to have achieved our financial target for 2009/2010, reporting a surplus of £1.9 million, before accounting for losses due to impairments in the value of our estate.

Due to a revaluation of our estate, we have reported a total loss of £1.9 million within our accounts. A revaluation was undertaken at the 31 March by the District Valuer, which reduced the valuation of our estate by £16 million. Most of this charge impacted our reserves, but £3.8 million remained to be charged as a cost in year.

The Trust is judged on its financial performance, excluding the loss from impairments, meeting its target of achieving a £1.89 million surplus.

Strengthening our management team and tighter budgetary control has generated improvements in our financial position. In addition, we have launched our Fit for the Future programme which is an organisational change programme, project-managed by the Trust, to achieve long term service and cultural changes. Short term measures have achieved improvements but, if this Trust is to deliver health services which are fit for purpose into the future, long term changes are needed.

We have made our cost improvement plans more realistic, achievable and real to the staff involved. We have looked at additional ways to make savings and work differently and have found sufficient savings to be able to deliver this year’s financial target.

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8. The Trust Board

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

All non-executive directors are members of the remuneration committee

Executive directors
- Chief Executive Richard Sunley
- Interim Director of Finance and Information John Scampion
- Deputy Chief Executive and Chief Nurse Teresa Fenech
- Director of Operations Denise Potter
- Interim Director of Planning and Performance Noelle Bowden
- Director of Planning and Performance Simon Jones
- Medical Director Mark Andrews
- Acting Director of Finance Richard Mellor
- Director of Finance Malcolm Featherstone
- Director of HR, Jayne Adamson
- Director of Estates and Facilities, James Hayward

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.
Membership of committees

Audit Committee:

Current:
- Robert Deri: NED (Chair)
- Frances Shimmin: NED (Vice Chair)
- Alan Raymond: NED
- Teresa Fenech: ED
- Richard Mellor: ED

Corporate Governance Committee:

Current:
- Teresa Fenech: ED Chair
- Denise Potter: ED
- Richard Mellor: ED
- James Hayward: ED
- Jayne Adamson: ED
- Frances Shimmin: NED

Clinical Governance Committee:

Current:
- Teresa Fenech: ED Chair
- Mark Andrews: ED Vice Chair
- Denise Potter: ED
- Deborah McInerny: NED

Capital Group:

Current:
- Richard Mellor: ED Chair
- Teresa Fenech: ED
- Denise Potter: ED
- James Hayward: ED

Director of Delivery and Performance (vacant)

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
- Richard Mellor: ED

Declaration of interests

Executive directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Scampion</td>
<td>Proprietor, John Scampion Consultancy providing consultancy work to the public sector</td>
</tr>
<tr>
<td></td>
<td>Chairman, Lifeline – a charity providing drug therapy services to public sector bodies</td>
</tr>
<tr>
<td>Denise Potter</td>
<td>No interests declared</td>
</tr>
<tr>
<td>Teresa Fenech</td>
<td>Member of the Institute of Healthcare Managers, NHS Scotland</td>
</tr>
<tr>
<td></td>
<td>Occasional consultancy work with the unscheduled care collaborative</td>
</tr>
<tr>
<td>Richard Sunley</td>
<td>No interests declared</td>
</tr>
<tr>
<td>Richard Mellor</td>
<td>No interests declared</td>
</tr>
<tr>
<td>Mark Andrews</td>
<td>No interests declared</td>
</tr>
<tr>
<td>Jayne Adamson</td>
<td>No interests declared</td>
</tr>
</tbody>
</table>

Non executive directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Deri</td>
<td>No interests declared</td>
</tr>
<tr>
<td>Frances Shimmin</td>
<td>Fellow of the Institute, Chartered Institute of Management Accountants</td>
</tr>
<tr>
<td></td>
<td>Trustee and Treasurer, St Mary’s Rainbow Centre</td>
</tr>
<tr>
<td></td>
<td>Governor, Graham Science College</td>
</tr>
<tr>
<td>Alan Raymond</td>
<td>Non executive director, ONC Immune Ltd, an R&amp;D spin off company from University of Nottingham</td>
</tr>
<tr>
<td></td>
<td>Shareholder Pro-Line Therapeutics Ltd – a spin off company from the University of York</td>
</tr>
<tr>
<td></td>
<td>Shareholder Critical Pharmaceuticals Ltd – a spin off company from University of Nottingham</td>
</tr>
<tr>
<td>Sir Michael Carlisle - Chairman</td>
<td>Proprietor of consultancy business, executive coaching business, Pentamery</td>
</tr>
<tr>
<td></td>
<td>Chairman HYMS Fitness to Practice Committee</td>
</tr>
<tr>
<td></td>
<td>Trustee Age Concern Scarborough and District</td>
</tr>
</tbody>
</table>
## Remuneration report

### Salaries and allowance – year ended 31 March 2010

<table>
<thead>
<tr>
<th>Name - 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>R Sunley Chief Executive from February 2009</td>
<td>145-150</td>
<td>0</td>
<td>0</td>
<td>15-20</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R Mellor Acting Director of Finance from September 2009</td>
<td>40-45</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>M Featherstone Director of Finance &amp; Information to September 2009</td>
<td>45-50</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J Scampion Interim Director of Finance to April 2009</td>
<td>10-15</td>
<td>0</td>
<td>0</td>
<td>140-145</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C M Andrews Medical Director</td>
<td>85-90</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E Haworth Medical Director from July 2008</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
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<td>T Fenech Director of Operations/Chief Nurse</td>
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<td>75 - 80</td>
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<td>D Potter Director of Clinical Services</td>
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<td>J Hayward Director of Facilities</td>
<td>100-105</td>
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<tr>
<td>S Jones Director of Planning and Performance (May 2009 - February 2010)</td>
<td>65-70</td>
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<tr>
<td>J Adamson Director of Human Resources</td>
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<td>Sir M Carlisle Chairman</td>
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<tr>
<td>R Deri Non Executive Director</td>
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<tr>
<td>F Shimmin Non Executive Director</td>
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<tr>
<td>A Raymond Non Executive Director</td>
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<tr>
<td>D McInery Non Executive Director</td>
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<tr>
<td>M Narey Non Executive Director (from July 2009)</td>
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### Pension benefits – year ended 31 March 2010

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<thead>
<tr>
<th>Name and title</th>
<th>Real increase in pension at age 60 (bands of £2,500) £000</th>
<th>Real increase in pension lump sum at age 60 (bands of £2,500) £000</th>
<th>Total accrued pension at age 60 at 31 March 2010 (bands of £5,000) £000</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5,000) £000</th>
<th>Cash Equivalent Transfer Value at 31 March 2010 £000</th>
<th>Cash Equivalent Transfer Value at 31 March 2009 £000</th>
<th>Real increase in Cash Equivalent Transfer Value £000</th>
<th>Employer’s contribution to stakeholder pension £000</th>
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<tbody>
<tr>
<td>Richard Sunley Chief Executive</td>
<td>50-55</td>
<td>150-155</td>
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<td>Denise Potter Director of Clinical Services</td>
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<td>5.0-7.5</td>
<td>30 - 35</td>
<td>95-100</td>
<td>658</td>
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<td>Teresa Fenech Director of Operations/Chief Nurse</td>
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<td>7.5-10</td>
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<td>James Hayward Director of Facilities</td>
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<tr>
<td>Simon Jones Director of Planning &amp; Performance</td>
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<td>90-95</td>
<td>554</td>
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<td>Jayne Adamson Director of Human Resources</td>
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<td>Richard Mellor Acting Director of Finance from September 2009</td>
<td>15-20</td>
<td>50-55</td>
<td>246</td>
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<td>Malcolm Featherstone Director of Finance to September 2009</td>
<td>20-25</td>
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<td>381</td>
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<tr>
<td>Mark Andrews Medical Director</td>
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<td>105-110</td>
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</tbody>
</table>

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. The information on senior managers salaries and pension entitlements in the remuneration report has been subject to audit by the Trust's auditors. Where there is no entry it means no comparator information is available.
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. In 2009/2010 the trust managed a total of 422 beds at Scarborough and Bridlington.

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.

It is the largest employer in the area with 2,421 staff employed within the trust in March 2010, representing 62 different careers.

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.

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 patients

Between April 2009 and March 2010 the trust saw and treated:

- 54,635 people in A&E
- 169,212 out-patients
- 38,021 in-patients and day cases

The trust performed over 25,600 operations and procedures, which is 3,100 more than last year and helped to deliver more than 1,700 babies – 100 more than last year.

Fact file

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