

**ANNUAL  
REPORT &  
ACCOUNTS**

**2010/2011**



*Great Staff - Great Care - Great Future*



Hull and East Yorkshire Hospitals NHS Trust will, on request, provide this document in Braille/Audio or large print. If English is not your first language and you would like a translation of this document, please telephone 01482 674054.

## Farsi

بیمارستان سرویس خدمات بیمه شهر هال و شرق استان یورک شا یر این برگه را به شکل مورد استفاده نابینایان ( با خط برجسته ) به شکل شنیداری برای استفاده ناشنویان و یا با چاپ بزرگ در صورتیکه درخواست شود، تهیه خواهد کرد. پناهنده انگلیسی زبان اصلی شما نمیشد و شما یک نسخه از این برگه را می‌خواهید لطفاً با شماره تلفن ۰۱۴۸۲۶۷۴۰۵۴ تماس حاصل فرمایید.

## Kurdish Sorani

"ریکخراوه ی خزمه تگوزاری ساع و سلامه تی گشتی (NHS) نه خوشخانه کانی ناوچه ی هاول و نیست یورکشایر Hull and East Yorkshire به داخواز نه م به لگه نامه به به شیوازی تاییه ت بو کویران و له سه ر کاستی شریت و یان به نوسراوه ی گه وره دابین ده کات. نه گه ر زبانی ئینگلیزی زمانی به که می تونی و تو پیت خوشه نه م به لگه نامه به ت بو وه رگیر (ته رجمه) بکرنیت، تکایه ته له فون بکه بو 01482674054."

## Mandarin

如有需要，Hull 及东约克郡(East Yorkshire) 医院基本护理信托 (NHS) 可为您提供盲文/语音或特大字体版本的资料。如你的母语不是英文而您需要本资料的译文，请拨打 01482 674054。

## Polish

Zarząd Powierniczy rejonów Hull i Wschodniego Yorkshire (Hull and East Yorkshire Hospitals NHS Trust) będzie, na ządanie, dostarczał ten dokument w następujących formatach: systemem Braille'a, nagranie na taśmie, lub napisany wielkim drukiem. Jeśli angielski nie jest Twoim rodzimym językiem i chciałabys/bys otrzymać tłumaczenie tego dokumentu, proszę zadzwon pod numer 01482 674054.

## Turkish

Hull ve Doğu Yorkshire Hastaneleri Ulusal Sağlık Hizmet Vakfı (NHS Trust), istek üzerine bu dokümanı Kabartma Yazılı/Teyp Kaseti veya büyük harfle yazılmış şekliyle temin edebilir. Eğer İngilizce sizin ilk diliniz değilse ve bu dokümanın bir tercümesini istiyorsanız lütfen 01482 674054 numaralı telefonu arayınız.



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# WELCOME

## CHAIRMAN'S FOREWORD

It has been a significant year in terms of changes to the Board. Following the retirement of Stephen Greep, Chief Executive, at the end of May 2010, Phil Morley was appointed in July and started in post on the 18 October 2010. I would like to thank Mike Wright for acting as Interim Chief Executive for the intervening period.

One of Phil's first aims was to review our strategy, vision and values which are covered extensively in this report. He has brought a new sense of purpose and change to the organisation, is committed to engaging and involving staff and to safety and quality in patient care.

We also welcomed three new members to the Board: Amanda Pye, as Director of Quality, Safety and Operational Delivery and two Non Executive Directors, David Watt and Professor Tony Kendrick, Dean of the Hull York Medical School. My thanks go to Dr David Hepburn, Medical Director who, after seven years has decided to pursue a new career in medical education.

This report sets out many examples of what has been achieved in 2010/11 and I wish to thank our staff and volunteers for their hard work and dedication. It has been a very busy year with a number of challenges, but our staff have continued to look for new and innovative ways of working to ensure that the services we provide are of a high quality and meet the needs of the people that we serve.

During the year I led the promotion of Dignity Champions throughout the organisation and at the end of the year we have many members of staff committed to ensuring that all of our patients are treated with dignity and respect.

The year ahead is going to be challenging for us. We are progressing our Foundation Trust application at a time of great change for the NHS both nationally and locally. However, we will continue to implement our new strategy and ensure that quality and safety is at the heart of everything we do.

It has been an honour and privilege to have served as Chairman for the past 8 years and I would like to thank the Board and staff for all that they have done to improve the quality of care given to our patients. I know that with great staff, great care will be given and the Trust will have a great future.



Scilla Smith  
Chairman



Scilla Smith – Trust Chairman









Let us fully open  
our eyes, lift our  
heads and see  
the wealth of  
opportunities that  
lie before us

Phil Morley – Chief Executive



# WELCOME

## CHIEF EXECUTIVE'S FOREWORD

The real act of discovery consists not in finding new lands but in seeing with new eyes (Proust)

Welcome to my first "foreword" as Chief Executive at Hull and East Yorkshire Hospitals NHS Trust. All around us we see a rapidly changing and challenged world. The NHS, as we know it, is disappearing and often there are times when we close our eyes, bury our heads and wish for the "good old days".

My message is really simple. Let us fully open our eyes, lift our heads and see the wealth of opportunities that lie before us. Whatever changes around us, one fundamental truth remains – our patients need the care that only you can give.

I have seen so much in my first few months that makes me feel proud to belong here. Some of our care is world class and shines like a beacon in the darkness. Launching our "Golden Hearts" awards and seeing the response warmed my heart more than simple words can say. We have some amazing, phenomenal and inspiring people. People that radiate warmth, confidence, trust! People that go out of their way, day-in, day-out. People who genuinely care. People that make a difference. But many times, too many times, we let ourselves down. Nearly 80% of the complaints we receive are about attitude, staff behaviour or poor communications. This is why we have launched our values, and the "I will ..." statements, that will help bring the values to life. I want our hospitals to be the place my family would want to be treated, where I am proud to say I belong; where every single patient matters every single second of every single day. Don't walk by! Don't close your eyes when it is too painful to see! Don't miss this chance to make a difference.

The future may well be uncertain, there will be dark days, but that does not mean the path disappears. Our path is fixed and clear. We will be an organisation that delivers excellence, we will be an organisation where safety and quality of care come first, we will be an organisation where we develop and value great staff, we will build a future together that makes us proud.

I pledge my heart and soul to this great organisation, I pledge my every effort to lifting us up and taking us forward, I pledge my future to Hull and East Yorkshire Hospitals NHS Trust. I give you my five "I will" statements as Chief Executive:

1. I will always listen, and seek to truly understand before I make decisions
2. I will make mistakes, and as I do will seek to learn to be a better leader and serve you as you deserve
3. I will never compromise on patient safety
4. I will not give up, give in or turn away until we achieve our goals
5. I will stand, when others fall, when things are at their toughest, I will keep pressing on

**Will you stand with me?**



Phil Morley  
Chief Executive







# ABOUT THE TRUST

Hull and East Yorkshire Hospitals NHS Trust was established in October 1999 through the merger of the Royal Hull Hospitals NHS Trust and East Yorkshire Hospitals NHS Trust. We operate from two main sites: Castle Hill Hospital and Hull Royal Infirmary as well as at a number of other locations across the geographical area served by the Trust.

We provide medical and surgical services for approximately 600,000 people who live in the Hull and East Riding of Yorkshire area. We also provide a range of more specialist services to a much wider population which includes people who live in North Yorkshire, North Lincolnshire and North East Lincolnshire. These specialties include cancer, neurosciences, cardiology, cardiothoracic surgery, renal medicine and dialysis.

We serve a very diverse population. Hull was identified as one of the most deprived local authority areas in 2007 (Index of Multiple Deprivation) whereas the East Riding profile is more affluent with the population in this area growing at a faster rate than the national average; the growth in the number of older people being a particular feature. The two populations have different health needs which the Trust must meet. These include reducing teenage pregnancy rates, obesity, alcohol misuse and deaths from smoking, heart disease and cancer. Although the two populations are different there are some common themes in terms of reducing health inequalities, increasing life expectancy, managing long-term conditions and improving health outcomes.

We are a major partner in the Hull York Medical School and the University of Hull and provide a comprehensive range of clinical teaching. The Trust works closely with a wide number of organisations in the Hull and East Yorkshire area. We receive the majority of our funding from the eight Primary Care Trusts with which we signed agreements in 2010. In financial values NHS Hull is the largest purchaser of services from the Trust and the second largest is NHS East Riding.

We are a member of a number of clinical networks which help to ensure that we provide the best possible care for our patients. These networks include North and East Yorkshire and Northern Lincolnshire Cardiac and Stroke Network, East Yorkshire Critical Care Network and Yorkshire Paediatric network. In addition we have formal arrangements with our neighbouring acute Trusts and







during the year we increased our support to Scarborough and North East Yorkshire NHS Trust. We also work closely with other statutory organisations such as Humberside Police and Humberside Fire and Rescue.

We employ approximately 7130 whole time equivalent (wte) staff and our income for the year ended 31 March 2011 was £481m.

We are a major partner in the Hull York Medical School and the University of Hull





## STRATEGIC AIM

In January 2011 the Board of Hull and East Yorkshire Hospitals NHS Trust set out its strategic aim over the next five years:

**“To meet the needs of our population, our partners and our people”**

This will be achieved by:

- delivering excellent quality outcomes
- working in partnerships that add value and in ways that use public money wisely
- having buildings that are fit for purpose
- providing assurance to our regulators and commissioners that all necessary standards are being met

In this way a legacy will be provided for the future and ensure that all in the Trust are proud of who we are, what we do and where we work.

## STRATEGIC OBJECTIVES

The Trust has agreed seven strategic objectives to support the delivery of its aims and vision. These were agreed by the Trust Board in January 2011.

- safe, high quality effective care
- strong, high performing Foundation Trust
- creating and sustaining purposeful partnerships
- efficient economic use of resources – targeted and prioritised effectively
- delivery against our priorities and objectives
- capable, effective, values and committed workforce
- strong, impactful leadership

## MISSION

In support of our strategic aim, our threefold mission in local healthcare is:

### ‘To Listen, To Learn and To Lead’

**Listen:** By listening we will be able to understand and empathise, value feedback, challenge, gain insight and clarity, seek out ideas, innovation and creative thoughts, and be humble when we make mistakes

**Learn:** Through shared learning we will be able to make better choices, capture what we did well and spread good practice, not repeat mistakes, prevent harm from happening, ensure that lessons learned are impactful and enacted, learn what makes us stronger, better and more effective

**Lead:** As a Trust we will be at the forefront of superb healthcare in England, delivering services in new and innovative ways, with models of care that put patients at the heart of the pathway. We will be a Teaching Trust that carries out research in selected areas and implements research in all areas. We will work with our partners to improve the health of our local population and educate people to better care for their own health and well-being. We will be an employer that is in the top 20% of employee and patient satisfaction for hospitals and aim to be in the top 10% within five years



# VISION

The Trust believes absolutely that our organising principle is to build services around the patients and their needs. We can only achieve this through our staff. Therefore we have agreed a threefold vision of:



## *Great Staff - Great Care - Great Future*

### **Great Staff**

- We will train, develop, support and equip our staff to enable them to deliver the highest quality healthcare possible
- We will provide the best facilities and environment we can to give a positive experience of delivering services
- We will involve, include and communicate as often as possible
- We will listen to ideas, suggestions and issues to improve care for patients

### **Great Care**

- We will strive to give care that meets the highest standards
- Care that is safe, accessible, effective and with the best possible outcomes
- We will explain to patients, families, carers and service users what is happening and what they can expect
- We will listen to the needs, concerns and suggestions from our patients about how we can improve services
- We will seek out better practice and exemplar care from top performing organisations and implement it to further improve patient outcomes
- We intend to be an organisation that is seen as excellent in ensuring dignity and compassion in the way we deliver all our services
- We want to be proud of the healthcare we deliver
- We want our hospitals to be the place our families, our friends and ourselves are proud to use

### **Great Future**

- We want to thrive in the new NHS, not just survive
- We want to be a place of choice for people to work and use our services
- We will attract, train and use the talent that exists around us
- We will be a place where people are confident to invest their time, energy and resources
- We want our partners to be confident in us and what we can create together
- We want to be an organisation that the NHS highlights as delivering excellent care, and where our patients and partners experience that excellence
- We want to reach out beyond the boundaries of health and be a major player in our community, society and the wider economy
- We want to attract investment and funding because we deliver our promises and have innovative and creative approaches





## OUR VALUES

### Intentionality

- We want to ensure everything we do is purposeful and planned
- That we have thought through issues and problems and created solutions that add value
- We want to shape the future and be proactive in our strategies
- We want to be creative and not be afraid to take opportunities to create the best future for the organisation
- We will be responsive and adaptive to the world around us in a measured, controlled and calm manner

### Identity

- We want to be an employer for whom people are proud to work
- We want a name and a reputation that gives confidence and assurance
- We want to give services to our population that are second to none

### Inclusion

- We value our talent
- We are proud of our differences and want to make the most of them
- We believe each person has something of value to add
- We are stronger working together
- We need strong partners to challenge and support us so we can be stronger together

### Inspiration

- We will do all in our power to help and care for you and to be there when you most need us
- We want staff to be uplifted, enthused and inspired by the lives that they change, at the compassion they show and the difference they make
- We want our partners to feel proud to stand alongside us and be a part of the changes we bring about

### It's All About You

- Every person matters, every person can make a positive contribution and every voice deserves to be heard
- We believe in building a better service, a better society and better choices for the

### Future

- We believe you can make this happen, that how you act is the most important thing, that only you can make this real



## ORGANISATIONAL STRUCTURE

In the last quarter of 2010/11 we consulted on changes to the seven Clinical Business Units and will be moving to a new management structure in 2011/12 comprising of four Healthcare Groups. The seven Clinical Business Units in place during 2010 were:

- Cancer and Clinical Support
- Cardiac and Neuroscience
- Critical Care and Theatres
- Medicine
- Surgery 1
- Surgery 2
- Women and Children

The Clinical Business Units are supported by a number of corporate directorates including Facilities, Human Resources and Finance.

## CARE QUALITY COMMISSION

The Trust was granted unconditional registration with the Care Quality Commission on 1 April 2010 against the following six regulations:

- treatment of disease, disorder or injury
- surgical procedures
- diagnostic and screening procedures
- maternity and midwifery services
- termination of pregnancies

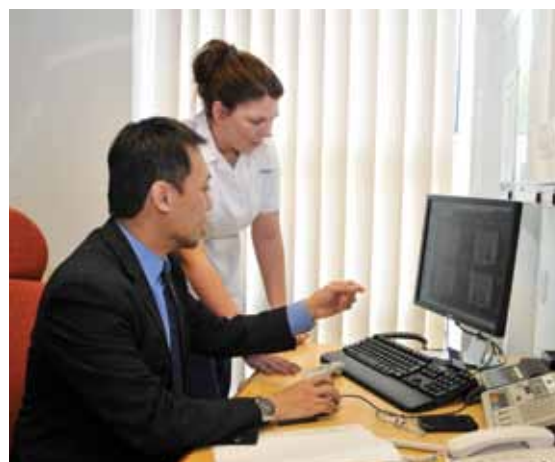
The Trust received an unannounced visit from the Care Quality Commission in December 2010. Services at Castle Hill Hospital and the Hull Royal Infirmary were inspected against the 16 Essential Standards of Quality and Safety. The Trust was compliant against all standards but some areas of action were identified to ensure that compliance would be maintained in the future. These areas related to assessing patients arriving in the Emergency Department within 15 minutes, the disposal of unused drugs, injectable drugs at ward level, improving support to patients whose first language is not English (Castle Hill Hospital), mandatory training and record keeping. The Trust has implemented revised arrangements to address the issues raised.

## EQUALITY AND DIVERSITY

The Trust Board endorsed the Single Equality Scheme as its key strategic approach to equality and diversity. The purpose of this scheme is to ensure delivery of the Trust's statutory responsibilities both as a service provider and an employer. In addition it recognises our duty to promote diversity and good practice in all that we do. Significant progress has been made via the Single Equality Scheme and particularly the use of impact assessment methodology for the Trust to ensure that its policies and practices actively encourage and support diversity in employment. It is recognised that these benefits need to be extended further into the area of service delivery and a key priority for the future will be to ensure impact assessments are completed consistently in all areas of service delivery.

The Trust actively works to engage effectively with its local community to ensure service provision and employment practice is inclusive and encourages and values diversity. The Trust regularly attends interest groups to hear first hand feedback on the services it provides.

The NHS has now adopted a new approach to delivering its statutory responsibilities known as the Equality Delivery Scheme. The Trust has been fully involved in the consultation on this and the Equality Delivery Scheme will be the focus for improvements in equality and diversity in the future.







Tina Busby (auxiliary),  
Liz Jacketts (staff nurse)



# GREAT STAFF

The greatest asset to this organisation is its staff. The Trust has built its vision around having great staff, who are well trained, inspired and able to deliver the best care possible. This section sets out information about our staff, their views and their achievements over the last year. Some of our successes have been high profile but others are part of the day-to-day caring between our staff and our patients that occurs on wards and departments throughout the organisation.

AGE	HEADCOUNT	%
17-21	124	1
22+	8660	99

ETHNICITY	HEADCOUNT	%
WHITE	7790	89
MIXED	62	1
ASIAN OR ASIAN BRITISH	579	7
BLACK OR BLACK BRITISH	114	1
OTHER	239	3

GENDER	HEADCOUNT	%
MALE	1907	22
FEMALE	6877	78

	HEADCOUNT	%
RECORDED DISABILITY	108	1

The Trust is required to declare sickness absence performance. In the year to 2010/11, the Trust set itself a target percentage attendance of 95.75% and all areas increased attendance during the 12 month period. At March 2011 attendance was at 95.71%, reflecting a sickness absence of 4.29%.

STAFF SICKNESS/ABSENCE	2010/11	%
DAYS LOST (LONG TERM)	68,245	71,306
DAYS LOST (SHORT TERM)	44,761	48,115
<b>TOTAL DAYS LOST</b>	<b>68,697</b>	<b>71,985</b>
TOTAL STAFF YEARS	7,115	6,827
AVERAGE WORKING DAYS LOST	10	11



# STAFF SURVEY RESULTS

The Trust is committed to and values the feedback provided from participating in the National Staff Survey programme, co-ordinated by the Care Quality Commission. In the 2010 survey the Trust had improved in 19 areas.

	2009/10		2010/11		TRUST IMPROVEMENT/ DETERIORATION
RESPONSE RATE	TRUST	NATIONAL AVERAGE	TRUST	NATIONAL AVERAGE	
	47%	51%	49%	NOT AVAILABLE	+2% IMPROVEMENT

TOP RANKING SCORES	TRUST	NATIONAL AVERAGE	TRUST	NATIONAL AVERAGE	
% STAFF WORKING EXTRA HOURS	58%	65%	59%	66%	+1% DETERIORATION
% STAFF WITNESSING POTENTIAL HARMFUL ERRORS, NEAR MISSES OR INCIDENTS LAST MONTH	34%	37%	37%	37%	+3% DETERIORATION
% STAFF BELIEVING TRUST PROVIDE EQUAL OPPORTUNITY FOR CAREER PROGRESSION OR PROMOTION	92%	90%	91%	90%	-1% DETERIORATION
% STAFF EXPERIENCING DISCRIMINATION AT WORK IN LAST 12 MONTHS	6%	7%	11%	13%	COMPARISON NOT POSSIBLE/ CHANGE OF FORMAT

BOTTOM 4 RANKING SCORES	TRUST	NATIONAL AVERAGE	TRUST	NATIONAL AVERAGE	
STAFF MOTIVATION AT WORK	3.71	3.84	3.70	3.83	-0.01 DETERIORATION
JOB SATISFACTION	3.34	3.48	3.41	3.48	+ 0.07 IMPROVEMENT
STAFF FEELING PRESSURE IN LAST 3 MONTHS TO ATTEND WORK WHEN FEELING UNWELL	31%	26%	29%	26%	- 2% IMPROVEMENT
QUALITY OF JOB DESIGN (CLEAR JOB CONTENT, FEEDBACK AND STAFF INVOLVEMENT)	3.26	3.38	3.34	3.41	+ 0.08 IMPROVEMENT

An action plan is produced following the publication of the national results which is approved and monitored by the Trust Board. The focus during 2011/12 will be on leadership, management development and staff engagement. Local action plans are also developed by the clinical management groups. The health and well-being of staff is also an ongoing priority for 2011/12. The Trust will be concentrating on initiatives around good mental health and stress management, physical activity, nutrition and no-smoking.

At the end of 2010/11 the Trust commissioned a cultural survey which was distributed to 1800 members of staff. The outcome of this will further assist the Trust in interventions which support staff in their daily work and development of their potential.



## CONSULTATION WITH EMPLOYEES

Significant efforts are made to ensure that our staff are kept informed and consulted with on important issues. In a formal setting the Trust consults with trade unions via a Local Negotiating Committee for medical staff and a Joint Negotiation and Consultation Committee for all other staff groups. The meetings include recognised trade unions and are attended by Directors of the Trust.

A number of other communication mechanisms are in place. A cascade system is used called 'Team-Talk' which is led by the Chief Executive and follows each Board meeting. Managers subsequently meet with their own staff to discuss the contents of Team-Talk. The Trust's 'HEY' newsletter is distributed as a hard copy on a fortnightly basis. An electronic newsletter is issued to all staff by email every week. The Chief Executive holds open meetings with staff to encourage debate and discussion and allow issues of concern to be raised. In 2011/12 this will be extended further to include other executive directors.

During the year a new look intranet site was launched. The home page was redesigned to incorporate all of the most popular features as well as a regularly updated news and staff notice board section. In addition, Hey TV! began which allows staff to watch short films highlighting best practice in our Trust. The aim is to communicate good practice more widely by establishing an online library of films which focus on work that is benefiting our patients and our organisation. These include films about our security team, dining companions on Ward 5 at Castle Hill Hospital and about a new Silent Night poster encouraging staff to be quiet on the wards while patients are sleeping.

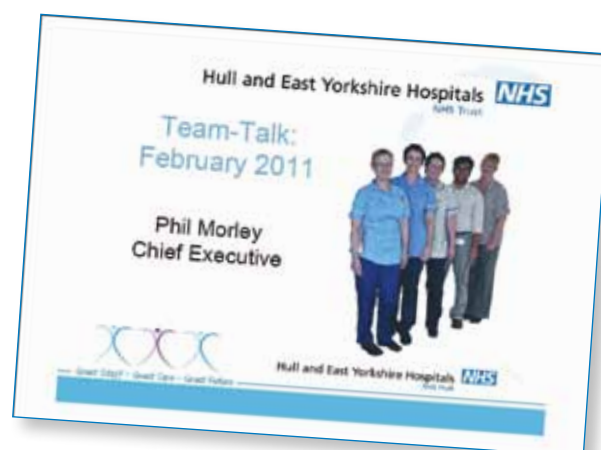
During the year staff continued to make suggestions on how services could be improved under an initiative called Smart Ideas. Ideas put forward were wide ranging from ways to improve energy consumption, the development of a telephone answering protocol, suggestions for how to improve the newsletter to reducing the number of missed outpatient appointments. Feedback is provided from Directorates and Business Units and all Smart Ideas receive a personal thank you from the Chief Executive.

## OCCUPATIONAL HEALTH SERVICES

The Occupational Health Department makes a major contribution to the health and well being of staff. A range of services are in place including pre-recruitment and mid-employment health assessments, support to staff on sickness absence including rehabilitation and return to work processes, infection control, immunisation and vaccination, contribution to health and safety via health screening, counselling support to employees and lifestyle initiatives. The Service is nurse-led and the Head of the Service and Senior Occupational Health nurses have a specialist qualification in Occupational Health Nursing (BSc Community Nursing – Occupational Health route). The medical support is provided by a Consultant in Occupational Medicine (0.4 wte) and a qualified Occupational Health Physician (1 session per fortnight). The core services provided by the Occupational Health Department meet those recommended for health care workers by NHS Employers and the Department of Health.

We are an accredited user of the 'two ticks' disability symbol, in recognition of our commitment to the following:

- interviewing all applicants with a disability who meet the essential criteria for the post
- ensuring there is a mechanism in place to discuss with disabled employees how they can develop and use their abilities
- making every effort when employees become disabled to ensure they stay in employment
- taking action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- reviewing these commitments every year, including what has been achieved and planning ways to improve on them







## INDIVIDUALS AND TEAMS

This section of the Annual Report highlights the contributions made by just some of our staff during 2010/11. They illustrate the contribution and partnership working of our staff which extends beyond the walls of the hospitals.

## MOMENTS OF MAGIC

Moments of Magic was set up in December 2010 to capture some of the hundreds of examples that go unreported of our staff doing something incredible on a daily basis. The inspiration came during the really bad December weather when the efforts of staff were truly inspiring. Reports of staff walking ten miles through the snow, jogging across a freezing cold Humber Bridge, working all day to shovel snow were just some of the many things that our staff did to make sure that services continued to be provided. Staff were asked to record something they had seen that made them proud to work for the NHS and the Trust. Some of the events that were recorded were:

- Porter Peter Chapman saved the life of a patient who had suffered a cardiac arrest
- Estates staff worked through the night to prevent flooding in the Queen's Centre so that patient appointments were not interrupted
- staff from across the Trust managed to get to work during the worst snow storms in 100 years

## MAKING OUR TRUST A SAFER PLACE

The number of assaults against staff working at the Trust reduced for the fifth year in a row. In 2008/09 there were 42 violent assaults on staff, in 2009/10 this dropped to 34. There were 4.1 assaults per 1,000 staff, against a national average of 16.7 for the 168 acute trusts. Despite the factors that make Hull Royal Infirmary a high risk, inner city site with a busy Emergency Department, the Trust was the 11th safest over the whole of the acute sector and top out of the 64 trusts with over 5,000 staff. The Trust has a zero tolerance of violence. Close partnership working with Humberside Police as well as a good record of imposing sanctions against offenders are the main reason for the reduction in incidents. The Trust was successful in imposing sanctions for 30 of the 34 offences. These have included fixed fines for public order offences and Anti Social Behaviour Orders.



## LEADERSHIP IN TISSUE VIABILITY

The first group of Tissue Viability Link Practitioners “graduated” from the University of Hull Business School following completion of their programme in June 2010. The main focus of the course was on leading change within their inpatient wards. The nurses increased their knowledge of national and local drivers for patient safety as well as furthering their clinical knowledge on tissue viability. Tissue Viability Specialist Nurses at the Trust, Hayley Crawley and Karen Harrison supported the group to undertake individual work on their wards and the group was instrumental in launching the Trust standard pressure ulcer documentation.

This programme is unique within the country and follows an Action Learning approach. Jean Kellie and Brian Millsom from the Business School and Eileen Henderson, assistant to the Medical Director were invited to present this work at the International Action Learning Conference held at Henley Business School. The Trust continues to lead the field nationally with this unique approach to patient safety which it has developed in partnership with the University of Hull Business School. A second group of link nurses have also now completed the programme and plans for a third group are underway.

## HEALTHI – NHS CAREERS

The Education and Development team worked with colleagues both in the Trust and the wider NHS community to develop a curriculum support and career resource to be circulated to all schools and colleges within the region in time for the 2011 academic year. The project, called healthi, was led by the Trust, in partnership with NHS Hull, City Health Care Partnership, NHS East Riding of Yorkshire and Humber NHS Foundation Trust, to provide a range of health-related materials based on real, local, NHS activities.

The CD-based resource includes 360° interactive ‘tours’ of a theatre, radiology department, mortuary, dental surgery, and mental health facility, quizzes, department

information, 40 ‘on-line’ career profiles, health-related scenarios and a whole host of learning materials and information about working in the NHS locally. The resource also includes video career profiles developed in partnership with students on the Creative and Media Diploma from Longcroft School, Beverley. The students, all in Year 10, devised and edited questions, scheduled the session, rehearsed and produced the final edit.

## DR ASHOK PATHAK – MBE

One of the Trust’s orthopaedic surgeons was appointed a Member of the British Empire (MBE) in the Queen’s New Years Honours List. Dr Pathak has made an outstanding contribution to medicine in Yorkshire and India as well as being acknowledged as a sportsman. Some of his achievements include acting as the Overseas Mentor for doctors in Yorkshire, training doctors in the Indian subcontinent to use modern evidence-based surgical techniques, organising numerous health camps in his native state of Bihar. He visited the flood stricken areas of Northern Bihar in 2008 and led a team from the BBC, highlighting the devastating effects of the floods. He captained the Patna University Cricket team and has served as an expert analyst for the BBC World Service.

## QIP AWARD PRESENTED

Simon Richardson, Catherine Hornsey, Martyn Stones and Claire Hunt received Quality Improvement Projects awards from Hull York Medical School Senior Lecturer in Population Health Dr Steven Oliver at this year’s HYMS graduation ceremony in Hull. The awards are given to students who have done excellent work in projects that enhance the quality of healthcare services provided by the local NHS.



Students from Longcroft school interviewed Trust staff for video profiles





Dr Alex Oboh

## NEW FORCEPS DESIGN

Dr Alex Oboh, a Consultant Obstetrician at the Trust, in conjunction with PD-M International, a Harrogate-based product design company developed much improved forceps, which are used to aid in difficult births. The forceps won in the "Medical Devices and Diagnostics" category of Medipex's annual NHS Innovation competition awards, held in Leeds in April 2010.

## AWARD OF PRESIDENT'S SHIELD

James Hutchinson, Mechanical Apprentice at Hull Royal Infirmary was awarded the President's Shield by the Hull Association of Engineers. James is studying for an FdEng in Mechanical Engineering and has been awarded the Shield for having the highest grades on his course. James has also previously won the 2008 Apprentice of the Year.



The Silent Night posters helped to keep noise levels to a minimum on ICU

## SHARING GOOD PRACTICE - SILENT NIGHT POSTER

When the last National Inpatient Survey results were published it showed that some patients had concerns about the level of noise on wards at night-time. In the General ICU at Castle Hill Hospital, staff introduced a poster, developed by Critical Care Matrons Karen Jessop and Pauline Cole reminding everyone to try and keep noise levels to an absolute minimum during evenings and night-time shifts. ICU now appoints a 'noise monitor' each night to remind staff to work as quietly as possible. Recent local results indicate a marked improvement.

## WORKING WITH LOCAL STUDENTS

In January 2010, Donna Brady-Welburn of the Trust Education and Development Department, together with members of the Cellular Pathology Department visited Hull College to run an outreach project devised by the Royal College of Pathologists for key stage five biology students entitled 'Pathology: the science behind the cure'. The first component 'Disease Detectives: The Liver', was a hands-on exercise to develop students practical skills, and the second component 'Your Body Your Consent?' was a discussion based on the Human Tissue Act 2004. This is the second time that the Cellular Pathology Department has visited Hull College. The feedback from the students has been very positive.



# GOLDEN HEARTS AWARDS

A new awards scheme was launched in December 2010 aimed at recognising outstanding contributions to our patients and our Trust. Staff were asked to nominate individuals and teams who it was considered deserved special recognition across nine categories. The awards ceremony took place at the KC Stadium in the evening of 7th April 2011 and was a great success. Entries were judged against the following criteria - best possible demonstration of:

- positive outcomes for patients, staff and the organisation
- exceptional quality above and beyond what is expected
- enthusiasm and commitment to the Trust and its goals
- value for money and sustained contribution over a period of time
- the ability to overcome challenges in order to achieve goals

This will become an annual event for the organisation and provide an opportunity to celebrate success and achievement.



Wendy Mage (matron) and Sarah Bates (Nurse Director)





David Stephenson (staff nurse)

## GREAT CARE

When patients and their families come to the Trust it is important that they feel they are going to receive the best possible care and that they will be safe and cared for in wards and departments that are welcoming, clean and free from infection.

On the 21 January 2011 the Trust Board made the following patient safety pledge

**“We aim to provide patient care that is safe, effective and high quality for all patients and service users. This is care where we reduce all avoidable deaths and all avoidable harm caused until we have eliminated all avoidable deaths and all avoidable harm altogether.”**

During the last quarter of 2010/11 the Trust has been developing a new five-year Quality and Safety Strategy. This will ensure that there is a clear and targeted approach to improving the quality of care for patients and reducing avoidable harm. The aim of the strategy is to identify the Trust's top five indicators (Going for Gold) and to establish measurements that will be used to monitor effectiveness against these. The strategy will be finalised early in 2011/12.



# QUALITY ACCOUNTS

The Trust is pleased to present the progress made in 2010/11 against the targets it set in its first published Quality Accounts. The Trust identified a significant number of quality and safety improvements initiatives which were distilled in to a number of key priorities. The following is an extract from the Quality Accounts for further information on the Quality Accounts please visit our website at [www.hey.nhs.uk](http://www.hey.nhs.uk)

## Review of performance: Safety

In the Quality Accounts 2009-10 we had three key safety workstreams:

- Medication errors – improving prescribing standards
- Care of the deteriorating patient
- Infection prevention and control

The table below shows what we have achieved for each workstream and what we have left to do:

## Medication Errors – Improving Prescribing Standards

The aim of this work stream was to reduce the number of incidents of prescribing errors and therefore reduce the number of cases of avoidable harm.

TASK	COMPLETED
UPDATE QUALITY MATTERS PROGRAMME FOR MEDICINES MANAGEMENT	✓
APPOINT MEDICINES MANAGEMENT CHAMPIONS FOR EACH BUSINESS UNIT	✓
AUDIT PLAN FOR NATIONAL PATIENT SAFETY AGENCY ALERTS	✓
USE OF GMC NUMBER	PARTIALLY
INTRODUCE NEW IN-PATIENT DRUG CHART	PARTIALLY
ENSURE ALL PATIENTS RECEIVE PIL FOR EVERY MEDICATION ON DISCHARGE	✓
INCREASE USE OF PATIENTS OWN DRUGS	✓
IMPROVE INFORMATION TO GPS VIA IMMEDIATE DISCHARGE LETTER	PARTIALLY
IMPLEMENT ROBOTIC DISPENSING	PARTIALLY
IMPLEMENT ELECTRONIC PRESCRIBING	✗
INTRODUCE PATIENT CHECKLISTS FOR PHARMACY OUT-PATIENTS	✓
PARTICIPATE IN THINK GLUCOSE CAMPAIGN	✓
DEVELOP REAL-TIME PATIENT SURVEY FOR MEDICATION	✗



## CARE OF THE DETERIORATING PATIENT

The aim of this work stream was to reduce the number of incidents where the deterioration of a patient should have been detected sooner that it was and therefore reduce the level of avoidable harm.

TASK	COMPLETED
REVIEW OF POLICY	✓
DISTRIBUTE POLICY TO ALL CLINICAL STAFF	✓
DEVELOP E-LEARNING PACKAGE TO INCORPORATE RESPONSIBILITIES	✓
DEVELOP TRAINING FOR UNDERTAKING CLINICAL OBSERVATIONS	✓
DEVELOP PROMOTIONAL MATERIAL	✓
ENSURE ALL WARDS HAVE A SUPPLY OF NEW OBSERVATION CHARTS	✓
DISTRIBUTE POSTERS TO ALL AREAS	✓
IDENTIFICATION OF STAFF REQUIRING TRAINING	✓
MANDATED COMMUNICATION	✓
COMPLETION OF E-LEARNING PACKAGE – HEADS OF NURSING AND CLINICAL DIRECTORS	PARTIALLY
CLINICAL OBSERVATION TRAINING	✓
AUDIT OF IMPLEMENTATION THROUGH PATIENT OBSERVATION MEASUREMENT TOOL	✓

## INFECTION PREVENTION AND CONTROL

The aim of this work stream was to improve rates of infection prevention and control to reduce avoidable harm to our patients.

TASK	COMPLETED
DEVELOP A THEATRE QUALITY MATTERS PROGRAMME TOOL	✓
IMPLEMENT A THEATRE QUALITY MATTERS PROGRAMME TOOL IN ALL THEATRE ENVIRONMENTS	✓
DEVELOP AN OUT-PATIENT QUALITY MATTERS PROGRAMME TOOL	✓
IMPLEMENT AN OUT-PATIENT QUALITY MATTERS PROGRAMME TOOL	✓
UNDERTAKE A RETROSPECTIVE CARE REVIEW OF ALL MSSA BACTERAEMIA CASES IDENTIFIED	✓
MANDATORY THRESHOLD FOR MRSA MET	✗
TAKE PART IN THE MATCHING MICHIGAN PROJECT	✓
REVIEW AND UPDATE THE CONTENT OF INFORMATION AVAILABLE TO TRUST STAFF ON INFECTION, PREVENTION AND CONTROL ON THE INTRANET	✓
IDENTIFY SUITABLE SOLUTIONS AVAILABLE TO SUPPORT THE “SAVING LIVES” SURVEILLANCE	✓
IMPROVE PATIENT PERCEPTION OF INFECTION, PREVENTION AND CONTROL	✓
IMPROVE COMPLIANCE WITH HAND HYGIENE	PARTIALLY



# SAFETY – OVERALL

- During 2010/11 the Trust's Hospital Standardised Mortality Ratio did not reduce significantly and is currently 107 (moving annual total at January 2011). This rate measures expected deaths against actual deaths. Any figure over 100 means that there have been more deaths than expected. The Trust has a great deal of work to do to first achieve a ratio of 100 and then to improve practice and become one of the safest hospitals in England. The Trust is aiming to achieve a ratio of 80. This equates to over 550 fewer deaths per year.
- The Trust has yet again increased its patient safety incident reporting. This is a positive indicator which suggests a good reporting culture. The main success of this increased reporting is that the Trust reports a higher percentage of incidents (74.2%) that cause no harm than the average (72.7%) for large acute trusts.
- The Trust failed to keep within the threshold number of MRSA bacteraemia infections for 2010/11, despite making significant year on year improvements. A proportion of the MRSA bacteraemias, and also of other healthcare acquired bacteraemias, could potentially have been avoided. It is hoped that continuation of infection, prevention and control work will continue to reduce all avoidable harm.

## Review of performance: Effectiveness

In the Quality Accounts 2009/10 we had four key effectiveness workstreams:

- Right patient, right place, right time
- Discharge from hospital
- Accident and EmergencyT/Acute Assessment Unit
- Stroke

# RIGHT PATIENT, RIGHT PLACE, RIGHT TIME

The aim was to ensure that patients were receiving the right care, in the right place at the right time, to reduce the number of inter-ward transfers and to ensure the Trust delivers care to the highest standard.

TASK	COMPLETED
INTRODUCTION OF A NUMBER OF CLINICAL PATHWAY CHANGES	✓
INTRODUCTION OF A NUMBER OF WARD RECONFIGURATIONS	✓
SPECIALITY IN-REACH TO THE ASSESSMENT UNIT HAS BEEN INTRODUCED	✓
IMPROVE MORNING DISCHARGE	✗



## DISCHARGE FROM HOSPITAL

The aim was to improve our patients' experiences, by reducing their length of stay, improving our re-admission rates and improving our patients' understanding of discharge arrangements.

TASK	COMPLETED
REVIEWING OF DISCHARGE PATHWAY AND IDENTIFICATION AND IMPLEMENTATION OF IMPROVEMENTS	PARTIALLY
IMPROVE TIMELINESS OF THE PRODUCTION OF IMMEDIATE DISCHARGE LETTERS	✓
INTRODUCTION OF CRITERIA-LED DISCHARGE	✓

## ACCIDENT AND EMERGENCY/ACUTE ASSESSMENT UNIT

The aim was to improve the environment in which we care for patients in our Accident and Emergency Department and Acute Assessment Unit. We want to reduce the number of our patients being cared for on trolleys, improve our patients' experience and patient flow.

TASK	COMPLETED
IMPROVE PATIENT FLOW OUT OF A&E AND AAU	✓
IMPROVE DISCHARGE RATES ACROSS THE ORGANISATION	PARTIALLY
ENLARGE PHYSICAL CAPACITY IN A&E	✗
IMPLEMENT FAST-TRACK OF STROKE PATIENTS TO STROKE UNITS	✓

The physical capacity in A&E will be improved in a re-design and upgrade of the area which will begin in July 2011.

## STROKE SERVICE

The aim was to improve the management of stroke services in order to achieve stroke targets, reduce the length of stay for stroke patients and improve patient satisfaction.

TASK	COMPLETED
INTRODUCTION OF ACUTE STROKE MODEL	✓
IMPLEMENTATION OF 24/7 THROMBOLYSIS SERVICE	✓
IMPLEMENTATION OF 7 DAY DIRECT ADMISSION FOR STROKE	PARTIALLY
STROKE UNIT CAPITAL DEVELOPMENT IMPLEMENTED - STAGE 1 (DEVELOPMENT OF THERAPY ROOMS)	✓
STROKE UNIT CAPITAL DEVELOPMENT IMPLEMENTED – STAGE 2 (DEVELOPMENT OF BATHROOM FACILITIES)	✓



# EFFECTIVENESS OVERALL

- By the end of March 2011, the Trust met the national standard of 90% of a stroke patient's time being spent on a stroke unit. This standard is to promote patients being in the right place for their specialist treatment.
- The complete patient pathway from planned admission to discharge from hospital forms a significant part of the Trust's priorities. Whilst a great deal of progress has been made, there are still patients who have a poor experience due to inappropriate transfers or delayed discharges. This work will also form part of the quality indicators (CQUIN) in the contract with commissioners for 2011/12.

## Review of performance: Experience

In the Quality Accounts 2009/10 we had four key experience workstreams:

- Productive Clinic
- Patient Experience Framework
- Organisational Development
- Eliminating Mixed Sex Accommodation

# PRODUCTIVE CLINIC

The aim was to review practices to ensure that out-patients do not have excessive waits beyond their appointment time. This would mean that patients were seen within 30 minutes of their allotted appointment time.

TASK	COMPLETED
REDUCE THE PERCENTAGE OF PATIENTS WHO ARE SEEN BEYOND 30 MINUTES FROM THEIR ALLOCATED APPOINTMENT TIME	PARTIALLY
REDUCE THE TOTAL WEEKLY NUMBERS OF PATIENTS CANCELLED (NEW AND FOLLOW-UPS)	PARTIALLY
REDUCE THE NUMBER OF PALS AND COMPLAINTS ARISING FROM CANCELLED APPOINTMENTS	PARTIALLY
DEVELOP A PATIENT VIEW POINT SURVEY AND PATIENT COMMENT CARDS	✓



# PATIENT EXPERIENCE FRAMEWORK

The aim was to improve the experience of patients and staff, to maximise the use of patient feedback and to work in partnership with our key stakeholders such as the Local Involvement Networks, Overview and Scrutiny Committees, Trust members and patient groups.

TASK	COMPLETED
IDENTIFY PREFERRED SOLUTION FOR OBTAINING REAL TIME PATIENT EXPERIENCE INFORMATION	✓
IMPLEMENT PREFERRED SOLUTION FOR OBTAINING REAL TIME PATIENT EXPERIENCE INFORMATION	PARTIALLY
LIAISE WITH SAFETY, EFFECTIVENESS AND EXPERIENCE DOMAIN LEADS TO IDENTIFY METHODS FOR OBTAINING PATIENT EXPERIENCE INFORMATION	✓
CONDUCT CONSULTATION EVENTS WITH KEY STAKEHOLDERS INCLUDING LOCAL INVOLVEMENT NETWORKS, OVERVIEW AND SCRUTINY COMMITTEES AND TRUST MEMBERS	✓
UNDERTAKE MEMBER SURVEY ON QUALITY ACCOUNT PRIORITIES	✓
DEVELOPMENT OF "EVERY PERSON MATTERS" CAMPAIGN	✓
INTRODUCTION OF NEW PATIENT MENUS	✓
EXTEND MEET AND GREET VOLUNTEER SERVICE	✓

# ORGANISATIONAL DEVELOPMENT

The aim was to improve patient and staff experience, improve the culture in the organisation and to increase attendance at mandatory training.

TASK	COMPLETED
IMPLEMENT COMMUNICATION STRATEGY FOR TRUST WIDE VISION AND VALUES	✓
IMPROVE THE PERFORMANCE MANAGEMENT CULTURE WITHIN THE TRUST, INCLUDING IMPROVING PERSONAL DEVELOPMENT REVIEW COMPLETION	✓
COMPLETE THE CURRENT DEPUTIES PROGRAMME FOR EXCELLENCE IN LEADERSHIP AND MANAGEMENT	PARTIALLY
DELIVER THE STAFF SURVEY IMPROVEMENT ACTION PLAN	PARTIALLY



# ELIMINATING MIXED SEX ACCOMMODATION

The Trust's pledge is to: "eliminate mixed sex accommodation, where possible, appropriate and deemed to be in the best interests of patients and service users. Where this is not possible, the Trust should justify and record each decision but then ensure that every reasonable step is taken to improve sex segregation and privacy and dignity arrangements across all of its patient accommodation."

TASK	COMPLETED
COMPLETE THE PROPOSED WORKS TO WARD AREAS AS PUBLISHED ON THE TRUST WEBSITE	✓
REVIEW THE EFFECTIVENESS OF BUILDING WORKS	✓
IMPLEMENT ELIMINATING MIXED SEX ACCOMMODATION POLICY AND BREACH REPORTING SYSTEM	✓
PROVIDE TRAINING / AWARENESS RAISING OF THE NEW POLICY AND BREACH REPORTING SYSTEM	✓
TO REVIEW CLINICAL FACILITIES WHERE PATIENTS UNDERGO MINOR PROCEDURES AND EXAMINATIONS	✓
REVIEW THE PRIVACY AND DIGNITY POLICY	✓
UNDERTAKE GAP ANALYSIS OF THE PRIVACY AND DIGNITY POLICY TO INFORM FURTHER WORK STREAM DEVELOPMENT	✓

## EXPERIENCE OVERALL

- The National Inpatient Survey 2010 demonstrates significant improvement in patient experience
- The National Staff Survey 2010 has demonstrated some improvements. Events, such as the 'Golden Hearts Awards' will also help staff feel valued. The Trust plans to undertake a cultural survey to help inform future actions and strategies to improve staff engagement
- The number of complaints made to the Trust decreased. This was both in number and ratio when compared to activity. Activity includes the number of inpatient stays, outpatient attendances and Accident & Emergency Department attendances



# PATIENT SURVEY RESULTS

The Trust is committed to obtaining feedback from patients. It values its participation in the National Patient Survey Programme, co-ordinated by the Care Quality Commission.

## INPATIENT SURVEY

The results of the National Inpatient Survey were published in April 2010. The results demonstrated positive improvement in the survey overall and the table below shows the improvement between 2009 and 2010.

PERFORMANCE	2009	2010
GREEN (BEST PERFORMING 20% OF TRUSTS)	3 (4.7%)	8 (13%)
AMBER (INTERMEDIATE 60% OF TRUSTS)	21 (33.3%)	36 (57%)
RED (WORST PERFORMING 20% OF TRUSTS)	39 (62%)	19 (30%)
TOTAL CATEGORIES ASSESSED	63	63

The Care Quality Commission determines how each Trust's scores compare with other Trusts. This organisation was classified as 'about the same' for all ten categories with the exception of one which related to operations and procedures. Within this section patients were concerned about where they could keep their personal belongings whilst on the ward and did not always receive information in the way they could understand. The Trust performed better than other Trusts for being given written information about what they should/ should not do after leaving hospital and knowing who to contact if they were worried about their condition.

## OUTPATIENT SURVEY

The results of the outpatient survey were published in February 2010. Areas where the Trust performed well included cleanliness in the outpatient department, having confidence and trust in the hospital doctor, and receiving answers that the patient could understand. The survey highlighted areas for improvement, including waiting time for a first appointment, communicating with patients regarding their condition or treatment, explaining the results of tests in a way that the patient could understand and receiving copies of letters sent between hospital doctors and the patient's GP.

## TOP PERFORMING MATERNITY SERVICES

The Trust demonstrated excellent performance in a survey of women's experiences of maternity services which was published in December 2010. Women were asked about all aspects of their maternity care including the first time they saw a clinician, care, treatment during labour and birth and care provided at home in the weeks following the birth of their baby. In the report the Trust was found to be in the top 20% of Trusts nationally for nine of the 19 main indicators. This included patients getting pain relief, being involved in decisions about their care, their length of stay in hospital and the information they were given.

Sister Angie Rymer with a new arrival and his proud parents





## LOCAL SURVEYS

To supplement the information received from the National Patient Survey, the Trust has been conducting its own local surveys so that it can understand better what patients are saying about the care they receive. The outcome from the local surveys has been extremely positive with patients reporting the following results:

	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
% OF PATIENTS WHO WOULD RECOMMEND THE WARD TO A FRIEND OR FAMILY	96	97	98	98
% OF PATIENTS RATING THEIR CARE AS GOOD, VERY GOOD OR EXCELLENT	99	99.6	99	98
% OF PATIENTS WHO FELT THEY WERE TREATED WITH RESPECT & DIGNITY	97	97	98	97
% OF PATIENTS WHO HAD CONFIDENCE & TRUST IN THE NURSES CARING FOR THEM	99	99	99	99
% OF PATIENT WHO HAD CONFIDENCE & TRUST IN THE DOCTORS CARING FOR THEM	98	97	98	95

The Trust recognises that there is still a great deal of targeted work to be undertaken to meet our aim of being in the top 20% for reported patient experience. A number of developments are planned for 2011/12 including the introduction of real-time patient feedback system, the establishment of a patient panel and increased use of discovery interviews, patient journeys and observational studies.

## PATIENT ADVICE AND LIAISON SERVICE (PALS)

PALS is a free, confidential service for people who want to give feedback about any aspect of NHS care that they have received. In 2010/11 this Trust's PALS had a slight increase in the number of contacts made to the service (2,257) compared with the number received in 2009/10 (2,234). The number of concerns dealt with by our PALS is small in comparison to the number of outpatient attendance and inpatients admissions. Significant effort is made to ensure that concerns raised are dealt with promptly to avoid a formal complaint being made. During the year, a number of systems changes occurred to improve the efficiency and effectiveness of the service. This included a new leaflet advising patients of the service, weekly reports to assist investigating managers and changes to the PALS answer phone message and template following feedback from people who had used the service.

## PATIENT ENVIRONMENT ACTION TEAM (PEAT) INSPECTIONS

PEAT is an annual assessment of inpatient healthcare sites in England which demonstrates how well individual healthcare providers are performing in key areas including food, cleanliness, infection control and patient environment including bathroom areas, décor, lighting, floors and patient areas). Inspection teams comprise nursing estates and facilities staff as well as patient representatives. The scores achieved in 2010 are detailed below and published on the National Patient Safety Agency website:

SITE	ENVIRONMENT	FOOD	PRIVACY & DIGNITY
HULL ROYAL INFIRMARY	GOOD	EXCELLENT	ACCEPTABLE
CASTLE HILL HOSPITAL	GOOD	EXCELLENT	ACCEPTABLE



## DIGNITY CHAMPIONS' FORUM

The Trust Chairman established a Forum to share good practice and to support staff to make improvements in dignity and care. By March 2011 there were approximately 650 Dignity Champions across the organisation. As a result of this work, a wide number of initiatives have been undertaken. These range from the establishment of relatives' surgeries in some ward areas, to patients being referred to the chaplaincy service earlier in their stay, ensuring that patients with a learning disability are seen promptly for their outpatient appointments and the development of a bespoke DVD which is shown to new staff on their induction programme and which captures the patient's perspective of care and treatment. The work of the Forum has also included debating on what it means to be a Dignity Champion, how best to share good practice and looking at gaps that people have observed or experienced about aspects of care.

## IMPROVING THE EMERGENCY ADMISSION ARRANGEMENTS

In the second half of the year the Trust introduced changes to the way in which patients attending the hospital as emergencies were cared for. This involved all emergency general medical patients being assessed at the Hull Royal Infirmary with the acute admission arrangements at Castle Hill Hospital ceasing. To support this change additional medical bed capacity was created on the Hull Royal Infirmary site. In addition a major reorganisation and reallocation of consultant medical staff took place to enable a more timely and senior assessment of patients on initial attendance. This change also improved the patient experience by reducing both the number and length of time patients were on trolleys prior to assessment and the average length of time patients actually spent within the Acute Assessment Unit.

## ELECTIVE SURGICAL CHANGES

At the Castle Hill Hospital changes were made in year to a number of surgical wards.

The change impacted on the specialties of Gynaecology, Urology and Upper Gastro-intestinal Surgery and resulted in the redesignation of a ward as a 5 day multi specialty facility and a second ward being used on a multi specialty basis for patients requiring more complex surgery and a longer length of stay. At the same time this enabled the existing urology ward to reduce from its original bed base of 40 beds to 30 beds. The Trust was able to continue to provide a similar level of activity but at a reduced cost and at the same time improve the patient experience.

## ACUTE RESPIRATORY ASSESSMENT SERVICE

A new nurse-led team was introduced in October 2010 to ensure patients with respiratory illnesses receive rapid and appropriate treatment. The Acute Respiratory Assessment Service is based in the Acute Assessment Unit delivering specialist care across Hull Royal Infirmary and Castle Hill Hospital sites. Their role is to help patients with diseases such as Chronic Obstructive Pulmonary Disease and severe/difficult Asthma so ensuring they receive timely treatment in the most appropriate setting. This work includes helping patients to be discharged back in to their own homes as quickly as possible where treatment can be provided by experienced respiratory nurses. All patients are assessed in the Acute Assessment Unit to establish whether or not they are fit enough to return home and, if this is the case, are treated in their own homes by visiting nursing teams.

The Acute Respiratory  
Assessment Service







Dr Abdul'Hamid is lead consultant for the Stroke Service



Mr Jagdish Gandhi is pioneering botox treatment for urinary incontinence

## STROKE SERVICE

The new Stroke Unit was launched in April 2010. It includes two wards, Wards 11 and 110 at the Hull Royal Infirmary which gives stroke patients the best possible care and outcomes. A new model of stroke co-ordination was created with a newly recruited and trained team of senior nurses. The service was developed further in October 2010 when the team began to provide an 'in-reach' service to all areas within the Hull Royal Infirmary where patients with a stroke are being cared for. They co-ordinate all stroke patients coming through the Emergency Department. The service runs from 8am to midnight, seven days a week including bank holidays.

The work of the stroke team was acknowledged when Dr Ahmed Abdul'Hamid and Dr Rayessa Rayessa were invited to make a presentation at the Annual General Meeting of the Trust on Tuesday 28 September 2010 to highlight the improvements made.

## DELIVERING SAME SEX ACCOMMODATION

The Trust spent £730k to comply with inpatient privacy and dignity standards at Hull Royal Infirmary and Castle Hill Hospital. To achieve effective segregation of the mixed sex accommodation the Trust installed a modular partition system with glazed privacy screens and sliding doors. Changes were made to 20 wards within a 12 week programme to ensure compliance by 20 June 2010.

## PIONEERING BOTOX TREATMENT

The Trust introduced a new pioneering treatment for bladder activity which featured on local BBC, Look North. As part of a planned treatment pathway Mr Jagdish Gandhi, Consultant Gynaecologist has been using botox injections to treat symptoms including significant urinary urgency, frequency, nocturia and urinary incontinence.

The effect of treatment begins within 1-3 weeks and usually lasts for 9-12 months when repeat injection may be necessary. Approximately 80-90% of selected patients benefit from this treatment. The Botox injection procedure is carried out under either general or local anaesthesia, takes 5-20 minutes and is done as a day case procedure.



## SERVICE IMPROVEMENT DAY

In partnership with other local NHS organisations, the annual Service Improvement Day awards took place in April 2010. Awards were presented by Hull City Chairman, Adam Pearson. The Trust won six of the awards and was shortlisted in eight of the categories as follows:

### **Adopt, Adapt and Improve Award**

#### **Non-invasive Atrial Fibrillation Screening**

This is a quick, simple and effective test that identifies those patients who could be at risk of having a stroke.

#### **SERMS for Relieving Dysphagia and Improving Nutrition in Resectable Oesophageal Cancer**

This procedure helps patients who are having chemotherapy to continue eating their normal diet rather than relying on liquid tube feeding.

### **Dignity in Care Award**

#### **Promoting Normal Birth**

The labour ward team were successful in achieving a higher than average normal birth rate and lower than national average instrumental and caesarean section rate.

#### **MacMillan Lung Cancer Nurse Led Clinic**

The team were successful in being chosen as one of the national pilot sites for the NHS Improvement/McMillan Survivorship project. They developed a nurse led patient review clinic, where patients who have completed their initial treatment for lung cancer are reviewed and a full nursing assessment is completed.

### **Innovative Acute Care**

#### **Lucentis Service**

This is a treatment for wet age-related macular degeneration which is the commonest cause of blind registration in the UK. A service has been designed to offer rapid access and accurate diagnosis for patients

#### **The SUDI Box**

The SUDI Box assists staff when an infant dies unexpectedly and ensures that the clinical and legal aspects are dealt with and all the appropriate investigations are undertaken.



Katy Wood – Health Reporter for the Hull Daily Mail - presents the award for Health and Social Care Worker of the Year to Jean Templeton

### **Innovative Health and Social Care Technology**

#### **Patient Status at a Glance Board**

This system was designed by ward staff in conjunction with Cayder Ltd and provides a way for medical and nursing staff to see a patient's status and highlight any delays in their treatment plan.

#### **Shoulder Exercise Support for Stroke Patients**

Physiotherapists and medical physicists developed a support which enables stroke patients to exercise shoulder muscles, without the need to support the weight of their arm against gravity.

### **Leadership for Improvement**

#### **Inflammatory Bowel Disease**

Patients with this condition now have the benefit of co-ordinated multidisciplinary care and an input to how the service develops. The quality of information has improved, while joint clinics and telephone review clinics help to avoid multiple visits to hospital.

### **Low Carbon Award**

#### **Service Development Project Recycling –Sustainability Days**

The sustainability team organised two awareness days for staff, patients and visitors in conjunction with the two local authorities, various suppliers to the Trust and the Energy Savings Trust.

#### **No and Low Cost Energy Projects**

A number of areas were identified for improvements to lighting control, such as the main stairwells at the Hull Royal Infirmary tower block which are now having a noticeable effect on the organisation's carbon emissions.

### **Transforming Services**

#### **Paediatric Physiotherapy First Contact Clinic**

This clinic was established to enable patients to be seen initially by a clinical lead physiotherapist. This has enabled the consultant surgeon to maximise his time more effectively and enabled the service to meet the increasing demand from referrals.





Jill Venables Head of Catering with Bertie the Bus

## CHILDREN'S MENUS

During 2010 we improved our catering service to the children's wards by giving them a new menu designed to encourage healthy eating habits, whilst providing popular dishes. They can now choose nutritionally balanced versions of popular dishes, such as burgers, chips and pizzas, all freshly prepared by the in-house catering team.



Dining Companion James Tyler

## DINING COMPANIONS

Trust volunteers received training to undertake a new role as Dining Companions on Ward 5 at Castle Hill Hospital in November 2010. The objective is to support patients who may have difficulty eating. The volunteers help patients by cutting up their food as well as supporting and encouraging them to eat their meals. This has proved to be a valuable service for medical elderly patients and has the added benefit of freeing up qualified nursing staff time for other duties.

## MEET AND GREETERS AT HULL ROYAL INFIRMARY

Following the success of the volunteer meet and greet service at the Queen's Centre for Oncology and Haematology, the service has now been extended at Castle Hill Hospital. Meeters and greeters accompany people to their destination, rather than provide directions and they chat with patients and visitors, helping to put them at ease. The service has been a great success with patients, visitors and staff. Volunteers Manager Fiona Skerrow, is looking for people to become registered volunteers to help run the service. Typically our volunteers give up between two and four hours a week to help out. It is really rewarding work and people find that they are getting as much out of volunteering as they are offering in terms of helping patients.



## INFECTION – KEEP A LID ON IT!

A new Infection Control campaign was launched by the Trust in October 2010. Infection – Keep a Lid on It! was developed in partnership with Bluestorm Design and Marketing, based in Hessle, East Yorkshire. The company has previously helped the NHS with the very successful award-winning Give Soap A Chance campaign aimed at encouraging people to wash their hands at appropriate times. The new poster and leaflet campaign is aimed at hospital patients and visitors and offers advice on hand-washing as well as appropriate behaviours when coming in to hospital. The Trust has seen its rates of infection improve significantly over the past few years. The campaign reminds people of some of the most important messages we consistently give out such as hand-washing, not sitting on patients' beds and avoiding coming to hospital if they have colds and flu. The Trust has seen MRSA infections reduce from over 100 five years ago to less than 30 last year.





Winifred Sargerson (staff nurse)



Adrian Horsley, High Sheriff of East Riding of Yorkshire, officially unveiled our new MRI scanner



With Dr Makani Purva in the new Clinical Skills Facility



# GREAT FUTURE

In this section we have outlined how we will build on the progress we have made in 2010/11. We still have many challenges ahead of us particularly given the changes occurring in the NHS and the challenging financial environment. However, this section sets out some of the ways we are responding and preparing for the future.

## ENVIRONMENT

In 2010/11 a number of improvements were made to the facilities and patient environment to support the future delivery of services.

has been purchased to allow complex and invasive procedures to be simulated in a safe environment away from the clinical arena, thus allowing trainees to acquire high levels of clinical proficiency before undertaking them on patients. This includes simulation equipment for laparoscopic surgery, angiography, anaesthetics, dentistry and resuscitation.

## CLINICAL SKILLS, DERMATOLOGY AND OPHTHALMOLOGY

Work was completed on a new state-of-the-art £6.8m Clinical Skills, Ophthalmology And Dermatology Outpatient facility in March 2011. The brand new, three-storey building, adjoining the Eye Hospital, is located on the Hull Royal Infirmary site on Anlaby Road. The new accommodation for Ophthalmology and Dermatology Outpatient clinics has delivered much improved accommodation and will enable the Trust to see patients more rapidly. As well as improving facilities for patients, the transfer of the Ophthalmology Clinic from the first floor in the tower block will enable the Trust to address pressures on the Emergency Department on the ground floor at Hull Royal Infirmary through the relocation of Orthopaedic outpatient services to this area. Similarly, the provision of Dermatology facilities on the Hull Royal Infirmary site, from its previous location on the Princess Royal site, will enable the Trust to achieve its goal of vacating and disposing of this site.

The Clinical Skills Centre on the second floor is available for the education, training and assessment of clinical skills for healthcare students, foundation and specialty trainees and staff of all relevant disciplines from within the Trust and also other healthcare providers. The new Centre offers a simulated ward and critical care and theatre suite as well as an area to deliver advanced resuscitation training and assessment courses, providing learning for practical, procedural and consultation skills. In addition to this, state-of the-art simulation equipment

## FRACTURE CLINIC EXTENSION, HULL ROYAL INFIRMARY

This £320k project completed the second phase of the Fracture Clinic upgrade following the relocation of the Mortuary from the tower block. The project provided much needed accommodation to help the service meet the demands of increasing patient numbers. The project provided three new treatment rooms, five new consulting rooms, additional patient waiting areas and a new staff room.

## MRI SCANNER DELIVERING IMPROVED SERVICES

Patients are now benefiting from the installation of a new Magnetic Resonance Imaging scanner at Castle Hill Hospital. The new scanner became operational in August 2010 and is one of the first of a new generation of wide bore scanners to be installed in the UK. This provides a more comfortable environment, particularly for larger patients and those with claustrophobia. The additional scanner has increased the Trust's MRI scanning capacity and will help in coping with rising demand for this kind of scanning over the next few years.





Rosemary Flanagan  
(staff nurse)

## FIRST RENAL PATIENTS

On Friday 16 July 2010 Rosemary Barlow from the Hull Kidney Patients Association became the first patient to be dialysed in the new £11m Renal Dialysis Unit at Hull Royal Infirmary. The unit is managed by Fresenius Medical Care Renal Services with experienced NHS staff caring for patients. This pioneering programme is part of the previous Government's initiative to offer greater choice and faster treatment to NHS patients through the involvement of independent sector providers. The new 40 station unit at Hull Royal Infirmary is the last and largest of the new units to be built as part of the initiative. The new building replaced Haemodialysis facilities that were located in older accommodation at the rear of the Hull Royal Infirmary site. The new unit is easily accessible, provides a modern relaxing environment for patients and offers state of the art equipment and amenities.

## OTHER PROJECTS

Included within the 2010/11 capital programme were a number of other key strategic projects that have brought significant benefits to the organisation in terms of improved patient environment, level of service and general efficiencies to how the organisation operates. These projects include:

### **Switchboard Improvements, Castle Hill Hospital –**

This £190k expansion project provided an extension to the current switchboard facility and a replacement computerised telephony system. This new facility incorporates an integrated 24 hour a day, 7 days a week help desk for all estates and hotel services. The Estates Helpdesk which transferred from Hull Royal Infirmary freeing up accommodation to be used as hot desk space.

### **Hospital Control Room, Hull Royal Infirmary –**

This project provided a new purpose built Hospital Control Room which would be the base for the Hospital Control Team in the event of a Major Incident.



## FOUNDATION TRUST APPLICATION

In July 2010 the Trust made a decision to withdraw its Foundation Trust application from the Department of Health stage, as it considered that there were a number of issues that needed to be addressed and it wanted to place itself in a stronger position for the future. During the remainder of 2010 a considerable amount of work was undertaken to strengthen organisational arrangements. It has now set a new date for re-applying and this has been agreed with the Strategic Health Authority and the Department of Health.

As part of the process of becoming a Foundation Trust, we are recruiting people who want to become members of our Trust. Our membership is split into three categories:

- Public – people who live in Hull or the East Riding
- Patients – people who have recently been treated in the organisation
- Staff – people who work for us

We want as many members of the public and our patients to join the Trust so that they can have their say in the services that we provide. We set ourselves a target for this year to gain 7831 public and patient members. In March 2010 we surpassed this target and our membership now stands at our 8,100. If you would like to become a member please visit our website at [www.hey.nhs.uk](http://www.hey.nhs.uk)

During the year we sent out quarterly newsletters to our patient and public members to keep them up-to-date with developments at the Trust. In February 2011 we undertook a refresh of our public consultation to ensure that the local population continued to support our plans. Thank you to everyone who took the time to give us their views.



The Trust is committed to recycling and minimising its waste

## SUSTAINABLE DEVELOPMENT

Sustainable development is about meeting society's needs today without compromising the ability of future generations to meet their needs. Often encompassed within sustainability is good corporate citizenship or corporate social responsibility. With climate change possibly one of the most serious global environmental threats, the commitment to sustainability and carbon reduction have become established values in most large organisations. A target of 10% reduction in carbon emissions by 2015 over 2007 levels has been set for the NHS. In addition, the Climate Change Act sets target reductions of 30% by 2030 and 80% by 2050 against a 1990 baseline.

A gap analysis has been undertaken of how the organisation is responding to climate change and the adjustments needed to respond in the future. Opportunities for large-scale projects that will bring substantial carbon reduction and financial savings are being explored. The new clinical waste contract, which commenced in April 2011 will make greater use of alternative treatment, rather than high-temperature incineration, reducing the Trust's carbon footprint and delivering a more cost effective solution. The long-term targets for CO2 reduction, sustainable solutions and requirements for financial savings means that sustainability will continue to play a greater role within the Trust and our lives.

The Trust is committed to a strategy that meets national targets and minimises the impact of its activities on the environment while supporting improved healthcare and social outcomes. We aim to reduce harmful carbon emissions by integrating sustainability into all areas of Trust business.

We have a policy statement setting out the aims, objectives and supporting actions for the organisation to deliver our strategy. The Board receives quarterly performance and progress reports,



Steve Roberts and Paul Wharram from the Sustainability Team



## Waste minimisation and management

	NON-FINANCIAL DATA		FINANCIAL DATA £K	
	2009/10	2010/11	2009/10	2010/11
DOMESTIC WASTE	1280	928	145,006	118,413
CLINICAL WASTE	1332	1204	690,986	637,421
RECYCLATES	401	630	27,178	37,941

The figures above include a small element of estimation.

The Trust is compliant with NHS guidance on the safe management of healthcare waste having implemented a programme of waste bin replacement in all clinical areas supported by staff training, including a new e-learning package.

## Finite Resources

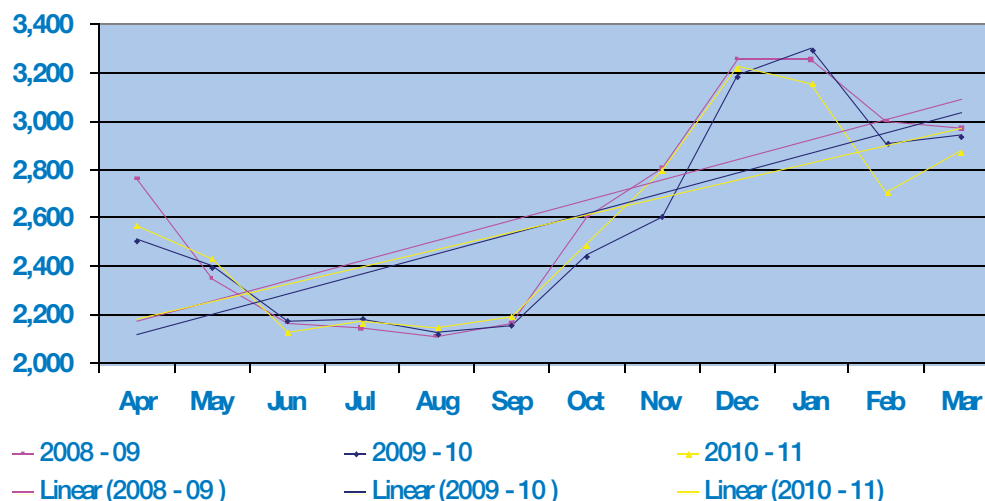
	NON-FINANCIAL DATA		FINANCIAL DATA £K	
	2009/10	2010/11	2009/10	2010/11
ELECTRICITY	24,033,118	23,384,555	2,026,738	2,056,762
GAS	85,273,889	88,463,723	1,764,313	2,095,507
OIL				
WATER	339,594	334,918	554,866	596,536

Compared with 2009/10 there has been an increase in gas consumption even taking into account the efficiency improvement projects. This was due mainly to the particularly cold winter season and the resulting dramatic increase in the requirement for heating. Small-scale projects such as lighting and continued improvements in the efficiency of systems have helped to reduce the Trust's electrical consumption.

During the year over £300k has been invested in carbon reduction schemes, including further pipe work insulation and improved lighting and control systems. The installation of automatic meter reading will bring greater visibility of energy usage and potential opportunities for savings. Increases in the financial costs are due to the continued rise in energy market prices, particularly oil which eventually affect gas and electricity prices. The Trust is exploring alternative ways of procuring energy to improve the management of this financial risk.



## Hull and East Yorkshire hospitals co<sup>2</sup> emissions April 2008-March 2011



Over the last three years CO<sup>2</sup> emissions have reduced year-on-year. Though the reductions at this time are small these are absolute reductions when set against a backdrop of increased activity. The usual winter period peak was not as pronounced as may have been expected, bearing in mind the extreme and prolonged period of bad weather. This was due to the improvements to pipe work insulation and effective management of heating systems. However, there is an acceptance that in order to reach our targets we must consider some larger scale engineering projects, combined with greater organisational involvement.

Sustainability days were held in July 2010 at Castle Hill Hospital and Hull Royal Infirmary and will be held again in 2011. The events were well attended by staff, with the free bicycle MOTs at Hull Royal Infirmary proving particularly popular. Trust representatives talked at a number of events during the year. A particular highlight was the Chief Executive and Head of Sustainability talking about sustainability and leadership at an Royal College of Nursing conference in London.

A new staff lease car scheme was launched during 2010, with a maximum CO<sup>2</sup> emissions limit of 140 g/km on all eligible vehicles. The car lift sharing scheme was re-launched and there was continued uptake of the Cycle to Work scheme. Use of the inter-site free bus service for staff increased.





April Cundy (NHS Hull), Scilla Smith (Trust Chairman) and Valerie Bell (Stop Smoking Team) at the launch of the Bin The Habit campaign

## BIN THE HABIT

The Trust has been committed to maintaining a smoke free environment for a number of years, recognising the impact that smoking has on the health of the population. In 2010/11 the Trust worked jointly with Hull City Council in an attempt to reduce the amount of smoking related litter in the City. Bin The Habit! is a litter awareness campaign aimed at encouraging smokers to discard their cigarette ends responsibly. The campaign, which was developed and funded by the Humber Alliance Against Tobacco (HALT), was piloted in and around Hull Royal Infirmary where hospital security guards patrolled the surrounding area issuing advice about littering to smokers. Hull City Council's Community Wardens carried out a similar operation in other areas of the city. Anyone caught discarding a cigarette end was asked to pick it up and informed that in future, fines may be issued for similar behaviour. They were also be given a free "stubbie" – a specially designed container for collecting cigarette ends, and, if they were interested in quitting smoking, given information on how they could access the Stop Smoking Service.

## YOUNG ADULTS CANCER UNIT

In partnership with the Teenage Cancer Trust, plans were launched to develop a £150,000 specialist facility for young cancer patients at the Queen's Centre for Oncology and Haematology. The plans include a four-bed unit at the Centre which will provide cancer patients aged 18-24 from Hull and other parts of Yorkshire with some of the best facilities and options in the country. Teenage Cancer Trust funds specialist teenage cancer units in NHS hospitals that are designed to give teenagers the very best chance of a positive outcome. There are currently 17 of these units across the country, including three in Yorkshire. The charity plans to build a further 16 so that all young people needing hospital treatment for cancer across the UK have access to the dedicated, specialist support they provide. The unit in Hull is the first to develop a shared care arrangement with a Principal Treatment Centre.

The unit will be available to all young patients from across Hull, Scarborough, Grimsby and Scunthorpe and will operate as a shared-care facility with the Teenage Cancer Trust unit in Leeds. Many patients will receive all of their care in Hull and others who require specialist treatment for rare cancers, or who have complex psychosocial needs will share their care between Hull and Leeds.



# RESEARCH AND DEVELOPMENT

The Trust is committed to providing the best possible care to patients and recognises the value of high quality peer-review research as a fundamental tool in the successful promotion of health and well-being for the population it serves. To achieve this research activity has been focussed on addressing NHS priorities, ensuring that it is of national and international quality and also cost-effective. The Trust continues to demonstrate strong partnership and collaborative working with all key stakeholders. In addition, systems and processes have continued to be strengthened to ensure that the best standards in research governance are adhered to.

In 2010/11 the Trust was involved in processing 195 clinical research studies of which 75 commenced during the reporting period. 5075 patients were recruited to participate in research approved by the Research Ethics Committee. This compares with 181 new research submissions in 2009/10 of which 65 commenced.

The Trust uses national systems to manage the studies in proportion to risk. Of the 75 studies given permission to start, 58% were given permission by an authorised person less than 40 days from receipt of a valid complete application. In 2010/11 the National Institute for Health Research (NIHR) supported 26 of these studies through its research networks.

The Trust has demonstrated its commitment to research through the achievement of becoming the highest or leading national recruiter across many trials including; STOP-GAP (Dermatology), CLASS and Grifols studies (Vascular), SCOT and FOCUS 3 (Oncology). The largest topic area of portfolio adopted studies across 2009/10 and 2010/11 (April – Jan) is Oncology with 42 and 39 studies respectively.

In the last year, 148 publications have resulted from our involvement in portfolio and non-portfolio research across 11 specialty areas, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

2010/11 saw an increase in the number of Trust supported and North East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network funded staff participating in research across many topic and specialty areas. The support infrastructure provided by the Network is helping the Trust deliver an increased volume of research activity and patient recruitment, as demonstrated by a large increase in patient recruitment year-on-year. This has helped to develop productive working relationships and has encouraged staff to actively support trial recruitment. Of particular note are the clinical specialty areas of gastroenterology and critical care.

In gastroenterology, the team has grown to two principal investigators, two research nurses and a clinical trials assistant and they are now successfully established as an active recruiter into 12 portfolio and commercial trials. Increased staff capacity has increased their scope to explore new opportunities, such as the development of future research trials. The department has also taken the lead on the generation of collaborative initiatives, such as the organisation of regional gastroenterology research meetings as well as raising awareness of gastroenterology research within the Trust via a research newsletter. This has helped to develop productive working relationships and has encouraged staff to actively support trial recruitment.

Our engagement with clinical research also demonstrates the commitment to testing and offering the latest medical treatments and techniques. One major success story has been demonstration of the efficacy of the microfluidic based systems for maintaining and testing tissue biopsies. The research portfolio encompasses studies on head and neck cancer, colorectal cancer and heart disease. These projects are built on a strong collaboration between the Postgraduate Medical Institute (PGMI), Department of Chemistry and Hull and East Yorkshire Hospitals NHS Trust, and the aim for the forthcoming years is to develop proof of concept devices into fully functional clinical devices.

Many of the research active areas within the Trust have set a priority for 2011/12 to increase their involvement in commercial/income generating research studies and as such generate a sustainable income stream, to complement the support received from the North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network. This, it is hoped will pave the way for more Trust-led research that builds upon the successful grants already received.





The reductions  
in healthcare  
associated  
infections reflect  
the hard work  
of both staff and  
patients.

Jackie Elton  
(Infection Control Nurse)



# OUR PERFORMANCE – OPERATIONAL DELIVERY

The Trust continues to perform strongly against national performance standards and during 2010/11 delivered reductions in the numbers of patients contracting healthcare associated infections, met the national 18 weeks waiting times targets, reduced the waiting time for patients with cancer and sustained waiting times for patients attending the Emergency Department.

## ACTIVITY

During 2010/11 the Trust saw 154,000 patients for a first outpatient appointment which is an increase of 4% from the previous year. Elective activity increased during with 87,000 episodes of care being delivered. This is 1000 more than the previous year. Of these elective episodes 65,000 were day cases, 3000 more than the previous year.

Emergency activity during 2010/11 was 90,000 episodes which is an increase of 5,000 on the previous year.

## HEALTHCARE ASSOCIATED INFECTIONS

The Trust continues to make significant improvements in the reduction in the number of patients contracting healthcare associated infections whilst in hospital. Of the 81,000 patients undergoing surgical treatment during the year, 14 cases were reported. This is a reduction of 13 cases from the previous year.

In addition the Trust continues to reduce the number of patients contracting clostridium difficile infection whilst in hospital, with 69 cases during the year. This is 35 less than last year.

The reductions in healthcare associated infections reflect the hard work of both staff and patients.

HEALTHCARE ASSOCIATED INFECTION	2008/09	2009/10	2010/11
CUMULATIVE NUMBER OF MRSA BACTERAEMIA BLOOD STREAM INFECTIONS	32 CASES	27 CASES	14 CASES
CUMULATIVE NUMBER OF ACUTE ACQUIRED CLOSTRIDIUM DIFFICILE INFECTIONS	119 INFECTIONS	104 INFECTIONS	69 INFECTIONS



## ACCESS TO SERVICES

The Trust continues to meet national waiting time standards and ensured that the majority of patients referred for treatment waited no longer than 18 weeks. For the full year, 90.6% of patients who required an operation were treated within 18 weeks and 95.7% of patients undergoing non surgical treatment received it in less than 18 weeks.

The number of people attending the Emergency Department during 2010/11 was 116,338. The Trust continues to meet the challenging operational standard of 95% of patients being seen, treated and discharged from the Emergency Department within 4 hours. Across the full year 96.7% of patients were seen, treated, discharged or admitted within 4 hours.

## ELECTIVE CARE

PERCENTAGE OF PATIENTS SEEN WITHIN 18 WEEKS	NATIONAL STANDARD	OUR PERFORMANCE
PATIENTS WHO ARE ADMITTED FOR TREATMENT	90%	90.6%
PATIENTS WHO RECEIVE TREATMENT IN AN OUTPATIENT SETTING	95%	95.7%

## CANCER CARE

Cancer waiting times performance is measured against a number of indicators and standards targets that include first and subsequent cancer treatment, where the focus is on treating all patients as quickly as is clinically appropriate.

	NATIONAL STANDARD	OUR PERFORMANCE
PERCENTAGE OF PATIENTS WAITING 2 WEEKS OR LESS FROM URGENT GP REFERRAL FOR SUSPECTED CANCER TO FIRST OUTPATIENT APPOINTMENT	93%	94.3%
PERCENTAGE OF PATIENTS WAITING 2 WEEKS OR LESS FROM URGENT GP REFERRAL FOR SYMPTOMATIC BREAST TO FIRST OUTPATIENT APPOINTMENT	93%	95.2%
PERCENTAGE OF PATIENTS WAITING 31 DAYS OR LESS FROM DIAGNOSIS TO FIRST TREATMENT FOR ALL CANCERS	96%	96.7%
PERCENTAGE OF PATIENTS WAITING 31 DAYS OR LESS FOR SECOND OR SUBSEQUENT TREATMENT FOR ALL CANCERS:		98.6%
- WHERE THE TREATMENT IS SURGICAL	94%	97%
- WHERE THE TREATMENT IS THROUGH ANTI-CANCER DRUGS	98%	99.4%
- WHERE THE TREATMENT IS RADIOTHERAPY	94%	98.8%
PERCENTAGE OF PATIENTS WAITING 62 DAYS OR LESS FROM AN URGENT GP REFERRAL TO START OF FIRST TREATMENT	85%	80.4%
PERCENTAGE OF PATIENTS WAITING 62 DAYS OR LESS FROM A SCREENING REFERRAL TO START OF FIRST TREATMENT	90%	80%



## CANCELLED PROCEDURES

The Trust continues to make progress on reducing the numbers of patients who have their surgery cancelled at the last minute. Out of the 85,800 patients treated for planned surgery during the year, 707 had their operation cancelled at short notice, and of these almost all were offered another appointment within 28 days. The Trust continues to work hard to keep the number of cancellations to an absolute minimum and where cancellation is unavoidable to offer a suitable alternative date to the patient as quickly as possible.

	REQUIRED PERFORMANCE	OUR PERFORMANCE
OPERATIONS CANCELLED	0.8%	0.82%
PATIENTS NOT OFFERED ANOTHER APPOINTMENT WITHIN 28 DAYS	5%	4.95%

## LEARNING DISABILITY

The Trust is required to ensure that it meets certain standards for people who have a learning disability. There are six areas that the Trust is required to self assess against which include adjustment of pathways of care, provision of information, protocols for supporting family carers, training of staff, representation and audit of practice. At the end of 2010/11 the Trust had made good progress and achieved a score of 19 out of 24 at the year end.

## COMPLAINTS

There was a decrease in the number of complaints received in 2010/11 (497) compared to 2009/10 (530). The table below shows the number of complaints received against inpatient, outpatient and A&E activity.

		ANNUAL 2009/10	ANNUAL 2010/11
INPATIENTS	FINISHED CONSULTANT EPISODE	177,614	181,990
	COMPLAINTS	308	304
	RATE/1000 FCES	1.73	1.67
OUTPATIENTS	APPOINTMENT	100,942,6	101,976,4
	COMPLAINTS	139	125
	RATE/1000 APPOINTMENTS	0.14	0.12
EMERGENCY	ATTENDANCES	120,695	131,121
	COMPLAINTS	52	60
	RATE/1000 ATTENDANCES	0.43	0.45

\* Finished Consultant Episode



The complaints raised most frequently relate to all aspects of clinical treatment and the top five areas are detailed below.

COMPLAINTS BY SUBJECT 2010/11	
TREATMENT	344
• NOT SATISFIED WITH PLAN (115)	TOP 5
• OUTCOME OF SURGERY (58)	
• OUTCOME OF TREATMENT (45)	
• DIAGNOSIS – DELAY (28)	
• DIAGNOSIS – INCORRECT (26)	
CARE AND COMFORT INCLUDING PRIVACY AND DIGNITY	46
DELAYS, WAITING TIMES AND CANCELLATIONS	43
COMMUNICATION/RECORD KEEPING	20
DISCHARGE	19
<b>TOTALS:</b>	<b>472</b>

All complaints were acknowledged within two working days of receipt by the Trust. Response times are agreed with the complainant and an internal 'gold standard' has been set within the Trust to respond to complainants within 25 working days, 90% of the time. In the last quarter of the year significant progress had been made and performance was at 74%. The majority of complaints are resolved locally through a letter from the Chief Executive. Resolution meetings are also offered and there were 107 meetings held in 2010/11.



Volunteers also help our staff with teas and coffees for patients



Examples of just some of the actions the Trust has taken as a result of complaints received is given below:

SUBJECT	ACTION
<b>PRIVACY &amp; DIGNITY</b>	<p>Stop signs' under development which will be attached to curtains to protect the privacy and dignity of patients.</p> <p>The physiotherapy assessment stairs have moved from a busy area to a more discreet location to preserve privacy and dignity.</p>
<b>CLEANLINESS</b>	<p>The frequency of emptying bins has been increased and is monitored</p>
<b>DISCHARGE</b>	<p>Pharmacy is looking at a range of initiatives, including robotic dispensing/upgrade of pharmacy computer system, to include a prescription tracking module.</p> <p>When a patient is ready for discharge, the pharmacy department is contacted via a pager and the team attends the wards in a timely manner, ensuring that patients are not waiting prolonged periods of time for medications to be dispensed.</p> <p>Discharge/Transfer of care policy to be reviewed.</p>
<b>CARE &amp; COMFORT</b>	<p>Additional blankets have been made available on a ward following a complaint regarding the room temperature.</p> <p>Clocks were made available to address a comment made of 'all concept of time was lost'.</p> <p>Matron raised awareness with staff and posters have been displayed to remind all staff of the importance of reducing noise at night.</p> <p>Awareness raised with the ward team regarding the need to use a hoist to lift a patient.</p> <p>Suction holders purchased to ensure all nurse call cords are permanently in reach of the patient in bathroom/washroom areas.</p>
<b>TREATMENT</b>	<p>There is now a senior stroke nurse on duty from 8am to midnight each day to assess patients and ensure they receive the necessary investigations and any treatment as soon as possible.</p> <p>The MacMillan team have been asked to provide teaching sessions for all staff relating to the provision of pain relief.</p> <p>Qualified staff received training by the endoscopy team and ward sister in replacing feeding tubes for patients who are unable to swallow.</p> <p>Additional consultant appointed, resulting in improved capacity and alleviating some of the pressures on waiting times for patients with problems with their hands .</p> <p>Doctor's rota on a ward changed to provide cover for the full day, rather than five hours as previously.</p>
<b>ATTITUDE</b>	<p>Specific action has been taken to address the inappropriate behaviour and performance of certain staff.</p> <p>Matron to feedback to member of staff how her attitude is perceived by patients and their relatives.</p> <p>A patient story DVD has been produced to train staff Trust-wide.</p> <p>Attitude discussed at the ward meeting and monitoring to take place on an on-going basis. Ward to identify two or three members of staff to discuss concern with in detail and for this to be cascaded throughout the ward for learning purposes.</p> <p>The Trust is developing a Customer Service Training Course through the Education and Development Department to embed standards of customer care. The Patient Advice Service will be involved in delivering this training, which will be held on a monthly basis for all levels of staff.</p>



## SERIOUS UNTOWARD INCIDENTS

2010/11 has seen the investigation of a total of 14 serious untoward incidents, two of which have been 'never events' (a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers). This compares with 15 serious untoward incidents investigated the previous year, five of which were 'never events'.

The importance of performing detailed investigations into instances when things go wrong in healthcare lies in the learning of lessons in order to greatly reduce the likelihood of a recurrence. Lessons learned and actions implemented following investigations performed in 2010/11 include:

- Changing the Trust's policy containing the checking process for making sure the right blood is given to the right patient
- Installation of software on Trust computers which makes the loss of confidential patient information more difficult
- Safeguarding Adults and Deprivation of Liberties Standards training sessions arranged to be delivered by colleagues in Social Services

## INFORMATION GOVERNANCE

Information Governance is about managing information to ensure openness, confidentiality and legal compliance, security of information and data quality. It covers personal information about patients and staff, corporate and departmental information.

In March each year NHS organisations are required to submit a self assessment return to the Department of Health and to have an action plan for the following year. The return and supporting evidence are independently audited. For 2010/11 the scoring system changed. The Trust was able to demonstrate compliance at level 2 in 38 of the 45 re-defined standards. We have a detailed action plan for complying at level 2 in the remaining seven standards by mid 2011.

The Trust has:

- A well established Information Governance Management Framework, including a network of formally appointed risk owners, committee and reporting arrangements for the oversight of work streams
- A mature policy framework covering confidentiality, information security and data protection
- Security of centralised IT infrastructure
- Extensive mandatory training provision, including access to both classroom sessions and on-line tools
- Availability of expertise in all the information governance initiative areas
- Well established data quality procedures
- Well established procedures for responding to requests for information under the Freedom of Information Act
- Well established and automated health records management processes
- An established network of information risk owners with specific responsibility for the management of information risk

The Trust had two serious untoward incidents in 2010/11, relating to Information Governance. One involved the loss of an unencrypted memory stick holding patient names and addresses, the other the theft of a privately owned laptop holding audit data. The following tables give summaries of the serious untoward incidents and other personal data related incidents reported during the year.



SUMMARY OF SERIOUS UNTOWARD INCIDENTS INVOLVING PERSONAL DATA				
MONTH	NATURE OF INCIDENT	NATURE OF DATA INVOLVED	NO OF PEOPLE POTENTIALLY AFFECTED	NOTIFICATION STEPS
AUGUST	LOSS OF UNENCRYPTED MEMORY STICK.	PATIENT NAMES AND ADDRESSES AND TEMPLATE LETTERS TO PATIENTS AND GPS IDENTIFYING THE CONDITION.	36	36 PATIENTS NOTIFIED BY POST.
NOVEMBER	THEFT OF PRIVATELY OWNED, PASSWORD PROTECTED, BUT UNENCRYPTED LAPTOP FROM OWNER'S HOME.	TWO PASSWORD PROTECTED SPREADSHEETS HOLDING AUDIT DATA. PATIENT NAMES INCLUDED, BUT NOT CONTACT DETAILS.	1155	ALL PATIENTS NOTIFIED BY POST. HELPLINE SET UP FOR RE-BOOKING APPOINTMENTS AND SUPPORT
FURTHER ACTION ON INFORMATION RISK	<ul style="list-style-type: none"> <li>• INSTALLATION OF USB PORT CONTROL SOFTWARE TO RESTRICT THE DOWNLOADING OF DATA TO UNENCRYPTED DEVICES</li> <li>• "INFORMATION SECURITY DO'S AND DON'TS" POSTER PRODUCED AND DISTRIBUTED</li> <li>• EXTENDED MANDATORY TRAINING PROGRAMME</li> <li>• ENHANCEMENTS TO THE CLINICAL AUDIT APPROVAL PROCESS</li> <li>• WORKING GROUP TO BE ESTABLISHED BY THE MEDICAL DIRECTOR TO REVIEW SYSTEMS FOR THE PROVISION AND MONITORING OF MANDATORY</li> </ul>			

SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2010/11		
CATEGORY	NATURE OF INCIDENT	TOTAL
I	LOSS OF INADEQUATELY PROTECTED ELECTRONIC EQUIPMENT, DEVICES OR PAPER DOCUMENTS FROM SECURED NHS PREMISES	5
II	LOSS OF INADEQUATELY PROTECTED ELECTRONIC EQUIPMENT, DEVICES OR PAPER DOCUMENTS FROM OUTSIDE SECURED NHS PREMISES	5
III	INSECURE DISPOSAL OF INADEQUATELY PROTECTED ELECTRONIC EQUIPMENT, DEVICES OR PAPER DOCUMENTS	6
IV	UNAUTHORISED DISCLOSURE	23
V	OTHER	18





Matron Bill Anderson gives a flu vaccine to one of our staff nurses

## EMERGENCY PREPAREDNESS

Under the Civil Contingencies Act 2004 (CCA 2004), the Trust has certain legal obligations. The Trust must have plans for any event or situation, which threatens serious damage to the environment or welfare of the population. All Category 1 responders have a statutory duty to ensure local risk assessments are conducted. The Trust has developed an emergency preparedness risk register, which incorporates the risks identified in the multi-agency community risk register.

A major incident call out cascade was undertaken in September 2010. A test message was dispatched to mobile telephones and long range pagers asking recipients if they would be available for duty within 30 minutes from the call being dispatched. On 15th May 2010, Exercise First Call was undertaken, along with Humberside Police and the process has been included in the Trust's Major Incident Plan.

Work has continued on developing the Trust's Pandemic Influenza Plan. The plans were tested at a workshop facilitated by the SHA on 12th October 2010, attended by senior clinical, nursing and managerial representatives from Critical Care, Medicine and Paediatric Services.

NHS Trusts were required to ensure that all NHS first line staff received the seasonal flu vaccine. A high profile vaccination programme was launched and the National Vaccination Programme status report identified that the Trust had, by end of January 2011 vaccinated 67% of its 'front line' staff, a significant improvement on last year's programme.

The revised Trust Major Incident Plan was officially launched on the 1st October 2010. A series of formal awareness sessions were held in order to provide staff with the opportunity to understand the changes from the former Major Incident Plan.

The Trust implemented its Command and Control structures for the inclement weather (heavy snowfall) in late November and early December 2010. The period saw some of the heaviest falls of snow in the UK and record low temperatures overnight since records began. It caused significant disruption to transport networks, commerce, forcing many schools to close and other public services struggled to maintain business as usual.

During the winter period, particularly January 2011, the Trust experienced significant pressures on its Critical Care beds, with the major cause being respiratory support for patients who were confirmed to be H1N1 (swine flu) positive. Different mechanisms were instigated to augment the critical care team in the maintenance of the critical care service.



# SAFEGUARDING CHILDREN

It is a statutory requirement for the Trust to have arrangements in place to safeguard children and young people under its care and on its premises. The Trust is a member of the two Local Authority Safeguarding Children's Boards (Hull and the East Riding). One of the Trust's neonatologists fulfils the role of Designated doctor and a Trust paediatrician is the Child Death Review Doctor.

The Trust's large and diverse population, with its high levels of deprivation, presents a variety of safeguarding children issues. It is essential that Trust staff have sufficient experience, knowledge and training to be able to respond to situations effectively. In 2010/11, 75% of all Trust staff received training on safeguarding children.

Within the Trust there is an overarching policy that sets out the standards and requirements when dealing with safeguarding issues or concerns. This is supported by more specific and detailed guidance and is available to all staff on the Trust's intranet site as well as hard copies being available in key clinical areas. The Anlaby Suite, at the Hull Royal Infirmary, provides dedicated facilities and there is also access to a 24-hour on-call service. The Trust has a Named Doctor, Named Nurse and Named Midwife for Safeguarding Children and these roles are supported by a senior staff nurse, a Safeguarding Children Trainer and 1.5 administrative staff.

In 2010/11 a number of the Trust's systems were enhanced further through the development of a training strategy, establishing procedures which identify children who did not attend their scheduled appointment and through regular audit via the Quality Matters Programme.





We achieved our  
forecast surplus  
for 2010/11



# FINANCIAL REVIEW

<b>TO BREAK EVEN</b> (MANAGE OUR SERVICES WITHIN THE INCOME WE RECEIVE)	<b>TO ACHIEVE A 3.5% RETURN ON CAPITAL</b> (ENSURING OUR SURPLUS IS 3.5% OF OUR ASSETS)
<b>TO OPERATE WITHIN THE TRUST'S EXTERNAL FINANCING LIMIT</b> (MANAGING OUR FINANCES WITHIN THE CASH LIMIT AGREED WITH THE DEPARTMENT OF HEALTH)	<b>TO OPERATE WITHIN THE TRUST'S CAPITAL RESOURCE LIMIT</b> (MANAGING OUR CAPITAL EXPENDITURE WITHIN THE LIMITS AGREED WITH THE DEPARTMENT OF HEALTH)

## REVIEW OF THE YEAR

We achieved all of our financial duties despite recording a deficit of £1.6m. For the purposes of measuring our achievement against our duty to break even, the underlying surplus of £4.7m is used.

TABLE 1	£MILLION
REPORTED DEFICIT	(1.6)
ADJUSTMENT FOR DECREASE IN VALUE OF BUILDINGS	5.7
ADJUSTMENT FOR CHANGES IN ACCOUNTING RULES	0.6
<b>UNDERLYING SURPLUS</b>	<b>4.7</b>

We achieved our forecast surplus for 2010/11, and met our capital resource limit and external financing duties. We also made a return on capital of 3.5%.

The amount of our budget spent on management activities remains low and we have consistently been below the national average. This year we spent just 3.2% of our budget on management activities.

During the year the values of some of our buildings and land were re-assessed and this resulted in a reduction in value of £7.8m. Accounting rules determine that some of that fall in value (£5.6m) has to be charged against our income, however this is just an accounting entry and did not involve any cash or payment.

We have continued to invest in patient facilities, spending £16m during the year, particularly on building projects and medical equipment. The Trust has a six-year capital investment plan that will see less investment in new buildings and more emphasis on maintenance and equipment replacement.



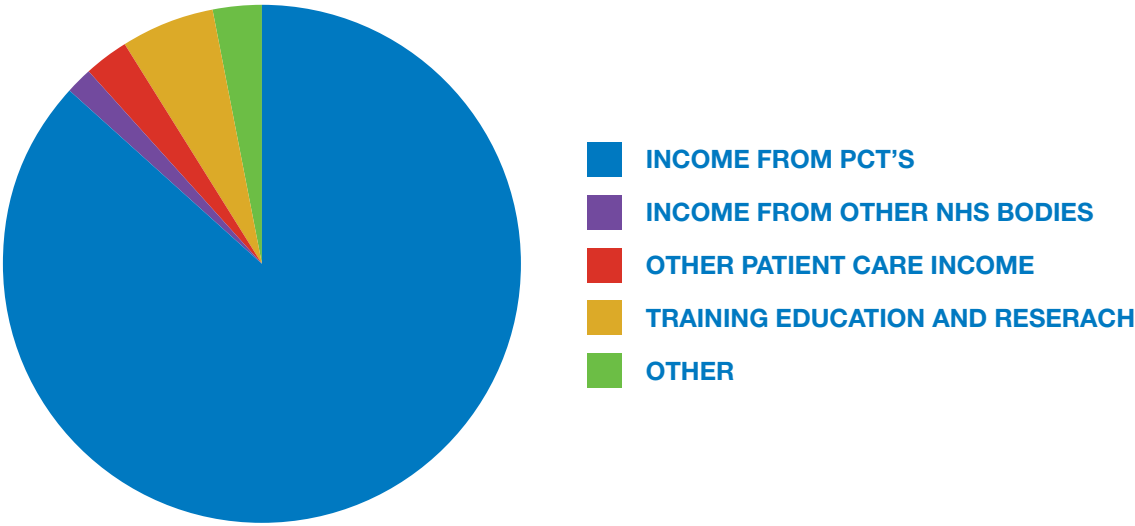
# INCOME AND EXPENDITURE

**Where we get our Income from**

As an NHS Trust we receive most of our income from agreements to provide clinical services to our commissioners. Our commissioners are mainly Primary Care Trusts within Hull and East Yorkshire.

	£MILLION
PRIMARY CARE TRUSTS	440
TRUSTS AND FOUNDATION TRUSTS	5
EDUCATION AND TRAINING	20
OTHER	16
TOTALS:	481

## OUR INCOME



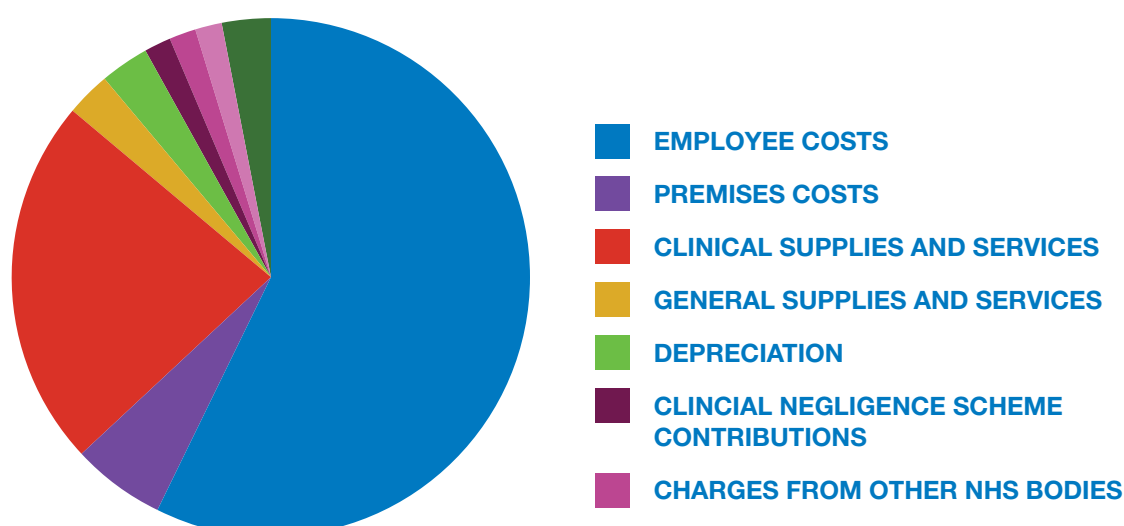


# WHAT WE SPEND OUR RESOURCES ON

Our biggest area of expenditure is on our staff, having paid them £294m during the year. An analysis of our spending during 2010/11 is shown below

	£MILLION
PAY	294
SUPPLIES AND SERVICES	116
ESTABLISHMENT, PREMISES & TRANSPORT	26
REDUCTION IN VALUE OF BUILDINGS	5
DEPRECIATION & AMORTISATION	13
DIVIDEND	6
OTHER EXPENDITURE	T22
<b>TOTALS:</b>	<b>482</b>

# OUR EXPENDITURE





## SUPPLIER PAYMENT LOOKING AHEAD

Although not a statutory duty, the Trust is measured on its performance against the “better payments policy” target. The target requires that the Trust pays at least 95% of its trade creditors within 30 days of receipt of the invoice unless other payment terms have been agreed. Our performance falls short of that target, however we are committed to improving our performance. We signed up to the Prompt Payment Code in 2010. During the year we had three claims which totalled £342 from suppliers under the “Late payment of commercial debts (interest) Act 1988.” Details of compliance with the better payments policy code are detailed on page 62.

## EFFICIENCY

We are continuing to review all areas of the Trust’s business, looking at ways in which we can become more efficient across our services and therefore provide better value for money and an enhanced patient experience. Our efficiency savings programme aims to save around £110m of continuing year on year savings over the next five years. These savings are necessary for the Trust to remain financially viable, to deliver high quality healthcare to our patients, and to continue to invest in and develop our services as part of our Clinical Services Strategy.

Our target for 2010/11 was to make £21m of savings. The Trust achieved £17.5m (83% of target) and the savings helped us to achieve our underlying surplus of £4.7m.

The economic and financial environment in which the NHS operates has changed radically over the last two years. As a consequence the NHS will see a period of minimal growth in its funding, and will need to make significant improvements to efficiency and productivity over the next five years. We will need to improve our productivity and efficiency in 2011/12 by 4% and as a result of Primary Care Trust’s (PCT’s) Quality, Innovation, Productivity and Prevention initiatives. Our ability to grow and treat more patients will be limited.

For 2011/12 the Trust has agreed contracts with PCTs that are in overall terms the same as 2010/11 contract values.

In order to thrive and achieve Foundation Trust status in this challenging environment the Trust needs to strengthen its financial position through the successful delivery of its £25m efficiency programme. To help meet this challenge the Trust will be adopting a new management structure which is both leaner and has greater clinical involvement in decision making.

During the coming year we will market some surplus land and buildings, the largest of which is The Princess Royal Hospital site. The proceeds received from the sale will be used to invest further in medical equipment and maintaining our remaining buildings.

## AUDIT SERVICES

The Audit Commission is appointed as external auditor to the Trust. The total charge for work undertaken during the year was £194,000. The Audit Committee receives the annual accounts, the annual audit letter and other reviews and reports completed by the Audit Commission during the year.

The Trust uses the East Coast Audit Consortium to provide internal audit services.

## POLICIES

The Trust has adopted NHS accounting policies and treatments as recommended in the NHS Manual for Accounts and the Government Financial Reporting Manual. These policies are generally in line with the requirements of International Financial Reporting Standards.



# STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2011

	2010-11 £000	2009-10 £000
<b>REVENUE</b>		
REVENUE FROM PATIENT CARE ACTIVITIES	454,564	439,606
OTHER OPERATING REVENUE	26,069	30,389
OPERATING EXPENSES	(464,512)	(450,471)
<b>OPERATING SURPLUS - BEFORE IMPAIRMENTS</b>	<b>16,121</b>	<b>19,524</b>
IMPAIRMENTS	(5,678)	(56,267)
<b>OPERATING SURPLUS</b>	<b>10,443</b>	<b>(36,743)</b>
INVESTMENT REVENUE	48	65
FINANCE COSTS	(5,686)	(5,526)
OTHER GAINS AND LOSSES	25	0
<b>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</b>	<b>4,830</b>	<b>(42,204)</b>
PUBLIC DIVIDEND CAPITAL DIVIDENDS PAYABLE	(6,458)	(7,338)
<b>RETAINED DEFICIT FOR THE YEAR</b>	<b>(1,628)</b>	<b>(49,542)</b>
<b>OTHER COMPREHENSIVE INCOME</b>	<b>£000</b>	<b>£000</b>
IMPAIRMENTS	(2,506)	(15,820)
RECEIPT OF DONATED ASSETS	271	331
GAINS ON REVALUATION	135	2,071
RECLASSIFICATION ADJUSTMENTS - TRANSFER FROM DONATED RESERVE	(670)	(583)
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>	<b>(4,398)</b>	<b>(63,543)</b>



# STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011

	31 MARCH 2011	31 MARCH 2010
	£000	£000
<b>NON-CURRENT ASSETS</b>		
PROPERTY, PLANT AND EQUIPMENT	274,736	279,321
INTANGIBLE ASSETS	2,007	1,677
TRADE AND OTHER RECEIVABLES	2,957	2,604
<b>TOTAL NON-CURRENT ASSETS</b>	<b>279,700</b>	<b>283,602</b>
<b>CURRENT ASSETS</b>		
INVENTORIES	14,309	14,520
TRADE AND OTHER RECEIVABLES	14,294	17,863
CASH AND CASH EQUIVALENTS	2,269	9,473
<b>TOTAL CURRENT ASSETS</b>	<b>30,872</b>	<b>41,856</b>
<b>TOTAL ASSETS</b>	<b>310,572</b>	<b>325,458</b>
<b>CURRENT LIABILITIES</b>		
TRADE AND OTHER PAYABLES	(27,210)	(34,887)
BORROWINGS	(4,324)	(3,934)
PROVISIONS	(436)	(227)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(31,970)</b>	<b>(39,048)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>278,602</b>	<b>286,410</b>
<b>NON-CURRENT LIABILITIES</b>		
BORROWINGS	(84,416)	(87,760)
PROVISIONS	(1,163)	(1,229)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(85,579)</b>	<b>(88,989)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>193,023</b>	<b>197,421</b>
<b>NON-CURRENT LIABILITIES</b>		
PUBLIC DIVIDEND CAPITAL	198,189	198,189
RETAINED EARNINGS	(57,804)	(56,277)
REVALUATION RESERVE	46,083	47,992
DONATED ASSET RESERVE	6,555	7,517
<b>TOTAL TAXPAYERS' EQUITY</b>	<b>193,023</b>	<b>197,421</b>



# STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2011

	2010-11 £000	2009-10 £000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
OPERATING SURPLUS/(DEFICIT)	10,443	(36,743)
DEPRECIATION AND AMORTISATION	12,759	13,041
IMPAIRMENTS AND REVERSALS	5,678	56,267
TRANSFER FROM DONATED ASSET RESERVE	(670)	(583)
INTEREST PAID	(5,496)	(5,500)
DIVIDENDS PAID	(6,458)	(7,338)
(INCREASE)/DECREASE IN INVENTORIES	211	(2,713)
(INCREASE)/DECREASE IN TRADE AND OTHER RECEIVABLES	3,216	(2,031)
INCREASE/(DECREASE) IN TRADE AND OTHER PAYABLES	(6,277)	510
INCREASE/(DECREASE) IN PROVISIONS	113	(522)
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	<b>13,519</b>	<b>14,388</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
INTEREST RECEIVED	48	65
PAYMENTS FOR PROPERTY, PLANT AND EQUIPMENT	(17,031)	(20,712)
PROCEEDS FROM ASSET DISPOSAL	135	
PAYMENTS FOR INTANGIBLE ASSETS	(761)	(533)
PAYMENTS FOR INVESTMENTS WITH DH	(240,000)	(473,002)
PROCEEDS FROM DISPOSAL OF INVESTMENTS WITH DH	240,000	473,002
<b>NET CASH OUTFLOW FROM INVESTING ACTIVITIES</b>	<b>(17,609)</b>	<b>(21,180)</b>
<b>NET CASH OUTFLOW BEFORE FINANCING</b>	<b>(4,090)</b>	<b>(6,792)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
LOANS RECEIVED FROM THE DH	0	13,034
LOANS REPAYED TO THE DH	(1,260)	(3,638)
CAPITAL ELEMENT OF FINANCE LEASES AND PFI	(2,172)	(2,151)
<b>NET CASH INFLOW/(OUTFLOW) FROM FINANCING</b>	<b>(3,432)</b>	<b>7,245</b>
<b>NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS</b>	<b>(7,522)</b>	<b>453</b>
<b>CASH &amp; CASH EQUIVALENTS (INCL BANK OVERDRAFTS) AT THE BEGINNING OF THE FINANCIAL YEAR</b>	<b>8,971</b>	<b>8,518</b>
<b>CASH &amp; CASH EQUIVALENTS (INCL BANK OVERDRAFTS) AT THE END OF THE FINANCIAL YEAR</b>	<b>1,449</b>	<b>8,971</b>



# STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2011

	PUBLIC DIVIDEND CAPITAL (PDC)	RETAINED EARNINGS	REVALUATION RESERVE	DONATED ASSET RESERVE	TOTAL
	£000	£000	£000	£000	£000
<b>BALANCE AT 1 APRIL 2010</b>	198,189	(56,277)	47,992	7,517	197,421
RETAINED DEFICIT FOR THE YEAR		(1,628)			(1,628)
TRANSFERS BETWEEN RESERVES		101	(101)	0	0
IMPAIRMENTS	279,321	1,677	279,321	279,321	279,321
GAIN ON REVALUATION OF EQUIPMENT			(1,943)	(563)	(2,506)
RECEIPT OF DONATED ASSETS			135		135
RECLASSIFICATION - TRANSFERS FROM DONATED ASSET RESERVE				271	271
TRANSFERS BETWEEN RESERVES				(670)	(670)
<b>BALANCE AT 31 MARCH 2011</b>	198,189	(57,804)	46,083	6,555	193,023

BETTER PAYMENT PRACTICE CODE	2010-11		2009-10	
	NUMBER	£000	NUMBER	£000
<b>NON NHS SUPPLIERS</b>				
TOTAL NON-NHS TRADE INVOICES PAID IN THE YEAR	85,383	153,270	88,333	144,732
TOTAL NON NHS TRADE INVOICES PAID WITHIN TARGET	79,208	129,142	81,008	130,113
PERCENTAGE OF NON-NHS TRADE INVOICES PAID WITHIN TARGET	93%	84%	92%	90%
<b>NHS SUPPLIERS</b>				
TOTAL NHS TRADE INVOICES PAID IN THE YEAR	3,024	42,535	3,479	48,746
TOTAL NHS TRADE INVOICES PAID WITHIN TARGET	1,013	15,665	1,518	35,053
PERCENTAGE OF NHS TRADE INVOICES PAID WITHIN TARGET	198,189	(57,804)	44%	72%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.



# RELATED PARTY TRANSACTIONS

Hull and East Yorkshire Hospitals NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them have undertaken any material transactions with Hull and East Yorkshire Hospitals NHS Trust, except for that disclosed below.

DIRECTOR SENIOR MANAGER	RELATED PARTY	PAYMENTS TO RELATED PARTY	RECEIPTS FROM RELATED PARTY	AMOUNTS OWED TO RELATED PARTY	AMOUNTS DUE FROM RELATED PARTY
	£	£	£	£	£
MRS P LEWIN, DIRECTOR OF INFRASTRUCTURE AND DEVELOPMENT	HUSBAND IS CHAIR OF REHABILITATION, HEALTH SCIENCES, UNIVERSITY OF YORK	23,495	20,376	NIL	NIL
	MEMBER OF SHEFFIELD HALLAM UNIVERSITY - FM RESEARCH UNIT STEERING GROUP	4,150	NIL	NIL	NIL
DR D HEPBURN,	GOVERNOR OF HUMBER NHS FOUNDATION TRUST	1,457,490	614,524	836,345	359,446
MR J BARBER, DIRECTOR OF FINANCE AND BUSINESS	DIRECTOR OF VIRTUAL LTD (PART YEAR)	NIL	NIL	NIL	NIL
MR D HAIRE, DIRECTOR OF INNOVATION AND STRATEGY	DIRECTOR OF VIRTUAL LTD (PART YEAR)	NIL	NIL	NIL	NIL
	OWNER OF DAVID HAIRE CONSULTANCY LTD	168,935	NIL	NIL	NIL
MS H SCOTT-SOUTH, DIRECTOR OF OPERATIONS	DIRECTOR/OWNER OF SCOTT-SOUTH CONSULTING LTD	165,299	NIL	NIL	NIL
MR D WATT, NON EXECUTIVE DIRECTOR	PROJECT MANAGER OF THE GOODWIN DEVELOPMENT TRUST- A REGISTERED CHARITY SUPPLYING SERVICES TO HULL PCT	21,579	NIL	123	NIL
DR K HOPKINS, NON EXECUTIVE DIRECTOR	LAY MEMBER OF COUNCIL UNIVERSITY OF HULL	4,778,969	785,684	359,440	127,051
	CHAIRMAN UNIVERSITY OF HULL AUDIT COMMITTEE	4,778,969	785,684	359,440	127,051

The information contained in the table above has been subject to an independent audit.



DIRECTOR SENIOR MANAGER	RELATED PARTY	PAYMENTS TO RELATED PARTY	RECEIPTS FROM RELATED PARTY	AMOUNTS OWED TO RELATED PARTY	AMOUNTS DUE FROM RELATED PARTY
	£	£	£	£	£
MR S GRIFFIN, NON EXECUTIVE DIRECTOR	INTERIM DIRECTOR OF HUMAN RESOURCES (PT) - LEEDS PARTNERSHIPS NHS FT (MENTAL HEALTH SERVICES)	5,125	NIL	NIL	NIL
PROF T KENDRICK, NON EXECUTIVE DIRECTOR	UNIVERSITY OF HULL (DEAN OF HULL YORK MEDICAL SCHOOL)	4,778,969	785,684	359,440	127,051

The information contained in the table above has been subject to an independent audit.

Barnsley Primary Care Trust	NHS Litigation Authority
East Riding of Yorkshire Primary Care Trust	NHS Purchasing and Supply Agency
Hull Primary Care Trust	North East Lincolnshire Care Trust Plus
Humber NHS Foundation Trust	North Lincolnshire Primary Care Trust
Kirklees PCT	North Lincolnshire & Goole Hospitals NHS Foundation Trust
Leeds Primary Care Trust	North Yorkshire & York Primary Care Trust
Leeds Teaching Hospital NHS Trust	Scarborough & North East Yorkshire NHS Trust
Lincolnshire Primary Care Trust	Wakefield District Primary Care Trust
National Blood and Transplant Authority	Yorkshire Ambulance Service NHS Trust
NHS Business Services Authority	Yorkshire and The Humber Strategic Health Authority

MANAGEMENT COSTS	2010-11	2009-10
	£000	£000
MANAGEMENT COSTS	15,608	14,208
INCOME	480,633	469,995
MANAGEMENT COSTS AS A PERCENTAGE OF INCOME	3.25%	3.02%

The information contained in the table above has been subject to an independent audit.



# DIRECTORS' REMUNERATION AND BENEFITS

NAME AND TITLE	2010-11			2009-10		
	SALARY (BANDS OF £5,000)	OTHER REMUNERATION (BANDS OF £5,000)	BENEFITS IN KIND (ROUNDED TO NEAREST £100)	SALARY (BANDS OF £5,000)	OTHER REMUNERATION (BANDS OF £5,000)	BENEFITS IN KIND (ROUNDED TO NEAREST £1)
	£'000	£'000	£'00	£'000	£'000	£'00
MR S GREEP, CHIEF EXECUTIVE (TO 17-10-10)	105-110			195-200		
MR P MORLEY, CHIEF EXECUTIVE (FROM 18-10-10)	75-80					5339
MR J BARBER, DIRECTOR OF FINANCE AND BUSINESS	140-145			145-150		
MR D HAIRE, DIRECTOR OF INNOVATION AND STRATEGY	140-145			145-150		
DR DAVID HEPBURN, MEDICAL DIRECTOR	85-90	90-95		85-90	90-95	
MRS P LEWIN, DIRECTOR OF INFRASTRUCTURE AND DEVELOPMENT	110-115			105-110		
MR S MORRISON, DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	105-110			110-115		
MR M WRIGHT, DEPUTY CHIEF EXECUTIVE AND CHIEF NURSE	145-150			120-125		
MS H SCOTT- SOUTH, DIRECTOR OF OPERATIONS (TO 30-9-2010)	140-145			170-175		
MS A PYE, DIRECTOR OF QUALITY, SAFETY AND OPERATIONAL DELIVERY (FROM 1-11-2010)	50-55					
MS P ROBSON, (FROM 06/10 TO 10/10)	40-45					

Mr Michael Wright held the position of Interim Chief Executive for the period from 1st June to 17th October 2010.

The information contained in the table above has been subject to an independent audit.

The remuneration shown for H Scott-South and D Haire represents payments made to companies they are employed by, which have been approved by the Remuneration and Terms of Service Committee, plus VAT



# DIRECTORS' REMUNERATION AND BENEFITS

NAME AND TITLE	2010-11			2009-10		
	SALARY (BANDS OF £5,000)	OTHER REMUNERATION (BANDS OF £5,000)	BENEFITS IN KIND (ROUNDED TO NEAREST £100)	SALARY (BANDS OF £5,000)	OTHER REMUNERATION (BANDS OF £5,000)	BENEFITS IN KIND (ROUNDED TO NEAREST £1)
	£'000	£'000	£'00	£'000	£'000	£'00
MRS S SMITH, CHAIRMAN	20-25			20-25		
MS M WRIDE, NON EXECUTIVE DIRECTOR	5-10			5-10		
MR A TAPLEY, NON EXECUTIVE DIRECTOR (TO 14-9-2010)	0-5			5-10		
MR J HATTAM, NON EXECUTIVE DIRECTOR	5-10			5-10		
MR S GRIFFIN, NON EXECUTIVE DIRECTOR	5-10			0-5		
DR KG HOPKINS, NON EXECUTIVE DIRECTOR	5-10			5-10		
PROF A KENDRICK, NON EXECUTIVE DIRECTOR (FROM 8-11-10)	0-5					
MR D WATT, NON EXECUTIVE DIRECTOR (FROM 8-11-10)	0-5					



# PENSION BENEFITS FOR THE YEAR ENDED 31 MARCH 2011

NAME AND TITLE	REAL INCREASE IN PENSION AT AGE 60 (BANDS OF £2,500)	REAL INCREASE IN PENSION LUMP SUM AT AGE 60 (BANDS OF £2,500)	TOTAL ACCRUED PENSION AT AGE 60 AT 31 MARCH 2011 (BANDS OF £5,000)	LUMP SUM AT AGE 60 RELATED TO ACCRUED PENSION AT 31 MARCH 2011 (BANDS OF £5,000)	CASH EQUIVALENT TRANSFER VALUE AT 31 MARCH 2011	CASH EQUIVALENT TRANSFER VALUE AT 31 MARCH 2010	REAL INCREASE IN CASH EQUIVALENT TRANSFER VALUE
	£	£	£	£	£'000	£'000	£'000
MR S GREEP, CHIEF EXECUTIVE	0 - 2,500	0 - 2,500	70,001 - 75,000	220,001 - 225,000	1,440	1,582	-142
MR J BARBER, DIRECTOR OF FINANCE AND BUSINESS	0 - 2,500	5,001 - 7,500	60,001 - 65,000	190,001 - 195,000	1,276	1,344	-68
DR DAVID HEPBURN, MEDICAL DIRECTOR	0	0	50,001 - 55,000	155,001 - 160,000	839	972	-132
MRS P LEWIN, DIRECTOR OF INFRASTRUCTURE AND DECELOPMENT	2501-5000	12,501 - 15,000	45,001 - 50,000	140,001 - 145,000	851	859	-8
MR S MORRISON, DIRECTOR WORKFORCE AND ORGANISATIONAL DEVELOPMENT	0 - 2,500	2,501 - 5,000	35,001 - 40,000	105,001 - 110,000	534	585	-51
MR M WRIGHT, DEPUTY CHIEF EXECUTIVE/ CHIEF NURSE	10,001-12,500	37,501 - 40,000	50,001 - 55,000	160,001 - 165,000	817	725	92
MR P MORLEY, CHIEF EXECUTIVE	5001-7500	5,001 - 7,500	50,001 - 55,000	155,001 -160,000	751	784	-33
MS A PYE, DIRECTOR OF QUALITY, SAFETY AND OPERATIONAL DELIVERY	0-2,500	5001-7500	10,001 - 15,000	35,001 - 40,000	123	88	35

The Trust does not make any contributions to stakeholder pensions

The information contained in the table above has been subject to an independent audit.



# GOVERNANCE

## THE TRUST BOARD

The Board considers there to be a balance of appropriate skills among Board members with a breadth of skills to ensure balance, completeness and appropriateness to the requirements of the Trust.

### SCILLA SMITH CHAIRMAN

**NHS Experience:**

- Non Executive Director, East Yorkshire Health Authority 1990-1992
- Chairman East Yorkshire Hospitals 1992-1999
- Non Executive Director, East Riding & Hull Health Authority 1999-2000
- Chairman Yorkshire Wolds & Coast PCT 2000-2003
- Chairman Hull and East Yorkshire Hospitals NHS since 1-7-03

**Business/Community Experience:**

- Deputy Lieutenant, East Riding of Yorkshire
- 38 years experience in both voluntary and public sector



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### DR KEITH HOPKINS DEPUTY CHAIRMAN

**Professional Qualifications:**

- BSc Hons (Chemistry, Hull)
- PhD (Chemistry, Hull)

**NHS Experience:**

- Non Executive Director since 1-5-09

**Business/Community Experience:**

- 30 years experience in the international chemical industry
- 20 years as Chairman/Chief Executive Officer/Non Executive Director of quoted UK companies





## JOHN HATTAM SENIOR INDEPENDENT NON EXECUTIVE DIRECTOR

### Professional Qualifications:

- BA Hons

### NHS Experience:

- Non Executive Director since 1-6-08
- Through his own training, consultant and provider businesses he has worked with clients, including PCTs and the Department of Health
- Lectures on social marketing
- Worked with many PCTs to help implement behaviour change programmes

### Business/Community Experience:

- Senior commercial experience in marketing, sales and operations
- Extensive experience in reaching “seldom heard” groups in the community
- Good business planning abilities and extensive experience of P&L management and financial control
- Fascinated by the potential of small business to alleviate poverty in the developing world and has spent time in Rwanda, Uganda, Kenya and Nigeria exploring this
- Chairs the governing body at a local Academy



## PROF TONY KENDRICK NON EXECUTIVE DIRECTOR

### Professional Qualifications:

- BSc (Psychology)
- Diploma, Royal College of Obstetricians and Gynaecologists
- Diploma in Child Health, Royal College of Physicians
- MD (University of London) thesis on primary care of long term mentally ill
- FRCGP (Fellow, Royal College of General Practitioners)
- Honorary FRCPsych (Fellow, Royal College of Psychiatrists)
- Member, Institute of Learning and Teaching

### NHS Experience:

- Non Executive Director since 8-11-10
- MB BS 1981 House jobs in St George's and Kingston General Hospitals
- GP Vocational Training in Kent (Paediatrics, O&G, Medicine, Psychiatry)
- Full time GP for 5 years
- Part time GP for 21 years

### Business/Community Experience:

- Dean, Hull York Medical School
- Governor, BUPA Foundation grant giving panel
- Member of Health Technology Assessment Diagnostics Panel
- Member, National Institute of Health Research in Practice Research Training Fellowships Panel





## DAVID WATT NON EXECUTIVE DIRECTOR

**Professional Qualifications:**

- FCMA

**NHS Experience:**

- Non Executive Director since 8-11-10

**Business/Community Experience:**

- Over 30 years experience within the private sector
- General Manager and Finance Director roles in the Pharmaceutical/Medical Device Industry throughout Europe, the Middle East and Africa
- Senior management role with Goodwin Development Trust (a Hull based social enterprise and registered charity)
- Parent Governor at Gembling primary School during the 1990s (chair for one year)
- RFU qualified coach/referee for mini/junior rugby 1990-1999



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## MARY WRIDE NON EXECUTIVE DIRECTOR

**Professional Qualifications:**

- HND Business Studies

**NHS Experience:**

- Non Executive Director since 1-11-03

**Business/Community Experience:**

- Worked in the IT industry in Business Development for 15 years and now manages own property investment portfolio
- Served on various local Charity Committees over the last 18 years



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## JOHN BARBER DIRECTOR OF FINANCE & BUSINESS

**Professional Qualifications:**

- CPFA
- CASS Strategic Financial Management
- CIPFA Management and Leadership

**NHS Experience:**

- Director of Finance & Performance, North Lincolnshire PCT
- Director of Finance, Sherwood Forest Hospitals Trust
- Earlier career in senior finance at SHA, Health Authority and Trust levels





## DAVID HAIRE DIRECTOR OF INNOVATION & STRATEGY

### Professional Qualifications:

- Institute of Health Service Administrators (Exam)
- Diploma in Strategic Health Service Management

### NHS Experience:

- Career working in the NHS in Hull
- Operational posts in various hospitals
- Director of Operations, Royal Hull Hospitals, including period as Deputy Chief Executive
- Business Planning, Commissioning and Development

### Business/Community Experience:

- Directly involved in the establishment and operation of various voluntary sector organisations (Alcohol Advisory Service, Council for Drug Problems, Hospice)



## PAULINE LEWIN DIRECTOR OF INFRASTRUCTURE AND DEVELOPMENT

### Professional Qualifications:

- Certificate in Health Service Management (CHSM), Queen Margaret University, Edinburgh
- National Examination Board in Supervisory Management (NEBSS)
- Executive MBA, University of Hull
- Institute of Healthcare Management, Accredited Manager (2011)

### NHS Experience:

- Assistant Director of Facilities (2001-2003)
- Head of Facilities, East Yorkshire Hospitals (1996-2001)
- Head of Facilities, Edinburgh Priority Services Unit (1992-1996)
- Business Manager, Edinburgh Healthcare NHS Trust (1989-1992)

### Business/Community Experience:

- Parish Councillor for 5 years







## PHIL MORLEY CHIEF EXECUTIVE

### Professional Qualifications:

- FIBMS
- DMS
- MA (Leading Innovation and Change)
- MA (Executive Coaching)
- NLP Master Practitioner status
- PhD Leadership and Eldership (currently studying)

### NHS Experience:

- Chief Executive, Mid Cheshire NHS Foundation Trust (2007-2010)
- Director of Operations, Mid Cheshire NHS Foundation Trust (2005-2007)
- Systems Reform policy Team, Department of Health (2004-2005)
- Performance Support Team Director, Department of Health (2002-2005)
- Deputy Director of Modernisation and Performance Management, University Teaching Hospital, Nottingham (2001-2002)
- General Manager, Dumfries and Galloway Royal Infirmary (2000-2001)

### Business/Community Experience:

- Worked for 20 years with under privileged tennagers



## AMANDA PYE DIRECTOR OF QUALITY, SAFETY AND OPERATIONAL DELIVERY

### Professional Qualifications:

- Managing Successful Programme Practitioner Level
- MSC in Healthcare Leadership
- NHS National Management Training Programme
- Post Graduate Diploma in Nursing
- A1/A1 Assessment Award EDEXCEL
- Nurse Prescribing
- BN Hons Nursing
- Specialist practitioner District Nursing
- Teaching and Assessing
- Registered Nurse

### NHS Experience:

- Associate Director, Mid Cheshire Hospital
- Practice Based Commissioner, Central and Eastern Cheshire PCT
- Commissioner of Complex Care, Walsall PCT
- Heartlands Acute Hospital
- South Staffordshire Mental Health Trust
- Changing Working Practice Facilitator, Shropshire SHA
- Intermediate Care Team Sister, Telford PCT
- District Nursing Sister, Telford PCT
- Nurse, Walsall PCT





# MICHAEL W WRIGHT

## DEPUTY CHIEF EXECUTIVE/ CHIEF NURSE

### Professional Qualifications:

- Registered General Nurse (RN)
- ENB 100 Adult Critical Care Nursing, Guy's Hospital (1988)
- Certificate in Health Services manager (CHSM), Royal College of Nursing, London (1991)
- Diploma in Management Studies (DMS) Kingston University, Surrey (1994)
- Masters Degree in Business Administration (MBA), Kingston University, Surrey (1997)
- Fellowship in Management for Nurse Executives, Wharton Business School, University of Pennsylvania, Philadelphia, USA (1998)
- Aspiring Chief Executives Programme, NHS Yorkshire and the Humber (2008-9)

### NHS Experience:

- 27 years – Registered Nurse working in clinical, managerial and leadership roles, including:
  - Various clinical roles up to and including senior nurse manager level (Hull Royal Infirmary and Guy's and St Thomas' Hospital)
  - 4 years Directorate Manager/Head of Nursing (Guy's and St Thomas' Hospital)
  - 3 years as a Deputy Director of Nursing (Guy's and St Thomas' Hospital)

### Business/Community Experience:

- Member of NHS Hull's Quality Executive







The Trust Board comprises six Non Executive Directors including the Chairman and five Executive Directors including the Chief Executive. The four Executive Directors with voting rights are the Deputy Chief Executive/Chief Nurse, Director of Finance and Business, Medical Director and the Director of Quality, Safety and Operational Delivery. The Board is collectively responsible for the exercise of the powers and performance of the Trust.

The Trust Board holds meetings in public on a quarterly basis. The timing of these changed during the year and the meetings in public have been marked with an asterisk in the table below. In the intervening months there is a meeting of the Board in Committee which is held in private.

The attendance of individuals is listed below:

	27/4*	25/5	29/6	27/7*	31/8	28/9	26/10*	30/11	12/12	25/1	22/2*	29/3	TOTAL
J BARBER	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
S GRIFFIN	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	9/10
D HAIRE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
J HATTAM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
D HEPBURN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
K HOPKINS	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	9/12
T KENDRICK								✗	✓	✓	✗	✓	3/5
P LEWIN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
P MORLEY							✓	✓	✓	✓	✓	✓	6/6
S MORRISON	✗	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	9/12
A PYE								✓	✓	✓	✓	✓	5/5
S SMITH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
D WATT								✓	✓	✓	✓	✓	5/5
M WRIDE	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	9/12
M WRIGHT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	11/12



# TERMS OF OFFICE

NAME	POSITION	TERM COMMENCED	TERM TERMINATES
MR S GRIFFIN	NON EXECUTIVE DIRECTOR	21-12-09	31-03-11
MR J HATTAM	NON EXECUTIVE DIRECTOR	01-6-08	31-05-12
DR K HOPKINS	VICE CHAIRMAN, NON EXECUTIVE DIRECTOR,	01-5-09	30-04-13
PROF T KENDRICK	NON EXECUTIVE DIRECTOR (UNIVERSITY)	08-11-10	07-11-14
MRS S SMITH	CHAIRMAN	01-07-03	31-03-13
MR A TAPLEY	NON EXECUTIVE DIRECTOR	01-12-07	14-09-10
MR D WATT	NON EXECUTIVE DIRECTOR	08-11-10	07-11-14
MRS M WRIDE	NON EXECUTIVE DIRECTOR	01-11-03	31-10-11
MR S GREEP	CHIEF EXECUTIVE	-	17-10-10
MR P MORLEY	CHIEF EXECUTIVE	18-10-10	
MS A PYE	DIRECTOR OF QUALITY, SAFETY & OPERATIONAL DELIVERY	01-11-10	
MS H SCOTT-SOUTH	DIRECTOR OF OPERATIONST	-	30-09-10

## DEVELOPMENT OF THE BOARD

During 2010/11 development sessions were held which are essential to the continuous learning and development of the Board. These covered a broad range of issues and focussed on the preparation required as part of the Foundation Trust application.

A system for obtaining feedback following Board meetings was in place for the first nine months of the year. A more comprehensive process for evaluating the performance of the Board was introduced and the Board self assessed its performance in the last quarter of the year.



# PUBLIC INTEREST DISCLOSURE/ DECLARATIONS OF INTEREST

There are no direct conflicts of interest for any members of the Board. Declared interest are set out below:

NAME	DECLARATION OF INTEREST
MR J BARBER DIRECTOR OF FINANCE & BUSINESS	NO DECLARED INTERESTS
MR S GRIFFIN NON EXECUTIVE DIRECTOR	DIRECTOR OF DEARDEN CONSULTING INTERIM DIRECTOR OF HUMAN RESOURCES (PART TIME) LEEDS PARTNERSHIP NHS FT
MR S GREEP CHIEF EXECUTIVE	TRUSTEE, CARDIAC TRUST FUND MEMBER OF NICE TECHNOLOGY APPRAISAL ADVISORY COMMITTEE WIFE EMPLOYED AS A DIRECTOR OF NHS NORTH LINCOLNSHIRE
MR D HAIRE DIRECTOR OF INNOVATION AND STRATEGY	OWNER OF DAVID HAIRE CONSULTANCY LTD TRUSTEE OF THE HULL AND EAST RIDING CARDIAC TRUST FUND
MR J HATTAM NON EXECUTIVE DIRECTOR	SCINTILLATE BUSINESS LTD ARCHBISHOP HOLGATE'S SCHOOL – GOVERNOR HC WINES CATALYST CONSULTANCY
DR K HOPKINS NON EXECUTIVE DIRECTOR	UNIVERSITY OF HULL – MEMBER OF COUNCIL & CHAIRMAN OF AUDIT COMMITTEE WIFE – TREASURER MACMILLAN (POCKLINGTON)
PROF T KENDRICK NON EXECUTIVE DIRECTOR	DEAN, HULL YORK MEDICAL SCHOOL MEMBER, BOARD OF GOVERNORS OF THE BUPA FOUNDATION (RESEARCH FUNDING CHARITY)
MRS P LEWIN DIRECTOR OF INFRASTRUCTURE & DEVELOPMENT	SHARES N POWERED PUBLISHER OF SELF HELP MANUALS FOR CHRONIC DISEASE PARISH COUNCILLOR, MELBOURNE, YORK MEMBER OF SHEFFIELD HALLAM UNIVERSITY – FM RESEARCH UNIT STEERING GROUP NORTHERN & YORKSHIRE REPRESENTATIVE ON HEFMA NATIONAL COUNCIL HUSBAND IS CHAIR OF REHABILITATION, HEALTH SCIENCES, UNIVERSITY OF YORK
MR P MORLEY CHIEF EXECUTIVE	NO DECLARED INTERESTS
MMS A PYE DIRECTOR OF QUALITY, SAFETY & OPERATIONAL DELIVERY	NO DECLARED INTERESTS
MS H SCOTT- SOUTH DIRECTOR OF OPERATIONS	DIRECTOR/OWNER SCOTT-SOUTH CONSULTING LTD
MRS S SMITH CHAIRMAN	TRUSTEE BROCKLEHURST NEUROSURGICAL FUND DEPUTY LIEUTENANT, EAST RIDING OF YORKSHIRE INDEPENDENT MEMBER OF HIGH SHERIFF'S NOMINATIONS COMMITTEE
MR A TAPLEY NON EXECUTIVE DIRECTOR	NON EXECUTIVE DIRECTOR SPORTS DISPUTE RESOLUTION PANEL NON EXECUTIVE DIRECTOR THE ARTISTS' PUBLISHING COMPANY LTD
MR D WATT NON EXECUTIVE DIRECTOR	PROJECT MANAGER, GOODWIN TRUST – REGISTERED CHARITY SUPPLYING SERVICES TO HULL PCT
MRS M WRIDE NON EXECUTIVE DIRECTOR	NO DECLARED INTERESTS
MR M WRIGHT DEPUTY CHIEF EXECUTIVE/CHIEF NURSE	NO DECLARED INTERESTS



# BOARD COMMITTEES

The Board delegates matters as appropriate to Board Committees. The Trust is required to have an Audit Committee and a Remuneration Committee. In addition, the Trust has also established a Performance and Finance Committee, an Infrastructure and Investment Committee, a Quality, Effectiveness and Safety Committee and a Strategic Integrated Governance Committee. Minutes of the Board Committees are presented to the Trust Board with individual items raised by exception.

## AUDIT COMMITTEE

The Committee's remit stretches across six broad areas: governance, risk management and internal control, scrutiny of the annual accounts and statement on internal control, internal audit, external audit, overseeing the management response to issues raised and seeking positive assurances and financial reporting.

In relation to governance, risk management and internal control the Audit Committee is charged with ensuring that risk management arrangements within the Trust are adequate. In order to assess adequacy we review the work of committees that manage risk and ensure there is an infrastructure to report and manage risk throughout the organisation. The Committee obtains its primary assurance on internal controls through the work done by internal and external audit. In addition to this, independent reviews, for example by the Clinical Negligence Scheme for Trusts (CNST) are reported through the Operational Integrated Governance Committee (formerly Patient Quality Safety Experience Committee).

The Committee reviewed the draft Financial Statements for the year to 31 March 2010 including the statement on internal control (SIC) and the letter of representation. The Committee also received the annual governance report from the external auditors. Although there were some concerns over the general level of inventories, the Audit Commission identified no other significant weaknesses or issues of concern. An unqualified audit opinion was issued on the accounts and an unqualified opinion on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources. The Trust's internal audit and counter fraud services are provided by the East Coast Audit Consortium.

During 2010/11 the Trust purchased 504 audit days and 192 counter fraud days at a cost of £265 per day; the total cost of the service for the year was £133,560 for internal audit £ 50880afor counter fraud. On the basis of the internal audit reports received during the year, the Committee is satisfied that satisfactory internal audit controls and risk management arrangements are in place to facilitate reliance upon them.

External audit services are provided by the Audit Commission. At its meeting in March 2010 the Committee considered the draft audit plan and fee for the year 2010/11. The external auditors also reported on the regulatory and accounting issues which would be considered as part of their audit work. 38 reviews and reports were received during the year. The Committee received and discussed the action plans in relation to the reviews and considered the adequacy of management responses and in some instances invited Directors and Managers in to confirm action had been taken.

The Committee is committed to continual development and attended a development event facilitated by the East Coast Audit Consortium during March 2011. The event focused on the quality and clinical governance aspects of the Committee's responsibilities and the revised Audit Committee Handbook. A similar event will be held towards the end of the calendar year.

	16/3	11/5	6/7	14/9	16/11	11/1	15/3	TOTAL
J HATTAM	✓	✗	✓	✓	✓	✓	✓	6/7
S GRIFFIN						✓	✗	1/2
K HOPKINS	✓	✓	✓	✓	✓	✓	✓	7/7
A TAPLEY (CHAIR)	✓	✓	✓	✓				4/4
M WRIDE	✓	✓	✓	✓	✓	✓	✓	7/7
D WATT (CHAIR)						✓	✓	2/2





## REMUNERATION AND TERMS OF SERVICE COMMITTEE

The Committee is responsible for determining the remuneration and terms of service for the Chief Executive and the Executive Directors. It also reviews the performance of Heads of Service from the 7 Clinical Business units. An Extraordinary Meeting was held on the 13 April 2010 to consider the recruitment strategy for the new Chief Executive.

The Chief Executive is invited to the Committee but is not present when his own salary and terms of service are being discussed. The Director of Workforce and Organisational Development, Mr Morrison, attended the meeting during the year to provide advice as required. The Director of Operations, Ms H Scott-South attended the Committee on the 10 August 2010 to provide information on the performance of the Heads of Service.

Following the appointment of Mr Morley the responsibilities of each Executive Director were reviewed and the Committee considered remuneration in light of changed responsibilities. Market and benchmarking information on salaries and terms and conditions is provided to the Committee.

The Committee considered a concept paper on the opportunities for developing and introducing a senior manager reward strategy.

J HATTAM (CHAIR)	✓	✓	✓	✓	✓
S GRIFFIN	✓	✓	✓	✓	✓
S SMITH	✓	✓	✓	✓	✓



# STATEMENT ON INTERNAL CONTROL

## HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

### 1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I have reviewed and strengthened accountability arrangements since I took up the post as Chief Executive in October 2010. I have reviewed Executive Director portfolios, introduced a new Board committee structure, revised the meeting arrangements of the executive team and strengthened arrangements for monitoring and accountability for delivering agreed actions. I attend the Strategic Health Authority Chief Executive's meeting monthly and meet separately with the Chief Executive of the Strategic Health Authority on specific issues as the need arises. I meet with Chief Executives of partner organisations to discuss and agree how issues facing the local health economy are to be addressed. I attend the Board meeting of the main commissioner, NHS Hull to be available to respond to questions raised. I also regularly attend the Overview and Scrutiny meetings of the Local Authorities.

### 2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Hull and East Yorkshire Hospitals NHS Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

### 3. Capacity to handle risk

As Accountable Officer I provide leadership to the risk management process. I am supported by the Deputy Chief Executive/Chief Nurse who is responsible for developing and overseeing the organisation's risk

management strategy and framework. The Trust Board approves the risk management strategy on an annual basis and approved the current strategy in June 2010. The strategy sets the organisation's strategic risk management aims, its attitude to risk, processes for on-going review, monitoring and escalation of risk and the roles and responsibilities for risk management throughout the organisation. The Board reviews high level risks on the Assurance Framework on a continual basis throughout the year.

At an operational level Executive Directors have responsibility for the identification and management of risk in their areas of responsibility. The Head of Service holds the same responsibility for their Clinical Business Units.

The Trust has a number of training programmes in place which have been designed to give staff the necessary skills appropriate to their authority and duties. All new members of staff attend either general clinical/non clinical safety training. Specialist training is provided across a range of activities including infection control, conflict resolution, data protection, managing stress, major incident training as well as general management training courses at a number of levels.

Comprehensive guidance is available to all staff on how risks should be managed. All policies and procedures are available on the Trust intranet and systems are in place to alert staff when new guidance is issued or documents are updated.

The Trust uses a number of mechanisms to ensure that best practice and learning is shared across the organisation. It has been one of the leading partners in the local NHS Service Improvement Day, it is part of the Leading Improvement in Patient Safety (LIPS) programme and it shares good practice through the integrated governance reports produced by each of the clinical Business Units quarterly.

### 4. The risk and control framework

The Trust uses a web based system which enables any member of staff to identify and enter risks on the risk register. There is a framework in place to ensure that these risks are reviewed at the appropriate level of the organisation including the ongoing assessment of the adequacy of controls and action plans. The Patient Quality Safety and Effectiveness Committee (now Operational Integrated Governance Committee) has responsibility for reviewing risks identified by the Clinical Business Units and escalating these to the Executive. At Board level the Assurance Framework has been further developed in year to include risk appetite and target risk score.

A number of in year risks were identified. The internal audit plan identified issues in relation to theatre utilisation, governance arrangements in the Women and Children's Business Unit and the workforce efficiency and productivity programme. Full action plans were developed to respond to the issues raised. An issue was identified in year relating to hospital standardised



mortality rates. In response to this, an external review was commissioned, the Trust joined a regional collaborative group and a mortality reduction action plan was developed, approved by the Trust Board and will be monitored by a Board Committee. The concerns with regards to mortality, coupled with other clinical governance challenges led to deterioration in the Trust's reputation (eg assessed by the Strategic Health Authority). Significant independent reviews of our clinical governance arrangements have been commenced, reported and action taken in response.

The Trust also failed to meet the 62 day cancer target and an improvement notice was received from the commissioners. However, actions were put in place and by March 2011 performance had met the required standard. The executive team established additional processes and review performance weekly to enable continued achievement of this target.

The Chairman of the Audit Committee undertook a review of all limited assurance audit reports received in 2010/11 at the year-end, in conjunction with the relevant Director or Head of Service. As a result of that review, there remains limited assurance and therefore the need for disclosure of the process for developing and delivering workforce savings via the workforce workstream and, as a consequence, the absence of appropriate workforce plans. A new workforce mission is being developed which will address these weaknesses. The concerns around workforce strategy and planning have been included in the Board Assurance Framework.

The Trust's Integrated Business Plan initially developed in 2009 identified future business risks to the organisation in terms of financial, workforce, infrastructure and clinical risks. Mitigating strategies include enhanced governance arrangements, appointment of external support to assist in the development of the cash releasing efficiency gains and other key organisational requirements and partnership arrangements to secure catchment population for tertiary services. The Trust Board has considered the impact that potential organisational/ structural changes arising from the White Paper 'Equality and Excellence: Liberating the NHS' might impact on the Trust and what arrangements would be put in place to respond to the new environment.

A framework is in place for managing and controlling risks to data security. These arrangements were enhanced during 2010/11. There is a Senior Risk Owner at Board level and a network of information risk owners across the organisation. Policies are available to all staff via the Trust intranet and an Information Governance Committee has been established to ensure that best practice is adopted across the organisation. The Trust reported compliance at level 2 in 38 out of the 45 standards in the Information Governance toolkit and has an action plan for achieving full compliance during 2011/12.

Risk management is embedded in the organisation through a number of mechanisms. Clinical Business Units report their risks through the integrated governance report and by entering risks on the risk register. Key performance indicators are included in the Performance Accountability Agreement signed by the Head of Service. At Board level, risks are identified in individual Board papers and on-going monitoring through regular reporting of the risk register and Assurance Framework.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Impact assessments are routinely carried out on workforce policies and practices. There are some impact assessments carried out in the area of service provision but the majority of areas are not yet covered. A priority for the Trust in 2011/12 will be to ensure uniform compliance with the completion of impact assessments in service delivery areas.

The Trust's Assurance Framework sets out the principal objectives of the Trust and the risks that could threaten achievement of these objectives. For each risk the Trust Board made an assessment at the start of the year on the key controls which would assist in the delivery of its objectives. Throughout the year the Board has evaluated the evidence received. An enhanced Board Assurance Framework was introduced in January 2011 and now records risk appetite and target risk score. The Board reconsidered the rating of each risk at its January 2011 meeting. There are some gaps in control at the year end. These relate to the delivery of some performance targets which include clinical, operational and financial management. Arrangements have been put in place to strengthen processes which include a new performance management strategy, external support and the restructuring of the Business Units to strengthen accountability.

A number of arrangements are in place which enable public stakeholders to be involved in managing risks which impact them. The Trust contributes to a number of partnership groups including the Cancer Network Board, Critical Care Strategic Network, and Emergency Care Network Board. Frequent meetings are held with commissioners at which risks are discussed and courses of action agreed. Trust members and patient representatives contribute to working groups within the Trust. Meetings are held between the Chairman and Chief Executive and local Members of Parliament.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.



The Trust has undertaken a climate change risk assessment and developed an Adaptation Plan, to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met. This exercise established our current position and revealed that we have effective plans in place to deal with a number of the clinical issues that climate change events may bring, such as flooding and heat waves. The Trust will continue expand the scope of this work and to develop its adaptation and mitigation plans.

The Trust is fully compliant with CQC essential standards of quality and safety.

## 5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of Internal Audit's work. Significant assurance has been given that the Trust has a generally sound system of internal control. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by Care Quality Commission's assessment of the organisation undertaken in December 2010, the Audit Commission, including review of the Quality Accounts and by reports from various other external inspection agencies such as the Health and Safety Executive and Royal Colleges. In addition, the Board has reviewed recommendations from other reports such as the Health Care Commission's Mid Staffordshire report and undertaken its own gap analysis.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Governance Committee, Investment Committee, Finance Committee. Since taking up appointment I have introduced a new Board Committee structure which will further strengthen assurance processes. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board reviews the effectiveness of internal controls across the organisation through reports received from each of its committees and by considering issues raised at Board meetings. It has reviewed risks on the Assurance Framework monthly.

The Audit Committee gives independent assurance to the Board and comprises of Non Executive Directors. It receives all audit reports from internal and external auditors and monitors progress against agreed recommendations. Where gaps in control are identified management action is agreed and presented to the committee. A tracking system of agreed actions is in place. During the year significant assurance has been provided on a range of audits including Clinical Governance arrangements, Care Quality Commission registration requirements, Monitor Compliance Framework self assessment and core financial systems. In relation to external audit, the Audit Commission in their annual Audit letter to the Board stated that the Trust had adequate arrangements to secure economy, efficiency and effectiveness in the use of resources.

The Board approved a revised Performance Strategy in January 2011, which incorporated a new performance accountability framework for in-Trust performance management and review.

In the last quarter of the year a new Board Committee structure was introduced. The role of the Finance Committee which provides overview and scrutiny to the development of the Trust's efficiency programme was extended to also include scrutiny of achievement against performance targets. The Investment Committee role was also expanded to include infrastructure issues with responsibility for establishing the overall methodology, processes and controls which govern both capital and investment decisions.

Two new Board committees were introduced. The Quality Safety and Effectiveness Committee has strengthened scrutiny of quality issues and the role of the Strategic Integrated Governance committee ensures that key requirements relating to Care Quality Commission registration, risk management arrangements, information governance are delivered.

The Trust had two serious untoward data security incidents. These were the theft of a personal laptop from an employees residence which held audit data. The second was the loss of a USB stick containing a list of patients. Both incidents were investigated as serious untoward incidents and full action plans are in place.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Hull and East Yorkshire Hospitals NHS Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.





## Independent auditor's report to the Directors of Hull and East Yorkshire Hospitals NHS Trust

I have examined the summary financial statement for the year ended 31 March 2011 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes.

This report is made solely to the Board of Directors of Hull and East Yorkshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

### Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

### Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Hull and East Yorkshire Hospitals NHS Trust for the year ended 31 March 2011.

Damian Murray

Engagement lead

Date..........

Audit Commission, 3 Leeds City Office Business Park, Holbeck, Leeds, LS11 5BD  
T 0844 798 7130 F 0844 798 7131 [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)









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Hull Royal Infirmary  
Anlaby Road  
Hull  
HU3 2JZ

Castle Hill Hospital  
Castle Road  
Cottingham  
East Yorkshire  
HU16 5JQ

Tel: (01482) 875875  
Web: [www.hey.nhs.uk](http://www.hey.nhs.uk)