

# Annual Report



**2010/11**

Presented to Parliament pursuant to  
Schedule 7, paragraph 25 (4) of the  
National Health Service Act 2006

Airedale NHS Foundation Trust  
Annual Report and Accounts  
1 June 2010 to 31 March 2011

# CONTENTS

# PAGE

Chairman's Statement	4
Chief Executive's Overview	5
Who We Are and What We Do	6
Operating and Financial Review	7
Business Review	11
Performance	12
Quality Report	16
Review of Quality Performance	36
Statement of Directors' responsibilities in respect of the Quality Report	54
Independent Assurance Report to the Council of Governors of Airedale Foundation	55
Trust on the Annual Quality Report	
Directors Report	57
Council of Governors	63
Membership	66
Governance	69
Remuneration Report	70
Public Interest Disclosures	75
Statement of Chief Executive's Responsibilities as Accounting Officer	84
Statement on Internal Control	85
Independent Auditors Report	91
Our Finances	92
Statement of Comprehensive Income	93
Statement of Financial Position	94
Statement of Changes in Taxpayers Equity	96
Statement of Cash Flows	97
Contact Details	98

## CHAIRMAN'S STATEMENT

June 2010 was a milestone in the life of Airedale Hospital. From that date, Airedale was authorised as an NHS Foundation Trust, a public benefit corporation operating semi-independently within the NHS. The effort that went into achieving authorisation was documented in last year's Annual Report. In 2010/11 we had to make the new regime work.

One of the most noticeable features of the new regime is the Council of Governors. The Council of 36 Governors (20 elected Public Governors, six elected Staff Governors, and ten appointed Stakeholder Governors) and Chairman, is now the ultimate governing body of the Foundation Trust. We have been extremely fortunate in attracting Governors of a very high calibre and they have spent the past year establishing the systems by which they will discharge their responsibilities. Their most important task has been to work with the Board on the Foundation Trust's future plans and they have made a very positive start.

Adrian Mornin was elected Lead Governor and Pam Essler, Deputy Lead Governor. These are key roles in ensuring the effectiveness of the Council and in maintaining good relations between the Council and the Board. We have two very able and committed individuals in Adrian and Pam and their election augers well for the future.

On the Board, there was a significant change in the year. Having completed almost five years as Chief Executive, Adam Cairns accepted appointment as Chief Executive of The Shrewsbury & Telford Hospital NHS Trust and left Airedale at the end of June. He had been a successful Chief Executive and we wish him well. Bridget Fletcher was appointed Interim Chief Executive from July and, following open competition against a strong field including established NHS Trust Chief Executives, she was appointed to the substantive post of Chief Executive from November. Bridget joined Airedale from the Royal Marsden NHS Foundation Trust in 2005 and brings substantial experience to her new role. She is committed to Airedale. The Board has complete confidence in Bridget's ability to tackle the challenges that lie ahead of us.

Following Bridget's appointment as Interim Chief Executive, Debra Fairley was appointed Interim Chief Nurse and Christine Miles joined the Foundation Trust on secondment as Interim Associate Director of Operations. Both Debra and Christine proved to be very good appointments and they have made a strong contribution to the Board.

When you read the pages of this Annual Report you will read about an exceptionally well run Foundation Trust. Operational performance is excellent throughout the hospital and commitment to the highest standards of safety, clinical effectiveness and good patient experience is demonstrated by one initiative after another. The Foundation Trust's Dignity Room, described on page 15, is a good example of sensitive commitment to patients' needs at a time when they are most vulnerable. There has been good reason for Dr. Foster's endorsement in four of the past five years.

The Foundation Trust faces a very challenging year in 2011/12. Significant changes have to be made to the way the Foundation Trust conducts its business while the healthcare system is restructured radically around us. No one underestimates the scale of the challenge but the Board believes the Foundation Trust has the leadership and commitment throughout the organisation to deliver the changes that are required.

On behalf of the Board, I would like to thank every member of staff for their contribution during the past year. I would like to thank the volunteers without whom the hospital would not have the character it has. And I would like to thank our commissioners and the GPs who refer patients to us for their continued support.

This year, the staff open day is on Wednesday 31 August and the Annual General Meeting and Public Open Event are on Thursday 1 September. I encourage everyone with an interest in Airedale Hospital to attend these events to see at first hand how we run your hospital on your behalf.



**Colin Millar**  
Chairman

# CHIEF EXECUTIVE'S OVERVIEW

I am delighted to present Airedale's first annual report and accounts since gaining Foundation Trust status in June last year. This was a fantastic achievement, not only for the hospital and its staff but also for our patients and the local community. We have continued to build on our previous success with a strong operational performance, thanks to the dedication and hard work of our staff who worked through what was a particularly difficult winter period. This was demonstrated by Airedale being the only hospital in the Yorkshire and Humber region not to cancel any elective operations due to the heavy snowfall experienced in December.

I am very pleased to report that Airedale achieved a 'green' governance rating from Monitor, the independent regulator, for NHS Foundation Trusts, throughout the whole of 2010/11 – the highest rating possible. Airedale also achieved a Monitor financial risk rating of three at the end of its first 10 months as a Foundation Trust - using the rating whereby 1 is significant and 5 is no financial risk. – another significant achievement.

We are immensely proud that once again Airedale was awarded 'Small Hospital of the Year' by Dr Foster – the fourth time in five years. This achievement is unprecedented and is recognition again of the commitment and expertise of our staff.

Airedale is continuing to build on its already significant technological innovation in the development of telemedicine – a system whereby patients can receive medical consultations in their home via a TV link. This was reinforced by the Yorkshire and Humber Strategic Health Authority awarding Airedale funding to establish a telemedicine hub based at Airedale. This will benefit the regions patients' suffering from long term conditions and will complement and build on the established telemedicine service Airedale provides to a number of HM Prisons.

Going forward, our new Foundation Trust status will bring many benefits, including the opportunity to continue to work with our elected and stakeholder Governors. We

have adopted a collaborative approach, with many of our Governors participating in Foundation Trust wide working groups. They have also challenged us on a number of issues, which we welcome and will continue to work closely with them.

At the time of writing this report, we have completed the transfer of community services from our partners - NHS Bradford and Airedale and NHS North Yorkshire and York - to provide specialist nursing services in Bradford and Airedale and adult community services for the people of Craven. We welcome our new colleagues and look forward to working with them in 2011 and beyond.

As we look forward to what could be the most challenging period in the history of the NHS, we will continue to build on our local community's support in helping us secure the future of Airedale. The loyalty of our patients and local community is one which we have to earn and therefore as we enter what could be an uncertain time for the local health economy, we will ensure that the needs of our local community are served to the best of our abilities by maximising the resources we have available. This may mean tough decisions have to be made. We have every confidence however, that we will continue to meet and embrace the new challenges and opportunities this year will bring.

I would like to thank all our staff, our Council of Governors, and our volunteers for their continued commitment and support as well as all our patients for choosing Airedale.



**Bridget Fletcher**  
**Chief Executive**

## WHO WE ARE AND WHAT WE DO

Airedale NHS Foundation Trust was authorised as a Foundation Trust on 1 June 2010. An award winning hospital, it provides high quality, personalised, acute, elective and specialist care for a population of over 200,000 people from a widespread area covering West and North Yorkshire and East Lancashire.

We employ over 3,000 staff who last year cared for around 25,000 inpatients, more than 26,000 non-elective patients, almost 131,000 outpatients and over 54,000 A&E attendances with an annual budget of over £126 million.

We provide services from our main hospital site and from community hospitals and health centres owned by our Primary Care Trusts. During 2010/11 we also expanded our groundbreaking prison telemedicine service and now provide an opinion service to more than 20 prisons throughout England.

At Airedale we have a vision -

***“To be the hospital chosen by the community for putting patients first, providing excellent, innovative and diverse services, delivering safe standards of care, all underpinned by the constant pursuit of efficiency.”***

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 the above statement adapts the previous vision primarily in response to the impact of the changes to the external environment.

In support of this, there are a series of key principles supporting the delivery of the vision in the years ahead;

- ***Safety, quality and the patient experience remain at the centre of everything the organisation does;***

- ***The need to be serious about efficiency and business control in order to be viable in the future;***
- ***In response to the changing landscape, continuing to develop our existing services whilst also designing and delivering new ways of working, using diversified models of care both in and out of a hospital setting;***
- ***Partnership working forms a significant part of the design and delivery of our services;***
- ***Ensuring the value of the Airedale brand is retained within the community and beyond; and***
- ***Adapting the size and shape of the workforce in response to the updated service strategy.***

Overall, the vision is about an approach centred on increasing the pace of quality improvement whilst delivering significant savings.

In this annual report and accounts we summarise our progress against these strategic objectives as we record another year in pursuit of our vision.

# OPERATING AND FINANCIAL REVIEW

## OUR FINANCES

The Foundation Trust once more delivered an operating surplus and ended the 10 month period as a Foundation Trust and financial year with a financial surplus of £176,000, although impairments of £283,000 caused by the change to Modern Equivalent Assets valuation techniques resulted in a technical deficit of (£107,000.)

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

The tables on pages 52 to 55 provide a high level comparison of the Foundation Trust's summary financial position.

## INCOME AND EXPENDITURE

Total income from continuing activities for the 10 months to the year end at 31 March 2011 was £106.54 million. An analysis of this is shown on the following pages.

## CASH

The Foundation Trust had a cash balance of £5.162 million at the close of the financial year, which was in line with original plan.

## BORROWING LIMIT

At 31 March 2011, the Foundation Trust has a total borrowing limit, set by Monitor, of £23.6 million. This is the amount of money the Foundation Trust can borrow based upon a detailed financial risk assessment. Included within this is a working capital facility of £10 million.

As forecast, the Foundation Trust did not need to utilise any of its borrowing limit during 2010/11.

## MONITOR RISK RATING

Monitor, the independent regulator for NHS Foundation Trusts, assesses the financial risk

of Foundation Trusts using a rating whereby 1 is significant and 5 is no financial risk.

Airedale became a Foundation Trust on 1 June 2010.

The Foundation Trust achieved a financial risk rating of 3 at the end of 2010/11. Details of any post balance sheet events are provided in note 22 of the accounts.

	Annual Plan 2010/11	Q1	Q2	Q3	Q4
Financial risk rating	3	3	3	3	3
Governance risk rating	Amber/ Green	Green	Green	Green	Green

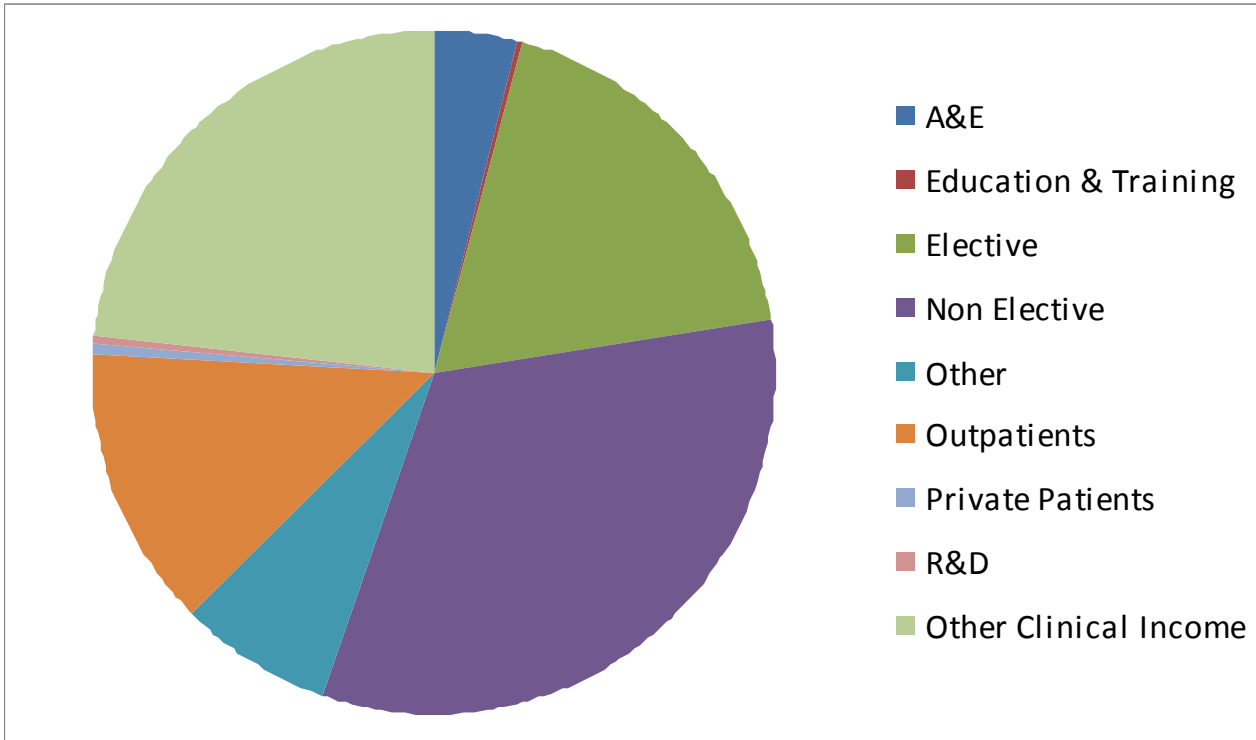
## FINANCIAL OUTLOOK

In our long term financial planning we have considered a range of severe financial possibilities given the current economic climate, and we believe the Foundation Trust can withstand the impact of these possibilities.

The Foundation Trust will however be expected to improve overall efficiency by 8% in 2011/12 and 5% in each of the following two years.

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

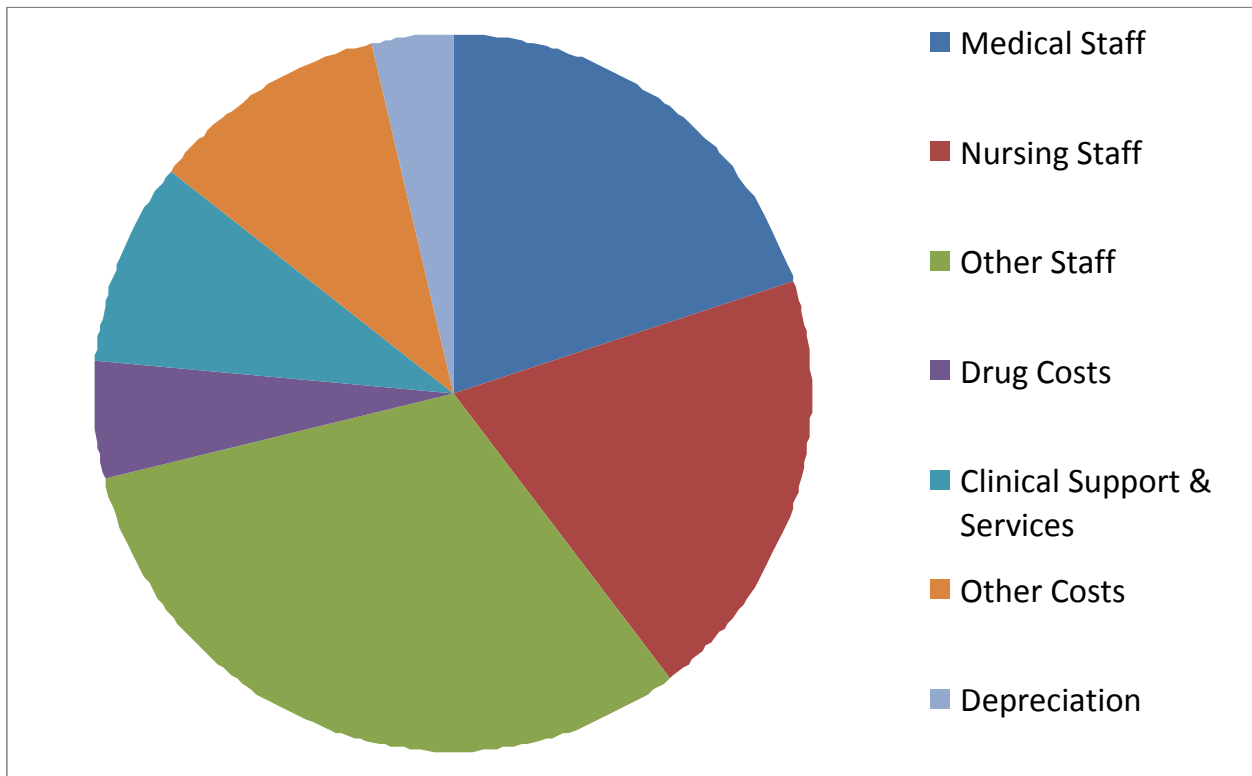
## INCOME



	10 months	
	£000	%
<b>Income</b>		
A&E	4,115	3.9%
Education & Training	457	0.4%
Elective	19,499	18.3%
Non Elective	34,831	32.7%
Other	7,796	7.3%
Outpatients	14,155	13.3%
Private Patients	495	0.5%
R&D	457	0.4%
Other Clinical Income	24,738	23.2%
<b>Total</b>	<b>106,543</b>	<b>100.0%</b>



## EXPENDITURE



	10 months	
	£000	%
<b>Expenditure</b>		
Medical Staff	21,025	20.0%
Nursing Staff	20,772	19.7%
Other Staff	32,969	31.3%
Drug Costs	5,681	5.4%
Clinical Support & Services	9,699	9.2%
Other Costs	11,371	10.8%
Depreciation	3,770	3.6%
<b>Total</b>	<b>105,287</b>	<b>100.0%</b>

## **CAPITAL INVESTMENT ACTIVITY**

The Foundation Trust's capital programme has invested over £4.5 million in 2010/11 to improve its buildings and equipment. The largest single significant investment has been to replace the electrical systems and wiring across the entire hospital site. Over the life of the project, expenditure will be in the region of £8 million. The work began in September 2010 and will be completed in 2012 and will ensure that the hospital has a sufficient and secure supply both for its current needs and also for any developments planned for the future.

We have also focused effort on enhancing medical and surgical equipment at a cost of over £171,000.

## **ACCOUNTING POLICY**

There has been a change in accounting policy in respect of impairments, in so far as impairments should be changed to the Income and Expenditure account, where loss of economic benefit, causes a reduction in value. As the Foundation Trust's revaluation was caused by a reduction in market value, the loss is charged firstly to any positive revaluation reserves and the balance is charged to the Income and Expenditure account.

## **INVESTMENTS**

The Foundation Trust made no investments in 2010/11.

## **PRIVATE PATIENTS**

Under the terms of authorisation, the Foundation Trust's proportion of income from private patients should not exceed the proportion of total income achieved in 2002/2003. The allowable proportion for the Foundation Trust is 1.9%. The private patient income for 2010/11 was £495,000, representing 0.51% of the Foundation Trust's total patient related income. The Foundation Trust is therefore compliant with this statutory obligation.

## **COST IMPROVEMENT PROGRAMME (CIP)**

A formal cost improvement programme (CIP) was approved for 2010/11, which set targets and actions plans aimed at improving efficiency. The CIP was monitored monthly and achieved £3.4 million recurring plus £4.1 million non-recurring against its target savings of £5.2 million recurring. Examples of higher value schemes are:

- Departmental skills mix review £1.4 million;
- Reduction in bed base £287,000; and
- Reduction in utility expenditure £75,000.

## **COUNTERING FRAUD AND CORRUPTION**

The Foundation Trust complies with the Secretary of State's directions on counter fraud measures issued in 2004. The Foundation Trust has a Reporting Concerns and Whistleblowing Policy which incorporates counter fraud measures. A specific Counter Fraud and Corruption Policy was also established in 2010/11.

The Foundation Trust has a dedicated section on counter fraud on the staff intranet. Presentations were given to staff during the year about tackling fraud in the NHS and who to contact if they suspect fraud has been committed. Articles are also published in our weekly staff briefing. To support ongoing awareness among staff, the Local Counter Fraud Specialist also attends staff events to promote awareness.

## **CHARITABLE FUNDS**

The Board acts as Trustee of the Airedale NHS Foundation Trust Charitable Funds. The Foundation Trust's charitable funds are operated for the benefit of the staff and patients in accordance with the objects of the charity. 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 Foundation Trust received a number of very generous donations throughout the year, from many parts of the community for which it is very grateful. The Friends of Airedale and Airedale New Ventures were again very

supportive in their fundraising efforts. During the year the Charitable Funds purchased a large number of items of equipment and enhancements to fixtures and fittings for the wards and departments within the Foundation Trust.

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.

## **STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE AUDITORS**

To the best of each Director's 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 Foundation Trust's Auditors are aware of that information.

## **AUDITORS AND AUDIT FEE**

The Foundation Trust's external auditor is the Audit Commission. Disclosure of the cost of work performed by the auditor in respect of the reporting period is shown right/below.

<b>Audit Area</b>	<b>Fee 2010/11 (£)</b>
Statutory Audit	73,000

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 Foundation Trust is involved.

## **ANNUAL REPORT AND ACCOUNTS**

This annual report and accounts is available on our website at [www.airedale-trust.nhs.uk](http://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](mailto:interpreting.services@anhst.nhs.uk)

# **BUSINESS REVIEW**

## **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 over 98% of our patients are being admitted, treated or discharged within four hours of arriving in Accident and Emergency. The Foundation Trust's performance on the national cancer standards has also achieved the required levels. In addition, following significant work by our maternity team, the numbers of breastfeeding mothers is now better than the 2009/2010 national average.

Through contracts with our PCT Commissioners, the Foundation Trust has delivered an increased level of activity in 2010/11 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 Foundation 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 Foundation 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 2011/12.

## **DEVELOPING SERVICES**

Investment in and development of a number of clinical services took place during 2010/11.

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 Foundation 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.

During 2010, the diagnostics team developed a new dual energy x-ray absorption (DXA) 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. Patients with increased risk of fractures are identified treated therefore reducing the likelihood of them suffering fractures in the future.

The maternity unit at Airedale Hospital now offers expectant mothers a water birth to further improve the range of maternity services available for our local community. The benefits of using water immersion during labour and birth are well documented and include the promotion of relaxation, a reduced usage of pain relief, a feeling of well being and improved freedom of movement. All midwives at Airedale Hospital are trained in facilitating water births and supporting labour in water.

Following the regional strategic commissioning review of vascular services, the Foundation Trust has joined together with Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust to form a collaborative alliance to provide a vascular centre. The vascular centre will operate as a single integrated service and provide a comprehensive range of surgical and interventional radiological procedures twenty four hours a day, seven days a week for a population of nearly one million.

Having confirmed their support for the proposal, NHS Yorkshire and the Humber's Specialised Commissioning Group (SPG) began a three month public consultation. Bradford Metropolitan District Council's Health Improvement Committee considered the proposal at their meeting in November and confirmed their support. Craven District Council's Overview and Scrutiny Committee also considered the proposals at their meeting in November and confirmed their support. The new service was established in May 2011.

During the year we undertook a thorough review of the Foundation Trust's Medicines Code, developing an overarching framework

which encompasses 18 Medicines Management Policies. These will further strengthen medicines Governance. Standard Operating Procedures (SOPs) underpin these policies; giving staff clear procedures to follow when using medicines.

Considerable work is also underway to review medicines-related stationary such as prescription documents, to reduce the risk of prescribing errors. The Foundation Trust-wide Inpatient Prescription Chart and Administration Record has been amended to include:

- The Foundation Trust's thromboprophylaxis policy;
- The prescriber's printed name as well as signature; and
- A table for the prescriber to record each time a prescription review has been undertaken.

The Adult Inpatient Insulin Prescription Chart has been reviewed in line with recent National Patient Safety Agency (NPSA) guidance including printing the word 'units' to prevent abbreviations being misinterpreted.

A revised discharge summary letter was launched in December 2010 for use with medical and elderly patients.

## PERFORMANCE

### PUTTING PATIENTS FIRST

The past year has seen the Foundation Trust build on the previous year's performance. Not only did we finish the year having achieved national targets we also met our PCTs local quality standards

Of particular note, in November 2010, we were again awarded the title of Dr Foster *Small Trust of the Year* - the fourth time the Foundation Trust has received this accolade in five years and in recognition of the Foundation 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 2010/11. This is evidenced by the fact that the

Foundation Trust has not had a hospital acquired MRSA case since August 2010.

## **HOW THE FOUNDATION TRUST IS MONITORED**

Monitor requires each Foundation Trust board to submit an annual plan and quarterly and ad hoc reports. Performance is monitored against these plans to identify where potential and actual problems might arise. Monitor publishes quarterly and annual reports on these submissions and assigns each Foundation Trust with an annual and quarterly risk rating, which are designed to indicate the risk of a failure to comply with the terms of authorisation. Three risk ratings are published for each NHS Foundation Trust on:

- Governance (rated red, red/amber, amber/green or green);
- Finance (rated 1-5 where one represents the highest risk and five the lowest); and
- Mandatory services risk rating (services the Foundation Trust is contracted to supply to its commissioners).

Based on these risk ratings, the intensity of monitoring and the potential need for regulatory action is considered on a case-by-case basis. This also applies where a Foundation Trust is performing well, for example moving from the usual quarterly monitoring to six-monthly monitoring. Monitor's analysis of our submissions and the Foundation Trust's current ratings are:

## **REGULATORY RATINGS**

Performance against the 2010/2011 Monitor Compliance Framework for Quarter 4 is rated green. The Foundation Trust achieved a green rating for governance and a financial risk rating of 3, for all four quarters in 2010/11.

## **NATIONAL SURVEYS**

The Foundation 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 2010 inpatient survey, which was conducted between September 2010 and January 2011, were published by the Care Quality Commission in April 2011.

The survey looked at the experiences of over 66,000 people who were admitted to hospital with at least one overnight stay.

The Foundation Trust scored well for admission to hospital, its staff – doctors and nurses – and for its provision of same sex accommodation such as designated sleeping areas and bathroom facilities.

A national maternity survey was also undertaken during 2010 and the results were published in December 2010. Over 25,000 women who had given birth in January and February 2010 responded to the survey. All women aged 16 or over who received care from an NHS Trusts in England, and who had either given birth in a hospital, birth centre, maternity unit or at home, were eligible to take part. Participants were asked about all aspects of their maternity care, including the first time they saw a clinician and the quality of care provided at their home in the weeks following the birth of their baby.

Since 2007, when the last maternity survey was conducted, there has been a significant increase in the number of births at Airedale and it is thanks to the maternity team, that despite this increase, the 2010 survey has been mainly positive. Airedale was in the top 20% for four questions which were:

- Choice of where to give birth;
- Choice of home birth;
- Prompt timing of suturing of episiotomy or tear; and
- The timing of women having skin-to-skin contact with their baby.

A programme of work to address the areas identified for improvement in the inpatient and maternity survey reports will be addressed during 2011/12.

## **REAL TIME INPATIENT SURVEY**

The Foundation Trust continued to implement its own real time inpatient survey in 2010/11 as a means of helping staff make improvements to the care and services that are provided to patients. The survey is

undertaken on a daily basis, Monday to Saturday, supported by the Foundation Trust's volunteers who assist patients being discharged that day to complete the survey.

The project is now overseen by a Sub-Group, whose members continually monitor progress. Two volunteers have joined the Sub-Group which has proved very beneficial. There have also been two volunteer events, which have proved a useful way of sharing experiences and refining the way the survey is conducted.

The survey is now being expanded into other areas to cover maternity services and physiotherapy.

### **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 Foundation Trust. Our Patient Environment Action Team (PEAT) assessments undertaken in 2010/11 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 'excellent' for providing care linked to issues related to privacy and dignity.

Site Name	Environment Score	Food Score	Privacy & Dignity Score
Airedale General Hospital	Good	Excellent	Excellent

Diet and nutrition is a vital part of a patient's health and is an aid to recovery from ill health. The Foundation 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 2010/11.

### **CLEANER AND SAFER**

The Foundation Trust has continued to make improvements in reducing healthcare acquired infections. Our MRSA rates have reduced from 12 in 2008/09 to just three (hospital acquired) during 2010/11. The hospital has not had a hospital acquired MRSA bacteraemia since August 2010. For Clostridium difficile, the number of people affected has reduced to 16

hospital acquired cases this year compared to 27 the previous year. The Foundation 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 2010.

Our Matron for Infection Prevention works closely with all staff, the Interim Chief Nurse 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 reductions in the number of healthcare acquired infections have been introduced. These include 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.

### **STATEMENT IN RESPECT OF INFORMATION GOVERNANCE SERIOUS UNTOWARD INCIDENTS**

There were no Information Governance Serious Untoward Incidents in 2010/11. During 2010/11 the role of Senior Information Risk Owner (SIRO) was the responsibility of the Medical Director.

### **SUPPORTING SAFE, QUALITY CARE**

The following departments continue to work with the Interim Chief Nurse and her team to help support the delivery of high quality, safe care.

- Risk Management
- Complaints management and PALS
- Nursing Practice Development Team
- Patient and Public Involvement
- Infection Prevention
- Safeguarding

### **SAFER PATIENT INITIATIVE**

Following completion of The Safer Patient Initiative 2 (SPI2), we have continued using the methodology learnt in SPI2. 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.

## **EMERGENCY PLANNING**

The Foundation Trust has continued to develop its plans to deal with emergencies in line with national regulations and guidance. The Foundation Trust put its emergency plans to the test with a fire evacuation major incident scenario in the hospital operating theatres in February 2010. The fire service worked alongside hospital colleagues to ensure a robust 'test' of our procedures and it highlighted many areas of good practice as well as areas for improvement, which are being incorporated into our emergency plans.

## **PRIVACY AND DIGNITY**

The Foundation Trust's Dignity Room, an initiative set up by a group of staff at the hospital, was a runner up in the Patient Experience Networks Award during 2010/11. Within Airedale, the room continues to be successful and through their passion for dignity and with the help of the Friends of Airedale and Airedale New Venture charities, the initiative has grown.

The Dignity Room has been so successful because of its potential to touch every patient within the hospital and to treat patients with compassion, kindness, dignity and respect, thereby enhancing the patient experience. The Dignity Room, located on Ward 4 in the hospital, stocks a range of essential items, all provided free of charge, such as slippers, warm clothing, underwear and toiletries (including soap, shaving foam, razors, toothpaste, toothbrushes, shampoo and combs).

A patient, who was helped by the Dignity Room, says: "I am going to a hospice. I am grateful these clothes are available as I am a very proud lady and would have hated to travel in my nightwear."

## **SAME-SEX ACCOMMODATION**

The hospital provides same-sex accommodation using the separate male and female wings on all wards and the doors which have been added to all of the four-bedded bays on all our in-patient wards. Toilet and shower facilities in some

wards/departments have also been upgraded. This means the Foundation Trust continues to be compliant with the Department of Health's requirements to provide same-sex accommodation.

## **LEARNING FROM COMPLAINTS**

The Foundation Trust introduced its new complaints policy two years ago to deal with complaints in accordance with the new legislation for complaints handling, which came into effect in 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 12 per cent reduction in the number of formal complaints during the year from 97 in 2009/10 to 85 in 2010/11. We have worked hard to learn from formal complaints, an examples is:

You said ...

"It was inappropriate to move my relative from one clinical area to another when nearing the end of their life"

In response ...

"Involved the relative in writing guidance for staff about the assessment of a patient who is deemed to be nearing the end of their life"

## **CLINICAL GOVERNANCE**

Clinical governance is the framework through which NHS organisations deliver and continually improve the quality of their services and safeguard 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 Foundation 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 Board of Directors is the accountable committee for quality. It is supported by a Board sub-committee and a number of other specialist groups and committees. The Board of Directors 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 reviews of the risk register and the assurance framework.

# QUALITY REPORT

## 1 Statement on Quality from the Chief Executive

I am delighted to present Airedale's Quality Account for 2010/11. Over the last year, we have continued to strive towards delivering high quality care to meet the individual needs of our patients, especially the most vulnerable. Ensuring that patients have safe, effective care as well as a positive experience is at the heart of our vision and everything that we do. We will continue to develop our services to enable patient choice and personalised care.

We were pleased to achieve Foundation Trust status on 1 June 2010, which was a significant achievement and testament to the hard work and dedication of all our staff. However, there are major challenges ahead within the NHS, with some of the most significant changes proposed by any government, and due to the current economic climate. This means that we must continue to make the best possible use of resources to provide the most effective care, efficiently. Approximately 250,000 patients use our services each year as inpatients, outpatients, and via our Accident and Emergency department, as well as using a multiplicity of therapy services. It is essential that we continue to develop efficient and effective ways to deliver quality care to meet changing expectations.

Airedale NHS Foundation Trust is ideally placed to deliver health care services to the local community and beyond, and we are strongly committed to continually improving the quality of these services. We understand that personalised care and choice matters to patients and their families and we will continue to seek to understand what our patients tell us about their experience in order to improve care and services that matter to them. Recently, a number of high profile reports have been published, which emphasise the importance of delivering care with compassion, dignity and respect and safeguarding the most vulnerable people within our care and society. We will continue to listen to our patients and their families to understand what is important to them while ensuring that we involve and engage them in decisions about all aspects of their care and treatment.

Our first annual Quality Account was published last year and the aim of this year's Account is to report on progress made against our priorities for 2009/10. It also sets out an overview of the quality of care we provide and how we plan to improve on this over the coming year. I am pleased to report that this year's Account also includes information about our community services, which transferred to us on 1 April 2011. We look forward to working with staff within the community, and beyond, as we seek to integrate our hospital and community services and develop new pathways which respond to the changing needs of our local population.

Finally, I would like to express my thanks to our staff, volunteers, Governors and Foundation Trust members for their continued support and commitment in delivering high quality care for our patients and their families. I am confident that we will continue to do this as we strive to meet the challenges ahead.

All the information used and published in the Quality Account is, to the best of my knowledge, accurate and complete.



**Bridget Fletcher**  
Chief Executive

6 June 2011



## 1.1 Current view of Airedale NHS Foundation Trust's position and status on Quality

### Introduction

We have set out our plans for the next three years in our *Quality and Safety Strategy 2010-13*, which focuses on the three domains of quality; patient safety, clinical effectiveness and patient experience. We will seek to ensure that our patients continue to receive quality care and that they are treated with compassion, dignity and respect. Effective communication and the provision of quality information are often cited by patients as key areas for improvement, and we will endeavour to involve them, and their families where appropriate, in decisions about their care and treatment.

Our stakeholders were consulted in the development of our Quality Account to ensure that we stay close to what matters most to our patients and users. Following on from a public event held in 2010, a further meeting was organised in January 2011 with invitations extended to the Local Involvement Networks, the Local Authority (Overview and Scrutiny Committees), commissioner representatives, the Foundation Trust's Patient and Carer Panel, Airedale Partnership Group and the Council of Governors members. We encouraged feedback on our first 'prototype' 2009/10 Quality Account and its selected local quality indicators and improvement plans. It is hoped that this engagement can be developed further through the establishment of a Quality Account Steering Group. We continue to work closely with commissioners to develop our quality improvement objectives for both this and the forthcoming year, most notably through the Commissioning for Quality and Innovation (CQUIN) payment framework.

### Our approach to improving patient experience

We use a variety of ways to seek to understand what our patients and the public think about their care and services we provide. The hospital's Patient and Public Engagement and Experience Steering Group oversees all engagement activities and ensures that we are actively working in partnership with patients, and the public, to safeguard patients and quality, underpinned by a positive patient experience.

A panel of ex-patients and carers assists the Foundation Trust in a variety of tasks, specifically from a patient and carer perspective, in order to drive quality improvements and customer service. During 2010/11 these initiatives have included an 'adopt a ward' initiative, whereby panel members have been observing communication practices between ward staff and patients; obtaining public opinion about identifying dementia patients on a ward using a butterfly symbol; seeking the views of those patients who choose a halal meal; and contributing to the development of Foundation Trust policies.

Our volunteers have continued to play a significant and valuable role in supporting quality improvement initiatives, providing a major contribution to a wide range of activities. These have included maintaining a patient's library, befriending service, guidance/information and Radio Airedale. This year, 22 volunteers have undergone training to assist vulnerable patients with eating and drinking at meal times. Our volunteers are also instrumental in carrying out a real-time inpatient survey, in order to help patients complete a satisfaction questionnaire on discharge. This has proved to be invaluable in helping us identify concerns 'real-time' and introduce measures for improvement.

In August 2010, we took part in the annual Care Quality Commission (CQC) *National NHS Inpatient Survey* in order to evaluate how the Foundation Trust is performing from a patient satisfaction point of view. Within the survey there are 77 questions under different sections. This year the Foundation Trust's results are generally higher compared to other Trusts and show improvement over last year for the categories of *Patient Admission* and for *Environment*. Our scores in relation to other Trusts on issues relating to Doctors are mixed, but in respect of Nurses are generally higher and have improved since last year. In respect of Care and Treatment, our scores in relation to other Trusts are mixed, with an overall improvement since

last year. For Operations and Procedures, there is overall improvement since last year, but generally lower in relation to other Trusts. This is a similar pattern in respect of Leaving Hospital. Overall, the Foundation Trust's scores, in relation to other Trusts, on issues relating to the patients' overview of their stay are generally about the same, and have also remained the same since last year.

**Complaints and Patient Advice and Liaison Service (PALS):** The Foundation Trust receives a significant amount of feedback about its care and services via complaints, PALS, and the NHS Choices website. In 2010/11 there were 1,936 contacts with PALS which complements the 2,796 real time inpatient survey returns and 436 responses over a three month period compared to the annual CQC 2010 survey. We aim to deal with each PALS contact as quickly and openly as possible in order to resolve concerns as soon as they arrive.

Learning how we can improve what we do and provide better care is central to our approach to managing feedback and complaints. The Foundation Trust takes complaints extremely seriously and is committed to identifying where lessons can be learnt. We received and investigated 97 formal complaints during 2009/10; in 2010/11 the Foundation Trust received 85 formal complaints. We continue to develop systems to fully embed the learning from complaints at ward and departmental level – “Your concern... Our response”...

**“Your concern... that there was poor documentation in the nursing and medical records regarding a patient’s bruising”**

**“Our response... the Foundation Trust reviewed its documentation for pressure care to include the recording of any bruising found on the skin”**

**“Your concern... that the attitude and communication skills of the staff had a real impact on the experience they had whilst visiting a relative nearing the end of life”**

**“Our response... Consultant Nurse shared a relative’s story with staff in the department and highlighted the impact it had on the relatives”**

**“Your concern... that the patient had been inappropriately supplied with the correct continence product”**

**“Our response... Matron arranged for training and education regarding selection of continence products for ward staff”**

Source: [Airedale NHS Foundation Trust Complaints Team 2010/11](#).

The Foundation Trust also seeks to learn from others in order to improve quality and recently the Health Service Ombudsman published her report entitled *Care and Compassion?* This report highlighted a number of significant failings in the NHS with regard to the lack of compassion and dignity in care. The Foundation Trust looked very carefully at this report to seek to understand whether such failings could happen at Airedale. We are pleased to report that we have a significant number of quality standards, procedures and support mechanisms in place, aimed at ensuring that all our patients are treated with dignity and respect and we have also introduced new initiatives, including a programme of audit aimed at safeguarding our vulnerable patients.

**Learning from incidents:** The Foundation Trust strives to promote a culture of openness in reporting incidents and has introduced a series of initiatives to engage frontline staff and make reporting easier. This approach has increased the number of incidents reported, which reflects an organisation that wishes to learn. All incidents are followed up so that issues can be resolved and learning identified.

**Patients with learning disabilities:** The Foundation Trust has established good links with the Craven Health Task Group. This group looks at how the needs of people with learning

disabilities can be addressed and involves the group and their carers in the evaluation of our services. Views on the content and format of our 2009/10 Quality Account were sought from the group and we also sought their help in developing our real-time inpatient survey questionnaire. This work has been acknowledged by the CQC and Picker Institute.

**Dr Foster Small Trust of the Year:** The Foundation Trust was once again named Dr Foster's Small Trust of the Year 2010, our fourth award in five years, after consistently demonstrating the delivery of high quality 24-hour care. Airedale has a significant elderly population within its catchment areas. Dr Foster found the Foundation Trust to be one of the best performers across the country in the provision of orthopaedic care, whilst the Stroke Association named us as amongst the top 25 per cent for our stroke service.

**Equality and diversity:** The Foundation Trust is dedicated to improving the knowledge of health service staff through equality and diversity training to ensure that they have an understanding of the legislative framework and facilitate equal access to services for all patients. The NHS Staff Survey 2010 reveals that in the last 12 months, 61 per cent of staff at Airedale received equality and diversity training compared to a national average of 41 per cent.

We will continue to strive to protect the most vulnerable in society. This year, we took part in the CQC's health and social care review of support for families with disabled children, focusing on services and pathways of care. We look forward to receiving their findings. Nursing teams within the Foundation Trust have worked with the community learning disability teams and patients and their carers in the evaluation of our services. This has led to several initiatives, including a review of hospital signage, and the development of a learning disability benchmark tool for patients and carers to assess the quality of each episode of care.

#### **Improving patient safety: involvement in national safety initiatives**

We continue to support and be involved in national initiatives to improve patient safety particularly in its progress against measures set out by the Health Foundation relating to Patient Safety First, the Safer Patient Network and Matching Michigan. These are quality and performance programmes designed to develop ways to make healthcare safer for patients and build improvement skills into systems of care. Particular highlights are:

- Within Critical Care, the last ventilator associated pneumonia dates back to January 2008;
- The World Health Organisation (WHO) Surgical Safety Checklist for use in operating theatre environments was highly commended by the National Patient Safety Agency (NPSA) in 2010 and is in place across 100% of theatre lists;
- Patient Safety Walkrounds continue on a weekly basis with both Executive Directors and Non-Executive Directors in attendance to ensure safety and the experience of patients and relatives remain a strategic priority;
- A Patient Safety First week was organised in November 2010 as part of the national campaign to promote patient safety improvement activity. Areas of focus included hospital acquired pressure ulcers, inpatient falls and patient safety walk-rounds;
- Full compliance against the National Patient Safety Agency Safety Alerts which enhance the safety of patient care; and
- Maternity Services achieved Level 1 in assessment against the NHS Litigation Authority Risk Management Standards. This is a risk management programme designed to raise NHS standards in Maternity Services.

#### **Innovation to improve patient safety and patient experience**

As a Foundation Trust we are aware of the need to identify and prioritise activities which both improve quality and give value for money. This year we were successful in winning the National Health Service Journal Award for Partnership Working and were honoured with the Health Business Award for Outstanding Achievement in Healthcare. The work of our Airedale Service Improvement Team (formally the LEAN Healthcare Academy) remains pivotal with its drive to improve quality and offer value for money. In the last year the team has worked collaboratively

with consultants, focusing on improving the patient experience, reducing inefficiencies and waste. In the National LEAN Healthcare Awards 2009, project work on workplace organisation, our pharmacy team won the NVQ Project of the Year Award. Four key programmes of work have been identified: safer patient pathways, medicines management, business development and telemedicine and information technology.

With resources under pressure, research is vital as it identifies new ways of improving health outcomes and reducing inequalities. We have a flourishing research and development programme with a strong commitment to developing partnerships between patients and clinicians. We are particularly proud of the work of our Director of Innovation, Research and Development in exploring and developing telemedicine technology. In 2010, the Foundation Trust was selected to participate in the RICHARD project, which provides an opportunity to develop models for managing chronic disease in more effective, efficient and patient centred ways. In February 2011, the Foundation Trust was notified that it had been successful in a joint bid to provide the regional stroke telemedicine service. We look forward to reporting on this in future Accounts. This year we were also in receipt of a Health Foundation Shine Award designed to help healthcare professions test and try out ideas to improve quality and be cost effective.

### **A balanced view: searching to improve patient safety and patient experience**

**The Airedale Inquiry (2010):** In order to improve quality, we are constantly scrutinising our practice to ensure that we learn from any failings in care and practice. In June 2010, The Airedale Inquiry was published. This established the facts associated with criminal charges brought against the activities of some of the Foundation Trust's night nurse practitioners between 2000 and 2002.<sup>1</sup> The Inquiry noted that significant improvements have resulted from enormous efforts made by the Foundation Trust's Board of Directors and staff at every level, particularly since 2005. Many examples of good practice are set out in the report including a whole system approach to delivering an integrated system for safeguarding the quality and safety of patient care. It is regrettable, that it has taken eight years to receive the independent inquiry but we can assure patients, their families and staff that the Foundation Trust has responded fully to the Inquiry Panel's findings and recommendations.

**Annual survey:** We reported in last year's account that, in 2009, we outsourced the catering service to comply with recommendations made by the Environmental Health Department. The CQC Survey of Adult Inpatients uses a system by which each question in the survey requires an individual response which is scored on a scale of 0 to 100. A score of 100 represents the best possible response. Our patients for 2010/11 rated the hospital food as being improved, compared to the annual survey for 2009/10.

**Choose and Book:** The Foundation Trust has supported the West Yorkshire Optimising Electronic Referrals Programme to increase the overall use of electronic referrals, specifically around direct booking of appointments in primary care. Significant work has been undertaken to provide a range of services to enhance the range of services on offer to GP's, this includes dietetics, speech and language therapy, audiology, physiotherapy and radiology. The implementation programme has developed online referral review by clinicians, including electronic advice and guidance services. This work is progressing, despite the challenges presented by the Patient Administration System (PAS) which currently does not support the national requirement for named consultant services. Work is underway to resolve this.

**Staff survey:** We noted that the health and wellbeing of staff are important factors in providing safe and effective care for patients. The 2009 NHS Staff Survey revealed issues from staff around stress, work pressure, and the quality of work and patient care they feel able to deliver: this continues to feature in the 2010 survey. We will continue seek to review and develop our systems and processes to enable staff to be motivated at work and fulfil their potential.

---

<sup>1</sup> Report to the Yorkshire and Humber Strategic Health Authority (June 2010), The Airedale Inquiry

**Safeguarding children and adults:** During 2009 and extending into 2010, together with other agencies, we participated in two serious case reviews involving children, which were led by our Local Safeguarding Children Boards. The executive summaries of both these serious case reviews have been published and we are working to improve further our systems and processes with regard to child protection. With regard to safeguarding adults, we have participated in one serious case review – the executive summary has yet to be published.

**Partnership Working with Manorlands:** Earlier in the year, Manorlands Hospice (part of the Sue Ryder organisation) based in Oxenhope, West Yorkshire, underwent a major refurbishment of its premises. In order to facilitate the refurbishment, Manorlands had to find alternative accommodation for its day care patients. Following an approach to Airedale Hospital from Manorlands, we were more than happy to offer the hospice suitable space in our day hospital for the duration of the refurbishment. The arrangement worked well for both Manorlands and Airedale and we are pleased to report that Manorlands have now moved back in to their new accommodation at Oxenhope.

### **Summary**

All the information used and published in the Quality Account shapes and informs priorities for service and operational planning. It is therefore important that this information is accurate and presents a balanced view of the quality delivered by Airedale NHS Foundation Trust. Our aim is to continue to develop a culture of openness, accountability, responsibility and challenge in order to ensure that patient safety remains paramount. We will continue to monitor and review our services and work closely with our stakeholders in order to ensure that all our patients receive high quality, personalised care with dignity and respect.

All the information used and published in the Quality Account to the best of our knowledge is both complete and accurate.



**Dr Andrew Catto**  
**Medical Director**



**Debra Fairley**  
**Interim Chief Nurse**

6 June 2011

## 2 Priorities for Improvement

We have reviewed our priorities with our stakeholders (event held January 2011) and our Quality Account is a record of this work. It demonstrates our commitment to continuous improvement. Building on feedback from our stakeholder event, the Quality Account Steering Group has helped to inform the choice of future quality priorities for 2011/12 and thereby replace those priorities being 'retired'. This group includes membership from the Patient and Carer Panel and the Council of Governors as well as the Medical Director, Interim Chief Nurse, the Head of Equality and Diversity, Project Lead for Patient and Public Involvement and the Assistant Director of Healthcare Governance. The Foundation Trust's performance against quality and safety indicators was triangulated against national, regional and local priorities and a wide range of staff were consulted to draw up a list of possible future priorities and a rationale for selection.

In 2009/10 we reported on key, local priorities identified from the quality domains of patient safety, clinical effectiveness and patient experience. The following were selected as our top three priorities:

1. **Patient Safety:** Reduction of slips, trips and falls sustained by patients admitted to our hospital wards.
2. **Clinical Effectiveness:** Accident and Emergency (A&E) Streaming Project to improve the patient pathway.
3. **Patient Experience:** Real Time Patient Feedback.

We will report our progress on these priorities in this year's Quality Account. In order to build on this work, we have identified further quality improvement plans for 2011/12. (Other local quality indicators given precedence in our 2009/10 Account are updated in Section 3).

**Inpatient falls:** The Foundation Trust's ageing population<sup>2</sup> and its relation to the increased number of falls within both the community and hospital identified falls reduction as a local quality indicator. We have already introduced a number of significant measures aimed at better falls management and prevention, although, overall, numbers of inpatient falls has not decreased. This is disappointing, although our incident reporting has increased over the last year and it may be that we are reporting more of the slips and trips.

**Infection Prevention:** Feedback from the public event identified that infection prevention should remain a high priority. Our challenge was perceived as maintaining the success achieved to date.

**Accident and Emergency:** Over time, some priorities may be achieved and new areas will become the focus for quality improvement. The Department of Health has published new Accident and Emergency (A&E) care quality indicators to be introduced from April 2011, replacing the four hour standard. The measures are designed to provide a comprehensive view of the quality of care across A&E departments, including outcomes, clinical effectiveness, safety, experience and timeliness. As we are confident that quality will continue to be monitored and developed we propose to 'retire' our A&E clinical effectiveness local quality indicator. Indicator 6 - reducing time to initial assessment in the A&E Department - will be included as part of our clinical effectiveness metrics from 2011/12.

**Same-sex accommodation:** Airedale NHS Foundation Trust is compliant with the elimination of mixed sex accommodation. Patients never share sleeping areas with members of the opposite sex, except in an emergency environment such as intensive care where patient safety takes priority over same sex accommodation. Since December 2010, figures have been published by the Department of Health on breaches in same-sex accommodation; information is available online at individual hospital level. For these reasons, it has been decided to 'retire' this indicator.

---

<sup>2</sup> Office for National Statistics (2006) Refreshed Population Projections

**Children's Rapid Improvement Programme: Asthma:** a new asthma guideline has been developed and partnership working has been established. As the focus of the group is now changing to gastroenteritis management in children, we consider it an opportune time to 'retire' this indicator.

**Clinical Effectiveness:**

We propose to replace the A&E Streaming Indicator and the Children's Rapid Improvement Programme respectively with:

- The use of telemedicine to improve the overall quality of healthcare for people with long term conditions

The Strategic Health Authority (SHA) has commissioned Primary Care Trusts (PCTs) to carry out the quality, innovation, productivity and prevention (QIPP) agenda and our Chief Executive has personally signed up to participate in the programme. Long term conditions have been adopted by NHS Bradford and Airedale, and initially will focus on chronic obstructive pulmonary disease (COPD). The objective is to assess the effectiveness of care and treatment using innovative technologies. Telemedicine is genuinely patient centred and ensures that patients are involved in all decisions about their care and treatment.

- Enhanced Recovery Programme

Enhanced Recovery is a new way of improving the experience and wellbeing of patients who need major surgery. Funded by the Department of Health and endorsed by the National Cancer Action Team, the principles of this programme are to ensure that the patient is in the best possible condition for surgery, has the best management during the operation and the best post-operative rehabilitation. The Foundation Trust has identified orthopaedics and colorectal as the first specialities to plan, develop and implement the programme.

**Patient Experience:**

We propose to replace the same-sex accommodation indicator with:

- Nutrition and dementia

The issue of nutrition features strongly in the recent Health Service Ombudsman's Care and Compassion report. In addition, dementia can have serious affects on nutrition, malnutrition being a common factor in people with dementia<sup>3</sup>. The refusal to eat, loss of appetite, forgetting to chew and swallow, and being distracted are all frequently observed. Through focusing on nutrition amongst this vulnerable group, we are seeking to improve the quality of care for people with dementia.

**Transferring Community Services**

From 1 April, 2011, we are now the provider of a number of community services within Bradford and Airedale, the Craven locality and Castleberg Community Hospital near Settle. These services include the Airedale Collaborative Care Team, community support services and a number of specialist nurses. Going forward we will reflect on priorities for quality and safety improvements, as we transform community services during the next year. This will be a major challenge as we seek to understand where change is needed, and demonstrate what high quality, personalised care looks like. In seeking to demonstrate this we will report performance against a number of locally selected improvement priorities:

---

<sup>3</sup> Watts, V. et al (2007) Feeding problems in Dementia, *Geriatric Medicine*; 37: 8, pp.15–19.

## Patient safety

Streamline and integrate governance and risk management systems so that patient safety is at the heart of the services we provide.

## Patient Experience

Establish systems by which to measure and deliver patient outcomes, by involving people in the decisions about their care and treatment.

## Clinical Effectiveness

Evaluate the provision of services and establish priorities to deliver high quality patient care.

In addition, reporting performance against relevant 2011/12 CQUIN goals and national priorities in order to transform care and demonstrate improvement. As a priority we will focus on patient experience and patient reported outcomes.

### 2.1 Priority 1 Patient Safety: Reduction of slips, trips and falls sustained by patients admitted to our hospital wards

#### Rationale and Aim

National Patient Safety Agency data from across England and Wales indicated that approximately 208,000 falls are reported in acute hospital each year<sup>4</sup>. Falls can potentially result in significant injury, but even where falls are less serious, the human cost may include pain, injury, a loss of confidence, independence and cause anxiety for patients, relatives and hospital staff<sup>5</sup>. With patient falls consistently in our top three reported patient safety incidents, the reduction of slips, trips and falls is an important patient safety challenge and was selected as one of our main priorities in 2009/10. The Foundation Trust aims to demonstrate a year on year reduction in the number of slips, trips and falls sustained by patients while they are in hospital.

Although hospital patients are particularly at risk of falling due to medical conditions and factors such as poor memory, eyesight, continence problems<sup>6</sup>, research estimates that up to 30 per cent of falls can be prevented<sup>7</sup>. A Falls Management Steering Group has been in place since June 2010 to oversee the project and is responsible for implementing robust systems and processes to reduce the risk of falls, and resultant harm and injury.

#### Current status

Fiscal Year	Falls	Bed Days	Falls Per Thousand Bed Days *
2007/08	619	111,512	5.6
2008/09	777	128,740	6.0
2009/10	1,089	127,983	8.5
2010/11	1,197	123,529	9.7

\*A data quality review has resulted in recalculated figures; overall the trend remains the same.

Airedale encourages a high level of reporting and, in addition, the hospital admits a high proportion of vulnerable, elderly patients with increasing age, have an increased risk of falls.

4 National Patient Safety Agency, 2010 Slips, trips and falls update NPSA:

<http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/patient-accidents-falls/?entryid45=74567>

5 National Patient Safety Agency Rapid Response Report (2011), Essential Care after an Inpatient Fall p. 3

6 National Patient Safety Agency 2011 Essential Care after an inpatient fall - Rapid Response Report p. 3

7 Institute for Innovation and Improvement (2009) High Impact Actions for Nursing and Midwifery

8 Bed occupancy is calculated from data from wards 1,2,3,4,5,6,7,9,10,13,14,15,17,18, 19 and 21 as supplied from the Trust's Information Services Department. Falls comparable with NRLS calculations are calculated as follows:

X= the total number of all patient falls reported in your hospital/unit in the most recent year for which data are available. Include falls in day units and outpatients.



Our falls rate<sup>8</sup> is higher than the reported national average of 4.8 falls reported per 1,000 bed days, based on falls occurring in acute organisations between December 2005 and May 2006 (NPSA, 2007).<sup>9</sup> The most recent data from the NPSA reports a mean rate of 5.6 per 1000 bed days, based on falls occurring in acute hospitals between October 2008 and September 2009.<sup>10</sup> The NPSA advises that comparison between organisations may not be particularly helpful for falls prevention, and suggests focus should be on improvement over time within organisations.

#### **Initiatives in 2010/11**

- The Foundation Trust's Falls Policy was revised and approved by the Foundation Trust's Quality and Safety Operational Group in December 2010 in line with NHSLA Level 2 standards.
- We have tested and purchased monitoring alert systems in order to help reduce the incidence of un-witnessed falls. We will ensure that all wards have timely access to a range of appropriate falls equipment.
- We have developed a 'falls dashboard' to provide up to date, valid information on the number of falls by ward/department; the number of falls resulting in serious injury and the nature of this injury; and the time at which falls occur in order to continually monitor and improve upon the falls rate.
- We have completed our annual bed rails audit and have a mandatory training programme including falls prevention and bed rail use.
- We have revised and replaced our falls risk assessment tool with new risk screening, assessment and evaluation tools in order to improve risk management processes.
- An Airedale Falls Roadshow was held to demonstrate effective methods in reducing the risk of falls.
- During Patient Safety Week in November 2010, we were involved in an audit in conjunction with the NPSA which asked the question, "Are you afraid of falling?" This question was asked of patients and relatives across all wards and departments.

#### **Initiatives in 2011/12 to achieve progress**

- We will engage effectively with patients and their carers in the planning of care with the objective of improving the management of risk around falls, balanced against the need to promote patient independence, mobility and safety. This will be of particular relevance when implementing new falls documentation, which uses an individualised care plan which is patient specific.
- A falls leaflet will be produced for patients and visitors which will help to explain what will be done to reduce the risk of a patient falling whilst in hospital.
- A database will be developed which will allow real time access to data about patients who have fallen.
- We will investigate the possibility of the benefits of cushioned flooring in those areas where high risk patients may fall.
- All wards will be supplied with bed and chair alarms for high risk patients.
- Slips, trips and falls is a criteria of the safe environment standard in the Foundation Trust's commitment to achieve NHSLA level 3 status.

---

Y= the total number of occupied bed days in your hospital/unit in the most recent year for which data are available, divided by 1000.

X divided by Y gives you the number of falls per 1000 occupied bed days

Taken from The Third Report from the Patient Safety Observatory. Slips, Trips and Falls in Hospital (NPSA, 2007)

9 NPSA (2007)The Third Report from the Patient Safety Observatory, Slips, Trips and Falls in Hospital p.15

10 NPSA (2010) Slips, trips and fall data, [Published 23/06/10] p.13



**Lead Executive Director**  
 Debra Fairley, Interim Chief Nurse  
**Clinical Lead and Implementation Lead**  
 Elaine Andrews, Interim Deputy Chief Nurse  
 Noel McEvoy, Senior Nurse Safeguarding Adults

## 2.2 Priority 2 Clinical Effectiveness: Streaming within the Accident and Emergency Department

### Rationale

Implementing a streaming system can reduce the overall length of stay in the Accident and Emergency (A&E) department and increase patient and staff satisfaction. This is achieved by the separation of simple, straightforward cases to enable more focused and efficient caring for the acutely ill patients. In addition, a Clinical Decision Unit will allow for evidence based management of a number of conditions, such as head injury, deep vein thrombosis, low risk chest pain and cellulitis.

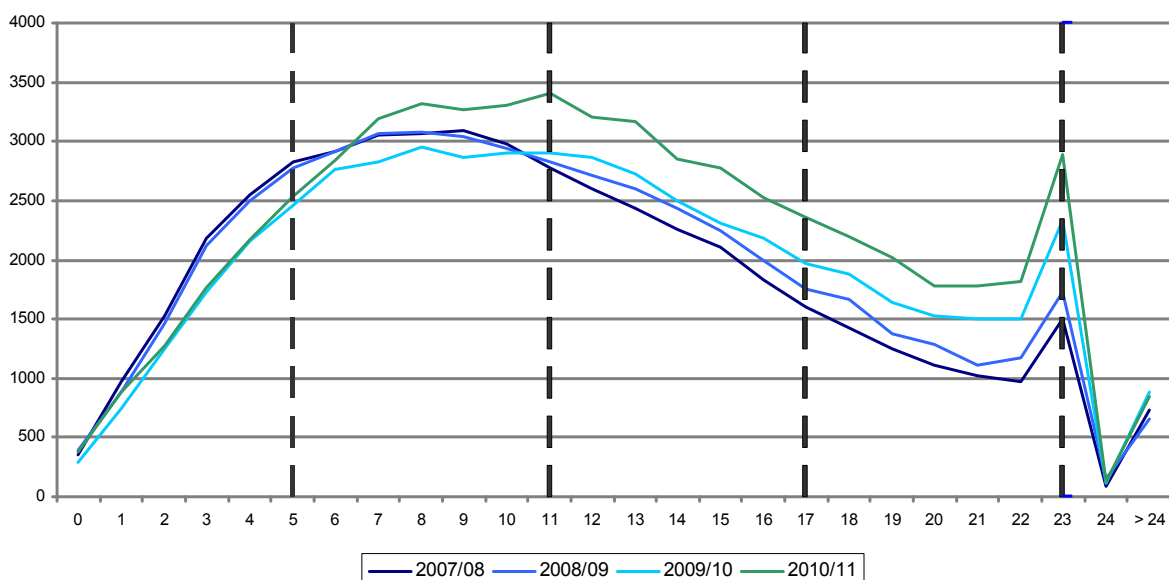
### Aim

1. To decrease waiting time with quicker turn around for emergency medicine ambulatory patients without decreasing the quality of their assessment and management and leading to improved patient journey and increased satisfaction;
2. To set up a Clinical Decision Unit (CDU) for patients with certain pre-defined conditions. This will implement evidenced based management to ensure high quality care with reduced inpatient stay.

The project follows the DMAIC methodology which is based around five steps: Define Measure, Analyze, Improve and Control.

### Current Status

**A&E waiting times in 10 minute blocks up to 4 hours**



Attendance at A&E has risen from 51,794 in 2009/10 to 58,654 in 2010/11 with the average waiting time of around two hours. As reported in 2009/10, there continues to be a surge at four hours. Current and future initiatives aim to decrease the overall waiting times and eliminate the rise. This will be monitored in future through the inclusion of the Department of Health's Indicator 6 - reducing time to initial assessment in the A&E Department.

### **Initiatives and Progress in 2010/11**

- “A major re-development of the department including the establishment of the Clinical Decision Unit is planned”.

The project is continuing to progress with architect plans currently being evaluated. The A&E department has not substantially altered its structure since its inception in 1971. Attendances in 1971 were approximately 16,500; in 2010, that number has tripled to over 50,000. At the same time, this number is associated with an increased number of clinic clients, greater number of users with complex needs and more advanced technological medical practices and equipment.

The need for expansion of the department, including the CDU requirement, remains at the forefront of Foundation Trust and commissioner consideration to ensure value for money and real benefits for users. This includes protocol driven management for certain conditions, e.g. non traumatic chest pain, asthma, cellulitis, drug overdose, etc. This will ensure focussed treatment with reduced length of stay, quality outcomes, whilst reducing the impact on the in-patient bed base. One of the National Quality Indicators for A&E services being introduced in April 2011 is reducing the percentage of in-patient management of cellulitis patients; a CDU is seen as a prime solution to this.

- “Further review of the recommendations of the LEAN A&E October 2009 report. There are clear patterns of attendance: hour of the day, day of the week and seasonal. Variation is observable through the day, divisible into peak and off peak times. Consideration of X ray and CT scan usage patterns and the journey of documentation notes and documentation pathway will be made”.

In February 2011, the Foundation Trust initiated a trial of a software package, known as ‘ExtraMed’, within the A&E Department, which, if successful, will be rolled out to the Admissions Unit and throughout the rest of the hospital. This system works like an advanced electronic ‘white board’ which facilitates patient tracking and communication to the relevant staff regarding management. In this way, it is expected to speed the patient’s journey through the A&E, whilst enhancing communication related to management decisions regarding care, e.g. investigations required/performed and at the same time safeguarding the quality of their care.

### **Initiatives in 2011/12 to achieve progress**

- Ensure the quality of service provision as experienced by our users: It is important that a true picture is being gained of what users think of the Airedale A&E service and to take any learning points on board. To achieve this we plan to take advantage of the resource that is our Urgent Care User Involvement Group. Volunteer users will randomly interview service users, taking into account the full spectrum of day of the week, time of the year and time of the day, to co-ordinate a user surveys. Regular meetings will be held with the Urgent Care User Involvement Group to take stock and make recommendations.
- The upgrade of the A&E Department. This is an on going project that is not necessarily likely to be completed within the next financial year. As part of the Foundation Trust’s building plan this remains a priority and will ensure that the concept of streaming can be best developed.
- Continued evaluation regarding the provision of a CDU. Review will continue throughout 2011/2012 regarding this project to ensure that such provision will represent the best use of resources, value for money and be of optimal benefits to users.

### **In Summary:**

Streaming minor injuries in A&E has been completed and this indicator is to be closed as the work is now embedded. Going forward the recommendation is that the new A&E indicators for 2011/12 will be included in the quality accounts for 2011/12. Also there will be an upgrade of the A&E Department to include a CDU. This has been incorporated into the Foundation Trust’s Estate Strategy, as part of the Foundation Trust’s building plan.

**Lead Executive Director**  
Andrew Catto, Medical Director  
**Clinical and Implementation Leads**  
Dr. Mike Dudley, Consultant Emergency Medicine  
Dr. Meg Crossley, Clinical Director for Acute and Emergency Medicine

### 2.3 Priority 3 Patient experience: Real-time patient feedback

Implementation of the real-time patient feedback survey was prioritised in 2009/10 as a means of understanding how our patients feel about their care in order to improve services and patient experience. A survey is carried out by volunteers who visit every medical and surgical ward on a daily basis (except Sunday) and assist patients who are due to be discharged, to complete a questionnaire on a portable computer. The questionnaires are loaded onto the Foundation Trust's central data base and the findings are then instantly, electronically available to ward staff.

There has been considerable progress made during 2010/11 in the organisation and outcome of the real-time inpatient survey. This includes the successful recruitment of volunteers with an in depth training programme. The time of day the volunteers visit the wards has been changed to capture a larger number of patients before they leave hospital. Volunteers now undertake the survey on a Saturday, as well as Monday to Friday. A pilot is underway whereby one day a week volunteers attend both in the morning and in the afternoon. A sub-group overseeing the initiative is now well established. Two of the volunteers involved in the survey sit on the sub-group, which has been very beneficial in terms of two way communication. There have been two events for the volunteers held in April 2010 and February 2011, to keep them updated on progress.

#### **Current Status**

The initiatives that have been put in place have resulted in a considerable increase to the participant rate. During 2009/10, 690 patients completed the survey – the monthly participant rate ranged from 29 to 93 patients. During 2010/11 2,796 patients completed the survey – the monthly participant rate ranged from 93 to 341. This is 8.6 per cent of all patients discharged from the participating wards during 2010/2011, compared to 4 per cent reported in the 2009/10 Quality Account.

Regular progress reports are made to the Patient and Public Engagement and Experience Steering Group. Airedale NHS Foundation Trust was invited to give a presentation in March 2011 at a 'Master Class' organised by the Strategic Health Authority on the way the real time inpatient survey is conducted.

#### **Initiatives and Progress in 2010/11**

The following gives detail of progress made for each of the initiatives set out in the 2009/10 Quality Account:

- To continue to recruit volunteers who can support and assist patients to participate in the survey in order to seek to ensure a more representative sample.

There has been a successful recruitment campaign with a full rota now in place. Recruitment continues in order to provide cover for holidays and sickness. It will also be necessary to have larger numbers of volunteers if the survey is to be conducted twice a day and extended to other services. The recruitment drive has resulted in a continuing increase in the number of questionnaires being completed as outlined above.

- "Once the methodology is embedded and more volunteers have been recruited, extend the survey to other areas such as the maternity unit".

At the time of writing this report, Ward 19 and Physiotherapy Services have been added to

the survey. Work is also underway to extend coverage to maternity services and the Haematology and Oncology Day Unit (HODU).

- “Develop robust systems and process to seek to ensure that ward/clinical teams are continually reflecting on patients’ feedback and that this is incorporated into safety and quality improvement programmes such as the Essence of Care benchmarks, High impact Actions for Nursing, the Productive Ward and the Patient Safety First initiative”.

Measures have now been introduced to enable effective dissemination of the survey’s findings. Information from the survey links to work being done with *Essence of Care Benchmarking Standards* and the *Productive Ward Series* initiatives. The senior sisters/charge nurses on the medical/surgical floors monitor the findings of the real time inpatient survey in their Quality Standards Check List, which is checked and recorded twice weekly at ward level, as a matter of routine. Matrons do spot checks of their ‘patch’ using the Quality Standards Check List. The survey results are also discussed at the operational sisters meetings chaired by the Matrons for Surgery and Medicine. In addition, specific issues are highlighted on a ‘whiteboard’ for all staff to see. Key issues are also reported to the Board each month by the Interim Chief Nurse.

- “Develop robust systems and processes to record changes that have taken place following the results of the survey so that the Foundation Trust is able to demonstrate that it is listening to patients and acting on their feedback”.

Evidence of any actions undertaken is documented as part of the ‘Quality Standards Check List’ process and recorded on ward ‘White Boards’ so that patients can see if improvements have been made. It is often the simple things that make a difference. In response to the low satisfaction rating in respect of ‘noise at night, a pilot exercise was undertaken on Ward 7, whereby patients are offered earplugs at night.

#### **Initiatives 2011/12**

- Consideration to be given to other initiatives that will increase the number of questionnaires completed by patients who are due for discharge.
- Undertake further volunteer recruitment to cater for the expected extension of the survey, to cover other services.
- Continue to improve communication with the volunteers, to encourage continuity of support.
- Regular progress reports in ‘Staff Brief’ to keep Foundation Trust staff fully updated on the learning.
- Continue to reflect on the findings and integrate these with other patient feedback in order to demonstrate tangible improvements to care and services.

A Staff Nurse Forum took place in September 2010 with three presentations focusing on being a patient and being a relative. A similar event has taken place for Sisters and Charge Nurses in June. Comments made as part of the evaluation of that event include:

- “The patient stories were excellent and very powerful.”
- “It was good to have time for reflection to improve standards.”
- “The best forum so far.”
- “I appreciated the honest and open discussion.”

It is hoped that this event will be rolled out to other staff groupings in the coming months. Improving the Patient Experience is part of our Skills for Great Line Management Programme.

Source: Project Lead Patient and Public Engagement and Experience, 2010.

**Lead Executive Director**  
Debra Fairley, Interim Chief Nurse  
**Clinical Lead and Implementation Lead**  
Elaine Andrews, Interim Deputy Chief Nurse  
Karen Dunwoodie, Project Lead Patient and Public Involvement

## 2.4 Quality of Services Provided

The following statements serve to offer assurance that the Foundation Trust is measuring clinical processes and performance, involved in national projects aimed at improving quality and is performing to essential standards.

### 2.4.1 Review of Services

During 2010/11 Airedale NHS Foundation Trust provided and sub-contracted 60 NHS services [as per Schedule 2 in Monitor's Terms of Authorisation].

Airedale NHS Foundation Trust has reviewed all the data available to them on the quality of care in 60 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 90.4 per cent of the total income generated from the provision of NHS services by Airedale NHS Foundation Trust for 2010/11.

### 2.4.2 Participation in Clinical Audits

Clinical audit measures the quality of care and services against agreed standards and recommends improvements where necessary.

During 2010/11, 49 national clinical audits and 4 national confidential enquiries covered NHS services that Airedale NHS Foundation Trust provides.

During 2010/11, Airedale Foundation NHS Trust participated in 72 per cent of national clinical audits and 100 per cent of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Airedale NHS Foundation Trust participated in and for which data collection was completed during 2010-11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

**Figure 1: National Clinical Audits**

	<b>Audit Title</b>	<b>Applicable to ANHST</b>	<b>ANHSFT Participation</b>	<b>Per cent eligible patients submitted</b>
1	Myocardial IschA&Emia National Audit Project (MINAP)	✓	✓	100
2	Adult Asthma	✓	✓	100
3	Adult Critical Care (Intensive Care and National Audit Research Centre)	✓	✓	100
4	Blood Transfusion: 'O' Negative Blood Use	✓	✓	100
5	Blood Transfusion: Platelet Use	✓	✓	100
6	Bowel Cancer (NBOCAP)	✓	✓	100
7	Childhood Epilepsy	✓	✓	100
8	Chronic Obstructive Pulmonary Disease (COPD)	✓	✓	100
9	Emergency use of Oxygen	✓	✓	100
10	Falls and Non-Hip Fractures	✓	✓	100

11	Heavy Menstrual Bleeding	✓	✓	100
12	Hip, Knee and Ankle Replacements	✓	✓	100
13	Lung Cancer (LUCADA)	✓	✓	100
14	Neonatal Intensive and Special Care (NNAP)	✓	✓	100
15	Paediatric Diabetes	✓	✓	100
16	Paediatric Fever	✓	✓	100
17	Parkinson's Disease	✓	✓	100
18	Perinatal Mortality	✓	✓	100
19	Potential Donor Audit	✓	✓	100
20	Renal Colic	✓	✓	100
21	Sentinel Stroke Audit	✓	✓	100
22	Ulcerative Colitis and Crohn's Disease (IBD)	✓	✓	100
23	Vital Signs in Majors	✓	✓	100
24	Depression Detection and Management of Staff on long-Term Sickness/Absence	✓	✓	100
25	Implementation of Health and Work Guidance	✓	✓	100
26	Inpatient Diabetes	✓	✓	100
27	Dementia	✓	✓	90
28	Elective Surgery - Knee Replacement: Patient Reported Outcome Measures (PROMS)	✓	✓	81
29	Elective Surgery - Hip Replacement: PROMS	✓	✓	79
30	Elective Surgery - Hernia: PROMS	✓	✓	70
31	Elective Surgery - Varicose Veins: PROMS	✓	✓	64
32	Diabetes (NDA)	✓	✓	0
33	Familial Hypercholesterolaemia	✓	✓	0
34	Hip Fracture	✓	✓	0
35	Care of the Dying	✓	✓	Underway
36	Colonoscopy Audit	✓	✓	Underway
37	Decreased Consciousness in Children	✓	✓	Underway
38	Health Promotion in Hospitals	✓	✓	Underway
39	Negative Pressure Wound Therapy for the Open Abdomen	✓	✓	Underway
40	Nutritional Screening	✓	✓	Underway
41	Seizure Management in Hospitals (NASH)	✓	✓	Underway
42	Bronchiectasis	x	N/A	
43	CABG and Valvular Surgery	x	N/A	
44	Cardiothoracic Transplantation	x	N/A	
45	Carotid Interventions	x	N/A	
46	Chronic Pain	x	N/A	
47	Coronary Angioplasty	x	N/A	
48	Depression and Anxiety	x	N/A	
49	Head and Neck Cancer (DAHNO)	x	N/A	
50	Liver Transplantation	x	N/A	
51	Paediatric Cardiac Surgery	x	N/A	
52	Paediatric Intensive Care (PICANet)	x	N/A	

53	Peripheral Vascular Surgery	x	N/A
54	Pleural Procedures	x	N/A
55	Prescribing in Mental Health	x	N/A
56	Pulmonary Hypertension	x	N/A
57	Renal Patient Transport	x	N/A
58	Renal Replacement Therapy	x	N/A
59	Renal Transplantation	x	N/A
60	Schizophrenia	x	N/A
61	Acute Stroke (SINAP)	✓	**
62	Adult Community Acquired Pneumonia	✓	*
63	Cardiac Arrest	✓	*
64	Heart Failure	✓	*
65	Non Invasive Ventilation (NIV) - Adults	✓	*
66	Paediatric Asthma	✓	**
67	Paediatric Pneumonia	✓	*
68	Severe Trauma	✓	**

\* Not adopted by the Foundation Trust.

\*\* Signed up to participate for 2011/12

Explanations for less than 100 per cent submission rate:

- No. 27 Dementia: 90 per cent submission owing to temporary resource issues. The Foundation Trust is one of a small number of hospitals currently taking part in the enhanced section of this audit.
- Nos. 28-31 PROMS: all patients are offered the opportunity to participate.
- No. 32 Diabetes (NDA): technical data capture difficulties - resolved for 2011/12.
- No. 33 Familial Hypercholesterolaemia: unanticipated administrative difficulties. No further audit planned.
- No. 34 Hip Fracture: unanticipated administrative difficulties. – resolved for 2011/12.

## Figure 2: National Confidential Enquiries

	NCEPOD Enquiries	Applicable to ANHSFT	ANHSFT Participation	Per cent requested information submitted
1	Cardiac Arrest Procedures	✓	✓	100
2	Elective and Emergency Surgery in the Elderly	✓	✓	100
3	Peri-Operative Care	✓	✓	100
4	Surgery in Children	✓	✓	100

The reports of 18 national clinical audits were reviewed by Airedale NHS Foundation Trust in 2010/11 and Airedale NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Guidelines are followed consistently  
*Learning point example: the College of Emergency Medicine's National Pain in Children audit revealed that although pain relief appears to be administered appropriately, the recording of pain scores pre- and post-analgesia could be improved upon. The Foundation Trust has acknowledged this element of learning and re-iterated the necessity for staff to accurately record these scores.*



- Robust audit data collection processes which includes checking for accuracy and completeness prior to submission

*Learning point example: following the National Lung Cancer Audit Report (LUCADA), the Foundation Trust introduced a data collection process which includes quarterly validation by the clinical team.*

- Timely review of all national audit reports

*Learning point example: the National Parkinson's Disease Audit Report has been reviewed by the clinical team, and an action plan developed. Progress will be monitored by the Foundation Trust.*

- Local action plans are developed in response to the national reports, to continue to improve our services

*Learning point example: as a result of the British Thoracic Society's Adult Asthma Audit, the Foundation Trust has implemented an Asthma Discharge Checklist.*

- Progress with the local action plans is monitored

*Learning point example: the reports of National Confidential Enquiries include a Self-Assessment Checklist (SAC), completion of which constitutes the local action plan. The Foundation Trust monitors progress with each current SAC.*

The reports of 106 local clinical audits were reviewed by Airedale NHS Foundation Trust in 2010/11 and Airedale NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

#### **Local audit examples:**

Audit 1803: Urinary Catheters

Conclusion: *Review of the education and training programme to reflect any areas of low compliance.*

Action: *1. Ensure that all relevant staff are aware of the correct procedures in relation to urinary catheter care; 2. Further development of indwelling catheter infection score and pilot the use of this score; 3. Re-audit to be undertaken in May 2011.*

Audit 1841: The use of Chlor Clean

Conclusion. : *The audit highlighted further areas for improvement in practice.*

Action: *1. Ensure that all staff continue to be aware of the correct procedure for dealing with blood spillages; 2. Ensure that all staff are trained and kept up-to-date with the use of Chlor-Clean and consider 'train the trainer' approach; 3. Share good practice such as cleaning files/record of cleaning activities/equipment.*

#### **2.4.3 Participation in Clinical Research**

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. Airedale NHS Foundation Trust is committed to research as a driver for improving the quality of care and patient experience. Research is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves.

The number of patients receiving NHS services provided or sub-contracted by Airedale NHS Foundation Trust in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 368.

Participation in clinical research demonstrates the commitment of Airedale NHS Foundation Trust to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. National systems are

being used to manage the studies in proportion to risk and the Foundation Trust is participating fully in the central sign-off process (CSP) for National Portfolio studies and has fully signed up to the Research Passport system.

Airedale NHS Foundation Trust was involved in conducting 138 clinical research studies across all specialties during 2010/11.

There were 75 clinical staff participating in research approved by a research ethics committee at Airedale NHS Foundation Trust during 2010/11. These staff participated in research across 13 different medical specialties. Over the period 2010/11 we have approved 3 new studies in the specialty of Paediatrics in recognition of the need to find new and effective medications for children. One of these new studies was in the field of pre-term babies. The Foundation Trust is committed to expanding research into new specialties to improve the quality of care for our patients.

As well, in the last three years, 14 publications have resulted from our involvement in National Institute for Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates the commitment of Airedale NHS Foundation Trust to testing and offering the latest medical treatments and techniques.

#### **2.4.4 Goals agreed with Commissioners**

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. *'High Quality Care for All' (2008)* included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

#### **Use of Commissioning for Quality and Innovation (CQUINS) payment framework**

A proportion of Airedale NHS Foundation Trust's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Airedale NHS Foundation Trust, and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at:

[http://www.institute.nhs.uk/world\\_class\\_commissioning/pct\\_portal/cquin.html](http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html)

As part of the drive to improve quality, an amount of funding to be paid to the Foundation Trust during 2010/11 for the delivery of services to our patients was dependent upon achieving a range of quality markers. This scheme (CQUIN) linked £1,650,690 of our funding to the delivery of the agreed quality indicators. This is based on the indicative outturn value for 2010/11\*

During 2010/11 Airedale NHS Foundation Trust delivered CQUINs to the value of £1,391,661\* to the satisfaction of our commissioners.

\*Final values are currently being agreed ahead of year end invoices being issued.

#### **2.4.5 What Others say about the Provider**

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. We are pleased to report that we have declared full compliance with all the regulations and that, presently, there are no conditions on our registration.

## **Statements from the Care Quality Commission (CQC)**

Airedale NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions. Airedale NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Airedale NHS Foundation Trust during 2010/11.

Airedale NHS Foundation Trust is not subject to periodic reviews by the CQC.

Airedale NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 1 April 2010 – 31 March 2011 special review: October 2010 Care Quality Commission's review of support for families with disabled children.

Airedale NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC; the final report is not yet available for review and analysis.

### **2.4.6 Data Quality**

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

#### **Statement on relevance of Data Quality and actions to improve Data Quality**

##### **NHS Number and General Medical Practice Code Validity**

Airedale NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data

– which included the patient's valid NHS number was:

- 99.74 per cent for admitted patient care;
- 99.59 per cent for out patient care; and
- 98.78 per cent for accident and emergency care.

– which included the patient's valid General Medical Practice Code was:

- 97.87 per cent for admitted patient care;
- 99.58 per cent for out patient care; and
- 97.25 per cent for accident and emergency care.

##### **Information Governance Toolkit attainment levels**

Airedale NHS Foundation Trust Information Governance Assessment Report score overall score for 2010/11 was 80 per cent and was graded Green - Compliant.

The attainment levels assessed within the toolkit provides an overall measure of the quality data systems, standards and processes within an organisation.

##### **Clinical Coding error rate**

Airedale NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

Airedale NHS Foundation Trust was not required to have a Payment by Results clinical coding audit as we were not one of the 20 per cent worst performing Trusts. Instead an

external company was commissioned to conduct an external governance information audit. The error rates in the coding reported in that period for diagnoses and treatment were:

- Primary Diagnoses Incorrect 7.5 per cent
- Secondary Diagnoses Incorrect 6.0 per cent
- Primary Procedures Incorrect 9.1 per cent
- Secondary Procedures Incorrect 10.6 per cent

Explanatory note: these error rates relate only to errors between what has been coded by the clinical coding team compared with what is recorded in the patient notes. The specialties audited were General Surgery, Orthopaedics, Elderly Medicine and Gynaecology (excluding coloscopies); 50 episodes from each specialty were audited using case notes as the main coding source. Results should not be extrapolated further than the actual sample audited. Selection was based on the specialties that the Foundation Trust felt could improve either in how the diagnoses and procedures are actually coded or the quality of the data provided from which the coding is done.

Airedale NHS Foundation Trust will be taking the following actions to improve data quality:

1. All mandatory co-morbidities must be coded as per Coding Clinic March 2010.
2. The new Policy and Procedure document is to be completed.
3. Provide training to all coders based on the errors highlighted in this year's audit and provide an Orthopaedic workshop to maintain coders' skills.
4. Procedures undertaken at The Yorkshire Clinic must be documented within the case notes
5. Improve the layout and filing of the case notes.
6. Ensure discharge summaries are available to coders at the time of coding.

## REVIEW OF QUALITY PERFORMANCE

As well as the selected improvement projects detailed in Section 2, this report takes the opportunity to outline other priority work in the three areas of patient safety, clinical effectiveness and patient experience. Metrics or measures are included with a selection of service specific and organisational indicators. Where possible, historical and benchmarking data is provided to offer context.

### 3.1 Patient Safety

The reduction of slips, trips and falls, infection prevention and the reduction in unavoidable pressure ulcers have been chosen as specific areas of focus for the Foundation Trust for 2010/11.

#### 3.1.1 Infection Prevention

##### **Lead Executive Director**

Debra Fairley, Interim Chief Nurse

##### **Clinical Lead and Implementation Lead**

Elaine Andrews, Interim Deputy Chief Nurse

Allison Charlesworth, Matron Infection Prevention

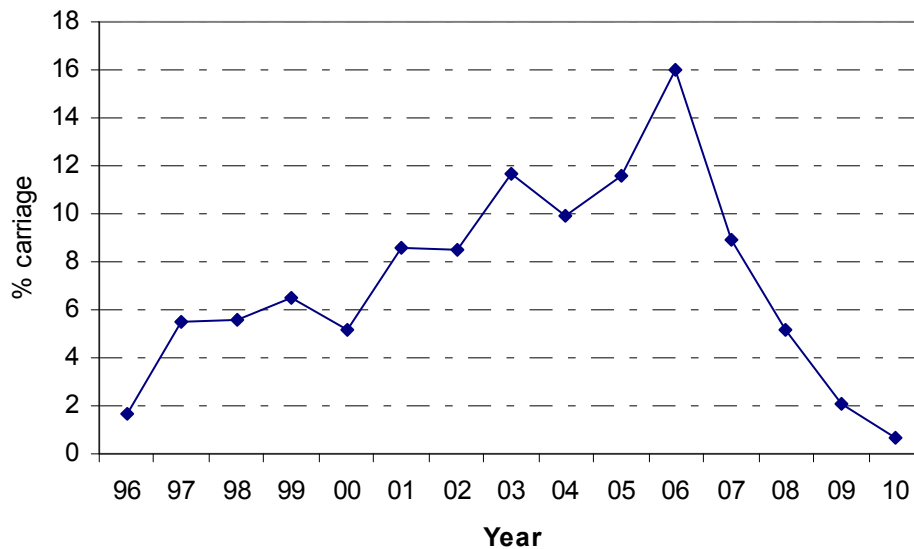
We understand that healthcare associated infections (HCAI) are a significant cause of poor patient experience, increased length of stay and a factor associated with greater use of antibiotics and analgesia. We are pleased to be able to state that the risk of acquiring an infection whilst in our hospital remains low. The work of the Intensive Care Team is a particular highlight with the last ventilator associated pneumonia case confirmed as 18 January 2008. As described in Table 1 and section 3.5, rates of infection for MRSA and *Clostridium difficile* are low. Both show year on year improvement with a significant decrease in levels of *Clostridium difficile*. We continue to achieve rates below trajectory.

The Foundation Trust continues to strive to ensure high quality, safe infection prevention and control measures are part of everyday practice and are applied consistently by all staff. This year has seen both the introduction and strengthening of a series of measures designed to combat

HCAI:

- The Interim Chief Nurse meets with ward managers twice a month to review individual ward plans with regard to the prevention of MRSA bacteraemia.
- The MRSA prevalence survey carried out in December 2010 revealed that carriage rates have fallen yet again and reflects efforts to improve hand hygiene and antibiotic usage.

**Percentage of inpatients carrying MRSA**



- MRSA screening continues in accordance with our MRSA strategy; compliance is monitored monthly.
- A root cause analysis is undertaken for all hospital acquired MRSA bacteraemias and Clostridium Difficile infections with learning points fed back immediately to clinical teams.
- We persist with the implementation of the Saving Lives Campaign, including the high impact interventions, alongside the promotion of hand hygiene amongst staff.
- A weekly executive hand hygiene walk round led by the Interim Chief Nurse, commenced last year to support the 'bare below the elbows' and Hand Hygiene Policy. The monthly hand hygiene audit continues with percentage levels since April 2010 of 90 per cent and above; the doctors have seen an improvement in compliance levels over the year. This work is supported by the newly established Hand Hygiene Task Group.
- Foundation Trust volunteers continue to support the hand hygiene initiative, encouraging visitors to utilise hand wipes to everyone entering the outpatient department.
- In 2009/10 we participated in the Delphi Survey with Leeds University which sought to build on the innovative work by the British Psychological Society to extend knowledge of the barriers to implementing evidence based practice in hand hygiene in secondary care. The study has now been published in the Journal of Infection Prevention<sup>11</sup> and found that, in addition to previously identified factors (e.g. environmental), habit/routine, emotion and incentives influence hand hygiene practice.
- Domestic Services continue to undertake routine cleanliness audits; this is the second year the enhanced cleaning team has been in place.
- Guidance and information has been updated to reflect the change in the law concerning notifiable disease; registered medical practitioners must notify the local authority of certain diseases.
- We are monitoring rates of urinary tract infections in accordance with the High Impact Actions for Nursing and Midwifery (2009). Rates are reducing.
- In accordance with Department of Health guidance, we now report diagnosed cases of Meticillin sensitive Staphylococcus aureus (MSSA) to the Health Protection Agency.

<sup>11</sup> The Journal of Infection Prevention, Volume 12, Issue 1, January 2011.

### 3.1.2 Management of Pressure Area Care

**Lead Executive Director**

Debra Fairley, Interim Chief Nurse

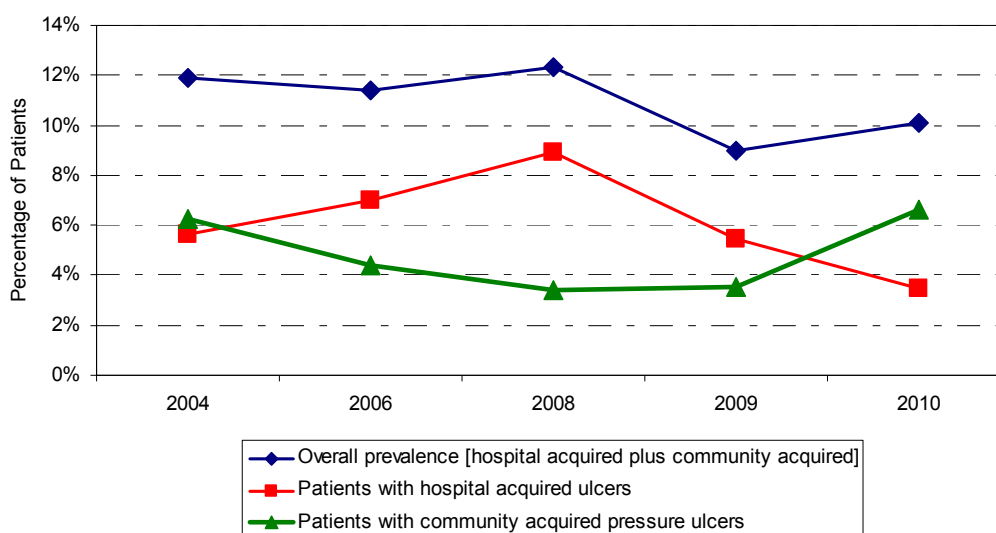
**Clinical Lead and Implementation Lead**

Elaine Andrews, Interim Deputy Chief Nurse

Janine Ashton, Tissue Viability Nurse

The prevention of hospital acquired pressure ulcers and improved treatment and management of acquired ulcers (both community and hospital) will help improve our patients' quality of life, reduce length of hospital stay as well as reduce the risk of associated complications such as infection, pain and disability. The Foundation Trust can report that improved nursing care and management of pressure ulcers have resulted in a reduction in the prevalence of hospital acquired pressure ulcers from 8.9 per cent (reported in 2008) to 5.47 per cent (reported in 2009) to 3.48 per cent (reported in 2010). It is very positive for the Foundation Trust that there were no hospital acquired grade 3 or 4 pressure ulcers (severe damage) identified in the 2009 and 2010 prevalence audits.

**Pressure Ulcer Prevalence 2004 - 2010**



Annual prevalence study was not undertaken in 2005 and 2007

At a national level, methodological differences in studies and differing patient populations restrict meaningful comparisons between healthcare providers. Huntleigh UK assist with annual prevalence audits across many hospitals in the UK, allowing it to compile the Huntleigh UK National Audit Database with a patient population of 26,083 nationally. It is unpublished data and does not provide a case mix adjustment and so cannot provide a true benchmark. However, due to the absence of any other available measure and the fact that our prevalence audit follows the same format, our results can be compared with Huntleigh's national prevalence. Huntleigh's national, hospital acquired prevalence for 2008/09 combined (population of 52,366) was reported as 6.18 per cent compared to Airedale's 4 per cent; please note both figures exclude grade 1 pressure ulcers as this is excluded in Huntleigh's published data.

The Foundation Trust's prevalence audit examines the provision of appropriate pressure care equipment to prevent and manage pressure ulcers and in 2010, 100 per cent of the Foundation Trust's patients had their clinical needs met. To maintain this standard, the Foundation Trust has adopted the Huntleigh eTRACE online ordering system which has in-built protocols and guidelines set by the Tissue Viability Nurse, ensuring that pressure relieving equipment meets a patient's clinical needs. The Foundation Trust has invested in replacing pressure reducing foam mattresses across the hospital, including two bariatric foam mattresses and eighteen cot mattresses. This has been supported by Charitable Funds, who have purchased 60 new foam cushions and 11 pressure relieving cushions and 20 recliner chairs with integrated pressure reducing cushions.

Good nutrition is a key factor in the prevention of pressure ulcers. NICE guidance states that nutritional screening should take place within 24 hours of hospital admission. During our Patient Safety First Week in November 2010, three wards were audited with five patients selected each day at random. Every patient audited had a nutritional assessment within 24 hours of admission.

Since November 2010, all grade 3 and 4 hospital acquired pressure ulcers have been reported as serious incidents requiring investigation and subject to a root cause analysis and presented at the Foundation Trust Board meetings.

The following is a range of patient safety metrics routinely presented to the Health Foundation and previously reported in the 2009/10 Quality Account.

<b>Table 1: Patient Safety performance against selected metrics</b>	<b>2010/11</b>	<b>2009/10</b>	<b>2008/09</b>
# MRSA Bloodstream infection (number)	<b>3*</b>	6	12
# Patients with C-Diff infection (number)	<b>16*</b>	27	67
Number of Patient Safety Walk Rounds completed	<b>37</b>	29	46
Percent of INRs >5 <sup>12</sup>	<b>1.85</b>	1.95	2.84
# Per cent of surgical cases with WHO checklist	<b>100</b>	68	N/A
Central Venous Catheter line infections	<b>0.06</b>	0.09	0.38
Ventilator Associated Pneumonia (VAP) rate	<b>0</b>	0	0

Please note: the Global Trigger Tool has been removed as the Foundation Trust no longer uses this indicator.

**Green** = year on year improvement

**Bold** Denotes Health Foundation Initiative measures

# Denotes a CQUIN or commissioner interest.

\* Hospital acquired as per amendments to national reporting.

N/A Not applicable

In recent years, monitoring deaths in hospital has become a standard part of assessing performance and the quality of care. There are a number of different ways in which this has been done, the most common of which involves calculating the standardised mortality ratio (SMR). The Hospital Standardised Mortality Ratio (HSMR) compares the expected rate of death in a hospital with the actual rate of death. If the two numbers are the same, the hospital gets a score of 100. If the number of death is 10 per cent less than expected they get a score of 90. If it is 10 per cent higher than expected, they score 110 (Dr Foster). These measures are not without controversy and limitations in the measure have been highlighted.<sup>13</sup> The National Quality Board is currently assessing the shortcomings and variations in measurement methods. However, the underlying principle that examination of hospital mortality can improve how care is delivered, recorded and coded will continue to be valid.

HSMR mortality ratios have been revised to reflect a new average by Dr Foster in its 2010 annual *Hospital Guide*. The reason for this is that the national mortality average has dropped significantly since 2008/09. Dr Foster in response has 'rebased' the ratios of 2008/09 so the 'expected' mortality ratio, 100 is now based on the new average.

Overall mortality rate (3 year) Foundation Trust rate: 84.86. This figure is based on new average for 2008/09.

HSMR 2009/10: 91.69

<sup>12</sup> This is the percentage of International Normalised Ratio (INRs) greater than 5 of the total number of INRs recorded in the pathology laboratory each month. INRS is a measure of coagulation.

<sup>13</sup> Association of Public Health Observatories (October 2010), Dying to know: how to interpret and investigate hospital mortality measures

2008/09	2009/10
84.6	91.6

The Patient Tracking Project aims to deliver a solution for real time tracking of vulnerable patients with erratic capacity at risk of absconding. By attaching radio frequency identification tags onto wristbands, the project aims to provide enhanced choice and safeguard patients. An event was held in August 2010 explaining the project to the public:

- “I came somewhat doubtful, but left convinced of the usefulness of the system and impressed with the attention to dignity and rights of patients.”
- “It should provide relatives with the reassurance that the patient is safe.”
- “I felt reassured that something positive was being done to aid and assist family, friends, staff and patients themselves.”
- “It gave me an insight into the working situation on the wards and the problems staff face with absconders.”

Source: Patient Tracking Meeting 17th August 2010 Event Survey.

Guideline and assessment criteria for the use of the devices as part of the patient care have been developed. A year long pilot on six wards commenced in February 2011 and focused initially on one ward. Once complete, the process will be reviewed and a further public event held.

### 3.2 Clinical Effectiveness

As with ‘Streaming in Accident and Emergency’, the following projects consider aspects of safety and efficiency in the delivery of clinically effective care.

#### 3.2.1 Management of the number of Caesarean Sections

**Lead Executive Director**

Dr. Andrew Catto, Medical Director

**Clinical Lead and Implementation Lead**

Mr Naren Samtaney, Clinical Director Obstetrics and Gynaecology

Work has continued to reduce the number of caesarean sections. The Airedale Service Improvement Team has collaborated with the Foundation Trust’s maternity services to streamline the caesarean section patient journey. This has reduced the waiting time for women going into theatre which has allowed midwives to maximise their time on Labour Ward.

New key performance indicators have been launched to audit the quality of care provided throughout the service. Together with a new normality guideline, escalation policy and communication framework, these initiatives actively involve staff in clinical decision making. A ‘*Safety Briefing*’ has been introduced; it is updated three times a day to ensure a safe and accountable transfer of information at staff changeover. Collectively these measures, alongside the maternity dashboard (see section 3.4.2) and the recently adopted NPSA intrapartum scorecard, have allowed the service’s key risks to be identified to aid and support decision making in the interests of patient safety.

All emergency caesarean operations are audited by a multi-disciplinary team with feedback passed directly to clinicians. Audit results are displayed within clinical areas. A new Innovation and Improvement Group, facilitated by a lead midwife for normality, is encouraging normal<sup>14</sup>, active birth and raising awareness amongst all staff. This together with the active birth e-learning

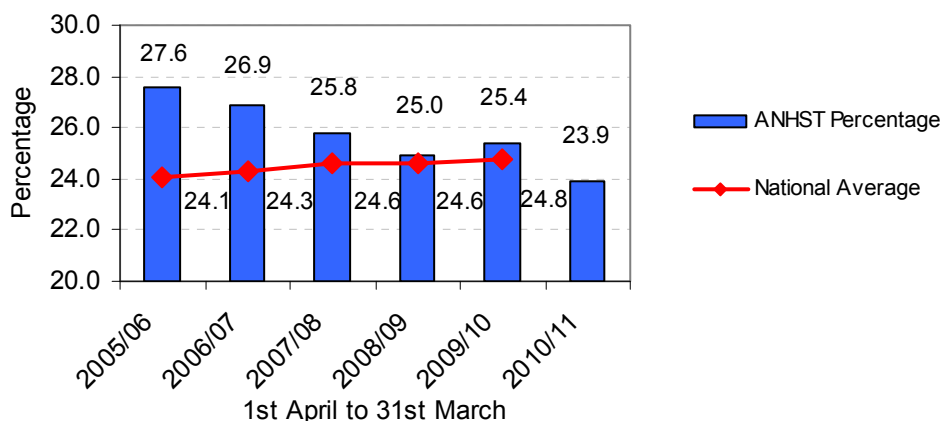
<sup>14</sup> The World Health Organisation (1997) defines normal birth as spontaneous in onset, low risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 weeks of pregnancy. After birth, mother and infant are in good condition.



package produced by Bradford University has allowed staff to facilitate women's choices more effectively. A scoping exercise has been undertaken to consider the provision of a vaginal birth after caesarean VBAC clinic. A new, successfully piloted leaflet for women explaining options for future pregnancies has been produced.

Our regional CQUIN quarterly return to the SHA has shown quarter on quarter improvement throughout 2010/11: Quarter 1– 25 per cent, Quarter 2– 24 per cent, Quarter 3 – 23 per cent and Quarter 4 – 21 per cent. March 2011 recorded a rate of 16 per cent.

### Caesarean section rates for Airedale NHS Foundation Trust 2007/08-10/11 against the national average



Data Source: Evolution Maternity System.

National average data source: Health Episode Statistics (not available as yet for 2011).

### 3.2.2 Children and Young People Rapid Improvement Programme: Asthma

**Lead Executive Director**

Dr. Andrew Catto, Medical Director

**Clinical Lead and Implementation Lead**

Dr. Gary Savill, Consultant Paediatrician

In 2009/10, the NHS Institute for Innovation and Improvement selected a bid placed by the Primary Care Trust to look at urgent care for children across Bradford and Airedale with a focus on asthma. Across the country and within NHS Bradford and Airedale, there is an increase in the number of children's admissions with asthma accounting for a higher number of emergency hospital admissions than any other paediatric long-term condition<sup>15</sup>. By reviewing and improving current service provision, it is hoped that it may be possible to learn new and more effective ways of dealing with this issue and avoid admissions to hospital.

A large collaborative multi-professional and multi-organisational group was established in 2009/10; in the last year this group has developed and circulated a guideline pathway for managing children over one year old with wheeze in a standard way across primary and acute care in NHS Bradford and Airedale. One of the challenges has been getting this pathway into routine use and accessible to general practitioners to use in primary care. This has been facilitated by the use of collaborative intranet sharing.

The suggested outcome measure for this particular pathway is to reduce the number of admissions to Airedale and Bradford hospitals of children (over one year old) with wheeze.

Admissions of children and young people with wheeze or asthma (emergency, elective and non-elective admission)	2010/11	2009/10
	150	190*

\* A data quality review has resulted in a recalculated figure for 2009/10; originally reported as 193.

<sup>15</sup> Department of Health (2008) Disease Management Information Toolkit

There were 3312 patients aged 1-16 discharged in 2009/10. In 2010/11 there were 4000 patients aged 1-16 discharged (a 21 per cent increase). This is partly a consequence of the closure of the Burnley Children Unit in October 2010. However we have also seen a higher number of non-elective admissions from November 2010 – March 2011 for patients not resident in East Lancashire; the rise is not therefore wholly attributable to the Burney closure. Despite this rise we have seen a reduction in asthma/wheezing admissions of 21 per cent suggesting the pathway is having an effect.

The Rapid Improvement Programme team are continuing to work on improving the uptake of the guideline. In the coming year we need to work with A&E and our local general practitioners to further develop this work and thereby support improvement in children's urgent care. Efforts have also focussed on producing a guideline on gastroenteritis management in children.

### **3.2.3 Fractured Neck of Femur Improvement Project**

**Lead Executive Director**

Andrew Catto, Medical Director

**Implementation Lead**

Julie Livesey, General Manager, Surgical Services

As previously explained, falls are one of the Foundation Trust's top priorities. Fractured neck of femur is the most serious consequence of falls among older people with an increased mortality rate<sup>16</sup>. For those who recover, there is a possibility of loss in mobility and independence and significant co-morbidities.

A multi-disciplinary Orthopaedic Rapid Improvement Group has met regularly since July 2009 with the aim of improving all orthopaedic care pathways across the Foundation Trust, beginning with a fractured neck of femur pathway. The existing pathway for fractured neck of femur from a clerical as well as a medical and nursing perspective was mapped in 2009 and an action plan developed to identify areas to progress. Improvement work includes:

- The development of an A&E checklist to assist clinical decision making for fractured neck of femur patients in the first hours of admission,
- The review of trauma list schedules to prioritise, where possible, fractured neck of femur patients and to minimise the time elapse between fracture and surgery.
- The establishment of a weekly discharge meeting to review action for any patients who have an extended length of stay of ten days or more. Social Services are represented in the membership and written progress is provided by Therapy Services.
- An estimated date of discharge has been implemented for all fractured neck of femur patients on the orthopaedic ward; the estimated length of stay for all orthopaedic conditions has been revised by the orthopaedic consultants.

Further improvement work designed to deliver positive outcomes for this cohort of patients in the coming year includes:

- Future group meetings to link with other projects where appropriate: Enhanced Recovery, Delayed Discharge, Productive Ward, E - Prescribing Project/Medicines Management Project and Productive Theatre.
- Agreement of a standard of pre-written medication on the A&E checklist.
- Focus on the recommendations and guidelines from the Institute for Innovation and Improvement's Orthopaedic Rapid Improvement Programme.
- Once patients are in the rehabilitation phase of their fracture all patients have a falls assessment and are identified for appropriate equipment designed to help reduce further risk e.g. electronic seat pads and buzzer.

One marker of the quality of care that patients receive is the total length of NHS care following fractured neck of femur. This varies considerably from Trust to Trust, with the average length of

---

<sup>16</sup> NHS Institute for Innovation and Improvement, Delivery of Quality and Value: Fractured Neck of Femur, p.4

stay (LOS) ranging from 17 to 40 days. <sup>16</sup>The figures below have been calculated on date of discharge rather than by date of admission as reported in the 2009/10 Quality Account. Date of discharge allows the Foundation Trust to provide the final average LOS statistics for 2010/11.

	2010/11	2009/10	2008/09
Fractured neck of femur mean length of stay	19.38	23.28	19.31

**Table 2: Clinical Effectiveness performance against selected metrics**

	2010/11	2009/10	2008/09
# Per cent of stroke admissions given physiotherapy appointment within 72 hours	70.2	60	N/A
Per cent 28 day Emergency Readmission	6.1	6.0	6.5
# Liverpool Care Pathway – end of life care <sup>17</sup>	100%	100%	N/A

# Denotes a CQUIN or commissioner interest  
 N/A Not applicable

**3.3 Patient Experience**

The following priorities are built on the premise that good service quality should underpin clinically effective care.

**3.3.1 Provision of same- sex accommodation**

**Lead Executive Director**  
 Debra Fairley, Interim Chief Nurse  
**Clinical Lead and Implementation Lead**  
 Elaine Andrews, Interim Deputy Chief Nurse  
 Jane McSharry, Senior Nurse Practice Development

Airedale NHS Foundation Trust is compliant with the virtual elimination of mixed-sex accommodation. Patients do not share sleeping rooms or bays with members of the opposite sex or toilet and bathing facilities. Patients sharing with members of the opposite sex only occur by exception when patient safety takes priority over the need to provide same-sex accommodation (for example where patients need specialist intervention and equipment in the intensive care unit, coronary care unit and high dependency unit).

We have installed doors on all entrances to the bays on the wards to enhance privacy and dignity; refurbished and extended our day case ward to provide same-sex toilet/washing facilities and same-sex accommodation; and updated all the signs in wards/departments for improved location of same-sex toilet/washing facilities.

A same- sex accommodation strategy is in place to ensure the continued delivery of same-sex accommodation. Implementation of the strategy is monitored by matrons at the daily bed meeting. There is a clear escalation plan should a breach occur. All breaches are reported to the Yorkshire and Humber SHA on a monthly basis including those breaches that are clinically justified such as in critical care. The figures are published monthly on the Department of Health website. There have been no sleeping accommodation breaches that were not clinically justified. In addition to our own monitoring process, the real time inpatient survey also asks patients if they ever had to share sleeping accommodation or washing facilities with members of the opposite sex.

**3.3.2 Privacy and Dignity**

**Lead Executive Director**  
 Debra Fairley, Interim Chief Nurse  
**Clinical Lead and Implementation Lead**  
 Elaine Andrews, Interim Deputy Chief Nurse

<sup>17</sup> The Liverpool Care Pathway for the Dying Patient provides an evidence based framework for the delivery of appropriate care for dying patients and their relatives.

The right to privacy, dignity, fairness and respect are core human rights values, as reflected in 'The NHS Constitution' (2009) and we strive to incorporate this into everything that we do in order to provide person-centred, quality healthcare. The Foundation Trust's Privacy and Dignity Policy was publicly launched in June 2009 and sets out clear standards to ensure that all patients are treated with privacy, dignity and respect. Implementation of this policy is well underway and led by the Foundation Trust's Senior Nurse for Older People. Privacy and dignity standards are also evaluated using the Essence of Care benchmarks and the inpatient survey (see Table 3). We can now report that privacy and dignity training is included as part of mandatory updates. Launched in June 2010, the training is for all clinical staff within Airedale NHS Foundation Trust and is designed to promote discussion via powerful DVDs. We have firmly established links between privacy and dignity and safeguarding. A programme for the dissemination of the Health Service Ombudsman's 2011 report 'Care and Compassion?' is firmly underway to ensure front line staff, both nursing and medics are aware of the issues raised and the principles of human rights.

The Foundation Trust was nominated as a finalist in the Patient Experience Network National Awards (PENN Awards), a national awards programme which aims to recognise, celebrate and share examples of initiatives in patient experience. Winners are chosen from all healthcare settings; our entry was in the 'Personalisation of Care' category which focuses on 'The Dignity Room'. Its aim is to support patients who had no day clothes when they arrived in hospital, or none were brought in during their stay. The entry highlights how the Foundation Trust involved a hospital volunteer and engaged with the Foundation Trust's charities to develop a stock of new clothing including underwear, slippers, shoes and toiletries to be used for those vulnerable patients across the hospital who do not have access to such necessities. As a finalist, the team was able to showcase this unique initiative which has generated a great deal of interest from other Trusts.

The Foundation Trust has been trialling the 'Butterfly Scheme' which is a means of identifying and improving care for patients with dementia on acute wards. The scheme encourages input from relatives and carers to ensure that a patient's care plan reflects preferences and dislikes. This exchange can prompt life history information which enables staff to better engage with a person with dementia. Staff members have been positive about the benefits of this scheme. A local public opinion survey of patient, carers and the general public, facilitated by the Patient and Carer Panel, was equally encouraging in its findings.

The metrics below have been selected in order to measure improvement in our patients' experience. It is important to us that all of our patients are treated with respect and dignity in everything that we do and that overall they have had a positive experience at Airedale. In addition, we know that there is some work for us to do with regard to improving the quality of information that we provide for patients and their relatives, particularly around discharge planning. The metrics have been selected with this in mind.

<b>Table 3: Patient experience performance against selected metrics</b>	<b>2010/11</b>	<b>2009/10</b>	<b>2008/09</b>
Did you feel you were treated with respect and dignity while you were in hospital?	<b>89</b>	<b>89</b>	<b>90</b>
Did you feel you were involved in decisions about your discharge from hospital?	<b>72</b>	<b>72</b>	<b>74</b>
Did hospital staff give your family or someone close to you all the information they needed?	<b>57</b>	<b>58</b>	<b>57</b>
Overall, how would you rate the care you received?	<b>79</b>	<b>80</b>	<b>82</b>

Data source: Care Quality Commission (Quality Health), *National NHS In-Patient Survey 2010*

**GREEN** = Best performing 20 per cent of Trusts

**AMBER** = Intermediate 60 per cent of Trusts

**RED** = Worst performing 20 per cent of Trusts

N/A: not applicable

The 2010 Care Quality Commission's Inpatient questionnaire included three sections where patients could make comments in their own words about the care they had personally received. The comments have been anonymised so as not to identify patients, staff or wards.

### Was there anything particularly good about your hospital care?

- “The nurse explained very clearly to my wife and I the implications of my condition and the range of treatments/procedures that I might undergo.”
- “My husband is severely disabled... and requires total care, i.e. feeding, chewing and toilets, the staff were very patient.”
- “Having printed medical information sheets (one does not take everything in, in a conversation).”
- “The food was lovely. I heard complaints but it was excellent.”
- “The ladies who brought the tea trolley and menus were lovely and brightened up everyone's day.”

### Was there anything that could be improved?

- “I often felt nurses were running around as if they had too much to do, or they were short of staff but they were excellent.”
- “Some staff are a little abrasive and prickly in manner. Some excellent.”
- “Noise at night.”
- “Waiting time for medicines from pharmacy.”
- “Non-medical information about a stay in the hospital.”

The quality of the environment in which care is delivered links to the experience of the patient but also to safety, particularly in relation to healthcare acquired infections. In the annual NPSA's Patient Environment Action Team (PEAT) inspections in the non-clinical aspects of patient care, the Foundation Trust achieved the following:

Table 4: Patient Environment Action Team Inspections (PEAT)	2011*	2010	2009	2008
Environment	75-95 per cent [non-weighted result] = Good	Good	Good	Good
Food (and Hydration)	+ 94 per cent = Excellent	Excellent	Excellent	Excellent
Privacy and Dignity	+ 96 per cent = Excellent	Good	Good	Good

\* The 2011 scores are unconfirmed; the validated data will be published by the NPSA in June/July 2011.  
Figure parameters: *PEAT 2011 Scoring and Weighting System*

## 3.4 Quality Management Systems

We feel it is important that you understand *how* we deliver quality of care. We are continually reviewing what needs to improve, how this can be achieved and what new systems or changes to existing systems are necessary to deliver effective change.

### 3.4.1 Workforce factors

Our workforce is our largest resource. It is vital that we have the workforce in place to deliver quality improvement priorities both now and in the future and avoid costly staff turnover and the use of temporary staffing. The staff pledges in the NHS Constitution set a clear expectation that staff are provided with personal development and, where appropriate, professional development. The NHS Staff Survey 2010 reveals that 89 per cent of staff received appraisals and performance development reviews against a performance target of 90 per cent. An evaluation of the value of appraisals was commenced in 2010 with results presented to Foundation Trust Board in

November 2010; key actions are to be implemented from March 2011 onwards. The analysis of the evaluation indicates that reviews are “good”. Reviewers are “well prepared” and the majority of those sampled felt that the frequency of their reviews is “satisfactory”. However 27 per cent of all respondents provided negative written feedback about the value of eKSF (the electronic performance development reviews recording system used by the NHS).

A high quality workforce where staff and volunteers are trained, supported and fully involved is a key factor to the delivery of safe and effective care. The NHS Staff Survey 2010 shows that the Foundation Trust is better than average for the provision of job-related training, learning and development. This year the Foundation Trust has re-evaluated its annual mandatory training programme for clinical and non-clinical staff. Skills for Great Line Management Programme has been developed and commenced in November 2010. Evidence demonstrates that effective leadership is more likely to drive and deliver service improvement. Over the last three years, 67 middle and senior managers have completed the Foundation Trust leadership programme. The main purpose of the programme is to support participants in developing their skills, confidence and effectiveness as a leader. Through doing this, the programme aims to contribute substantially to developing services for patients, improving staff satisfaction and developing our ability to manage change and innovation successfully.

The Foundation Trust is currently participating in the Registered Nurse Forecasting Study (RN4CAST) which looks at the challenges facing the nursing workforce in the delivery of quality, safety and efficiency. The study aims to determine the future needs for nurses (numbers and qualifications) in the context of changing healthcare treatment and the introduction of new technology, the effects of the ageing population on the pattern of disease and the increase of elderly patients with multiple chronic conditions.

We reported in last year’s account that the Foundation Trust has completed a self-assessment tool - Assessing the Quality of Medical Appraisal for Revalidation (AQMAR) - in preparation for more comprehensive work on medical revalidation across the NHS. Using these findings, an action plan was developed and we can now report that all actions for 2009/10 have been completed. Strengthened appraisal to support revalidation has been introduced across the Foundation Trust as per guidance of the General Medical Council. Established medical staff have agreed an action plan and personal development plan with their appraiser; these are being reviewed by the Deputy Medical Director for Clinical Performance. Appraisees are asked to complete anonymised feedback on their appraisal contributing to the quality assurance of the process. The AQMAR 2010/11 action plan was completed in January 2011 by the Associate Medical Director for Clinical Performance.

The health and wellbeing of staff are equally important factors in providing safe and effective care for patients and essential to a productive workforce. The NHS Staff Survey 2010 reveals issues around work pressure and the quality of work and patient care staff feel able to deliver. Quality management systems addressing productivity and efficiency have been championed by the Airedale Service Improvement Team (formally the LEAN Healthcare Academy) with the Productive Series remaining a high priority. We continue to focus on creating more direct time between patient and nurse through streamlining procedures and systems. (For more progress see section 3.4.3).

The NHS Staff Survey 2010 reveals our staff are suffering from work related stress. A stepped care process is in place for managing stress at work. This initiative has been commended by the Health and Safety Executive. Wards and departments identified as stress ‘hotspots’ have been identified and work is ongoing to address issues with pleasing feedback. Some of the hotspot areas are now self-managing and have initiated their own processes for identifying and tackling any new stressors. An evaluation of this programme in August 2010 found that communications and team problem solving skills were improving whilst a culture of honesty was developing. It is also reassuring to note that the same NHS Staff Survey 2010, the Foundation Trust had better than average scores for staff not working extra hours and feeling valued by work colleagues. The Foundation Trust is currently implementing a Staff Health and Wellbeing Strategy; the Skills for

Great Line Management Programme involves supporting managers to gain the skills they need to manage without causing unnecessary stress to their staff. The results of the 2010/11 NHS Staff Survey will be used to identify new hotspots areas and to review the health and wellbeing action plan for the next year.

<b>Table 5: Staff experience performance against selected metrics</b>	<b>2010/11</b>	<b>2009/10</b>	<b>2008/09</b>	<b>National Average 2010</b>
Per cent of staff appraised in the last 12 months	<b>89</b>	89	84	78
Per cent of staff appraised with personal development plans in last 12 months	<b>72</b>	74	70	66
Per cent staff suffering work related stress	<b>31</b>	29	32	28

Data Source: Care Quality Commission *National NHS Staff Survey 2010*

Key: **GREEN** – positive finding, better than average

**RED** – negative finding, worse than average

### 3.4.2 Information Systems

The White Paper, ‘Equity and excellence, Liberating the NHS’ makes clear the importance of information in delivering safe, high quality care. This year saw the launch of patient safety bulletins: Quality and Safety Matters, Adverse Event Information and Safety and Quality Information for Doctors. These are designed to highlight safety amongst staff with the latter aimed particularly at junior doctors in training.

Through the collection of data, measurement and analysis, actions for improvement can be identified and prioritised. As we described in our 2009/10 Quality Account, a monthly audit of Nursing Key Performance Indicators across all wards in the Foundation Trust has been ongoing since August 2007. This has achieved considerable improvements in the standard of nursing care and record keeping. This year has seen the medical directorate consolidate the roll out of its own version - Medical Key Performance Indicators - with a gradual uptake and month on month improved submission rates. Ward results are published on the Medical Directors’ intranet site.

In 2009/10 we reported that a Nurse e- Handover system was being piloted. It is a secure, centralised system for nursing records that automatically transfers information as the patient moves between wards, avoiding the need for data re-entry. After an encouraging pilot the roll out is well underway and is expected to be complete by March 2011. An equivalent Doctor e-Handover system has been trialled over last year with results to be fed back to clinical leads. It aims to provide a safe and accountable way of passing on outstanding tasks at doctors’ shift changeovers.

The Data Warehouse was launched in April 2009 and acts as a central, secure and accessible storage location for a large proportion of the Foundation Trust’s data, primarily extracted every night from the Foundation Trust patient administration system (PAS). The Foundation Trust is part way through a 24-month roadmap to develop the Data Warehouse to facilitate self service reporting with reports or dashboards supporting processes such as outpatient capacity planning, risk management and general Foundation Trust activity and operations.

The Foundation Trust continues to support the development of clinical dashboards to facilitate the review of performance at local level and the sharing of information between clinical teams and the Board. Maternity Services designed a dashboard of key national trigger parameters based on guidance from the Royal College of Obstetricians and Gynaecologists. It provides a visual display of information to show and track performance. The dashboard was retrospectively populated for 2009 and has been used with current data throughout 2010/11. It has allowed the service’s key risks to be identified to aid and support decision making in the interests of patient’s safety. Dashboards and scorecards enable the review of performance between clinical teams at the local level and the sharing of information between clinical teams and the Board.

### **3.4.3 Aligning quality and business strategy: productivity and efficiency**

As a Foundation Trust we are aware of the need to identify and prioritise activities which improve both quality and value for money and we have aligned quality and safety with our wider business strategy. In the past four years, the Foundation Trust has developed its understanding of LEAN and its philosophy of best practice, continuous improvement and the elimination of waste. To facilitate this we have embarked on an extensive training programme for staff led by the Airedale Service Improvement Team. From 2011, we have both the capability and capacity to train our own staff. This will allow Foundation Trust services to be safer, more effective but also self-sufficient and cost-effective with clear benefits for our staff and patients.

A key objective in 2009/10 was to optimise the benefits of LEAN by linking the NHS Institute for Improvement and Innovation Productive Series – better care through focusing on efficiency - covering: The Productive Ward – Releasing Time to Care Programme, The Productive Theatre and The Productive Leader and The Productive Community Services with Maternity Services and community midwives. These programmes aim to provide clinicians and their teams with structured methods designed to improve the environment, systems and processes. The time released by making processes more efficient can then be used for improving the safety, quality and reliability of both patient care and the patient experience. In addition, the Productive Series enables decisions about the effective use of resources and the re-design of services to be more efficient. In 2009/10 we reported that all our wards signed up to The Productive Ward project and most had completed the three basic modules with several wards focussing on advanced modules on Meals, Admissions and Planned Discharges. The Meals module delivered a revised way of delivering meals to ensure that food is on time and hot; new ways of working have released nurse time so that patients who need support to eat can be prioritised. Admissions and Planned Discharges modules have focused on standard operating procedures for doctors' ward rounds and nursing documentation to ensure tasks are completed and the patient pathway is expedited.

In addition to the Productive Series, the Airedale Service Improvement Team has initiated 65 projects in 2010/11. One such project is the '6S' workplace organisation of Accident and Emergency: sort, set in order, shine, standardise and sustain. By focusing on having the correct equipment in the correct place a safer environment has been fostered. Equipment is in the place it needs to be so it can be easily found; face masks are on the wall at the head of the bed in size order, visually managed so that if one has been used it can quickly be replaced. This avoids wasting staff time looking for equipment and offers faster treatment of patients. Staff rapidly recognised the benefits of this project and were motivated to create a more effective work environment that is safe for patients. A new medications room in a converted A&E office has allowed old cupboards to be moved from the working areas into a swipe-locked room. Medications can now be prepared in safe, secure areas with a significant reduction in interruptions. New trolleys in the A&E resuscitation room have been purchased which include tamper evident seals, protecting the contents of the trolley. If the seal is intact then the stock-check of the whole trolley is not required thus saving precious staff time.

### **3.4.5 Aligning quality and business strategy: innovation, learning and cost saving**

With serious financial challenges ahead, cost improvements and efficiency will increasingly become a key consideration for all healthcare organisations. In our 2009/10 Quality Account we explained our pioneering work with telemedicine over the last four years, describing our work in improving the quality of care offered to our remote population in Settle. In the last year we have capitalised on this experience to work with North Yorkshire PCT in establishing a telemedicine link for diabetes outpatients living in Grassington and surrounding area. A high quality live video and audio link, with close up camera facilities has been installed in the local community centre; for those patients with limited transport this has been a welcomed service, allowing a range of approaches in the delivery of information services and clinical care.

Telemedicine is not only limited to connecting geographically remote patients to medical resources. As we reported in 2009/10, we secured a grant via the Technology Strategy Board



Assisted Living Innovation Platform Programme to develop and test telehealth equipment installed in a patient's own home on a permanent basis. This has enabled us to focus on keeping people appropriately supported whilst remaining in their own homes and delivers a continuous of service. Feedback suggests this technology is supportive of personalised care and treatment:

- “Patients love it because they don't leave home, pay for public transport or parking costs. We see them on our office computers, so it frees up space in the outpatient clinics. Our vision is that this will become the default way of seeing outpatients”, Dr. Richard Pope, Diabetes Consultant, 2010.
- “Talking in this way makes me feel I am being treated as a person with a life beyond my diabetes - not just an illness with a patient attached...”
- It makes a huge difference to how I feel about my diabetes and therefore about myself...”

Source: Feedback to Airedale NHS Foundation Trust Telemedicine Support Team 2010

We are now in a position to support early discharges with video conferring equipment. Daily monitoring allows patients to be in their own homes without compromising the quality of care available. Diabetes telemedicine equipment is now installed in 23 homes and one nursing home.

The NHS spends 70 per cent of its budget on 15 million people with long-term illness such as diabetes, heart and lung diseases. <sup>18</sup> The Foundation Trust was selected in 2010 to participate in the RICHARD project - Research ICT based Clusters for Healthcare Applications Research and Development Integration – and is currently collaborating with three other European countries to undertake research in telemedicine as a model for managing chronic disease. We will form a regional cluster in partnership with the Advanced Digital Institute and the Collaboration for Leadership in Applied Health Research and Care to focus on the management of care for diabetes patients. The collaboration provides an opportunity to develop models for managing chronic disease in more effective, efficient and sustainable ways.

We can report that Airedale NHS Foundation Trust will be one of three regional partners from Yorkshire and Humber who will provide both telehealth and telemedicine clinical response services to other Trusts. This will be supported by the Regional Innovation Fund, which offers funding relating to the Quality, Innovation, Productivity and Prevention initiative (QIPP) to improve efficiency and quality. The Regional Tele Health Hub will provide an end-to-end service for patients with long-term conditions such as heart failure, chronic obstructive pulmonary disease or diabetes. Though care delivery will be planned and co-ordinated by local clinicians, the regional hub will enhance care through the provision of bespoke remote functions. The hub will offer a 'menu' of clinical services to commissioners (and providers) within the Yorkshire and Humber region comprising three care services – telemedicine, telecoaching and telemonitoring delivered remotely. Collaborative working between three Yorkshire and Humber organisations (Airedale, Barnsley and a partnership of Hull and East Yorkshire NHS Trust and the University of Hull) will provide these care services remotely.

We all want the best health service and we all have ideas about how to improve it, but as telemedicine illustrates, for good ideas to become good practice there needs to be an opportunity to develop, test and gather evidence to support them. In 2010, we were amongst 18 teams across the health service to be awarded an annual Health Foundation Shine Award. Shine projects are designed to deliver healthcare that will improve quality and save money within the 12 month life of the award. Led by consultant anaesthetist Dr Alwyn Kotzé, Blood Conservation for primary joint replacement seeks to reduce the transfusion rate by half in at-risk patients through ensuring all patients scheduled for primary joint replacement have their haemoglobin concentrations optimized and by implementing an evidence-based transfusion limitation strategy during and after operation. This may reduce hospital admission days for the patient and reduce hospital expenditure on complications of management. Local audit shows that patients who need transfusion stay on average four days longer and have a three fold increase in re-admission risk within thirty days of

---

<sup>18</sup> The Independent on Sunday, (12<sup>th</sup> December 2010), Britain lags behind in the telemedicine revolution p.30

discharge than those patients who do not need transfusion.

We are committed to working with local partners and communities to identify and prioritise activities which can improve quality and value for money. The work of the Foundation Trust and NHS Bradford and Airedale and Bradford Social Services (Airedale Collaborative Care Team) on transforming intermediate care services for our population has been recognised in the prestigious national Health Services Journal Awards 2010. The Airedale Collaborative Care Team won the Partnership Working category. This was for its initiative to prevent unnecessary admissions and facilitate early discharge of patients and also for increasing the involvement of patients in choices and decisions about their care. We see this as an endorsement of our commitment to partnership working.

### Health Business Awards - Outstanding Achievement in Healthcare

At the end of November 2010, we were contacted by Health Business magazine who advised us that they had nominated us for their Outstanding Achievement in Healthcare Award. This is an annual award given to an NHS organisation that has achieved success in its role and brought benefits to the wider NHS through the dedication and expertise of its staff. Over 100 NHS Trusts have been evaluated for this award by the magazines researchers using a range of data (Care Quality Commission, Doctor Foster's Guides, Monitor and PEAT) along with further evidence of patient experiences and positive media reports. The Foundation Trust was shortlisted together with Royal Wolverhampton Hospitals NHS Trust, The Christie NHS Foundation Trust, Alder Hey Children's NHS Foundation Trust and University Hospital Birmingham NHS Foundation Trust and we are delighted to report that the Foundation Trust was announced as the overall winner.

### 3.5 National targets and regulatory requirements

The following indicators support the national priorities as set out in the Department of Health's Operating Framework 2010/11 and regulated by both Monitor and the Care Quality Commission.

\* Hospital acquired as per amendment to national reporting.

	Target	2010/11	Target	2009/10
Clostridium Difficile year on year reduction	83 [Standard national contract de minimis of 50 for the year]	16*	108	27
MRSA – maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level	3 [Monitor de minimis of 6 for the year]	3*	10	6
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	93% Referral 93% Breast Symptomatic	95.9% Referral 95.9% Breast Symptomatic	93% Referral 93% Breast Symptomatic	95.6% Referral 97.0% Breast Symptomatic
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	96%	99.2%	96%	98.1%
Maximum waiting time of 31 days from decision to treat to start of treatment extended to cover all cancer treatments	94% Surgery 98% Drug	98.5% Surgery 100% Drug	94% Surgery 98% Drug	100% Surgery 100% Drug
Maximum waiting time of 62 days from all referrals to treatment for all cancers	85% Referrals 90% Screening	92.7% Referrals 96.9% Screening	85% Referrals 90% Screening	92.0% Referrals 90.1% Screening
18-week maximum wait from point of referral to treatment (admitted patients)	90%	91.9%	90%	92.9%
18-week maximum wait from point of referral to treatment (non-admitted patients)	95%	97.2%	95%	97.1%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98%	98.4%	98%	98.3%

**GREEN** = achievement against the target.

### 3.6 Local Involvement Network (LINKs)

The draft Account was circulated to Bradford, North Yorkshire and Lancashire LINKs and the following feedback received:

#### **Statement by Bradford District LINK Care Quality Working Group (CQWG)**

Bradford LINK very much welcomes the opportunity to make a formal statement on Quality Accounts and thanks the Airedale NHS Foundation Trust (ANHSFT) for its helpfulness.

Following a meeting to discuss the Quality Accounts (QA) with staff from Airedale General Hospital this statement has been drawn up.

The Team were most impressed with the clarity of the QA and with the honesty that informed them. The inclusion of a Glossary was most welcome and one of the indications of ANHSFT's commitment to Patient Friendliness. CQWG felt that an expanded and more comprehensive version of the Glossary would further enhance transparency for a lay user. It was also observed that the inclusion of an Organisation Chart would be useful.

The effort and thought that goes into the local patient survey that ANHSFT volunteers administer was recognised and the CQWG expressed an interest in co-operating with ANHSFT to help further improve the quality of the data that is captured and analysed. The human contact involved in the Real Time data recording was seen as a most welcome aspect of the methodology and it was felt that the ANHSFT model might be suitable for adoption by other 'Trusts' or organisations commissioning or providing services.

CQWG considered that the evidence presented in the QAs supported the Foundation Trust's claim to have an excellent record of patient and public engagement.

CQWG acknowledge that ANHSFT made the investigation of complaints and comments made to PALs and other bodies a key priority, and endeavour to change their service provision accordingly. However, the CQWG visiting Team felt that serious consideration should be given for all complainants to have the right to address the Board of Directors if they feel strongly that their grievance has not been satisfactorily addressed after complaints procedures had been exhausted.

The Foundation Trust's documentation demonstrates that it is aware that the maintenance of the high standards which they set needs continuous review and adjustment.

The CQWG agree that ANHSFT's current concentration on patient safety and the patient experience was appropriate.

The LINK team particularly supported a focus on matters pertaining to patient dignity and respect.

The LINK team are pleased to see the focus on stress at work and would express strong support for an early review of staffing levels, particularly on wards during night shifts.

The plans to improve Accident and Emergency provision were welcomed, particularly since the service delivery area has been extended to include patients from parts of Lancashire. It is to be hoped that the Foundation Trust are successful in securing the necessary resources needed to accommodate this increase in demand.

The innovatory approach the Foundation Trust has taken to patient centred Telemedicine was very well received, though some clarity may be needed as to the demarcation between provisions which may be being made by City of Bradford Metropolitan District Council and ANHSFT. The system devised for monitoring infection control received praise from the LINK Team. The data gathered from testing on admission and during each patient's stay was considered to be most valuable. We would be interested in discussing with the Foundation Trust

how further analysis of the available data could yield more helpful information in this crucial area.

The LINK Team express deep concern that, within the timescale proscribed by the Department of Health [DH], they had not been able to give more detailed consideration to ANHSFT's Quality Accounts. They urge DH to reassess the timescale, with a view to permitting the level of consideration which Quality Accounts clearly justify and to recognise, and reduce, the 'bunching' that occurs where a number of Provider organisations request LINK consultations in the same short time window and from a small pool of skilled and available LINK volunteers.

### **3.7 Overview and Scrutiny Committee**

The draft Account was circulated to the Health Improvement (Overview and Scrutiny Committee) for Bradford Metropolitan District Council and the North Yorkshire Scrutiny of Health Committee and the following feedback received. Neither committee offered comments but welcomed the opportunity to engage with the Foundation Trust over the coming year to ensure they are better placed to offer comment in the future.

### **3.8 NHS Bradford and Airedale (Primary Care Trust)**

NHS Bradford and Airedale (NHSBA), as lead commissioner, welcome the opportunity to comment on the Airedale NHS Foundation Trust (ANHSFT) Quality Account for 2010/11 – it's second since the national introduction of Quality Accounts.

As a commissioner of care services on behalf of the local population, we believe this account demonstrates a commitment to quality improvement and high quality services. The operating framework for the NHS in England requires quality to encompass three areas of safety, effectiveness and patient experience. The Quality Account provides an overview of these areas and is a fair reflection of achievement against delivery of quality in services.

ANHSFT has reviewed the priorities for improvement that were set out in the 2009 – 2010 Quality Account document for achievement in 2010 – 2011. They have provided clear evidence that the majority have been achieved and highlight continued areas for improvement. The Foundation Trust has made excellent progress over the past 12 months and demonstrates through the Quality Account 2010/11 that it places quality at the heart of the services that it provides. NHSBA are especially pleased to note the following achievements:

The Trust was granted Foundation Trust status on the 1st June 2010.

- Airedale NHS Foundation Trust is registered with the Care Quality Commission (CQC) and their registration status is fully compliant and with no restrictions been placed upon the organisation.
- The Foundation Trust was named Dr Foster Small Trust of the Year 2010.
- The Foundation Trust maternity service was recently approved by the NHS Litigation Authority for risk management standards at Level 1.
- The Foundation Trust won the Health Service Journal Award for Partnership Working and honoured with the Health Business Award for Outstanding Achievement in Healthcare and in addition the pharmacy team won the NVQ Project of the Year award.
- The Foundation Trust was successful in being selected as the joint provider to deliver the regional stroke telemedicine service.
- Midwifery work in contributing to reducing caesarean section rates from a previously above regional average, incentivised via the Commissioning for Quality and Innovation (CQUIN) scheme, has been a welcome achievement and enabled mothers to deliver and experience a normal birth.
- The Foundation Trust demonstrates commitment to patient safety with the participation in the patient safety first initiative campaign. In particular, increased reporting of incidents has seen the Foundation Trust increase significantly the number of incidents reported, which is indicative of a patient safety aware organisation.
- The Foundation Trust involves patients and the public in safety 'walk rounds' and NHSBA welcomes the opportunity for commissioner engagement in this initiative.

- Further examples of the findings and actions taken resulting from the initiative within the quality account would enhance patient and public understanding of the success of safety initiatives.
- Improvements to eliminate mixed sex accommodation to deliver increased privacy and dignity for patients are being pursued.
- A national and regional direction to reduce health care associated infections such as MRSA continues to improve, with increased compliance in screening for MRSA in the emergency department and on admission.
- The Foundation Trust is making significant improvement in addressing 'slips, trips and falls' and is part of a strategic group addressing this issue. NHSBA recognise further improvements can be made and has agreed within the CQUIN framework for further areas to be addressed in respect of this issue.
- The Foundation Trust has developed work around dementia including the establishment of the dementia steering group, an audit programme focussing on dementia, and the proposal to make 'nutrition and dementia' a priority for improvement in 2011/12.
- The real-time patient feedback programme based on face to face surveys by volunteers is a very positive development.

NHSBA welcomes the above achievements and looks forward to the benefits and positive outcomes for patients envisaged by the Foundation Trust. Although safeguarding is described within the account, NHSBA consider the establishment of the Airedale Strategic Safeguarding Group as a positive development which should contribute to developing the quality of safeguarding practice.

The Foundation Trust has implemented the Commissioning for Quality and Innovation (CQUIN) scheme with partial success. However, it is disappointing to note that, despite additional funding, the Foundation Trust has not achieved full implementation and achievement against and across all of the 2010/11 CQUIN indicators. NHSBA anticipate that for the next year, full and proactive use of the CQUIN framework should be utilised to gain further patient and service improvement. In reviewing the draft Quality Account, NHSBA would recommend that further improvements and opportunities to enhance the quality of patient care and services should be considered for inclusion within the Quality Account priorities and report:

ANHSFT have clearly demonstrated their participation in national clinical audits and confidential enquiries and demonstrate local audit which shows the organisation has a commitment to improving practice through review and action.

- The Quality Account indicates that the Foundation Trust has participated in the majority – but not all of the eligible National Clinical Audit and Patient Outcomes Programme (NCAPOP) and NHSBA would welcome full participation where eligible in relevant national audits.
- NHSBA would recommend inclusion of evidence from the 2010 National Cancer Patient Experience Survey where the Foundation Trust was one of only 12 in the country not to receive any red ratings. The inclusion of such evidence would help the Foundation Trust to develop market and reputational capital and would help to provide assurance to local patients in the cancer pathway of the quality of these services.
- Training and capability of the workforce to deliver against the priorities outlined within the quality report could be strengthened further.
- NHSBA would welcome greater commissioner engagement in future Quality Account development Overall, this is a well presented report demonstrating that ANHSFT is committed to providing high quality care for service users. NHSBA supports the future priority areas identified for 2011 – 2012 and agree with their relevance to and representation of services. NHS Bradford and Airedale commend the work of Airedale NHS Foundation Trust over the last year and support their continued commitment to quality improvement.

## STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- the content of the Quality Report is not inconsistent with internal and external sources of information including;
  - Board minutes and papers for the period April 2010 to June 2011
  - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
  - Feedback from the commissioners dated 01/06/2011
  - Feedback from governors dated 25/05/2011
  - Feedback from LINKs dated 16/05/2011
  - The Trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 20/05/2011
  - The 2010 national patient survey 21/04/2011
  - The 2010 national staff survey 16/03/2011
- The Head of Internal Audits annual opinion over the trust's control environment dated 31/03/2011
- CQC quality and risk profiles dated 18/03/2011
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report and these controls are subject to review to confirm that they are working effectively in practice; and
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual))).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board.



**Chairman**  
6 June 2011



**Chief Executive**  
6 June 2011

# **INDEPENDENT ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS OF AIREDALE FOUNDATION TRUST ON THE ANNUAL QUALITY REPORT**

I have been engaged by the Council of Governors of Airedale NHS Foundation Trust to perform an independent assurance engagement in respect of the content of Airedale NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

## **Scope and subject matter**

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

## **Respective responsibilities of the Directors and auditor**

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

- Board minutes for the period April 2010 to April 2011
- Papers relating to Quality reported to the Board over the period April 2010 to April 2011

- Feedback from NHS Bradford and Airedale, as lead commissioner, dated 1 June 2010
- feedback from the Governor-links for the Quality agenda dated 25th and 27th May 2011;
- feedback from Bradford and District LINK Care Quality Working Group dated May 2011;
- the Trust's draft 2010/11 annual Complaints and Concerns Report dated 20th May 2011
- the 2010 national patient survey;
- the 2010 national staff survey - published in April 2011;
- the draft Head of Internal Audit's annual opinion over the trust's control environment dated 31 March 2011; and
- Care Quality Commission quality and risk profiles dated March 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Governors of Airedale NHS Foundation Trust as a body, to assist the Council of Governors in reporting Airedale NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the period ended 31 March 2011, to enable the Council of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Governors as a body and Airedale NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

## **Assurance work performed**

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International

Auditing and Assurance Standards Board ('ISAE 3000'). My limited assurance procedures included:

- Making enquiries of management;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents previously listed.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

### **Conclusion**

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Damian Murray  
Officer of the Audit Commission  
3 Leeds City Office Park  
Holbeck  
Leeds  
LS11 5BD

6 June 2011



## DIRECTORS' REPORT

The Board of Directors is responsible for exercising all the powers of the Foundation Trust and is the body that sets the strategic direction, allocates the Foundation Trust's resources and monitors its performance.

Its role is to:

- Note advice from, and consider the views of, the Council of Governors;
- Set the strategic direction and leadership of the Foundation Trust;
- Ensure the Terms of Authorisation are complied with;
- Set organisational and operational targets;
- Assess, manage and minimise risk;
- Assess achievement against the above objectives;
- Ensure that action is taken to eliminate or minimise, as appropriate, adverse deviations from objectives; and
- Ensure that the highest standards of corporate governance are applied throughout the organisation.

The full Board of Directors has met formally, with the Council of Governors during the year, to seek and consider the views of the Governors in considering the Foundation Trust's Annual Plan for the coming year. As this was Airedale's first year as a Foundation Trust, the emphasis was placed on planning for the 2011/12 Annual Plan. A number of other meetings were held as part of the induction process to provide training and development for new Governors. Regular meetings are held with Governors, attended by Directors, in which specific topics chosen by Governors are discussed. The single Chairman of both the Board of Directors and the Council of Governors ensures synergy between the two Boards through regular meetings and updates.

In addition, Governors and Directors, including the Chairman attend members' events that are held regularly at the hospital on subjects requested by the members. Past topics have included maternity services and paediatric first aid, mental health, irritable bowel syndrome, coping in an emergency and the medical school experience.

The Chairman has also held a series of 'Meet the Chairman' events throughout the year. These give Governors and Directors the opportunity to network with both public and staff members of the Foundation Trust. Topics covered have included telemedicine, GP referrals to treatment and the work of the Governors.

The Directors (both Executive and Non Executive) meet regularly with Governors during their day to day working through meetings, briefings, consultation and information sessions. Examples include participation in Foundation Trust working groups, consultations about the Annual Plan and Quality Account. The Foundation Trust has recently established a buddying system in which each of the Executive and Non Executive Directors meet informally with a number of Governors to provide briefings and up to date information about the Foundation Trust.

The Board is made up of five Executive Directors and six Non Executive Directors including the Chairman. It also has two Associate Directors – the Director of Human Resources and the Director of Operations.

Responsibility for the appointment of the Chairman and Non Executive Directors resides with the Council of Governors. The Remuneration Committee, which comprises four members of the Council and two Non Executive Directors plus the Chairman, is responsible for bringing recommendations to the Council. The Committee may have an independent assessor in attendance if appropriate.

Executive Directors are appointed by the Non Executive Directors. The composition of the Board for the year of the report is set out on the following pages, which also includes details of background, committee membership and attendance at meetings. The Board may delegate any of its powers to a Committee of Directors or to an Executive Director and these matters are set out in the Scheme of Decisions reserved to the Board and the Scheme of Delegation. Decision making for the operational running of the Foundation Trust is delegated to the Executive Directors Group, which comprises of Executive Directors, Associate Directors and the Company Secretary.

The Board has an annual schedule of business which ensures it focuses on its responsibilities and the long-term strategic direction of the Foundation Trust. It meets monthly to conduct its business and Board members also attend seminars and training events throughout the year.

As the hospital is reaching the end of its first year as a Foundation Trust, the Board intends to hold a rigorous evaluation of its own performance and that of its Committees and individual Directors, which is key to ensuring the Foundation Trust's sustainable success. This will be based on the Nolan principles of selflessness, integrity, objectivity, accountability, honesty, transparency and leadership. Individual Directors have had detailed appraisals of their roles and an annual appraisal process is in place with regular reviews of objectives set by the Chief Executive. A baseline assessment of skills, experience and competencies of all Board members is being carried out to help inform an on-going development programme.

The Chairman appraises the performance of the Non Executives and makes recommendations to the Council of Governors, while the Senior Independent Director leads the Chairman's appraisal and makes a recommendation to the Council of Governors. An annual appraisal process is in place and Non Executive Directors are involved in regular development activities including Board workshops, and attendance at seminar and conferences. We consider we have the appropriate balance and completeness in the Board's membership to meet the ongoing requirements of an NHS Foundation Trust.

The Board of Directors who served during the year comprised the following Executive and Non Executive Directors:

## **EXECUTIVE DIRECTORS**

### **Chief Executive**

Miss Bridget Fletcher was appointed Chief Executive on 1 November 2010. This followed a period as Interim Chief Executive following the resignation of Mr Adam Cairns on 30 June 2010.

### **Chief Operating Officer/Chief Nurse**

Miss Bridget Fletcher held the post of Chief Operating Officer/Chief Nurse until her appointment as Interim Chief Executive on 1 July 2010. Following this appointment the role was re-defined and is currently being covered by two roles – these being Chief Nurse and Director of Operations. At the time of writing this report, a review of these roles was ongoing, to which appointments to the posts of Chief Nurse and Director of Operations are expected by July 2011.

### **Chief Nurse**

Mrs Debra Fairley took up the role of Interim Chief Nurse, after Miss Bridget Fletcher was appointed Interim Chief Executive, on 1 July 2010. A post she still holds.

### **Finance Director**

Mrs Sheenagh Powell is Director of Finance and was appointed on 15 February 2010.

### **Medical Director**

Dr Andrew Catto is Medical Director and was appointed on 1 August 2009.

### **Director of Strategy and Business Development**

Mrs Ann Wagner is Director of Strategy and Business Development and has been a Board member since September 2006.

## **NON EXECUTIVE DIRECTORS**

The Council of Governors is responsible for appointing the Chairman and Non Executive Directors of the Foundation Trust. When the hospital was established as a Foundation Trust on 1 June 2010, it was agreed in line with Monitor's Code of Governance, there would be a transitional period where the current Non Executive Directors, including the Chairman, remained in their positions for a minimum of 12 months from 1 June 2010, or until the end of their tenure – whichever is longer. The current Chairman and all Non Executive Directors were appointed by the Council of Governors on 23 June 2010.

Non Executive Director appointments are now for a term of three years, in line with Monitor's Code of Governance. Following this term and subject to satisfactory appraisal, a Non Executive Director is eligible for consideration by the Council of Governors for a further uncontested term of office of

three years. The removal of the Chairman and Non Executive Directors requires the approval of three-quarters of the Council of Governors and should be in accordance with the procedures set out in the Trust's Constitution.

Disclosures of the remuneration paid to the Chairman, Non Executive Directors and senior managers are given in the Remuneration Report on page 28.

#### **Chairman – Mr Colin Millar**

Chair of the Remuneration and Terms of Service Committee, Appointments and Remuneration Committee, Board Appointments Committee, and Finance, Performance, Quality and Investment Committee. Member of the Quality and Safety Assurance Committee.

Mr Colin Millar's was appointed in December 2005 and his current term of office is due to expire in November 2013.

#### **Non Executive Director and Deputy Chairman – Mr Alan Sutton**

Member of the Remuneration and Terms of Service Committee, Appointments and Remuneration Committee, Board Appointments Committee, Finance, Performance, Quality and Investment Committee and the Quality and Safety Assurance Committee.

Mr Sutton's term of office was due to expire on 1 June 2011, having served eight years as a Non Executive Director. His term of office would have expired in September 2010 however in line with Monitor guidance, Mr Sutton's appointment was extended for a further 12 months from 1 June 2010. At the Council of Governor's meeting on 26 April 2010, the Governors reappointed Mr Alan Sutton for a period of 12 months to 1 June 2012.

#### **Non Executive Director and Senior Independent Director – Mr David Adam**

Member of the Audit Committee, Remuneration and Terms of Service Committee, Appointments and Remuneration Committee, Finance, Performance, Quality and Investment Committee and Board Appointments Committee.

Mr Adam was appointed in February 2007. At the Council of Governor's meeting on 26 January 2011, the Governors reappointed Mr Adam for a three year term of office to January 2014.

#### **Non Executive Director – Mr Ron Drake**

Chairman of the Quality and Safety Assurance Committee and member of the Remuneration and Terms of Service Committee and Finance, Performance, Quality and Investment Committee.

Mr Drake was appointed in February 2007. At the Council of Governor's meeting on 26 January 2011, the Governors reappointed Mr Drake for a three year term of office to January 2014.

#### **Non Executive Director – Mrs Sally Houghton**

Chair of the Audit Committee and the Airedale NHS Foundation Trust Charitable Funds Sub Committee. Member of the Finance, Performance, Quality and Investment Committee and the Board Appointments Committee.

Mrs Houghton was appointed in February 2006. Her current term of office is due to end in February 2012.

#### **Non Executive Director – Mr Jeff Colclough**

Member of the Audit Committee, Finance, Performance, Quality and Investment Committee and the Remuneration and Terms of Service Committee.

Mr Colclough was appointed in February 2006. His current term of office is due to end in February 2012.

The Board considers that all the Non Executive Directors are independent.

## **BIOGRAPHIES**

#### **Bridget Fletcher, Chief Executive**

Bridget was appointed Chief Executive in November 2010. She had previously been Chief Operating Officer/Chief Nurse and joined the Trust as 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.

#### **Debra Fairley, Interim Chief Nurse**

Debra joined Airedale in September 2007 as Deputy Director of Nursing. She qualified as a Registered General Nurse in 1986 at Hartlepool General Hospital and moved to Leeds. In her nursing career, she has worked mainly in intensive care, holding several senior posts in neurosurgery, cardiology and critical care at Leeds hospitals. In 2000, she obtained a regional research training fellowship which was undertaken at the Medical School at the University of Leeds, where she became an honorary lecturer. She was appointed to the post of Interim Chief Nurse on 1 July 2010.

#### **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 has held the role of Director of Finance to 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.

#### **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 the Bachelor of Medicine and Surgery degrees at the University of Leeds. He joined Airedale in 2005 having been involved in clinical research since 1993 and a Senior Lecturer in Medicine between 2000 and 2005.

#### **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.

#### **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. Latterly, 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.

#### **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, having served for nine years.

#### **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.

#### **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 and is currently serving a second term of two years. Sally is a qualified accountant and has over twenty years experience in multi-national manufacturing and engineering companies, some of which was at Finance Director level.

**Jeff Colclough, Non Executive Director**

Jeff was appointed a Non Executive Director in February 2006 and is currently serving a second term of two years. Jeff has over 25 years DTI experience both in the UK and overseas and was 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.

**REGISTER OF INTERESTS**

A register of interests for all members of the Board of Directors is held within the Trust and is continually updated. There are no company Directorships or other significant interests held by Directors that are considered to conflict with their management responsibilities. This is available on request from the Company Secretary.

**STATEMENT ON GOING CONCERN**

After making enquiries, the Directors have a reasonable expectation that the Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.



**Bridget Fletcher**  
**Chief Executive**

## BOARD OF DIRECTORS - MEETINGS

### Attendance at meetings 2010/11

Members	Board of Directors	Finance Committee	Audit Committee	Remuneration Committee	QSAC
Colin Millar	12/12	6/6		3/3	5/6
David Adam	11/12	6/6	5/5		
Jeff Colclough	12/12	5/6	4/5	3/3	
Ron Drake	11/12	4/6		3/3	6/6
Sally Houghton	11/12	5/6	5/5		
Alan Sutton	12/12	4/6		3/3	5/6
Bridget Fletcher	11/12	5/6			
Andrew Catto	10/12	4/6			4/6
Debra Fairley (from July 2010)	8/8	2/4			5/6
Sheenagh Powell	11/12	6/6	3/5		
Ann Wagner	12/12	4/6			
Adam Cairns (to June 2010)	3/3	1/2		2/2	

## COUNCIL OF GOVERNORS

The Council of Governors consists of 36 Governors - the majority, elected – who play a vital role in the governance of the Foundation Trust, working closely with the Board of Directors. They represent the interests of the Foundation Trust's public and staff constituencies as well as its members and partner organisations in the local community including healthcare, universities, voluntary organisations and local authorities under the terms of the Foundation Trust's Constitution. The Council has a number of statutory duties as defined in the constitution which include:

- The appointment (or removal) of the Chairman and Non Executive Directors of the Foundation Trust and approval of the appointment of the Chief Executive;
- Deciding on the pay and allowances, and other terms and conditions of office, of the Chairman and Non Executive Directors;
- Appointing the Foundation Trust's auditors;
- Approving changes to the Constitution of the Foundation Trust;
- Being consulted on future plans of the Foundation Trust and having the opportunity to contribute to the planning cycle;
- Scrutinising the Annual Plan and receiving the Annual Report and Accounts; and
- Developing the membership of the Foundation Trust.

The Council also holds to account the Board of Directors for its management of the organisation and we value the contribution our Governors make and the different perspectives they bring to the development of services. We have 26 Governors elected by our members (including staff members) through a secret ballot who represent the following constituencies (groups):

- **Bradford Metropolitan District Council (five Governors)**
- **Craven District Council (five Governors)**
- **Pendle Borough Council (five Governors)**

- **Leeds City Council (one Governor)**
- **Rest of England (one Governor)**
- **Staff and Volunteers (six Governors)**

Of the remaining 10 nominated Governors, these represent the interests of partner organisations in the local community including healthcare, universities, voluntary organisations and local authorities. Two of the Governor seats, allocated for NHS East Lancashire and a business representative, are currently vacant.

A ballot was held during 2010 for the appointment of a Lead Governor. Mr Adrian Mornin, one of the Governors for Keighley Central, was duly elected as Lead Governor. Mrs Pam Essler, Appointed Governor, NHS Bradford and Airedale, was appointed as Deputy Lead Governor.

A joint meeting with the Board of Directors is held annually and Board members attended relevant Council Committees and workshops. During our first year as a Foundation Trust, Governors have become fully engaged in different activities and working groups, to familiarise themselves with the complexities of such a large organisation.

In consultation with the Council of Governors, the Board also appointed Non Executive Director, Mr David Adam, as the Senior Independent Director. Mr Adam is available to Governors if they have concerns, which contact through the normal channels of Chairman, Chief Executive or Finance Director has failed to resolve or for which contact is inappropriate.

Governors from the public and staff constituencies are elected to office for one, two or three years (determined by numbers of votes polled in the March 2010 election, with the three-year tenure going to individuals receiving the most votes until all three-year tenure seats are filled) and can serve no more than three consecutive terms of office (resulting in a maximum of nine years' tenure). The overall make-up of the Council of Governors, together with their attendance at council meetings/workshops from June 2010 to March 2011 is shown below.

## COUNCIL OF GOVERNORS MEETINGS

### Attendance at Council of Governors meetings 2010/11

				Term of office from 1 June 2010	June 2010	July 2010	October 2010	January 2011
Essler	Pam	Stakeholder	Bradford and Airedale PCT	3 years	✓	✓	✓	✓
Forster	Anne	Stakeholder	University of Leeds	3 years	✓	✓	x	✓
Hardman	Gary (1)	Stakeholder	North Yorkshire and York PCT	3 years	✓	N/A	N/A	N/A
Heseltine	Robert	Stakeholder	North Yorkshire County Council	3 years	✓	✓	x	✓
Kazmi	Naz	Stakeholder	Voluntary Sector	3 years	x	x	x	x
Kerrigan	Anne	Stakeholder	Pendle Borough Council	3 years	✓	✓	x	x
Redlin	Bill (2)	Stakeholder	North Yorkshire and York PCT	3 years	-	N/A	x	✓
Sharp	Pauline	Stakeholder	Bradford Council	3 years	✓	x	✓	✓
Turner	Marcia	Stakeholder	Craven District Council	3 years	✓	✓	✓	✓
Binks	Rachel	Staff	Nurses and Midwives	2 years	✓	✓	✓	✓
Clegg	Leanne (3)	Staff	All Other Staff	2 years	✓	✓	x	N/A
Petyt	David	Staff	Registered Volunteers	3 years	✓	✓	✓	✓
Samtaney	Naren	Staff	Doctors and Dentists	2 years	✓	x	✓	✓
Swann	Karen	Staff	Nurses and Midwives	2 years	✓	✓	✓	✓
Walshaw	Alan	Staff	Allied Health Professionals	2 years	x	x	x	x
Allen	Peter	Public	Skipton	3 years	☐	✓	✓	✓
Beaumont	Peter	Public	Wharfedale	3 years	✓	x	x	✓
Boyle	Neil	Public	South Craven	1 year	✓	✓	✓	✓
Gudgeon	Terry	Public	Lower Wharfe Valley	1 year	x	x	x	x
Haw-Wells	Mark	Public	Bingley	3 years	x	x	✓	✓
Medley	Anne	Public	Keighley West	1 year	✓	✓	✓	✓
Mornin	Adrian	Public	Keighley Central	2 years	✓	✓	✓	✓
Nazam	Mohammed	Public	Keighley Central	3 years	✓	x	✓	x
Nolan	Chris	Public	West Craven	2 years	✓	x	x	✓
Osborn	John	Public	Rest of England	3 years	✓	✓	✓	✓
Paget	Sheila	Public	Ilkley	3 years	✓	✓	x	✓



Pavilionis	Barbara	Public	Skipton	2 years	✓	✓	x	✓
Pick	Alan	Public	South Craven	2 years	✓	✓	✓	✓
Roberts	John	Public	Worth Valley	3 years	✓	x	✓	✓
Shields	Shirley	Public	Keighley East	3 years	✓	✓	x	x
Sturgess	Alan	Public	Settle and Mid Craven	1 year	✓	✓	✓	x
Thorpe	Patricia	Public	Bingley Rural	3 years	✓	✓	✓	✓
Tremlett	Ray	Public	Pendle East and Colne	3 years	✓	✓	✓	✓
Wickham	John	Public	West Craven	1 year	✓	✓	x	x
Winterburn	Valerie	Public	Craven	2 years	x	✓	✓	✓

**In addition the Council of Governors meetings were attended by the following Directors**

Millar	Colin		Chairman		✓	✓	x	✓
Adam	David		Senior Independent Director		✓	✓	✓	x
Colclough	Jeff		Non Executive Director		✓	✓	✓	✓
Drake	Ronald		Non Executive Director		✓	x	✓	✓
Houghton	Sally		Non Executive Director		x	✓	✓	✓
Sutton	Alan		Deputy Chairman		✓	x	✓	✓
Fletcher	Bridget		Chief Executive		✓	✓	✓	✓
Catto	Andrew		Medical Director		✓	x	✓	x
Fairley	Debra		Interim Chief Nurse		✓	x	x	x
Powell	Sheenagh		Director of Finance		✓	✓	✓	✓
Wagner	Ann		Director of Strategy and Business Development		x	✓	✓	✓

- (1) Gary Hardman resigned on 19 July 2010
- (2) Bill Redlin appointed on 19 July 2010
- (3) Leanne Clegg resigned on 23 January 2011

## **MEMBERSHIP**

Our public and staff membership has now grown to almost 12,000 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. The Council of Governors were formally appointed in June 2010 and began a work programme including the formation of the Membership Development Group.

### **MEMBERSHIP CONSTITUENCIES**

Airedale NHS Foundation Trust membership is made up of public and staff constituencies.

#### **PUBLIC MEMBERSHIP CONSTITUENCY**

To be eligible for public membership, people need to be over 16 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 in. 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 Foundation 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; and

- Registered Volunteers with at least 12 months service.

### **RECRUITMENT ACTIVITY DURING 2010/11**

The target set within the Foundation Trust's Membership Development Strategy was to achieve a public membership of 9,000 by the end of March 2011.

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 and local shows.

We are pleased to report that we have managed to meet the target set within our annual corporate objectives.

### **SUMMARY OF MEMBERSHIP STRATEGY**

The Membership Development Strategy covering the period 2010/11 is reviewed by the Membership Development Group and the Board of Directors on a regular basis. The total membership recruitment target set within the strategy has been achieved for this year. We recognise that we have further challenges to make sure we maintain this membership and to ensure representative membership. Engagement and recruitment activities continue to be implemented.

The Membership Development Group is responsible for developing the membership by recruitment, retention, communication and engagement. The group meets monthly and amongst others, delivered the following membership activities in 2010/11:

- Assisting in planning the staff and public open events;
- Contributing ideas to the member newsletters;
- Governor promotion at hospital open events, shows and other recruitment activities; and
- Promotion of membership and the role of Governors through neighbourhood forums and other local groups.

### **MEMBERSHIP ACTIVITY 2010/11**

This year has also seen a number of key developments with regard to membership

engagement, development and communications.

## **OPEN EVENT / ANNUAL GENERAL MEETING**

In September 2010 we delivered our annual Open Event and Annual General Meeting (AGM) which attracted around 400 visitors. The Open Event provided interactive displays, presentations and behind the scenes tours from a wide variety of departments and clinical areas within the Foundation Trust.

The Open Event also had participation from Bradford and Airedale Primary Care Trust, Carers Resource, local councils and the local cave and fell rescue teams. As part of the review process, we have considered the comments and views provided by visitors to the event.

Due to an overwhelming demand for tours we have expanded this year's event and increased the number of tours, all of which were very popular and successful.

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 1 September 2011.

For the first time last year we also held a separate staff open event, the day before the public event. This event was very successful and over 250 staff attended on the day to get advice and information on staff health initiatives and other employee information and benefits. We are planning a similar event for 31 August 2011 with a theme of Employee Health and Wellbeing.

## **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 2010/11 and included:

- The Medical School Experience;
- Maternity Services and Paediatric First Aid;
- X-rays Uncovered;
- Mental Health;
- Coping in an Emergency;
- Accident and Emergency; and
- Bowel Cancer and Irritable Bowel Syndrome.

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

Each of the presenters, including some of our Governors, delivering the sessions were provided with feedback and asked for their responses in terms of any additional questions raised and any suggestions and comments made. This information has been presented back to the membership via an article within an issue of the membership newsletter.

This year we have also held drop in sessions before each Focus On event where members can meet their Governors and find out more about their role and have the opportunity to ask questions or give feedback about our services. We have also advertised the Governor email addresses in the newsletter and encouraged our members to contact their local Governor with any feedback.

In December 2010 the Governors also gave the first of a bi-annual update in the newsletter, giving members a summary of the work they have been involved in to date.

## **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 2010/11 with featured talks playing an integral part. Talks provided a preparation for Foundation Trust status and included:

- An Overview of our Medical Staff;
- Choose and Book;
- The Work of the Governors;
- GP Referrals to Treatment – How it Works; and
- Telemedicine.

In March 2011 we also ran an event 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 our membership households. These communications, by hard copy newsletter or email, are exclusive to our members and they provide updates on new developments at the Foundation Trust, information on membership activities, useful patient information, information on the Non Executive Directors and useful contact information.

All this information is also available on the Foundation Trust section of our website.

All new members receive a welcome letter which includes a membership card containing membership contact information and details for the Foundation 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.

This year we have also launched our young members newsletter, specifically aimed at our members aged 16-21, giving them health information and invites to our events.

### **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.

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

### **MEMBERSHIP INTERESTS AND INVOLVEMENT**

The 'Welcome' mailing members receive, also includes a form for Members to record their areas of special interest. This is returned to the Foundation 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 have been able to involve our members in a number of Foundation Trust projects this year including the Patient Alert Wristbands Project, the Quality Accounts Feedback Event and a Survey on our Priorities for 2011/12.

### **THE FOUNDATION TRUST OFFICE**

The Foundation Trust office continues to be a central point of contact for all members to make contact with the Foundation Trust and the Council of Governors. It can be contacted during office hours, Monday to Friday on 01535 292727 (24 hour answerphone also available) or by email to [members@anhst.nhs.uk](mailto:members@anhst.nhs.uk)

## GOVERNANCE

The Board and Council of Governors have discharged their functions throughout the year through a number of sub-Committees as outlined below.

### AUDIT COMMITTEE

The Audit Committee is chaired by a Non Executive Director – Mrs Houghton, and has a further two Non Executive Directors in its membership. Its terms of reference are approved by the Board of Directors. The Committee has an annual work plan which shows how it plans to discharge its responsibilities under its terms of reference. Minutes of each meeting are reported to the Board along with any recommendations by the Chairman of the Audit Committee. Committee members carry out a self assessment each year. The Committee reports to the Board of Directors in its annual report on its work in support of the statement of internal control, specifically commenting on the fitness for purpose of the assurance framework, the completeness and embeddedness of risk management in the Foundation Trust, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission.

Its main duties throughout the year were:

- **Financial reporting** – The Audit Committee will monitor the integrity of the financial statements of the Foundation Trust and any formal announcements relating to the Foundation Trust's financial performance, reviewing significant financial reporting judgements contained in them. The Committee received and approved the Foundation Trust accounts and the statement on internal control (SIC).
- **Governance, risk management and internal control** – The Committee will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Foundation Trust's activities (both clinical and non-clinical) that support the achievement of the Foundation Trust's objectives. The Committee received the

Foundation Trust's assurance framework and various audit reports concerning these matters, during this period. The Committee received reports outlining the progress made in planned counter fraud work and general issues concerning the NHS counter fraud service (CFS). The Committee also reviewed as appropriate the findings of other relevant significant assurance functions, both internal and external to the Foundation Trust and considered the implications to the governance of the Foundation Trust.

- **Internal audit** – The Committee will ensure that there is an effective internal audit function established by management that met mandatory internal audit standards and provided appropriate independent assurance to the Audit Committee, Chief Executive and the Board of Directors. The Committee received the internal audit plan, internal audit annual report and progress reports in this period and also received the review of the internal audit function by external audit and the Director of Finance.
- **External audit** – The Audit Committee will review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. The Committee received and reviewed external audit plans and regular routine reports, along with regular private discussions with the external auditors and internal audit. External audit attend each Audit Committee meeting.

The Company Secretary was the formal secretary for the Committee and ensured that coordination of papers and minutes were produced in accordance with the Chairman of the Committee. The Foundation Trust has a process agreed by Governors for the agreement of non-audit services provided by external audit; however we did not require any additional non-audit additional service during the period.

### FINANCE COMMITTEE

A separate Finance Committee comprising the full Board of Directors, and chaired by the Chairman, meets on a quarterly basis. The focus of the Committee is to ensure the overall financial health of the organisation

whilst ensuring that quality, performance and investment is not compromised.

## **CLINICAL QUALITY, SAFETY AND ASSURANCE COMMITTEE**

The Clinical Quality, Safety and Assurance Committee, chaired by Mr Drake, Non Executive Director, provides the Board of Directors with assurances of clinical effectiveness, quality of clinical practice, safety of patients and patient experience. It also provides support to the Board of Directors in developing an integrated approach to governance by ensuring implementation of robust systems which enable the Foundation Trust to achieve its clinical objectives

## **CHARITABLE FUNDS SUB COMMITTEE**

The Charitable Funds Sub Committee, chaired by Mrs Houghton, Non Executive Director, acts on behalf of the Foundation Trust in its capacity as Corporate Trustee.

The purpose of the committee is to give additional assurance to the Board of Directors 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.

## **REMUNERATION REPORT**

### **APPOINTMENTS AND REMUNERATION COMMITTEE**

The Appointments and Remuneration Committee is established for the purpose of overseeing the recruitment and selection processes to secure the appointments of Non Executive Directors (including the Chairman) in accordance with the knowledge, skills and experience approved by the Board of Directors. The Committee also oversees the review of remuneration levels of the Chairman and Non Executive Directors. The Committee makes recommendations to the Council of Governors on the appointment of Non Executive Directors (including the Chairman) of the Foundation Trust and the Chairman and Non Executive Directors remuneration levels.

The standing membership of the Committee comprises:

- Chairman of the Foundation Trust (Mr Colin Millar)
- Deputy Chairman of the Foundation Trust (Mr Alan Sutton)
- Senior Independent Director of the Foundation Trust (Mr David Adam)
- Two elected Governors (Mr John Osborne and Mr Peter Beaumont)
- One stakeholder Governor (Mrs Pauline Sharp)
- One staff Governor (Mrs Karen Swann)
- Lead Governor and elected Governor (Mr Adrian Mornin)

The Director of Human Resources (Ms Chris Lisle) also attends in an advisory capacity.

During 2010/11, the Committee met in relation to the re-appointment of two Non Executive Directors – Mr David Adam and Mr Ron Drake, and also to consider the process for replacement of Mr Alan Sutton as Non Executive Director. It was concluded by the Committee to re-appoint Mr Adam and Mr Drake for a three term of office, and to offer Mr Sutton a further 12 month appointment. Mr Sutton's re-appointment was made on the basis that there was a need to draw on the experience of Non Executive Directors to manage the transition arising from the impact of the Health and Social Care Bill. The cost associated with the recruitment process was also a contributory factor.

Policy on the pay of the Chairman and Non Executive Directors is decided by the Council of Governors, guided by Monitor's Code of Governance for NHS Foundation Trusts and seeks to ensure that pay levels are sufficient to attract and retain Non Executive Directors and are sensitive to pay in other Foundation Trusts.

The Council of Governors at its meeting in January 2011 approved the recommendation of the Appointments and Remuneration Committee and voted to increase the Foundation Trust's Chairman and Non Executive Directors' remuneration in recognition of Airedale's new Foundation Trust status and to reflect their greater roles, time commitment and accountability. The decision, based on a national remuneration survey of Foundation Trust Chairs and Non

Executive Directors, brought the Foundation Trust in line with other FT organisations across England. The recommendation from the Appointments and Remuneration Committee benchmarked Airedale against other similar sized Foundation Trusts and on that basis, the Council of Governors approved a rise in annual remuneration for these posts.

The recommendation was to increase remuneration for the Chairman to £42,500 a year and the Non Executive Directors to £12,500 a year and will ensure the organisation can attract – and retain – a Board of Directors whose members receive the right level of remuneration for the work they do.

A separate nominations Committee, named the Board Appointments Committee, is established for the purposes of overseeing the recruitment and selection process for Executive Directors. The members of the Committee comprise the Chairman, Chief Executive (or another Executive Director when considering the appointment of the Chief Executive) and at least two Non Executive Directors. The Director of HR is in attendance to provide specialist HR advice. The Committee recommended the appointment of Miss Bridget Fletcher as Chief Executive. This appointment was approved by the Council of Governors in January 2011.

## **ASSESSMENT AGAINST THE MONITOR CODE OF GOVERNANCE**

Airedale NHS Foundation Trust complies with the Monitor Code of Governance in all respects. All of the principles set out in the Code of Governance are reflected in the Foundation Trust's Constitution.

## **REMUNERATION AND TERMS OF SERVICE COMMITTEE**

The Remuneration and Terms of Service Committee is established to determine the remuneration of Executive Directors and Senior Managers not covered by Agenda for Change.

The Committee met during the 2010/11 period to consider the latest independent benchmarking information for Director's remuneration and to agree the appropriate

level of remuneration. Between June 2010 and March 2011, the Remuneration and Terms of Service Committee, which is made up of the Chairman and three Non Executive Directors, met on three occasions, with the Chief Executive attending all meetings. The Director of Human Resources (or their representative) also attended all three meetings.

The pay policy of the Executive Directors of the Board, was agreed by the Remuneration and Terms of Service Committee in June 2010. This indicated salaries should be positioned against benchmark salaries provided by Income Data Services. The Committee also took account of the letter from Sir David Nicholson, NHS Chief Executive, regarding the Very Senior Managers pay framework in determining the pay policy for 2010/11. Accordingly, the Committee agreed there would be no changes to the salaries for staff within the committee's remit.

No performance related pay scheme (e.g. pay progression or bonuses) is currently in operation within the Foundation Trust for Executive or Non Executive Directors. All other senior managers are subject to Agenda for Change pay rates, terms and conditions of service, which are determined nationally.

Each year, the Remuneration and Terms of Service Committee considers a report from the Chief Executive which summarises the performance of individual Directors against their agreed objectives. The Committee then makes a decision about each director's salary review, linked to their performance.

For Executive Directors, appointments are not time limited and the period for serving notice is six months. Contractual provision for early termination is not appropriate as the contracts are not fixed term. Liability for early termination is therefore not calculated. No significant termination payments have been made since the organisation became a Foundation Trust. The Foundation Trust's remuneration reports are subject to a full external audit.

Details of remuneration and person information are detailed on the following pages (71-73).

## REMUNERATION OF SENIOR MANAGERS

### Salary and Pension entitlements of senior managers

Name and Title	2010/11 (1 June to 31 March)			2009/10 (1 June to 31 March)		
	Salary (bands of £5000)	Other Bonuses (bands of £5000)	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000)	Other Bonuses (bands of £5000)	Benefits in Kind Rounded to the nearest £100
Mr David Adam, Non Executive Director	5-9	0	0	5-9	0	0
Mr Adam Cairns, Chief Executive (1)	10-14	0	0	125-129	0	0
Mr Andrew Catto, Medical Director (2)	20-24	0	0	15-19	0	0
Mr Jeff Colclough, Non Executive Director	5-9	0	0	5-9	0	0
Mr Ronald Drake, Non Executive Director	5-9	0	0	5-9	0	0
Mrs Debra Fairley, Interim Chief Nurse (3)	60-65	0	0	n/a	n/a	n/a
Miss Bridget Fletcher, Chief Executive (4)	105-109	0	0	75-79	0	0
Mrs Sally Houghton, Non Executive Director	5-9	0	0	5-9	0	0
Mr Colin Millar, Chairman	20-24	0	0	15-19	0	0
Mrs Sheenagh Powell, Director of Finance (5)	85-89	0	0	10-14	0	0
Mr Alan Sutton, Non Executive Director	5-9	0	0	5-9	0	0
Mrs Ann Wagner, Director of Strategy & Business Development	95-99	0	0	90-94	0	300

#### Notes:

(1) Mr Adam Cairns, Chief Executive, resigned with effect from 30 June 2010

(2) In 2009/2010 Dr Andrew Catto's remuneration was included for other work within the Foundation Trust. The disclosure for 2010/2011 now only requires other bonuses rather than other remuneration to be reported. None of the Directors including Dr Catto have received any bonus payments.

(3) Mrs Debra Fairley appointed as Interim Chief Nurse with effect from 1 July 2010

(4) Miss Bridget Fletcher appointed Interim Chief Executive on 1 July 2010 and appointed substantive Chief Executive with effect from 1 November 2010.

(5) Mrs Sheenagh Powell, appointed Director of Finance on 15 February 2010



## PENSION ENTITLEMENTS 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 Foundation Trust has decided that this refers to just Executive and Non-Executive Directors of the organisation.

### Pension Benefits

Name and title	Real Increase in Pension at Age 60  (bands of £2500) £000	Real Increase in Pension Lump Sum at Age 60  (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2010  (bands of £5000) £000	Lump Sum at Age 60 Related to Accrued Pension at 31 March 2010  (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2011  £000	Cash Equivalent Transfer Value at 31 May 2010  £000	Real Increase in Cash Equivalent Transfer Value  £000	Employers Contribution to Stakeholder Pension  To nearest £100
Miss Bridget Fletcher, Chief Executive (1)	15-17.5	45-47.5	50-54	160-165	993	790	204	0
Dr Andrew Catto, Medical Director	0-2.5	5-7.5	30-34	100-104	483	529	-46	0
Mrs Debra Fairley, Interim Chief Nurse	2.5-5	12.5-15	20-24	65-69	330	302	28	0
Mrs Sheenagh Powell, Director of Finance	-2.5-0	-2.5-0	40-44	120-124	786	852	-66	0
Mrs Ann Wagner, Director of Strategy & Business Development	0-2.5	5-7.5	25-29	85-89	483	518	-35	0

Note:

- (1) Increased pension contributions are in line with Miss Bridget Fletcher's change in professional status and associated salary increases commensurate with her appointment as Chief Executive on 1 November 2010

Pension costs are not available for Mr Adam Cairns, Chief Executive, who left the Foundation Trust on 30 June 2010. As Non Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non Executive Directors.

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.



**Bridget Fletcher**  
**Chief Executive**

# **PUBLIC INTEREST DISCLOSURES**

## **INNOVATION AND DEVELOPMENT**

During 2010/11 the Foundation 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 and the LEAN Academy (in partnership with Ilkley Virtual College).

## **RESEARCH AND DEVELOPMENT**

Over the past five years, Airedale NHS Foundation Trust has been developing a new way of consulting with patients. Using video links, known as Telemedicine, it has shown that it can safely and effectively deliver care to patients located some distance from the hospital. Initial work in this area was done with HM Prisons, providing hospital support to inmates in a range of prisons across England. The Foundation Trust now provides its medical video-conferencing consultation service to more than 20 prisons up and down the country. 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.

The approach is now being extended to offer similar services to people living in the Dales village of Grassington, North Yorkshire. Airedale Hospital has placed telemedicine equipment in a private room within the village's newly opened community hub. This will be used to carry out follow up consultations with people who have a range of long term conditions, beginning with diabetes. By allowing patient and doctor to see and speak with each other over the link, the need for travel to hospital, with its attendant inconvenience and costs, is avoided.

Following this successful implementation, we are, with our PCT colleagues, actively moving to deploy similar services within local nursing homes.

Airedale Hospital has also been successful in securing the regional Telemedicine Hub as

part of the Yorkshire and Humber Strategic Health Authorities T Health programme.

## **SERVICE IMPROVEMENT (LEAN)**

The LEAN Healthcare Academy (LHA) was founded by the Foundation 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 and the LEAN Healthcare Academy is based on the main hospital site.

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 service improvement training and development.

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

During 2010/11 Airedale, the Safer Patient Pathway Group undertook 73 service improvement projects.

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

## **OUR STAFF**

The Foundation 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 Foundation Trust.

We have Foundation 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 individual's personal development plans.

During the year, we ensured we communicated with staff on matters that concern them as employees. Staff had access to information through the Foundation Trust's intranet, weekly staff bulletins, and monthly team briefings which are cascaded throughout the organisation within 24 hours after the Board of Directors 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 Foundation Trust.

In September 2010, we held our first staff Open Day in addition to our annual public Open Event, which staff are also able to attend. We received a very positive response from staff and will be holding a similar event in 2011. Foundation Trust Member events are also open to staff members, some of which were arranged specifically for staff.

## **ANNUAL STAFF SURVEY**

The 2010 annual survey of NHS staff was conducted in September 2010.

The four key findings for which Airedale NHS Foundation Trust compares most favourably with other acute trusts in England are:

- Percentage of staff saying hand washing materials are always available;
- Percentage of staff appraised in last 12 months;
- Percentage of staff having equality and diversity training in last 12 months; and
- Percentage of staff receiving health and safety training in last 12 months.

The one key finding where staff experiences have improved is:

- Fairness and effectiveness of incident reporting procedures.

The four key findings for which Airedale NHS Foundation Trust compares least favourably with other acute trusts in England are:

- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver;
- Work pressure felt by staff;
- Percentage of staff feeling there are good opportunities to develop their potential at work; and
- Percentage of staff reporting good communication between senior managers and staff.

There are four key findings where staff experiences have deteriorated:

- Percentage of staff feeling there are good opportunities to develop their potential at work;
- Staff intention to leave their job;
- Impact of health and well-being on ability to perform work or daily activities (better than national average); and
- Staff motivation at work.

However, all indicators need to be viewed in context and there continues to be room for improvement. The Health and Well Being Action Plan will ensure that this is pursued.

The quality of the appraisal/review process and answers to the questions relating to the appraisal leaving staff feeling valued and helping them do their job better were a concern.

Following quality assurance of the appraisal process in Autumn /Winter 2010, the process has been re launched to include more emphasis on the face to face conversation, objective setting and personal development planning. A further quality assurance will be done after the cycle of appraisals/reviews is completed in Summer 2011. Improvements should show in the 2011 staff survey results.

The Foundation Trust Health and Wellbeing Implementation Group have analysed the staff attitude survey to identify departments requiring specific attention based on stress 'hot spots.' These were identified using specific 'stress' questions as suggested by the Health and Safety Executive. Members of this group are facilitating sessions with these teams to help them implement coping strategies. Similar sessions were run with the 'hot spot' areas following the results of the 2009 survey and in the main these areas did not feature highly this year.

## STAFF SURVEY

	2009/10		2010/11		Trust Improvement/Deterioration
	Trust	National Average	Trust	National Average	
Response rate	55%	55%	50%	54%	Decrease in 5 % points

	2009/10		2010/11		Trust Improvement/Deterioration
	Trust	National Average	Trust	National Average	
Top four ranking scores					
% of staff appraised in the last 12 months	89%	70%	89%	78%	No change
% of staff receiving Health and Safety Training in the last 12 months	90%	78%	87%	80%	Decrease in 3 % points
% of staff having equality and diversity training in the last 12 months	68%	35%	61%	41%	Decrease in 7 % points
% of staff saying hand washing materials are always available	76%	69%	77%	67%	Increase in 1 % point

	2009/10		2010/11		Trust Improvement/Deterioration
	Trust	National Average	Trust	National Average	
Bottom four ranking scores					
% of staff feeling satisfied with the quality of work & patient care they are able to deliver	64%	74%	66%	74%	Increase in 2 % points
Work pressure felt by staff	65%	62%	65%	62%	No change
% of staff feeling there are good opportunities to develop their potential at work	42%	42%	34%	41%	This q not in the bottom 4 in 2009/2010
% of staff reporting good communication between senior management and staff	22%	26%	19%	26%	This q not in the bottom 4 in 2009/2010

## HUMAN RESOURCES MANAGEMENT

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 Foundation Trust's sickness absence.

The staff sickness absence for 2010/11 is shown below:

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

## WORKING IN PARTNERSHIP

We have continued to develop our strategic and other partnerships from a clinical, business and financial perspective. During 2010/11 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 healthcare is commissioned in the main by three PCTs – NHS Bradford and Airedale which in 2010/11 accounted for 62% of the Foundation Trust's revenue from patient care activity; NHS North Yorkshire and York which last year accounted for 24% of the Foundation Trust's revenue from patient care activity and NHS East Lancashire which increased again during 2010/11 and now accounts for 11.4% of the Foundation Trust's revenue from patient care activity – a 2% increase on 2009/10.

During 2010/11 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 Foundation 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 Foundation 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 Foundation 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 Foundation Trust's Accident and Emergency department.
- The Foundation Trust worked in partnership with its three main commissioners to develop a proposal to run a *telemedicine pilot* 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 Foundation 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 Foundation 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 Foundation 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 2010/11 the Foundation 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.

## **TRAINING AND DEVELOPMENT**

Research tells us that effective line management and leadership is critical to effective service delivery, therefore the Foundation 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 2010/11 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.

## **CHILDCARE SUPPORT**

Our onsite Nursery continues to provide high quality childcare at competitive rates for over 100 Foundation 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 Foundation 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 WELLBEING**

The Foundation Trust approved during 2010/11, 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 Health and Wellbeing team, 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 Foundation Trust infection control team;
- Research into current Occupational Health issues;
- Computerised cognitive behaviour therapy; and
- 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 Foundation Trust on a monthly basis, and the Board of Directors receives a regular report about the management of those risks documented in the risk register.

In recognition of the Foundation Trust's primary goal of excellent patient experiences every time, we registered with the national 'Patient Safety First Campaign'. The Foundation 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 Foundation Trust has achieved compliance with the NHS Litigation Authority Risk Management standards at Level 2 for Acute Trust services and Level 1 for Maternity Services. These standards recognise the Foundation 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 Foundation 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 Foundation Trust, and ensuring compliance with the Health and Safety at Work Act 1974 (and related regulations).

The Committee is chaired by the Director of Operations, whose role includes being the designated lead Director for health and safety for both the Foundation Trust's Executive Directors Group and the Board. They are supported in this role by the Health, Safety

and Emergency Planning Manager who works in the Risk Management Team.

The Foundation Trust was subject to three Health and Safety Executive (HSE) inspections during 2010/11. These were:

- A one day inspection visit by a HSE inspector who looked specifically at the Foundation 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; and
- An inspection of the Pathology services.

In each case the Foundation 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 Foundation Trust's Health and Safety Committee.

## **POLITICAL AND CHARITABLE DONATIONS**

Airedale NHS Foundation Trust made no political or charitable donations during the year.

## **PATIENT AND PUBLIC ENGAGEMENT**

Engagement with patients and the public is extremely important to the Foundation Trust as a means of improving patient experience. During 2010/11, a Patient and Public Engagement and Experience Steering Group was established in order to promote active engagement and working in partnership with our patients and the public. This will contribute to safeguarding quality and ensure a positive patient experience.

A patient and public engagement policy aimed at improving the patient experience was prepared and a strategy was developed in order to ensure that patient involvement activities are embedded into all aspects of the Foundation Trust's business.

The following outlines some of the Foundation Trust's patient and public engagement activities.



## **VOLUNTEERING**

Airedale NHS Foundation 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.

The two charities Friends of Airedale and Airedale New Venture contributed over £235,000 last year to the hospital. The funds were raised through the two shops, the car boot sale that is held on the grounds of the hospital and through public donations. The money was used to buy a range of new equipment for the hospital including 13 patient trolleys and two new monitors for the endoscopy unit.

It is important to make sure that people have enough to eat and drink when they are in hospital as it enables them to get the appropriate nutrients to help them towards recovery. A lot of work has been done at Airedale Hospital to ensure that patients do get the right nutritional care. Our current volunteers provide excellent support to nurses and ward hostesses on the wards to help patients eat and drink but more volunteers are always needed.

A feeding buddy initiative was developed and trialled by the hospital on ward 6 during 2010/11. This involved training hospital staff so that they could then help ward staff assist patients to eat and drink at meal times. Following the trial, the initiative is now being developed to go live and staff who received the original training are keen to get started. They will be supported by existing volunteers who will team up with them to help them develop into the roles.

## **PATIENT AND CARER PANEL**

As part of the Foundation 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 Foundation 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 Foundation Trust's meals service; services for dementia patients; patient falls; Foundation 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 2010/11.

## **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 Foundation 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 Foundation 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 Foundation 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.

## **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 and ensure care plans take account of individual patient's needs. A pictorial communication guide was introduced on all wards in 2010 to enable all people who have difficulty communicating to indicate their needs.

We are working with the regional Learning Disabilities Group, Access to Acute, for Yorkshire and Humberside, as well as the local Craven Health Task Force, to benchmark the care we provide. We are using an audit tool to help us review each episode of care and identify any aspects that are missing. The findings and any shortfalls are shared with the regional group to enhance learning and development of the service.

The group has also worked with us on improving signage around the hospital site and helped our Patient Advice and Liaison Services (PALS) team develop an easy read version of our PALS leaflet.

## **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 Foundation 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 2010/11, there were 1,941 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. During 2010/11:

- 67% of requests were resolved on the day they were received;
- 72% of queries were settled within 24 hours; and
- 77% of requests were completed within three working days.

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 inpatient. 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 8am to 4pm. Contact with the PALS office can also be made by telephoning 01535 294019 or Emailing: [PALS.Office@anhst.nhs.uk](mailto:PALS.Office@anhst.nhs.uk)

## **COMMUNITY ENGAGEMENT**

Foundation 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 Foundation Trust staff support through a salary deduction scheme.

## **CORPORATE SOCIAL RESPONSIBILITY**

The Foundation 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 Foundation Trust is committed to reducing its carbon footprint with a Foundation 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.

## **REDUCING OUR CARBON FOOTPRINT**

The CRC Energy Efficiency Scheme (formerly known as the Carbon Reduction Commitment) is the UK's mandatory climate change and energy saving scheme. It is

central to the UK's strategy for improving energy efficiency and reducing CO<sub>2</sub> emissions as set out in the Climate Change Act 2008.

The scheme is mandatory for all organisations whose electricity consumption is equivalent to an annual electricity bill of approximately £500k, so therefore applies to Airedale NHS Foundation Trust.

The Climate Change Act 2008 requires carbon dioxide and greenhouse gas emission reductions of 34% by 2020 and 80% by 2050 against 1990 performance. The same act establishes that from 2010 all Government departments, including the NHS, will receive annual carbon budgets which they must stick to.

The Foundation Trust has developed a Carbon Management Plan (CMP) which commits it to reducing CO<sub>2</sub> by 15% by 2015 from a 2007 baseline figure. Potential savings to the Foundation Trust could be around £1 million by that date. By following the CMP and delivering its objectives, the Foundation Trust will achieve a reduction of 15% on its 2007 carbon footprint (estate only figures) by 2015. This will mean that we will have not only reduced our carbon output but also reduced expenditure on utilities and the maintenance and operation of our estate.

The CMP will mean an improved environment for our local population, patients, visitors and staff.

# STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF AIREDALE NHS FOUNDATION TRUST

The National Health Service (NHS) Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Airedale NHS Foundation Trust to prepare each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Airedale NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements; and
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.



**Bridget Fletcher**  
**Chief Executive**

6 June 2011

# STATEMENT ON INTERNAL CONTROL

## SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

## THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Airedale NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Airedale NHS Foundation Trust for the 10 month period ended 31 March 2011 and up to the date of approval of the Annual Report and Accounts.

## CAPACITY TO HANDLE RISK

As Accounting Officer, I have overall responsibility for ensuring that there are effective risk management and integrated governance systems in place within the Foundation Trust and for meeting all statutory requirements and adhering to guidance issued by Monitor in respect of governance and risk management.

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

Some aspects of risk are delegated to the Foundation Trust's Executive Directors:

- The Medical Director is responsible for clinical governance, and has overall lead for risk management and patient safety with support from the Assistant Director of Healthcare Governance and Assistant Director of Patient Safety. The Medical Director is also responsible for information governance risks. The Assistant Director of Healthcare Governance is also responsible for reporting to the Board of Directors on the development and progress of the risk and patient safety strategy and for ensuring that the strategy is implemented and evaluated effectively;
- The Chief Nurse is responsible for infection prevention and control;
- The Director of Operations is responsible for health and safety;
- The Assistant Director of Healthcare Governance is the management lead to ensure a fully integrated and joined up system of risk and control management is in place on behalf of the Board;
- The Director of Finance provides the strategic lead for financial risk and the effective coordination of financial controls throughout the Foundation Trust.
- The Director of Human Resources is responsible for workforce planning, staffing issues, education and training; and
- All heads of service, Clinical Directors and managers have delegated responsibility for the management of risk and patient safety in their areas. Risk is integral to their day-to-day management

responsibilities. It is also a requirement that each individual division produces a divisional/directorate patient safety and risk register, which is consistent and mirrors the Foundation Trust's patient safety and risk register requirements and is in line with the risk management strategy.

All members of staff have responsibility for participation in the risk/patient safety management system through:

- Awareness of risk assessments which have been carried out in their place of work and to compliance with any control measures introduced by these risk assessments;
- Compliance with all legislation relevant to their role;
- Following all Foundation Trust policies and procedures;
- Reporting all adverse incidents and near-misses via the Foundation Trust incident reporting system;
- Attending regular training as required ensuring safe working practices;
- Awareness of the Foundation Trust patient safety and risk management strategy and their own divisional/directorate patient safety and risk management strategy; and
- Knowing their limitations and seeking advice and assistance in a timely manner when relevant.

The Foundation Trust recognises the importance of supporting staff. The risk management team act as a support and mentors to Foundation Trust staff who are undertaking risk assessments and managing risk as part of their role. Risk assessment training is available to all members of staff and includes:

- Corporate induction training when staff join the Foundation Trust;
- Mandatory update training for all staff every two years; and

- Targeted training on specific areas including risk assessment, incident reporting and incident investigation.

The Foundation Trust seeks to learn from good practice and will investigate any serious incidents, complaints and SIRI's (Serious Incidents Requiring Investigation) via the Root Cause Analysis Group. The findings are reviewed by the Foundation Trust's Assurance Panel to ensure learning points are implemented. Assurance is gained by presenting reports to the Foundation Trust's quality assurance groups and committees and/or the Board of Directors. Any learning points for staff are published via staff briefings.

In addition to the Foundation Trust reviewing all internally driven reports, the Foundation Trust adopts an open approach to the learning derived from third party investigations and audits, and/or external reports. During 2010, the Foundation Trust has taken on board recommendations from a number of external reports including the Independent Inquiry Report on Airedale by Kate Thirlwall QC and the Frances report on Mid Staffordshire NHSFT. The monitoring of the action plans implemented to address these recommendations was undertaken at Board level.

The Foundation Trust actively seeks to share learning points with other health organisations, and pays regard to external guidance issued. Accordingly, the Foundation Trust will undertake gap analyses and adjust systems and processes as appropriate in line with best practice.

## **THE RISK AND CONTROL FRAMEWORK**

The Board approved risk management strategy has defined the Foundation Trust's approach to risk throughout the year. The strategy determines the requirements for the identification and assessments of risks and for control measures to be identified and how risks should be managed and the responsibilities of key staff in this process. As an organisation seeking to develop its innovative work in the field of telemedicine, it is recognised that the Foundation Trust adopts a risk aware, rather than a risk averse culture.

The risk management strategy assigns responsibility for the ownership and management of risks to all levels and individuals to ensure that risks which cannot be managed locally are escalated through the organisation. The process populates the risk register and board assurance framework, to form a systematic record of all identified risks. All risks are evaluated against a common grading matrix, based on the Australia/New Zealand risk management standard to ensure that all risks are considered alike. The control measures, designed to mitigate and minimise identified risks, are recorded within the risk register and board assurance framework.

The Board assurance framework sets out:

- What the organisation aims to deliver (corporate/strategic objectives);
- Factors which could prevent those objectives being achieved (principle risks);
- Processes in place to manage those risks (controls);
- The extent to which the controls will reduce the likelihood of a risk occurring (likelihood); and
- The evidence that appropriate controls are in place and operating effectively (assurance).

The board assurance framework provides assurance, through ongoing review, to the Board that these risks are being adequately controlled and informs the preparation of the statement of internal control. The board assurance framework and risk register have identified no significant gaps in control/assurance.

The Foundation Trust's risk management processes have identified a number of risks. The most significant is outlined below along with how they have been/are being managed and mitigated and how outcomes are being assessed.

The Foundation Trust's financial position is subject to a number of risks. Its position is dependent on delivering productivity and efficiency improvements and its

commissioners are seeking to reduce the amount of healthcare they purchase. This is against a difficult national economic background and changing NHS landscape. The Foundation Trust is mitigating these risks through rigorous budgetary control and management of significant productivity and efficiency improvements. Outcomes are being measured by monthly review of financial performance by the Board.

Maintaining the security of the information that the Foundation Trust holds provides confidence to patients and employees of the Foundation Trust. To ensure that its security is maintained an Executive Director has been identified to undertake the role of Senior Information Risk Owner (SIRO). The SIRO has overseen the implementation of a wide range of measures to protect the data we hold and a review of information flows to underpin the Foundation Trust's information governance assurance statements and its assessment against the information governance toolkit. The review against the information governance toolkit provides me with assurance that these aspects are being managed and identified weaknesses addressed. During 2010/11, there were no reportable breaches.

Control measures are in place to ensure all organisations' obligations under equality, diversity and human rights legislation are complied with. This is evidenced by the annual review during the year of the Single Equality Scheme at board level and the inclusion and completion of equality impact assessments on all the Foundation Trust's policies. The Foundation Trust also ensures that the Patient and Carer Panel is consulted and engaged on all matters relating to risk. This is evidenced by the Patient and Carer Panel reviewing all policies relating to patient experience prior to approval by a Foundation Trust management committee.

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

The Foundation Trust successfully registered, without conditions, with the Care Quality Commission and is fully compliant with the requirements of registration with the Care Quality Commission.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## **ANNUAL QUALITY ACCOUNT**

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare a Quality Account for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual. 2009/2010 was the initial development year of a Quality Account for Airedale NHS Foundation Trust. The Foundation Trust has built on the extensive work undertaken to develop the Quality Account and has drawn on the various guidance published in-year in relation to the Quality Account.

We developed our vision, values and priorities through wide involvement and in consultation with patients, carers, staff,

external stakeholders and Governors. We used our Foundation Trust preparations as an opportunity to refine and strengthen our governance arrangements to ensure that the organisation was fit for the future. The consultation of the Quality Account was launched and included a number of presentations made to the Board of Directors and Council of Governors on Quality Accounts, a workshop session with representatives from the Council of Governors, LINKS and Patient Carer Panel as well as members of the public. In addition a 'Focus' newsletter was issued to all members and Governors.

Through this engagement the Foundation Trust has been able to ensure the areas chosen provide a balanced view of the organisations priorities for 2011/2012. In the preparation of the Quality Account, the Foundation Trust appointed a Quality Account project lead to develop the Quality Account, reporting direct to the Medical Director, and a Quality Account Steering Group was established. A formal review process was established, involving a presentation of our initial draft account to our external stakeholders (OSC, LINKS and Commissioners). The Quality Account drafts were formally reviewed through the Foundation Trust governance arrangements (formal management group, Board sub committee and Board of Directors). The Foundation Trust set priorities for patient safety, patient experience and clinical effectiveness. Priorities were developed to embed and monitor quality improvement processes, set against the needs of our patients in the delivery of our services.

The Foundation Trust will utilise divisional performance reports, governance and quality reports, clinical outcome measures, mortality reports, CHKS benchmarking data and a range of key national targets to govern the work associated with these priorities. The data used to report the Foundation Trust's quality performance in 2010/2011 was taken from national data submissions, CHKS and national patient surveys. Quality and safety metrics are reported regularly to the Board through the performance and governance reports. Assurance was gained by sharing the Quality Account with PCT Commissioners, LINKS and OSC as required by national regulation. The Audit Commission



will undertake a review of the arrangements in place at the Foundation Trust to secure the data quality of information included in the Quality Account. The report prepared by the Audit Commission will be submitted to Monitor by the end of June 2011.

## **REVIEW OF ECONOMY, EFFICIENCY, AND EFFECTIVENESS OF THE USE OF RESOURCES**

The Foundation Trust has a comprehensive system that sets strategic and annual objectives. The Board of Directors sets these objectives with regard to the economic, efficient and effective use of resources.

The objectives set reflect national and local performance targets for standards of patient care and financial targets to deliver this care within available resources. Within these targets, the Foundation Trust includes specific productivity and efficiency improvements. These are identified from a range of sources including internal review such as internal audit and external organisations such as the NHS Litigation Authority, the Audit Commission and other benchmarking agencies.

The Foundation Trust has a robust monitoring system to ensure that it delivers the objectives it identifies. Ultimate responsibility lies with the Board which monitors performance through reports to its monthly meetings. Underpinning this is a system of monthly reports on financial and operational information to the Foundation Trust's executive management group, and clinical management group. Reporting at all levels includes detail on the achievement against productivity and efficiency targets.

The Foundation Trust operates within a governance framework of Standing Orders, Standing Financial Instructions and other processes. This framework includes explicit arrangements for:

- Setting and monitoring financial budgets;
- Delegation of authority;
- Performance management; and
- Achieving value for money in procurement.

The governance framework is subject to scrutiny by the Foundation Trust's Audit Committee and internal and external audit.

## **REVIEW OF EFFECTIVENESS**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within the Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the major sources of assurance on which reliance has been placed during the year. These sources included reviews carried out by the Audit Commission, Healthcare Commission, Internal Audit, NHS Litigation Authority and the Health and Safety Executive.

The following groups and committees are involved in maintaining and reviewing the effectiveness of the system of internal control:

- The Board of Directors has overall accountability for delivery of patient care, statutory functions and Department of Health requirements;
- The Audit Committee oversees the maintenance of an effective system of internal control and reviews the statement on internal control;

- The Assistant Director of Healthcare Governance through the Executive Strategic Risk Management Group ensures that a fully integrated approach is taken when considering whether the Foundation Trust has in place systems and processes to support individuals, teams and corporate accountability for the delivery of safe patient centred, high quality care; and
- The Clinical Quality, Safety and Assurance Committee together with its sub-group provide the Board of Directors with assurances of clinical effectiveness, quality of clinical practice, safety of patients and patient experience. It also supports the Board of Directors in developing an integrated approach to governance by ensuring implementation of robust systems which enable the Foundation Trust to achieve its clinical objectives.

Review and assurance mechanisms are in place and the Foundation Trust continues to develop arrangements to ensure that:

- Management, including the Board, regularly reviews the risks and controls for which it is responsible;
- Reviews are monitored and reported to the next level of management;
- Changes to priorities or controls are recorded and appropriately referred or actioned;
- Lessons which can be learned, from both successes and failures, are identified and circulated to those who can gain from them; and
- Appropriate level of independent assurance is provided on the whole process of risk.

We acknowledge that the Foundation Trust is entering a period of significant change and will therefore continue to adapt to the changing NHS landscape.

## CONCLUSION

During the period June 2010 to March 2011 there were no serious untoward incidents involving data loss or inappropriate disclosure of patient information reported to the Strategic Health Authority.

My review confirms no significant internal control issues have been identified.



**Bridget Fletcher**  
**Chief Executive**

6 June 2011

# **INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF AIREDALE NHS FOUNDATION TRUST**

## **Opinion on the summary financial statements**

I have examined the summary financial statement for the period ended 31 March 2011 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' equity and the Statement of Cash Flows and the audited part of the Remuneration Report.

This report is made solely to the Council of Governors of Airedale NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been undertaken so that I might state to the Council of Governors those matters I am required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

## **Respective responsibilities of directors and auditor**

The directors are responsible for preparing the Annual Report.

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

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

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the

United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

## **Opinion**

In my opinion the summary financial statement is consistent with the statutory financial statements of Airedale NHS Foundation Trust for the period ended 31 March 2011.

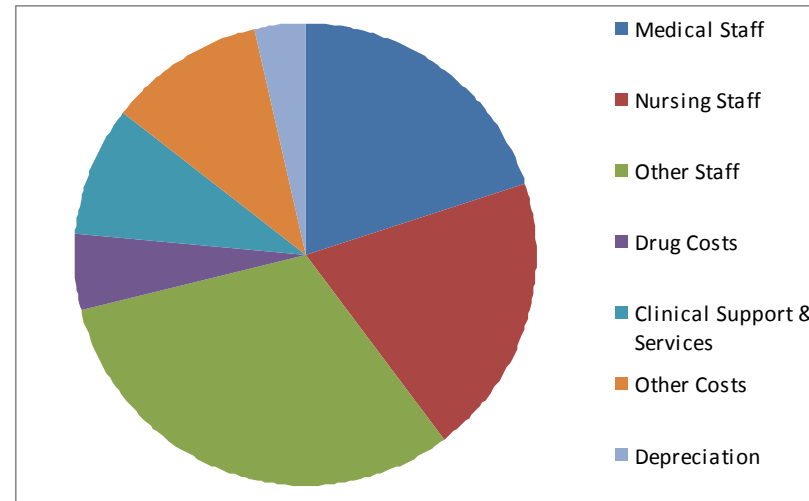
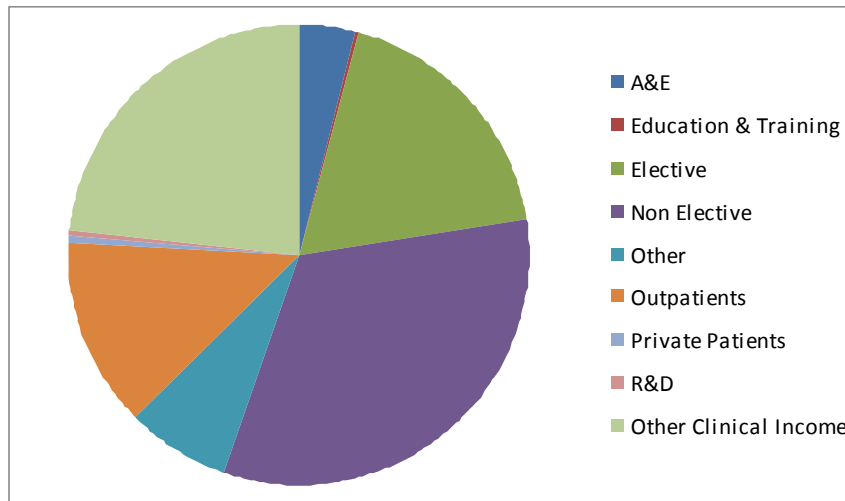
Damian Murray  
Officer of the Audit Commission  
3 Leeds City Office Park  
Holbeck  
Leeds  
LS11 5BD

6 June 2011

# OUR FINANCES

## INCOME AND EXPENDITURE

Total income from continuing activities for the 10 month period 1 June 2010 to 31 March 2011 was £106 million. An analysis of this income is shown below.



## SUMMARY FINANCIAL POSITION

	2010/11 10 months Foundation Trust £000's	2009/10 12 months £000's
Turnover	106,543	124,824
Retained Surplus / (Deficit)	(107)	(3,759)

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED	NHS Trust		Foundation Trust	
	12 months	2 months	10 months	12 months
	2009-10	2010-11	2010-11	2010-11
	£000	£000	£000	£000
<b>Revenue</b>				
Revenue from patient care activities	111,745	19,041	106,543	125,584
Other operating revenue	13,079	1,964		1,964
Operating expenses	(126,855)	(20,667)	(105,287)	(125,954)
<b>Operating surplus/(deficit)</b>	<b>(2,031)</b>	<b>338</b>	<b>1,256</b>	<b>1,594</b>
<b>Finance costs:</b>				
Investment revenue	31	5	18	23
Other gains and losses	(33)	0	0	0
Finance costs	(128)	(22)	(118)	(140)
<b>Surplus/(deficit) for the financial year</b>	<b>(2,161)</b>	<b>321</b>	<b>1,156</b>	<b>1,477</b>
Public dividend capital dividends payable	(1,598)	(272)	(1,263)	(1,535)
<b>Retained surplus/(deficit) for the year</b>	<b>(3,759)</b>	<b>49</b>	<b>(107)</b>	<b>(58)</b>

#### NOTE

The 2010/11 deficit of £107,000 contains £283,000 of impairments resulting from the Modern Equivalent Asset valuation of the Foundation Trusts land and buildings which was effective from 31 March 2011. Without this element of expenditure the Foundation Trust would have delivered a surplus of £176,000.

## STATEMENT OF FINANCIAL POSITION AS AT

	31 March 2010	31 May 2010	31 March 2011
	£000	£000	£000
<b>Non-current assets</b>			
Property, plant and equipment	56,942	56,176	52,896
Intangible assets	0	0	0
Other financial assets	0	0	0
Trade and other receivables	530	495	471
<b>Total non-current assets</b>	<b>57,472</b>	<b>56,671</b>	<b>53,367</b>
<b>Current assets</b>			
Inventories	2,255	2,216	2,264
Trade and other receivables	4,716	3,895	4,557
Other financial assets	0	0	0
Other current assets	0	0	0
Cash and cash equivalents	6,887	7,650	5,162
	<b>13,858</b>	<b>13,761</b>	<b>11,983</b>
Non-current assets held for sale	0	0	
<b>Total current assets</b>	<b>13,858</b>	<b>13,761</b>	<b>11,983</b>
<b>Total assets</b>	<b>71,330</b>	<b>70,432</b>	<b>65,350</b>
<b>Current liabilities</b>			
Trade and other payables	10,656	9,774	9,276
Other liabilities	139	139	139
Borrowings	77	77	77
Other financial liabilities	0	0	
Provisions	897	900	480
<b>Net current assets/(liabilities)</b>	<b>(2,089)</b>	<b>(2,871)</b>	<b>(2,011)</b>
<b>Total assets less current liabilities</b>	<b>59,561</b>	<b>59,542</b>	<b>55,378</b>
<b>Non-current liabilities</b>			
Borrowings	1,037	1,024	960

Trade and other payables	0	0	0
Other financial liabilities	0	0	0
Provisions	1,364	1,342	1,238
Other liabilities	4,882	4,859	4,743
<b>Total assets employed</b>	<b>52,278</b>	<b>52,317</b>	<b>48,437</b>
<b>Financed by taxpayers' equity:</b>			
Public dividend capital	44,319	44,319	44,319
Retained earnings	(5,218)	(5,169)	(5,276)
Revaluation reserve	12,620	12,620	8,961
Donated asset reserve	557	547	433
Government grant reserve	0	0	0
Other reserves	0	0	0
<b>Total taxpayers' equity</b>	<b>52,278</b>	<b>52,317</b>	<b>48,437</b>

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE PERIOD ENDED 31 MARCH 2011**

	<b>Public Dividend Capital</b>	<b>Income and Expenditure Reserve</b>	<b>Revaluation Reserve</b>	<b>Donated Asset Reserve</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Balance as at 1 June 2010	<b>44,319</b>	<b>(5,169)</b>	<b>12,620</b>	<b>547</b>	<b>52,317</b>
Surplus for the financial year	-	<b>(107)</b>	-	-	<b>(107)</b>
Impairments	-	-	<b>(3,806)</b>	<b>(109)</b>	<b>(3,915)</b>
Revaluations	-	-	<b>147</b>	-	<b>147</b>
Increase in the donated asset reserve due to receipt of donated assets	-	-	-	<b>46</b>	<b>46</b>
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of donated assets	-	-	-	<b>(51)</b>	<b>(51)</b>
Balance at 31 March 2011	<b>44,319</b>	<b>(5,276)</b>	<b>8,961</b>	<b>433</b>	<b>48,437</b>



**STATEMENT OF CASH FLOWS**

	<b>2010/11</b>
	<b>£000's</b>
Cash flows from operating activities	1,256
Operating surplus/(deficit)	
Depreciation and amortization	3,770
	283
Impairments and reversals	(51)
Transfer from donated asset reserve	(86)
Interest paid	
Dividends paid	(1,522)
Movement in working capital	(1,927)
Interest received	18
Payments for property plant and equipment	(4,165)
Other capital receipts	0
Capital element of finance leases and PFI	(64)
<b>Decrease in Cash</b>	<b>(2,488)</b>

These financial statements might not contain sufficient information for a full understanding of the Foundation Trust's financial position and performance. A full set of the Foundation 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 [mark.walsh@anhst.nhs.uk](mailto:mark.walsh@anhst.nhs.uk).

## CONTACT DETAILS

**AIREDALE NHS FOUNDATION TRUST  
AIREDALE GENERAL HOSPITAL  
SKIPTON ROAD  
STEETON, KEIGHLEY  
WEST YORKSHIRE  
BD20 6TD**

**Tel: 01535 652511**

**[www.airedale-trust.nhs.uk](http://www.airedale-trust.nhs.uk)**

### **PALS**

The PALS team at Airedale NHS Foundation Trust 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 8.00 am to 4.00 pm. Tel: 01535 294019. Email:

**[PALS.Office@anhst.nhs.uk](mailto:PALS.Office@anhst.nhs.uk)**

### **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 Tel: 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](mailto:voluntary.services@anhst.nhs.uk)**

