

Quality Account



2010/11

About Airedale NHS Foundation Trust

We are a high performing foundation trust providing acute and specialist outreach services for local people who live in an area extending from the fringes of north Bradford to parts of the Yorkshire Dales National Park. Our hospital, Airedale General Hospital, is situated in the countryside between Skipton and Keighley.



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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 everything 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 a testament to the hard work and dedication of all our staff. However, there are major challenges ahead within the NHS, due to some of the most significant changes proposed by any government, and the current economic climate. This means that we must continue to make the best possible use of resources to provide the most effective and efficient care. Approximately 250,000 patients use our services each year as inpatients, outpatients, and via Accident and Emergency, as well as using a variety of therapy services. It is essential that we continue to develop efficient and effective ways to deliver quality care and 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 listen to 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 1st 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 to help deliver 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 to the best of my knowledge is accurate and complete.



Bridget Fletcher

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 Trust's Patient and Carer Panel, Airedale Partnership Group and the Council of Governors. 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 the 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, quality, all underpinned by a positive patient experience.

A panel of ex-patients and carers assists the 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 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 Trust is performing from a patient satisfaction point of view. Within the survey there are 77 questions under different sections. This year the 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, Trust 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 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 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 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 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 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 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 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 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 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 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 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 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 Walk-rounds continue on a weekly basis with both executive 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 an 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 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 Trust was selected to participate in the RICHARD project, providing an opportunity to develop models for managing chronic disease in more effective, efficient and patient centred ways. In February 2011, the 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 in order 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 Trust's night nurse practitioners between 2000 and 2002.¹ The Inquiry noted that significant improvements have resulted from enormous efforts made by the Trust 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 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 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.

¹ 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.



A handwritten signature in blue ink, appearing to read 'A Catto', with a long horizontal line underneath.

Andrew Catto
Medical Director
6 June 2011



A handwritten signature in black ink, appearing to read 'Debra Fairley', with a wavy line underneath.

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 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 likewise updated in Section 3).

Inpatient falls: The Trust's ageing population² 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.

² 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 the 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 PCT, 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 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 effects on nutrition, malnutrition being a common factor in people with dementia³. 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 1st 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:

³ 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 year⁴. 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 staff⁵. 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 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 problems⁶, research estimates that up to 30 per cent of falls can be prevented⁷. 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 ^{8*}
2007/08	619	111512	5.6
2008/09	777	128740	6.0
2009/10	1089	127983	8.5
2010/11	1197	123529	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. Our falls rate⁸ 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).⁹ 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 2009.¹⁰ 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.

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.

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

Initiatives in 2010/11

- The Trust's *Falls Policy* was revised and approved by the 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 Trust's commitment to achieve NHSLA level 3 status.



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 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.

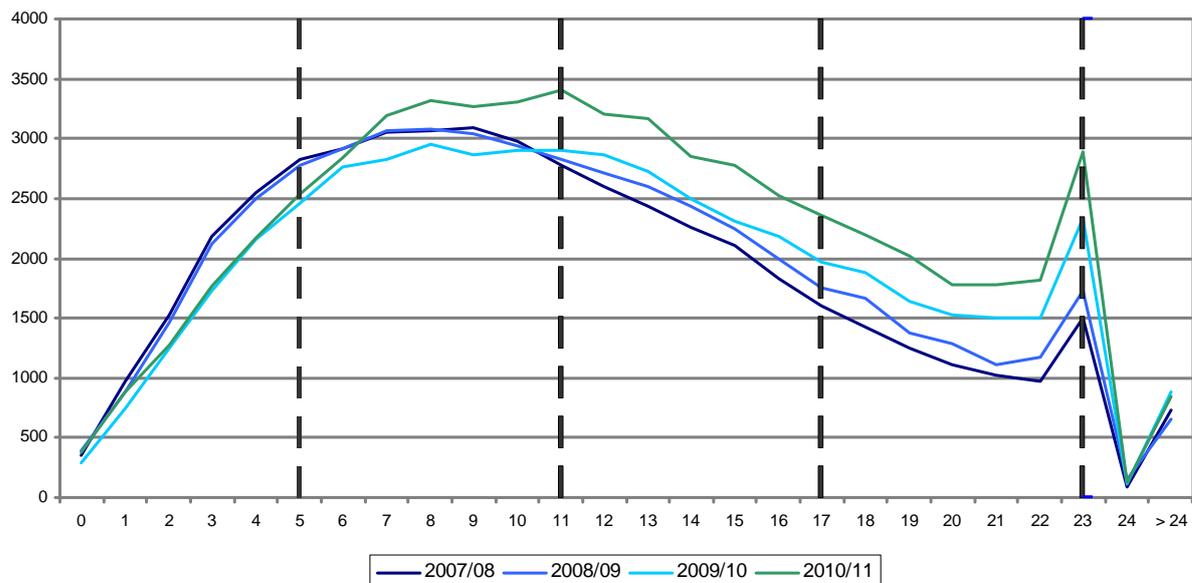
Aim:

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. The 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 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 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 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 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 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 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 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

	<i>Audit Title</i>	<i>Applicable to ANHST</i>	<i>ANHSFT Participation</i>	<i>Per cent eligible patients submitted</i>
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	×	N/A
59	Renal Transplantation	×	N/A
60	Schizophrenia	×	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 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 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 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 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 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 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 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 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 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 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

As part of the drive to improve quality, an amount of funding to be paid to the 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

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 1st April 2010 – March 31st 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 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 colposcopies); 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 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.



3 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 Trust for 2010/11.

3.1.1 Infection Prevention

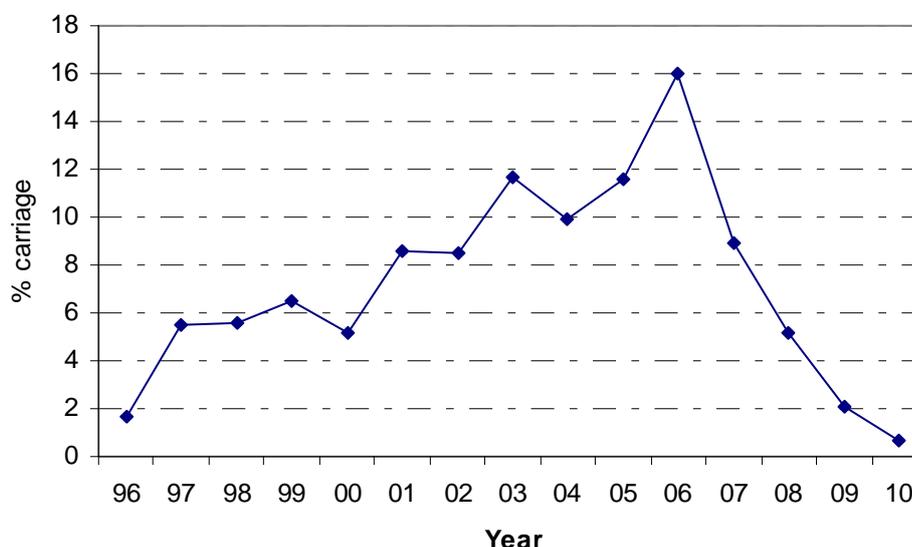
Lead Executive Director
Debra Fairley, Interim Chief Nurse
Clinical Lead and Implementation Lead
Elaine Andrews, Interim Deputy Chief Nurse
Allison Charlesworth, Matron Infection Prevention

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 18th 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 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



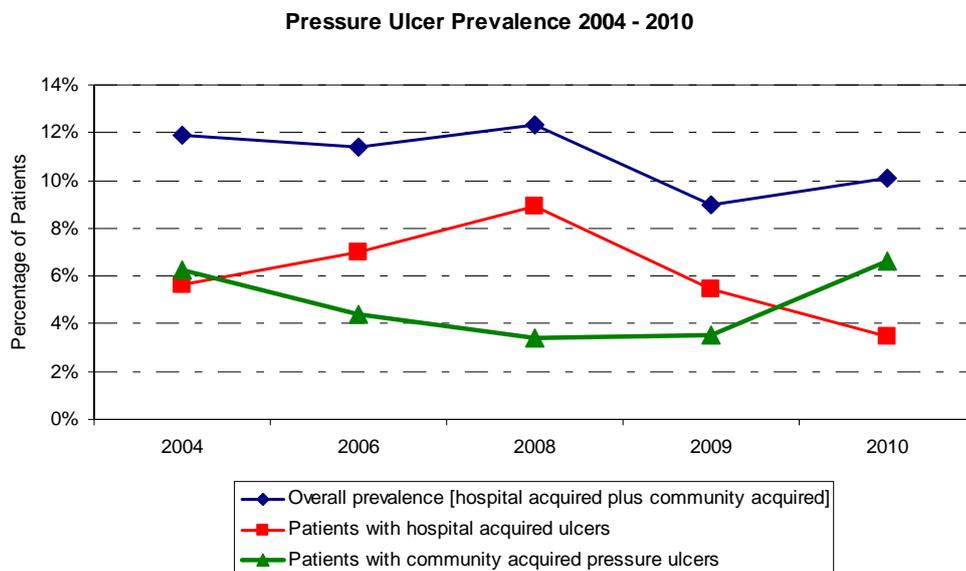
- MRSA screening continues in accordance with our MRSA strategy; compliance is monitored monthly.
- A root cause analysis is undertaken for all hospital acquired MRSA bacteraemias and *Clostridium difficile* infections with learning points fed back immediately to clinical teams.
- We persist with the 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.
- 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*¹¹ 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.

¹¹ 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 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 Trust that there were no hospital acquired grade 3 or 4 pressure ulcers (severe damage) identified in the 2009 and 2010 prevalence audits.



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 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 Trust's patients had their clinical needs met. To maintain this standard, the 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 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 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.

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

Please note: the Global Trigger Tool has been removed as the 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.¹³ 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) Trust rate: 84.86. This figure is based on new average for 2008/09. HSMR 2009/10: 91.69

2008/09	2009/10
84.6	91.6

¹² 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.

¹³ Association of Public Health Observatories (October 2010), *Dying to Know: how to interpret and investigate hospital mortality measures*

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 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.

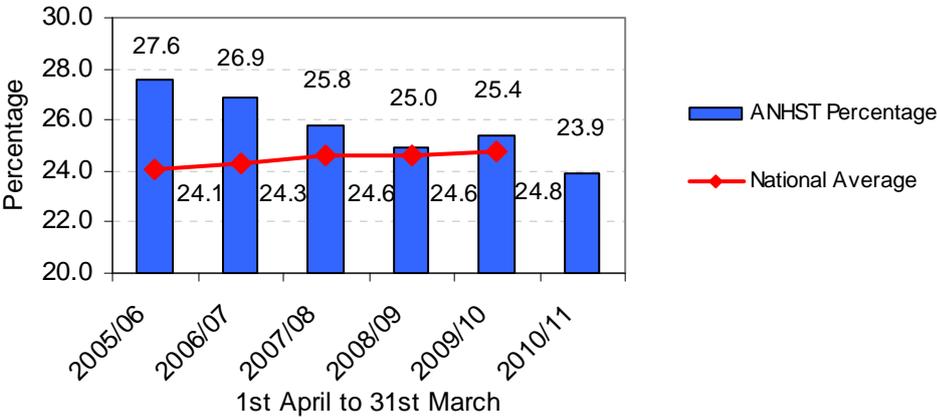
All emergency caesarean operations are audited by a multi-disciplinary team with feedback passed directly to clinicians. Audit results are displayed within clinical areas. A new Innovation and Improvement Group, facilitated by a lead midwife for normality, is encouraging normal¹⁴, active birth and raising awareness amongst all staff. This together with the active birth e-learning 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

¹⁴ 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.

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 Bradford and Airedale PCT, 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 condition¹⁵. 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 Bradford and Airedale PCT. 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.

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-

¹⁵ Department of Health (2008) Disease Management Information Toolkit

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 Trust's top priorities. Fractured neck of femur is the most serious consequence of falls among older people with an increased mortality rate¹⁶. 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 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 stay (LOS) ranging from 17 to 40 days.¹⁶ 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 Trust to provide the final average LOS statistics for 2010/11.

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

	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 ¹⁷	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.

¹⁷ 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.

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

Noel McEvoy, Senior Nurse Safeguarding Adults, Fiona Throp, Senior Nurse Older People

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 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 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 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 Trust involved a hospital volunteer and engaged with the 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 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.

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

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 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 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 Trust is better than average for the provision of job-related training, learning and development. This year the 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 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 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 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 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 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 Trust had better than average scores for staff not working extra hours and feeling valued by work colleagues. The 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.

Table 5: Staff experience performance against selected metrics	2010/11	2009/10	2008/09	National Average 2010
Per cent of staff appraised in the last 12 months	89	89	84	78
Per cent of staff appraised with personal development plans in last 12 months	72	74	70	66
Per cent staff suffering work related stress	31	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 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 Trust's data, primarily extracted every night from the Trust patient administration system (PAS). The 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 Trust activity and operations.

The 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 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 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 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.¹⁸ The 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 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 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.

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

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 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.

	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%

* Hospital acquired as per amendment to national reporting.

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 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 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 trust are successful in securing the necessary resources needed to accommodate this increase in demand.

The innovatory approach the 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 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 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 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.
- ANHSFT is registered with the Care Quality Commission and their registration status is fully compliant and with no restrictions been placed upon the organisation.
- The trust was named Dr Fosters *Small Trust of the Year 2010*.
- The trust maternity service was recently approved by the NHS Litigation Authority for risk management standards at level 1.
- The 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 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 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 trust increase significantly the number of incidents reported, which is indicative of a patient safety aware organisation.
- The 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 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 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 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 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 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 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 trust was one of only 12 in the country not to receive any red ratings. The inclusion of such evidence would help the 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.

3.9 How to provide feedback on the Account

We welcome your views on our Quality Account, specifically:

- Where you think the biggest improvements on our quality priorities can be made?
- How to engage our stakeholders in our work to improve the quality of services?
- Do you have any comments or suggestions on the format on our Quality Account?
- Your suggestions for quality priorities in 2010/12?

The Annual report and Quality Account will be available on our website at:

www.airedale-trust.nhs.uk

A summary of the Quality Account will be made available on our website in August 2011.

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



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

اگر آپ اس رپورٹ کی کاپی اردو، بڑی لکھائی، بڑی یا کسی دوسری صورت میں مثلاً آڈیو سی ڈی یا اس کی کاپیاں زیادہ تعداد میں چاہتے ہیں تو براہ مہربانی اس سہ سے براہ رابطہ کریں:

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এই রিপোর্টের এক বা একাধিক কপি বাংলা ভাষায়, মোটা অক্ষরে বা অন্য কোনো ভাবে, বেসল পিউ-ভ লেভেল করে, চাইলে অনুগ্রহ করে যোগাযোগ করুন:

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

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3.10 Annex: 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;
- 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 as well as the standards to support data quality for the preparation of the Quality Report (available at 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

Acute trust

An acute trust provides hospital services (not mental health hospital services, which are provided by a mental health trust).

Association of Public Health Observatories

A network of 12 observatories produce information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community.

Board (of Trust)

The role of the Trust's board is to take corporate responsibility for the organisation's strategies and actions. The chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The chief executive is responsible for ensuring that the board is empowered to govern the organisation and to deliver its objectives.

Care Quality Commission (CQC)

The CQC replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. It is the independent regulator of health and social care in England.

Commissioning for Quality and Innovation (CQUIN scheme)

'High Quality Care for All' (2008) included a commitment to make a proportion of provider's income conditional on quality and innovation through the CQUIN payment framework.

Dr Foster

Dr Foster is an independent commercial provider of healthcare information.

Essence of Care Benchmarking Standards

Essence of Care is a Department of Health strategy to improve the quality of the fundamental aspects of nursing care. It arose because of unacceptable variations in standards of care across the UK. It uses best practice evidence to structure a patient-focused approach to care.

Foundation Trust

A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS

Foundation Trusts have members drawn from patients, the public and staff and are governed by a board of governors comprising

people elected from and by the membership base.

Healthcare Quality Improvement Partnership (HQIP)

The Healthcare Quality Improvement Partnership was established in April 2008 to promote quality in healthcare and in particular to increase the impact that clinical audit has on healthcare quality. National clinical audits are largely funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP) which manages the National Clinical Audit and Patients' Outcome Programme (NCAPOP). Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

Health Foundation

The Health Foundation is an independent, charitable foundation working to improve the quality of healthcare in the UK and beyond.

Health Quality Improvement Partnership

The Healthcare Quality Improvement Partnership was established in April 2008 to promote quality in healthcare and in particular to increase the impact of clinical audit.

Health Service Ombudsman

The role of the Health Service Ombudsman is to provide a service to the public by undertaking independent investigations into complaints the NHS in England have not acted properly or fairly or have provided a poor service.

High Quality Care for All

'*High Quality Care for All*', published in June 2008, was the final report of the NHS Next Stage Review, a year-long process led by Lord Darzi, a surgeon around 2000 frontline staff, which involved 60,000 NHS staff, patients, stakeholders and members of the public.

Institute for Innovation and Improvement

The Institute supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership.

LEAN (Service Improvement Team)

LEAN is a philosophy of best practice, continuous improvement and elimination of waste. The LEAN philosophy is to include everyone and charge them with making small incremental steps as well as supporting the step changes.

Local Involvement Networks (LINKs)

Groups of patients and public representatives whose role is to find out what the public like and dislike about local health and social care and to work with commissioners and providers to improve services.

Monitor

The independent regulator is responsible for authorising, monitoring and regulating NHS Foundation Trusts.

National Quality Board

The National Quality Board (NQB) is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS. The Board is a key aspect of the work to deliver high quality care for patients.

National Patient Safety Agency (NPSA)

The NPSA lead and contribute to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.

NHS Constitution

For the first time in the history of the NHS, the constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service.

NHS Litigation Authority

The NHS Litigation Authority is responsible for handling negligence claims made against NHS bodies in England. In addition it has developed an active risk management programme to raise NHS standards and reduce incidence of negligence.

The National Institute for Health and Clinical Excellence (NICE)

The National Institute for Health and Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Overview and Scrutiny Committees (OSC)

These are committees made up of locally elected lay members which provide a mechanism by which the local authority or population can scrutinise the NHS.

Patient Advice and Liaison Service (PALS)

PALS ensures that the NHS listens to patients, carers and friends and answers their

questions and resolves concerns as quickly as possible.

Primary Care

Services provided by local GPs and their teams.

Providers

Providers are the organisations that provide NHS services, for example NHS trusts and their private or voluntary sector equivalents.

Quality Health

Quality Health works only in the NHS and is one of the biggest providers of patient and staff surveys in Britain.

Quality Observatory

One of the requirements outlined in High Quality Care for All (published in June 2008) was the necessity for each SHA to establish a formal Quality Observatory, building on existing analytical arrangements, to enable local benchmarking, development of metrics and the identification of opportunities to help frontline staff innovate and improve.

Registration

From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC).

Saving Lives Campaign

The campaign supports healthcare associated infection improvement and forms an essential part of a provider's plan to implement best practice, national guidance and the latest infection prevention and control policies. High impact interventions include cannula and catheter insertion and ongoing care.

Special Review

A special review is a review carried out by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national level findings based on the CQC's research.

