



Annual Report and Summary Accounts 2009/10



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Who we are and what we do

Airedale NHS Trust is an award winning acute NHS Trust, providing high quality, personalised, acute, elective and specialist care for a population of over 200,000 people from a widespread area covering 700 square miles within Yorkshire and Lancashire.

We employ over 2,900 staff who last year cared for around 25,000 in-patients, 26,000 non-elective patients, 150,000 out-patients and 51,000 A&E attendances with an annual budget of over £124million.

We provide services from our main hospital site and from community hospitals and health centres owned by our Primary Care Trusts. During 2009/10 we also expanded our groundbreaking prison telemedicine service and now provide an opinion service to a range of prisons throughout England.

At Airedale NHS Trust we have a new vision – to be one of the best healthcare providers of its type in England. We are serious about safety and believe there is a clear link between providing safe healthcare and delivering strong finances. We are ambitious about our future, and have four overarching strategic objectives which provide a framework for everything we do:

- Provide world class care, being recognised for our quality and safety
- Develop a high performing workforce, with everyone giving their best
- Be efficiently and effectively run, generating surpluses for reinvestment
- Be a provider of choice, trusted by the public to meet their needs

In this Annual Report and Accounts we summarise our progress against these strategic objectives as we record another year in pursuit of our vision.

“By 2016 our distinctive ability to provide safe, high quality, compassionate and affordable care will have secured us a place among the top 10 health care providers in England.”

vision statement

Chairman's statement



Five year's hard work by the Trust bore fruit in 2009/10. You will read in this Annual Report about the Trust's authorisation as an NHS Foundation Trust, about the CQC's award of an 'Excellent' rating for the Trust's quality of services, about the Dr. Foster organisation's designation of Airedale as 'Small Trust of the Year' for the third time in four years, and about the Trust's best financial performance in a decade. All are weighty endorsements of a successful hospital trust.

What may be less immediately apparent are the many substantial improvements that have underpinned these endorsements. The Trust has made great strides in clinical engagement in management in the past five years - both nurses and doctors; it has developed a first class business planning and performance system; it now has a strong and well led finance function; and it has an impressive business development capability that would compare well with anything in the private sector. The performance you see on the surface is built on a firm foundation.

Externally, the context in which the Trust operates has been dominated increasingly by two issues, the dire state of public finances and the rapidly growing quality agenda. In our long term financial planning for the Foundation Trust application we considered a range of severe financial possibilities and we believe the Trust can withstand the impact of these possibilities. Of course there will be challenges but the rigour of the FT application process came at an ideal time from our point of view and we believe we have a more realistic appreciation of what the future may hold than many.

Similarly on the quality agenda, the Trust has high clinical standards and a reputation for compassionate and sensitive care. This is underpinned by a rigorous approach to clinical governance. The Trust's performance on infection control in 2009/10 was excellent. But we are not complacent. Public expectations are rising and we have seen elsewhere how damaging it can be if one's attention slips for a moment. So you will see in this Annual Report the many ways in which we constantly seek to improve our quality standards still further.

There were changes to the composition of the Board in the year. Having completed five years as Medical Director, Richard Pope stood down from the Board to take on a combined innovation and research role for the Trust and the SHA. Dr. Pope contributed enormously to the Trust in his time as Medical Director and I should like to record the Trust's thanks for his contribution. His place on the Board has been taken by Dr. Andrew Catto as Executive Medical Director. Also, Robert Toole resigned as Finance Director to take on the role of Finance & Investment Director at Portsmouth Hospitals NHS Trust. I should like to record the Trust's thanks to Robert for his contribution. Sheenagh Powell joined the Trust to replace Robert, in an expanded role. Mrs. Powell has nine years experience as a Finance Director in Primary Care Trusts.

What is achieved by the Trust is achieved by its staff and volunteers. I should like to thank each and every one of them for their contribution throughout the year. Without our staff and volunteers, nothing of what has been achieved would have been possible.

This year the Annual General Meeting and Open Event are on Thursday 2nd September. I encourage everyone with an interest in Airedale to attend the AGM and Open Event to see at close hand how we run your hospital on your behalf.

A handwritten signature in dark ink, appearing to read 'Colin Millar'.

Colin Millar
Chairman
3 June 2010

Chief Executive's overview



It is my great pleasure to welcome you to this Annual Report for 2009/10. Since the year end, we have achieved our ambition to become an NHS Foundation Trust. This is an important milestone for the Trust and is valued recognition of the safe, quality care we provide and will continue to provide to our local community.

The Trust itself, our staff and, most importantly, the people we serve will begin to benefit from our new status as we move forward into 2010/11 and beyond. We are confident these benefits will increase as we develop and mature as a Foundation Trust. For example, we can now invest surpluses in improving patient services and our estates infrastructure which were not possible before.

I also want to take this opportunity to thank the professionalism, talent and commitment of our staff who were instrumental in helping us not only become a Foundation Trust, but also for continuing to improve performance across all service areas. We are particularly pleased to receive from the Care Quality Commission (CQC) a rating of 'good' for use of resources and 'excellent' for quality of services for 2008/09. These ratings put the Trust in the top 22% of Trusts in the country and were a justified endorsement of the standards we expect to give our patients. Our continuing strategy to focus on patient safety and quality was recognised again with the Trust being awarded Dr Foster, Small Hospital Trust of the Year, for the third time in four years. This was again a fantastic achievement for the hospital and recognition of the dedication of all our staff throughout the year.

During 2009/10 we have benchmarked our performance against the Foundation Trusts' regulator, Monitor's, standards, as part of our preparation for becoming a Foundation Trust. Had we achieved Foundation Trust status at the beginning of 2008/09, Monitor would have awarded us the highest possible 'green' rating for the full year. This is additional validation of the improvements we continue to make.

Despite these achievements, we are aware that the coming year and beyond will be challenging for the NHS, particularly in relation to the economic climate which will impact on the funding available at a local level. We are therefore looking at ways to become more efficient and effective to cut our costs and to secure a number of new services which will grow our income. In particular our work in the telemedicine field goes from strength to strength, as evidenced by the Trust agreeing contracts with PCTs in England to provide a medical video conferencing solution to a further eight prisons. We have also piloted a scheme providing 'at home' consultations for over 120 stroke patients with positive feedback received.

Finally, I would like to thank our public staff and Members, of whom we have more than 10,000 in total and also welcome our new Council of Governors. We are delighted that so many members of our community wish to be involved with the hospital. I hope you agree that the future for our Trust is a very exciting one, so if you would like more regular news and information visit www.airedale-trust.nhs.uk or become a member and play a part in our future success.

A handwritten signature in black ink, appearing to read 'Adam Cairns'. The signature is fluid and cursive, written over a white background.

Adam Cairns
Chief Executive

Board of Directors' report

The Board of Directors is responsible for the day-to-day management of the Trust and the operational delivery of its services, targets and performance.

During 2009/10 the Board of Directors had the following members:

Colin Millar, Chairman

Adam Cairns, Chief Executive

Bridget Fletcher, Chief Operating Officer/Chief Nurse

Dr Richard Pope, Medical Director, (resigned 31 July 2009),
Andrew Catto, Medical Director, (appointed 1 August 2009)

Robert Toole, Director of Finance, (resigned 31 December 2009),
Sheenagh Powell, Director of Finance (appointed 15 February 2010)*

Ann Wagner, Director of Strategy and Business Development

David Adam, Non Executive Director

Jeff Colclough, Non Executive Director

Ronald Drake, Non Executive Director

Sally Houghton, Non Executive Director

Alan Sutton, Non Executive Director and Vice Chairman.

*Mr Andrew Copley was appointed Interim Director of Finance to cover the period 1 January 2010 to 14 February 2010.

Our finances

The Trust finished the year with a financial surplus of £605k, as planned, although impairments of £4,364k caused by the change to Modern Equivalent Assets valuation techniques resulted in a technical deficit of £3,759k.

These results arise from implementing cost improvement plans (100% recurring) and new ways of working during the year, and will continue next year and beyond.

Monitor, the Foundation Trust independent regulator, assesses the financial risk of Foundation Trusts using a rating whereby 1 is significant and 5 is no financial risk. Whilst Airedale was not a Foundation Trust during 2008/09, it rated itself against this measure and outturned with a rating of 3. Details of any post balance sheet events are provided in note 37 of the accounts.

Innovation and development

During 2009/10 the Trust retained its *Enterprise Hub* status (first awarded in 2008 by NHS Yorkshire and the Humber and Yorkshire Forward) in recognition of its innovation with regard to telemedicine developments, the LEAN Academy (in partnership with Ilkley Virtual College) and its ambitious long term plan for a Health Village on the hospital site.

Telemedicine

Last year the Trust expanded the number of prison contracts for its medical video-conferencing consultation service. This service facilitates the on-site management of acute clinical emergencies, routine second opinion, traditional outpatient consultations and the delivery of teaching and training to prison healthcare teams. We have improved the care available to this hard to reach group within society, whilst simultaneously reducing security risks to both prison officers and the general public, as well as reducing the costs associated with the transfer of prisoners out of prison to local hospitals. Prisoner and healthcare team satisfaction with the service is extremely high.



Development of similar services within our local area has occurred in parallel with the prison work. We operate a routine long term condition management clinic (diabetes) at Settle Health Centre using our telemedicine link with that location. Patients no longer have to travel to Airedale to be seen (a 40 minute drive each way). Following this successful prototype phase, we are, with our PCT colleagues, actively moving to deploy similar services within five GP surgeries in the Bradford and Airedale PCT area, as well as local nursing homes

During the final quarter of last year, the Trust was instrumental in supporting NHS Yorkshire and the Humber with its QIPP programme, designed to help the NHS increase the pace of quality improvement whilst at the same time deliver the significant savings required in light of the forthcoming public sector challenge. Based on the outcomes of Airedale's telemedicine work, the SHA has established a T_Health programme and is about to procure a regional Telemedicine Hub that Airedale will bid for.

During 2009/10 and beyond, the Trust will begin to use the freedoms that Foundation Trust status gives to develop external markets and engage with service providers to expand our work in the telemedicine field.

LEAN

The LEAN Healthcare Academy (LHA) was founded by the Trust in partnership with the Ilkley Virtual College in November 2006. (The Virtual College is an experienced provider of LEAN training to industry.)

Airedale provides the facilities for the Academy. The LHA is based on the main hospital site, and the Virtual College provides LEAN expertise through a team of dedicated facilitators.

As well as supporting Airedale's benefits realisation, productivity and efficiency drive, the LHA also runs on a membership model and has a number of NHS and Local Authority members who pay a fee to the Virtual College in return for LEAN training and development.

Over the course of the past three years, the Trust has been developing its understanding of LEAN and is beginning to reap the benefits in terms of waste reduction, improved quality and contribution to delivering our strategic objectives.

During 2009/10, Airedale undertook a further 42 LEAN projects, and was yet again a major award winner at the LEAN Healthcare Academy Awards in November, taking the NVQ Project of the Year accolade for the 6S project in pharmacy.

A priority for 2010/11 is to develop our capability to quantify the productivity benefit to the Trust at individual, team, group and organisational level.

Airedale Health Village

The long term vision for the hospital site is the development of the Airedale Health Village. Through the Health Village, the Trust will offer patients, the local community and their local and strategic commissioners a more responsive range of integrated and complementary services.

The Health Village will be a modern, proactive healthcare facility that is an exemplar in terms of true mixed use development, embracing the natural and physical environment, whilst improving sustainable transport access and making a positive contribution to the climate change agenda.

Key to this future will be developing alliances with like minded partners, who would co-deliver complementary services from the Health Village as part of a community of interest social enterprise model. During 2009/10 the Trust had tentative discussions with a range of stakeholders and potential partners. As a result, the Trust secured a lot of interest in the Health Village concept, together with funding from the Regional Development Agency to develop a scoping study to explore the feasibility of such a development. A commercial viability study is currently underway and will be reviewed by the Board during 2010.

Corporate social responsibility

The Trust works to be environmentally responsible and aware of its social impact on the community it serves. During the year we have worked to ensure that we make purchases not just from

big corporations but from a mix of small, medium and large businesses and social enterprises, in order to ensure we invest more in the local economy and community and contribute to regeneration.

The Trust is committed to reducing its carbon footprint with a Trust endorsed Carbon Management Strategy. Our staff have continued to work closely with external consultants to monitor energy usage to enable the consumption to be reduced and thereby reduce our carbon footprint as well as reduce costs. During the past year, a key initiative has been to reduce water waste by installing a new site ring main. We are continuing to work with our local health economy partners by introducing low carbon patient pathways and a Bradford wide Carbon Management Plan. Through working with the Energy Saving Trust and Carbon Action Yorkshire we have also raised awareness amongst our staff of the need to reduce energy consumption both at home and at work.

As part of our travel plans we have increased the number of staff using public transport for journeys to work and introduced a cycle to work scheme to encourage staff to reduce car use.

Pupils from primary schools in Steeton, Eastburn and Sutton helped plant trees in the grounds of Airedale Hospital during March 2010, to create one of the country's first NHS forests. Oak, ash, silver birch and rowan were among the saplings laid down as part of the first pilot NHS forest project in England.



The overall aim is to plant 1.3 million trees in NHS estates across the country. This will help not only to improve the recovery environment, because people heal better when they are around green, beautiful, natural scenery, but also increase the carbon capture of NHS estates and create extra exercise opportunities. Other organisations involved in the project were the Forestry Commission, the Campaign for Greener Healthcare, Natural England and the Woodland Trust.

The vision to create an Airedale Health Village will support this work by embracing the natural and physical environment, whilst improving sustainable transport access and making a positive contribution to the climate change agenda. Our work in the telemedicine field also supports our work as it reduces the amount of travel required by patients and health workers.

Political and charitable donations

The Trust's charitable funds are operated for the benefit of the staff and patients in accordance with the objects of the charity. The Trust received a number of very generous donations throughout the year for which it is very grateful. The Trust made no political donations.

Our staff

The Trust has an ethos of diversity and using talents to best effect regardless of age, disability, ethnicity, gender, religion and belief or sexual orientation. We aim to give full and fair consideration to all applicants who apply for jobs at the Trust.

We have Trust guidelines on recruitment and selection, which take into account the need for reasonable adjustment for disabled employees. We also have a policy on managing attendance, which contains specific provision for dealing with employees who have become disabled. The development of all staff has a high priority and is based on a Knowledge and Skills Framework and individuals personal development plans. During 2009/10 the Trust's mandatory Development Programme for all Senior Managers, including modules on equality and diversity management, recruitment and selection and managing attendance, was rolled-out.

During the year, we ensured we communicated with staff on matters that concern them as employees. Staff had access to information through the Trust's intranet, weekly staff bulletins, and monthly team briefings which are cascaded throughout the organisation within 24 hours after the Trust Board meeting via email. Individual directorates also have their own Management and Clinical Team meetings where core messages are delivered. These systems have been used throughout the year to communicate the financial and economic factors affecting the performance of the Trust.

We also hold an annual public Open Event, which staff are able to attend. Foundation Trust Member events are also open to staff members, some of which were arranged specifically for staff.

Achieving Foundation Trust status

Over the past four years Airedale has been transformed from an organisation not able to meet the basic requirements of a Foundation Trust, to a fit for purpose organisation which in 2009/10 met in full Monitor's demanding Compliance Framework for service and financial performance requirements.

In 2009/10, the Trust completed its Foundation Trust application which met in full the new more demanding Monitor requirements to meet the challenges of the economic downturn. The Trust's plans were judged to be fit for purpose, culminating in a successful Foundation Trust application with authorisation commencing on 1 June 2010.

Becoming a Foundation Trust is an important step for Airedale and also for the local community. We believe being a

Foundation Trust will help us secure our vision by releasing the energy and ambition of the Trust and its staff, speeding up decision making and accelerating the pace at which services can develop. It will allow our community to contribute to how the hospital is run and will help to shape future services. We have over 10,000 members (public and staff) and plan to grow the membership further, whilst ensuring that the membership base is representative of the community.

Statement of directors' responsibilities in respect of the auditors

To the best of each Directors' knowledge and belief, there is no information relevant to the preparation of their report of which the Company's Auditors are unaware.

Each of the Directors has taken all steps that a Director might reasonably be expected to have taken to be aware of all relevant audit information and to establish that the Trust's Auditors are aware of that information.

Auditors and audit fee

The Trusts external auditor is the Audit Commission. Disclosure of the cost of work performed by the auditor in respect of the reporting period is shown below.

Audit Area	Fee 2009/10 (£)
Financial Statements	55,000
Audit Services	70,000
Total audit fee	125,000

The fee for audit services included work relating to Use of Resources, Value for Money Conclusion, Auditors Local Evaluation, and risk-based audit work.

Ensuring conflicts of interest are avoided is a fundamental criterion in the selection of any third party auditor for assignments with which the Trust is involved.

The auditor does not provide any non-audit services on behalf of the Trust other than participating in the mandatory national fraud initiative every two years, for which the cost is £1,000.

Annual Report And Accounts

This annual report and accounts is available on our website at www.airedale-trust.nhs.uk

If you need a copy in a different format, such as large print, braille or in another language, then please contact our Interpreting Services on Tel: 01535 292811 or email interpreting.services@anhst.nhs.uk

3 June 2010

Operating and financial review

Putting patients first

The past year has seen the Trust build further on the previous year's performance. Not only did we finish the year having achieved national targets and met our PCTs local quality standards, we also delivered our financial plans, finishing the year with our planned surplus, a normalised break-even position and realised planned CIPs worth in excess of £4m, 100% recurring.

Of particular note, in November 2009, we were again awarded the title of *Dr Foster Small Hospital Trust of the Year* - the third time the Trust has received this accolade in four years and in recognition of the Trust's excellent contribution to quality care in the NHS.

Continuing to put patients first and developing improvements to quality and safety have been the top priority in 2009/10. This is evidenced by the fact that the Trust did not have a hospital acquired MRSA case for the whole of 2009/10.



Service delivery

Focus on access times has seen us deliver on a number of high profile requirements. The majority of our patients are being treated within 18 weeks of their referral to us and we met the national targets three months early. In addition, over 98% of our patients are being admitted, treated or discharged within four hours of arriving in Accident and Emergency. The Trust's performance on the national cancer standards has also achieved the required levels.

Through contracts with our PCT Commissioners, the Trust has delivered an increased level of activity in 2009/2010 across non-elective, elective and outpatient work. This work reflects dealing with both an increased level of demand whilst also delivering on key access waiting time targets.

Key requirements around performance and information have been met and the Trust has also delivered on the local clinical quality schedule and received the full incentive allocation associated with it.

Progress against all the business objectives set out in the Trust's Business Plan, are reported to the Board on a quarterly basis. The year end position showed the majority of the objectives had been delivered and for the areas not yet completed, work is ongoing that will be carried forward for completion in 2010/2011.

Developing services

Investment in and development of a number of clinical services took place during 2009/2010.

The new £1m Pharmacy Aseptic Unit opened in July 2009, facilitating better systems and greater flexibility in the centralised preparation of ready-to-administer injectable medicines supplied to clinical areas.



Our newly appointed Director of Pharmacy, set up a multidisciplinary team which mapped ward-based pharmacy services. This is driving process redesign to reduce medicines-related risks by improving medicines management at ward level. For example, in December 2009, a new inpatient medicines chart was introduced to support best practice in prescribing and administration recording.

In Acute and Respiratory Medicine we introduced specific nursing, ward and care teams focused on delivering efficient pathway management. Together with a robust and flexible bed management plan, the Trust was able to continue delivering services during the sustained winter pressures experienced across the region, whilst not having to cancel elective admissions and delivering on national access waiting time standards.

Within our surgical services, the Trust recently reached agreement with the local commissioning PCTs to support the development of a breast reconstruction service within General Surgery, the first time that this service has been offered to patients in Airedale.

During 2009/10, the Trust acquired a second CT scanner to create increased scanning capacity and improve contingency

planning if the existing scanner cannot be used. This has improved assessment and treatment for patients from a number of services, including cancer, stroke and A&E. An additional radiologist has been appointed to support this. The diagnostics team has also developed a new dual energy x-ray absorption (DEXA) scanning service for patients who are at high risk of loss of bone density, e.g. due to osteoporosis. This enables the spine and neck of femur to be assessed and patients with increased risk treated, therefore reducing the likelihood of fractures in the future.

The Trust further strengthened the clinical leadership of its services through the appointment of Clinical Directors for each of the main specialty areas and by increasing the number of Matrons. In addition, a new Medical Directors Unit was established to provide medical leadership, standard setting and performance management.

National Surveys

The Trust welcomes the opportunity to take part in a range of annual national patient surveys that are initiated by the Care Quality Commission. This is an ideal way of obtaining regular patient feedback as a means of seeking to improve our patient experience.

The results of the 2008 In-patient survey were published by the Care Quality Commission in May 2009 and showed Airedale to be one of the 'Best Performing Trusts' in five out of the ten surveyed areas, ranging from emergency treatment to waiting lists and planned admissions. The 2009 In-patient survey results are still awaited from the Care Quality Commission.

The 2009 Outpatient survey results were published by the Care Quality Commission in February 2010 and showed Airedale to have scored very highly in six areas out of ten, including 'the hospital environment and facilities', 'seeing a doctor', 'during the appointment' and 'the overall impression'. A national maternity survey is currently being undertaken.

A programme of work to address the areas identified for improvement in the reports will be addressed during 2010/11.

Safer patient initiative

Following completion of The Safer Patient Initiative 2 (SPI2), we have continued using the methodology learnt in SPI2 and as agreed with the Institute of Health Improvement and Health Foundation, we are continuing to report our safety and quality data on a monthly basis. This, in turn, allows us to take advantage of the wealth of expertise offered by the Institute and Health Foundation and the structured data reporting mechanisms already in place.

Patient Environment and Action Team (PEAT)

Hospital cleanliness and reducing the risk of healthcare associated infections both continue to be a high priority

for the Trust. Our Patient Environment Action Team (PEAT) assessments undertaken in 2009/10 continue to demonstrate that Airedale provides a clean environment for patient care. We continued to maintain improvements made last year and our PEAT score was rated as 'good' for the environment and 'good' for providing care linked to issues related to privacy and dignity.

Diet and nutrition is a vital part of a patient's health and is an aid to recovery from ill health. The Trust continues to provide a high standard of catering for our patients and staff, with food being rated as 'excellent' by our PEAT assessment in 2009/10.



Cleaner and safer

The Trust has continued to make improvements in reducing healthcare acquired infections. Our MRSA rates have reduced from 12 in 2008/09 to just six (community acquired) during 2009/10. The hospital has not had a hospital acquired MRSA bacteraemia since February 2009. For Clostridium difficile the number of people affected has reduced to 27 hospital acquired cases this year compared to 67 the previous year. The Trust also received confirmation from the Healthcare Commission that it was fully compliant with its statutory duties in the Hygiene Code following an inspection in June 2009.

Our Matron for Infection Prevention works closely with all staff, including the Director of Nursing and the Director of Infection Prevention and Control in order to ensure that we provide best practice in infection prevention and control. Important patient safety initiatives aimed at achieving even further reduction in the number of healthcare acquired infections have included enhancing staff training to improve hand hygiene; developing up to date information for both patients and staff; and training and assessing our staff in asepsis practice and techniques.

Privacy and dignity

Following on from the work we started in 2008/09, in June 2009 we developed and launched a Privacy and Dignity Policy for the Trust. The policy sets out important principles of care to ensure all our patients are treated with courtesy, dignity and respect. In addition, we have listened to concerns raised via the



Patient Advice Liaison Service ('PALS') and formal complaints in order to implement changes that have an impact on patients' privacy and dignity. This has included establishing a laundry service for patients who do not have any visiting relatives/family; introducing protected meal times; and setting up a 'Room for Dignity', which provides clothing and slippers for patients who require these when families are unable to visit. These schemes were introduced by a dedicated team of nurses with support and funding from our volunteers. The Trust has a number of dignity champions and one of our champions - health care support worker, Anne Young - recently won an award for her work aimed at improving the privacy and dignity of our patients.

Same-sex accommodation

We are able to provide same-sex accommodation following important work and major investment which was undertaken during 2009. This included installing doors to all of the four-bedded bays on all our in-patient wards; improving toilet/shower facilities in some wards/departments; and upgrading and refurbishing the day case unit. This means we are now compliant with the Department of Health's recommendations to provide same-sex accommodation.

Supporting safe, quality care

The following departments continue to work with the Director of Nursing and her team to help support the delivery of high quality, safe care;

- Risk Management
- Complaints management and PALS
- Clinical effectiveness and research
- Nursing Practice Development Team
- Interpreter Services
- Chaplaincy

Clinical governance

Clinical governance is the framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish. This means being able to produce and maintain effective change so that high quality care is delivered.

The Trust has a committee structure designed to monitor and take forward the improvements to the clinical quality and safety of the services it offers patients. The Trust Board is the accountable committee for quality. It is supported by a senior sub-committee and a number of other specialist groups and committees. The Trust Board receives a regular detailed report documenting progress and assurances from these various groups and committees that quality is improving.

We have a corporate risk register that sets out potential risks to us meeting our targets and objectives. Our committee structure incorporates regular review of the register and the assurance framework.

Buildings, equipment & infrastructure

The Trust's capital programme has invested over £6m in 2009/10 to improve its buildings and equipment. The largest single investment has been for the upgrade of the Childrens Ward at a cost of £877k, with a further £860k being invested in the elimination of mixed sex accommodation. We have also focused effort on enhancing medical and surgical equipment



at a cost of over £600k. The replacement of the hospital's electrical infrastructure commenced after the year end and will be the Trust's largest single investment. Over the next three years the cost will be in the region of £8m.

The Trust also generated over £400k in research and development income.

A number of significant information projects were completed during the year. These have included a further expansion of our telemedicine service, the roll out of wrist bands in line with NPSA requirements, RFID tracking for IV pumps, developing the Trust's Theatre and A&E systems, and the creation of a data warehouse.

A major development in year was the decision to outsource the Trust's catering service. This followed a series of recommendations made by the Environmental Health Department over recent years culminating in a requirement in 2006 to improve the catering environment. This required the Trust to invest significant amounts of capital in the kitchens to bring them up to required standards. Financial restrictions

meant the Trust was not in a position to fund the required improvements and it was therefore necessary to market test this service. The successful bidder was Sodexo who took over operations in June 2009. This has resulted in a major investment in the catering infrastructure as well as delivering material savings to be reinvested in patient care. A greatly improved staff restaurant which now offers a state of the art modern facility has also been developed.

Building a world class workforce

Annual staff survey

The 2009 Care Quality Commission annual survey of NHS staff ranked Airedale in the top 20% of all Trusts in England in 10 key areas.

The top four ranking scores were:

- percentage of staff appraised
- percentage of staff having equality and diversity training
- percentage of staff appraised with personal development plans
- percentage of staff receiving health and safety training

The key areas where staff experience has improved were:

- percentage of staff having equality and diversity training
- quality of job design (clear job content, feedback and staff improvement)
- staff intention to leave jobs
- percentage of staff receiving health and safety training

The bottom four ranking scores were:

- percentage of staff feeling satisfied with the quality of work and patient care they were able to deliver
- work pressure felt by staff
- percentage of staff experiencing harassment, bullying or abuse from patients/relatives
- percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

These areas of concern have triggered a range of improvements to support interventions under the banner of the Health and Well Being Strategy.

Human resources management

A newly appointed Associate Director of HR took up post in April 2009. The Human Resource Management service is being re-designed to ensure the most effective business contribution. For example the Human Resources Team have led a programme which has reduced the Trust's sickness absence.

At this time, the Trust's cumulative sickness absence rate is 4.0%, which is in line with the threshold target set by the

Trust and is the best performing in the Yorkshire and Humber region. The staff sickness absence for 2009/10 is shown in table below.

Staff sickness absence	2009/10
Days lost (long term)	10,807
Days lost (short term)	9,050
Total days lost	19,857
Total staff years	2,196
Average working days lost	9
Total staff employed in period (headcount)	2,985
Total staff employed in period with no absence (headcount)	1,109
Percentage staff with no sick leave	37.15%

Working in partnership

We have continued to develop our strategic and other partnerships from a clinical, business and financial perspective. During 2009/10, we continued to work with our partners to ensure that as an organisation we are outward looking and connected to our local community, enabling and supporting health, independence and the well being of our patients.

Links with our commissioners

Our population's health care is commissioned in the main by three PCTs – NHS Bradford and Airedale which in 2009/10 accounted for 62.95 % of the Trust's revenue from patient care activity; NHS North Yorkshire and York which last year accounted for 24.52% of the Trust's revenue from patient care activity and NHS East Lancashire which increased again during 2009/10 and now accounts for 11.61% of the Trust's revenue from patient care activity – an 11.32% increase on 2008/09.

During 2009/10 our PCTs finalised their longer term commissioning strategies and service development plans. Our five year integrated business plan has been developed in line with and to support delivery of our commissioners' intentions.

Strategic and business partnership arrangements

In addition to partnerships with its commissioners, the Trust has also developed a range of strategic and business partnerships, including:

- A *strategic clinical partnership* with its neighbouring Trust, Bradford Teaching Hospitals NHS Foundation Trust, who support us in providing sustainable services in our single handed specialties and hub and spoke arrangements for Ear Nose Throat, ophthalmology, dental specialties and plastic surgery.
- A *strategic clinical partnership* with tertiary centre, Leeds Teaching Hospitals NHS Trust, which provides support in a number paediatric services. Additionally they provide a

wide range of diagnostics in Pathology and X-ray which, by and large, is highly specialist and not available at Airedale NHS Trust.

- A *business partnership* with Ilkley Virtual College and NHS Yorkshire and the Humber (SHA). Through this partnership we have established a LEAN Academy to support Airedale and other NHS partners in implementing LEAN methodologies in healthcare to maximise productivity, eliminate waste and improve the patient experience.
- A *Private Finance Initiative* (PFI) with SIEMENS Medical Systems for a managed technology service to supply and maintain diagnostic x-ray equipment to the Trust.
- A *Public Private Partnership* (PPP) with Frontis Homes for the provision of staff residential accommodation on site.
- *Liaison* with NHS Bradford & Airedale (working on behalf of West Yorkshire commissioners) and Local Care Direct – an independent primary care out of hours provider – to provide out of hours services in accommodation adjoining the Trust's Accident and Emergency department.
- During the year the Trust worked in partnership with its three main commissioners to develop a proposal to run a £0.5m *telemedicine pilot* in 2009 delivering care directly into patient's homes and nursing homes. The pilot focused on providing care to nursing homes residents, patients suffering from an exacerbation of COPD and diabetes patients.
- Local Improvement Finance Trusts ('LIFT') developments. The Trust has played, and continues to play, an active part in building developments and is an active member of the Bradford and Airedale Strategic Partnering Board. In partnership with its commissioners, the Trust is working on the redevelopment of services in the Bingley locality where a new Health Centre came on stream in February 2010. These new facilities provide opportunities for outreach rehabilitation services and new and consultant follow up outpatient appointments. This move is entirely in keeping with the Trust's strategic aim to provide local services. Similar opportunities are being pursued for the Keighley and Ilkley localities where LIFT proposals are being worked up in to viable schemes, and, with NHS East Lancashire for their LIFT development in Colne and NHS North Yorkshire and York for their development at Castleberg Hospital in Settle.

In addition to the above partnerships, alliances and developments, during 2009/10 the Trust also had a number of partnerships with contractors for outsourced services including car parking and security with CPP, transport with Ryder and catering with Sodexo.

Community engagement

Trust staff support many health related groups in both a business and voluntary capacity. We also support our staff to play a full part in the community, for example, by acting as governors for schools.

Our now well established Patient and Carer Panel ensures we involve our community in monitoring standards and in the development of services.

During the year we built on our new link with Craven College and as a result successfully recruited many young people to join our Foundation Trust membership. We also developed links with local BME groups and improved membership representation from different communities.

We continued to support Sue Ryder Care, who run our local hospice Manorlands, as the charity that the Trust staff support through a salary deduction scheme.

Teaching status

We were pleased to be awarded Associate Teaching Hospital status by the University of Leeds Medical School in April 2009. This is an excellent achievement for Airedale and recognition by the University of our close collaborative relationship.

To improve clinical skills and medical training we continued to operate our Clinical Skills Suite which provides a Centre of Excellence for clinical training.

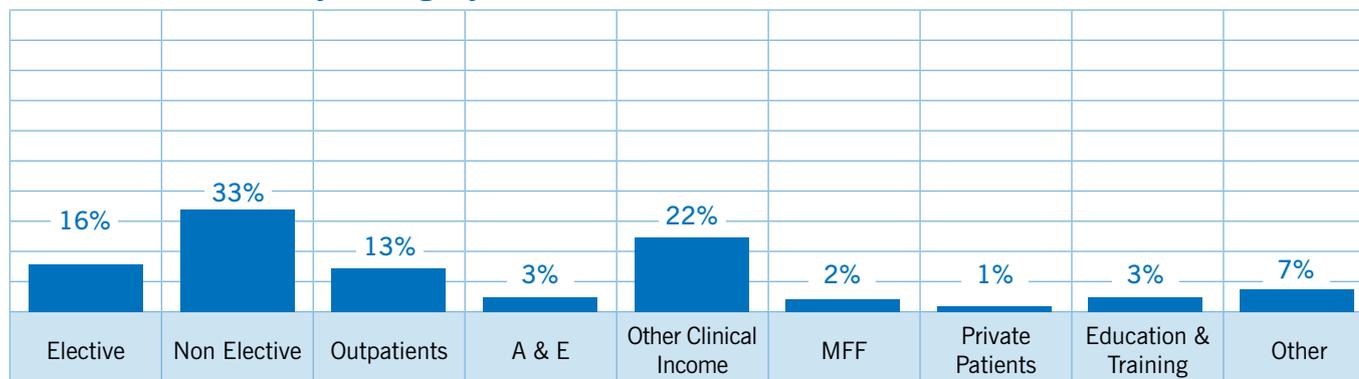
Our finances

Income and expenditure

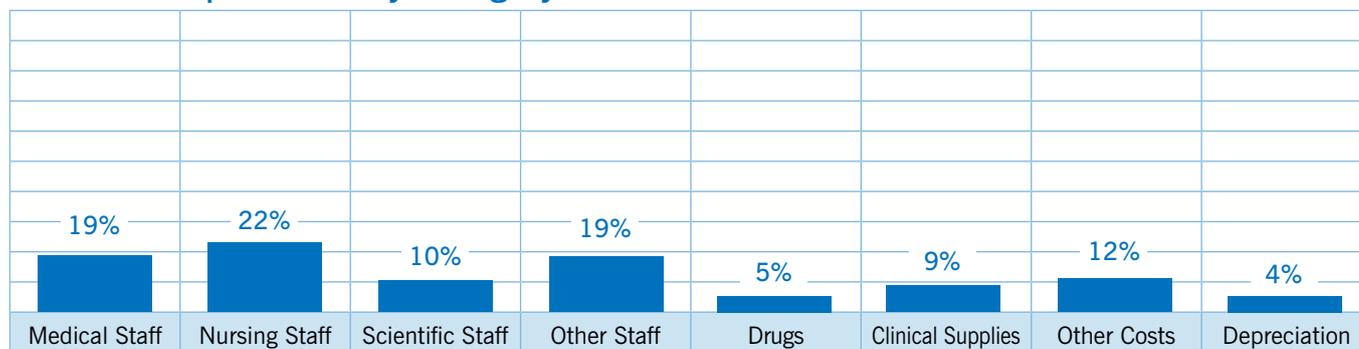
The Trust once more delivered an operating surplus and ended the financial year with a surplus of £605k, although impairments of £4,364k caused by the change to Modern Equivalent Assets valuation techniques resulted in a technical deficit of £3,759k. The table below summarised how the position has changed between 2008/09 and 2009/10. The Trust's summary financial position is shown below:-

	Position as at 31/03/10 £m	Position as at 31/03/09 £m	% Change on previous year
Total Income	124.82	119.79	4.20%
Operating Expenditure	(122.49)	(117.26)	4.46%
Surplus/(Deficit) before Interest	2.33	2.53	
Other Costs/Income	(1.73)	(1.80)	
Operating Surplus	0.60	0.73	
Valuation Changes	(4.36)	0.00	
Retained Surplus/(Deficit) for the Year	(3.76)	0.73	
Retained surplus	0.76		

2009/10 Income by Category



2009/10 Expenditure by Category



Of the other key financial targets, the Trust:-

- Managed capital expenditure within its Capital Resource Limit (CRL). An undershoot of £207k was achieved.
- Managed cash within the Trust's External Financing Limit (EFL). An undershoot of £158k was achieved.
- The rules regarding the Capital Cost Absorption rate have changed, which ensured the Trust achieve the required rate of 3.5%.

Better payment practice code

The Trust paid 92.8% of its non NHS supplier invoices (representing 95.0% in value) within target, and 81.3% of its NHS invoices (representing 89.6% in value) within target.

These figures represent an improvement on last years figures as the Trust develops process improvements and as it moves towards the minimum target of 95% of all invoices paid in accordance with the Trust's supplier payments policy.

Capital investment

The Trust spent a total of £6,486k on capital items during 2009/10. A major investment of £877k was made on the upgrade of the Children's Ward; £860k on the elimination of mixed sex accommodation; £631k on the purchase of Medical and Surgical Equipment. The introduction of International Financial Reporting Standards (IFRS) meant that the finance lease in respect of the equipment element of the outsourced catering function, with a value of £1,173k was also treated as in-year capital expenditure.

Management costs

Management costs for the year totalled £7.92m, which was 6.34% of total income. This compares with 5.97% in 2008/09. The Trust complied with the Secretary of State's instructions on NHS managers pay increases.

Charitable funds

The Board acts as Trustee of the Airedale NHS Trust Charitable Funds. The funds are used for the purchase of equipment and the provision of amenities for both patients and staff, in accordance with the objects of the charity. The Trust received

a number of very generous donations throughout the year, from many parts of the community. The Friends of Airedale and New Venture were again very supportive in their fundraising efforts. A full set of accounts relating to charitable funds is available from the Director of Finance at the address shown on the final page of this report.

Accounting policy

There has been a change in accounting policy in respect of first valuation following new builds, in so far as impairments should be changed to the Income and Expenditure account. This policy change does not impact on the Trust in 2009/10, however it has necessitated a prior period adjustment in respect of existing negative balances on the revaluation reserve.

A significant amount of time has been invested in ensuring that the Trust is prepared for the introduction of IFRS which have been adopted by the NHS from 1 April 2009. Major areas of impact are leases, revaluation of non-current assets and accrued holiday pay.

Financial outlook

In our long term financial planning for the FT application, we considered a range of severe financial possibilities given the current economic climate, and we believe the Trust can withstand the impact of these possibilities. The Trust will be expected to improve overall efficiency by a minimum of 4% each year.

The Trust has now managed to achieve financial balance for four successive years, and the Board remains determined to deliver efficiency improvements to ensure the long term sustainability of the Trust.

Summary Financial Position

	2009/10	2008/09
	£000's	£000's
Turnover	124,824	119,789
Retained Surplus / (Deficit)	(3,759)	730

Statement of comprehensive income

Revenue	2009/10	2008/09
	£000's	£000's
Income	124,824	119,789
Operating Expenses	(126,855)	(117,257)
Operating Surplus	(2,031)	2,532
Profit/(Loss) on Disposal of Fixed Assets	(33)	(115)
Surplus/(Deficit) before Interest	(2,064)	2,417
Investment Revenue	31	365
Finance Costs	(128)	(28)
Surplus/(Deficit) for the Financial Year	(2,161)	2,754
Public Dividend Capital Dividend Payable	(1,598)	(2,024)
Retained Surplus/(Deficit) for the Year	(3,759)	730
Other Comprehensive Income		
Impairments and reversals	(7,631)	(9,075)
Gains on revaluations	7,567	2,543
Receipt of donated assets	391	39
Transfers from donated asset reserve	(254)	(240)
Total Comprehensive Income for the Year	(3,686)	(6,003)

NOTE

The 2009/10 deficit of £(3,759) contains £4,364k of impairments resulting from the Modern Equivalent Asset valuation of the Trusts land and buildings which was effective from 31 March 2010. Without this element of expenditure the Trust would have delivered a surplus of £605k. The Department of Health has confirmed that it is the surplus figure of £605k which should be used when calculating the Trust's in-year and cumulative break-even position.

Statement Of Financial Position

	As at 31.03.2010	As at 31.03.2009
	£000's	£000's
Non-current Assets	57,472	60,329
Current Assets	13,858	15,349
Current Liabilities	(11,769)	(13,436)
Total Assets less Current Liabilities	59,464	62,242
Non-current Liabilities	(7,283)	(6,278)
Total Assets Employed	52,278	55,964
Financed by:-		
Public Dividend Capital	44,319	44,319
Revaluation Reserve	12,620	12,660
Donation Reserve	557	444
Income & Expenditure Reserve	(5,218)	(1,459)
Total Taxpayers Equity	52,278	55,964

Better Payment Practice Code - Measure Of Compliance

	Number
Total Non-NHS trade invoices paid in the year	36,846
Total Non-NHS trade invoices paid within target	34,194
Percentage of Bills Paid Within Target	93%
Total NHS trade invoices paid in the year	1,388
Total NHS trade invoices paid within target	1,128
Percentage of Bills Paid Within Target	81%

Statement of cash flows

	2009/10
	£000's
Cash flows from operating activities	
Operating surplus/(deficit)	(2,031)
Depreciation and amortisation	4,910
Impairments and reversals	4,364
Transfer from donated asset reserve	(254)
Interest paid	(91)
Dividends paid	(1,592)
Movement in working capital	1500
Interest received	33
Payments for property plant and equipment	(8,224)
Other capital receipts	391
Capital element of finance leases and PFI	(1,173)
Increase in Cash	(2,167)

These financial statements might not contain sufficient information for a full understanding of the Trust's financial position and performance. A full set of the Trust's Accounts can be obtained from the Assistant Director of Finance at the address shown on the final page of the annual report or by emailing charles.brown@anhst.nhs.uk.

Board of Directors

The Board comprises a balance of skills and experience to ensure effective Board working.

The Board of Directors meets monthly. On a quarterly basis the Trust Board and other Executive Team members hold time-out meetings to discuss matters of strategic importance. During 2009/10, these meetings primarily focussed on national developments together with training and development sessions for Board members to prepare for Foundation Trust status.

Key management decision making groups, in addition to Board committees are: Executive Directors Group, Executive Strategic Risk Management Group, and the Strategy Development Group. Membership of the latter Group includes all Clinical Directors, Senior Matrons, Director of Pharmacy and General Managers as well as the Executive Team. Any new business case, which presents a variance to the Annual Plan approved by the Board of Directors is reviewed and approved by the Executive Directors Group prior to presentation to the Trust Board.

Our Trust Board

Colin Millar, Chairman

Colin was appointed Chairman in December 2005 and is currently serving a second term of four years. His early career was in marketing with an international consumer goods company, principally in the UK but also in Japan and East Africa. Subsequently he held senior marketing appointments in the financial services sector. Until recently he owned and ran a market research company supplying information to companies and trade organisations throughout the world. He is Non Executive Director of a regional building society and a Trustee of a hospice in Leeds. He has held a number of voluntary appointments in education and social housing.

Adam Cairns, Chief Executive

Adam joined Airedale as Chief Executive in 2005 from Leeds Teaching Hospital NHS Trust where he was Director of Communications and Corporate Affairs, and prior to that Director of Acute Medicine and Cardiovascular Services. His recent achievements have included the creation of the Regional Telehealth Programme, and establishment of the LEAN Healthcare Academy at Airedale. He has also established strong links with Yorkshire Forward, ARUP and the Airedale Partnership.

Bridget Fletcher, Chief Operating Officer/ Chief Nurse

Bridget was appointed Director of Nursing in 2005. Prior to this she held various senior management roles in other NHS Trusts and was responsible for acute health services and

professional nursing services. Since joining Airedale, Bridget has focussed on embedding patient quality and safety systems. In the absence of Adam Cairns, Bridget deputises as Chief Executive. Since the year end Bridget was appointed to the dual role of Chief Operating Officer whilst maintaining her core role of Chief Nurse.

Dr Andrew Catto, Medical Director

Andrew was appointed Medical Director on 1 August 2009, having previously been Assistant Medical Director and Commissioning Director with the Trust. Between 2005 and 2009 he was also Head of MBChB University of Leeds. He joined Airedale in 2005 having been involved in clinical research since 1993 and Senior Lecturer in Medicine between 2000 and 2005.

Sheenagh Powell, Director of Finance

Sheenagh joined Airedale as Director of Finance in February 2010 from NHS Doncaster where she recently held the post of Director of Finance. Her portfolio has recently been expanded and now includes planning, performance and IT as well as estates and procurement. Prior to 2006, Sheenagh held the roles of Director of Finance in four PCT Boards including NHS Doncaster, Harrogate and Rural District PCT. She was also a member of the Department of Health Contractor Stakeholders Performance Group.

Ann Wagner, Director of Strategy and Business Development

Ann joined Airedale in September 2006 as Director of Corporate Development, since when her portfolio has developed and now encompasses growing market share for Airedale. Her previous experience includes holding a number of Executive Director roles at the Strategic Health Authority where she was responsible for service improvement and performance development. Ann was the Executive Director Lead with responsibility for achieving Foundation Trust status.

David Adam, Non Executive Director

David was appointed a Non Executive Director in February 2007. David is a chartered accountant with almost 40 years financial management experience, including 13 years as a PLC Finance Director with two publicly listed companies. He previously worked as Finance Director in a number of large UK plc subsidiaries and has also held the post of Chief Executive of a large educational supply company. He has also held Non Executive Director roles in three UK companies as well as being a Pension Fund Trustee for over 20 years.

Jeff Colclough, Non Executive Director

Jeff was appointed a Non Executive Director in February 2006. Jeff has over 25 years DTI experience both in the UK and overseas and Chief Executive of Business Link for seven years. He currently runs his own business and management consultancy firm. He is Chair of Yorkshire Forward Regional ICT Business Group for Digital 20/20, and was Regional Champion for UK Online for Business between 2002 and 2005.

Ronald Drake, Non Executive Director

Ron was appointed a Non Executive Director in February 2007. Ron has over 30 years experience as a qualified solicitor and is a Partner of a national legal practice. He has been a part-time employment tribunal Judge for 10 years.

Sally Houghton, Non Executive Director

Sally was appointed a Non Executive Director in February 2006. Sally is a qualified accountant and has over twenty years experience in multi-national manufacturing and engineering companies, some of which at Finance Director level.

Alan Sutton, Non Executive Director and Vice Chairman

Alan was appointed a Non Executive Director in September 2002. Alan is currently a part-time University Examiner and Lay Chairman for Leeds University Medical Deanery. Alan was previously employed as Assistant Principal of Bradford College and has experience of strategic planning and capital investment. Alan is currently serving his last term of office as Non Executive Director, and will have served for nine years.

In 2010 both Jeff Colclough and Sally Houghton were re-appointed for their second term of office for a period of two years (rather than four). Due to the cycle of re-appointments, Jeff, Sally, Ron and David's terms of office would have all expired in 2014, as under Foundation Trust rules the latter two re-appointments (due in 2011) would have been for terms of three years. This change to the usual re-appointment period of four years was approved by the Appointments Commission.

Attendance at Trust Board meetings 2009/10

Members	2009									2010			Total
	April	May	June	July	August	September	October	November	December	January	February	March	
Colin Millar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
David Adam	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/12
Adam Cairns	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	11/12
Andrew Catto (from August 2009)	n/a	n/a	n/a	n/a	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Jeff Colclough	✓	✓	✓	✓	✓	X	✓	✓	X	✓	✓	✓	10/12
Ron Drake	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	11/12
Bridget Fletcher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Sally Houghton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Sheenagh Powell (from Feb 2010)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	2/2
Alan Sutton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Robert Toole (to December 2009)	✓	✓	✓	X	✓	✓	✓	✓	n/a	n/a	n/a	n/a	7/8
Ann Wagner	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Richard Pope (to July 2010)	X	X	X	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0/4
Andrew Copley (Acting DoF from Jan to Feb 2010)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	n/a	n/a	2/2

Audit Committee

The Audit Committee has been established as a committee of the Trust, and comprises three Non Executive Directors - David Adam, Jeff Colclough, and Sally Houghton as Chair. The Director of Finance and appropriate Internal and External Audit representatives normally attend meetings, which are held no less than three times a year. The Chief Executive is invited annually to discuss with the Committee the process for assurance that supports the Statement on Internal Control. The main duties of the Committee cover the following areas: Governance, Risk Management and Internal Control, Internal Audit, External Audit and Financial Reporting.

Attendance at Audit Committee meetings 2009/10

Members	April 2009	November 2009	June 2009	September 2009	February 2010	Total
David Adam	✓	✓	✓	✓	✓	5/5
Jeff Colclough	✓	✓	✓	✓	✓	5/5
Sally Houghton	✓	✓	✓	✓	✓	5/5

Finance Committee

The Finance Committee meets on a monthly basis and comprises all Trust Board members. As well as focusing on the Trust's financial preparedness for FT status, the Committee ensures the Trust's overall financial health.

Attendance at Finance Committee meetings 2009/10

	2009									2010			Total
	April	May	June	July	August	September	October	November	December	January	February	March	
Colin Millar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
David Adam	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	10/12
Adam Cairns	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	10/12
Andrew Catto	n/a	n/a	n/a	n/a	✓	✓	✓	X	✓	✓	✓	X	6/8
Jeff Colclough	✓	✓	X	✓	X	✓	✓	✓	X	✓	✓	✓	9/12
Ron Drake	✓	✓	✓	X	✓	✓	✓	✓	X	✓	✓	X	9/12
Bridget Fletcher	✓	✓	X	✓	✓	X	✓	✓	✓	✓	✓	✓	10/12
Sally Houghton	X	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	9/12
Sheenagh Powell	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	X	3/4
Alan Sutton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Robert Toole	✓	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	n/a	9/9
Ann Wagner	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Richard Pope	X	X	X	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0/4
Andrew Copley (acting DoF Jan to Feb 2010)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	3/3

Remuneration Committee

The Remuneration Committee comprises four Non Executive Directors, including Colin Millar as Chair. Its purpose is to make recommendations to the Trust Board on the framework or broad policy for the remuneration of the Chief Executive, Executive Directors and such other senior employees not covered by Agenda for Change or the Consultant Contract.

Further details of the Remuneration Committee can be found in the Remuneration Report on pages 27 to 29.

Attendance at Remuneration Committee meetings 2009/10

Members	March 2009	May 2009	September 2009	January 2010	Total
Colin Millar	✓	✓	✓	✓	4/4
Jeff Colclough	✓	x	✓	✓	3/4
Ron Drake	✓	✓	✓	✓	4/4
Alan Sutton	x	✓	✓	✓	3/4

Charitable Funds Sub Committee

The committee comprises one Non Executive Director, Sally Houghton (Chair), two Executive Directors, a Consultant and a Senior Matron. The purpose for the committee is to give additional assurance to the Trust Board that its charitable activities are within the law and regulations set by the Charity Commission for England and Wales and to ensure compliance with the charity's own governing document.

Decisions requiring approval by the Sub Committee when a quorum has not been present have been subsequently passed by written consent.

Attendance at Charitable Funds Sub Committee meetings 2009/10

Members	June 2009	September 2009	December 2009	March 2010	Total
Bridget Fletcher	✓	x	x	x	1/4
Sally Houghton	✓	✓	✓	✓	4/4
Sheenagh Powell (from February 2010)	n/a	n/a	n/a	✓	1/1
Robert Toole (to December 2009)	✓	x	x	n/a	1/3

Declaration Of Board Members Interests

This register lists the declared interests of the Chair, Non Executive and Executive Directors of Airedale NHS Trust that are relevant and material to the Trust, and in accordance with the 'Codes of Conduct and Accountability Guidance' EL(94)90 issued on 28th April 1994.

Name	Position	1 Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those of dormant companies)	2 Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	3 Majority or controlling shareholdings in organisations likely, or possibly seeking, to do business with the NHS	4 A position of authority in a charity or voluntary body in the field of health and social care	5 Any connection with a voluntary or other body contracting for NHS services	6 Any other matter which may result in a conflict of interest
Mr Colin S Millar	Chairman	Furness Building Society	None	None	Trustee, St Gemma's Hospice	Trustee, St Gemma's Hospice	None
Mr David W Adam	Non Executive Director	CBD Ltd	None	None	None	None	Member of Ilkley Moor Patients Council
Mr Jeff Colclough	Non Executive Director	Jeff Colclough Associates Ltd	None	None	None	None	None
Mr Ronald S Drake	Non Executive Director	Partner and Principal, Cobbetts LLP Music and the Deaf	None	None	None	None	Employed by national firm of solicitors which may through partnership arrangements tender for NHS contracts
Mrs Sally A Houghton	Non Executive Director	None	None	None	None	None	Employed by local firm of solicitors on an accountancy basis. The firm of solicitors is involved in litigation cases which may perhaps be against the Trust
Mr Alan F L Sutton	Non Executive Director	None	None	None	None	None	None
Mr Adam Cairns	Chief Executive	None	None	None	None	None	None
Mr Andrew J Catto	Medical Director	None	None	None	None	None	None
Miss Bridget A Fletcher	Director of Nursing/Chief Operating Officer	None	None	None	None	None	None
Mrs Sheenagh Powell	Director of Finance	None	None	None	None	None	None
Mrs Ann Wagner	Strategy and Business Development Director	None	None	None	None	None	None

Membership

Our public and staff membership has now grown to over 10,000 members. This year has seen a further concerted drive to increase both membership numbers and broaden the diversity to ensure a more representative membership base. Ahead of achieving Foundation Trust status a newly formed Council of Governors has been elected and an appropriate work programme is being developed.

Membership Constituencies

Airedale NHS Trust membership is made up of public and staff constituencies. It is the Trust's policy that all public members make a positive decision to join the Trust's membership.

Public Membership Constituency

To be eligible for public membership a person needs to be over the age of 16 years and resident in one of the constituencies listed below.

- Area 1 – Bradford Metropolitan District Council
- Area 2 – Craven District Council
- Area 3 – Pendle Borough Council
- Area 4 – Leeds City Council
- Area 5 – the Rest of England

For Areas 1 to 4, the electoral ward a person lives in determines which membership constituency a Member is registered. Public members are automatically registered in one of the constituencies as determined by their home postcode.

Staff Membership Constituency

Our staff constituency is made up of people on a permanent employment contract. Contract staff, staff holding honorary contracts and volunteers who have worked at the Trust for at least 12 months are also eligible to become members of the staff constituency.

The staff constituency is divided into five classes as follows:

- Doctors
- Nurses and midwives
- Allied health professionals and medical and scientific
- All other staff groups
- Registered Volunteers with at least 12 months service

Recruitment Activity During 2009/10

The target set within the Trust's membership development strategy was to achieve a public membership of 8,000 by the end of March 2010.

New members have been recruited at a variety of events aimed at specific groups as well as at members of the general public held within the local district and in town centres.

We are pleased to report that whilst we just failed to achieve the membership target numbers by the year end, we have since managed to exceed the target set within our annual corporate objectives.

Summary Of Membership Strategy

The Membership Development Strategy covering the period 2009/10 is reviewed by the Trust Board on a regular basis. The total membership recruitment target set for this year has now been achieved. We recognise that we have further challenges to maintain this membership and to ensure representative membership. Engagement and recruitment activities continue to be implemented.

Membership Activity 2009/10

This year has also seen a number of key developments with regard to membership engagement, development and communications including:

Open Event / Annual General Meeting

In September 2009, we held an Open Event and Annual General Meeting (AGM), which attracted around 250 visitors in total. The Open Event provided interactive displays, presentations and behind the scenes tours of a wide variety of departments and clinical areas within the trust.

The Open Event also had participation from the Bradford and Airedale Primary Care Trust, Carers Resource, Manorlands Hospice, Yorkshire Ambulance Service and the police and fire departments. As part of the event review process, we have learned from comments and views provided by visitors.

Many visitors suggested more time should be available for tours. Therefore this year's event had a longer opening time in a different venue in the hospital, and with increased numbers of stands and tours.

The review also considered comments from staff who provided displays, tours and presentations and verbal comments provided to the membership office from those involved in the logistics on the day and staff who themselves attended the event. This information is being used to inform planning, which is already underway, for the next Open Event scheduled for 2 September 2010.

Focus On Medicine Events

Our Focus on Medicine sessions are presentations/demonstrations in response to the interests declared by our members. They provide all members with opportunities to gain more of an insight into how our services operate). The programme ran throughout 2009/10 and included:

- Diabetes
- New Technologies: Telemedicine
- Sports Injuries
- The Medical School Experience
- Therapy Services
- Men's Health MOT
- Coping in an Emergency
- Women's Health

Each member is asked to complete a feedback form rating the event and to make suggestions for future events.

Each of the presenters delivering the sessions were then provided with feedback and any suggestions for future events. This information has been presented back to the membership via an article within an issue of the membership newsletter.

'Meet The Chairman Events'

Our 'Meet the Chairman' events are an opportunity for interested members to regularly meet the Chairman and find out about the role of a FT Governor. We held a number of these events during 2009/10 to help us prepare for Foundation Trust status and included:

- How the NHS and Airedale Hospital is run
- Infection control and MRSA
- Meet a Governor from Bradford Teaching NHS Foundation Trust
- How our £120 million budget is spent
- How we listen to and learn from patient comments and feedback
- Our vision for the future
- Nursing focus
- How decisions are made in the Trust
- How the Council of Governors meetings will work

Latterly, we also ran events for members interested in becoming Governors with information on the role and responsibilities, the role in practice and the election process.

Membership Communications

This year we have sent our regular quarterly communications newsletter to all membership households. These communications are exclusive to our Members and they provide updates on new developments at the Trust, information on membership activities, useful patient information, information on the Non Executive Directors and contact information.

This information is also available on the FT section of our Trust website.

All new Members receive a welcome letter which includes a membership card containing membership contact information and details for the Trust website.

Young People's Membership Development

This year we have continued our recruitment drive of young people via local schools and colleges and by holding specific events for young people such as the Focus events on Medical School, Sports Injuries and Resuscitation.

In the next financial year we plan to begin a programme of 6th Form presentations on Foundation Trust membership and health information for young people.

Increasing Representation

This year we have continued our aim to have an increasingly representative membership by targeted recruitment and hosting events in specific areas and with specific groups in the community.

Our continued contact with local cultural centres has led to the hosting of specific events such as talks for Keighley Highfield Women's Group and an Asian Men's Forum which have increased our membership amongst these groups.

We have also provided membership and recruitment information at local disability events to increase awareness and membership amongst people with a disability and their carers.

Finally, we have undertaken targeted recruitment drives in specific geographical areas for example in the Lower Wharfe Valley and Wharfedale constituencies.

We have also increased our recruitment of registered volunteers within our staff constituency.

Membership Interests and PPI

The 'Welcome' mailing members receive, also includes a form for members to record their areas of special interest. This is returned to the Trust and allows us to create a database of interests where members would be interested in contributing, for example by completing a survey or participating in a focus group. We aim to increase involvement of members once the Council of Governors is in place.

FT Consultation

We reported in the 2008/09 Annual Report the consultation process undertaken in early 2009, to which the Trust received unanimous support for its proposals to become a Foundation Trust.

Since then the Trust has progressed its Foundation Trust application through Monitor, and was pleased to receive confirmation on 7 May that the Trust had been awarded Foundation Trust status with effect from 1 June 2010. At the time of writing this report, the Council of Governors elections had concluded, and the new Governors had undergone an initial induction programme and agreed a schedule of meetings for 2010/11.

Public interest disclosures

Our Staff

During the year, we have made sure our staff had access to information through the weekly staff e-briefings, monthly team briefings after the Trust Board meeting, corporate emails and individual directorate briefings. This ensures staff have access to information relevant to their employment.

Training And Development

Research tells us that effective line management and leadership is critical to effective service delivery, therefore the Trust has invested in the development of managers and leaders over the last year, to enable us to achieve business goals. Based on learning and evaluation for 2009/10 these programmes are being updated regularly and improved to meet business needs.

Airedale Staff Partnership

We have a strong staff side/management partnership, the Airedale Staff Partnership (APG) which is a joint negotiating and consultation body to promote joint working in the interests of patient care.

Disability and Equal Opportunities

The Trust continues to develop its policies on disability and equal opportunities. In the 2009 Healthcare Commission annual survey of NHS staff, 15% of respondents stated that they perceived themselves as having a disability. We therefore instigated extensive diversity training for all staff throughout the Trust.

The Trust's Head of Equality and Diversity helps to promote, champion and lead equality and diversity programmes across the Trust. His role revolves around leadership, directing and coordinating diversity development programmes, engaging and involving staff, stakeholders and the public and local communities.

We undertake equality impact assessments to test the likely effect of policies, and have completed more than 200 of these in 2009/10. This exercise will continue for the rest of our policies/procedures during 2010 and beyond. As part of meeting equality legal duties, more than 2,300 staff received training in understanding equality legislation and its impact upon the delivery of patient care, and this continues throughout 2010/11. The Equality and Diversity training will be ongoing for 2010/11 and has also been made mandatory in the Fit for Purpose Management Development Programme. To address equality issues pertaining to the BME groups a number of community consultation sessions have been held. The focus of these groups has been to test how current provision of care addresses and takes cognisance of an individual's faith / religion and ethnicity. The Trust is in the process of setting up a Learning Disabilities Group, to engage with Learning Disabilities users.

We are also consulting people who are likely to be affected by our proposed policies; and reviewing and revising the policies to ensure equality and opportunity.

Childcare Support

Our onsite Nursery continues to provide high quality childcare at competitive rates for over 100 Trust and other NHS employees, as well as a small number of Social Services employees. This high quality service is regulated and approved by OFSTED. Financial support is also offered to Trust staff, either through a full salary sacrifice scheme for staff who use the onsite nursery, or childcare vouchers for staff choosing alternative childcare. The manager of this service provides a wide range of support and training for parents and parents to be.

Health and Well Being

The Trust approved during 2009/10, a Health and Wellbeing (H&W) Strategy for the organisation. Implementation of the H&W strategy began in 2010 and work on it will continue into 2011 and beyond. Research shows that looking after the health and well being of the workforce pays significant dividends in relation to attendance, performance, productivity and motivation. Airedale is at the leading edge of the innovative work. It is led by our Occupational Health Team which has 17 staff across two sites, and works to assist management and staff to protect health, promote well being and prevent ill health.

Contributions to date have included:

- Identification and assessment of risks from health hazards in the workplace including proactive projects aimed at risk reduction in the work place
- Health promotion and health education
- Control of infection linking with the Trust infection control team.
- Research into current Occupational Health issues
- Computerised cognitive behaviour therapy
- Staff counselling service

Managing Risk

All wards and departments continue to work with the Quality and Safety Team in the identification of risk and analysis of incidents. This work is important to the improvement of patient safety and the delivery of clinical services. Systems are in place whereby all risks and reported incidents are assessed and monitored. A committee, whose members include all the Executive Directors, consider the risks carried by the Trust on a monthly basis, and the Trust Board receives a regular report about the management of those risks documented in the risk register.

In recognition of the Trusts primary goal of excellent patient experiences every time, we registered with the national 'Patient Safety First Campaign'. The Trust has since been recognised as one of the top twenty Trusts in the country to achieve a high standard of patient safety. We continue to be active members of the 'Safer Patient Network', to ensure that we engage in new national initiatives at the earliest opportunity.

The Trust has achieved compliance with the NHS Litigation Authority Risk Management standards at Level 2 for Acute Trust services and Level 2 for Maternity Services. These standards recognise the Trust's commitment to safe practice and effective risk management.

Health and Safety

The key group in the management of health and safety at Airedale NHS Foundation Trust is the Joint Health and Safety Committee. This comprises management, staff side representatives and reports into the Executive Strategic Risk Management Group (ESRMG), and can be escalated to the Board where indicated by magnitude of risk.

The Committee ensures that the Trust meets its legal requirements to consult with staff on matters that affect their Health and Safety, and has the responsibility of promoting and developing Health and Safety arrangements across the Trust, and ensuring compliance with the Health and Safety at Work Act 1974 (and related regulations).

The Committee is chaired by the Deputy Chief Operating Officer, whose role includes being the designated lead Director for Health and Safety for both the Trust's Executive Directors Group and the Board. He is supported in this role by the Health, Safety and Emergency Planning Manager who works in the Risk Management Team.

The Trust was subject to three HSE inspections during 2009/10. These were:

- A one day inspection visit by a HSE inspector who looked specifically at the Trust's systems and processes for the management of dermatitis and the Control of Substances Hazardous to Health (COSHH)
- A one day inspection related to management of stress
- An inspection of the Pathology services

In each case the Trust was given a report of the visit that contained a listing of any issues identified. In response to these, agreed action plans were produced. The implementation of the action plans is monitored by the Trust's Health and Safety Committee.

Statement in respect of Information Governance Serious Untoward Incidents

There was one Information Governance Serious Untoward Incident in 2009/10, which is currently under investigation. During 2009/10 the role of Senior Information Risk Owner

(SIRO) was the responsibility of the Director of Business Development and Performance. From April 2010 that responsibility transferred to the Medical Director.

Emergency Planning



The Trust has continued to develop its plans to deal with emergencies inline with national regulations and guidance. Special focus for 2009/10 was placed on the management of pandemic flu. The Trust's approved 'Surge Plan', the operational plan for managing pandemic flu, underwent significant revision and was tested in October 2009, to ensure that it met local and national requirements.

Countering Fraud and Corruption

The Trust complies with the Secretary of State's directions on counter fraud measures issued in 2004. The Trust has a Reporting Concerns and Whistleblowing Policy which incorporates counterfraud measures. The Trust has a section on counter fraud on the intranet. Trust staff have been communicated to about tackling fraud in the NHS and who to contact if they suspect fraud has been committed in an article within our staff briefing, which supported the internal publicity to promote 'counter fraud' week. Display stands were present on site to promote awareness to staff.

Reducing Our Carbon Footprint

Our Facilities staff have continued to work closely with external consultants to monitor energy usage to enable the consumption to be reduced and thereby reduce our carbon footprint as well as reduce costs.

Patient and Public Engagement and Experience

Engagement with patients and the public is extremely important to the Trust as a means of improving patient experience, and in November 2009 we appointed a Project Lead to take this work forward.

A Patient and Public Engagement Policy aimed at improving the patient experience has been drafted and is currently out for consultation. This will be followed by the development of a strategy in order to ensure that patient involvement activities are embedded into all aspects of the Trust's business.

A Patient and Public Engagement and Experience Steering Group is also being set up and will provide assurance to the Board that we are actively engaged and working in partnership with our patients and the public in order to safeguard quality and seeking to ensure a good patient experience. The following outlines some of the Trust's patient and public engagement activities:

Patient Advice and Liaison Services (PALS)

As well as providing information, advice and support to help patients, families and their carers, the emphasis within the Trust is for PALS to work closely with front-line staff, particularly our matrons, in order to help resolve issues and queries as quickly as possible for patients.

The work undertaken by PALS is a 'real time' and continuous way of being able to respond positively to patient feedback in terms of both concerns and compliments in order to improve the delivery of our services and clinical care.

In 2009/10, there were 1,876 contacts with PALS from patients, relatives and carers ranging from simple requests for information to dedicated support for individuals. Each caller receives a thoughtful and sympathetic response and people are given advice and support about the treatment that they have received or require. Key themes from calls are identified and our staff aim to respond to needs that have been identified.

An example of action taken from a concern received by PALS involved a patient who expressed that she was unhappy with the information she received on discharge. She felt it did not meet her requirements and she was unsure who to contact at the hospital if she had any problems. She met with the Matron and together they are writing a discharge leaflet specifically for the condition for which she was treated.

Another example involves a lady who contacted PALS regarding the poor quality of food whilst she was an in-patient. She has since met with a senior member of the catering team to discuss her issue and has been invited to visit the new kitchen to see the improvements that have since been made and to sample some of the dishes.

The PALS office is located at the entrance to Ward 18 and is open weekdays from 9am to 4pm. Contact with the PALS office can also be made by telephoning 01535 294019 or Emailing: PALS.Office@anhst.nhs.uk

Learning from Complaints

The Trust introduced its new Complaints Policy last year in order to deal with complaints in accordance with the new legislation for complaints handling, which came into effect April 2009. We have done a great deal of work to respond to individual concerns at the point of care and as a result, we have seen a 30 per cent reduction in the number of formal complaints from 97 received during 2009/10 compared to 139 that we received the previous year. We have worked hard to learn from formal complaints, an example is:

You said...

"On the day of my Outpatients appointment, I was informed by telephone that the Trust's Interpreting Service had been unable to have a British Sign Language interpreter available for the appointment".

In response

The hospital's Interpreting Service set up a booking system via e-mail - as well as a fax number - so patients requiring a British Sign Language interpreter can communicate directly with the Interpreting Service.

Real Time In-Patient Survey

Capturing the views of what patients feel about the Trust's service, whilst the experience is still fresh in their mind, is an ideal way of obtaining 'real time' information. Our real time in-patient survey was initially piloted and then launched in September 2008. Data is collected electronically on a daily basis, from patients who are ready to be discharged. The Trust's volunteers help individual patients to complete a questionnaire on a lap top computer and the information is then downloaded to a database. Ward staff are able to access the database at any time, and react to the views expressed if this is required. Currently, all our medical and surgical wards take part in the survey.



Emphasis for next year is to be able to demonstrate how the use of the survey has resulted in improved services and a better patient experience. Our volunteers have been crucial in enabling this to happen and the Trust is extremely grateful for the time and commitment they continuously give, which allows us to monitor the delivery of care and services occurring on individual wards.

Patient Information

The NHS Constitution makes it clear that people have the right to reliable information to help them make choices and that good quality information will help people make confident, informed decisions about their health care. This is endorsed by the Trust and work is underway to achieve accreditation with the national 'Information Standard'. As first steps, a process has been put in place for staff to follow when producing any patient information.

The Trust has established a Readers' Panel which consists of members of the public who have volunteered their time to read patient information produced by the Trust whilst it is in its draft stages. The panel is asked for its views on the type of language used, the structure of sentences and paragraphs, the style of presentation, and whether the information will be readily understood by its target audience. By asking for opinions from a sample audience, the Readers' Panel ensures publications are easily understood and resources are not wasted by producing leaflets that patients do not understand.

The Readers' Panel whilst being popular always needs to recruit new members. Contact details for the Readers' Panel are shown on the final page of this Report.

Patient and Carer Panel



As part of the Trust's commitment to engage service users in the development of services, and to gain a range of different perspectives and views, a Patient and Carer Panel was set up in September 2007 and is now well established. It meets monthly and is consulted about various aspects of the Trust's business, including service developments and new initiatives. During the past year, the Panel's terms of reference have been revised in order to have clearer direction. The Panel currently has seven task groups focusing on communication; the appointments system; the Trust's meals service; services for dementia patients; patient falls; Trust policies; and actions from past visits. Our overall aim is to ensure that work undertaken by our Task groups influences real and sustained improvement in a range of services from a patient perspective. The Panel will produce an annual report, highlighting its activities and outcomes during 2009/10.

Learning From Those with a Disability

A strong emphasis has been placed on involving people with learning disabilities to help us introduce guidelines for our staff in order to assist in planning and identifying the care needs of patients with learning disabilities, making coming into hospital easier. A pictorial communication guide has been introduced which is now used on all the wards to enable all people who have difficulty communicating indicate their needs.

Volunteering



Airedale NHS Trust is supported by two very active volunteer groups, the Friends of Airedale and Airedale New Venture. Presently, there are over 400 active volunteers who undertake vital and diverse activities such as assisting our patients to eat and drink during meal times; staffing the volunteer shops, taking the shop trolley and the library trolley to patients on the ward; acting as guides for patients and visitors around the hospital; producing flower arrangements; and assisting patients to attend our religious services.

This year both charities have donated over £500k to improve patient care and facilities and have generously provided a variety of furniture and equipment, including a birthing pool; bladder scanner; clothing and footwear for the Trust's *Room for Dignity* for those patients that have been admitted to hospital without adequate clothing/footwear; several examination couches and trolleys; and a variety of technical equipment. In addition, Radio Airedale continues to broadcast to hospital patients, courtesy of the volunteer services.

Airedale Children's Unit Appeal continued to raise additional funds with outstanding support from our local community with the final total standing at almost £300,000. The Trust gave a commitment to match fund any monies raised and has in addition made up the difference to enable a full refurbishment of the children's ward which cost in the region of £1m. Initial work began in April 2009 and the newly refurbished Children's unit opened in October 2009.

Remuneration report

The Remuneration Committee comprises the Trust Chairman and three Non Executive directors. The Non Executive director who chairs the Audit Committee is not a member in order to ensure separation of duties. The Chief Executive is in attendance, as is the Director of HR, except when their own terms and conditions are considered.

The role of the committee is as follows:

- The determination of overall pay arrangements, including 'cost of living' awards, for the Chief Executive and higher paid employees. A higher paid employee is currently defined as one earning £50,000 p.a. or more (or pro rata if part time) and whose pay, terms and conditions are not covered by the Consultant Contract or 'Agenda for Change'.
- The determination of terms and conditions of service for the Chief Executive and higher paid employees (defined as above).
- The determination of contractual arrangements and termination payments for the Chief Executive and higher paid employees (defined as above).

Policy On Remuneration

The Trust works within the broad framework set out by the Department of Health's guidelines on pay and contractual arrangements for Chief Executives and directors to determine salaries for its higher paid employees.

The key components of the Trust's remuneration policy include:

- Assessment of overall pay market position and competitiveness
- Assessment of individual job size
- Assessment of individual and team performance
- Fixed salaries with no automatic incremental progression
- The determination of an overall pay and reward package

The Trust's Remuneration Committee is required to ensure that remuneration arrangements for the Chief Executive and higher paid employee posts are reasonable in the given employment and economic climate, transparent, fair and competitive, in line with good practice, affordable by the Trust and deliver appropriate levels of reward to support the recruitment and retention of the senior team.

The Trust's Remuneration Committee has reference to the annual IDS NHS Boardroom Pay Report and the NHS Partners Salary Survey for NHS Chief Executive and Executive Directors for benchmarking purposes.

The Remuneration Committee reviews appropriate levels of pay for the Chief Executive and higher paid employees. In line with good employment practice, the Chief Executive conducts the performance assessments for the directors. The Chairman assesses the performance of the Chief Executive.

Assessments are conducted using established Trust appraisal and personal development planning processes.

The Chief Executive and director appointments are made on a substantive basis, with notice provisions clearly identified and articulated in the contract.

There are no relevant disclosable details for senior managers regarding service contracts, awards or salary and pension entitlements.

Remuneration of Senior Managers

Salary and allowances of senior managers

Name and Title	2009/10			2008/09		
	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
	(bands of £5000)	(bands of £5000)	Rounded to nearest £100	(bands of £5000)	(bands of £5000)	Rounded to nearest £100
Mr David Adam, Non Executive Director	5-9	0	0	5 - 9	0	0
Mr Adam Cairns, Chief Executive	150-154	0	0	145-149	0	0
Mr Andrew Catto, Medical Director	15-19	95-99	0	n/a	n/a	n/a
Mr Jeff Colclough, Non Executive Director	5-9	0	0	5 - 9	0	0
Mr Andrew Copley, Interim Director of Finance	5-9	0	0			
Mr Ronald Drake, Non Executive Director	5-9	0	0	5 - 9	0	0
Miss Bridget Fletcher, Chief Operating Officer/Chief Nurse	90-94	0	0	85-89	0	0
Mrs Sally Houghton, Non Executive Director	5-9	0	0	5 - 9	0	0
Mr Colin Millar, Chairman	20-24	0	0	20-24	0	0
Dr Richard Pope, Medical Director	5-9	50-54	0	25-29	155-159	0
Mrs Sheenagh Powell, Director of Finance	10-14	0	0			
Mr Alan Sutton, Non Executive Director	5-9	0	0	5 - 9	0	0
Mr Robert Toole, Director of Finance	70-74	0	0	95-100	0	0
Mrs Ann Wagner, Director of Strategy & Business Development	110-114	0	400	105-109	0	600

Dr Richard Pope Medical Director to 31 July 2009

Dr Andrew Catto Medical Director from 1 August 2009

Mr Robert Toole Director of Finance to 31 December 2009

Mr Andrew Copley Director of Finance from 1 January to 14 February 2010

Mrs Sheenagh Powell Director of Finance from 15 February 2010

Pension benefits of Senior Managers

The definition of Senior Managers is those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments. The Trust has decided that this refers to just Executive and Non Executive Directors of the organisation.

Name and title	Real Increase in Pension at Age 60	Real Increase in Pension Lump Sum at Age 60	Total accrued pension at age 60 at 31 March 2010	Lump Sum at Age 60 Related to Accrued Pension at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	Rounded to nearest £100
Mr Adam Cairns - Chief Executive	0-2.5	2.5-5.0	50-54	150-154	900	799	61	0
Dr Andrew Catto - Medical Director	0-2.5	2.5-5.0	30-34	115-119	520	453	45	0
Miss Bridget Fletcher - Chief Operating Officer/Chief Nurse	0-2.5	5.0-7.5	35-39	100-104	766	633	101	0
Mrs Sheenagh Powell - Director of Finance	0-2.5	0-2.5	40-44	120-124	859	773	48	0
Mrs Ann Wagner - Director of Strategy & Business Development	0-2.5	2.5-5.0	25-29	80-84	498	435	41	0

As Non Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non Executive Directors.

As Dr Andrew Catto and Mrs Sheenagh Powell took up office part way through the financial year, pension details at the beginning of the year and subsequent comparisons are not available.

Details of accounting treatment of pension costs are contained within Note 10 of the accounts.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued

in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Statement on internal control 2009/10

Scope of responsibility

The Trust 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 organisations policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisations assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I am managerially accountable to the Chairman and Non Executive Directors of the Board. My performance is reviewed formally by them annually, using a structured system of performance review.

Throughout 2009/10, the Trust Board has reviewed finance and performance data on a monthly/scheduled basis. In addition, the Trust Board has also been informed by the work of the Audit Committee (from whose membership I am properly excluded) which undertakes detailed analysis of the Trust's performance. The Audit Committee is advised by both Internal and External Audit. The Trust is itself performance managed by the Yorkshire and Humber Strategic Health Authority and I regularly attend the Chief Executive's Forum to ensure my understanding of Strategic Health Authority wide issues. My executive colleagues attend similar Strategic Health Authority forums on finance, and planning and performance, and I and my executive team also meet with SHA colleagues on a regular basis to discuss the Trust's performance.

Also, the Trust notes that during 2009/10 a number of due diligence exercises were undertaken as part of the Foundation Trust application process. The organisation can therefore take assurance of its preparedness as the Trust enters the Foundation Trust regulatory regime.

Discussion has been ongoing throughout the year with colleagues in primary care to ensure that all key access targets are being met from within available resource. There have been regular contract management meetings with the Trust's lead Primary Care Trust – NHS Bradford & Airedale and other reviews with NHS North Yorkshire & York and NHS East Lancashire.

The purpose of the system of internal control

The system of 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 organisations policies, aims and objectives

- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage these risks efficiently, effectively and economically

The system of internal control has been in place in Airedale NHS Trust for the year ended 31 March 2010 and is expected to continue to be in place up to and beyond the date of approval of the Annual Report and Accounts.

Capacity to handle risk

Overall responsibility for risk management rests with all members of the Board. However, the Director of Nursing has an explicit responsibility for the risk management function within the organisation. The Director of Finance has specific responsibility for financial risks within the Trust. There is thus a defined structure for the management and ownership of risk governance, which through the risk register and assurance framework is regularly monitored in the Board sub committees and at Trust Board level.

The Trust has a Risk Management Policy, which is reviewed and endorsed by the Board annually; there is a clearly defined structure for the management and ownership of risk through the development of a risk register and assurance framework. The "high level" risks and assurance framework are monitored in the Board's sub committees and by the Trust Board.

The Trust has the following systems and processes to ensure that all staff are able to manage risk as an integral part of their role or function.

The Trust has a risk management team, led by the Assistant Director of Healthcare Governance (ADHCG). This team co-ordinate the systems for the management of clinical and health and safety risks and the emergency planning function. The ADHCG acts as the management support for the Executive Strategic Risk Management Group (ESRMG), a monthly meeting whose membership consists of the whole executive team, together with those heads of service whose role is pertinent to risk management. All risks graded 9 and above on the Trust's risk register are considered in great detail by the ESRMG and actions commissioned as appropriate. A quarterly report on the risk register is considered by the Board.

Risks identified at an operational level are considered, using the risk assessment format as a reporting template, at local governance meetings, with a report being generated into the appropriate management meeting. Exception reports are made as required from the management meeting into the ESRMG.

The risk management team act as support and mentors to Trust staff who are undertaking risk assessments and managing risk as part of their role. Monthly risk assessment training available to all members of Trust staff and monthly investigation and root

cause analysis training is currently available to Band 7s and above. This ensures that all those members of staff who are likely to be involved in the investigation of incidents, complaints or claims have the appropriate level of knowledge and skills. This training is also available to other grades of staff who will then be able to investigate the less complex incidents.

The Trust seeks to learn from good practice and will investigate any serious incidents, complaints and SUI's via the Root Cause Analysis Group. The findings are reviewed by the Trusts Assurance Panel to ensure learning points are implemented. Assurance is also gained by presenting reports as appropriate to the Quality Safety Operational Group (QSOG), Clinical Quality and Safety Assurance Committee (QSAC) and/or the Trust Board, and any learning points for staff are published via staff briefings. The Trust actively seeks to share learning points with other health organisations, and pays regard to external guidance issued. Accordingly, the Trust will undertake gap analyses and adjust systems and processes as appropriate in line with best practice.

The risk and control framework

The Trust uses the Australia/New Zealand risk scoring system to evaluate all risks, including information and reporting risks. The resulting information is used in the production and prioritisation of a comprehensive risk register.

The Quality and Safety Operational Group (QSOG) meets on a monthly basis and their work, in turn, is overseen by the Trust's Quality and Safety Assurance Committee (QSAC). The QSOG considers both clinical and operational risk. The Trust's public stakeholders are involved in the risk management process. The Trust has a lay representative on QSOG and the Assurance Panel, who play an important and active part in the process. The Trust also ensures that the Patient and Carer Panel is consulted and engaged on all matters relating to risk.

As described above there is also an Executive Strategic Risk Management Group (ESRMG) that meets regularly on a monthly basis. The ESRMG has delegated powers from the Trust Board to oversee, coordinate, review and assess the effectiveness of risk management arrangements and activities within the Trust.

The Senior Information Risk Owner has provided comprehensive and reliable assurance in respect of information risks within the Trust. Since the year end responsibility for information governance has transferred from the Strategy and Business Development Director to the Medical Director. The work undertaken as part of the Information Governance Assurance Programme 'IGAP', was completed in 2008/09. We have continued to make good use of the NHS Information Governance Toolkit in order to assist us in achieving desired standards.

The Assurance Framework details the risks associated with the

corporate objectives. The framework identifies the source of independent assurance in relation to each objective and risk.

The framework is dynamic, to reflect changes in priorities and developments in the external environment. It is a strategic management tool, and is not designed to reflect every potential risk, but to focus attention on those which are most significant and are therefore priorities for management.

The Assurance Framework is reviewed by the Trust Board, Audit Committee and the ESRMG and updated on a regular basis.

Assurance about the system of internal control is given to the Board both directly and indirectly through its sub committee structure where issues of governance are considered and judged by Non Executive and Executive Directors supported by officers of the Trust. The Board and its sub committee's have thus reviewed, for example, the Healthcare Commission's Standards for Better Health. One of the Core Standards was judged "Not Met" for part of the year. The Board was satisfied that the Trust had been compliant from October 2009 onwards, and full compliance was therefore declared against all standards to the end of 2009 when the Care Quality Commission took over regulatory control. The standard where there was a gap in control and assurance (and these are reflected in the assurance framework) related to the catering service. This was for a defined period of time, June 2009 to 30 September 2009, when the newly outsourced catering service was in temporary accommodation.

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 into 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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. This is evidenced by the approval of a Single Equality Scheme by the Trust Board in March 2008 followed by an annual review in 2009/10, and the Trusts compliance with the Healthcare Commission standards during the year.

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 the internal audit work. Executive managers within the organisation who have responsibility for the

development and maintenance of the system of internal control also provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks of the organisation achieving its principal objectives have been reviewed. My review is also informed by Internal and External Audit reports, the committee structure through QSOG, ESRMG and the Audit Committee, the system of reporting established through Board sub-committees, together with the core standards self assessment declaration.

I have been reassured by the aforementioned internal and external reports of demonstrable progress in the Trust's governance and financial grip and that where gaps are identified that action plans are being developed to improve performance

still further. In 2009/10, two Internal Audit reports have been given limited assurance. These relate to Clinical Audit and Medicines Management. As with all Audit reports, the action points and recommendations are being implemented to ensure improvement in these areas.

I have been advised by the Board and the Audit Committee on the implications of the result of my review of the effectiveness of the system of internal control.

Plans to address weaknesses and ensure continuous improvement of the system are in place with the key elements assured via aforementioned respective Board sub committees.

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Signature of Accounting Officer



Adam Cairns
Chief Executive
Airedale NHS Foundation Trust
Date: 3 June 2010

Readers Panel

The Readers Panel whilst being popular always needs to recruit new members. If you would be interested in joining this group, please contact Sue Harle, PALS Manager on 01535 294019 who will give you more information

Volunteers

New volunteers are always welcome and if you are interested in becoming a volunteer at Airedale General Hospital, please contact our Voluntary Services Manager on Tel: 01535 295316. Email: voluntary.services@anhst.nhs.uk

PALS

The PALS team at Airedale offer support, information and advice to patients, relatives and visitors. The PALS office is located at the entrance to Ward 18 and is open weekdays from 9am to 4pm. Tel: 01535 294019. Email: PALS.Office@anhst.nhs.uk

Human Resources

Interested in a career at Airedale? Then please visit us at: www.airedale-trust.nhs.uk/WorkForUs/WorkForUs.htm

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Interpreting Services

Airedale NHS Trust
Airedale General Hospital
Skipton Road
Steeton, Near Keighley
West Yorkshire BD20 6TD
Telephone 01535 292811
Email: interpreting.services@anhst.nhs.uk

You can also download a copy from our website www.airedale-trust.nhs.uk

اگر آپ اس رپورٹ کی کاپی اُردو، بڑی کھائی، بریل یا کسی دوسری صورت میں مثلاً آڈیو ڈی وی پی یا اس کی کاپیاں زیادہ تعداد میں چاہتے ہیں تو براہ مہربانی اس پتے پر رابطہ کریں:

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West Yorkshire
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ٹیلی فون نمبر: 01535 292811
ای میل: interpreting.services@anhst.nhs.uk

এই সিস্টেম এক বা একাধিক কপি বাংলা ভাষায়, মোটা অক্ষরে বা অন্য কোনো ভাবে, যেমন সিডি-তে রেকর্ড করে, চাইলে অনুগ্রহ করে যোগাযোগ করুন:

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ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਰਿਪੋਰਟ ਦੀਆਂ ਵਧੇਰੇ ਕਾਪੀਆਂ ਜਾਂ ਇਹ ਰਿਪੋਰਟ ਪੰਜਾਬੀ ਵਿਚ, ਵੱਡੇ ਆਕਾਰ ਦੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਜਿਵੇਂ ਕਿ ਸੀ ਡੀ ਵਿਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

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यदि आप इस रिपोर्ट की अधिक प्रतियाँ या यह रिपोर्ट हिन्दी में, बड़े आकार के अक्षरों, ब्रेल या किसी अन्य रूप में जैसे कि सी डी में लेना चाहते हैं तो, कृपया सम्पर्क करें:

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Contact Us



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