Airedale NHS

NHS Trust

# Annual Report and Summary Accounts 2007-08

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# 2. Welcome

At Airedale we want to give world class - local care in a safe, clean hospital.

Every year we see and treat over 200,000 patients from our Airedale General Hospital site in West Yorkshire.

We are an acute hospital with a focus on quality and safety.

We provide everything you would expect from a local NHS hospital including accident and emergency care, maternity services, cancer care and services for children and older people. We also provide treatment in specialist areas such as intensive care, diabetes, stroke, laparoscopic surgery and cardiac care.

Our expert staff strive to improve and learn from our patients' experiences.

Everything we do is aimed at giving the best possible service for our local communities.

**Our vision**

to be a truly world-class, local healthcare provider, recognised by everyone as being a superb organisation to belong to, one that works flexibly and in partnership to ensure the best deal for patients, leading and innovating on new ways of delivery, confident about its role and in command of its future.

For more information go to our website www.airedale-trust.nhs.uk

100% recycled fibre

# 3. New Challenges - New Focus

## Foreword by the Chairman and Chief Executive

Pictured above: Colin Millar, Chairman (left) and Adam Cairns, Chief Executive (right)

The Trust had a very successful year. It put in a strong performance financially, a strong performance operationally, made substantial investments in service improvements and was rated highly by patients for the service it delivered.

Airedale is a growing Trust. The population we serve is growing, patients are coming from further afield to be treated by us and the range of treatments we offer is expanding. Income for the year increased by 12% to £110.2m. The retained surplus for the year increased by 90% to £522,000.

The operational performance of the Trust was consistently good. We met the Government's 18 week target for the end of the financial year. With one minor exception, the Trust met every other national target set for it. In the 2007 national patient survey 94% of respondents rated the overall care they had received at Airedale as good, very good or excellent.

We were also rated highly in Healthcare Commission appraisals during the year. In all three of the specific appraisals published as part of the 'Health Check' process (diagnostic services, admissions management and medicines management) Airedale was rated as 'excellent' - one of only two acute trusts in the country to achieve this.

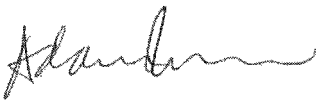
We had an unannounced Healthcare Commission inspection of our compliance with the Hygiene Code and passed with flying colours. Our Maternity Unit, which now delivers over 2,500 births a year, was rated one of the better performing units in the country. We were appointed one of the first operational screening centres in West Yorkshire for the Government's Bowel Cancer Screening campaign.

To ensure our services continue to develop to meet the future needs of the community we serve, we invested over £1m in a new aseptic unit to ensure safe preparation of complex drugs and over £1m in modernising our IT infrastructure. In addition, we increased the number of doctors, with new consultant appointments in Colorectal & Laparoscopic Surgery, Occupational Health, Cardiology, Acute Elderly Medicine and Obstetrics & Gynaecology.

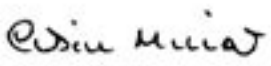
We also invested heavily in infection prevention. Every case of infection is unacceptable and a major infection prevention programme was initiated early in the year. The Trust saw reductions during the year in the incidence of both MRSA and clostridium difficile. Our rate of MRSA is already low - just one case a month - and the year-on-year trend is declining. The public should be confident that Airedale is a clean hospital and we are determined that it should stay that way.

If you work at Airedale you quickly learn how fortunate the Trust is in the quality of its workforce - committed, hard working, well qualified and good humoured. We would like to thank every member of staff for the contribution they made to this year's achievements. We would also like to thank the Trust's many volunteers. We enjoy the support of over 350 active volunteers who raise substantial funds for the Trust and help in many other practical ways. The hospital would not function as well as it does without them.

The NHS is changing. We believe the changes will bring better healthcare to the community. Airedale is a well-run, agile and innovative Trust with high quality employees and high quality clinical outcomes - just the kind of Trust that should excel in the new environment. We are determined that it shall.



**Adam Cairns** Chief Executive



**Colin Millar** Chairman

# 4. Who we are and what we do

## 4.1 About Us

**Airedale NHS Trust is an acute NHS Trust providing care for people from a 500 square miles area within Yorkshire and Lancashire.**

We employ over 2,100 staff who care for over 200,000 patients each year with an annual budget in excess of £100 million.

We provide services from our main hospital site and at other locations across the community, in sites owned by our Primary Care Trusts.

**The specialities we provide include:**

- **Emergency Medicine** covering A&E, Intensive, High Dependency and Coronary Care
- **Medical Specialities:** General Medicine (including diabetology, gastroenterology, respiratory medicine and acute general medicine), Rehabilitation Medicine, Acute Stroke Care, Cardiology, Medical Oncology, Palliative Care, Neurology, Rheumatology, Elderly Medicine, Chemical Pathology, Clinical Oncology, Haematology and Plastic Surgery
- **Surgical Specialities:** General Surgery, Urology, Orthopaedic Surgery, Dental Specialties, Ophthalmology, Gynaecology, and Ear Nose & Throat
- **Obstetrics and Midwifery Services:** Paediatric Services (with some sub-specialties delivered through shared care arrangements with other trusts), a special care baby unit, neonatal intensive and high dependency care and a community based child development centre
- **Clinical Support Services:** Diagnostics and Therapy Services

**Last year we treated:**

- 28,840 inpatients and 21,720 patients as day cases
- 1,827 patients as day care attendances
- 30,908 new out patients and 74,925 review out patient appointments

- 49,243 patients in our Accident and Emergency department. We are consistently in the top three performing hospitals in Yorkshire and the Humber for seeing and treating people within the national 4 hour target

and we had over 2,500 births.

Our ambition is to be the local healthcare provider of choice for this and future generations.

**Our mission is:**

- to raise quality and safety, and to reduce costs,
- by involving everyone and by eliminating waste
- so that we generate surpluses for reinvestment in Airedale
- for the benefit of our community.

**To achieve this, we have four strategic objectives which drive everything we do:**

- World-class care; being recognised for our high quality and safety
- A highly involved workforce; with everyone contributing their very best
- Being efficiently and effectively run; generating surpluses to reinvest for our local community
- Being a hospital of choice; trusted by the public to meet their needs.



*I am writing to thank everyone for the excellent care my mother received while in hospital. In her final days her pain seemed to ease and she was looked after with care and sympathy*

# 4.2 2008/2009 Key Priorities

| Strategic Objective 1: Provide world class care and be recognised for our high quality and safety | |
|---|---|
| 2008/09 Business Objective | Actions |
| 1. Providing high quality, safe and accessible services for patients – exceeding national quality and safety standards | 1.1: Improve patient safety and quality evidenced through clinical outcomes and, through specific work highlighted from surveys, improve the patient experience.<br>1.2: Where relevant, develop clinical services through the range of treatments offered and the use of new technology whilst ensuring this is financially viable.<br>1.3 Develop and implement an estates strategy to ensure clinical services are provided with safe, clean, modern buildings and equipment. |

| Strategic Objective 2: Develop a highly involved workforce; with everyone contributing their very best | |
|---|---|
| 2. To be a high performing fit for purpose organisation in terms of systems, processes, professionalism, culture and behaviours – active contribution with strong staff loyalty | 2.1: Development and implementation of a Trust wide organisational development strategy.<br>2.2: Implement the action plan to ensure the Trust meets equality and diversity legislative requirements. |

| Strategic Objective 3: Be efficiently and effectively run; generating surpluses to reinvest | |
|---|---|
| 3. Deliver our financial plan through rigorous financial management and lean operational activity – operating efficiently, effectively and economically | 3.1: Deliver the financial plan including the development of a clear portfolio of services with underpinning service line reporting, ensuring the required £3.6m Cost Improvement Programme is achieved, expenditure is managed within budgets and an appropriate level of surplus is generated to reinvest in services.<br>3.2: Through the performance management framework, oversee the delivery of activity and national performance standards.<br>3.3: Develop new planning framework for 2009/2010 in line with national, local and Trust priorities to ensure delivery of a robust annual plan for 2009/2010 in line with the Monitor Foundation Trust Compliance Framework.<br>3.4: Undertake a review of our Information Management and Technology (IMT) capability and implement a new strategy including the delivery of specific projects associated with the new Patient Administration System (PAS). |

| Strategic Objective 4: Position ourselves as provider of choice; trusted by the public to meet their needs | |
|---|---|
| 4. Ensure convenience and choice for patients - strengthening our local accountability | 4.1: In preparation for our application for Foundation Trust status, strengthen our local accountability by developing a truly representative engaged membership<br>4.2: Implement a marketing strategy for the Trust taking into account the market environment, developing our services, developing formal partnerships through the PCT's, Practice Based Commissioning Alliances and other Trusts and raising the profile of the organisation. |

# 5. Building a Firm Foundation

Last year we published our vision for Airedale in 2012, setting out an ambitious future for the organisation. During the last 12 months we have developed our business plan and long term financial plan which sets out how we will achieve our vision as well as prepare the Trust to become a Foundation Trust.

Our strategy is directed by the principle that there is a link between making what we do safer and being a more profitable organisation. We need to ensure that our patient satisfaction continues to remain high as we respond to the changes required to secure a viable future for the organisation. Both these elements are at the heart of our strategic objectives. We are also developing our workforce so everyone can contribute their best.

### Airedale in the future

Our ambition is that Airedale continues to be the local health provider of choice for this and future generations.

It is our commitment that Airedale NHS Trust will continue to provide services in the following three areas:

- Acute (urgent) treatment and care with diagnostics (eg x-ray)
- Elective (planned) treatment and care with diagnostics
- Treatment and care outside hospital in partnership with primary care (eg GPs, district nurses).

In the future we will aim to continue to provide conveniently located care where it best suits our patients. This is demonstrated with our strategic alliance with Bradford Teaching Hospitals NHS Foundation Trust, which means we are able to offer more services locally than before, reducing the need to travel. We intend to maintain and expand the services we offer both here and at other sites around the district. We continue to offer telemedicine in Settle and aim to expand this further to both the local community as well as further developing our work with the prison service. Our other goals are to improve the provision of hospital at home care and we are working with our local health partners to establish this service. This will mean shorter hospital stays but with more support at home upon discharge.



*In regard to intensive care services Airedale is a model of good practice. Long may it continue.*

## 2008/09

The Trust continues to deliver the 5 year business plan, of which this is the 2nd year. In addition to the business plan we also have to deliver the priorities which are set out in the Department of Health's Operating Framework 2008/09.

The objectives for this year are:

- Providing high quality, safe and accessible services for patients – exceeding national quality and safety safeguards.
- To be a high performing fit for purpose organisation in terms of systems, processes, culture and behaviours – active contribution with strong staff loyalty.
- Deliver our financial plan through rigorous financial management and Lean operational activity – operating efficiently, effectively and economically.
- Ensure convenience and choice for patients – strengthening our local accountability.

Within each of these objectives a series of actions and measurables have been developed against which we will assess our delivery of the objectives.

The operating framework sets out 5 national priorities which include:

- Improving cleanliness and reducing hospital infections
- Delivery of shorter waiting times
- Improving health
- Improving patient experience
- Preparedness for emergencies.

Work is underway to deliver against each of these including

- Delivery of the 18 week referral to treatment guarantee from December 2008.
- Introducing new techniques and care pathways for cancer and stroke patients.
- Development of a local patient survey to maintaining our ratings in the national patient survey.
- Ensuring local emergency plans are kept up to date and ready to deploy should the need arise.

## Achieving Foundation Trust status

The Trust continues to develop its Foundation Trust application. Being a Foundation Trust will allow the local community a greater say in the hospital. There are almost 7000 people (public and staff) who are members of the Trust and we expect to grow this number further, whilst ensuring that the members are representative of the local community.

We are currently working towards achieving Foundation Trust status. This is an extremely important long-term goal for the organisation in the challenging external environment. We are working on strengthening our business processes to ensure that we have a solid financial base from which to begin operating as a Foundation Trust.

## Delivery on Key Targets

2007/08 has seen the Trust maintain its good performance in several key national targets. We are particularly pleased that the Trust met its target of having no more than 12 cases of MRSA bacteraemia during the year. This makes us one of only a handful of Trusts to do so. Also of note, the Trust has maintained 2 week cancer referral waits for all patients except one who could not attend due to access to Airedale being closed due to adverse weather. The Trust also continued to meet the 62 day and 31 day cancer standards.

## Highlights from the year include:

- The Trust treated 85% of admitted patients (patients requiring a planned stay in hospital) within 18 weeks of referral from their GP.
- The Trust treated 90% of non-admitted patients (patients who receive treatment in an appointment setting) within 18 weeks of referral from their GP.
- The Trust met its MRSA target of having no more than 12 bacteraemias during the year. This includes one patient who attended Skipton Hospital but whose test was processed through Airedale's laboratories, which means it is included in our figures. Despite this, we have seen a reduction of 20% over the previous year.
- The Trust achieved all A&E targets.

## Building the way ahead.

The Trust has undertaken a fitness for purpose review in its preparations to become a Foundation Trust. Reviews of the services which support the operational delivery group have been carried out. These were in Human Resources which has resulted in the development of HR business partners to

support the operational groups. A review was also undertaken of the Finance directorate to identify the areas in need of strengthening and appointments have made which will ensure the Trust is able to respond proactively to the ever present financial pressures. An additional review was made of the risk management and clinical governance arrangements which has been implemented to make sure the Trust continues to deliver quality patient care. A review has also been undertaken in the Facilities Directorate and a review of Information Technology has started in 2008.

# Improved Performance

Airedale NHS Trust is a high performing organisation, with a reputation for quality service delivery, continuous improvement and innovation. We are committed to improving the health of our population.

### Trust Performance against key targets in 2007-8

| **Urgent Care** | | | |
|---|---|---|---|
| **Objective** | **Target** | **Actual** | **Achieved** |
| 98% of patients attending A & E to wait 4 hours or less from arrival to admission, transfer or discharge | 98% | 98.5% | ✔ |
| Percentage of patients to receive Thrombolysis treatment within 60 minutes of call to ambulance | 68% | 81.8% | ✔ |
| **Fast Track** | | | |
| **Objective** | **Target** | **Actual** | **Achieved** |
| All patients wi | 100% | 100% | ✔ |
| All suspected cancer patients to see a specialist within 2 weeks of urgent GP referral | 98% | 99.97% | ✔ |
| All cancer patients to receive treatment within 31 days of diagnosis | 98% | 99.68% | ✔ |
| All patients with cancer treated within 62 days of urgent GP referral | 95% | 98.13% | ✔ |
| **Routine** | | | |
| **Objective** | **Target** | **Actual** | **Achieved** |
| No patient to wait over 26 weeks for Inpatient/Day Case admission | 0 | 3 | |
| No patient to wait over 13 weeks for their first outpatient appointment | 0 | 3 | |
| All patients whose operation is cancelled for non clinical reasons to be readmitted within 28 days | 100% | 100% | ✔ |
| Convenience and choice - all inpatient elective admissions are booked in advance | 100% | 100% | ✔ |
| Convenience and choice - all outpatient appointments are booked in advance | 100% | 100% | ✔ |
| 18 Weeks – Percentage of admitted patients treated within 18 weeks of referral | 85% | 85% | ✔ |
| 18 Weeks - Percentage of non-admitted patients treated within 18 weeks of referral | 90% | 90% | ✔ |
| **Infection Control** | | | |
| **Objective** | **Target** | **Actual** | **Achieved** |
| MRSA reduction in the number of infections | 12 | 12 | ✔ |
| Clostridium Difficile reduction in the number of infections | 225 | 235 | |

# 6. Putting Patients First

**Our aim is to be the hospital of choice, trusted by the public to meet their needs**

We have worked very hard to improve how we assess and admit our patients who need either planned or urgent care. Our medical and nursing teams have worked closely together across all areas of the Trust, in both Accident and Emergency and the wards, to provide a smooth and efficient system to get our patients to the right place where they can access the right care as soon as possible.

We have made significant changes in the last year to the way we organise our wards to give the best possible care for our patients; this includes treating people on a ward with expert staff appropriate to their condition rather than their age.

We have a new ELIPSE unit (Elective Inpatient Surgical Entry Unit) which means patients coming for planned surgery or procedures are admitted on the day of that surgery, so more convenient for the patient, and this in turn impacts on the how quickly our patients are able to recover on a specialist ward after their surgery.

**Right place, right time, right treatment.**

We have created 2 new assessment units - one for surgery where scans and other diagnostics can be done and a new elderly medical assessment unit where patients can have an expert assessment and a speedy decision made on their diagnosis and treatment - allowing patients to get an expert opinion fast and so be able to go home to the care of their GP and cared for in the comfort of their own home. Those patients who need specialist hospital care can then be admitted to a ward staffed with experts from specialist teams.

We are investing the time of our most skilled and expert clinical staff at the point our patients come into hospital for assessment. We have placed our clinical experts at the front end of patient care and are making sure our patients have a skilled assessment, ensuring they have the right treatment at the right time so they have the shortest stay in hospital possible.

At the time of that assessment we are able to identify those patients who are more likely to need to stay in hospital for a

*The staff –everyone- was excellent. Kindness beyond compare and I miss them!*

shorter time. We have therefore created a short stay acute elderly assessment unit so we can focus our care on that particular group.

We also now have a surgical assessment unit where patients can be assessed and decisions made on their need for urgent surgery. Diagnostics will then be done first – following on from the highly successful medical assessment unit on ward 15.

There is also a discrete area on each surgical ward to protect the privacy and dignity of our patients with gynaecological conditions with more single side rooms and we have appointed a clinical nurse specialist for this area to ensure the needs of these particular patients are met.

We have also appointed 2 additional locum consultants specialising in general medicine to specialise in acute general medicine and one further substantive consultant to specialise on the elderly assessment unit.

We have redesigned our whole system so our patients are in the right bed in the right place getting the right treatment – and so:

- Reducing unnecessary hospital stays
- Giving skilled assessments by a multi-disciplinary team
- Allowing patients to see a consultant even sooner
- More convenience for the patient

For those patients who are admitted they will be treated in a specialist area – we are building on our existing specialty wards for cardiology and stroke and are looking to add more so having expert staff on expert wards.

### A New Intermediate Care Unit

In January 2007, working closely with our PCTs we developed our first group of intermediate care beds on one of our wards. This has been highly successful and we have now extended this service which is now based on ward 4. This has given an improved environment which will be even more like a home from home for this important group of patients. There will also be additional 'step up' beds for patients in the community referred to us by their GP's and community nurses who need those patients to be assessed but not necessarily given full hospital care.

In addition ward 4 acts as a focus for this type of care and we have moved the location of the Airedale Hospital sited Day Hospital for the Elderly, to develop a falls service on ward 4, to increase the specialist facilities for assessment of older people who suffer falls.

### Improving the Quality of Stroke Care

We are committed to improving the quality of care we give to our acute stroke patients and building on the success of our specialist stroke unit – we have developed a hyper acute stroke unit within the acute medical assessment unit on ward 15.

This will provide even more rapid assessment and from April 2008 we were able to offer thrombolysis (clot busting drugs) for acute stroke patients – this is a very important treatment step for stroke patients as medical evidence shows that early treatment of some patients with thrombolysis within 3 hours of onset of a stroke event, significantly reduces the chances of a disability.

In addition stroke patients will be able to access specialist nursing care on arrival at the hospital. – in a separate area for the treatment of patients in the first hours after their stroke.

In January 2007, working closely with our PCTs we developed our first group of intermediate care beds on one of our wards. This has been highly successful and we have now extended this service which is now based on ward 4. This has given an improved environment which will be even more like a home from home for this important group of patients.

There are now additional 'step up' beds for patients in the community referred to us by their GP's and community nurses who need those patients to be assessed but not necessarily given full hospital care.

*My experience on the ward was excellent. The ward was beautifully clean, the staff caring, positive and reassuring. My 2 nurses were lovely.*

# Patient Access and Waiting Times

| Patient Treatment Activity | 2007/2008[1] |
|---|---|
| Finished Consultant Episodes | |
| Inpatients | 28,840 |
| Daycases | 21,720 |
| **Total** | **50,560** |

| Outpatient Attendances | 2007/2008 |
|---|---|
| New | 30,908 |
| Review | 74,925 |
| **Total** | **105,833** |

| Day Care Attendances | 2007/2008 |
|---|---|
| Hospital Based Care | 1,827 |

| Accident & Emergency Attendances | 2007/2008 |
|---|---|
| **Total** | **49,243** |

| | |
|---|---|
| BIRTHS | **2566** |

NOTES:

1 Excludes Private Patients , Well Babies , Mental Health and has obstetrics with length of stay = 0 as Daycases

### Numbers of inpatients waiting for their operation or procedure as at 31 March 2008

| | |
|---|---|
| Surgery | 127 |
| Urology | 85 |
| Orthopaedics | 382 |
| Gynaecology | 13 |
| Oral | 44 |
| Ophthalmology | 76 |
| ENT | 32 |
| Angiography | 48 |
| **TOTAL** | **926** |

### Numbers of outpatients waiting to be seen for their first outpatient appointment as at 31 March 2008

| | |
|---|---|
| Surgery | 115 |
| Breast | 63 |
| Urology | 57 |
| Orthopaedics | 272 |
| Gynaecology | 125 |
| Oral | 176 |
| Ophthalmology | 293 |
| ENT | 239 |
| Plastic Surgery | 29 |
| Cardiology | 131 |
| Clinical Haematology | 13 |
| Dermatology | 0 |
| Elderly Medicine | 25 |
| Gastroenterology | 22 |
| General Medicine | 103 |
| Neurology | 88 |
| Nephrology | 7 |
| Oncology | 1 |
| Paediatric | 86 |
| Rheumatology | 55 |
| **TOTAL** | **1900** |

# How we compare

| Target | Airedale NHS Trust Jan 2008 - Mar 2008 | Scores for all NHS Trusts within the Yorkshire & Humber Strategic Health Authority Region Jan 2008 - Mar 2008 |
|---|---|---|
| Referral to treatment within 18 weeks – admitted patients | 85% | 88.3% (average) |
| Referral to treatment within 18 weeks – non-admitted patients | 90.01% | 93.6% (average) |
| Patients waiting 6 weeks + for diagnostic (15 key tests) | 108 | 6,036 (total numbers) |
| Inpatient breaches (26+ weeks) | 2 | 108 (total numbers) |
| Outpatient breaches (13+ weeks) | 0 | 13 (total numbers) |
| Patients through A&E within 4 hours | 98.48% | 97.61% (average) |
| Patients receiving thrombolysis within 60 minutes of call to ambulance | 82% | 70.3% (average) |
| Rapid Access Chest Pain clinic within 2 weeks of referral | 100% | 95% (average) |
| Cancer referral to 1st outpatient within 2 weeks | 100% | 99.7% (average) |
| Cancer referral to treatment within 62 days | 98.57% | 95.7% (average) |
| Cancer diagnosis to treatment within 31 days | 98.66% | 99.4% (average) |
| Cumulative MRSA infections | 12 | 478 (total numbers) |
| Reducing length of stay | 12.4% | 13.0% (average) |
| Day case rate for 25 key procedures | 73% | 72.9% (average) |
| Pre-operative bed days | 22.2% | 24.1% (average) |
| Cancelled elective operations | 0.48% | 1.5% (average) |

### Annual Healthcheck.

The Healthcare Commission annual healthcheck scores NHS Trust on many aspects of their performance, including the quality of services they provide to patients and the public and how well they manage their finances and other resources such as their property and staff. These scores are based on a range of information gathered throughout the year. The ratings for the year covered by this annual report (2007/08) are not available until later in the year.

### For 2007/08 we are predicting that the Trust will be rated:

Good for Quality of Services and

Good for use of Resources

The previous years ratings are detailed below:

### In 2006/07 Airedale Trust was rated

- Fair for Quality of Services
- Fair for Use of Resources

### For Airedale's quality of services

Standards for Better Health – Fully Met

Existing national targets – Fully Met

New national targets – Fair

Maternity Services Review – Better Performing

In feedback, the public and patient involvement forum were impressed with how quickly the Trust had responded to concerns raised about patients being transferred in their nightclothes. They were also pleased to see that the use of hand gel had significantly improved. Pleasingly, they singled out the PALS team for praise for the work they do for the patients of Airedale.

The Local Authority Overview and Scrutiny Committees also commented positively about Airedale and the joint working we do with them and other organisations. In particular on our work on safeguarding children and the joint working undertaken to ensure the individual needs of patients are met when transferring across organisations.

For the 2007/08 ratings we are confident that the annual healthcheck ratings (to be published in October) will have improved and we are predicting a rating of Good for Use of Resources and Good for Quality of Service.

### National Inpatient survey

In May 2007, the Healthcare Commission published the results of the National Inpatient Survey which related to patients who were discharged from Airedale General Hospital in June, July and August 2006. Airedale was in the top 20% of Trusts in the country for all nursing elements.



*The team work between individuals with different levels of experience, expertise and qualification and the skill and good humour and courtesy with which they nursed sometimes anxious and impatient patients, while under the stress of not always being able to provide the level of care they aspire to, certainly deserves congratulations.*

Other key scores were:

- 96% of patients said that the ward was clean
- 98% of patients felt that they were involved as much as they wanted to be in their care and treatment
- the majority of patients had trust in the doctors and nurses who were treating them and were also treated with dignity and respect.
- for the second year running, patients also rated highly how quickly and effectively staff controlled their pain.

81% of patients surveyed said that overall the care they received was **excellent or very good** with a further 14% rating it as good.

### Standards for Better Health.

In March 2007 the Trust was required to submit a declaration of its self assessment of progress against the Healthcare Commission (HCC) Core Standards for Better Health. These are standards that every hospital must implement. This will be compared with other information that the HCC routinely receives about the Trust and will count towards the final assessment of the Trust's performance by the Healthcare Commission announced in October 2008.

The HCC made two visits to us during 2007-2008 to directly assess the Trust against a number of the standards. All Trusts were inspected against the Hygiene Code and Airedale NHS Trust passed this visit very successfully with no recommendations for improvement. A further team from the HCC visited the hospital in January 2008 to assess how the Trust manages Equality and Diversity. The Trust had self assessed itself to be non-compliant with this standard in 2007-8 however the HCC visit was supportive of the hard work that is being undertaken to achieve compliance within the 2008-2009 financial year.

### Maternity Services

Our staff work very hard to provide the best possible service and environment for new mothers and their babies. We have a very committed, professional team and these results show that our doctors, midwives and support staff are very good at communicating and supporting mothers during this very important time.

We work hard to give women one to one care during their labour with a lead midwife to care for them so building up a good relationship and giving good continuity of care. Our staff spend a great deal of time explaining what care will be given before and during labour and if our midwives communicate well and spend time with their patients then we feel these women will be able to make the best possible informed choices about their labour and delivery.

### Healthcare Commission – Survey on high quality value for money maternity services

The 2007 Maternity Review named Airedale as amongst the better performing NHS Trusts in the country based on providing high quality, value for money maternity services.

The review took into account 25 different factors - including staffing levels, numbers of midwives and consultants, the mothers' own views about the state of delivery suites and standards of care, and the welfare of mothers and babies. The review covers the care provided from the time when pregnant women first access maternity services to their sign-off by the midwife - usually around 10 days after the birth.

Airedale Hospital scored very well in providing women centred care and in providing that care efficiently with management and improvement processes ensuring women get the best care for the money spent.

Airedale Hospital received the **highest possible score** for the following:

- having a strong safety culture

Airedale Hospital also received **a very high score** for the following:

- high standards of post natal care
- women being supported well in caring for their babies
- support for infant feeding
- quality of support after discharge
- homeliness of delivery rooms
- cleanliness
- delivery of hospital based ante natal care

### Healthcare Commission - Maternity Services Patient Survey

In November 2007 the largest ever national maternity survey saw Airedale receive very high scores for its service. Responses nationally came from 26,000 women who gave birth in January and February 2007. Local patients scored Airedale Hospital very highly for their care with a top score for being treated with kindness and dignity and with excellent

communication between new mums and the midwives caring for them.

The results of that survey were as follows:

**Overall Rating of Care in Airedale's report**

- In Pregnancy 91% rated us between good and excellent
- Labour and Birth 92% rated us between good and excellent
- Care after birth 88% rated us between good and excellent

**Airedale Scored better than the national average on all the following:**

- Not being left alone by midwives and doctors at a time when it worried them
- feeling involved in decisions about care
- rating care overall
- getting the information or explanations needed
- always being treated with kindness and understanding
- cleanliness of toilets
- contact with a midwife more often after the birth of the baby
- midwives or carers giving consistent advice about feeding
- receiving enough practical help on feeding
- receiving active support or encouragement on feeding

### Healthcare Commission - Falls Survey

The survey put Airedale in the top 25% in the country for ensuring fracture patients have a shorter wait in A and E and are transferred quickly to the specialist ward and team

- in the top 25% for providing full risk assessments for patients including assessing balance, hazards and bone health, before they return home to help prevent them falling again
- in the top 50% for providing surgery within the recommended 48 hours and giving high quality post operative care

Falls are the commonest reason for an older person to attend A&E and for being admitted to hospital. Hip fractures are, the most frequent fragility fracture caused by falls and the commonest cause of "accident" related death.

However evidence shows that good clinical practice can:

- reduce death and disability resulting from hip fractures
- prevent future falls and fractures

Some of the key findings have shown Airedale NHS Trust to be delivering a good service for older people with falls and fractures. Key findings include Airedale:

- In the top 25% in national results on preventing falls in older people
- In the Top 25% for immediate management and multi-factorial risk assessment for those with hip fractures
- In the Top 25% for bone health for those people who fell but did not sustain a fracture
- Significant improvement its services compared with the 2005 falls audit

## How we compare with other Trusts

Below is a comparison of our performance in the Healthcare Commission's Annual healthcheck with the local trusts. Disappointingly, we did not perform as well as expected against this assessment, missing being rated 'Good' by one point. Nevertheless, we did perform well against the assessments which make up the rating including scoring good in the patient satisfaction assessment. When looking to how we compared against other hospitals on the patient survey we were one of the best performers in the Yorkshire and Humber region. Locally, we scored well against other Trusts, with patients rating us highest for being a clean and comfortable place to stay.



*I had occasion to telephone the ward several times in his last days ( I live in Canada so was unable to visit) and I was always greeted with patience , compassion and above all extreme kindness.*

| | Airedale NHS Trust | Bradford Teaching Hospitals Foundation Trust | Harrogate and District NHS Foundation Trust | East Lancashire Hospitals NHS Trust | Leeds Teaching NHS Trust |
|---|---|---|---|---|---|
| Quality Of Service | Fair | Good | Good | Fair | Weak |
| Use of Resources | Fair | Excellent | Excellent | Fair | Fair |

| Comparison of National Patient Survey Results 06/07 | | | | |
|---|---|---|---|---|
| | Airedale NHS Trust | Bradford Teaching Hospitals Foundation Trust | Harrogate and District NHS Foundation Trust | East Lancashire Hospitals NHS Trust |
| Are patients treated with respect? | 87/100 | 78/100 | 87/100 | Data not collected |
| Are patient's kept informed during their treatment? | 71/100 | 62/100 | 71/100 | Data not collected |
| How clean and comfortable is the hospital? | 82/100 | 73/100 | 80/100 | Data not collected |
| How well organised did patients say their care was? | 72/100 | 67/100 | 72/100 | Data not collected |

In addition to this the Healthcare Commission undertook a national review of maternity services, which included asking mothers to rate the care they received. In the actual ratings the Healthcare Commission assessed our services as being 'better performing' which is comparable to East Lancashire Hospitals and Harrogate, but better than Bradford. In the survey mothers rated our services as detailed in the table. This shows that our patients rated the care they received better than the national average for each of the areas in their overall experience. Of note when compared to other local providers we were rated highly for care after birth and during birth or labour.

| Comparison of Maternity Patient Survey Results 2007 | | | | | |
|---|---|---|---|---|---|
| | National Average | Airedale NHS Trust | Bradford Teaching Hospitals NHS Foundation Trust | Harrogate and District NHS Foundation Trust | East Lancashire Hospitals NHS Trust |
| Proportion who rated the care they received during their pregnancy as 'excellent', 'very good' or 'good'. | 89% | 90% | 88% | 94% | 87% |
| Proportion who rated the care they received during their birth and labour as 'excellent', 'very good' or 'good'. | 89% | 92% | 88% | 91% | 92% |
| Proportion who rated the care they received after the birth of their baby as 'excellent', 'very good' or 'good'. | 80% | 88% | 81% | 85% | 79% |

*Before I went into hospital I was extremely worried but realise I need not have worried about a single thing. Everyone was so kind.*

# Improving the Patient Environment

Our aim is to provide high quality, personalised care in a clean, safe and comfortable environment for our patients.

### Patient Environment Action Team (PEAT)

Hospital cleanliness and reducing the risk of Infections continues to be our key priority. Results of cleanliness audits and Patient Environment Action Team (PEAT) assessments consistently show Airedale NHS Trust to provide a clean environment for patient care.

Diet and nutrition is a vital part of a patient's health and recovery during their stay and we pride ourselves in providing a high quality catering service.

Our PEAT (Patient Environment Action Team) assessment rated our hospital food as 'good' for the 2nd consecutive year. Our patients also scored us very highly on the quality of our food in the annual patient survey. This year we have begun the process of reviewing our on-site catering facilities in partnership with our staff to ensure we continue to provide the highest level of service to our patients and staff.

### Building for our Future

During 2007/2008 £4.25 million was allocated to a wide range of different capital schemes and works programmes including:

- **Ward Developments** The transfer of mental health services, provided by Bradford District Care Trust, from Airedale Hospital main site into the new Airedale Mental Health Unit allowed us to start a programme of reconfiguring the wards to meet changes in clinical practice and improve the patient experience. These included a new Acute Assessment and Clinical Decision Unit on ward 15, an Elderly Assessment and Short stay unit on ward 1 and an Intermediate Care Unit on ward 4.

- **New Aseptic Unit** Almost £1 million was committed to the creation of a new Aseptic Unit which will be completed in 2008. The Aseptic Unit is the section of the Pharmacy Department where chemotherapy, total parenteral nutrition (TPN), Antibiotics and various intravenous drugs are prepared.

- **Telemedicine Suites** We have been working hard to develop ways of delivering the same high quality and safe care to patients closer to home. It is not always necessary for patients to visit the hospital to receive the care that was traditionally offered there. New technology called Telehealth is opening up the possibility to offer consultant care to remote locations to save patients travelling long distances to hospital. We have provided 4 telemedicine suites to enable the Trust to provide a clinical consultation service via video conferencing links with both remote GP surgeries in rural communities and prisons, providing a valuable source of income.

- **Estate Maintenance** Much of the work involving the Facilities Directorate is carried out behind the scenes but this essential work such as the installation of a new internal water main supply and the replacement of the main patients and goods lift are vital in ensuring an uninterrupted delivery of service in support of clinical services.

- **Disability Access** As part of an Estate Review a number of improvements were made in access for disabled visitors to the hospital. The disabled access toilets have been developed in the main reception area and disabled access has been undertaken at the hospital's Occupational Health department.

### Reducing our Carbon Footprint

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

### A Commitment to Equality and Diversity

Airedale NHS Trust welcomes its duties in relation to equality and diversity and in line with legislation has started to address these important issues via its Race Equality Scheme, Disability Equality Scheme and the Gender Equality Scheme. These schemes are indicators around how the Trust will work towards providing an inclusive service.

Airedale NHS Trust is committed to advancing equality and diversity as key features within all its activities, as it believes this to be ethically right and socially responsible. It also believes that all elements pertaining to Equality and Diversity are essential factors that contribute to providing an environment where all individuals are treated with dignity and respect

The Trust believes that excellence can be achieved through recognising the value of every individual. We aim to create an environment that respects the diversity of staff and patients



*Without exception we have been extremely impressed by the level of competence and concern shown by everyone we have come into contact with. Warmth, friendliness and a sense of humour are so important when you're feeling ill.*

enabling all concerned to contribute fully. To this end, the Trust acknowledges the following basic rights for all members and prospective members of its community:

- to be treated with respect and dignity;
- to be treated fairly with regard to all procedures, assessments and choices;
- to receive encouragement to reach their full potential.

No individual will be unjustifiably discriminated against. This includes, but not exclusively, on the basis of gender, race, nationality, ethnic or national origin, religious or political beliefs, disability, marital status, social background, family circumstance, sexual orientation, gender reassignment, spent criminal convictions, age or for any other reason.

The Trust believes that staff have the right to work in an environment in which they are treated with respect and their individual dignity is protected. Harassment, bullying and other intimidatory behaviour that undermines this right is not acceptable. The Trust is committed to having a working environment where individuals are confident to challenge all forms of harassment without fear or ridicule.

The Trust is a "two ticks" employer, the quality standard for employers that supports the employment of disabled employees.

## Listening and Learning

At Airedale NHS Trust we want to give each individual patient the best possible experience of care. To help us get it right we rely on patients and visitors telling us what went well and what we could do better.

## PALS

During 2007/2008 we received 1074 contacts from patients, relatives and carers to our PALS team.

94% of cases were resolved needing no further action; the remainder required advice or information.

When PALS sent questionnaires to service users, 96% of people told us they were completely satisfied with the outcome after contacting PALS and everyone said that PALS listened to and understood their concerns, keeping them informed of progress.

"PALS made me have more confidence to face the problem. I felt I had someone to start the ball rolling in the correct way and back me up. The problem should not have occurred but I had a full apology and explanations which I have accepted. Thank you."

"I had been treated at St James Hospital and desperately needed to get in touch with them about further treatment but after trying for 2 weeks and leaving my contact number I got no reply just a recorded message. That is when I rang PALS Airedale and immediately was able to speak to someone who listened and then did everything possible to help me for which I was, and still am extremely grateful."

The service also enables people to provide positive feedback and compliments about their treatment; 200 people have contacted PALS directly to express their thanks to all staff for their level of care and professionalism. In addition the trust received many letters of praise and thanks from grateful patients and many thank you letters were published in local newspapers as evidence of the high level of patient care provided.

This year the service has seen a marked decrease in the number of patients contacting the service to express concerns about the length of time they are waiting for elective surgery and outpatient appointments. This clearly corresponds with the Trust's success in meeting the waiting list targets.

As in previous years, issues that are headlined in the media, e.g. hospital associated infections, prompt anxious calls to the PALS office. In these situations, PALS liaise with the infection control team to ensure that callers are reassured and provided with relevant information.

Feedback from patients and relatives has contributed to developments and improvements in services such as:

- A patient noticed that visitors parking outside the outpatients department sometimes drove over the pavement instead of reversing. This obviously was a safety hazard for pedestrians and so the Trust has now installed bollards to prevent this happening.
- Some patients have experienced difficulties with the Choose and Book system for making appointments and PALS have liaised with colleagues in the Primary Care Trust and fed back patient issues.
- A relative highlighted the difficulties experienced at night gaining access to the hospital when called by ward staff to come urgently to see a relative. Upon arrival at the hospital they were met by locked doors as access at night can only be made via A & E. A notice has now been placed on all doors directing people to this entrance out of hours and so ensures their quick access and stops them having the added distress of locating the appropriate entrance.

# Patient and Public Involvement

### The Patient and Public Involvement Forum

The Trust has been grateful to the Patient and Public Involvement Forum for their contribution that they made to improvements in services and is grateful for their support throughout the year. The forum developed a constructive and positive relationship with the Trust and were included in the Trust's governance committees, strategy issues, and worked in conjunction with the Trust on monitoring activities. The Forum undertook a satisfaction audit in the Out patient Department which was very positive and also an audit of accessible toilet provision within the Trust. The Forum also reviewed a wide range of projects including the hospital hand washing campaign, the Being Open Policy and the results of the National Patient Survey. As a result of this audit the Trust has welcomed the assistance of a wheelchair user in the design of a new toilet facility. The forum has now been disbanded due to changes in health policy and the Trust would like to thank all the members of the Forum for all their work over the past five years. The Trust is pleased to note that the remaining forum members have joined the Patient and Carer Panel.

### Patient and Carer Panel

As part of our aim to keep patients at the heart of everything that we do, the Trust launched a Patient and Carer Panel. As well as helping to develop improvements for patients, initial areas that the group are focussing on include the re-design of Therapy Services and working on Privacy and Dignity within the Trust.

Response to the newly formed group has been very positive and it is anticipated that the members will make a significant contribution towards improving the patient experience.

Another invaluable contribution has been from the Patient Information Group and Reader's Panel, which is made up from members of the public. This group comment on patient information leaflets, advising on the content, relevance and usefulness. The Trust is keen to recruit new members for this group and anyone who would like further information can contact the PALS Manager on telephone number 01535 294019.

### Foundation Trust Membership

We currently enjoy the support of over 4500 public members. This year we are focussing on increasing those numbers and ensuring we have a membership representative of the community we serve including in terms of age, geography and ethnicity. Our plans for the year ahead include attending community events, encouraging membership from our new patients and raising awareness of membership through town centre displays.

### Learning from complaints

Our downward trend has continued and we received 126 complaints in 2007-2008, showing a reduction in the number of formal complaints over recent years. The Trust also receives a large number of compliments and these are also recorded by the PALS team.

During the year six cases were forwarded to the Healthcare Commission for independent review. In three cases, the Healthcare Commission considered that the Trust had managed their concerns appropriately and no further actions were required by the Trust.

We are committed to learning from our patients and improving the quality of our services. These are some of the improvements and changes made in response to patient concerns:

- An information booklet is being developed to help answer the frequently asked questions and concerns of relatives and carers of patients in hospital. This is being developed with the assistance and direct involvement of relatives and carers with a particular interest in service development and improvement.

- A review of our Bereavement services began in 2007. A relative who expressed concerns regarding the support they received following the loss of a family member is an active member of the review team.

- Senior Managers address issues with identified staff when concerns are expressed about an individual's attitudes and behaviours.

Our complaints process is continually being reviewed to incorporate good practice, for example elements of the 'Principles for Remedy', produced by the Parliamentary and Health Service Ombudsman in 2007.



*Whenever visiting Airedale hospital I have been struck by the pleasant atmosphere and the most caring people that I have ever come across.*

# 7. Cleaner and Safer

Our priority is to provide high quality, personalised care for our patients in a safe and clean environment. All our matrons are focussed on

- Providing a clean environment for care
- Ensuring best practice in infection control
- Improving clinical care standards
- Treating patients with dignity and respect

We continue to develop and strengthen the nursing contribution to the delivery of high clinical standards and quality care, and, in particular we have focused on the fundamental aspects of nursing care using the Department of Health's Essence of Care benchmarks. We were delighted with the success of our application to the Foundation of Nursing Studies to secure support and funding to enable us to carry out important work to look at the ward environment from the perspective of our patients. This will help us to improve further our standards on cleanliness and privacy and dignity.

### Infection Control

This year we have focussed on hospital cleanliness and the control of infection on our wards.

In August 2007, key staff including consultants, matrons, infection control specialists and ward managers, met at an Infection Control Summit to consolidate our approach to cutting rates of MRSA and other hospital acquired infections and improving cleanliness.

Our matrons, under the leadership of the Director of Nursing, Bridget Fletcher, have strengthened our efforts in 5 key areas:

- Deep Clean of all patient areas
- A zero-tolerance approach to hand hygiene
- A new uniform code and 'bare below the elbows' policy for all staff entering clinical areas
- Immediate root cause analysis of every MRSA and C.Difficile occurrence so we can learn to prevent future infection
- Regular Patient Panel inspections and audits on compliance

In January we began a Deep Clean of our wards, departments and corridors in line with the Department of Health's Improving Cleanliness and Infection Control campaign. This has been a major project and involved using a specialist company as well as our own staff. The Patient and Environment Action Team (PEAT) Inspection was carried out during the work and the results showed a marked improvement, from 2007, in cleanliness. Many comments have been received from staff, patients and visitors expressing an improvement to the patient environment. These improvements are being enhanced further within the wards and patient areas, including the introduction of a new curtain system for bed cubicles and windows.

We have a Zero Tolerance approach to hand hygiene and are now in the third year of the Cleanyourhands campaign, which encourages public and staff involvement. We also hold monthly road shows and organised an annual risk road show for our staff in order to ensure best practice in infection control.

Every case of MRSA is investigated and the consultant and their team meet with managers to identify learning so we can prevent future infection.

We continue to carry out monthly hand hygiene audits and we are continually introducing new measures in response to our results. For example, and following on from the success we achieved with the Deep Clean, we are now trialling the feasibility of undertaking a weekly Deep Clean within one of our medical wards, as well as introducing new cleaning products for environmental cleaning.

A new Uniform and Work-Wear Policy has been launched and demonstrates the Trust's commitment to ensuring high standards of uniform. In particular, the Trust is requiring its staff when working in clinical wards and departments to have arms that are 'bare below the elbows' in order to ensure effective hand washing.

This year Airedale NHS Trust is fully compliant with the Healthcare Commission core standards relating to control of infection, hospital cleanliness and hygiene. We have achieved this by showing a successful reduction year on year of our MRSA infection rates and because our pathology department has an accredited clinical laboratory.

This year's statistics to date also show we are on track to meet the government target for reduction of this infection rate.

### Privacy and Dignity

It is very important to us that our patients are not only given excellent care, but are also treated with dignity and given privacy whilst in hospital. In virtually all wards in the hospital we provide designated, separate wings for male and female patients and separate toilet, showering and bathing facilities for each.

This year we held an open day at Airedale for our patients and users, inviting them to tell us their views on our hospital services and in particular, their views on how we dealt with their privacy and dignity. This was very successful and we are now moving forward with this important work, using this information to help us develop a privacy and dignity policy for the hospital.

### Acute care team

The Acute Care Nursing team was set up in April 2007 to support the care of seriously ill patients who are admitted to the general wards. In the first six months following its introduction, the Acute Care Service has been influential in helping to reduce the number of cardio-respiratory arrest calls within the Trust. The team also receives 300-400 calls a week to see seriously ill patients being cared for within our wards and works closely with the critical care team in order to ensure timely transfer of critically ill patients to the intensive care unit.

### Clinical Governance

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

### Supporting Safe, Quality Care.

The following departments work with the Director of Nursing and her team to support personalised quality and safe care:

- Risk Management,
- Complaints Management and the PALS (Patient Advice and Liaison service),
- Clinical Effectiveness and Research,
- Interpreter Services,
- Voluntary Services,
- Chaplaincy,
- Together with the Clinical Governance Facilitator.

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

### Managing Risk

We work hard to assess risk and analyse incidents in order to improve our clinical services. All risks entered on the risk register undergo detailed assessment and are then monitored. The Trust Board receives a regular report about the management of those risks documented in the risk register.

### Safer Patient Initiative

We have continued our work as part of the national 'Safer Patient Initiative' - a national project whose aim is to improve patient safety in the key areas of Critical Care, General Ward care, Peri-Operative Care, the Management of medicines and Infection Control. A key to achieving improvements is the fact that organisations work with a partner hospital. Airedale is working with Bradford Teaching Hospitals NHS Foundation Trust and together they have achieved real and robust improvements in safety.

### NHS Litigation Authority Risk Management Standards

This year the Trust has achieved compliance with the NHS Litigation Authority Risk Management standards at Level 2 for Maternity and Level 1 for the Acute Trust services. These standards are recognition that there are good systems and processes in place to manage and support safe practice and reduce risk.

### Emergency Planning

The Trust has continued to develop its plans to deal with emergencies, including the approval of an Emergency Planning Policy and revision and testing of the major incident plan. This work is vital to ensure suitable arrangements are in place so the Trust can respond correctly to any emergency or unplanned event and meets the requirements of the NHS Emergency Planning Guidance 2005 and other guidance and regulations.

# 8. Everyone contributing their best

Our aim is to have a highly involved and engaged workforce with everyone contributing their best.

| Average Number of Persons Employed | Total Number | 2007/08 Permanent | Other | 2006/07 |
|---|---|---|---|---|
| Medical and Dental | 216 | 209 | 7 | 221 |
| Ambulance staff | 0 | 0 | 0 | 0 |
| Administration and estates | 521 | 510 | 11 | 513 |
| Healthcare assistants and other support staff | 322 | 322 | 0 | 321 |
| Nursing, midwifery and health visiting staff | 781 | 777 | 4 | 756 |
| Nursing, midwifery and health visiting learners | 0 | 0 | 0 | 0 |
| Scientific,therapeutic and technical staff | 342 | 339 | 3 | 329 |
| Social care staff | 0 | 0 | 0 | 0 |
| Other | 3 | 3 | 0 | 5 |
| **Total** | **2,185** | **2,160** | **25** | **2,145** |

## New consultants

| | | |
|---|---|---|
| Dr Thomas Hollins | Anaesthetics | Consultant |
| Dr Alwyn Kotze | Anaesthetics | Consultant |
| Dr Emma Lawrence | Anaesthetics | Consultant |
| Dr Richard Lawrance | Cardiology | Locum Consultant |
| Dr Muhammed Ashraf | Gastroenterology | Locum Consultant |
| Dr Tarig Ahmed | General Surgery | Consultant |
| Dr Matthew Babirecki | Paediatrics | Locum Consultant |
| Dr Sharon Bowring | Paediatrics | Consultant |
| Dr Sarah Hayes | Paediatrics | Consultant |
| Dr Vidya Sudhakar Krishnan | Paediatrics | Consultant |
| Dr Elizabeth Stoppard | Rehabilitation Medicine | Locum Consultant |
| Dr Karen Lindsay | Rheumatology | Locum Consultant |
| Dr Franco Guarasci | Acute Medicine | Locum Consultant |
| Dr Vikram Kotze | Acute Medicine | Locum Consultant |
| Dr Susan Drysdale | Elderly Care | Consultant |

### Ethnicity of staff in post by % of total staff

| | | | | | |
|---|---|---|---|---|---|
| April 2007 | 7.89 | Aug | 8.08 | Dec | 9.51 |
| May | 7.89 | Sept | 8.04 | Jan 2008 | 8.57 |
| June | 7.94 | Oct | 8.18 | Feb | 8.27 |
| July | 8.14 | Nov | 9.04 | March | 8.5 |

## Annual Staff Survey

In March 2008 the Healthcare Commission annual survey of NHS staff gave Airedale top marks as an employer. We also scored in the top 20% of all Trusts in England in 9 key areas.

Airedale in top 20% of all Trusts for:

- % of staff appraised
- % of staff having well structured appraisal reviews
- % of staff having job relevant training, learning or development
- % of staff having health and safety training
- % of staff suffering work related stress (lowest 20% of Trusts)
- % of staff reporting errors
- Fairness and effectiveness of reporting procedures for errors and near misses
- Availability of hand washing materials
- Staff intention to leave their jobs (lowest 20% of Trusts)

Significant increases/decreases at Airedale NHS Trust:

- % of staff appraised with personal development plans (increase from 32% to 61%)
- Quality of job design - increase
- Support from immediate managers - increase
- Staff witnessing harmful errors / near misses - decrease
- Work pressure felt by staff – decrease
- Staff job satisfaction - increase

Staff at the hospital also reported improvements in infection control and patient safety, support from managers and high levels of appraisal, job satisfaction and training opportunities.

Ann Wagner, Director of Corporate Development at Airedale NHS Trust:

"Our aim is to have a first class workforce with everyone contributing their best to make the patient experience as good as possible - we are very pleased to see these significant improvements for the Trust in developing and supporting our staff. Our staff are on the front line of patient care every day

and if they feel positive about their work and their employer then this has real benefits for those patients and the care they give."

### The Health of our staff

Healthy working practices and the health and wellbeing of employees is a vital part of any successful organisation. National figures show that work-related mental illness accounts for over a third of all new incidences of ill health with a loss to working days and the risk of longer term health problems if the health issues are not properly supported or resolved. The health and wellbeing of our staff is very important to us and in spring 2007 the Care Services Improvement Partnership invited Airedale NHS Trust to become a regional demonstration site to develop, implement and evaluate a mental health in the workplace model.

Our occupational health nurses have now been trained in cognitive behaviour therapy and use the NICE (National Institute for Clinical Excellence) approach for anxiety and depression offering a range of interventions such as self help materials, cognitive behaviour therapy, computerised cognitive behaviour therapy, and the choice of alternative therapies.

### Pennies from Heaven

In February 2008 we launched our Pennies from Heaven salary contribution scheme so our staff can now donate pennies straight from their wage slips to Manorlands hospice in Oxenhope near Keighley.

As one of the first Trusts in the NHS to initiate the Pennies from Heaven charity donation scheme, we estimate more than £18,000 per year could be raised for the Oxenhope hospice if every staff member signed up.

Trust chief executive Adam Cairns: "When we asked staff who they wanted to support, Sue Ryder Care was their fist choice. We have done a lot of work to publicise this scheme and we are encouraging people to support it because it is a good, simple way to give to charity."

Steve Davison, manager of the hospice, said: "It is not just the money, which is obviously important for us because if we do not have the money then we cannot provide the care, but it is also about showing how we can work together.

### OFSTED success for our Hospital Day Nursery

The on site day nursery received high praise in its OFSTED report this year. The 82 place day nursery and 40 place Helta Skelta holiday club scored 'good' in recognition of the team's real commitment to high quality childcare and education.

The Day Nursery, which takes babies from weeks old to school age, was commended for providing stimulating activities, where children are confident and highly involved in activities and happy and settled in their day.

The report also commended the healthy approach where the children had a healthy nutritious diet with a very positive attitude to mealtimes as a really enjoyable social activity.

The staff team were praised for providing a well organised and stimulating environment where children learn to be independent and care for others, and where kindness and courtesy is noticed and praised.

OFSTED also praised the care given to children with disabilities or learning difficulties and the fact that children with English as an additional language benefited from the translation facility.

The Helta Skelta holiday club also scored highly for its range of activities on offer where children can enjoy model making - create dens outside with a parachute and use plastic sheets to make kites. The children themselves told the OFTED team they like coming to the club because of all the interesting activities and because "it's fun!" - What better accolade.

### Hospital Apprenticeship Scheme

Airedale Hospital's work-based learning programme funded for 16-18 year old young people also received high praise in its OFSTED report.

The programme which offers 25 places every year in business administration and healthcare, scored 'good' with praise for its success rates, standard of teaching and support and career opportunities.

The OFSTED report also praised working standards and commended the team on providing good career opportunities ensuring most young learners move into higher education - with a success rate 12% above the national average.

The programme was also praised for the wide and interesting variety of placements on offer throughout the hospital with the bonus of learners being able to take part in outside activities including an outward bound course and running an annual fund raising event for charity. The OFSTED inspectors judged the scheme "outstanding" in promoting safe working practices and highlighted examples of good practice on how learner's progress is reviewed throughout their apprenticeship.

The hospital offers placements in ward and department areas within the hospital and in the community - placements on offer include day surgery, cardiology, nursery and the intensive care unit, medical secretaries and ward clerks.

### OFSTED said the key strengths were:

- Good success rates on the health care advanced apprenticeship programme
- Good teaching and learning
- Good support and guidance
- Good management of provision
- Particularly good use of work placements
- Good promotion of equality and diversity
- Very effective quality improvement

### Pupils get first hand lessons in health

20 students from Oakbank School in Keighley toured the wards of Airedale hospital in November 2007 to see first hand the range of NHS careers on offer and to get behind the scenes in their local hospital.

As we are one of the largest employers in the local area the school felt we would give their students an excellent example of the whole variety of careers that can be found in just one organisation. There are 100's NHS careers and we are delighted to give local students the chance to see so many different jobs and parts of the hospital - all in one day.

The first task for the students was a hand washing challenge to explain the importance of infection control - a vital part of any job in the hospital. They were then given a tour taking in specialist wards, the x-ray and A and E departments - and a tour of the hospital kitchens and theatres.

### Tom Campbell, Head of External Provision at Oakbank School:

"We try and give our students informed choices for careers for their future - the more experience they have the more informed they can be. There are so many career opportunities at Airedale that most people never think about - this has been really good for them to see the reality of the jobs and see what they could actually do."

### Human Resources – A Business Partner

In 2007 the Trust commissioned NHS Partners to carry out a review into the Human Resources (HR) functions within the Trust. The report identified the need for modernisation of the HR and Training and Development department, by changing from Personnel to an HR Business Partner Model and linking and incorporating organisational development and HR strategy within the Trust's business plan. An Interim Director of HR has been appointed and has commenced the implementation of the review recommendations.

Our focus for 2008/09 is to create an organisation fit for purpose for Foundation Trust status.

### Electronic Staff Record

We are in the process of introducing the Electronic Staff Record (ESR) to improve information on employee data to support HR management.

### Airedale Staff Partnership

We have formed the Airedale Staff Partnership (APG) which is a joint negotiating and consultation body to promote a

partnership approach to trade union and employer relations and working.

### Disability and Equal Opportunities

The Trust continues to develop its policies on disability and equal opportunities. We hold qualifications for disability opportunities and have instigated extensive diversity training for all staff throughout the Trust.

We have also appointed a new Head of Equality and Diversity to promote, champion and lead equality and diversity programmes across the Trust.

The role revolves around leadership, directing and coordinating diversity development programmes, engaging and involving staff, stakeholders and the public and local communities.

We have also begun a programme of equality impact assessments to assess how our policies are likely to affect people from relevant groups; we will be consulting people who are likely to be affected by our proposed policies; and reviewing and revising the policies to ensure equality of opportunity.

# 9. Working in partnership

We have continued to work with our partners to ensure that as an organisation we are outward looking and connected to our local community, enabling and supporting health, independence and the well being of our patients.

The key contractual relationships for Airedale NHS Trust comply with the Department of Health contract for NHS Acute Hospitals and the main commissioners. Airedale has three main commissioners:

- Bradford and Airedale Teaching PCT
- North Yorkshire and York PCT
- East Lancashire PCT

Bradford and Airedale Teaching PCT act as lead commissioner on behalf of East Lancashire and Leeds PCTs. North Yorkshire and York PCT operates separately.

### Joint Ventures and Other Partnership Arrangements

The Trust has developed a range of joint ventures and other strategic partnerships, including:

- a strategic clinical partnership with our neighbouring Trust, Bradford Teaching Hospitals NHS Foundation Trust who support us in providing services in haematology, medical oncology, neurology, rheumatology, ENT, ophthalmology, dental specialties and plastic surgery
- a joint venture in partnership with the Ilkley Virtual College and sponsored by Medipex (Yorkshire & the Humber Innovation Hub) and NHS Yorkshire and the Humber to establish a LEAN Academy to support Airedale and other NHS partners in implementing LEAN methodologies in healthcare to maximise productivity, eliminate waste and improve the patient experience
- working with Bradford Metropolitan District Council to share our work on telemedicine and identify areas for collaboration. We have also been invited to participate in the work on reviewing the Local Strategic Partnership.
- agreeing to produce a joint bid with the Centre for Innovation and Health Services Management (Research for Patient Benefit)
- discussions with North Yorkshire and York PCT over

their plans for Castleberg Hospital in Settle. The PCT is planning to increase funding of community based intermediate care services and we are involved in the development of partnerships with their community teams, for example in the development of a community Geriatrician

- working with PCT's on our capabilities in tele-medicine and tele-health to support the development of a potential new service for local communities

- exploring partnership arrangements with the Strategic Health Authority, Yorkshire Forward, Bradford Council and other public and private providers regarding the longer term development of the Airedale site as a health village as part of the regeneration of the area

- we have worked with the Yorkshire Ambulance Service to deliver a stroke thrombolysis care pathway and with the PCT on a cross-district Transient Ischaemic Attack (TIA) pathway for those patients suffering with minis strokes or Transient Ischaemic Attacks

- meeting with the Department of Health Social Enterprise Unit to explore this policy area and see if any of Airedale's potential partnerships can be located in this framework

- working with Bradford and Airedale PCT on a new framework for continuing care with appointment of a care co-ordinator to work with the case management team in the hospital to ensure patients are discharged safely and effectively

- beginning discussions with the Sue Ryder organisation on collaboration over neuro-rehabilitation and disability service

- ensuring local MPs and the Local Authority Overview and Scrutiny Committees are kept up to date on our latest news and developments

- PFI (Private Finance Initiative) with SIEMENS Medical Systems – a managed equipment service for the supply and maintenance of all diagnostic and X-ray equipment over a 15 year period 2001 – 2016 within the Radiology Department. The Trust is also looking at a Trust-wide PACS system to be implemented over the coming financial year

- PPP (Public Private Partnership) arrangement with Frontis Homes for the provision of staff residential accommodation for a period of 40 years

In addition, the Trust has a number of outsourced services including car parking, security and transport

### Our Foundation Trust Consultation

In April 2007 we began our consultation with patients, the public and our partners on our plans to become a Foundation Trust. The consultation, which ended on 13 July, was a valuable opportunity for gathering the views of a wide range of different people – including patients, carers, partner organisations, our local community and staff.

As a Foundation Trust we will have more freedom to re-invest money for services to benefit our local community and to increase involvement from that community through membership and a new Council of Members.

Around 11,000 consultation documents and leaflets were available and sent to individuals and groups with a specific interest in our hospitals and distributed at the hospitals and at a range of meetings. Leaflets were displayed at local libraries and GP surgeries to publicise our consultation and offer the wider public the chance to contribute. Open meetings were also held for the general public, and hospital staff contacted over 600 local groups, including key partner organisations such as patient groups, local primary care trusts and councils.

We are planning to proceed as a Foundation Trust in 2009-10. We will be holding elections for our new Council of Members in the future and all current members will receive information on what becoming a council member would mean and how they can stand for election. We will continue, as planned, to invite patients, carers and local residents to become members, enabling them to become more involved in our service development at the earliest possible opportunity.

### Lean Healthcare

The Lean Healthcare Academy was set up in partnership with the Virtual College in Ilkley.

Lean is a technique originally used in industry to look at, streamline and improve process which in turn makes the work place more productive and efficient. It is based on a theory which first originated in the Toyota Production Factory but has now been transferred to healthcare and is aimed at maximising value and eliminating waste and error.

Lean is an approach that assesses the value achieved from each step in the process and eliminates any steps that are not of value therefore removing waste. Lean therefore:

- Identifies value from the patient perspective

- Understanding how all work is part of a process

- Involves all staff in the redesign of pathways

- Achieves efficient and effective continuous flow

- Seeks ongoing continuous improvement

We have trained the majority of our managers in the basics of Lean. In addition there are weekly training sessions for all other staff in the varying techniques of Lean.

Some of the projects undertaken and completed this year are;

**Intra Uterine Growth Retardation (IUGR)** – this project found 22 steps in the process of getting a plan of care for women having a baby suspected to be small for it's gestational age. This was reduced to 3 steps and women are now seen within 24 to 72 hours, instead of 2 to 6 weeks

**Colorectal Cancer Fast Track Pathway** – this project reduced the number of patients exceeding the 62 day fast track target from 17 to 2. The diagnosis now takes place much earlier and there is now a single procedure for most diagnoses

**A&E** - this project has streamlined the A&E resuscitation room. This will now be applied to the other areas within A&E.

**On ward 10**, one of the orthopaedic wards, staff have done significant work to make the ward a better environment both for patients and for staff.

**Bereavement services** – this project eliminated the need for thousands of photocopies and moved to an email system so releasing the time the bereavement officer, allowing her more time now to spend with relatives.

Projects still underway include; Colposcopy pathway, Pre-operative assessment, Breast and Lung cancer pathways, Diabetic Foot Clinic procedures, Caesarean Section pathway and Cardiology,

The plans for 2008/9 are at present to redesign the 18 week patient pathway for all specialties, review the ESR (Electronic Staff Record) system and to work closely with IT to ensure that all IT projects are Lean.

In 2008 we have also appointed a new Head of Lean Improvement to lead the delivery of Lean service and cost improvement across the Trust. This post will provide expert advice on Lean service development and provide policies and training and development programmes for all levels of staff.

## Community Engagement

Trust staff support many health related groups in both a business and voluntary capacity. We also support our staff to play a full part in the community for example by acting as governors for schools. Our recently established Patient and Carer Panel ensures we involve our community in monitoring standards and in the development of services. During the year we established a new link with South Craven School to help them form a Learning Trust. Through a staff vote we also adopted Sue Ryder Care, who run our local hospice Manorlands, as the charity that Trust support through a salary deduction scheme.

## Neighbourhood forums and Community Groups

Our staff have attended a number of local neighbourhood forums and community group events to explain our plans to become a Foundation Trust and how local people can be involved in their local hospital as Foundation Trust members. We have also listened to the views of those groups on our services and offered tours of our hospital site with expert sessions on infection control and the latest developments in our clinical services.

## Our Volunteers

Airedale NHS Trust is supported by two very active volunteer groups, the Friends of Airedale and Airedale New Venture. There are over 350 active volunteers who undertake such vital and diverse activities as assisting during mealtimes, staffing the volunteer shops, taking the ward shop trolley and the library trolley to patients on the ward, acting as guides for patients and visitors around the hospital, producing flower arrangements, and assisting patients attend the religious services.

This year both charities have donated a total of over £55,000 to improving patient care and facilities. This year alone the two Airedale volunteer charities have generously provided furniture and equipment, including new chairs for the A&E waiting room, bladder scanners, and equipment for monitoring blood pressure.

Amongst their donations, the League of Friends provided stroke monitoring equipment for use on the hyperacute stroke beds and specialist equipment to assess older people at risk of falls. Airedale New Venture provided two state of the art monitors for Accident and Emergency which provide mobile monitoring of a patient's condition during transfer to other wards.

Radio Airedale will again be broadcasting to hospital patients in 2008, courtesy of the volunteer services.

Airedale Children's Unit Appeal has continued to raise additional funds with outstanding support from our local community with the aim of refurbishing the children's ward in the future. In 2007-8 the appeal raised a total of £46,890. There have been over 1200 separate donations since the appeal was launched in June 2005 and the current total stands at over £206,000.

New volunteers are always welcome and if you are interested in becoming a volunteer at Airedale General Hospital, please contact Elaine Foster, Volunteer Services Manager on 01535 295316 or via Elaine.foster@anhst.nhs.uk

# 10. Our Year in Brief

## 2007

### April

- An Audit Commission review of pathology services rates Airedale in the top 7% of the country for the service it provides and names us as one of only 16 Trusts as scoring 'excellent'.
- Cardiology outpatient clinics are increased from 2 to 7 clinics per week resulting in a fall in waiting times to a low of 4-6 weeks.
- Cleanliness and infection control is a major priority and a new rapid response cleaning team is set up to rapidly clean the bed space for every newly admitted patient.
- Safety Walk rounds start on the wards with a team of the most senior staff in the Trust as part of the National Safer Patient Initiative. These demonstrate an executive leadership and focus on safety for the whole Trust.
- The Physiotherapy team begins sessions at The Oaks in Keighley specifically for Asian women. This has improved their privacy and dignity and there is an interpreter at the bi weekly sessions to improve communication and understanding. The aim of the sessions is to improve access and attendance and promote self management, by providing a service which meets specific needs.

### May

- The improved and updated Patient Administration System (PAS) goes live enabling further improvements to the quality of our information.
- We begin a review of our bed configuration throughout the hospital in preparation for winter, to ensure we have the right beds in the right place so our patients can be treated by expert staff on a specialist ward.
- A Lead Clinician for Cancer is appointed.
- Waits for CT scans are reduced by training staff so they can work in both MRI and CT so that they can be flexible with the type and length of sessions they need for our patients. We are identified as having one of the shortest waiting times in the country for a CT scan in the Dr Foster Hospital Guide.
- A new locum consultant specialising in Rheumatology joins our medical team.

### June

- We score 'good' for cleanliness, food and nutrition and privacy and dignity in the annual PEAT (Patient Environment Action Team) inspection.
- Patients with complex hip problems are now seen jointly by the surgeon and geriatrician on admission to improve assessment, reduce unnecessary delays and improve the outcome and experience for our patients.
- The radiology team develop a plan for investment in a 2nd CT scanner and additional MR scanning facilities on site.
- The Lord Lieutenant of West Yorkshire, Dr Ingrid Roscoe, asks to visit a forward thinking NHS Trust in the West Yorkshire and Airedale is recommended to her. As part of her formal duties to the Crown she tours the wards and commends the A and E team on being one of highest performing departments in the region, consistently seeing, treating and discharging over 98% of patients within 4 hours.
- Airedale staff support the national 'No Secrets' campaign to protect vulnerable adults from abuse. Airedale is one of the few hospitals with a dedicated senior nurse with responsibility for vulnerable adults, ensuring hospital staff have the latest training to help them identify and deal with any suspected abuse.

### July

- Our Foundation Trust public consultation ends with 4500 members of the public having signed up so far to join us as members.
- The changes on our elderly care wards means that patients have early assessment and faster diagnosis, allowing patients to return home quicker, where appropriate for their care.

### August

- £5m is allocated to Hospitals across Yorkshire and The Humber as the NHS continues to drive down the rates of healthcare associated infections such as MRSA and C.Difficile.
- An Infection Control summit is held at Airedale to

prioritise areas for action to ensure we provide a safe clean hospital for our patients and visitors.

### September

- The Speech and Language Therapy team set up drop-in sessions for 0-5 year olds across the area from Settle to Bingley. These are well attended and improve access for families to Speech Therapy.

- Changes to cancer services are discussed with Bradford Teaching Hospitals NHS Foundation Trust, patient representatives, PCT's, MP's and other partners. These include strengthening services on both sites through improving cancer specialisation, expanding and extending the hours of our HODU (Haematology and Oncology Day Unit) and ensuring there is investment in consultant medical staff for the service.

- Over 400 members of the public attend our annual open evening which includes tours behind the scenes and opportunities to try laparoscopic surgery and scanning.

- The Dietetics team are involved in leading a multi-disciplinary working group implementing the recommendations from the AGE Concerns report 'Hungry to be Heard' published in August 2006. This has resulted in better patient information for in patients, training for nurses in nutritional screening, regular audits and better services for patients unable to feed themselves.

### October

- Our maternity service records an increased number of births in the year as patients choose to have their babies at Airedale Hospital.

- CNST (Clinical Negligence Scheme for Trusts) Level 2 is awarded to our Obstetrics and Gynaecology department in recognition of the systems and processes in place to manage and support safe practice and reduce risk.

- Our Breast Cancer service is well regarded by our patients and has a history of continuous improvement. We plan an enhanced service where we can set new standards for excellence and service performance.

- We are admitting increasing numbers of patients to our acute orthopaedic ward with fractures and complex medical conditions. Additional staff are appointed to the ward to improve our services and we begin to redesign our service to include medical consultants and rehabilitation specialists. As a result patients now have considerably shorter waits for surgery.

- C Difficile infection rate figures fall significantly from last year.

- The first three patients are treated under the national colorectal screening programme and an additional locum Consultant Gastroenterologist is appointed. The screening programme is designed to detect bowel cancer as early as possible – even when people have no symptoms – so that they are more likely to make a full recovery after treatment.

- An additional locum Consultant Cardiologist is appointed with the aim that by September 2008 angioplasty waits will be reduced to a maximum wait of between 2 and 4 weeks.

- In radiology a plan is developed for an additional consultant radiologist and new PACs system (Picture Archiving System).

- work starts on a new IT programme for pathology to allow intelligent pathology ordering and ward order communications.

### November

- A peer review of our coloscopy service commends the team on their compliance with cancer care standards.

- The Nutrition and Dietetics team establish education groups for patients with type 2 diabetes in the community. The 6 week course is run in partnership with Bradford and Airedale Teaching PCT and aims to increase people's awareness of their condition and give them more confidence in managing their health and wellbeing.

### December

- Our Intermediate Care Unit is further enhanced and incorporates the Day Hospital Service, allowing nurses to be integrated into the ward team, improving supervision and access to training and development.

- A Midwife for Normality is appointed to promote normality and reduction of the caesarean section rate.

- The Trust achieves Baby Friendly Stage 1 Assessment in recognition of our work on infant feeding. This important acknowledgement from UNICEF and the World Health Organisation is given to hospitals providing a really high standard of care for mothers and babies and is the next step for those showing their commitment to support mothers to breastfeed their babies happily and successfully. It is only awarded when hospitals can show they have policies and procedures in place to deliver and

maintain those high standards of care.

- The LSA (Local Supervising Authority) visits the Trust and undertakes an audit of midwifery and is very complimentary about supervision provided for midwives and praises are staff.

- The A and E department receive funding from our Airedale New Venture volunteers to purchase 2 Sky Lab Monitors. These enable patients to be constantly monitored both in A and E and on transfer to wards or ICU providing an even safer system for the transfer of acutely ill patients.

# 2008

### January

- We experience high levels of acute admissions of patients who are very sick and frail and with complex needs. 29 extra beds are provided on a specialist acute elderly assessment unit.

- David Cameron, Leader of the Conservative Party, visits Airedale to meet our staff and volunteers and commends us as a "great district general hospital".

- The Hospital Deep Clean commences and every clinical area, ward and department in the hospital is cleaned by a specialist cleaning company to complement our infection control work.

- We make significant improvements in Deep Vein Thrombosis prophylaxis thereby reducing the risk of clotting for our highest risk group of patients needing orthopaedic surgery.

### February

- We increase the number of beds and nurses on our ACE (Acute Elderly Care) unit.

- The Intermediate Care Unit which provides rehabilitation for our elderly patients so they can safely return home, moves to an improved location along with the Day Hospital for the Elderly facility allowing patients to benefit from the intensive therapy provided on the unit.

- Our private ward facility on ward 19 reopens after a major refurbishment.

- A new Phlebotomy service is launched in the Children's Outpatients department in collaboration with pathology avoiding the need for children to attend the pathology department for blood testing. GPs can now refer children for tests on designated days of the week in a dedicated clinic.

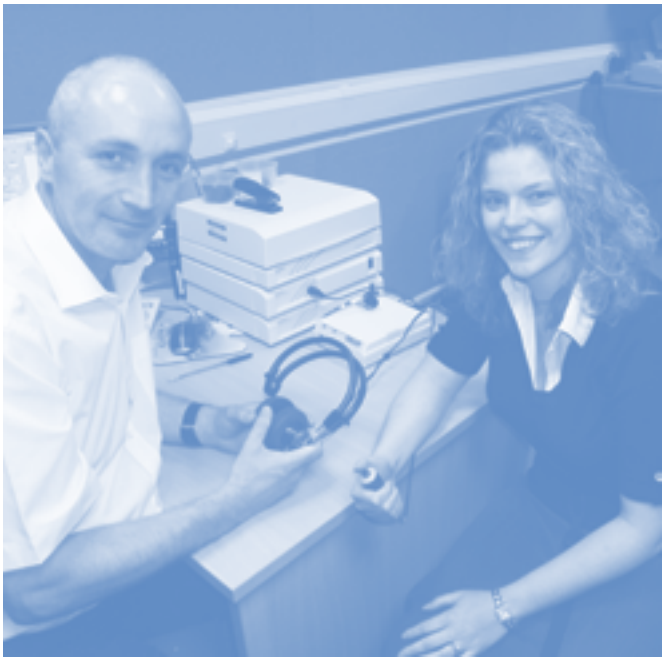
### March

- Audiology waits are significantly reduced. Extra investment and the appointment of additional staff means new patients are now waiting under 6 weeks for their first appointment - a huge improvement from this time last year where patients could wait up to 60 weeks.

- We begin the first of our YES (Your Experience Shared) patient involvement events to learn from our patients experiences This is the first time this kind of event has been held and staff are sharing the work with the NHS Institute for Innovation and Improvement to help produce a national 'toolkit' - so the event will influence the work nationally.

- Two of our patients receive the national Alan Navarro medal from Consultant Diabetologist Dr Cornelle Parker, in celebration of surviving 50 years with diabetes.

- We adhere to the national target on 18 weeks and as a result we are becoming a more efficient organisation and patients now have to wait even less time for tests and treatment. The target for all hospitals is to treat 85% of admitted patients within 18 weeks of referral from their GP and to treat 90% of non-admitted patients within 18 weeks of referral from their GP.



Adam Cairns

Bridget Fletcher

Dr Richard Pope

Robert Toole

Ann Wagner

David Adam

Jeff Colclough

Ronald Drake

Sally Houghton

Colin Millar

Alan Sutton

# 11.Our Board

The job of the Trust Board is to agree policy, monitor the delivery of that policy, and to ensure financial viability and clinical quality in the Trust.

## Executive Directors

**Adam Cairns** LLB, Dip (HSM)
Chief Executive

**Bridget Fletcher** RGN ONC BA (Hons) MA
Director of Nursing

**Dr Richard Pope** MD FRCP
Medical Director

**Robert Toole** FCMA
Director of Finance

**Ann Wagner** Dip M, HND
Director of Corporate Development

## Non-Executive Directors

**David Adam** MA FCA
Non Executive Director

**Jeff Colclough** BA
Non Executive Director

**Ronald Drake** LLB(Hons), ACIArb, Solicitor
Non Executive Director

**Sally Houghton** ACMA BSc (Hons)
Non Executive Director

**Colin Millar** BA
Chairman

**Alan Sutton** BA (Hons) Cert Ed (QTS)
Non Executive Director and Vice Chairman

## Audit Committee Members

**David Adam**
Non Executive Director

**Sally Houghton**
Non Executive Director (Chair)

**Alan Sutton**
Non Executive Director

Since the end of the financial year 2007/08 Alan Sutton has resigned from the Audit Committee and has been replaced by Jeff Colclough

## Remuneration Committee Members

**Colin Millar**
Chairman

**Jeff Colclough**
Non-Executive Director

**Ronald Drake**
Non Executive Director

**Alan Sutton**
Non-Executive Director

**Appointment changes during the year:**

None

**Register of Interests**
The current register of interests for members of the Board is shown in the Finance section of this report. The Register of Interests is held by the Company Secretary, Airedale NHS Trust, Airedale General Hospital, Skipton Road, Keighley, West Yorkshire, BD20 6TD.

# 12. A Strong Financial Future

## Results for the year

### Income & Expenditure

It is very pleasing to report for 2007/08 that the Trust had a surplus of £0.522m (2006/07 surplus of £0.275 million). This is the second year running that the Trust has achieved a small surplus and, as with 2006/07, the 2007/08 surplus was achieved by the Trust on its own merits, with no external financial support.

### Other Financial Targets

Of the other key financial targets, the Trust:

- Achieved the target capital cost absorption rate of 3.5%.
- Managed cash within the Trust's External Financing ("Cash") Limit ("EFL").
- Managed Capital Expenditure within its Capital Resource Limit.

The brokerage system which had been used across the NHS as a means of managing cash centrally has now been replaced by a system of loans. The Trust did not need to draw down any loans in 2007/08.

### Public Sector Payment Policy

- The Trust Paid 85% of its non NHS supplier invoices (representing 91% in value) within target, and 65% of its NHS invoices (representing 68% in value) within target.

Process improvements and improving compliance continue to be a focus in this area with the minimum target being 95% paid in accordance with the Trust's supplier payment policy.

### Capital Investment

The Trust spent £3.784 million on capital items during 2007/08. Significant capital schemes on the fabric of the building related to, within the Pharmacy Department, an Aseptic Suite, which cost £930k during the year and the building of a Clinical Skills Laboratory at a cost of £342k. In addition, £1.197 million was invested in Information Technology.

### Accounting Policy

There were no changes in accounting policy during 2007/08.

### Financial Outlook

In line with all other hospitals, Airedale NHS Trust faces major financial challenges into the foreseeable future. This is partially due to the requirement under the Government's Comprehensive Spending Review of 2007 for the NHS, to improve overall efficiency by a minimum of 3% per annum.

Financial balance has been achieved without additional support in each of the last 2 years. The board is determined to implement the efficiency improvements necessary to meet both our overall 08/09 financial targets and manage on-going and continuous cost reductions necessary to ensure long term sustainability. This is also an essential requirement for Foundation Trust status.

Airedale NHS Trust must continue to make progress with the modernisation of our facilities, introduction of more efficient working practices, improvement in Best Practice business 'Lean' processes and further investment in hospital clinical information systems. These initiatives remain a priority in 2008/09. Staff involved in unproductive activities such as working with broken processes is the major cost of inefficiency in service organisations such as the NHS.

Robert Toole
Director of Finance.

### Role of the Audit Committee

The Audit Committee has been established as a committee of the Trust Board, and comprises of no less than 3 non-executive Directors of the Board. The Director of Finance and appropriate Internal and External Audit representative normally attend meetings, which are held no less than 3 times a year. The Chief Executive is invited annually to discuss with the Committee the process for assurance that supports the Statement on Internal Control. The main duties of the Committee cover the following areas:- Governance, Risk Management and Internal Control, Internal Audit, External Audit and Financial Reporting.

### Remuneration Report

1 Introduction

Section 234B and Schedule 7A of the Companies Act, as interpreted for the public sector, require NHS bodies to prepare a Remuneration Report containing information about the remuneration of directors. In the NHS, the report will cover those senior managers "having authority or responsibility for

directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

2 Membership of the Remuneration Committee

The Remuneration Committee comprises the Trust Chairman and three Non-Executive directors. The Non-Executive director who chairs the Audit Committee does not attend in order to ensure separation of duties. The Chief Executive is in attendance (except when his own terms and conditions are considered).

The role of the committee is as follows-

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

- The determination of terms and conditions of service for the Chief Executive and higher paid employees (defined as above).

- The determination of contractual arrangements and termination payments for the Chief Executive and higher paid employees (defined as above).

3 Statement of the policy on remuneration of higher paid employees for current and future financial years

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

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

- Assessment of overall pay market position and competitiveness.

- Assessment of individual job size.

- Assessment of individual and team performance

- Fixed salaries with no automatic incremental progression.

- The determination of an overall pay and reward package.

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

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

4 Explanation of methods used to assess whether performance conditions were met and why those methods were chosen

The Remuneration Committee reviews appropriate levels of pay for the Chief Executive and higher paid employees. In line with best employment practice, where performance should be assessed by the line manager, the Chief Executive conducts the performance assessments for the directors. The Chairman assesses the performance of the Chief Executive.

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

5 Explanation of relative importance of the relevant proportions of remuneration which are, and which are not, subject to performance conditions

Please refer to paragraph 4.

6 Summary and explanation of policy on the duration of contracts, notice periods and termination payments

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

7 Details of service contracts for each senior manager who has served during 2007/2008 - See table on page 37.

8 Significant awards made to past senior managers during 2007/2008

All payments are disclosed in the table on page 37.

9 Salary and pension entitlements of senior managers for 2007/2008

See table on page 38.

# 13.Summary Accounts

## The Trust's Financial Record

| | 07/08 | 06/07 | 05/06 | 04/05 | 03/04 |
|---|---|---|---|---|---|
| | £000's | £000's | £000's | £000's | £000's |
| Turnover | 110,173 | 98,756 | 98,429 | 86,164 | 82,228 |
| Retained Surplus / (Deficit) | 522 | 275 | 4,980 | (3,288) | (1,448) |

### Income & Expenditure Account

| | 07/08 | 06/07 | 05/06 | 04/05 | 03/04 |
|---|---|---|---|---|---|
| | £000's | £000's | £000's | £000's | £000's |
| Income | 110,173 | 98,756 | 97,716 | 86,164 | 82,228 |
| Operating Expenses | (107,991) | (97,009) | (92,333) | (88,106) | (82,823) |
| Operating Surplus | 2,182 | 1,747 | 5,383 | (1,942) | (595) |
| Profit/(Loss) on Disposal of Fixed Assets | (92) | (152) | 443 | 252 | 1,026 |
| Surplus/(Deficit) before Interest | 2,090 | 1,595 | 5,826 | (1,690) | 431 |
| Interest Receivable | 343 | 439 | 190 | 132 | 87 |
| Other Finance Costs | (28) | (29) | (161) | (56) | (56) |
| Surplus/(Deficit) for the Financial Year | 2,405 | 2,005 | 5,855 | (1,614) | 462 |
| Public Dividend Capital Divivdend Payable | (1,883) | (1,730) | (1,588) | (1,674) | (1,910) |
| Retained Surplus/(Deficit) for the Year | 522 | 275 | 4,267 | (3,288) | (1,448) |

### Balance Sheet

| | 31.3.08 | 31.3.07 | 31.3.06 | 31.3.05 | 31.3.04 |
|---|---|---|---|---|---|
| | £000's | £000's | £000's | £000's | £000's |
| Fixed Assets | 57,054 | 53,387 | 50,354 | 54,886 | 60,010 |
| Current Assets | 11,683 | 8,534 | 15,349 | 9,251 | 10,419 |
| Current Liabilities | (6,856) | (5,412) | (4,294) | (7,382) | (6,792) |
| Total Assets less Current Liabilities | 61,881 | 56,509 | 61,409 | 56,755 | 63,637 |
| Provision for Liabilities and Charges | (2,490) | (1,424) | (1,674) | (2,149) | (2,383) |
| Total Assets Employed | 59,391 | 55,085 | 59,735 | 54,606 | 61,254 |
| | | | | | |
| Financed by:- | | | | | |
| Public Dividend Capital | 44,319 | 44,319 | 52,529 | 53,339 | 53,103 |
| Revaluation Reserve | 12,372 | 8,611 | 5,359 | 7,563 | 11,884 |
| Donation Reserve | 657 | 634 | 601 | 608 | 883 |
| Income & Expenditure Reserve | 2,043 | 1,521 | 1,246 | (6,904) | (4,616) |
| Total Taxpayers Equity | 59,391 | 55,085 | 59,735 | 54,606 | 61,254 |

## Statement of Total Recognised Gains & Losses

| | 07/08 | 06/07 | 05/06 | 04/05 | 03/04 |
|---|---|---|---|---|---|
| | £000's | £000's | £000's | £000's | £000's |
| Surplus/(Deficit) before Dividends Payments | 2,405 | 2,005 | 6,568 | (1,614) | 462 |
| Fixed Asset Impairment Losses | 0 | (783) | 0 | 0 | 0 |
| Unrealised Surplus/(Deficit) on Fixed Asset Revaluations/Indexation | 3,782 | 4,052 | 979 | (3,549) | 4,751 |
| Receipt of Donated Assets | 74 | 74 | 35 | 0 | 23 |
| Prior Period Adjustment | 0 | 713 | 0 | 0 | 0 |
| Total Gains & Losses Recognised in the Financial Year | 6,261 | 6,061 | 7,582 | (5,163) | 5,236 |

## Better Payment Practice Code - Measure of Compliance

| | | 07/08 |
|---|---|---|
| | Number | £000's |
| Total Non-NHS trade invoices paid in the year | 35,156 | 55,273 |
| Total Non-NHS trade invoices paid within target | 30,008 | 50,297 |
| Percentage of Bills Paid Within Target | 85.36% | 91.00% |
| Total NHS trade invoices paid in the year | 1318 | 9928 |
| Total NHS trade invoices paid within target | 862 | 6710 |
| Percentage of Bills Paid Within Target | 65.40% | 67.59% |

## Cash Flow Statement

| | 07/08 | 06/07 |
|---|---|---|
| | £000's | £000's |
| Net Cash Inflow from Operating Activities | 8,484 | 12,686 |
| Returns on Investment:- | | |
| Interest Received | 353 | 425 |
| Capital Expenditure:- | | |
| Payments to Acquire Tangible Fixed Assets | (2,951) | (3,235) |
| Receipts from Sale of Tangible Fixed Assets | 0 | 0 |
| Dividends Paid | (1,883) | (1,730) |
| Financing:- | | |
| Public Dividend Capital Received | 0 | 0 |
| Public Dividend Capital Repaid (Not Previously Accrued) | 0 | (8,210) |
| Other Capital Receipts | 74 | 74 |
| Increase in Cash | 4,077 | 10 |

## Management Costs

Management costs for the year totalled £6.294 million, which is 5.71% of total income. This compares with 5.58% in 2006/07. The Trust complied with the Secretary of State's instructions on NHS managers pay increases.

## Charitable Funds

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

A full set of Accounts relating to Charitable Funds is available from the Director of Finance at the address on the back of this report.

These financial statements might not contain sufficient information for a full understanding of the Trust's financial position and performance. A full set of the Trust's Accounts can be obtained from:-

Charles Brown
Assistant Director of Finance
Directorate of Finance
Airedale NHS Trust
Airedale General Hospital
Skipton Road
Steeton
Keighley BD20 6TD
Tel 01535 294921
e-mail charles.brown@anhst.nhs.uk

# Salaries and Allowances

| Name and Title | 2007-08 | | | 2006-07 | | |
|---|---|---|---|---|---|---|
| | Salary | Other Remuneration | Benefits in Kind | Salary | Other Remuneration | Benefits in Kind |
| | (bands of £5000) £000 | (bands of £5000) £000 | Rounded to the nearest £100 | (bands of £5000) £000 | (bands of £5000) £000 | Rounded to the nearest £100 |
| Mr David Adam - Non Executive Director | 5 - 9 | 0 | 0 | 0 - 4 | 0 | 0 |
| Mr Adam Cairns - Chief Executive | 135 - 139 | 0 | 0 | 100 - 104 | 0 | 0 |
| Mr Jeff Colclough - Non-Executive Director | 5 - 9 | 0 | 0 | 5 - 9 | 0 | 0 |
| Mr Ronald Drake - Non-Executive Director | 5 - 9 | 0 | 0 | 0 - 4 | 0 | 0 |
| Miss Bridget Fletcher - Director of Nursing | 75 - 79 | 0 | 0 | 70 - 74 | 0 | 0 |
| Mrs Sally Houghton - Non-Executive Director | 5 - 9 | 0 | 0 | 5 - 9 | 0 | 0 |
| Mr Colin Millar - Chairman | 20 - 24 | 0 | 0 | 15 - 19 | 0 | 0 |
| Mr Roger Pollard - Director of Human Resources | 50 - 54 | 0 | 0 | 70 - 74 | 0 | 0 |
| Dr Richard Pope - Medical Director | 20 - 24 | 135 - 140 | 0 | 20 - 24 | 135 - 140 | 0 |
| Mr Alan Sutton- Non Executive Director | 5 - 9 | 0 | 0 | 5 - 9 | 0 | 0 |
| Mr Robert Toole - Director of Finance | 90 - 94 | 0 | 0 | 35 - 39 | 0 | 0 |
| Mrs Ann Wagner - Director of Corporate Development | 105 - 109 | 0 | 400 | 55 - 59 | 0 | 0 |

Mr Roger Pollard ceased to be an Associate Director on 9 December 2007.

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

# Salary and Pension entitlements of senior managers

| Name and title | Real increase in Pension at age 60 | Real increase in Pension lump sum at age 60 | total accrued pension at age 60 at 31 March 2008 | Lump sum at age 60 related to accrued pension at 31 March 2008 | Cash equivalent transfer value at 31 March 2008 | Cash equivalent transfer value at 31 March 2007 | Real increase in cash equivalent transfer value | Employers contribution to stakehold pension |
|---|---|---|---|---|---|---|---|---|
| | (bands of £2500) £000 | (bands of £2500) £000 | (bands of £5000) £000 | (bands of £5000) £000 | £000 | £000 | £000 | To nearest £100 |
| Mr Adam Cairns - Chief Executive | 10 - 12.5 | 35 - 37.5 | 40 - 44 | 125 - 129 | 567 | 384 | 121 | 0 |
| Miss Bridget Fletcher - Director of Nursing | 2.5 - 5 | 10 - 12.5 | 30 - 35 | 90 - 94 | 456 | 387 | 42 | 0 |
| Mr Roger Pollard - Director of Human Resources | n/a | n/a | n/a | n/a | n/a | 453 | n/a | 0 |
| Dr Richard Pope - Medical Director | 0 - 2.5 | 10 - 12.5 | 35 - 39 | 110 - 114 | 572 | 525 | 24 | 0 |
| Mr Robert Toole - Director of Finance | 0 - 2.5 | 5 - 7.5 | 5 - 10 | 15 - 20 | 81 | 45 | 24 | 0 |
| Mrs Ann Wagner - Director of Corporate Development | 2.5 - 5 | 10 - 12.5 | 20 - 25 | 65 - 70 | 324 | 261 | 39 | 0 |

Mr Roger Pollard ceased to be an Associate Director on 9 December 2007. It is therefore not appropriate to complete most columns in this section.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

# Declaration of board members' interests

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

| Name | Position | Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those of dormant companies) | Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS | Majority or controlling shareholdings in organisations likely, or possibly seeking, to do business with the NHS | A position of authority in a charity or voluntary body in the field of health and social care | Any connection with a voluntary or other body contracting for NHS services | Any other matter which may result in a conflict of interest |
|---|---|---|---|---|---|---|---|
| **Non Executive Directors** | | | | | | | |
| Mr Colin S Millar | Chairman | Bradford Community Housing Trust Group (2006) Ltd<br>MetroMark International Ltd<br>Furness Building Society | None | None | None | None | None |
| Mr David W Adam | Non-Executive Director | CBD Ltd | None | None | None | None | None |
| Mr Jeff Colclough | Non-Executive Director | Jeff Colclough Associates Ltd | None | None | None | None | None |
| Mr Ronald S Drake | Non-Executive Director | Partner and Principal, Cobbetts LLP | None | None | None | None | None |
| Mrs Sally A Houghton | Non-Executive Director | None | None | None | None | None | Employed by local firm of solicitors on an accountancy basis involved in litigation cases which may perhaps be against the Trust |
| Mr Alan F L Sutton | Non-Executive Director | None | None | None | None | None | None |

| Name | Position | Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those of dormant companies) | Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS | Majority or controlling shareholdings in organisations likely, or possibly seeking, to do business with the NHS | A position of authority in a charity or voluntary body in the field of health and social care | Any connection with a voluntary or other body contracting for NHS services | Any other matter which may result in a conflict of interest |
|---|---|---|---|---|---|---|---|
| **Executive Directors** | | | | | | | |
| Mr Adam Cairns | Chief Executive | None | None | None | None | None | None |
| Miss Bridget A Fletcher | Director of Nursing | None | None | None | None | None | None |
| Dr Richard M Pope | Medical Director | None | None | None | None | None | None |
| Mr Robert D Toole | Director of Finance | None | None | None | None | None | None |
| Mrs Ann Wagner | Director of Corporate Development | None | None | None | None | None | None |

### Political and Charitable Donations

NHS bodies do not have the power to make political and charitable donations. Confirmation can be given that Airedale NHS Trust made no political or charitable donations during 2007/08.

# Statement on Internal Control 2007/08

### Scope of responsibility

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

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

Throughout 2007/08 the Trust Board has reviewed finance and performance data on a monthly/scheduled basis. In addition the Trust Board has also been informed by the work of the Audit Committee (from whose membership I am properly excluded) which undertakes detailed analysis of the Trust's performance. The Audit Committee is advised by both Internal and External Audit. The Trust is itself performance managed by the Yorkshire and Humber Strategic Health Authority and I regularly attend the Chief Executive's Forum to ensure my understanding of Strategic Health Authority wide issues. My executive colleagues attend similar Strategic Health Authority forums on finance, and planning & performance and I and my executive team also meet with SHA colleagues on a regular basis to discuss the Trust's performance.

Discussion has been ongoing throughout the year with colleagues in primary care to ensure that all key access targets are being met from within available resource. There have been regular Contract Management meetings with the Trust's lead Primary Care Trust - Bradford & Airedale tPCT and other reviews with North Yorkshire & York PCT. Additionally a Clinical Programme Board continues to operate. The CPB's member-ship is drawn from primary care and commissioners as well as the Trust's own representatives. One objective of the CPB is to get a better mutual understanding of the priorities for patient care, now and in the future, aimed at securing, and sustaining, needs based local care.

### The purpose of the system of internal control

The system of control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide

reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisations policies, aims and objectives

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

The system of internal control has been in place in Airedale NHS Trust for the year ended 31 March 2008 and is expected to continue to be in place up to and beyond the date of approval of the annual report and accounts.

Assurance about that system of internal control is given to the Board both directly and indirectly through its sub-committee structure where issues of governance are considered and judged by Non-Executive and Executive Directors supported by officers of the Trust. The Board and its sub –committee's have thus reviewed, for example, the Healthcare Commission's Standards for Better Health. Four of the Core Standards have been judged "Not Met" for the full year. The Board has been satisfied that plans are in place to be compliant within the 2008-09 financial year. The four standards where there have been gaps in control and assurance (and these are reflected in the assurance framework) are;

- C4b Healthcare organisations ensure that all risks associated with the acquisition of medical devices are minimised

- C4e Healthcare organisations challenge discrimination, promote equality and respect human rights

- C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care

- C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

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

### Capacity to handle risk

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

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

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

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

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

The risk management team act as support and mentors to Trust staff who are undertaking risk assessments and managing risk as part of their role. There is monthly risk assessment training available to all members of Trust staff. There is monthly investigation and root cause analysis training, currently available to Band 7s and above. This restriction is to ensure that all those members of staff who are likely to be involved in the investigation of incidents, complaints or claims have the appropriate level of knowledge and skills. It is highly likely that this training will be made available to other grades of staff who will then be able to investigate the less complex incidents.

## The risk and control framework

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

The Clinical Governance Committee and a Clinical Governance and Risk Operational Group (CGROC) meets on a monthly basis and their work, in turn, is overseen by the Trust's Quality and Assurance Committee. The CGROC considers both clinical and operational risk.

As described above there is also an Executive Risk Management Group that meets regularly. Within this the (non executive) Director of Information, Management & Technology has provided comprehensive and reliable assurance in respect of Information risks within the Trust. This includes confirmation that there were [as defined in the recently issued Serious Untoward Incidents involving data ("SUI") guidance no category 3 to 5 Personal Data Related incidents occurring during 2007-08. Particular work was undertaken on behalf of the Chief Executive between December 2007 and January 2008 as part of the first phase of the Improved Governance & Accountability Pact "IGAP" and also through the Trust's use of the NHS Information Governance toolkit.

The Assurance Framework details the risks associated with the corporate objectives. The framework identifies the source of independent assurance in relation to each objective and risk.

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

## Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control also provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks of the organisation achieving its principal objectives have been reviewed. My review is also informed by Internal and External Audit reports, the Clinical Governance Committee, the Executive Risk Management Group, the Audit Committee and the system of reporting established through Board sub-committees.

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

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

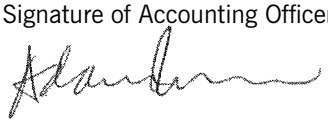
Plans to address weaknesses and ensure continuous improvement of the system are in place with the key elements assured via aforementioned respective Board sub-committees.

## Statement of the chief executive's responsibilities as the accountable officer of the Trust

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

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

Signature of Accounting Officer



Adam Cairns
Chief Executive
Airedale NHS Trust
Date: 20 June 2008

## Severance Payments

NHS bodies must obtain Treasury's explicit permission before making any staff severance payments that exceed legal or contractual obligations. Confirmation can be given that Airedale NHS Trust made no such payments during 2007/08.

## External Auditors

The Trust's external auditor is the Audit Commission. The audit fees for 2007-08 were:-

| | |
|---|---|
| Audit of Annual Accounts | £51,000 |

Use of Resources:-

| | |
|---|---|
| Value for Money Conclusion and Auditors Local Evaluation | £74,000 |
| Total | £125,000 |

The above figures are subject to VAT.

The Audit Committee comprises the following Non-Executive Directors:-

Mrs Sally Houghton (Chair)

Mr David Adam

Mr Alan Sutton

Since the end of the financial year 2007/08 Alan Sutton has resigned from the Audit Committee and been replaced by Jeff Colclough

The key work of the Audit Committee covers internal and external audit work, counter fraud and governance issues.

### Interests of Land

The Trust does not believe that there is a significant difference between the carrying amount and market value of land which it owns.

### Pensions Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees. As a consequence, it is not possible for the Trust to identify its share of the underlying scheme assets and liabilities. Further details of the scheme can be found in Note 1.13 of the Accounts.

# Independent auditor's statement to the Board of Directors of Airedale NHS Trust

### Opinion on the summary financial statement

I have examined the summary financial statement set out on pages 34 to 43.

This report is made solely to the Board of Directors of Airedale NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

### Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

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

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

### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

### Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2008. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (19 June 2008) and the date of this statement.

### Damian Murray, Engagement Lead

Audit Commission, Kernel House, Killingbeck Drive, Killingbeck, Leeds, LS14 6UF

# Contact Us

Airedale NHS Trust
Airedale General Hospital
Skipton Road
Steeton, Near Keighley
West Yorkshire BD20 6TD
Tel: 01535 652511
www.airedale-trust.nhs.uk

### Patient Advice and Liaison Service

The PALS team at Airedale NHS Trust offer support, information and advice to patients, relatives and visitors. The PALS office is located near our Main Reception desk and is open weekdays from 9am to 4pm.
Tel: 01535 294019
Email: PALS.Office@anhst.nhs.uk

### Human Resources

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

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### Interpreting Services

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

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

Airedale NHS
NHS Trust

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

**Interpreting Services**
**Airedale NHS Trust**
**Airedale General Hospital**
**Skipton Road**
**Steeton**
**Near Keighley**
**West Yorkshire**
**BD20 6TD**
**01535 292811** ٹیلی فون نمبر:
**interpreting.services@anhst.nhs.uk** ای میل:

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

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**Airedale General Hospital**
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**Steeton**
**Near Keighley**
**West Yorkshire**
**BD20 6TD**
**টেলিফোন: 01535 292811**
**ইমেইল: interpreting.services@anhst.nhs.uk**

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

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**ਟੈਲੀਫੋਨ: 01535 292811**
**ਈਮੇਲ: interpreting.services@anhst.nhs.uk**

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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