

**AIREDALE NHS FOUNDATION TRUST
ANNUAL REPORT AND ACCOUNTS
2015/16**

Airedale NHS Foundation Trust

Annual Report and Accounts 2015/16

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CHAPTER 1 PERFORMANCE REPORT

SECTION 1 - OVERVIEW

CHIEF EXECUTIVE'S STATEMENT

Welcome to the Annual Report and Accounts for Airedale NHS Foundation Trust for 2015/16.

It has been another year of success for Airedale NHS Foundation Trust and I continue to find it a great privilege to work with such dedicated and committed staff, to provide care for the community we support.

Our perspective

Building on our progress to date, we have considered our future requirements and the next steps in our journey as we strive to meet the challenges in the year ahead. We have previously highlighted our shared ambition for patients, which we have consulted on and gained support for from our stakeholders.

We want our local community to trust us to provide *Right Care*, with our focus on putting patients at the heart of everything we do. We need to enable patients to be in control of their health and care and respond to their needs, aligned to their preferences. In *Right Care*, patients have help to navigate them through the system which can often appear confusing and fragmented. Patients are at the centre, supported in a way that best meets their needs, enabled by technology. They are able to access compassionate, safe care that empowers them, helps make them active and which retains their dignity. Care is integrated around the patient needs, not those of the organisations providing the care. In this approach, patients are able to access support 24/7/365 either at or closer to home, utilising community level or hospital support where appropriate.

Overall, our approach is focused on embedding the key principles of good experience, by continuously assessing the impact and outcome for patients. We are focused on being an inclusive provider and employer and continue to prioritise patient and public engagement and experience, both areas for which we have developed supporting strategies. These are central to achieving our Right Care ambition and are at the heart of NHS and Trust values.

Over the past year we have continued to work hard to develop our thinking to progress and influence the system wide approach to transformation in support of delivering *Right Care*. We continue to push for greater integration, collaboration, partnership and alliance working with, for example, other Providers and Federations as well as the potential to explore an Accountable Care system in the future. We have already started to develop partnership approaches with others around Stroke, Complex Care, Urgent Care and Pathology.

We have also continued to develop a number of service areas. Our Telemedicine service has seen further expansion this year to a greater number of nursing and care homes where we are a national Vanguard site and we have also further developed the Telemedicine Gold Line service, providing 24/7 access to support and care for seriously and terminally ill patients. Our Intermediate Care Hub provides a key single point of access for patients, providing coordinated, integrated acute, community and social care. We have further developed our digital road map implementing SystemOne e-prescribing and e-discharge across more wards. We have also continued to focus on patient experience, for example through working on '*John's campaign*' which supports carers stay with patients with dementia in hospital. We envisage a phased approach to this, starting with open visiting and are working closely with our Children's services as they have used this model for many years.

To date however these are all discreet pieces of improvement and transformation work. As a whole health economy this now needs to further develop at pace and scale with system wide development. This is how we will sustain and secure our future.

During 2015/16 we continued to look at ways that technology could improve care for our patients. In April, our pharmacy department welcomed a new addition to their team when they took delivery of an automated dispensing robot, which aimed to speed up the dispensing service and allow staff to spend more time with patients helping them to understand their medicines. The newly refurbished outpatients department opened in January and again technology played a part in the work introducing touch screens to allow patients to check in for their appointments more quickly.

The mobility services team relocated to a more convenient location on the ground floor of Airedale Hospital, close to accessible parking and a refurbishment of our pathology department has helped to streamline the service and enable more efficient working.

Again, it was sometimes the smaller initiatives that supported our Right Care vision to put patients at the heart of everything we do. Colleagues who support patients with dementia introduced the foundation trust to 'twiddlemuffs' – small knitted items with buttons and ribbons - which can help provide a source of stimulation and distraction for these patients.

The foundation trust was also proud to be chosen to showcase its work to care for people in their last 12 months of life as one of five 'Power of People' films made for The Health Foundation about the Gold Line service.

Again this year we were designated as a top 40 hospital by CHKS, a specialist provider of healthcare accreditation programmes, who compare the quality and safety metrics for all hospitals in England and make this award. They look at information from across the clinical specialties so it is a great indication of the high quality of all our services, which of course, reflects the dedication and efforts of staff.

Our recently established 'Pride of Airedale' reward and recognition scheme has gone from strength to strength. The awards made throughout the year to individuals and teams culminated in an awards ceremony held in March celebrating their contributions and achievements.

It has also been a tough year for many, we have had, and continue to have, enormous pressure along our urgent care pathway, and this continued throughout the summer months, which was unusual. I want to thank staff who have worked tirelessly under often difficult circumstances to ensure patients are kept safe and are well cared for, particularly when we have surges in numbers of patients needing our support.

We have an effective Board with good and complementary skills, knowledge and experience across all directors, both executive and non-executive. The Board takes the lead in setting the tone for good governance through the foundation trust. The Board ensures that our conduct is focused on improving patient experience, driving our strategic priorities and behaving responsibly. Issues such as succession planning, performance and diversity are kept under review as a matter of course.

During 2015/16, the Council of Governors successfully appointed a non-executive director, Shazad Sarwar. At the same time the Board changed the role of the Director of Operations from Associate Director to Executive Director. Both appointments have enhanced the collective skills of the Board. Mrs Ann Wagner, Executive Director of Strategy and Business Development also left the foundation trust in January 2016 to join Torbay and South Devon foundation trust. Ann was a great colleague whose contribution to the Trust achieving foundation trust status in 2010 was one of her main achievements.

Sadly, we lost Dr Mike Toop who died suddenly in October 2015. Dr Toop was a great loss to the Board and to the foundation trust, and will be greatly missed. The Council of Governors is currently in the process of recruiting a non-executive to fill the vacancy left by Dr Toop.

As we look forward to a time of significant changes in the NHS, it is vital we don't take the support of local people for granted. The loyalty of our patients and local community is one which we have to earn by involving them in decisions about their care and the services we provide. We, in turn, will work to maximise the resources we have available and embrace the new challenges and opportunities this year will bring.

Finally, I would like to thank our public and staff, our volunteers and members for their continued commitment and support as well as all our patients for choosing Airedale. We are delighted that so many members of our community wish to be involved with the hospital. I hope you agree that the future for our Foundation Trust is a very exciting one, so if you would like more regular news and information visit www.airedale-trust.nhs.uk or become a member and play a part in our future success.



Bridget Fletcher
Chief Executive

25 May 2016

PURPOSE AND ACTIVITIES OF THE FOUNDATION TRUST

Airedale NHS Foundation Trust is an award winning NHS hospital and community services Trust. We provide high quality, personalised, acute, elective, specialist and community care for a population of over 220,000 people from a widespread area covering West and North Yorkshire and East Lancashire.

We employ over 2,600 permanent and fixed term contract staff and have nearly 400 volunteers. Last year, we cared for over 31,000 elective inpatients and day cases, more than 21,000 non-elective patients, and over 162,000 outpatients. Our Emergency Department saw more than 54,000 patients and over 2,100 babies were born at the hospital last year. We have an annual budget operating income of over £157 million.

We provide services from our main hospital site, Airedale Hospital, and from community hospitals – such as Castleberg Hospital, near Settle, Coronation Hospital in Ilkley and Skipton Hospital – as well as health centres and general practices (GPs). Our health services are commissioned by the following Clinical Commissioning Groups (CCGs) - Airedale, Wharfedale and Craven; Bradford Districts; and East Lancashire – as well as regional specialist commissioners and NHS England.

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

- A *strategic clinical partnership* with neighbouring Bradford Teaching Hospitals NHS Foundation Trust, who support us in providing sustainable services in our single handed specialties and hub and spoke arrangements for Stroke services, Ear Nose Throat, Ophthalmology, Oral Surgery and Orthodontics.
- A *strategic clinical partnership* with tertiary centre, Leeds Teaching Hospitals NHS Trust, which provides support in a number Paediatric services. Additionally, they provide a wide range of diagnostics in Pathology and X-Ray which, by and large, is highly specialist and not available at Airedale NHS Foundation Trust.
- A *Private Finance Initiative* (PFI) with SIEMENS Medical Systems for a managed technology service to supply and maintain diagnostic x-ray equipment to the Foundation Trust.
- A *Public Private Partnership* (PPP) with Frontis Homes for the provision of staff residential accommodation on site.
- *Liaison* with Airedale, Wharfedale and Craven Clinical Commissioning Group and Local Care Direct – an independent primary care out of hours provider – to provide out of hours services in the Emergency Department.
- The Foundation Trust is a partner in a Limited Liability Partnership (Immedicare) to provide *telemedicine* services, delivering 24/7 clinical care from specialist nurses and doctors directly into nursing and residential care homes.

In addition to the above partnerships, alliances and developments, during 2015/16 the Foundation Trust also had a number of partnerships with contractors for outsourced services including car parking and security with CPP, transport with Ryder and catering with Sodexo.

HISTORY AND STATUTORY BACKGROUND OF THE FOUNDATION TRUST

Airedale NHS Foundation Trust is a statutory body, which became a public benefit corporate on 1 June 2010, following its approval as a NHS Foundation Trust by the Independent Regulator of the NHS Foundation Trusts (Independent Regulator) authorised under the Health and Social Care (Community Health and Standards) Act 2006 (the 2006 Act).

The principal location of business of the Trust is:

- Airedale General Hospital, Skipton Road, Steeton, Keighley BD20 6TD.
- In addition to the above, the Foundation Trust has registered the following location with the Care Quality Commission:
- Castleberg Hospital, Giggleswick, Settle BD24 0BN.

The Foundation Trust's head office is located at:

- Airedale NHS Foundation Trust, Skipton Road, Steeton, Keighley BD20 6TD Tel: 01535 652511.

The Foundation Trust is registered with the Care Quality Commission without conditions and provides the following regulated activities across the stated locations:

- Accommodation for persons who require nursing or personal care;
- Treatment of disease, disorder or injury;
- Assessment of medical treatment for persons detained under the Mental Health Act 1983;
- Surgical procedures;
- Diagnostic and screening procedures;
- Transport services, triage and medical advice provided remotely;
- Termination of pregnancies;
- Nursing care; and
- Maternity and midwifery services.

- Castleberg Hospital is registered as a separate location with the Care Quality Commission without conditions and provides the following regulated activities:
 - Diagnostic and screening procedures;
 - Nursing care;
 - Treatment of disease, disorder or injury

KEY ISSUES AND RISKS

As part of good governance, the Foundation Trust continues to identify potential risks to achieving its strategic developments. A robust Assurance Framework is maintained by the Board which enables the identification, analysis and management of risk. The issues below describe the risks that the Board of Directors considers to be of particular significance. There may be other risks or uncertainties not yet identified by the Foundation Trust that could impact on future performance.

During 2015/16 the Foundation Trust faced a number of challenges including:

- **Workforce Planning**
- We continued to face some significant workforce challenges in-year, particularly around the recruitment and retention of the medical workforce, where there is a need for more generalist skills and where there are acute shortages of suitably qualified staff in some specialties. The foundation trust also experienced increasing shortages in nurse staffing in order to meet nationally mandated targets. The Foundation Trust successfully recruited over 20 international nurses, during 2015/16.
- **Financial – cost improvement and income**
The final framework cost improvement requirements proved increasingly challenging to deliver at Group level. The Groups generally met the underlying recurrent requirements however, additional pressures to meet externally driven standards, usually at premium cost and not covered by national tariffs, had to be supported by non-recurrent schemes or contingencies. Some specialties were not able to achieve the anticipated income levels due to a number of reasons e.g. ability to increase capacity at affordable cost, case mix complexity and the impact of emergency work on capacity. The cost improvement gaps will therefore be added back to the 2016/17 requirements thereby adding further pressure for the year ahead.
- **Activity and demand for services**
The Foundation Trust has continued to face increasing demand for services, resulting in the need to open up additional beds during the year, resulting in significant additional staffing costs. The closure of a number of nursing homes in the locality together with the decreasing availability of suitable step-down beds traditionally provided by care homes also resulted in the increased prevalence of delayed transfer of care.
- **Transformation**
The work to transform services and provide the '*Right Care*' for our local community has started in a number of areas however, the pace and scale of change needs to be developed further. The Foundation Trust is keen to build on the progress made to date and take a greater role across the health economy in driving through the required transformation.

The environment against which the Foundation Trust operates is extremely fluid. Looking forward to 2016/17, there are a number of external challenges facing the Foundation Trust which are outlined below:

- **2016/17 Funding**
The overall uncertainty about the conditions associated with 2016/2017 funding is a key issue. We are aware that offers being made are subject to the national forecast out turn deficit position of £1.8bn being delivered for 2015/2016 and are concerned we may start to incur or be committed to costs ahead of 2016/2017 which are no longer supported if the position is not delivered this year, either locally or nationally. Our own forecast out turn projection is modelled through and based on known

pressures, however there remains risk within the current financial year, in particular if further capacity is required to support service delivery pressures (e.g. as a result of the significant impact of the local closures of Nursing Homes on our urgent and emergency care provision). Looking ahead, we are also concerned that further cuts to Local Authority budgets may have an even greater impact in 2016/2017 rather than supporting an improved position.

Similarly, the Foundation Trusts plan for delivering the £5.5m surplus in 2016/2017 highlighted in the Annual Plan is predicated on receiving the full £5.3m Sustainability and Transformation funding available next year and any change to this would require further review. 2016/2017 requires an upfront investment in capital to ensure that our services are fit for purpose and the Sustainability and Transformation funding gives us the flexibility to bring this forward next year so that we can achieve our future plans regarding demand management and CIP delivery.

- **Performance Trajectories**

Airedale NHS Foundation Trust has over the past five years delivered the majority of its national mandatory performance standards, however we have continued to find this challenging for a variety of reasons including increasing demand, system wide transformation developing but not at the pace or scale to keep in line with demand, unrealistic thresholds, commissioner affordability and in some cases available capacity.

- **Quality**

There is a potential cost to maintaining and further improving quality requirements, which we are progressing through our Quality Improvement Framework, which we have highlighted in our existing Annual Plan. The Foundation Trust also had its planned Care Quality Commission inspection in March 2016 which may highlight areas requiring further work with agreed timescales for delivery.

- **Cost Improvement**

There are a number of pressures identified for 2016/2017 that we have had to build in to our planning assumptions. On top of inflationary costs, pressures and an underlying deficit, our CIP target is 5.5% of income (£8.7m).

- **Local Commissioning Assumptions and Affordability**

The Foundation Trust's Annual Plan assumptions are for 1% growth for the main commissioners and 2% for other commissioners. The growth assumed would not enable delivery of RTT (Referral to Treatment) at specialty level and therefore the Foundation Trust Annual Plan has been based on maintaining aggregate performance.

- **Staffing**

Today's health workforce is facing a number of challenges and despite significant focus in 2015/2016 this continues to be a concern. We have successfully managed to reduce agency expenditure and have also successfully recruited locally, nationally and internationally. However, some service areas remain challenged and this could potentially impact on delivery, in particular where there are staffing specialisms where we continue to struggle to reduce agency rates because of our size and scale.

There is a potential impact regarding settlements, when reached, with both the Junior Doctor and Consultant contracts which could disproportionately impact on smaller hospitals. In addition, the outcome of national specifications around the Urgent and Emergency Care Vanguard work and the national Maternity Review could impact on both the service model and also require additional staffing to be put in place to meet mandated requirements.

- **Health and Care System**

Going forward, we have noted previously the need for the overall health and care system to radically change at pace and scale. We have continued to push for and help progress work across the year, for example promoting an approach towards an Accountable Care System, through work on New Models of Care such as with our successful application to be one of the initial national Vanguard sites on enhanced health in care homes and through partnership working which we have developed across a number of services with both primary and secondary care (for example Stroke, Dementia, Urgent and Emergency Care and Pathology). Despite this progress there is still a significant amount of work to do, and we will continue to work with our local partners to encourage and increase transformation at pace.

The Trust's *Forward Operational Plan 2016/17* sets out in more detail the risks and contingency plans developed to ensure the Foundation Trust's ongoing sustainability.

GOING CONCERN DISCLOSURE

Airedale Foundation Trust has prepared its 2015/16 annual accounts on a going concern basis. After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. The accounts have been prepared under a direction issue by Monitor under the National Health Service Act 2006.

Section 2 - PERFORMANCE ANALYSIS

KEY PERFORMANCE MEASURES

The Trust has developed a number of key performance indicators ('KPI's) based on Safety, Quality Patient Experience and Clinical Outcomes; Finance and Performance; Staff and Workforce and Business Development and Research and Development. For each of these areas, the current position is shown against a series of objectives and/or performance indicators, with thresholds applied that are linked to key milestones in the Annual Plan or external frameworks. For most of the objectives or indicators, a rating of either Green or Red is applied based on the position to date against the threshold set. In some cases an Amber rating is applied for reasons such as the objective/indicator area being currently on hold or as an early warning that an area being measured on a quarterly or annual basis is currently behind plan. Where relevant, supporting comments are made together with trend charts showing the position over the previous five quarters or 15 months, depending on the frequency of the measurement period.

These KPI's are brought together to form the Integrated Governance Dashboard Report which are then reviewed on a monthly basis by the Directorate Delivery Assurance Groups, Executive Assurance Group and by the Trust Board of Directors.

The Foundation Trust has developed a number of key performance indicators ('KPI's) based on Safety, Quality Patient Experience and Clinical Outcomes, Finance and Performance, Staff and Workforce and Business Development and Research and Development. For each of these areas, we monitor against a series of objectives and/or performance indicators, with thresholds applied that are linked to key milestones in the Annual Plan or external frameworks.

These KPI's are brought together to form the Integrated Governance Dashboard Report which are then reviewed on a monthly basis by the Directorate Delivery Assurance Groups, Executive Assurance Group and by the Board of Directors.

DEVELOPMENT AND PERFORMANCE OF THE FOUNDATION TRUST

The Foundation Trust starts the challenging period ahead from a strong position. Some highlights for 2015/2016 on progress with our strategic goals and objectives include:

- We were successful in being awarded £1.1m for the enhanced health in care homes new care models vanguard programme, extending our telemedicine service offer to 248 care homes
- We have continued to invest significantly in IT through our capital programme and have further progressed our digital care work, implementing SystmOne e-prescribing and e-discharge across more wards
- We continued to invest in improving the hospital environment for patients and visitors through a number of ward upgrades and a refurbishment of the main entrance and shops
- World champion triathlete Jonny Brownlee officially opened Airedale Hospital's new Emergency Department. The new £6m Emergency Department opened its doors in December 2014 and provides much improved facilities, including separate adult and children's waiting areas, a quiet room for friends and families to use during stressful events and better privacy and dignity for vulnerable older patients and their families and carers. During the past financial year, there were 53,489 people visiting Airedale A&E Department and 5,012 that were aged 5 and under
- There continues to be a strong focus on dementia friendly initiatives. We are part of '*John's campaign*', supporting carers stay with patients with dementia in hospital
- We have invested in further Consultant appointments across a number of specialties and have continued to increase nurse staffing where required, including using Advanced Nurse Practitioners where possible and recruiting a number of international nurses. In response to feedback from patients, families and carers we have also altered shift patterns to meet the needs of patients.
- The Reward and Recognition Scheme for staff introduced in 2014/15, linked to the staff engagement theme has gone from strength to strength. The second Foundation Trust 'Pride of Airedale Awards' was held to reward outstanding contributions from individuals and teams.
- The foundation trust rolled out SystmOne e-prescribing (including medicines administration) and e-discharge across more wards at Airedale Hospital following a successful pilot. This was through the use of a single medication record for each patient, which spans multiple care sectors including GPs and consultants. The aim of the project was to firstly improve accuracy and reduce prescribing errors, and secondly to improve patient safety and ensure greater efficiency for clinicians. Since the roll out of SystmOne e-prescribing and e-discharge earlier this year, there have been the following benefits:
 - Sharing of the electronic patient record in real time – between primary and secondary care (subject to patient consent) - allowing the appropriate clinicians to see what has been prescribed
 - Instant discharge notifications – 85% of patients admitted to Airedale Hospital now have a discharge notification sent to their GP practice within seconds
 - Easy access to drug charts – from any location within the hospital
 - Clear and easy to read prescriptions and removal of manual movement of paper charts
 - Reduction in the need to transcribe drug charts

- Work to replace the conventional patient discharge letter with a more efficient e-discharge system is also underway. This will integrate with an electronic prescribing and administration project reducing duplication and removing the risk of transcription errors. Alongside this is an 'order-comms' project which initially will allow pathology requests to be made and results to be delivered electronically within SystemOne. Later this will be extended to other diagnostic and support functions within the Foundation Trust.
- Touch screen kiosks were installed in the main outpatient's area to enable patients to check-in more quickly for their outpatients' appointments. Additional screens are also being fitted at the Day Hospital entrance, Richardson Clinic and the women's and children's outpatient departments
- Through our capital programme we have invested £400,000 in a major refurbishment of Pathology, supporting service expansion. The team is now working on implementing a new laboratory computer system that will create further improvements in efficiency and provide robust audit trail electronically.
- The installation of a new automated dispensing robot in the Pharmacy department at a cost of £410,000 has reduced the turnaround time for drug dispensing and the chance of dispensing errors. This has enabled pharmacy staff to spend more time on wards working directly with nurses and doctors and helping patients to understand their medicines.
- Focussed on Privacy and Dignity, our Consultant led care facilities in Maternity were upgraded during the year.
- Our Food and Drink Strategy was launched during the year, supporting health promotion
- Corporately, our Board have received monthly patient stories throughout the year. We have continued to progress work to becoming a more inclusive organisation. We were also named one of top 40 hospitals in England by CHKS
- Responding to concerns highlighted by Governors and Members, an additional 60 car parking spaces were provided with further developments this year to include increased disabled parking spaces closer to the main entrance and a revised pricing approach
- As part of our Right Care Programme patient experience initiative, the hospital signage was modernised and now provides hospital patients and visitors with a simpler and more easily navigable wayfinding

The Foundation Trust has continued to build its' reputation as a leader in technology and innovation. The following paragraphs show examples of the achievement and accolades the Trust has received during 2015/16 in connection with its telemedicine services.

- Airedale continues to build on its significant technological innovation in the development of telemedicine – a system whereby consultations with patients can take place in their home via a secure video link. The Trust works with technical partners Involve in a partnership called Immedicare to provide its 24 hour service to help relieve pressures on urgent care and increasingly primary care services. Its success has led to roll out to care homes across the country, working in close partnership with CCGs and GP federations.

- A new Digital Care Hub has opened with space to extend, integrate and locate together services such as telemedicine, the Intermediate Care Hub ('IC Hub') and Gold Line, which will benefit more patients. It is located near to the general wards and Emergency Department, to make it more accessible to consultants and nursing staff and allow more flexible working.
- The IC Hub was set up at Airedale Hospital as a single point of access for professionals to refer patients into intermediate care and it is run by social care and health care staff who have an overview of bed capacity across the region. The integrated service is available 24/7 with core hours from 8am – 8pm, seven days a week. During its first year, the IC Hub has dealt with over 2,000 referrals. The idea is to make it as easy as possible to refer a patient for intermediate care especially if they need help out of hours. Our aim is to make sure that each patient gets the right kind of support when they need it and don't have to come into or stay in hospital unnecessarily.
- Workshops have been held with health and social care staff who refer into the Intermediate Care Hub to look at speeding up and streamlining the process. It should now take only a few minutes to refer patients from Airedale, Wharfedale and Craven into all intermediate care including short-term hospital beds, respite care or services that give patients support to stay in their own homes.
- The Gold Line service which provides round-the-clock nurse-led telephone advice, support and care co-ordination service for seriously ill patients in the last year of their life was featured in an inspirational film commissioned by the Health Foundation. Over 150 people attended the local premiere of 'Bringing Healthcare Home' at Keighley Picture House. The film is part of the 'Power of People' – a series of mini documentaries and can be seen www.health.org.uk/powerofpeople. The dedicated 'Gold Line' telephone number aims to provide one point of contact for patients and their carers for help and advice, 24-hours-a-day, seven-days-a-week, to support them in their preferred place of care wherever possible. Calls are answered by the team of experienced nurses based in Airedale's Telehealth Hub linked up to community-based teams, who can then visit patients if necessary. This scheme is not expected to replace patients' use of their GP and other community health care services during normal working hours but aims to provide care when daytime services have closed. It operates in Airedale, Wharfedale, Craven and Bradford.
- Building on the strength of the Airedale telemedicine service, NHS England awarded Airedale and Partners the opportunity to become a Vanguard site early in 2015/16 to further develop its telemedicine service as a new model of care to transform care for residents in care homes. Its plan is to provide telemedicine to all 248 care and nursing homes across Bradford, Airedale, Craven, Wharfedale and East Lancashire and in doing so, it is expected that:
 - There will be fewer elderly care home residents that need to visit the emergency department for assessment and treatment;
 - There will be fewer avoidable non-elective admissions to hospital from care homes, as the telemedicine service will enable residents to be cared for in the care homes;
 - There will be fewer unnecessary emergency ambulance journeys;
 - There will be a reduction in appropriate calls for GPs to visit care homes.
- Airedale and Partners showcased the telemedicine service at the Health and Care Innovation Expo 2015 - a two-day extravaganza focused on transforming health and

social care services held at Manchester Central Convention Centre, attracting around 5,000 delegates from across the country.

- Duncan Selbie, chief executive of Public Health England and sponsor of Airedale and Partners Enhanced Health in Care Homes Vanguard and Dr Charles Alessi, senior advisor and dementia lead for Public Health England came to see telemedicine in action. They met with telemedicine staff and members of the Vanguard programme advisory group to learn about the progress of transformation on the patch and how the vanguard is supporting this. They offered to provide support and were ‘enormously impressed’ by our ‘ambition to support people to be as well as they can, for as long as possible and in the place where they normally live’ and that our work is ‘frankly inspiring’.
- Rachel Binks, nurse consultant, digital and acute care and Helen Bourner, programme director for the Airedale and Partners vanguard took part in a special reception hosted by the Prime Minister at 10 Downing Street to share the innovative work that the Airedale and Partners Vanguard is leading, in expanding the telemedicine service to all 248 care homes across Bradford and Airedale Wharfedale Craven and East Lancashire.
- The Airedale and Partners Vanguard has been successful in its bid to NHS England’s “*Health As a Social Movement*” project – one of only six vanguard sites nationally – to develop a social movement approach to support care home residents living with dementia. Funding of £100,000 will be available for this work. The initiative will test new approaches to provide support bringing in local communities to provide stimulation and reduce depression. The work is being undertaken in partnership with the Alzheimer’s Society and input for the School of Dementia Studies at the University of Bradford. Initially, the pilot work will be undertaken in three care homes in Airedale, Wharfedale and Craven.

Research and Development

Clinical trials are an essential element of Foundation Trust activity. The Foundation Trust receives National Institute for Health Research (NIHR) funding to support research which forms part of the National Portfolio of studies. During 2015/16 the organisation took part in 126 research studies of which 38 are on the National Portfolio and 5 are commercial contract trials. Research is actively being conducted in the following specialties:

- Oncology and Haematology
- Surgery
- Renal/Urogenital
- Stroke
- Paediatrics
- Diabetes
- Maternity/neonatal
- Gastroenterology
- Obstetrics and Gynaecology
- Critical Care
- Rheumatology/Musculoskeletal
- Cardiology
- Neurology
- Critical Care
- Respiratory Care
- Generic Health

The clinical trials portfolio is now spread more evenly across specialty groups, illustrating our ability to offer more of our patients the opportunity to participate in clinical research. It is also

an indication of the growing research culture in the organisation and the number of clinicians who are research active.

Academic research forms an important part of the Foundation Trust portfolio and is regarded as an important part of the work of the Department. Over the year, a total of 10 academic studies were open and a number of staff members have been advised and guided through the research process leading to successful completion of academic degrees, predominantly at Masters level, but also including PhD studies.

The Foundation Trust had a deficit of £2,509k for 2015/16. This position included a technical impairment of £1,511k. The impairment arose out of the Foundation Trust's annual revaluation of its land and buildings by the District Valuer. The year-end deficit outturn, excluding the technical impairment, was £998k for the year.

The accounts included in the annual report reflect both the financial position of the Foundation Trust and a group position which consolidates the Foundation Trust and Airedale NHS Foundation Trust Charitable Funds accounts. Airedale NHS Foundation Trust Charitable Funds accounts had a positive movement of £48k in the year 2015/2016.

The underlying deficit position was £208k better than plan. This improvement was mainly driven by reduced application of penalties from the Clinical Commissioning Group following a National request. The Foundation Trust was unable to make a more significant surplus due to continuing agency costs in difficult to recruit areas and continued unplanned increases in activity.

Total income from continuing activities for 2015/16 was £155 million. The Foundation Trust had a cash balance of £11.6 million at the close of the financial year.

The Foundation Trust's external auditor is PwC. Disclosure of the cost of work performed by the auditor in respect of the reporting period is provided in note 4.1 of the accounts.

The analysis below shows the Foundation Trust's financial position against key performance indicators.

In our financial planning for 2016/17 the Foundation Trust is planning for a surplus of £5.592m. In 2016/17 the Trust has been given a control total to achieve by NHS Improvement of £5.590m of which £5.3m will be supported by Sustainability Funds subject to the Trust delivering an agreed performance trajectory. Therefore, the underlying surplus required is £290k. The control total is a stretch target for the Trust and will be challenging to deliver, however as part of assessing the likely financial risks the Trust remains confident that, due to the strong cash position, a Continuity of Services Risk Rating of 3 will be maintained.

The Foundation Trust is continuing to invest in increased nursing staff over 2016/17; has a challenging cost improvement target to achieve; and, expects the continuation of increased demand. Notwithstanding these challenges, the Board remains determined to deliver efficiency improvements to ensure the long term sustainability of the Foundation Trust.

The Foundation Trust's capital programme invested over £3.3 million in 2015/16, to improve its buildings and equipment. A formal cost improvement programme (CIP) was approved for 2015/16, which set targets and actions plans aimed at improving efficiency. The CIP was monitored monthly and achieved £5.3 million within the financial year. Examples of the higher value schemes achieved during the year are:

- Staffing and skills mix review £931k;
- Savings from procurement cost reductions £907k;

- New pathways £979k; and
- Estates and Corporate Services £1.297m.

In terms of service delivery, the Foundation Trust's focus on access times has seen a number of high profile requirements delivered including:

- Almost all patients (over 92%) were treated within 18 weeks of their referral
- The majority (over 95%) of patients were admitted, treated or discharged within four hours of arriving in our Emergency Department.
- We continue to have one of the lowest infections rates in the country for Clostridium difficile.
- Performance on the majority of the national cancer standards met or exceeded the required levels.

Through contracts with our CCG Commissioners, the Foundation Trust delivered an increased level of activity in 2015/2016 across most points of delivery. This work reflected an increased level of demand whilst also delivering on key access waiting time targets.

Key requirements around clinical quality were met with the Foundation Trust delivering on the local quality schedule and receiving the full incentive allocation associated with it.

ENVIRONMENTAL MATTERS AND IMPACT ON THE ENVIRONMENT

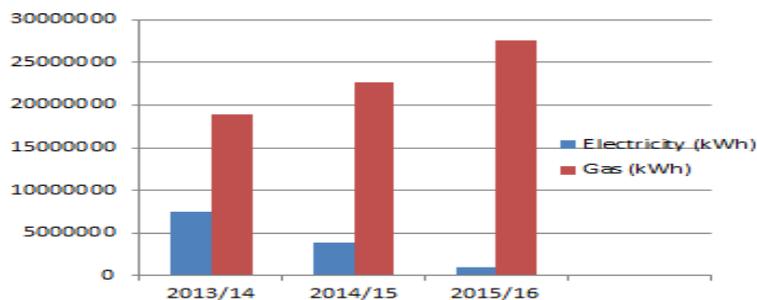
The Foundation Trust strives to be environmentally responsible and is aware of its social impact on the community. During the year, the Carbon Management Strategy continued to see reductions in the Foundation Trust's carbon footprint, resulting in an improved environment for patients, visitors and staff. Working closely with the Carbon Trust, energy usage was closely monitored enabling consumption to reduce and thereby energy costs.

The Climate Change Act 2008 requires carbon dioxide and greenhouse gas emission reductions of 34% by 2020 and 80% by 2050 against 1990 performance. The Foundation Trust's long-term aim is to successfully meet these targets.

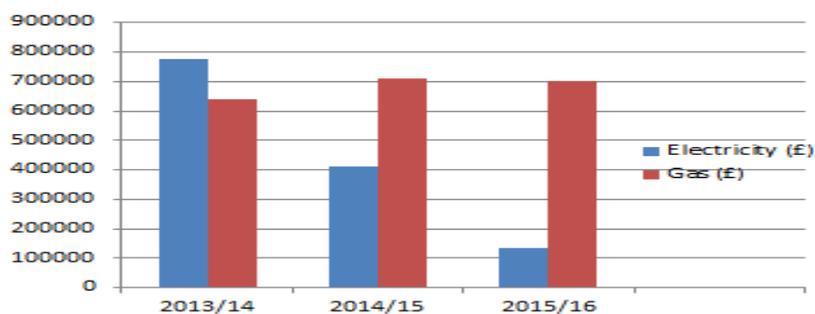
The same Act established that from 2010 all Government departments, including the NHS, will receive annual carbon budgets which they must adhere to. In response to this, the Trust has developed a Carbon Management Plan (CMP) which commits it to reducing CO₂ by 15% by 2015 from a 2007 baseline figure. Other initiatives introduced during the year included the following:

- A new Energy Centre comprising a combined heat and power (CHP) and three new boilers. The CHP plant now produces its own electricity through a gas turbine negating the need to buy the majority of electricity from the national grid.

A comparison of energy consumption over the past three years is shown below.



A comparison of energy costs over the past three years is shown below:



- The Foundation Trust's EcoawAire Group continued to meet regularly throughout the year to assess sustainability as part of the Foundation Trust's external contracts or capital investments, look at potential energy efficiencies and other environmental savings. It continues to engage with and involve staff in energy and environmental issues to increase awareness.
- The Foundation Trust developed a detailed action plan to reduce the amount of waste produced by the hospital. This involved introducing new recycling waste methods, better waste segregation and more efficient waste handling.
- The Foundation Trust's energy efficiency drive completed its replacement of inefficient light fittings, replacing a total of 2800 fittings to save approximately £6,000 a month on its electricity bill. Intelligent controls were also installed incorporated in to the theatres' ventilation system so it only runs when the area is occupied.
- The promotion of the use of public transport and a Cycle2Work Scheme for staff have encouraged staff to switch from using cars to travel to and from work.

Social, Community and Human Rights Issues

Foundation Trust staff support many health related groups in both a business and voluntary capacity. We also support our staff to play a full part in the community, for example, by acting as Governors for schools. Our now well established Patient and Carer Panel ensure we involve our community in monitoring standards and in the development of services.

During the year we continued to build on our links with schools and colleges. As a result, we have successfully recruited many young people to join our Foundation Trust membership. We also developed links with local BME groups and improved membership representation from different communities.

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

The Trust was supported during the year by a number of very active charities, including Friends of Airedale, Airedale New Venture and Airedale NHS Charitable Funds. Since the year end, Airedale New Venture has merged with Friends of Airedale.

During 2015/16, the charities contributed over £400,000 to the hospital. The money was used to buy a range of new equipment for the hospital, including: various pieces of equipment and enhancements to the new Emergency Department; wheelchairs; bariatric

equipment for specific wards and theatre; an endoscopy light processor kit; gym equipment for the physiotherapy department; ward enhancements to help the healing environment for patients with dementia; patient wayfinding and visitor access facilities. Friends of Airedale also sponsored the upgrading of the outpatients area including a new shop operated by the charity at a cost of £140,000. A new Patient Information Centre funded by Airedale NHS Charitable Funds opened during the year thanks to a £7,000 donation. The drop-in service provides high quality information to help people improve their health and wellbeing.

POST YEAR-END EVENTS

Details of any post balance sheet events are provided in note 24 of the accounts.

OVERSEAS OPERATIONS

The Foundation Trust does not operate outside England.

CHAPTER 2 ACCOUNTABILITY REPORT

SECTION 1 - DIRECTORS' REPORT

The Director's Report has been prepared under direction issued by Monitor, the independent regulator for Foundation Trusts, as required by Schedule 7 paragraph 26 of the NHS Act 2006 and in accordance with:

- Section 415, 416 and 418 of the Companies Act 2006 (section 415(4) and (5) and section 418 (5) and (5) and section 418 (5) and (6) do not apply to Foundation Trusts;
- Regulation 10 and schedule 7 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulation 2008 ('the Regulations');
- Additional disclosures as required by the FReM; and
- Additional disclosures as required by Monitor.

Composition of the Board

Airedale NHS Foundation Trust is headed by a Board of Directors with responsibility for the exercise of the powers and performance of the NHS Foundation Trust. The Board of Directors at the year-end is shown below.

Chairman	Professor Michael Luger	
Chief Executive	Miss Bridget Fletcher	
Executive Directors	Mr Andrew Copley	<i>Director of Finance</i>
	Mr Robert Dearden	<i>Director of Nursing</i>
	Ms Stacey Hunter	<i>Director of Operations</i>
	Mr Karl Mainprize	<i>Medical Director</i>
Non-Executive Directors	Mr Ronald Drake	<i>Deputy Chairman</i>
	Professor Anne Gregory	<i>Senior Independent Director</i>
	Mr Jeremy Cross	
	Mrs Sally Houghton	
	Mr Shazad Sarwar	

The following directors also served during the financial year 2015/16:

Executive Directors	Mrs Ann Wagner	<i>Director of Strategy and Business Development (to 31 January 2016)</i>
Non-Executive Directors	Dr Mike Toop	<i>(to 14 October 2015)</i>

The Board of Directors undertakes an annual review of its Register of Declared Interests. At each meeting of the Board of Directors a standing agenda item also requires all Executive and Non-Executive Directors to make known any interest in relation to the agenda, and any changes to their declared interests. There are no interests which may conflict with their management responsibilities as per the requirements of the Monitor Code of Governance. It is reported that the Chairman had no other significant commitments that affected his ability to carry out his duties to the full and was able to allow sufficient time to undertake those duties.

The Register of Declared Interests for the Board of Directors is held by the Foundation Trust's Company Secretary and is available for public inspection on request.

Airedale NHS Foundation Trust made no political or charitable donations during the year. The Foundation Trust does however continue to benefit from the receipt of charitable donations which are monitored and allocated separately through the charitable funds sub-committee. We are extremely grateful to members of the public for their continued support in providing donations.

Better Payments Practice Code

The table below reports the foundation trust compliance with the better payment practice code in respect of invoices received for non-NHS trade creditors. The target is to pay all non-NHS trade creditors within 30 calendar days of receipt of the goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

Summary of Position 2015/2016		
Year to 31 March 2015	Numbers	Year to 31 March 2016
30,499	Number of bills paid to date	33,477
5,878	Number of bills paid in 30 days	14,858
19.27%	Percentage of bills paid in 30 days	44.38%

Year to 31 March 2015	Values	Year to 31 March 2016
£67,644k	£k Value of bills paid to date	£68,244k
£34,478k	£k Value of bills paid in 30 days	£42,615k
50.97%	Percentage of bills paid in 30 days	62.45%

The foundation trust complies with the prompt payment code.

Private Patient Income

Section 164(3) of the Health and Social Care act removes condition 10 (which restricts income from private charges), from the Foundation Trust Terms of Authorisation. The Foundation Trust is now required by the Act and the Foundation Trust's Constitution (rather than by the terms of Authorisation) to ensure that income derived from activities related to the Foundation Trusts principle purpose of delivering goods and services for the purpose of the NHS exceeds income derived from other activities. To increase this income in any financial year by 5% or more, the Foundation Trust is required to seek approval from the Council of Governors. In 2015/16 the Foundation Trust had not increased the percentage beyond the 5% threshold. The private patient income for 2015/16 was £326k (2014/15 £188k).

Statement of Disclosure to Auditors

For each individual who is a director at the time that the Annual Report is approved;

- o So far as each director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware; and
- o The directors have taken all the steps they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

Enhanced quality governance reporting

To provide a better understanding of comparative performance, the Foundation Trust's Quality Accounts includes a core set of statutory national quality indicators aligned with the Department of Health's *NHS Outcomes Framework* for 2015/16 and reflects data that the Foundation Trust reports nationally. Information of performance against the core indicators and performance thresholds is given in the Quality Report 2015/16. The Directors' Report, Quality Governance section of the Annual Report references where this information can be found in the Quality Report.

Overview

The Foundation Trust has a rigorous assessment process against all applicable outcomes of the Care Quality Commission (CQC)'s essential standards. This process tests compliance across all Trust's services.

This is complemented by a corporate process led at executive director level, whereby each of the essential standard's self-assessments are scrutinised to ensure compliance and consistency of approach. Comparison against the service's own self-assessment is undertaken, and where recommendations are made, action plans are produced and monitored where necessary. The Foundation Trust's Audit Committee reviews the assessment process and reports.

The Foundation Trust is registered with the Care Quality Commission without conditions.

In September 2013, the Foundation Trust underwent an inspection as a pilot of the CQC's new inspection process. As a pilot site the Foundation Trust did not receive a rating as a result of this inspection but on publication of the report, the CQC stated that Inspectors concluded that the Foundation Trust's services were well managed; benefitted from a stable, experienced board and had a clear governance structure. A number of areas of good practice were highlighted including the introduction of the Telehealth Hub; direct access to electronic information held by community services, including GPs and the valued use of volunteers within the hospital.

The full report can be accessed from the CQC's website at www.cqc.org.uk

The Foundation Trust was inspected by the CQC in March 2016. At the time of writing this report, the publication of the CQC Inspection Report was awaited.

Quality Governance

During 2015/16, the Foundation Trust, led by the Medical Director, reviewed the Foundation Trust's quality governance arrangements by using the Quality Governance Framework developed by Monitor, the Foundation Trust regulator. From this the senior management team, clinical directors, governors and the executive directors were instrumental in the development of a Quality Improvement Strategy (QIS) and a Quality Assurance Framework (QAF). The QIS and QAF were reviewed and approved using the Foundation Trust's governance assurance reporting arrangements, namely the Trust's risk management group, Audit Committee and Board of Directors.

Further details about the Foundation Trust's quality governance arrangements are included within the Annual Governance Statement on page 63 and the Quality Report in section 3 of the Annual Report. Information about patient care activities and stakeholder relations can be found in the Quality Report in the following sections:

Activity	Disclosure	Section Reference
Patient Care	Descriptions of how the Foundation Trust is using its foundation trust status to develop its services and improve patient care	Quality Report section 1 Statement on Quality from the Chief Executive.
	Performance against key health care targets	Quality Report section 3.4 – Performance Against Key National Priorities.
	Arrangements for monitoring improvements in the quality of healthcare and progress towards meeting any national and local targets, incorporating CQC assessments and reviews and the Foundation Trust's response to any recommendations made	Quality Report sections 2 and 3 covering priorities for improvement, statements of assurance from the Board, performance against core national indicators and other quality information.
	Progress towards targets as agreed with local commissioners, together with details of other key quality improvements	section 2.2.4 of the Quality Report Use of the Commissioning for Quality and Innovation Framework
	Any new or significantly revised services	Quality Report section 1.1 – Current view of Airedale NHS Foundation Trust's position and status on quality, Domain 3 clinical effectiveness.
	Service improvements following staff or patient surveys/comments and CQC reports	Quality Report sections: 1.1 Current view of Airedale NHS Foundation Trust's position and status

		on quality, Domain 1 Patient Experience and Domain 2 Patient Safety 2.3.4 Responsiveness of Airedale NHS Foundation Trust to the personal needs of patients 2.3.5 Staff who recommend Airedale NHS Foundation Trust as a provider of care to family or friends
	Information on complaints handling	annual statutory Airedale NHS Foundation Trust Complaints and Concerns Annual Report 2015/16
Patient Experience	Information on patient experience surveys	Quality Report section 3.1 Table 12: CQC Inpatient Survey up to an including 2014/15 and Table 13: Picker Inpatient Survey 2015.
Stakeholder Relations	Descriptions of significant partnerships and alliances entered into by the NHS foundation trust to facilitate the delivery of improved healthcare	Quality Report with specific reference to section 1.1 Overview of partnership working and 3.3.1 Quality of healthcare for people with long-term conditions describing the Airedale Digital Care Hub and the Vanguard programme. Annual Report - Performance Report: Purpose and Activities section.
	Development of services involving other local services/agencies and involvement in local initiative	See above
	Any other public and patient involvement activities	See above
	Consultation with local groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas.	Quality Report sections: 1.1 Current view of Airedale NHS Foundation Trust's position and status on quality Section 4 Annex

SECTION 2 - REMUNERATION REPORT

ANNUAL STATEMENT ON REMUNERATION

The Foundation Trust has established two committees responsible for the remuneration, appointments and nomination of Board directors: the Appointment and Remuneration Committee and the Board Appointments, Remuneration and Terms of Service Committee. Through these two committees, the Board ensures that a robust and thorough process of performance evaluation of Executive and Non-Executive Directors is undertaken and remuneration levels are set accordingly.

Appointments and Remuneration Committee

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

The process in which the Non-Executive Directors are evaluated is managed by the Committee and involves Governors and Board directors. The Chairman conducts the Non-Executive Director appraisals, whilst the Senior Independent Director conducts the appraisal of the Chairman. The Council of Governors receives a report each year outlining the process undertaken.

During the year, the Committee undertook a remuneration review of Non-Executive Director fees. In doing so, the Committee was cognisant of the pay and employment conditions elsewhere in the Foundation Trust and in particular the increase in salary levels for staff, which for 2015/16 comprised a 1% 'national uplift'. Also taken in to account was the benchmarking of Non-Executive Director fees with neighbouring Foundation Trusts and the contracted days compared with those Foundation Trusts. Following a robust review of fees, the Committee recommended no increase in fees for 2015/16, which the Council of Governor's approved.

The Committee's other work during the year included reviewing its terms of reference, considered the Board succession plan for Non-Executive Directors and conducted a remuneration review of Non-Executive Directors. It also initiated a candidate search following the sudden death of Dr Mike Toop, Non-Executive Director and in readiness for the retirement of Mrs Sally Houghton and Mr Ronald Drake, Non-Executive Directors in May and July 2016, respectively. At the time of writing this report, preferred candidates had been selected awaiting approval of appointment by the Council of Governors.

Board Appointments and Remuneration and Terms of Service Committee

The Committee is established for the purpose of overseeing the recruitment and selection process for Executive Directors and the appointment of formal Board positions, for example the Senior Independent Director. The Committee's second purpose is to determine the remuneration and terms of service of Executive Directors and Associate Directors as well other senior managers covered by NHS Agenda for Change or the Consultant Contract.

The Committee also reviews current and future requirements applicable to the performance and setting of salaries for the posts covered by the committees remit and in addition the Foundation Trust's senior management succession planning arrangements and talent management process. The Executive Directors appraisals conducted by the Chief Executive, and in the case of the Chief Executive by the Chairman, are reported to the committee. The evaluation process involves input from other Executive Directors as well as Non-Executive Directors. The committee's report to the Board of Directors includes the reporting of the Chief Executive's annual objectives.

The Committee also met during the year to consider the latest independent benchmarking information for Director's remuneration and to agree the appropriate level of remuneration. The Committee followed a previously agreed formal Executive Pay Framework, the purpose of which is to provide a level of remuneration linked to performance, role weight, and pay of other staff in the Foundation Trust and in the context of wider public sector considerations.

As part of the review of remuneration, the Committee considers a report from the Chief Executive which summarises the performance of individual Directors (including the Company Secretary and Head of Human Resources and Workforce), against their agreed objectives. In the case of the Chief Executive, the Chairman presents the performance report. The Committee then makes a decision about each director's salary review, linked to their performance. In determining any decisions relating to executive pay, the Committee has regard to the Monitor Code of Governance in relation to the remuneration of Executive Directors and is particularly sensitive to the pay and conditions of other staff within the Foundation Trust. Accordingly, the level of increase applied to directors salaries were limited to the maximum increase that staff employed under Agenda for Change could have received for 2015/16.

SENIOR MANAGERS' REMUNERATION POLICY

In 2013/14 the Foundation Trust adopted an Executive Director Pay and Rewards Framework ('Framework') developed in line with the recommendations contained in the Hutton Report (March 2011) and Fair Pay Code. The Framework was reviewed again in 2015/16 to determine Executive Director pay.

The Foundation Trust's main principles are that Executive Director's remuneration should fairly reward an individual's due desert and contribution to the Foundation Trust's success; and should be sufficient to recruit, retain and motivate executives whilst providing value for money.

In response to the directive issued by the Secretary of State in June 2015 regarding Very Senior Manager remuneration, the Foundation Trust confirms that, via the Board Appointments, Remuneration and Terms of Service Committee ('BART),' the policy on executive remuneration (the Framework) is, and will continue to be, reviewed on an annual basis. BART reviewed Executive Director remuneration levels in 2015 in accordance with the Framework, and considered these to be necessary and publicly justifiable.

Underpinning this, the Foundation Trust ensures that in regard to senior managers:

- Pay and reward are linked to the weight of the role based on accountability, job responsibilities and the knowledge and skills required;
- Pay is proportional to an individual's performance based on achievement of individual and Foundation Trust objectives and enables progression as Directors develop in role;
- Base pay and reward follow a robust performance appraisal process with objectives and final assessment of pay awards delegated to the Board Appointment, Remuneration and Terms of Service Committee;
- Pay and reward reflects pay developments and awards in the wider public sector and takes in to account the level of general pay increases for other staff within the Foundation Trust, ensuring value for money; and
- Executive pay ranges are published to staff and the public in the Foundation Trust's Annual Report.

These principles are specifically scrutinised in the case of those senior managers earning more than £142,500.

Key Components of remuneration

Executive Directors

Remuneration Component	How this component relates to Foundation Trust strategy	How this component operates in practice	Performance measures and maximum potential value
Base salary	Base salary helps to attract, reward and retain the right calibre of executive to deliver the leadership/management needed to execute the Foundation Trust's vision and plan	Base salary reflects the role, the executive's skills and experience and market level To determine market level, the BART committee reviews remuneration data on executive positions against NHS benchmarks using the 'IDS publication NHS Boardroom Pay Report'. On appointment an executive director's base salary is set at the market level or below if the	The base salaries of Executive Directors in post at the start of the policy period and who remain in the same role throughout the policy period will not usually be increased by a higher percentage than the average annual percentage increase in salaries of all other employees in the Foundation Trust. The only exceptions are where an executive director has been appointed at below market level to reflect experience. The BART committee has the discretion to award increases

		<p>executive is not fully experienced at this level. Where base salary on appointment is below market level to reflect experience, it will over time be increased to align with the market level subject to performance.</p> <p>In exceptional cases the BART committee has the discretion to appoint above the maximum pay point in order to recognise outstanding experience, skills and knowledge.</p> <p>Base salaries of all Executive Directors are reviewed once each year. Reviews cover individual performance, experience, development in role and market comparisons.</p>	above the maximum point or non-consolidated performance payments to reward exceptional performance.
Annual performance related bonus	<p>No performance related pay scheme is in operation within the Foundation Trust.</p> <p>All other staff are subject to Agenda for Change pay rates, terms and conditions of service, which are determined nationally.</p>		
Long term performance related bonus	<p>No long term performance related scheme is in operation within the Foundation Trust.</p> <p>All other staff are subject to Agenda for Change pay rates, terms and conditions of service, which are determined nationally.</p>		
Pension related benefits	<p>Pension provision is one of the components to attract, reward and retain the right calibre of Executive Director's in order to ensure delivery of the leadership and management needed to execute the Foundation Trust's vision and plan</p>	<p>Executive Directors are entitled to join the NHS Pension Scheme.</p> <p>The employer's contributions are 14% of base salary.</p> <p>Alternatively, at their option and with agreement, Executive Directors may receive cash in lieu of pension at the stated rate and subject to normal statutory deductions.</p>	Maximum is 14% of base salary

For Executive Directors, appointments are not time limited and the period for serving notice, whilst historically has been six months, is now three months for new appointees. Executive Director

contracts have reflected this change as new directors are appointed. Contractual provision for early termination is not appropriate as the contracts are not fixed term. Liability for early termination is therefore not calculated. No significant termination payments have been made since the organisation became a Foundation Trust.

Non-Executive Directors

Remuneration Component	How this component operates in practice
Annual fee	<p>The remuneration of the Chair and Non-Executive Directors is determined by the Appointments and Remuneration Committee. Members of the Committee conflicted by the Committees' recommendations are excluded from the decision making process. These are determined in the light of:</p> <ul style="list-style-type: none"> ➤ Fees of Chairpersons and Non-Executive Directors of other Foundation Trusts selected for comparator purposes on the same basis as for Executive Directors; ➤ The responsibilities and time commitments; and ➤ The need to attract and retain individuals with the necessary skills and experience. <p>The Chair and Non-Executive Directors receive an annual base fee. Additional fees are paid to:</p> <ul style="list-style-type: none"> ➤ Deputy Chairman; ➤ Senior Independent Director; ➤ Chair of the Audit Committee; ➤ Chair of the Clinical Specialty and Assurance Committee; and ➤ Chair of the Charitable Funds Sub-Committee. <p>Non-Executive Directors' fees are reviewed annually against market comparators. They were last reviewed in July 2015. Current fee levels are shown in the annual report on remuneration.</p>
Travel expenses	Non-Executive Directors are entitled to reimbursement of travel and accommodation expenses at the same rates as applicable to Executive Directors and other staff.
Other benefits	Non-Executive Directors are not entitled to receive any other fees or benefits in kind other than their annual remuneration.

The Foundation Trust's remuneration reports are subject to a full external audit.

Details of person information and remuneration are detailed on page 33 and 56, respectively.

ANNUAL REPORT ON REMUNERATION

Service Agreements

The following table shows for each person who was a director of the Foundation Trust at 31 March 2016 or who served as a director of the Foundation Trust at any time during the year ended 31 March 2016, the commencement date and term of the service agreement or contract for services, and details of the notice periods.

Director	Contract start date	Contract term (years)	Unexpired term at the date of publication (months)	Notice period by the Trust (months)	Notice period by the director (months)
Jeremy Cross	1 October 2014	3 years	17 months	3 months	3 months
Andrew Copley	1 January 2013	Indefinite term	Not applicable	3 months	3 months
Robert Dearden	1 August 2011	Indefinite term	Not applicable	3 months	3 months
Ronald Drake	31 July 2014	2 years	2 months	3 months	3 months
Bridget Fletcher	3 October 2005	Indefinite term	Not applicable	6 months	6 months
Anne Gregory	1 June 2015	3 years	25 months	3 months	3 months
Sally Houghton	1 February 2015*	16 months*	>1 month	3 months	3 months
Michael Luger	1 May 2014	3 years	12 months	3 months	3 months
Karl Mainprize	3 June 2014	Indefinite term	Not applicable	3 months	3 months
Shazad Sarwar	1 August 2015	3 years	27 months	3 months	3 months
Mike Toop (to 14 October 2015)	1 February 2013	3 years	-	-	-
Ann Wagner (to 31 January 2015)	1 September 2006	Indefinite term	-	-	-

Notes:

*Term of office extended for a specific time period for succession planning purposes

Nominations Committee Membership

The members of the Board Appointments, Remuneration and Terms of Service Committee comprises the Senior Independent Director (Committee Chair) Chairman, Deputy Chairman, Chief Executive (or another Executive Director when considering the appointment of the Chief Executive) and one other Non-Executive Director. The Company Secretary and Head of Human Resources and Workforce also attended in an advisory capacity.

During the year, the Committee met on five occasions, with the Chief Executive attending all meetings. The meeting attendance of committee members is shown on page 134.

The members of the Appointments and Remuneration Committee comprise the Chairman (Committee Chair), Deputy Chairman, Senior Independent Director, two elected Governors, one stakeholder Governor, one staff Governor and the Lead Governor. The Company Secretary and Head of Human Resources and Workforce also attended in an advisory capacity.

The number of meetings and attendance by committee members can be found on page 134.

The information subject to audit, which includes senior manager's salaries, compensations, non-cash benefits, pension compensation and retention of earnings for Non-Executive Directors, is set out below and included in Note 5.5 to the accounts.

Expenses paid to Governors 2015/16

During the financial year, a number of Governors were paid expenses to reimburse their travel costs incurred whilst attending meetings at the Foundation Trust and at external training and development events.

	2015/16	2014/15
Number of Governors in office	29	29
No of Governors receiving expenses	12	12
Total expenses paid to Governors*	£2000	£1800

*rounded to the nearest £100

Information Subject to Audit

The information subject to audit, which includes senior manager's salaries, compensations, non-cash benefits, pension compensation and retention of earnings for Non-Executive Directors, is set out below and included in Note 5.5 to the accounts.

Salaries and Allowances (for the period 1 April 2015 to 31 March 2016)

Name and title	2015/16 (12 months)					
	Salary (bands of £5000) £000	Taxable benefits (total to the nearest £100) £00	Annual performance related bonuses (bands of £5000) £000	Long term performance related bonuses (bands of £5000) £000	All pension related benefits (bands of £2500) £000	Total (bands of £5000) £000
Mr Andrew Copley, Director of Finance	115-120	0.1	0	0	80-85	195-200
Mr Robert Dearden, Director of Nursing	105-110	0.3	0	0	47.5-50	150-155
Miss Bridget Fletcher, Chief Executive	185-190	0.2	0	0	0	185-190
Ms Stacey Hunter, Director of Operations*	70-75	0.1	0	0	47.5-50	120-125
Mr Karl Mainprize, Medical Director	155-160	0.1	0	0	195-200	350-355
Mrs Ann Wagner, Director of Strategy and Business Development*	100-105	0.1	0	0	0	100-105
Mr Jeremy Cross, Non-Executive Director	10-15	0.4	0	0	0	10-15
Mr Ronald Drake, Non-Executive Director	10-15	0	0	0	0	10-15
Prof Anne Gregory, Non-Executive Director	10-15	0.3	0	0	0	10-15
Mrs Sally Houghton, Non-Executive Director	10-15	0	0	0	0	10-15
Prof Michael Luger, Chairman	40-45	0.9	0	0	0	40-45
Mr M Shazad Sarwar, Non-Executive Director*	5-10	0.2	0	0	0	5-10
Dr Mike Toop, Non-Executive Director*	10-15	0.1	0	0	0	10-15

Notes:

Ms Stacey Hunter, Director of Operations from 1 August 2015

Mr Shazad Sarwar, Non-Executive Director from 1 August 2015

Dr Mike Toop, Non-Executive Director to 14 October 2015

Mrs Ann Wagner, Director of Strategy and Business Development to 31 January 2016

No Executive Directors are Non-Executive Directors of any other organisation

No former senior manager received compensation in the period 1 April 2015 to 31 March 2016

The pension related benefits are calculated by taking the inflated increase in pension entitlement (1.2% for 2015/2016) less the employee contribution. Assuming pension is paid for a period of 20 years.

The increase in entitlement is calculated as ((20 x PE) + LSE) - ((20 X PB +LSB).

Where:

PE is the annual rate of pension that would be payable to the director, if they became entitled to it at the end of the financial year.

PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year.

LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

As Bridget Fletcher withdrew from the pension scheme in 2013/2014, she has no contributions to offset against the inflationary increase.

Name and title	2014/15 (12 months)					
	Salary (bands of £5000) £000	Taxable benefits (total to the nearest £100) £000	Annual performance related bonuses (bands of £5000) £000	Long term performance related bonuses (bands of £5000) £000	All pension related benefits (bands of £2500) £000	Total (bands of £5000) £000
Mr Andrew Copley, Director of Finance	105-110	0.1	0	0	5-7.5	115-120
Mr Robert Dearden, Director of Nursing	100-105	0.1	0	0	7.5-10	110-115
Miss Bridget Fletcher, Chief Executive	175-180	0.3	0	0	40-42.5	215-220
Dr Harold Hosker, Interim Medical Director*	0-5	0	0	0	0	0-5
Mr Karl Mainprize, Medical Director*	120-125	0	0	0	7.5-10	130-135
Mrs Ann Wagner, Director of Strategy and Business Development	110-115	0.3	0	0	2.5-5	115-120
Mr David Adam, Non-Executive Director*	5-10	0.2	0	0	0	5-10
Mr Jeremy Cross, Non-Executive Director*	5-10	0.1	0	0	0	5-10
Mr Ronald Drake, Non-Executive Director	10-15	0	0	0	0	10-15
Prof Anne Gregory, Non-Executive Director	10-15	0.6	0	0	0	10-15
Mrs Sally Houghton, Non-Executive Director	15-20	0.1	0	0	0	15-20
Prof Michael Luger, Chairman*	35-40	0.8	0	0	0	40-45
Mr Colin Millar, Chairman*	0-5	0.1	0	0	0	0-5
Dr Mike Toop, Non-Executive Director	15-20	0.8	0	0	0	15-20

Notes:

Mr David Adam, Non-Executive Director to 30 September 2014

Mr Jeremy Cross, Non-Executive Director from 1 October 2014

Dr Harold Hosker, Interim Medical Director from 1 March 2014 to 2 June 2014 (Medical Director pay only – excludes pay as a Consultant)

Dr Karl Mainprize, Medical Director from 3 June 2014

Professor Michael Luger, Chairman from 1 May 2014

Mr Colin Millar, Chairman to 30 April 2014

Pension Benefits as at 31 March 2016

Name and title	Real increase in pension at age 60 <small>(bands of £2500 £000)</small>	Real increase in pension lump sum at age 60 <small>(bands of £2500) £000</small>	Total accrued pension at age 60 at 31 March 2016 <small>(bands of £5000) £000</small>	Lump sum at age 60 related to accrued pension at 31 March 2016 <small>(bands of £5000) £000</small>	Cash equivalent transfer value at 31 March 2016) <small>£000</small>	Cash equivalent transfer value at 31 March 2015) <small>(bands of £5000) of £000</small>	Real increase in cash equivalent transfer value <small>£000</small>	Employers contribution to stakeholder pension <small>(to nearest £100) £00</small>
Mr Andrew Copley Director of Finance	2.5-5	10-12.5	40-45	120-125	723	648	75	0
Mr Robert Dearden Director of Nursing	2.5-5	7.5-10	40-45	125-130	717	667	50	0
Miss Bridget Fletcher Chief Executive	0	0	65-70	195-200	1322	1322	0	0
Ms Stacey Hunter* Director of Operations	2.5-5	0-2.5	25-30	70-75	395	353	42	0
Mr Karl Mainprize Medical Director	10-12.5	-30-32.5	55-60	95-100	744	776	-32	0
Mrs Ann Wagner* Director of Strategy and Business Development	0-2.5	0-2.5	35-40	100-105	704	685	19	0

Notes:

*Ms Stacey Hunter appointed with effect from 1 August 2015

*Mrs Ann Wagner resigned with effect from 31 January 2016

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

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

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

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience discount rate from 3.0% to 2.8%. this rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension Scheme are based on the previous discount rate and have not been recalculated.

Fair Pay Information

The HM Treasury FReM requires the disclosure of the median remuneration of the Foundation Trust's staff and the ratio between this and the mid-point of the banded remuneration of the highest paid Director. The calculation is based on full-time equivalent staff of the Foundation Trust at the end of 2014/15 on an annualised basis. This information, with comparatives for last year, is shown below.

	2015/16	2014/15
Median remuneration of staff	£23,132	£24,799
Mid-point of highest paid Director	£185,718	£177,200
Ratio	8:1	7.15:1

The NHS Pension Scheme

Pension benefits are provided through the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales.

Contribution Tier	Pensionable Pay	Contribution Rate
1	Up to £15,431.99	5%
2	£15,432.00 to £21,477.99	5.6%
3	£21,478.00 to 26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

Note: Employer contributions are 14% of salary.

The Scheme is a 'final salary' scheme. Annual pension are normally based on 1/80th for the 1995 section and of the best of the last three years of pensionable pay for each year of service, 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service. Members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules.

Annual increases are applied to pension payments at rates defined by the Pensions (increase) Act 1971, and are based on changes in consumer prices in the twelve months ending 30 September in the previous calendar year.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable. Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the Scheme's approved providers or by other Free Standing AVC providers.

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the Scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the Foundation Trust commits itself to the retirement, regardless of the method of payment. Full details of the pension scheme can be found on the NHS Pensions website at www.pensions.nhsbsa.nhs.uk



Bridget Fletcher
Chief Executive
25 May 2016

SECTION 3 - STAFF REPORT

The Foundation Trust continues to develop the overall health and wellbeing of its workforce, and management of sickness absence. The sickness absence rate for 2015/16 is shown below.

Statistics published by HSCIC from ESR data warehouse					
Average FTE	Adjusted sick days	FTE	FTE days available	FTE days recorded sickness absence	Average annual sick days per FTE
2,277	22,915		831,020	37,173	10.1

Source: Health & Social Care Information Centre (HSCIC) using data drawn for January 2015 to December 2015 from the ESR data warehouse. Underlying figures have been converted to the Cabinet Office measurement base by applying a factor of 225/365 to convert from calendar days to working days lost.

Supporting employee health and wellbeing is vital to the Foundation Trust's ambitions; enabling the workforce to deliver high standards, high quality, safe patient outcomes and experience. The Foundation Trust provides an in-house health and wellbeing service to all our employees comprising immunisation programmes, health and stress assessments, counselling, advice and guidance on back care and ergonomic advice. Staff can refer themselves to the service. Managers are also assisted with expert guidance on adjustment and back to work programmes.

The Foundation Trust's People Plan is now well established and comprises four priorities for people management and workforce development – well led, healthy and engaged, productive and skilled and talented.

The Foundation Trust has developed an Employee Wellness Programme which aims to complement the People Plan. Aligned to the delivery of the Programme, was the establishment of a Food and Drink Strategy, which will benefit patients, visitors as well as staff. The Wellness Programme seeks to promote health and wellbeing, education, exercise, weight management and effective role modelling. Further detail regarding progress on these initiatives is given in the following paragraphs.

- In order to improve the health and well-being of staff, the Foundation Trust launched a new wellness programme in 2015 with a focus on eating, exercising and thinking well, with a key element being health checks and action planning for staff; this has been supplemented by exercise and dance classes. The Trust has also introduced resilience training for staff and continued with Pulse Surveys and Director listening sessions to hear staff's views.
- The Foundation Trust's Reward and Recognition Scheme is now embedded with monthly Pride of Airedale Awards; bi-monthly team awards, instant rewards for one-off achievements and long service awards for those staff who have worked at the Trust for over 25 years. The Foundation Trust's second Annual Pride of Airedale Awards Event was held in March 2016 to recognise the contributions and achievements of staff. This was very well received with 14 individual and team award winners and many other teams and individuals being commended for their achievements.
- The Foundation Trust's Rising Stars Programme has continued to go from strength to strength with new cohorts established in the year. Developing and valuing our staff and nurturing future leadership potential is key to our approach to staff engagement and organisational development. New leadership development programmes for clinical leaders and senior leaders were launched during 2015/16.
- The Foundation Trust has been improving and modernising its approach to recruitment, with more use of social media, a focused attraction strategy, more outreach at recruitment fairs and in the community and the use of modern selection approaches. The Foundation Trust is beginning to see benefits in terms of recruits and timescales for recruitment. In addition, work is underway to design the workforce of the future, with new roles, for example, Advanced Practitioners being deployed in the Foundation Trust

- Following a trust wide engagement exercise, the Foundation Trust has developed a set of '*Right Care Behaviours*' that will be used in recruitment, development, appraisals and talent management.
- The Human Resources (HR) and Workforce Development Service have also focused on increasing the effectiveness of business contribution, with HR Business Partners supporting service delivery groups. The HR team and managers continue to work in partnership with staff-side and the trade unions.

Policy in Relation to Disabled Employees

The main Foundation Trust policies which support the employment of disabled employees relate to recruitment and selection, managing attendance and equality and diversity. All human resources policies have been equality impact assessed to ensure they are non-discriminatory. The Head of HR and Workforce has established a disability focus group to identify and take action to improve the experience of disabled staff.

Equality Delivery System

The Foundation Trust recognises that delivering on the inclusion and equality agenda is essential and gives the opportunity to identify health and employment inequalities across our services and workforce, through proactive engagement with key stakeholders.

In August, over 400 employees took part in a staff event at Airedale Hospital which celebrated diversity in the workplace. Some highlights from the event were:

- A seminar about transgender delivered by Saorsa-Amatheia, national diversity ambassador
- The launch of a **#hellomynameis** campaign at Airedale Hospital – founded by Kate Granger, a doctor who became frustrated at the number of people who failed to introduce themselves when she was being treated for cancer
- A presentation of certificates to who won Pride of Airedale awards for their achievements
- A video booth where staff were asked to record what delivering 'right care' meant to them
- Meditation and massage sessions to help staff relax.

The Foundation Trust is fully committed to meet its core requirements under the Equality Act 2010 and has published a new Inclusion Strategy to enable it to become more inclusive in terms of patient experience and also as an employer. The commitment to the NHS Equality Delivery System is a key element of this strategy.

At the year end the Board of Directors comprised four female directors and seven male directors. The Foundation Trust employed 2593 (primary assignment only, permanent and fixed term contracts) staff comprising 2147 female staff and 446 male staff.

Staff Engagement

The Foundation Trust recognises that a high level of staff engagement is crucial to improving the patient experience. The Foundation Trust has a formal recognition agreement in place with the staff organisations representing employed staff. There are also consultation mechanisms through the Joint Local Negotiating Committee for medical staff and the Airedale Partnership Group for all staff.

The Foundation Trust has six staff governors (including a governor representing the Foundation Trust Volunteers), that represent the view of staff on the Council of Governors and working groups.

Local staff surveys – called ‘pulse surveys’ are distributed throughout the year to sections of staff, measuring staff satisfaction and monitoring specific issues. The results inform action plans drawn up following the annual staff survey, which are monitored at Group level and by the Executive management team.

The Executive Directors conduct ‘listening sessions’ with staff groups on a regular basis. The programme of visits is intentionally flexible to enable a rapid response to any areas of concern highlighted by the results of the pulse survey or staff survey. Feedback from each listening session is reported to and monitored by the Executive Directors Group.

STAFF SURVEY

The 2015 annual survey of NHS staff was conducted in October to December 2015. A summary of performance is as follows:

The Foundation Trust compared most favourably with other acute Trusts in terms of:

Top Ranking Scores	2014/15		2015/16		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
KF11 (7) Percentage of staff appraised in the last 12 months	93%	85%	93%	86%	No change
KF32 (29) Effective use of patient feedback	54%	56%	3.84	3.70	No comparator
KF25 (18) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	26%	29%	24%	28%	Improvement of 2%
KF20 (28) Percentage of staff experiencing discrimination at work in the last 12 months	10%	9%	7%	10%	Improvement of 3%
KF9 (4) Effective team working	3.74	3.79	3.80	3.73	Improvement of 0.06

Note: The numbers in brackets are the KF reference in the 2014/15 survey.

The Foundation Trust also compared favourably with other acute Trusts in terms of:

- Staff recommending the foundation trust as a place to work or receive treatment;
- Staff satisfaction with the opportunities for flexible working;
- Organisation and management interest in, and action on, health and well being;
- Percentage of staff suffering work related stress in the last 12 months (best 20%)
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months;
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (best 20%);
- Percentage of staff believing the organisation provides equal opportunities for career progression;
- Percentage of staff witnessing potentially harmful errors, near misses or incidents; and
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents.

The Foundation Trust compared least favourably with other acute Trusts in relation to:

Top Ranking Scores	2014/15		2015/16		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
KF27 (16,17,18,19) Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	36%	36%	14%	37%	Deterioration of 22%
KF2 Staff satisfaction with the quality of work or patient care they are able to deliver	n/a	n/a	3.80	3.93	New survey question for 2015/16
KF13 Quality of non-mandatory training or development	n/a	n/a	3.97	4.03	New survey question for 2015/16
KF3 (2) Percentage of staff agreeing their role makes a difference to patients	89%	91%	89%	90%	No change
KF10 Support from immediate managers	3.58	3.65	3.66	3.69	Improvement of 0.08%

The Foundation Trust compared less favourably with other acute trusts in relation to staff motivation at work, quality of appraisals, percentage of staff working extra hours and the percentage of staff saying they are able to contribute towards improvement at work.

Each Trust received an overall indicator of staff engagement. The Foundation Trust's score in 2015 was 3.82 (out of 5) compared to 3.72 in 2014. The overall engagement score is average when compared with Trusts of a similar type. The average score for acute trusts is 3.79. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged.

In response to the findings of the staff survey, an action plan has been developed to address the areas scoring worse than last year and/or when benchmarked against other Trusts, and the next steps included in the Foundation Trust's People Plan.

OFF-PAYROLL REPORT

PES (2012)17 requires the Foundation Trust to seek assurance from off-payroll engagements, that all their tax obligations are being met. This is required for existing engagements who at the 31 March 2016 cost in excess of £58,000 per annum or for new engagements during the period between the 1 April 2015 and 31 March 2016 cost more than £220 per day and were engaged for more than six months.

The Foundation Trust is required under the reporting requirements published by the HM Treasury in relation to PES (2012)17, to report that it had one engagement which met the disclosure requirements. The Foundation Trust has received the required assurance for the engagement that the tax obligations have been met as per the terms of their contract. Since the year end the engagement has ceased.

Off-Payroll Engagements as of 31 March 2016, for more than £220 per day and that last longer than six months

Number of existing engagements as of 31 March 2016	1
Of which.....	
Number that have existed for less than one year at time of reporting.	1

Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two years and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

Off-Payroll Engagements of Board Members, and/or, senior officials with significant responsibility, between 1 April 2015 and 31 March 2016

Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year.	1
Number of individuals that have been deemed 'board members and/or senior officials with significant responsibility' during the financial year.	18

Note: The Foundation Trust has a number of doctors who meet the financial criteria but have no significant financial responsibility and therefore fall outside the scope of the reporting requirement.

There were no payments for loss of office or payments to past senior managers during the year.

Exit Packages	2015/16		2014/15	
	Number of agreed departures	Cost of departures £000's	Number of agreed departures	Cost of departures £000's
<£10,000	7	14	3	20
£10,000 - £25,000	3	44	7	114
£25,001 - £50,000	0	0	11	358
50,0001 - £100,000	2	184	2	118
>£100,000	0	0	0	0
TOTAL	12	242	23	610

Note: there were no compulsory redundancies

Additional Analysis	2015/16		2014/15	
	Number of agreed departures	Cost of departures £000's	Number of agreed departures	Cost of departures £000's
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations contractual costs	7	234	23	610
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	5	8	0	0
Exit payment following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
TOTAL	12	242	23	610

SECTION 4 - ASSESSMENT AGAINST THE MONITOR NHS FOUNDATION TRUST CODE OF GOVERNANCE

Airedale NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a '*comply or explain*' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors has established governance policies that reflect the principles of the NHS Foundation Trust Code of Governance, these include:

- Corporate Governance Framework Manual, incorporating the Standing Orders of the Board of Directors, Standing Orders of the Council of Governors, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions;
- Established role of Senior Independent Director;
- Regular private meetings between the Chair and Non-Executive Directors;
- Performance appraisal process for all Non-Executive Directors, including the Chairman, developed and approved by the Council of Governors;
- Formal induction programme for Non-Executive Directors and Executive Directors;
- Attendance records for Directors and Governors at key meetings;
- Comprehensive induction programme for Governors;
- Register of Interests for Directors, Governors and senior staff;
- Annual declaration of compliance with the 'fit and proper' persons test described in the provider licence, for the Board of Directors and Governors;
- Council of Governors' Policy for Raising Serious Concerns;
- Established roles of Lead Governor and Deputy Lead Governor;
- Monthly private meeting between the Chair and Governors to review matters discussed at the Board of Directors' meetings;
- Comprehensive briefing report provided to all meetings of the Council of Governors by the Chief Executive and Director of Finance;
- Effective Council of Governors' sub-committee structure;
- Council of Governors' agenda setting process;
- Collective performance evaluation mechanism for the Council of Governors;
- Membership Development Strategy, Implementation Plan and Key Performance Indicators;
- Appointments, Remuneration and Terms of Service Committee of the Board of Directors;
- Appointments, Remuneration and Terms of Service Committee of the Council of Governors;
- Agreed recruitment process for Non-Executive Directors;
- Provision of high quality reports to the Board of Directors and Council of Governors;
- Tri-annual Board evaluation and development plan;
- Council of Governors' presentation of performance and achievement at Annual Members Meeting;
- Code of Conduct for Governors;
- Going Concern Report;
- Robust Audit Committee arrangements;
- Governor-led process for the appointment of External Auditor; and
- Whistleblowing Policy and Counter Fraud Policy.

In considering the provisions of the Monitor Code of Governance for Foundation Trusts, the Board is satisfied that all the requirements have been complied with and consequently there are no departures from the Code of Governance requiring disclosure.

Each NHS Foundation Trust has its own governance structure. The basic governance structure of all NHS Foundation Trusts includes:

- Foundation Trust Members
- Council of Governors *and*
- Board of Directors

This structure is established and well developed at Airedale NHS Foundation Trust, as set out in the Foundation Trust's constitution that is published at www.airedale-trust.nhs.uk and in the NHS Foundation Trust directory on Monitor's website at www.monitor-nhsft.gov.uk

In addition to this basic structure, the Foundation Trust also makes use of board committees and sub-groups, comprising directors and/or governors, as a practical way of dealing with specific issues.

Foundation Trust Membership

The Foundation Trust has two membership constituencies:

- A public member constituency; and
- A staff member constituency

The number of members and the number of members in each constituency at 31 March 2016 is shown below.

Member Constituency	Number of Members
Bingley	813
Bingley Rural	438
Craven	916
Ilkley	542
Keighley East	972
Keighley Central	845
Keighley West	755
Wharfedale	463
Worth Valley	615
Skipton	1077
Settle and Mid-Craven	779
South Craven	593
West Craven	514
Pendle East and Colne	601
Rest of England	1557
Staff	2587
Total number of foundation trust members	14,430

Public Member Constituency

We have 15 public member constituencies, split in to the neighbourhood wards of Bradford Council, Craven Council and Pendle Council. A further constituency covering out of area members was established at authorisation to reflect the large number of members living outside the immediate catchment area of the hospital.

All members of the public who are over 14 years of age, living in one of the public constituencies shown above can become a member by making an application for membership to the Foundation Trust.

As of 31 March 2016 the Foundation Trust had 11,480 public constituency members.

Staff Member Constituency

An individual who is employed by the Foundation Trust under a contract of employment (which includes full and part time contracts of employment) may become a member of the Foundation Trust provided:

- He or she is employed by the Foundation Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- He or she has been continuously employed by the Foundation Trust under a contract of employment for at least 12 months.

Individuals who exercise functions for the purposes of the Foundation Trust, otherwise than under a contract of employment with the Foundation Trust, may become members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months. The staff constituency also includes registered Trust volunteers with at least one year's service.

The staff constituency is divided into the following constituencies:

- Doctors and dentists who are registered with their regulatory body to practice;
- Nurses and midwives who are registered with their regulatory body to practice;
- Allied health professionals and scientists who are registered with their regulatory body to practice;
- All registered volunteers (with a minimum of 12 months service); and
- All other staff.

All eligible staff and volunteers are automatically made members in the staff constituency unless they inform the Foundation Trust they do not wish to do so.

As at 31 March 2016, the Foundation Trust had over 2,800 staff members. Six members of staff had chosen to opt out of membership.

Constitution Changes

There were no changes to the Constitution during the year.

Membership Strategy

The Membership Development Strategy covering the period 2015/16 is reviewed and approved by the Membership Development Group and the Council of Governors on an annual basis.

The strategy, along with the communications plan and patient and public involvement strategy, will ensure that the membership and the public are:

- Fully represented at all levels;
- Clearly informed; and
- Used appropriately in decision making around service provision.
- The strategy aims to:
 - Ensure public membership is representative of the community it serves (in terms of nationality, gender, disability, ethnic origin, age, social background, geographical spread and social deprivation)
 - Ensure that all staff groups are given equal opportunity to become involved
 - Identify levels of involvement and participation within the membership according to the wishes and needs of individuals
 - Ensure a continuous approach to the development of the membership in terms of both numbers and level of engagement

In 2016/2017, our plan is to continue the work of engaging with members and the public and collecting specific feedback from the public, and members, including staff and to present that feedback to the board of directors. Collecting feedback will also to facilitate the future development of the Foundation Trust's services as part of the annual planning process help Governors to fulfil their role of engaging with their community and membership.

Membership Development Group

This Group is responsible for developing the membership by recruitment, retention, communication and engagement. The Group meets monthly and was involved in the following membership activities, amongst others, in 2015/16:

- assisting in planning the public open event
- contributing ideas to the member newsletters
- contributing to the involvement of members and the public in the annual plan
- collating feedback from members and the public and sharing this with the board and providing a response back to the members and public
- raising the profile of Governors and membership at hospital events and other recruitment activities;
- engaging with members and the public in the community via community events.

Membership Recruitment

Recruitment of new members is an ongoing activity to ensure membership numbers are maintained and that membership is representative of the local community. In 2015/2016 the strategy's aim was to ensure overall membership numbers were maintained, whilst focussing on those areas where membership was under represented ie. working age membership.

Membership Engagement

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

In June 2015 we held our board of directors meeting with a listening event and health fair, at the Victoria Hall in Settle. The event was arranged to engage with patients, public and members in one of the furthest areas of our catchment. After the board meeting the public were given the opportunity to ask questions and then join the board members and our governors at a number of listening sessions so we could hear their views. We also provided a health fair with displays from hospital staff which was also supported by local organisations.

In August 2015, we delivered a very successful annual open event, which attracted over 700 visitors in total. The open event provided over 50 displays from hospital departments and was also supported by other organisations such as Asian Arts Alive, Sing from Your Heart choir, Bradford Metropolitan District Council play scheme and Guide Dogs. Members and the public were also given the opportunity to share their views with Governors and give their feedback on their experiences and future plans.

The annual members' meeting was held on 31 July 2015.

The annual theatres open day was held in October. This popular event gave our patients and the public the opportunity to tour the departments and meet the staff and Governors.

Our 'Focus on' events are presentations and demonstrations in response to a number of different health topics, and tailored to the interests expressed by our members. They provide all members with opportunities to gain more of an insight into how our services operate. The programme ran throughout 2015/16 and included talks on:

- Back pain
- Abnormal heart rhythms
- First Aid
- Becoming a dementia friend

Each member is asked to complete a feedback form and to make suggestions for future events. From feedback received following each event, over 90% of members rated the events as 'excellent'.

We also continued to hold drop-in sessions before each 'Focus on' event where members are able to meet their Governors and find out more about their role, and have the opportunity to ask questions or give feedback about our services. We also advertise the Governor email addresses on our website and bi-annually with the newsletter and encourage our members to contact their Governor with any feedback.

Our 'Interested in becoming a Governor?' events are an opportunity for members to find out about the role of a Governor in more detail. We held two of these events during 2015/16 with a talk from the membership manager and current Governors on the role and responsibilities of a Governor, the election process and what happens once Governors are elected.

This year we sent our regular quarterly communications newsletter to all our membership households. These communications, sent by post and email, are exclusive to our members and provide updates on new developments at the Foundation Trust, information on membership activities, useful patient information, and health advice.

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

This year we have continued our engagement with young people via local colleges and by holding events for young people such as:

- First Aid training
- Theatres open day; and
- Annual open day.

The Trust, along with Bradford Teaching Hospitals Foundation Trust and Bradford District Care Foundation Trust organised a careers and health event held at Bradford City FC, specifically aimed at young people between the ages of 14 to 16. The event was a huge success with over 500 students attending.

We have continued to produce our Young Members newsletter, specifically aimed at our members aged 14-21 years, giving them health information and invites to our events.

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

Membership Involvement

The 'Welcome' information mailing members receive, also includes a form for members to record their areas of special interest. This is returned to the Foundation Trust and allows us to create a database of interests where members would be interested in contributing, for example by completing a survey or participating in a focus group. Members have also been invited to events specific to their interests.

In 2015/16, Governors continued their focus on collecting member and public feedback and ensuring those views were included in the preparation of the Foundation Trust annual plan. Feedback and views were collected via Governor drop-in sessions, Governor attendance at community events, member events, annual open day, staff and volunteer's days and events hosted by Governors and via direct contact with Governors. These views were collated and presented to the Board by the Governors in December 2015 to ensure their consideration as part of the annual planning process. The Board responded to the views of Governors, members and the public at a board to council meeting in March 2016. Governors will feedback to members and the public to explain how those views have been incorporated into the Foundation Trust's future plans.

We have also agreed an additional route for sharing feedback on a bi-monthly basis. All feedback is collated by the membership office and then presented by a Governor to the bi-monthly Patient and Public Engagement and Experience Group so the Foundation Trust can action the feedback and respond.

Governors provide an update to members via the Foundation Trust newsletter, which details the work the Governors have been involved in during the year.

Members are also invited, via their newsletter and the website, to meet Governors at drop-in sessions before every member talk, held throughout the year. Governors also take part in the annual public open day, volunteer and staff events and the theatres open day, giving members an opportunity to meet with them and discuss any issues or questions.

Contacting the Foundation Trust Office

The Foundation Trust office continues to be a central point of contact for all members to make contact with the Trust and the Council of Governors. It can be contacted during office hours, Monday to Friday on 01535 294540 (24 hour answerphone also available) or by email to members@anhst.nhs.uk

A list of Governor contact email addresses is published on the Foundation Trust website in the Council of Governors section.

Council of Governors

The Council of Governors comprises 31 Governors – the majority, elected – who play a vital role in the governance of the Foundation Trust, working closely with the Board of Directors. They represent the interests of the Foundation Trust's public and staff constituencies as well as its members and partner organisations in the local community including healthcare, universities, voluntary organisations and local authorities under the terms of the Foundation Trust's Constitution. The Council has a number of statutory duties as defined in the Constitution which include:

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

We have 25 Governors elected by our members (including staff members) who represent the following constituencies (groups):

- Bradford Metropolitan District Council (ten Governors)
- Craven District Council (five Governors)
- Pendle Borough Council (three Governors)
- Rest of England (one Governor)
- Staff and Volunteers (six Governors)

Of the remaining six nominated Governors, these represent the interests of partner organisations in the local community including Leeds University, a local voluntary organisation and four local authorities.

The annual ballot of Governors for the appointment of a Lead Governor and Deputy Lead Governor was held during the year. Mrs Anne Medley, Governor for Keighley West, was duly elected as Lead Governor, and Mr John Roberts, Governor for Worth Valley was elected as Deputy Lead Governor.

A joint meeting with the Board of Directors is held twice yearly to review progress on the Foundation Trust's Annual Plan and to consider priorities for the forthcoming year. In preparation for the Annual Planning process, the Council of Governors canvassed the opinion of its members and the public by attending local events and member events, holding drop-in sessions at the hospital, meeting the public and members at GP surgeries, having a dedicated exhibition stand at the hospital public and staff open days as well as informal networking. During the year, Governors were fully engaged in different activities and working groups and continued to familiarise themselves with the complexities of such a large organisation. To help support newly elected Governors, the Foundation Trust has developed a bespoke induction programme which existing Governors are also invited to attend. Other training sessions are organised on a monthly basis to provide further development opportunities for Governors utilising the Foundation Trust's in-house staff as well as extending invitations to external organisations to speak at Governor network meetings. Governors have also developed, with support from the Trust, an informal buddying system whereby in the first few months, new governors are supported by other experienced governors. The Foundation Trust has also provided funding for several of its Governors to attend the national Governwell training programme organised by NHS Providers.

We value the contribution our Governors make and the different perspectives they bring to the development of services

In consultation with the Council of Governors, the Board appointed Professor Anne Gregory, Non-Executive Director, as the Senior Independent Director in anticipation of Mrs Sally Houghton's retirement as Non-Executive Director. Professor Gregory is available to Governors if they have concerns, which contact through the normal channels of Chairman, Chief Executive or Director of Finance have failed to resolve, or for which contact is inappropriate.

Elections are held each year for those seats either vacated due to resignations or because Governors have reached the end of their three year term of office. Governors can serve no more than three consecutive terms of office (resulting in a maximum of nine years' tenure). The overall make-up of the Council of Governors, together with their attendance at Council of Governors meetings in 2015/16 is shown on page 52.

The Board of Directors' Relationship with the Council of Governors and Members

The Board works closely with the Trust's Council of Governors. The full Board of Directors has met formally with the Council of Governors during the year, to seek and consider the views of the Governors in considering the Foundation Trust's Annual Plan for the coming year. The emphasis was again placed on ensuring Governors were engaged fully in planning for the 2016/17 Annual Plan; this was achieved by holding Board to Council meetings in which Governors fed back the views and comments received throughout the year from Foundation Trust members and members of the public. Regular meetings are held with Governors, attended by Directors, in which specific topics chosen by Governors are discussed. The Chairman, who chairs both the Board of Directors

and the Council of Governors, ensures synergy between the two Boards through regular meetings and briefings.

In addition, Governors and Directors, including the Chairman, attend members' events that are held regularly at the hospital on subjects requested by members.

The Directors (both Executive and Non-Executive) meet regularly with Governors during their day to day working through committee meetings, network sessions, Chairman's briefings, consultations and information sessions. Examples include participation in Foundation Trust committees and working groups, and consultations about the Annual Plan and Quality Account. The Foundation Trust has established a buddying system in which each of the Executive and Non-Executive Directors meet informally with a number of Governors to provide briefings and up to date information about the Foundation Trust. The Trust's Stakeholder Governors also meet on a regular basis with Executive Directors to exchange information about their organisation's developments which might be of mutual interest.

The Non-Executive Directors attend Council of Governors meetings. During the year, the format of the Council agenda changed so that Non-Executive Directors could present topics and matters of interest to Governors.

Although meetings of the Board of Directors are held in public and Governors can and do attend, the Chairman provides a Board of Directors feedback session for Governors at their monthly network meetings. The Chairman describes the matters discussed and decisions made within the public and private session of the Board meetings, and responds to any questions or concerns Governors may have.

The following table summarises Governor and Director attendance at Council of Governor's meetings:

Attendance of Governors and Directors at Council of Governors meetings 2015/16

Public Governors	Tenure	Constituency	Meetings attended
Public Elected Governors			
Peter Allen	Elected 1 June 2013	Skipton	3/4
Peter Beaumont	Elected 1 June 2013	Wharfedale	3/4
John Bootland	Elected 1 June 2014	Keighley Central	3/4
David Child	Elected 1 June 2013	Bingley	4/4
Alan Davies	Elected 1 June 2012 Resigned 31.5.15	Craven	0/1
Linda Dobson	Elected 2 June 2015	Keighley East	2/3
Jean Hepworth	Elected 1 June 2013 Resigned 31 May 2015	Keighley East	0/1
Peter Jackson	Elected 1 June 2014	Rest of England	1/4
Christine Johnson	Elected 1 June 2014	Skipton	4/4
Valerie Kimberley	Elected 1 June 2014	West Craven	3/4
Paul Maskell	Elected 2 June 2015	West Craven	2/3
Anne Medley	Elected 1 June 2014	Keighley West	3/4
Liz O'Keeffe	Elected 2 June 2015 Resigned 22 March 2016	Keighley Central	2/3
Annie Oldroyd	Elected 2 June 2015 Resigned 3 November 2015	Craven	1/2
David Pearson	Elected 2 June 2015	South Craven	3/3
Alan Pick	Elected 1 June 2012 Resigned 31 May 2015	South Craven	1/1
John Roberts	Elected 1 June 2013	Worth Valley	2/4
Jerry Stanford	Elected 2 June 2016	Pendle East and Colne	3/3
Pat Taylor	Elected 1 June 2013	Settle and Mid Craven	3/4
Pat Thorpe	Elected 1 June 2013	Bingley Rural	2/4
Bryan Thompson	Elected 1 June 2013	Ilkley	3/4
Cath Wilson	Elected 1 June 2014 Resigned 11 January 2016	South Craven	2/3

Stakeholder Governors	Tenure	Constituency	Meetings attended
Appointed Governors			
Prof Anne Forster	Appointed 1 June 2013 Resigned 16.3.16	University of Leeds	4/4
Cllr Robert Heseltine	Appointed 1 June 2013	North Yorkshire County Council	3/4
Wendy Hull	Appointed 11 June 2015	Craven District Council	2/3
Naz Kazmi	Appointed 1 June 2013	Voluntary Sector	2/4
Cllr Ken Hartley	Appointed 16 June 2013	Pendle Borough Council	3/4
Pauline Sharp	Appointed 1 June 2013	Bradford Metropolitan District Council	2/4
Cllr Marcia Turner	Appointed 1 June 2013 Resigned 11.6.15	Craven District Council	1/1
Staff Governors	Tenure	Constituency	Meetings attended
Staff Elected Governors			
Rachel Binks	Elected 1 June 2014	Nurses and Midwives	3/4
Annette Ferrier	Elected 1 June 2013	Allied health professionals and scientists	3/4
Valerie Henson	Elected 1 June 2012 Resigned 31.5.15	Nurses and Midwives	0/1
Tom Hollins	Elected 1 June 2014	Doctors and Dentists	0/4
Rebecca Malin	Elected 1 June 2014 Resigned 17.9.15	All other staff	1/2
Mike Yates	Elected 1 June 2014	Volunteers	3/4
In addition the Council of Governors meetings were attended by the following Directors:			
Non-Executive Directors	Job Title		Meetings attended
Michael Luger	Chairman		4/4
Ronald Drake	Non-Executive Director		4/4
Jeremy Cross	Non-Executive Director		2/4
Prof Anne Gregory	Non-Executive Director		3/4
Sally Houghton	Non-Executive Director		1/4
Shazad Sarwar	Non-Executive Director (appointed 1 August 2015)		1/2
Dr Mike Toop	Non-Executive Director (to 14 October 2015)		2/2
Executive Directors			
Bridget Fletcher	Chief Executive		3/4
Andrew Copley	Director of Finance		4/4
Robert Dearden	Director of Nursing		4/4
Stacey Hunter	Director of Operations (appointed 1 August 2015)		2/2
Karl Mainprize	Medical Director		3/4
Ann Wagner	Director of Strategy and Business Development (to 31 January 2016)		2/4

Board of Directors

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

Its role is to:

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

The Board has an annual schedule of business which ensures it focuses on its responsibilities and the long-term strategic direction of the Foundation Trust. It meets nine times a year to conduct its business and at quarterly intervals to discuss matters requiring strategic debate. Board members also attend seminars and training and development events throughout the year.

Since becoming a Foundation Trust, the Board has undertaken a rigorous evaluation of its own performance and of individual Directors. The aim is to conduct a full performance evaluation every three years supplemented by more frequent baseline assessment of skills, experiences and competencies. In 2014, the Foundation Trust was invited by Monitor to participate in the pilot for the new Governance and Capability Review. The Review, undertaken by an external evaluation company, Foresight Partnership/Capita concluded in March 2014 and the Report findings shared with the Board. The company has no other connection with the Foundation Trust.

The Review concluded that; the Foundation Trust had a competent Board with a strong team in terms of composition and capabilities; that the Board's commitment and focus on quality was evident; and, that the Board was seen as demonstrating an open and non-defensive culture with a strong commitment to learning and development. The Review identified scope for some fine tuning to further strengthen the quality governance arrangements. Since then a longer term over-arching quality strategy has been developed and will be fully in place during the year.

At the year end, the Board was made up of five Executive Directors and six Non-Executive Directors (including one vacant position) and a Non-Executive Chairman. During the year, the Associate Director position of Director of Operations was changed to an Executive Director position. The position of Executive Director of Strategy and Business Development was changed to Director of Strategy and Partnerships and appointed at Associate level following the resignation of the previous incumbent.

The balance of the Board of Directors meets the provisions of the Foundation Trust Code of Governance requirements for at least half of the directors being independent Non-Executive Directors. The Non-Executive Board Directors possess a wide range of skills and experience essential for an effective Foundation Trust board of directors. These skills enable them to provide independent judgment and advice on issues of strategy, vision, performance, resources and standards of conduct and constructively challenge, influence and help the executive team develop proposals on such strategies.

The Board of Directors works as a unitary board and directors have been selected to ensure the success of the organisation as a Foundation Trust, with an appropriate balance of clinical, financial, business and management background and skills. Should it be necessary to remove either the Chairman or any Non-Executive Director, this shall be undertaken by the Council of Governors in accordance with the Foundation Trust's Constitution.

The Board may delegate any of its powers to a committee of Directors or to an Executive Director. These matters are set out in the Foundation Trust's Scheme of Decisions Reserved to the Board and the Scheme of Delegation. Decision making for the operational running of the Foundation Trust is delegated to the Executive Directors Group, which comprises all of the Executive Directors, Associate Director, Head of HR and the Company Secretary.

Responsibility for the appointment of the Chairman and Non-Executive Directors resides with the Council of Governors. The Appointments and Remuneration Committee, which comprises five members of the Council of Governors and two Non-Executive Directors plus the Chairman, is responsible for bringing recommendations for non-executive appointments to the Council. The Company Secretary and Head of HR attend each meeting in an advisory capacity. The Committee also has the option to commission an independent adviser if appropriate.

A separate committee, the Board Appointments, Remuneration and Terms of Service Committee, comprising Non-Executive Directors and the Chief Executive is established with responsibility for the recruitment and selection of Executive Directors and the remuneration and terms of service of Executive Directors.

The composition of the Board for the year of the report is set out on the following pages. It also includes details of each director's background, committee membership and attendance at meetings.

An annual appraisal process for Non-Executive Directors is in place and is reviewed on an annual basis by the Appointments and Remuneration Committee ('ARC'). The Chairman appraises the performance of the Non-Executive Directors and provides a detailed report to the Appointments and Remuneration Committee; whilst the Senior Independent Director leads the Chairman's appraisal and provides a summary report also to the ARC. In preparing the appraisals, both the Chairman and Senior Independent Director consult with Executive Directors and via the Lead Governor, take in to account the views of Governors in their appraisal reports. Executive Directors also have detailed appraisals of their performance and an annual appraisal process is in place with regular reviews of objectives set by the Chief Executive, and in the case of the Chief Executive by the Chairman. A summary report of the Executive Director appraisals is presented to the Board Appointments, Remuneration and Terms of Service Committee ('BART') by the Chief Executive, and by the Chairman in the case of the Chief Executive.

Non-Executive Directors are involved in regular development activities including Board workshops, and attendance at seminars and conferences. The Foundation Trust considers it has the appropriate balance and completeness in the Board's membership to meet the ongoing requirements of an NHS Foundation Trust.

Disclosures of the remuneration paid to the Chairman, Non-Executive Directors and senior managers are given in the Remuneration Report. The Board of Directors who served during the year comprised the following Executive and Non-Executive Directors are shown below.

Biographies of the Board of Directors

Non-Executive Directors

Michael Luger, Chairman

Michael was appointed on 1 May 2014. Michael formerly served as Dean of Manchester Business School for seven years, retiring from that post in December 2013. Prior to that he was a professor of public policy, business and planning at the University of North Carolina and taught economics at Duke University and the University of Maryland. In addition to university leadership roles, Michael has served on numerous public sector and not-for-profit boards, commissions, and task forces. He has worked as a professional planning officer in the USA and for the Greater London Council, as a consultant and advisor to national, state, regional and local governments throughout the world, and to major multi-national corporations. His expertise in public finance, infrastructure, and economic development has been used in the health care sector in both the USA and UK. Michael is currently a Non-Executive Director at the Office of Rail Regulation and is a part-time professor at Manchester Business School. He also acts as a business consultant for a limited company. As well as being chairman of the Board of Directors and Council of Governors, Michael chairs the Appointments and Remuneration Committee and is a member of the Board Appointments, Remuneration and Terms of Service Committee.

Jeremy Cross, Non-Executive Director

Jeremy was appointed a Non-Executive Director following the retirement of David Adam. Jeremy is a Chartered Accountant and is currently working as a self-employed consultant. He is also Non-Executive Chairman of Mansfield Building Society and Treasurer of Care and Repair (Leeds) Limited, a Leeds based charity aimed at helping older people maintain their independence and quality of life at home. Jeremy's previous roles include Director of Personal Current Accounts with Halifax Plc and Bank of Scotland. Prior to this he held various commercial and strategic senior roles with Asda and Boots. Jeremy is Chair of the Audit Committee.

Ronald Drake, Non-Executive Director and Deputy Chairman

Ronald was appointed a Non-Executive Director in February 2007. His term of office will end in July 2016. Ronald has over 36 years experience as a qualified solicitor since being admitted to the Roll in 1978. He retired as Partner with a national legal practice in 2012 having worked previously in Birmingham, Bradford and for the last 25 years in Leeds. He has also been a part-time employment tribunal Judge since 1997. Ronald is a member of the Clinical Specialty and Assurance Committee, Board Appointments, Remuneration and Terms of Service Committee and the Appointments and Remuneration Committee.

Professor Anne Gregory, Non-Executive Director and Senior Independent Director

Anne was appointed a Non-Executive Director in June 2012. Anne has 30 years of experience in public relations and is currently employed at University of Huddersfield. Prior to that Anne was employed at Leeds Metropolitan University where she also served a term as pro-vice chancellor. For eight years Anne was a Non-Executive Director of South West Yorkshire Partnership NHS Foundation Trust and previously served eight years on the board of Bradford Community NHS Trust. Ann is chair of the Board Appointments and Remuneration Committee and is a member of the Clinical Specialty and Assurance Committee and Appointments and Remuneration Committee.

Sally Houghton, Non-Executive Director

Sally was appointed a Non-Executive Director in February 2006 and is currently serving her final term, which is due to conclude at the end of May 2016. Sally is a qualified accountant and has over twenty years experience in multi-national manufacturing and engineering companies, some of which at Finance Director level. She is currently employed at a local firm of solicitors on an accountancy basis. Sally is a member of the Audit Committee and chairs the Airedale NHS Foundation Trust Charitable Funds Sub-Committee.

Shazad Sarwar, Non-Executive Director (appointed 1 August 2015)

Shazad was appointed on 1 August 2015. Shazad is currently Chief Executive of a charity based in Pendle. Prior to joining Airedale he was a Non-Executive Director of East Lancashire NHS Foundation Trust. He formally held positions as Managing Director of a research and policy consultancy; independent member of Lancashire Police Authority and Advisory Director of Diversity at the Cultural Diversity Network.

Dr Michael Toop, Non-Executive Director (to 14 October 2015)

Michael died suddenly in October 2015. He was a retired consultant in chemical pathology and previously managed the chemical pathology department at Harrogate Hospital for 25 years until his retirement in 2011. Michael also worked in various specialties at Leicester Royal Infirmary and then as registrar in Birmingham. Throughout his career Michael held a number of formal positions including with the Royal College of Pathologists and Association for Clinical Biochemistry.

The Board considers all the Non-Executive Directors to be independent.

Executive Directors**Bridget Fletcher, Chief Executive**

Bridget was appointed Chief Executive in November 2010. She was previously Chief Operating Officer/Chief Nurse and prior to this Director of Nursing for 5 years having joined Airedale in 2005. Before joining Airedale, Bridget was Assistant Director, Quality Assurance at The Royal Marsden NHS Foundation Trust. Prior to this she was at West Middlesex University Hospital NHS Trust and Salford Royal NHS Trust where she held a number of senior management roles with responsibility for acute health services and professional nursing services.

Rob Dearden, Director of Nursing

Rob joined Airedale NHS Foundation Trust as Interim Director of Nursing in August 2011 and was appointed to the substantive role of Director of Nursing on 1 August 2012. Prior to this, he was Deputy Director of Nursing at Calderdale and Huddersfield NHS Foundation Trust. He qualified as a Registered General Nurse in 1987 at Manchester Royal Infirmary and then as a Registered Mental Nurse at Wigan Infirmary in 1990. He later specialised in Care of Older People and Rehabilitation Medicine in Manchester, Wirral and Halifax. Rob has a significant background in Practice Development.

Andrew Copley, Director of Finance

Andrew was appointed Director of Finance in January 2013. Andrew is a Fellow of the Association of Chartered Certified Accountants with nearly 20 years financial management experience. He joined the Airedale in 2008 as Deputy Director of Finance from Calderdale and Huddersfield NHS Foundation Trust. Andrew initially trained as a radiographer at Pinderfields and Pontefract hospitals and later joined St Luke's hospital, Bradford.

Stacey Hunter, Director of Operations (appointed 1 August 2015)

Stacey was appointed Executive Director of Operations on 1 August 2015 having previously held the position as Associate Director from 2013. Stacey qualified as a nurse in 1990 and spent over 10 years in various nursing roles in Hull and Leeds prior to moving into general management in 2001. Since then Stacey has spent most of her career at Leeds Teaching Hospitals NHS Trust progressing from Clinical Services Manager to General Manager prior to joining Airedale in 2013. Her other professional roles have included Council Membership of the RCN from 2003 to 2011. Stacey is also Trustee of a Leeds based children's hospice.

Mr Karl Mainprize, Medical Director

Karl was appointed Medical Director on 3 June 2014, having previously been Deputy Medical Director at York Hospitals NHS Foundation Trust. Prior to this he worked at Scarborough Hospital as Consultant Colorectal Surgeon for almost 10 years where he was instrumental in developing the first ever community endoscopy service. Having qualified in 1989 he spent his early career based at Oxford, Reading and London.

Ann Wagner, Director of Strategy and Business Development (to 31 January 2016)

Ann joined the Airedale NHS Foundation Trust in 2006 as Director of Corporate Development taking on responsibility for securing Foundation Trust status, which was achieved in 2010. Prior to joining Airedale, Ann held a number of senior strategic roles including Executive Director of Service Improvement at West Yorkshire SHA, National Programme Director for the Department of Health Integrated Service Improvement Programme, Programme Director for the West Yorkshire Choice Pilot and Director of Performance Management at Bradford Health Authority. Prior to joining the NHS, Ann worked in the private sector as a PR consultant managing a range of business to business accounts; and before that worked in Local Authorities and the North of England in a number of marketing related posts.

Committees of the Board of Directors

The Foundation Trust Board of Directors and Council of Governors have discharged their functions throughout the year through a number of sub-committees as outlined below. The Board receives regular reports from the Committee Chairperson as well as the minutes in order to evaluate the performance and effectiveness of its sub-committees. A description of the work of the nominations committees are detailed in the Remuneration Report.

Audit Committee

The Audit Committee is chaired by a Non-Executive Director – Mr Cross, and has a further two Non-Executive Director members, Mrs Houghton and Mr Sarwar. The Director of Finance and other senior managers including the Company Secretary and the Assistant Director, Healthcare Governance, attend Audit Committee meetings. Also in attendance is a Governor representative.

The Committee's terms of reference are approved by the Board of Directors. The Committee has an annual work plan which shows how it plans to discharge its responsibilities under its terms of reference. Minutes of each meeting are reported to the Board along with any recommendations by the Chair of the Audit Committee. Committee members carry out a self-assessment each year. The Committee reports to the Board of Directors through its annual report on its work in support of the Annual Governance Statement. This specifically comments on the fitness for purpose of the Board Assurance Framework, the completeness and embeddedness of risk management in the Foundation Trust, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission outcomes.

Its main duties throughout the year were:

- **Financial reporting** – The Audit Committee monitors the integrity of the financial statements of the Foundation Trust, including scrutinising the quarterly corporate governance statement to Monitor, and any formal announcements relating to the Foundation Trust's financial performance, reviewing significant financial reporting judgments contained in them. The Committee received and approved the Foundation Trust accounts and the Annual Governance Statement for 2015/16.
- **Governance, risk management and internal control** – The Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Foundation Trust's activities (both clinical and non-clinical) that support the achievement of the Foundation Trust's objectives. The Audit Committee ensures that the review of the effectiveness of the system of internal control is undertaken and its findings reported to the Board. The Committee received the Foundation Trust's Board Assurance Framework and various audit reports concerning these matters, during this period. The Committee received reports outlining the progress made in planned counter fraud work and general issues concerning the NHS Counter Fraud Service (CFS). The Committee also reviewed as appropriate the findings of other relevant significant assurance functions, both internal

and external to the Foundation Trust and considered the implications to the governance of the Foundation Trust.

- **Internal audit** – The Committee ensures that there is an effective internal audit function established by management that meets mandatory internal audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and the Board of Directors. The Committee received the internal audit plan, internal audit annual report and progress reports in this period and also received the review of the internal audit function by external audit and the Director of Finance. The internal audit contract with Mersey Internal Audit Agency was extended by the Foundation Trust for a further two years beyond its initial term of three years.
- **External audit** – The Audit Committee reviews and monitors the external auditor's independence and objectivity and the effectiveness of the audit process. The Committee received and reviewed external audit plans and regular routine reports, along with holding regular private discussions with the external auditors and internal audit. The external auditor attends each Audit Committee meeting. The external audit contract with PricewaterhouseCoopers was extended by the Council of Governors for a further year beyond its initial contract term of three years. In preparation for the contract expiring at the conclusion of the 2015/16 audit, the Audit Committee appointed a selection panel comprising two Audit Committee members, three Governors, Director of Finance and Deputy Director of Finance. The Head of Procurement and Company Secretary, attended meetings of the selection panel in advisory capacity. Following a robust selection process, the Council of Governors approved the recommendation of the Audit Committee on the appointment of external auditor.
- **Counter fraud** – The Audit Committee ensures that there are appropriate fraud prevention and detection measures in place. It receives an annual report from the Foundation Trust's Local Counter Fraud Specialist and reviews and approves the annual work plan each year.

The Company Secretary was the formal secretary for the Committee and ensured that co-ordination of papers and minutes were produced in accordance with the Chair of the Committee. The Foundation Trust has a process agreed by Governors for the agreement of non-audit services provided by external audit. No additional non-audit services were required during the period.

Clinical Specialty Assurance Committee

The Clinical Specialty Assurance Committee, chaired by Shazad Sarwar, Non-Executive Director, provides the Board of Directors with assurance that high standards of care are provided by the Foundation Trust by reviewing clinical specialties, focussing on the following service quality areas:

- Patient experience;
- Quality;
- Safety;
- Medicines Management
- Staffing
- Activity; and
- SLR performance.

It also provides support to the Board of Directors in developing an integrated approach to governance by ensuring clinical effectiveness and compliance with best practice in each of the clinical specialties areas reviewed

Charitable Funds Sub-Committee

The Charitable Funds Sub Committee, chaired by Sally Houghton, Non-Executive Director, acts on behalf of the Board of Directors in its capacity as Corporate Trustee of the Airedale NHSFT Charitable Funds (charity number 1050730). Other committee members include an Executive Director, a senior matron and a senior clinician.

The purpose of the committee is to give additional assurance to the Corporate Trustee that its charitable activities are within the law and regulations set by the Charity Commission for England and Wales and to ensure compliance with the charity's own governing document. The committee meets at least four times a year and provides advice to the Corporate Trustee on matters such as investment strategy and fundraising strategy.

The annual report and accounts of the Airedale NHSFT Charitable Funds are available from either contacting the Company Secretary or via the Charity Commission website.

Director attendance at Board and Sub-Committee meetings 2015/16

Directors	Board of Directors	Audit Committee	BART	Charitable Funds Sub-Committee	CSAC
Professor Michael Luger	8/9	-	7/7	-	-
Jeremy Cross	8/9	5/5	-	-	-
Ronald Drake	9/9	-	4/7	-	6/6
Professor Anne Gregory	7/9	-	7/7	-	5/6
Sally Houghton	8/9	4/5	-	5/5	-
Shazad Sarwar (appointed 1 August 2015)	5/5	2/2	-	-	3/3
Dr Mike Toop (to 14 October 2015)	5/5	3/3	-	-	2/3
Bridget Fletcher	9/9	-	7/7	-	-
Andrew Copley	9/9	3/5	-	-	-
Rob Dearden	9/9	-	-	-	6/6
Stacey Hunter (appointed 1 August 2015)	5/5	-	-	3/5	-
Mr Karl Mainprize	9/9	-	-	-	6/6
Ann Wagner (to 31 January 2016)	8/9	-	-	4/4	-

Counter Fraud

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy the Foundation Trusts financial position at any time to enable them to ensure the accounts comply with requirements outlined in Secretary of State Directions. They are also responsible for safeguarding the Foundation Trust's assets and taking reasonable steps for the prevention and detection of fraud and other irregularities.

Additional Disclosures Required by the NHS Foundation Trust Annual Reporting Manual

Accounting policies for pensions and other retirement benefits are set out in Note 1.3 to the accounts and details of senior employees' remuneration can be found in the Remuneration Report.

SECTION 5 – REGULATORY RATINGS

Monitor is the sector regulator for health services in England with the role of protecting and promoting the interests of patients by ensuring that the whole sector works for their benefit.

As part of its responsibilities, Monitor makes sure foundation hospitals, ambulance trusts and mental health and community care organisations are well led and are run efficiently, so they can continue delivering good quality services for patients in the future.

Monitor measures and assesses the actual performance of each NHS Foundation Trust, against each Foundation Trust's annual plan (as approved by Monitor). The ratings are Continuity of Services and Governance:

- **Continuity of Services** rating (rated 1-4, where 1 represents the highest risk and 4 the lowest risk).
- **Governance** rating (Trusts are rated green if no issues are identified and red where enforcement action is being taken).

The Foundation Trust achieved a financial risk rating of 3 throughout 2015/16 in line with annual plan expectations. The tables below summarises the rating performance throughout the year and provide a comparison to the previous year.

2015/16	Annual Plan	Q1	Q2	Q3	Q4
Continuity of service rating	3	3	3	3	3
Governance risk rating	Green	Green	Green	Green	Green*

*To be confirmed by Monitor as part of the quarterly review process

2014/15	Annual Plan	Q1	Q2	Q3	Q4
Continuity of service rating	3	3	3	3	3
Governance risk rating	Amber with declared risks A&E and C.diff standards	Green	Green	Green	Green*

Responsibility Statement

The Directors are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations.

The Directors are also responsible for keeping adequate accounting records that are sufficient to show and explain the Foundation Trust's transactions and disclose with reasonable accuracy at any time the financial position of the Foundation Trust and enable them to ensure that the financial statements comply with applicable law and regulations. They are also responsible for safeguarding the assets of the Foundation Trust and hence taking reasonable steps for the prevention of fraud and other irregularities.

The Directors confirm that to the best of their knowledge, the Annual Report and financial statements taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

SECTION 6 - STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by Monitor.

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

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

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgments and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- Prepare the financial statement on a going basis.

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

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



Bridget Fletcher
Chief Executive

25 May 2016

SECTION 7 - ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

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

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Airedale NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Airedale NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the Annual Report and Accounts.

Capacity to Handle Risk

As Accounting Officer, I have overall responsibility for ensuring that there are effective risk management and integrated governance systems in place within the Foundation Trust and for meeting all statutory requirements and adhering to guidance issued by Monitor in respect of governance and risk management. I am Chair of the Executive Assurance Group that reviews and sets the Risk Management Strategy for the Trust.

The Foundation Trust has a risk management strategy, which is reviewed and endorsed by the Board of Directors annually. The Risk Management Strategy provides a framework for managing risks across the organisation which is consistent with best practice and Department of Health guidance. The Strategy provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organization.

The Risk Management Strategy was reviewed as part of the Monitor Governance and Capability Review and has been reviewed to take account of the new Duty of Candour. There is a clearly defined structure for the management and ownership of risk through the development of the risk register and assurance framework. The Strategy sets out the role of the Board and its sub-committees together with individual responsibilities of the Chief Executive, Executive Directors, other senior managers and all staff in managing risk. In particular, the Executive Assurance Group provides the mechanism for managing and monitoring risk throughout the Trust and reporting through to Board.

Established group governance arrangements maintain effective risk management arrangements across all groups, maintain group risk registers and report to the Executive Assurance Group via the directorate Delivery Assurance Groups.

The Board of Directors receives the minutes of Board sub-committees and executive assurance meetings, including the Executive Assurance Group. The Board agenda includes a number of risk reports as standing agenda items, and receives the summary serious incidents report, quality account report and integrated governance dashboards.

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

The Medical Director is responsible for clinical governance, and has overall lead for risk management and patient safety with support from the Assistant Director, Healthcare Governance. The Medical Director is, with support from the Assistant Director, Healthcare Governance, also responsible for reporting to the Board of Directors on the development and progress of the quality and patient safety strategy and for ensuring that the strategy is implemented and evaluated effectively;

The Medical Director is also the executive lead (with management support provided from the Assistant Director, Healthcare Governance) for ensuring a fully integrated and joined up system of risk and control management is in place on behalf of the Board;

The Director of Nursing is responsible for infection prevention and control;

The Director of Operations is responsible for health and safety;

The Director of Finance provides the strategic lead for financial and performance risk and the effective coordination of financial controls throughout the Foundation Trust. The Director of Finance is also the SIRO and has responsibility for information governance;

The Head of HR and Workforce is responsible for workforce planning, staffing issues, education and training. Responsibility for organisational development is incorporated in to Executive Directors combined objectives both on an individual basis and collectively as the executive team; and

All heads of service, Clinical Directors and managers have delegated responsibility for the management of risk and patient safety in their areas. Risk is integral to their day-to-day management responsibilities. It is also a requirement that each individual Group produces a divisional/directorate patient safety and risk register, which is consistent and mirrors the Foundation Trust's patient safety and risk register requirements and is in line with the risk management strategy.

There were no in-year changes at the Executive management level impacting on the risk management arrangements. The Assistant Director, Healthcare Governance left the organisation part way through the year and was replaced by an internal candidate. The Foundation Trust considers the succession arrangements were robust.

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

- Awareness of risk assessments which have been carried out in their place of work and to compliance with any control measures introduced by these risk assessments;
- Compliance with all legislation relevant to their role, including information governance requirements set locally by the Foundation Trust;
- Following all Foundation Trust policies and procedures;
- Reporting all adverse incidents and near misses via the Foundation Trust incident reporting system;
- Attending regular training as required ensuring safe working practices;
- Awareness of the Foundation Trust patient safety and risk management strategy and their own Group patient safety and risk management strategy; and

- Knowing their limitations and seeking advice and assistance in a timely manner when relevant.

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

- Corporate induction training when staff join the Foundation Trust;
- Mandatory update training for all staff at specified intervals;
- Targeted training with specific areas including risk assessment, incident reporting and incident investigation; and.
- Training and mentoring support for a new electronic adverse event reporting system introduced 2015/16, targeted at managers of wards, departments and non-clinical areas.

The Foundation Trust seeks to learn from good practice and will investigate any serious incidents, complaints and SIRI's (Serious Incidents Requiring Investigation) using Root Cause Analysis methodology. The findings are reviewed by the Foundation Trust's Assurance Panel to ensure learning points are implemented. Assurance is gained by presenting reports to the Foundation Trust's Executive Assurance Group and summary reports to the Board of Directors. Any learning points are taken to the Trust's Quality, Safety and Operational Group chaired by the Medical Director and Director of Nursing and whose membership comprises Clinicians, Matrons and Senior Managers. A wider distribution of learning points for staff is disseminated via a Quality and Safety Newsletter and staff briefings.

In addition to the Foundation Trust reviewing all internally driven reports, the Foundation Trust adopts an open approach to the learning derived from third party investigations and audits, and/or external reports. The Foundation Trust actively seeks to share learning points with other health organisations, and pays regard to external guidance issued. This learning approach is supported by implementing a 'true for us' test which seeks to test the Foundation Trust's systems and processes against the findings and recommendations of external reports and reviews. Accordingly, the Foundation Trust will undertake gap analyses and adjust systems and processes as appropriate in line with best practice. The Foundation Trust has also adopted a pro-active approach to seeking independent reviews in which Royal College reviews would be commissioned should concerns be raised of a significant magnitude. The Foundation Trust ensures that mandated peer reviews are undertaken and the outcomes reported to the Board of Directors, as evidenced by for example, the Trauma Peer Review and the Cancer Peer Review, both undertaken in 2015/16. A number of external reports including the 'Freedom to Speak Up' review led by Sir Robert Francis QC, and the *Hard Truths: Putting Patients First* published by the Department of Health, have also been considered and the recommendations arising from those reports reviewed and acted upon.

The Risk and Control Framework

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

The Risk Management Strategy assigns responsibility for the ownership and management of risks to all levels and individuals to ensure that risks which cannot be managed locally are escalated through the organisation. The process populates the risk register and board assurance framework, to form a systematic record of all identified risks. All risks are evaluated against a common grading

matrix, based on the Australia/New Zealand risk management standard to ensure that all risks are considered alike. The control measures, designed to mitigate and minimise identified risks, are recorded within the risk register and board assurance framework.

The board assurance framework sets out:

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

In conjunction with the board assurance framework, a 'heat map' and 'risk matrix' have been developed. The aim of these documents is to identify those risks presenting the greatest threat to the Trust achieving its strategic objectives, and the likelihood of those risks increasing sufficiently to require assurance and/or action.

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

The Trust's Quality Strategy was revised in 2014/15 and after widespread consultation with patients, staff, governors and stakeholders; the Quality Improvement Framework was launched in 2015/16. Focusing on the system and underpinned by three supporting domains – patient experience, patient safety and the clinical effectiveness of care and treatment – the Quality Improvement Strategy and Quality Assurance Framework aims to deliver a more robust and streamlined governance structure.

The Board reviews performance data each month against Monitor and CQC standards and outcomes via a series of integrated dashboards focusing on quality, safety, patient experience and clinical outcomes; staff engagement and workforce development; finance and performance; service developments and transformation and business development. A quality account report has been developed and designed specifically to support the triangulation of data across the organisation, and is reviewed by the Board in conjunction with the integrated dashboards. The Board sub-committee's support the Board in carrying out its' responsibilities. The Audit Committee ensures that the systems and processes in place to ensure the triangulation of information is robust, as evidenced by external and internal audit reviews. The Clinical Specialty and Assurance Committee undertakes a number of specialty reviews ie 'deep-dives' on a rolling programme –a process supported by peer review and face-to-face presentations to Executive and Non-Executive Directors.

The Trust adopts a bottom-up approach to performance management. The process of assessing performance at specialty level is monitored on a monthly basis at the directorate Delivery Assurance Groups led by the Director of Finance, which then reports in to the Executive Assurance Group. As part of the monitoring process, performance targets are set which are then RAG rated to identify those areas requiring scrutiny at executive or board level. The Board requires exception reports to be presented should the nationally mandated performance standards not be met. Examples of exception reports presented to the Board in 2015/16 include the 4 hour ED standard and 62 day wait cancer target.

The Trust takes a robust approach to ensuring data security is managed and any risks are assessed in a timely manner. Data quality and data security risks are managed and controlled via the risk management system. Risks to data quality and data security are continuously assessed and added

to the IM&T risk register. In addition, independent assurance is provided by the Information Governance Toolkit self-assessment review by internal audit.

The Foundation Trust's risk management processes have identified a number of risks. A number of system-wide risks relating to organisation performance, unprecedented challenges in achieving financial sustainability and ongoing financial viability, delivery of QIPP and increasing service pressures have been considered and reflected in the Board Assurance Framework. The most significant are outlined below along with how they have been/are being managed and mitigated and how outcomes are being assessed.

The Foundation Trust's financial position is subject to a number of risks. Its position is dependent on delivering productivity and efficiency improvements. This is set against a difficult national economic background and changing NHS landscape. The Trust has over the past five years delivered the majority of its national mandatory performance standards. However this will become increasingly challenging for a variety of reasons, including increasing demand, system wide transformation developing but not at the pace or scale to keep in line with demand, unrealistic thresholds, commissioner affordability and in some cases available capacity. The strategy of focusing on partnership working to deliver system change at pace is therefore continuing and will continue in to 2016/17 and beyond. This change is also dependent upon the Foundation Trust's ability to secure and retain the right workforce at clinician level as well as being able to influence widespread change in clinical practice.

There is a potential cost to maintaining and further improving quality requirement which are progressed through the Quality Improvement Framework. In March 2016, the Trust had its planned Care Quality Commission inspection and the associated report to be published in 2016/17 may highlight areas requiring further work with agreed timescales for delivery.

The clinical management structure has undergone significant changes during the current and previous year in order to equip clinicians with the skills and resilience to meet the challenges of the changing NHS landscape. Whilst the Trust has successfully managed to reduce agency expenditure and successfully recruited locally, nationally and internationally, some areas remain challenged, in particular where there are staffing specialisms, leading to difficulties in reducing agency rates. The potential settlement outcome of the Junior Doctor and Consultant contracts could disproportionately impact on smaller hospitals. In addition, the outcome of the national specifications around the Urgent and Emergency Care Vanguard work and the national Maternity Review could impact on both the service model and require additional staffing to be put in place to meet the mandated requirements. The further development of the clinician workforce and structure remains key to the success of the Foundation Trust and therefore this work will also continue in to the coming year.

The Foundation Trust is mitigating these risks through rigorous budgetary control and management of significant productivity and efficiency improvements. Outcomes are measured by monthly review of financial performance information by the Board, in addition to scrutiny of the impact of efficiency savings on patient safety and quality of service.

The Foundation Trust ensures that public stakeholders are involved in managing risks which impact on them. The Council of Governors, having responsibility for representing the Foundation Trust members and members of the public, receive briefings from the Chief Executive and Chairman and have regular dialogue with the Chairman, Executive and Non-Executive Directors. Matters pertaining to the Trust's performance, both quality and financial, and any changes to Foundation Trust services are reported as evidenced by the changes to the stroke services implemented during the year. The Council of Governors were fully briefed on the rationale and impact for patients and their families prior to the change being implemented. The Foundation Trust also ensured that with its' partners and commissioners, the wider public were engaged in the review process through the Bradford Health Overview and Scrutiny Committee.

Discussion has been ongoing throughout the year with Commissioner colleagues to ensure all key access targets are being met from within available resource. There has been regular contract management meetings with the Foundation Trust's lead commissioning cluster – Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) and other reviews with Bradford Districts and East Lancashire Clinical Commissioning Groups.

The Board has delegated scrutiny of the quarterly Corporate Governance Statement Monitor return to the Audit Committee prior to review by the Board. In conjunction, the Board receives the quality account, integrated governance dashboards and the finance and performance report on a monthly basis. This process provides assurance to the Board that the Corporate Governance Statement is a valid reflection of the Foundation Trust's performance over the previous quarter(s), whilst allowing the Board opportunity for scrutiny of compliance.

In addition to the standard reporting and assurance process, the Foundation Trust undertook an external independently evaluated Board Governance and Capability Review ('Review') during the early part of 2014 as part of the Monitor pilot scheme. The Review examined the effectiveness of governance structures; the responsibilities of Directors and subcommittees; the capability at Board level to provide organisational leadership; reporting lines and accountabilities between the Board, its subcommittees and the executive team; the assessment of risks and the risk management process; and the degree and rigour of oversight the Board has over the Foundation Trust's performance.

The outcome of the evaluation assessed the Foundation Trust's governance arrangements to be strong with no major areas of weakness identified. In the spirit of learning, the Board considered the Review and formed a response to the findings which have been taken forward through its governance processes. The most significant output from the Review was a root and branch evaluation of the Trust's quality governance arrangements. Arising from this was the formulation of a Quality Assurance Strategy and a Quality Improvement Framework, which received Board approval in March 2015.

The Foundation Trust successfully registered, without conditions, with the Care Quality Commission in 2010, and continues to be fully compliant with the registration requirements of the Care Quality Commission. Assurance against the requirements of the CQC registrations is monitored on an ongoing basis throughout the year by the Executive Lead responsible for ensuring compliance for each of the CQC outcomes.

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

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

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

Review of economy, efficiency, and effectiveness of the use of resources

The Trust has a comprehensive system that sets strategic and annual objectives. The Board of Directors sets these objectives with regard to the economic, efficient and effective use of resources. The Trust's financial plan is approved by the Board and submitted to Monitor. The plan, including forward projections, is monitored on a monthly basis and reviewed by the Board.

The objectives set reflect national and local performance targets for standards of patient care and financial targets to deliver this care within available resources. Within these targets, the Foundation Trust includes specific productivity and efficiency improvements. These are identified from a range of sources including internal review such as internal audit, external audit and external organisations including benchmarking agencies. The Foundation Trust pays regard to its reference costs, a nationally mandated collection of cost data for delivering services in the NHS. The Audit Committee has responsibility for approving the cost data submission prior to submission to Monitor by seeking assurance around the Foundation Trust's internal costing processes and system. The Director of Finance reports the outcome of the annual review and benchmarking against other foundation trusts to the Board of Directors.

During the year, the Board of Directors has been informed of, and monitored closely, the outcome of the Lord Carter of Coles Report: Operational Productivity and Performance in English NHS Acute Hospitals, and what this means for the Foundation Trust. The Foundation Trust has reflected the outcome of this report and the subsequent publication of Lord Carter's review of NHS cost savings in February 2016, in the Annual Plan 2016/17.

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

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

The governance framework is subject to scrutiny by the Foundation Trust's Audit Committee and internal and external audit. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

Information Governance

Maintaining the security of the information that the Foundation Trust holds provides confidence to patients and employees of the Foundation Trust. To ensure that its security is maintained an Executive Director has been identified – the Foundation Trust's Director of Finance – to undertake the role of Senior Information Risk Owner (SIRO). The SIRO supports the Chief Executive and the Board in ensuring compliance with appropriate standards and managing information risks. The SIRO has overseen the implementation of a wide range of measures to protect the data held and a review of information flows to underpin the Foundation Trust's information governance assurance statements and its assessment against the information governance toolkit. The IT Clinical Director is the Trust Caldicott Guardian. Freedom of Information compliance is managed by the Head of IT and IG with responsibility for ensuring that procedures and processes are in place. There is an established Information Governance Group (IGG) which oversees IG compliance, manages issues and incidents and reports on action plans and projects. The Head of IT and IG chairs the IGG. Membership includes the SIRO, Caldicott Guardian and other senior representatives across the Trust. The IGG is accountable to the Executive Assurance Group. The IGG regularly reports and informs on progress and compliance with the IG Toolkit and the SIRO signs off the 31st March annual submission.

As part of the Foundation Trust's assurance mechanism, the internal audit work plan includes an annual review of the Information Governance Toolkit submission. The review highlighted some areas of potential improvement which the Trust is considering as part of its on-going IG work programme. I can report that for 2015/16, the information governance toolkit submission process was given a 'significant assurance' opinion by the Foundation Trust's internal auditors.

During 2015/16, the Foundation Trust reported one serious information governance reportable incident ('SIRI') in which demographic details and some associated clinical information was disclosed in error and sent to a number of commissioning bodies. The SIRI was selected for review by the Information Commissioner's Office (ICO). The Trust complied fully with the ICO process who then concluded their investigation in January 2016 with no further actions required.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Annual Quality Report 2015/16 has been developed in line with relevant national guidance and is supported internally through the board assurance framework. The data and information within the Quality Report is reviewed through the Executive Assurance Group, which is attended by all Executive Directors. The Board of Directors review the Quality Improvement Dashboard at each Board meetings as a standing agenda item.

The Trust has developed its vision, values and priorities through wide involvement and in consultation with patients, carers, staff, external stakeholders and Governors. Through this engagement, the Trust has been able to ensure the Report provides a balanced view of the organisations priorities for 2015/2016. In preparing the Quality Report, the Trust had a Quality Report project lead to develop the Quality Report, reporting direct to the Medical Director, and the Quality Account Steering Group with Governor and Patient Carer Panel membership continued. A formal review of the process was established, involving a presentation of the Foundation Trust's initial draft account to its external stakeholders (Overview and Scrutiny Committee's, Healthwatch and Commissioners). The draft Quality Report was formally reviewed through the Trust's governance arrangements (formal management group, Board sub-committee and Board of Directors).

The Trust has utilised Group performance reports, governance and quality reports, clinical outcome measures, mortality reports, Health Education England and CHKS benchmarking data and a range of key national targets to govern the work associated with the Quality Report. The data used to report the Trust's quality performance in 2015/2016 was taken from national data submissions, CHKS and national patient surveys. The quality and safety metrics were reported on a monthly basis to the Board through the performance and governance reports, including the Quality Account Report.

The process by which the quality of care, including the quality and accuracy of elective waiting time data, is monitored at management and executive level is achieved through the triangulation of data from patient and staff surveys as well as internal and external data sources. Any deviations to expected performance levels are reported on an exception basis to the Board via the Trust's Executive Assurance Group. External assurance of performance was gained by sharing the Quality Report with the Trust's Commissioners, Healthwatch and OSCs as required by national regulation.

The Trust's external auditor, PwC, have undertaken a review of the arrangements in place at the Trust to secure the data quality of information included in the Quality Account. The report prepared by PwC will be submitted to Monitor by the end of May 2016.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report

and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, and the Executive Assurance Group, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

- The Board of Directors has overall accountability for delivery of patient care, statutory functions and Department of Health requirements;
- The Audit Committee oversees the maintenance of an effective system of internal control and reviews the statement on internal effectiveness and Annual Governance Statement;
- The Executive Assurance Group oversees the risk management process at operational level, ensuring that risks are managed and/or escalated in line with the Risk Management Strategy;
- The Assistant Director of Healthcare Governance through the Executive Assurance Group ensures that a fully integrated approach is taken when considering whether the Trust has in place systems and processes to support individuals, teams and corporate accountability for the delivery of safe patient centered, high quality care;
- The Assistant Director of Healthcare Governance also manages the clinical audit programme through a dedicated audit team. The audit work programme is reviewed by the Executive Assurance Group and is overseen by the Audit Committee;
- The Clinical Specialty Assurance Committee provide the Board of Directors with assurances of clinical effectiveness and compliance with best practice in the specialties reviewed, through scrutiny of patient quality and safety, patient experience, medicines management, staffing, activity and service line reporting;
- The key group in the management of health and safety is the Joint Health and Safety Committee. This comprises management, staff side representatives and reports into the Executive Assurance Group. The Committee ensures that the Trust meets its legal requirements to consult with staff on matters that affect their health and safety, and has the responsibility of promoting and developing health and safety arrangements across the organisation, by ensuring compliance with the Health and Safety at Work Act 1974 (and related regulations). The Committee is chaired by the Director of Operations, whose role includes being the designated lead director for health and safety for both the Trust's Executive Directors Group and the Board. The Director of Operations is supported in this role by the Resilience and Governance Manager; and
- Internal audit is provided by the Mersey Internal Audit Agency (MIAA). MIAA present the internal audit work plan at the Audit Committee for approval which is then monitored by both the Audit Committee and the Executive Assurance Group. The Head of Internal Audit presents an annual opinion on the overall adequacy and effectiveness of the Foundation Trust's risk management, control and governance processes. This is achieved through a risk based plan of work, agreed with management, approved by the Audit Committee and subsequently reviewed by the Board of Directors.

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

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

During 2015/16, MIAA undertook 13 full audits of the Foundation Trust's systems and processes, and 15 follow-up reviews, including a separate follow-up of the mandatory training audit, from which the internal auditors did not identify any significant internal control issues and/or gaps in control. MIAA also contributed to the control environment by supporting the organisation in strengthening arrangements in respect of governance, risk management and internal control in a number of areas.

We acknowledge however that the Foundation Trust is in a period of significant change and will therefore continue to adapt to the changing NHS landscape through an iterative process of review of governance arrangements.

Conclusion

My review confirms no significant internal control issues have been identified for the year ended 31 March 2016.



Bridget Fletcher
Chief Executive
25 May 2016

Independent auditors' report to the Council of Governors of Airedale NHS Foundation Trust

Report on the financial statements

Our opinion

In our opinion, Airedale NHS Foundation Trust's ("the Trust's") Group and Parent Trust's financial statements (the "financial statements"):

- give a true and fair view of the state of the Group's and of the Parent Trust's affairs as at 31 March 2016 and of the Group's and of the Parent Trust's income and expenditure, and the Group's cash flows for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

What we have audited

The financial statements comprise:

- the Consolidated and Parent Trust's Statement of Comprehensive Income for the year ended 31 March 2016;
- the Consolidated and Parent Trust's Statement of Financial Position as at 31 March 2016;
- the Consolidated and Parent Trust's Statement of Changes in Taxpayer's Equity for the year then ended;
- the Consolidated Statement of Cash Flows for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

Certain required disclosures have been presented elsewhere in the Airedale NHS Foundation Trust Annual Report (the "Annual Report"), rather than in the notes to the financial statements. These are cross-referenced from the financial statements and are identified as audited.

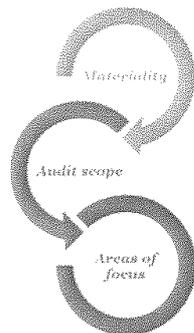
The financial reporting framework that has been applied in the preparation of the financial statements is the NHS Foundation Trust Annual Reporting Manual 2015/16 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our audit approach

Context

Our 2016 audit was planned and executed having regard to the fact that the Trust's operations and financial stability were largely unchanged in nature from the previous year. In light of this, our approach to the audit in terms of scoping and areas of focus was largely unchanged. We have included an increased focus on financial sustainability given the tighter funding regime, as well as provisions on the basis provisions are relatively high for the size of the Trust.

Objectives



- Overall materiality: £2,320,000 which represents 1.5% of total revenue.
- In establishing our overall approach we assessed the risks of material misstatement and applied our professional judgement to determine the extent of testing required over each balance in the financial statements.
- We performed our audit of the financial information for the group which included the parent Airedale NHS Foundation Trust and its subsidiary, Airedale NHS Foundation Trust Charitable Fund.
- The audit was undertaken at Airedale General Hospital, based in Steeton, Keighley which is where the finance function and Trust's Headquarters are based.
- Management override of control and fraud in revenue / expenditure recognition;
- Financial sustainability and going concern;
- Provisions; and
- Property, Plant and Equipment revaluation.

2015/16 Annual Report and Financial Statements

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code") and, International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)").

We designed our audit by determining materiality and assessing the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain. As in all of our audits, we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are identified as "areas of focus" in the table below. We have also set out how we tailored our audit to address these specific areas in order to provide an opinion on the financial statements as a whole, and any comments we make on the results of our procedures should be read in this context. This is not a complete list of all risks identified by our audit.

Area of focus	How our audit addressed the area of focus
<p><i>1. The risk of material misstatement in the recognition of revenue and expenditure</i></p>	<p><i>Revenue recognition</i></p>
<p>See note 1 to the financial statements for the directors' disclosures of the related accounting policies, judgements and estimates relating to the recognition of revenue and expenditure and notes two to five for further information.</p>	<p>We evaluated the accounting policy for income and expenditure recognition of the Trust to ensure that it is consistent with the requirements of the NHS Foundation Trust Annual Reporting Manual and noted no issues in this respect.</p>
<p>Under ISA (UK&I) 240 there is a rebuttable presumption that there are risks of fraud in revenue recognition. We have extended this presumption to the recognition of expenditure.</p>	<p>We tested a sample of revenue transactions recognised after the year end to check that the amount of revenue recognised was accurately and appropriately recognised in 2015/16.</p>
<p>We focussed on this area because there is a heightened risk, due to:</p>	<p>For transactions close to the year-end we tested a sample to check that they had been recorded in the correct accounting period.</p>
<ul style="list-style-type: none"> • the pressures surrounding the financial position and sustainability of the Trust in future years, hence an incentive to defer revenue and recognise as much expenditure as possible in 2015/16; • the Trust's principal source of income is from Clinical Commissioning Groups ("CCGs"). A contract reconciliation is negotiated with each CCG after the end of the financial year and is, therefore, subject to management judgement regarding its value; • the inherent complexities in a number of contractual arrangements entered into by the Trust; • the timing and complexity of the intra-NHS balance reconciliation process; and • a number of areas of expenditure involving estimation such as provisions. 	<p>We also tested a sample of revenue transactions recognised during the year to check the amount was recognised accurately and the Trust had received the cash for those transactions.</p>
<p>The Trust's income contracts with commissioners include a Commissioning for Quality and Innovation ("CQUIN") element. The Trust's entitlement to this income is contingent on it meeting its targets for these indicators. As such there was a potential risk of income being included in the financial statements which may have been subject to clawback by commissioners for breach of targets.</p>	<p>Our testing did not identify any exceptions.</p>
	<p>We obtained the Trust's mismatch reports received as part of the NHS agreement of balances exercise, which identified balances (debtor, creditor, income or expenditure balances) that were disputed by the counterparty. We then checked that management had investigated all disputed amounts and discussed with them the results of their investigation and the resolution.</p>
	<p>We read correspondence with the counterparties, which was consistent with the results management reported to us. We then considered the impact, if any, that the remaining disputed amounts would have on the Trust's financial statements and determined that there was no material impact.</p>
	<p>We examined the Trust's contracts with all its material commissioners, in particular understanding the performance targets attaching to those which can result in fines or lost CQUIN payments. We have then compared the year end performance against those targets to assess whether there are any other areas of potential fine or clawback of income – none were noted.</p>
	<p>We selected a sample of manual and automated journal transactions that had been recognised in both income and expenditure. We used data analysis techniques to focus in particular on those journals with a material net debit or credit to the Statement of Comprehensive Income.</p>

Area of focus

Revenue and expenditure

In 2015/16 this was a heightened area of focus due to the general pressures on demand and healthcare funding, as well as reductions in some of the Trust's income contracts. The Trust's overall position at 31 March 2016 is a deficit of £2.5m which is broadly in line with management forecasts. The Trust's balance sheet at 31 March 2016 also shows a ratio of current assets to current liabilities of 0.90 (2014/15: 0.93).

The Trust's current financial plans for 2016/17 forecast a planned surplus of £5.5m, which includes £5.3m of Sustainability and Transformation funding. The underlying surplus level is therefore £0.2m.

There is an increased cost improvement requirement for 2016/17 and beyond which represents a more significant challenge for management.

Provisions

The Trust's Statement of Financial Position at 31 March 2016 includes a material balance for provisions of £6.9m (2015: £7.0m).

These provisions are for a variety of matters, including; staff restructuring schemes, employment costs, holiday pay for part-time staff, and potential clawback of income. Provisions are a form of estimate and therefore include a level of judgment from management.

The risk was therefore that the assumptions and judgements of management could be outside of acceptable ranges.

Property, Plant and Equipment

We focussed on this area because Property, Plant and Equipment ("PPE") represents the largest balance in the Trust's statement of financial position and the Trust has continued to invest in its estate during 2015/16. PPE is valued at £62.5m as at 31 March 2016 (2015: £62.8m).

All PPE assets are measured initially at cost, with land and buildings being subsequently measured at fair value based on periodic valuations. The valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and

How our audit addressed the area of focus

We traced these journal entries to the supporting documentation (for example, invoices, goods received notes and cash receipts and payments) without exception.

Where revenue or expenditure was recorded through journal entries outside of the normal business process, we traced the journal to patient records or invoices on a sample basis to establish whether a service had been provided or a sale occurred.

Our testing did not identify any issues.

In considering the financial performance of the Trust we have:

- confirmed that the Foundation Trust has complied with all covenants with lenders;
- tested material balances owing to and from other health bodies through the national balance agreement exercise at 31 March 2016; and
- confirmed that the going concern principle applied to the financial statements by the Directors is appropriate, through assessment of the Trust's budget, cash flow forecasts and levels of reserves.

We have also performed the following to inform our assessment of the Trust's financial position and performance:

- assessed the reasonableness of assumptions within the Trust's financial forecasts against assumptions provided by the regulator and those we have seen at other Trusts;
- performing targeted audit procedures to gain comfort over the recognition of revenue; and
- assessment of key areas of accounting judgement including deferred income and provisions.

Our work on the above areas indicates that the going concern basis is appropriate.

Provisions

In assessing provisions we have confirmed that:

- the recognition criteria of IAS 37 'Provisions, Contingent Liabilities and Contingent Assets' had been met; and
- the assumptions underpinning the provisions are reasonable.

Property, Plant and Equipment

We obtained and read the relevant sections of the valuation report provided by the Trust's Valuers. We used our own valuations expertise to evaluate and challenge the assumptions and methodology applied in the valuation exercise. We found the assumptions and methodology applied to be reasonable and in accordance with RICS guidelines.

We confirmed that the valuer had a UK qualification and was registered with an appropriate professional body and was not connected with the Trust.

<i>Area of focus</i>	<i>How our audit addressed the area of focus</i>
<p>Valuation Manual, and are required to be performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date.</p> <p>A full valuation of the Trust's portfolio of land and buildings (including dwellings) was undertaken during 2015/16 by the Trust's valuation expert, with a valuation date of 31 March 2016.</p> <p>The specific areas of risk are:</p> <ul style="list-style-type: none"> accuracy and completeness of detailed information on assets provided to the valuation expert – most significantly the floor plans, on which the valuation of properties is routinely based; the methodology, assumptions and underlying data used by the valuation expert; and the processing of accounting transactions resulting from this valuation. 	<p>We considered, based on our knowledge of the Trust obtained during our audit, whether the Trust had any future plans that would impact on the usage (and, hence, valuations) of the properties. Our testing did not identify any such matters.</p> <p>We tested the underlying data upon which the valuation was based back to floor plans for a sample of properties. We found the valuation to have been based on appropriate and up to date floor space data. Some differences were identified in floor space data, although the impact of those differences is not material.</p> <p>We tested a sample of new additions in the year to confirm they had been appropriately valued – this involved agreement back to supporting invoice. Our testing did not identify any such matters.</p> <p>We physically verified a sample of assets across all classes of asset to confirm existence and in doing so considered whether there was any indication of physical obsolescence which would indicate potential impairment. Our testing did not identify any such indicators.</p> <p>We confirmed that the change in valuation was appropriately disclosed in the annual report and correctly reflected in management's workings and general ledger.</p>

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Group, the accounting processes and controls, and the environment in which the Group operates.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

<i>Overall Group materiality</i>	£2,320,000 (2015: £3,147,000.)
<i>How we determined it</i>	1.5% of revenue (2015: 2% of revenue/expenditure)
<i>Benchmark for benchmark applied</i>	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate. We have applied a lower percentage on the basis of higher inherent due to a tighter NHS funding environment.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £116,000 (2015: £157,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Other reporting in accordance with the Code

Opinions on other matters prescribed by the Code

In our opinion:

- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements;
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16; and
- the part of the Staff Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

Please indicate in which we are required to report by exception

We are required to report to you if, in our opinion:	
<ul style="list-style-type: none"> * information in the Annual Report is: <ul style="list-style-type: none"> – materially inconsistent with the information in the audited financial statements; or – apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Group and Parent Trust acquired in the course of performing our audit; or – otherwise misleading. 	We have no exceptions to report.
<ul style="list-style-type: none"> * the statement given by the directors on page 43, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable and provides the information necessary for members to assess the Group and Parent Trust's performance, business model and strategy is materially inconsistent with our knowledge of the trust acquired in the course of performing our audit. 	We have no exceptions to report.
<ul style="list-style-type: none"> * the section of the Annual Report on page 57, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee. 	We have no exceptions to report.
<ul style="list-style-type: none"> * the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 or is misleading or inconsistent with information of which we are aware from our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls. 	We have no exceptions to report.
We are also required to report to you if:	
<ul style="list-style-type: none"> * we have referred a matter to Monitor under paragraph 6 of Schedule 10 to the NHS Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or 	We have no exceptions to report.
<ul style="list-style-type: none"> * we have issued a report in the public interest under paragraph 3 of Schedule 10 to the NHS Act 2006. 	We have no exceptions to report.

Please indicate in which we are required to report by exception

Under the Code we are required to report to you if we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016. We have nothing to report as a result of this requirement.

Responsibilities for the financial statements and the audit

Our responsibilities in the opinion of the directors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Code, and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of Airedale NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other

person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

What an audit of financial statements involves

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Group's and Parent Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

We primarily focus our work in these areas by assessing the directors' judgements against available evidence, forming our own judgements, and evaluating the disclosures in the financial statements.

We test and examine information, using sampling and other auditing techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain audit evidence through testing the effectiveness of controls, substantive procedures or a combination of both. In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Responsibilities for securing economy, efficiency and effectiveness in the use of resources

Our responsibilities and those of the trustees

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We are required under paragraph 1(d) of Schedule 10 to the NHS Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code.



Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds

26 May 2016

- (a) The maintenance and integrity of the Airedale NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

CHAPTER 3 QUALITY REPORT

About Airedale NHS Foundation Trust

Airedale NHS Foundation Trust is a hospital and community services trust. We provide acute, elective, specialist and community care for a population of over 200,000 people from a widespread area covering West and North Yorkshire and East Lancashire. Care and treatment is provided from our main site, Airedale General Hospital, and from community hospitals such as Castleberg Hospital, near Settle, Coronation Hospital in Ilkley and Skipton Hospital as well as health centres and general practices. We employ over 2,600 staff, including a community based workforce and have approximately 400 committed volunteers. Each year we care for around 30,000 elective inpatients and day cases, 20,000 non-elective patients and 160,000 outpatients. Over 2,000 babies are born at the hospital every year whilst our Emergency Department sees in excess of 54,000 patients. We have an annual budget of about £157 million.¹

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¹ Airedale NHS Foundation Trust (2014), *Annual Report and Accounts 2014/15*. Page.9.

1 Statement on quality from the Chief Executive

Across England, the health and care system has come under increasing pressure over the last year. We must meet the complex needs of an older population whilst delivering efficiency savings. It is important that the focus on efficiency is not at the expense of quality. In 2015, Airedale NHS Foundation Trust was judged one of the top 40 performing hospitals in England as well as one of the top five hospitals for patient safety by CHKS, the independent provider of healthcare intelligence and quality improvement. It is not enough to simply maintain quality; we must seek to improve the quality of care we offer.

Our aim is to provide high quality care that is safe, clinically effective, compassionate and responsive to the needs of individual patients and their families – the “Right Care.” Central to this is patient experience; we want the individual to be in control of their health and care from the very onset. Evidence indicates that person-centred care is both better for the individual and more efficient. For example, our ambulatory care pathway now offers patients intravenous therapy in the community, a safe and reliable alternative to what could be a lengthy hospital stay.

Whilst there are exciting opportunities to re-design services around the individual, experience tells us that we will only be successful if we all work together: staff, local people and representative groups – local authorities, Healthwatch and voluntary agencies – as well commissioners and other providers. Only in this way can health and social services truly integrate.

The Airedale and Partners Enhanced Health in Care Homes Vanguard is an example of partnership working with a number of organisations, including technology and academic associates. It aims to enhance the quality of life and end of life experience of nursing and care home residents living in Bradford, Airedale, Wharfedale, Craven and East Lancashire. Through an extended use of telemedicine, this innovative model of care offers a single point of access to all aspects of specialist health and social care advice.

An important element in the delivery of quality is staff engagement. We want Airedale to be a great place to work for everyone. In the last year, we have made efforts to promote the well-being of our staff. Staff and volunteers are pivotal to ensuring a sustainable future for Airedale NHS Foundation Trust and I would like to take this opportunity to thank them all for their expertise and enthusiasm for quality improvement across all service areas.

We seek to foster an open and transparent culture so we can understand where improvements are needed. It is important that our Quality Account is accurate and presents an honest picture of our care. In October 2013, the Care Quality Commission inspected services at Airedale General Hospital, finding services safe, effective, well-led and responsive to the needs of patients. As the process was in its pilot stage, services were not formally rated. A further inspection to rate our provision at a service, hospital and Trust level took place in mid-March 2016. Release of the findings is not timely enough for inclusion in this publication, but we fully anticipate reporting on the inspection, its findings and our response in the 2016/17 Quality Account.



There is always opportunity for improvement and we remain committed to working with expert bodies to reduce variation across services in support of safe, high quality, compassionate and responsive care. The information used and published in the Quality Account is, to the best of my knowledge, accurate and complete.

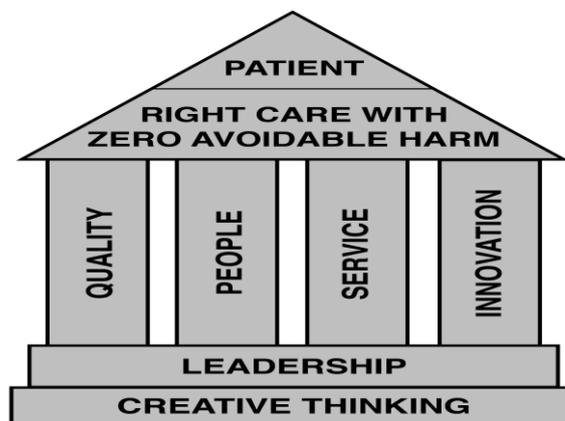
Bridget Fletcher

Bridget Fletcher, Chief Executive, 25th May 2016

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

Introduction

Our continuing aim is to integrate services around the patient – whether in the community or as a hospital inpatient – to deliver the “*Right Care*”.² Underpinning this is the Trust’s *Quality Improvement Strategy* and the “*Right Care*” Quality Temple which shows how the four pillars of quality, people, service and innovation drive safe patient care.



Developed by the Medical Director in consultation with patients and carers, staff, the Board of Directors, Governors and the local health and social care community, the strategy was formally launched in July 2015 by the Chief Executive as part of a wider *Quality Improvement Week*. This event, which included a poster exhibition of quality improvement initiatives, workshops and presentations, created opportunities for all staff to share knowledge, showcase ideas and facilitate discussion of quality improvement innovation in frontline clinical practice. Approximately 400 people within and outside of our organisation, including patients and carers, attended the event.

We recognise the importance of a collective approach – *partnership development* – in implementing change, particularly in working through new models of care. Directors and senior management regularly meet with commissioners (Clinical Commissioning Groups), local GPs, patient groups and social care and mental health providers across the Yorkshire and Lancashire health and social care economies to understand how we can deliver improved quality of care. The Board of Directors, as part of a broader initiative to improve accessibility and understand what matters to all groups, has followed up on its public meeting at Keighley Civic Hall in 2014 with a similar event at Settle’s Victoria Hall in 2015. Attendees had the opportunity to pose questions, take part in listening sessions and hear about developments in our ambition to deliver the “*Right Care*” programme.

The elderly, those with learning and physical disabilities and black, Asian and minority ethnic groups are often the most isolated. The Council of Governors has an important role in representing the views and interests of the local community, including those of staff. Through its engagement work over the last year– for example, Keighley Older Peoples Week, Over 50s South Craven Roadshow, Young Persons Event Bradford, Community Day Craven College, and the annual Staff and Public Open Days – feedback has been gathered to inform and guide our vision. Our volunteers likewise provide invaluable insight into our care and actions. The *Patient and Carer Panel* is composed of unpaid lay volunteers who have been patients or carers, and acts as a critical friend. It provides an independent voice and insight on how we can improve care for patients – for example, in our communication – in a way that is caring, compassionate and individualised.

Using the three domains of quality – *patient experience, patient safety and the clinical effectiveness of care and treatment* – the *Quality Improvement Strategy* focuses on what we can actively do to improve quality. The *2015/16 Quality Account* seeks to provide accurate, meaningful and comparable measures to allow assessment of how successful we have been.

² Airedale NHS Foundation Trust (2014), *Forward Plan Strategy 2014-15 to 2018-19*.

Domain 1: The patient experience

At the monthly Board of Directors' meeting, the first agenda item is by agreement, a **patient story** told from the perspective of patient and family. The following was recounted by a Community Service Occupational Therapist. Please note that names have been changed.

Josephine was admitted to Airedale, following a fall. She was very poorly; she was hypothermic, dehydrated and required a blood transfusion for anaemia. She stayed in hospital for just under a fortnight. During this time Josephine was diagnosed with dementia. On leaving hospital, Josephine was admitted to an intermediate care bed at Holmewood, where she received rehabilitation, including physiotherapy, until she was strong enough to return home.

When the Acute Community Care Team visited Josephine at home for an environmental visit, they found her with no food, struggling to manage her finances and socially isolated. Josephine's family did not live in the local vicinity.

Working closely with family, neighbours, social care staff and other health professionals, Community Services ensured Josephine could continue to live independently rather than in a care home. Her family were given power of attorney to help manage finances whilst neighbours' helped with cleaning and shopping.

Josephine now has a full care package, visits Holmewood Day Centre for social activities, and regularly goes for respite care. She is much happier.

Source: Board of Directors' Meeting July 2015.



This story illustrates person-centred care; the patient and her family are involved in decisions, the full range of need is considered and agencies work collaboratively to support the patient to live at home as long as is feasible. This principle of prioritising patient experience through the delivery of the “right care, in the right place, the first time,”² remains central to the newly revised **Patient and Public Engagement and Experience Strategy 2016-2020**.

In March 2015, five representatives of **Healthwatch Bradford and District** carried out a visit of Airedale General Hospital with a particular focus on Ward 4, the elderly patients' ward. Local Healthwatch organisations carry out announced enter and view visits of health and social care services. The particular areas of interest were: communication during the hospital stay and discharge planning. On Ward 4, discharge planning is a key aspect of the multi-disciplinary team meetings and there is a dedicated social worker available. Relatives' evenings are held twice weekly to support dialogue with family and carers. The Home from Hospital Scheme, delivered by Carers' Resource, is actively promoted by staff. However, Healthwatch found that discharge planning did not always go to plan and made the following recommendation:

“We feel patients and carers should have more involvement in planning and making decisions about discharge, be given more information on choice of services and support available to them, including information on the voluntary sector organisations in the community...”³

These findings are consistent with patient and relative feedback from a ‘**Quality Walk-round**’ of Ward 4 undertaken by Airedale, Wharfedale and Craven Clinical Commissioning Group in October 2015. We recognise the physical, emotional and economic impact of inadequate discharge planning and understand that it is this type of variation or inconsistency in experience that we must address to get discharge right every time. As the patient story illustrates, **frail elderly patients** often need holistic care from more than one health and social care service. A multi-disciplinary Frail

³ Healthwatch Bradford and District (2015), *Enter and View Report Airedale NHS Foundation Trust March 2015, Ward 4*. Page12.

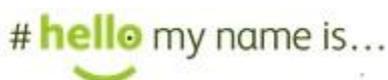
Elderly Pathway Team has been established for over a year and is based on the Acute Medical and Ambulatory Care Unit. An assessment tool helps evaluate patients throughout their hospital stay to support planning for a safe discharge. A flagging system on the electronic patient record has been developed to support active management of frailty and help to avoid crisis events. A **Discharge Planning Week** was held in November 2015 to understand and improve the overall patient experience. Issues identified around take home medications, the use of monitoring systems and transport booking inform the “*Right Care’s*” **Patient Pathways and Flow Programme**.

With an ageing local population with more complex needs and the growing prevalence of dementia across the country, improving the quality of life and experience of care for these patient groups remain priorities. The refurbishment of wards, including the Critical Care Unit and Intensive Care, and Outpatients, in line with dementia friendly adaptations continues on a rolling programme. Matte floors, wireless call systems for patients and note taking stations for staff can reduce the risk of falls, whilst colour schemes can help with wayfinding and improve cognition. In 2015, the **Patient-Led Assessment of the Care Environment** (PLACE) was extended to include criteria on how well healthcare providers’ premises are equipped to meet the needs of caring for patients living with dementia; Airedale and Castleberg scored above the national average for the building associated components (See sections **3.1.1** for information on developments in our care for patients living with dementia and **3.1.2** for more on PLACE.)



Improvements to **access and wayfinding** for visitors, outpatients and inpatients are important patient experience elements of the “*Right Care*” vision. The initiative has used experienced based co-design to support a collaborative approach to improving the patient experience of navigating the hospital site and includes: improved signage, the provision of ramps and lifts to the main entrance points and public areas and ensuring that bathing and toilet areas are disability compliant. Review of car parking provision, including disabled parking, bus timetabling and drop off zones to improve accessibility is on-going. Volunteer hospital guides continue to assist and direct patients and visitors to navigate the estate.

Patient experience extends beyond the environment. The way we communicate is revealing of our compassion and respect for people’s individuality. How we provide information, written or verbal, in a way that is accessible to the individual, is a recurrent theme of Patient and Carer Panel’s work. Its involvement in staff training through real examples of good and poor communicative practice is both a powerful motivation and mechanism for change. Their initiative dovetails with other communication skills frameworks – **Sage and Thyme** – on listening and responding to patient and relatives’ concerns, for example near the end of life.

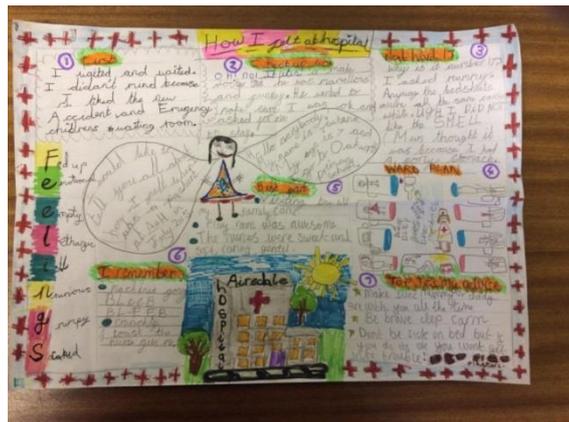


Alongside this programme, the Trust has become one of 80 NHS organisations to sign up to the official **#hellomynameis** campaign, launched by Dr Kate Granger, a Consultant in Medicine for Older People and terminally ill cancer patient from Yorkshire. Following a stay in hospital in 2013, Kate noticed that many staff did not introduce themselves; this omission had a profound effect on her as a patient and the campaign aims to encourage everyone working in the NHS to introduce themselves. *“It is about making a human connection, beginning a therapeutic relationship and building trust. In my mind it is the first rung on the ladder to providing compassionate care.”*⁴

⁴ For more on this campaign: <http://hellomynameis.org.uk/> [Accessed 5/01/16]

Available evidence suggests that measures of patient experience are robust indicators of healthcare quality.⁵ Each year the Trust takes part in **national patient surveys** to learn about the experience of people who use our services. Findings are used to help us understand how to improve the quality of service provision. According to the *2015 National NHS Staff Survey*, we compare favourably with other acute trusts in England for making effective use of patient and service user feedback. In previous years we have included the current annual **Adult Inpatient Survey** and the **National Cancer Patient Experience Survey**. Release of these reports is not timely enough this year for inclusion; findings, recommendations and associated quality improvement work will be reported in the *2016/17 Quality Account*.

National children's inpatient and day case survey 2014⁶: this survey focused on young patients (aged between 0 to 15 years), who were admitted to hospital as inpatients or for treatment as day case patients between October 2013 and January 2014. The national average response rate was 27 per cent; the Trust's rate was 26 per cent. Compared to 137 other NHS trusts, parents and carers told us we were above average for: *"members of staff communicated with the child in a way they could understand"* and *"staff did everything they could to ease a child's pain"*. There were no areas where we were judged to be performing below average. Questionnaires were also completed by children and young people (8 to 15 years). Unfortunately it is not possible to compare results with others as too few responses were received. To address this, the Trust is looking at imaginative ways to gain feedback, including a creative writing competition and the use of smartphone technology to complete the Friends and Family Test.



Maternity Services Survey⁷: 300 women aged 16 years and over who used our service or gave birth in February 2015, either at home or in hospital, were sent a questionnaire from the CQC focusing on access to care, personal choices, type of birth and emotional wellbeing. The Trust's response rate was 44 per cent; the national average response rate was 41 per cent for 133 participating acute trusts. The Trust shows significant improvement since the last such survey in 2013 in three areas: skin to skin contact shortly after birth; staff introducing themselves when they treated or examined women; and the cleanliness of toilets and bathrooms during the hospital stay. There was one area where patients reported a decline in the level of experience: *"the length of stay after the birth was appropriate."* An action plan has been developed to address those areas where the patient experience could be further improved.

Friends and Family Test (FFT): since April 2013, patients have been asked whether they would recommend hospital wards and the Emergency Department to friends and family if they needed similar care or treatment (See section 2.5.6 for information on this performance indicator). Free text comments provide an additional source of information about the patient experience. Respondents are asked what they liked about the experience as well as how their experience could be improved. This information is collated and relayed to the relevant areas. Below is a word cloud of the most frequently occurring words used by patients to describe their experience in the period April to September 2015.

⁵ Manary et al, (2013), *The Patient Experience and Health Outcomes*, New England Journal of Medicine.

⁶ For more details: <http://www.cqc.org.uk/provider/RCF/survey/14> [Accessed 6/01/16]

⁷ Care Quality Commission [CQC] (2015), *Maternity Services Survey 2015*. Picker Institute. Europe.



Representatives from Healthwatch Lancashire gathered experience survey data from members of the public across Airedale General Hospital between February 2015 and March 2016. Of the 118 people asked whether they would recommend the hospital to a friend or family member, 81 per cent said they were either “*extremely likely to*” or “*likely to*”.⁸

The Trust takes complaints extremely seriously and is committed to identifying where care and treatment can be improved. Whilst a summary of written complaints activity is included in the *Quality Account*, more detailed analysis and identified learning can be found in the Trust’s complementary statutory annual ***Complaints and Concerns Report 2015/16***.⁹

In 2015/16, there were 2442 issues raised, from 1944 contacts with the Patient Advice and Liaison Service (PALS), of which 2352 were specifically related to Airedale General Hospital: 288 were compliments, 397 were requests for information and 1667 were expressions of concern, dissatisfaction and requests for action to be taken. The remaining 90 issues were related to other organisations. Evaluation focuses on recurring themes and on specialities or wards with a persistent profile of concern. Twenty-seven of the PALS contacts became a formal complaint during 2014/15. This is often due to the complexity of the concern which requires a formal investigation, undertaken on the instruction of the complainant.

In 2015/16, a total of 86 formal complaints were received compared to 103 in the previous reporting period where a marked rise in complaints was noted not only for the Trust but across England. Over the last year, nine complaints were received by the Parliamentary Health Service Ombudsman (PHSO), one was not investigated further. Four were investigated of which two were upheld and two partially upheld. Two action plans have been completed and two further action plans are currently being developed and worked through in line with the given time frames. The Trust has four outstanding complaints that are undergoing investigation by the PHSO.

The following illustrates some examples of how services have been improved as the result of statutory patient feedback mechanisms:

Your concern... “*There was a lack of an appropriate community care plan in place.*”

Our response... *The importance of advanced care planning has been highlighted to Community Specialist Practitioners.*

Your concern... “*The patient’s capacity was not appropriately assessed prior to making decisions about care and surgery.*”

⁸ Healthwatch Lancashire (2016) Feedback Report for Airedale General Hospital. Available at www.healthwatchlancashire.col.uk

⁹ The annual Airedale NHS Foundation Trust *Complaints and Concerns Report 2015/16* will be available in June 2016 at: www.airedale-trust.nhs.uk

Our response ... The patient's consent documentation was fully reviewed and found to be incomplete with no best interest decision documented. To raise awareness, training has been provided for all the relevant staffing groups.

Your concern... "I was not given a reason as to why I was referred to the Alcohol Nurse for education and assessment."

Our response ... Where patients trigger a referral to the Alcohol Nurse, the patient is now informed of their alcohol intake score and the referral.

Source: Airedale NHS Foundation Trust Complaints and PALS Team 2015.

Domain 2: Patient safety

Safety is a fundamental expectation for patients and carers who use our services and an organising principle of high quality healthcare. We endeavour to always act in the best interests of our patients, assessing capacity and ensuring advocacy where indicated. Over the last year, we have reviewed how we manage patients subject to the **Mental Health Act 1983**. This is a particularly vulnerable patient group and our process now includes access to specialist legal advice from Bradford District Care NHS Foundation Trust. There are always new challenges to be aware of in order to **safeguard** our patients, population and our staff. As part of the Bradford Safeguarding week in October 2015, the Trust's Safeguarding Adults and Children's Team at Airedale Hospital held a Safeguarding Conference. Professionals from agencies across the region who work with adults and children who are vulnerable and/or targeted for exploitation and abuse attended and presented on the following topics: female genital mutilation, human trafficking, radicalisation and hate crime.

The patient safety campaign, **Sign up to Safety**, is a national initiative to improve safety and reduce avoidable harm by 50 per cent. We signed up in October 2014 and are committed to creating the right conditions for safer care. An array of factors can affect the patient safety: a failure to sufficiently investigate incidents and address learning to avoid repetition, ineffective safety and risk management systems, and staffing – adequacy of numbers, mix, skills, training and support.

We endeavour to promote a culture that prioritises openness and thereby enables areas of concern to be highlighted and learning identified. Governance processes, for example, **incident monitoring systems**, help organisations and the staff to understand where problems are occurring and take preventative action. At the end of 2014, a patient in receipt of our care was diagnosed with a rare and aggressive blood clotting disorder, associated with high mortality. National clinical guidance recommends plasma exchange for this condition; this replaces the plasma with solvent detergent plasma, replenishes levels of a vital enzyme that controls the platelet clotting and removes the antibodies responsible for the condition. At the time of this incident, the National Blood and Transfusion Service (NBTS) was not a 24 hour, seven day service (24/7). Whilst a diagnosis and plan of care were quickly agreed, Airedale did not stock the required product or the personnel and equipment necessary for the exchange. A delay in administration ensued; regrettably, the patient subsequently died. Root cause analysis found that the death may not have been preventable even with earlier administration. However, the incident prompted learning at local and national level, including: a fully 24/7 National Blood and Transfusion Service emergency service; revision of guidelines by the British Committee for Standards in Haematology and consideration by the Yorkshire and Humber Regional Transfusion Committee on how to better support district hospitals.

In 2014 in response to the inquiry into Mid Staffordshire NHS Foundation Trust, the Care Quality Commission introduced the statutory **duty of candour**. The duty of candour explains what we should do to make sure we are open and honest with people when something goes wrong with their care and treatment. There is an organisational and professional requirement for healthcare providers and registered practitioners to be open with patients and apologise when things go wrong as detailed in the Trust's **Being Open Policy**. With reference to the incident described above, the patient's family were kept fully informed throughout the investigation both in a face to face meeting

and written follow up in accordance with the duty of candour. This year the Trust did not record any **Never Events**; these are serious, largely preventable, patient safety incidents that should not occur if the available pre-emptive measures are applied.

In the last year we have adopted electronic incident online reporting to provide more timely information. The Trust encourages incident reporting. A high reporting culture should not be taken as an indication of a worsening patient safety, but rather an increasing level of awareness of safety issues amongst staff and an open culture.¹⁰ The 2015 *NHS National Staff Survey* indicates that the percentage of staff witnessing potentially harmful errors, near misses or incidents is in the lowest 20 per cent of acute trusts in England whilst the fairness and effectiveness of incident reporting procedures is better than average.



In the **Royal College of Physicians' National Audit of Inpatient Falls 2015**, the Trust is the third highest reporter of falls per 1000 occupied bed days: 11.14 against a rate of 6.63 for the 136 participating organisations. Findings are based on self-reported data. Those Airedale falls that resulted in moderate to severe harm was 0.24 per 1000 occupied bed days, above the national average of 0.19. The Trust is not a statistical outlier for either measure, although it is in the upper quartile for both. The report authors note that “a low number of falls per 1000 occupied bed days does not necessarily mean that the trust...performed well in the clinical audit.”¹¹ (See section **3.2.2** for more information on inpatient falls and the findings of the clinical audit.)

Clear and visible leadership is a key component in promoting a safety culture. **Patient safety walk-rounds** across all Trust services continue on a fortnightly basis. In 2015, 24 walk-rounds were undertaken against a planned 27; where walk-rounds are cancelled these are re-scheduled in addition to the planned programme. The team includes a staff member and Board representatives – executive and non-executive. Using the principle of the *15 Steps Challenge*, an initiative developed by the NHS Institute for Improvement and Innovation, emphasis is on engagement with patients, including family and front-line clinical staff. The objective is to evaluate clinical areas from the perspective of the patient. Feedback concentrates on good practice and areas of improvement, with staff given the task to target areas of shortfall. Our commissioner's monthly Quality walk-rounds, which follow the principles outlined, further supports and complements transparency, learning and accountability for poor care.

A positive and transparent culture that supports staff to do “*the right thing*” for patients depends on listening to staff and understanding that achieving targets and efficiencies can never be at the expense of acceptable standards of care.¹² Staff often know when things are not working well and we want staff to feel supported so that they are willing to challenge decisions or actions they perceive to be wrong or harmful. The Trust has contributed to the national consultation on a proposed single national **Whistleblowing Policy** for the NHS to help normalise the raising of concerns as recommended in **Freedom to Speak Up**.¹³ As part of the Quality Improvement Week, a **Health Care Support Worker Forum** was convened to listen to the experiences of this group and

¹⁰ For more on patient safety and incident reporting: <http://www.nrls.nhs.uk/> [Accessed 6/01/16]

¹¹ Royal College of Physicians' (2015), *National Audit of Inpatient Falls Audit Report 2015*. Healthcare Quality Improvement Partnership Page 8.

¹² Francis R. (2015), *Freedom to Speak Up Review -An independent review into creating an open and honest reporting culture in the NHS*. Available at: <http://webarchive.nationalarchives.gov.uk/20150218150343/https://freedomtospeakup.org.uk/> [Accessed 18/02/16]

its ideas on patient safety. Through the last year, executive directors have attended team meetings and walk rounds in order to hear at first hand the experience of staff.

Safe Staffing – having the right number and mix of staff, with the right skills, at all times – is integral to providing safe, high-quality care. The last year has seen the introduction from November 2015 of controls around agency costs. The Trust publishes monthly care, nursing and midwifery staffing levels as part of a national reporting system launched in 2014. A staffing escalation process, as recommended by the National Institute for Health and Care Excellence (NICE), operates to ensure that staff shortages are escalated to managers in a timely manner. Where staffing levels are less than 90 per cent of those planned, key risks are identified and contingency planning is undertaken. Across the country, there are known shortages in the availability of: nurses



and consultants in certain specialties, such as stroke. In September 2015, senior nurses and Human Resource staff from Airedale travelled to Eastern Europe to recruit qualified nurses: 29 staff were employed from Romania and Croatia which is slightly less than the target of 35. A tailored induction programme was subsequently organised by Practice Development with the new arrivals employed as healthcare support workers until the statutory Nursing and Midwifery Council registration was complete. Active recruitment within the United Kingdom for nursing and medical staff remains on-going.

The annual anonymous **National NHS Staff Survey**¹⁴ helps us to improve the working lives of all our staff. We know there is a clear relationship between the well-being of staff and that of patients.¹⁵ Last year's survey highlighted issues around: work pressure, the quality of work and patient care that staff were able to deliver, communication between senior managers and staff and line management. Staff did not always feel that their role made a difference to patients. In response, the Trust has published a **People Plan**, aimed at making us an exemplar employer. We have invested in increasing the number of nurses and health care support workers. We have introduced a leadership development programme and coaching for new and clinical leaders. A line management training programme has been implemented in those areas that scored below average. Staff have been consulted on what values and behaviours should be encouraged in the recruitment, training and development of staff. A new **Health and Well-Being Programme** – Airefit – has been instigated. This aims at helping staff to eat well, exercise and take care of their mental health. Resilience training is available to support staff deal with pressure and stress. The **Staff Open Day** was themed around creating an inclusive workplace; a direct result being the establishment of a focus group for staff with disabilities.

This year's survey results are encouraging with an increase in overall staff engagement from 3.72 to 3.82 (acute England average 3.79) which is our highest engagement score to date. Staff experience has improved across a number of areas: more staff say they would recommend the trust as a place to work or receive treatment; staff motivation at work (though below the acute average); satisfaction with level of responsibility and involvement; and, support from immediate managers (again, below the acute average). Reported strengths are: making effective use of patient feedback; appraisal compliance; team working; and, staff not experiencing harassment, bullying or abuse from patients and the public or discrimination at work. We scored less well in relation to staff feeling they can contribute to improvements; feeling satisfied with their quality of work or patient care; not feeling their role makes a difference to patients; and, staff reporting a recent experience of harassment,

¹⁴ NHS Staff Survey 2015 is available from: <http://www.nhsstaffsurveys.com/Page/1010/Home/NHS-Staff-Survey-2015/> [Accessed 24/02/16].

¹⁵ Boorman S. (2009), *NHS Health and well-being: final report*. London: Department of Health. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799 [Accessed 6/03/16]

bullying or abuse from staff. (See section [2.3.5 Staff recommendation](#) for more detail, including actions taken.)

Infections that are acquired as a result of healthcare interventions ([healthcare associated infections](#)) remain a high priority for the Trust. This year has seen three reported hospital acquired MRSA bacteraemia against the Department of Health (DH) target of zero cases for the fiscal year. There were 16 cases of *C.difficile* in the same period; root cause analysis indicates that of these, five cases were avoidable. The DH target of six cases for 2015/16 is met. (See sections [3.2.1 Infection prevention](#) and [2.3.8 Rate of C. difficile infection](#) for further review.) *C. Difficile* is a declared risk due to the low target threshold.

Domain 3: Clinical effectiveness

In the key mortality measures – [Summary Hospital-level Mortality Indicator \(SHMI\)](#), [Hospital Standardised Mortality Ratio \(HSMR\)](#) and [deaths in low-risk conditions](#) – Airedale’s ratios are within the expected range or lower than expected. The SHMI covers patients admitted to hospital who died either in hospital or within 30 days of discharge. For the latest available period October 2014 to September 2015 the indicator is 0.93, remains consistently below the national average (1.0) and is banded within the expected range (2) of the 136 trust sample size. The Trust level HSMR is based on a subset of diagnoses which result in 80 per cent of in hospital deaths; for the latest available period July 2014 to June 2015 the rate is 90.59 where 100.00 is the national average. The weekday HSMR is 91.52 and the weekend 91.46. The rate of death in low risk diagnosis groups is 0.58. All returns are within the expected range. (See section [2.3.1](#) for more analysis, including work undertaken to maximise clinical outcomes for patients.)

Tackling variations in aspects of healthcare – for example, in patient outcomes – offers the opportunity for improved quality of care and patient experience. At a time where there is a search for improved efficiency in the NHS, there is a need to scrutinise where the vast majority of NHS resources are used: the provision of clinical care. A key ingredient of success in confronting unwarranted variation is strong local management, especially clinical leadership.¹⁶ High quality audit, which sets out best practice standards, is an invaluable tool.

We highlighted in last year’s Account that a clinical review of stroke services across Airedale, Wharfedale and Craven was being undertaken to address the challenges highlighted in the [Royal College of Physicians’ \(2014\) Sentinel Stroke National Audit](#): a national shortage of stroke consultants and seven day access to services such as scans and specialist treatment. The aim of the review was to ensure that patients could be confident that they would always receive the best possible care, regardless of where they live or when they have their stroke. Representatives from the Trust, Bradford Teaching Hospitals NHS Foundation Trust and the three local commissioning groups attended Bradford Council’s Health Overview and Scrutiny Committee (HOSC) meeting in April 2015 to consider the available options. Due to shortages of stroke consultants at Airedale, the appraisal was expedited. A single site hyper acute stroke unit for the first 48 to 72 hours of care based at Bradford Royal Infirmary was proposed; the stroke unit at Airedale – Ward 5 – would remain as an acute stroke care and rehabilitation unit. The Trust attended North Yorkshire Council’s HOSC meeting in June 2015 to ensure the Council was informed of the proposed changes for patients in Craven.



¹⁶ The NHS Federation (2004), *Variation in Healthcare*. NHS Confederation 2014: London. Page 3.

Committee members from both Councils endorsed and approved the plan. Airedale and Wharfedale Clinical Commissioner Group undertook extensive engagement work and, with the support of Healthwatch Bradford, canvassed patients and the public to fully understand the potential impact of the re-design of service; feedback was supportive of the new model and of the efforts being made to sustain the delivery of high quality stroke services to the local population.

The new stroke service has been up and running since August 2015. Once patients from the locality have been stabilised by the team in Bradford, usually within 72 hours, they are transferred to Airedale General Hospital for on-going acute care and rehabilitation. It is estimated that 90 per cent of services are unaffected by the change. However, we continue, with partner organisations, to monitor the service to understand the impact of the alterations and identify any unintended consequences. The stroke performance standard remains above the required threshold. Commissioners – nurse and GP lead – undertook a Quality walk-round of the stroke ward in November 2015 and spoke with patients, families as well as staff about their experience. Whilst feedback was favourable – *“all the patients and relatives spoken to were very happy with their care at Airedale and felt it was of a high standard”* – there are issues about the lateness of transfers (afternoon and evening) from Bradford. Healthwatch Bradford undertook an Enter and View visit of Ward 5 in February; we will report on the outcome of this visit in next year’s *Account*.

Poor system design can often be the source of healthcare variation in access, productivity, performance and patient flow. Many of these issues are responsive to re-design solutions in which innovation can play a significant role. In collaboration with our commissioners, we have been successful in a joint bid to participate in the **Accelerate, Co-ordinate and Evaluate (ACE) Programme** run by NHS England, MacMillan and Cancer Research with a focus on driving early cancer diagnosis. The local goal is to develop a structured diagnostic pathway for people who have a high suspicion of cancer, but do not fit into the two week referral criteria. Areas of initial attention include: patient flow, early diagnosis, inappropriate referrals and unnecessary admission.

It is widely acknowledged that without radical transformation across the whole health and care system – treating patients in *“the right place, at the right time, the first time, in all care settings”*² – the achievement of national targets will continue to be a challenge. In the last year there have been occasions where we have not met the required level of performance, for example, patients receiving treatment within the four hour Emergency Department standard, and this is a declared risk. NHS England’s **Five Year Forward View** includes the intention to develop a small number of test beds or vanguard sites to improve co-ordination across health, social care whilst offering the opportunity to test the impact of new technologies. Sites are supported by commissioning groups, affiliated with industry and the voluntary sector and supported by the Academic Health Science Network to test new technologies and digital services. Together with partners, we are part of the **West Yorkshire**



Urgent Care Network. This is one of eight vanguard status sites with the ambition to improve the co-ordination of urgent and emergency care services and reduce the pressure on Emergency Departments. Established in 2014, the West Yorkshire Urgent and Emergency Care Network Vanguard covers Leeds, Bradford, Calderdale, Kirklees, Wakefield and Harrogate and serves a population of around three million people. The Network will work with partners, to build on progress already made in transforming primary, community and acute care services. Yorkshire Ambulance Service will develop a stronger

focus on becoming a mobile treatment service, delivering care at patients’ homes with conveyance to hospital for those who really need to go.

A further example of an organisational and district wide approach to the integration of health and social care is the **Airedale Partners’ Vanguard**. Its objective is to enhance the quality of life, and end of life experience of thousands of nursing and care home residents living in Bradford, Airedale, Wharfedale, Craven and East Lancashire. The partners have a reputation for innovative care

delivery for this group of vulnerable, frail elderly people, many with multiple long-term conditions including dementia and often approaching end of life. By using enabling technologies, such as telemedicine, the **Gold Line** and **Intermediate Care Hub**, nursing and care home residents and their carers are already benefitting from being able to access expert advice and support remotely 24/7, and potentially avoiding a hospital admission. The goal is to extend the use of telemedicine to provide a single point of access to all aspects of specialist health and social care advice to optimise independence and an improved quality of life. (See section **3.3.1** for further detail.)

At national and local level there has been a reduction in care home capacity caused by the closure of nursing homes. Reasons are multi-factorial and include: regulatory action and fee changes. There is an acknowledged association with delayed hospital discharge – where a patient, predominantly elderly, is judged clinically ready to go home, but continues to occupy a hospital bed until plans are made for appropriate care. This situation is further exacerbated by winter and the heightened demand on health services. In response therefore, the Vanguard team has reviewed what actions can be taken to increase support to primary care and the wider care home sector.

As reported in last year's *Quality Account*, we now have shared primary and secondary healthcare record access via **SystmOne**, the information technology used by GPs. In February 2015, we piloted Electronic Prescribing and Medicines Administration and eDischarge on SystmOne on two Orthopaedic surgical wards. This initiative has subsequently been rolled out onto medical and surgical inpatient wards¹⁷ with nursing staff, doctors and consultants trained to use SystmOne functionality for prescribing and administering medicines and discharge summary letters. This exchange of patient information has improved the timeliness of communication across boundaries with clear benefits for patients.

Being smarter with technology is not the only means to achieve the “*Right Care*” for our community. The Ambulatory Care Unit offers a route to acute specialist advice without a hospital admission. Through improved partnership working with the Continuing Health Care Team, the process for discharge from hospital has been refined, with a decrease in the number of patients with a length of stay over 30 days.

Complementary to innovation is Airedale's strong health research culture, designed to promote the best use of available evidence in the advancement of clinical effectiveness. A recent study showed a direct correlation between higher levels of research activity and lower rates of mortality following an emergency admission.¹⁸ The Trust takes part in a broad portfolio of clinical trials, including research into long-term conditions (diabetes, dementia), cardiology, stroke and cancer. In the last 18 months, the Trust's participation in trials has broadened across new specialties, including Maternity, Rheumatology and Surgery, affording greater opportunity to patients to take part. In the last year, we have introduced the **Road to Research Scheme**¹⁹ to encourage patients, carers and staff to sign up to participate in research studies to improve: understanding of certain conditions, the best ways to manage them and how effective existing treatments are. (For more on clinical research at Airedale see section **2.2.3**.)



In conclusion

¹⁷ Wards: 2,4,5,6,7,9,10,13,14,18,19

¹⁸ Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, et al. (2015) *Research Activity and the Association with Mortality*. PLoS ONE 10(2): e0118253. doi:10.1371/journal.pone.0118253

¹⁹ For more information: <http://www.airedale-trust.nhs.uk/services/research/road-to-research/> [Accessed 6/01/16]

There is always opportunity for improvement and we are committed to working with expert bodies, including Royal Colleges, and regulators to improve services in support of high quality care. As noted in the Chief's Executive's opening remarks, the **Care Quality Commission's inspection** to formally rate our provision at a service and Trust level took place in mid-March 2016. The release of its findings is not timely enough for inclusion in this publication. It is our intention to report back fully on the inspection and its recommendations in the 2016/17 *Quality Account*.

To understand variation in quality, we rely on reliable, benchmarked data, including feedback on the experience of those using services. We continue to look at how we can develop and use all available information to systematically understand our quality of care. At the same time, quality data allows others to evaluate our patient safety and quality improvement work and reinforces public accountability. It is therefore important that our *Quality Account* is accurate, transparent and presents an unbiased view of the quality delivered by Airedale NHS Foundation Trust.



**Mr Karl Mainprize,
Medical Director**



**Rob Dearden,
Director of Nursing**

25th May 2016

2 Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement: current and future

Current Priorities 2015/16



In last year's *Quality Account*, we identified our three key local quality priorities for this fiscal year:

1 Patient experience: *improving the quality of care for people in the last days of life in Airedale General Hospital;*

2 Patient Safety: *management of pressure area care; and,*

3 Clinical Effectiveness: *the management of sepsis.*

We report on our progress against these in [section 2](#) of this report and also present a core set of national quality statements and metrics to allow comparative understanding of performance. Our progress and performance during 2015/16 in other local quality improvement work is reported in [section 3](#) of this *Account* and within the three domains of quality:

Section 3.1 Patient experience: *improving care for patients living with dementia; privacy and dignity, including promotion of a customer services culture and patient-led care environment;*

Section 3.2 Patient safety: *infection prevention and control; reduction of slips, trips and falls sustained by patients admitted to our hospital wards, including the work of the Frail Elderly Care Pathway Team; and,*

Section 3.3 Clinical effectiveness: *Airedale Digital Care Hub and the overall quality of healthcare for people with long-term conditions; the management of the number of caesarean sections; fractured neck of femur improvement project.*

We also report on our performance against national key priorities.

Future priorities 2016/17

Over the last two years, the Medical Director has developed a Trust-wide *Quality Strategy* and *Quality Assurance Framework*, underpinned by the Trust's *Operational Plan 2015/16* as approved by the Board of Directors. The quality improvement priorities for 2015/16 are as follows. (See [Section 1.1 – Introduction and Patient Experience](#) – for how the views of patients, the wider public and staff have been taken into account in selection.)

1 Patient experience: *improving the quality of care for people in the last days of life in Airedale General Hospital;*

2 Patient Safety: *management of pressure area care; and,*

3 Clinical Effectiveness: *management of sepsis.*

Other local prioritised quality improvement work identified for inclusion in the 2016/17 *Quality Account* is:

Patient experience: *improving care for patients living with dementia; privacy and dignity, including promotion of a customer services culture and patient-led care environment;*

Patient safety: *infection prevention and control; reduction of slips, trips and falls sustained by patients admitted to our hospital wards, including the work of the Frail Elderly Care Pathway Team; and,*

Clinical effectiveness: *Airedale Digital Care Hub and the overall quality of healthcare for people with long-term conditions; Caesarean section; and fractured neck of femur improvement project.*

2.1.1 Priority 1 patient experience: improving the quality of care for people in the last days of life in Airedale General Hospital

*Lead Executive Director
Karl Mainprize, Medical Director
Clinical Lead and Implementation Lead
Helen Livingstone, Consultant Palliative Care
Linda Wilson, Consultant Palliative Care
Sarah Davie, Clinical Nurse Specialist*

Rationale and aim

The quality of care we provide to patients who are dying and their relatives is fundamental to high quality, individualised and compassionate care. Following an independent national review, the Trust formally withdrew its use of the *Liverpool Care Pathway* in July 2014. Our revised approach, *One Chance to get in Right* (NHS England 2014), focuses on the needs and wishes of those dying and the people closest to them. There are five principles:

1. Recognition that a person is likely to be in the last few days of life;
2. Sensitive communication between staff, the dying person and those important to them;
3. Involvement in treatment and care decisions to the extent desired;
4. The needs of families are understood and respected; and,
5. An individual plan of care is co-ordinated and delivered with compassion.



Awareness amongst staff, volunteers, patient and visitors has been raised via a series of manned displays and presentations organised over the last 24 months. One such event was the Dying Matters organisation's awareness week, run in collaboration with local public and voluntary groups, including Age UK, Manorlands Hospice, Carers' Resource, Cruse Bereavement Care, various faith groups, Organ Donation and Transplantation Directorate and law firms.

Process for monitoring progress

Meeting quarterly, quality improvement is monitored by the multi-disciplinary End of Life Operational Group via: evaluation of staff training uptake, staff assessment of its usefulness and patient outcomes; feedback from the annual *Bereaved Relatives Survey*; and on-going national and local clinical audit. The Trust's *Caring for Patients in the Last Days of Life (Adults) Policy* underpins this group's work. The Patient Panel's End of Life Task Group is key component as is the involvement of the Council of Governors. In recognition of the varying needs of the patient group across the locality, a Community Services End of Life Operational Group has been established. Information on the work of this group is received at the Quality and Safety Operational Group. An annual report is prepared for the Board of Directors.

Current status

Clinical audit measures the quality of care and services against agreed national and local standards and recommends improvements where necessary. As described below, a series of clinical audits and a survey have been carried out this year in order to measure performance against care standards for the last days of life.

The *National Survey of Bereaved People – VOICES* (Views of Informal Carers – Evaluation of Services) – collects information on bereaved peoples' views on the quality of care provided. Participation allows benchmarking against national data. The 2012 national VOICES survey demonstrated that the majority of bereaved relatives felt their loved ones received good or excellent

care at the end of life. Three areas were identified where we could improve: communication, privacy and dignity and variation in staffing levels and competency. With permission, the Trust used the questions from the VOICES questionnaire relating to experiences within the last days of life in the hospital setting and added additional questions to provide an annual assessment – between July and September in 2014 and September and October in 2015 – of the quality of our care.

The following metrics have been selected from the local survey to measure improvement in our inpatients' experience in respect of communication and privacy and dignity. The standards were agreed by the Bradford and Airedale Palliative Care Managed Clinical Network and take into account NICE quality standards and national recommendations.

Table 1: Airedale General Hospital (AGH) Survey of Bereaved Relatives 2012 to 2015

Domain	Standard	Survey of Bereaved People	AGH 2012 Overall sample [n]=55	AGH 2014 Overall n =92	AGH 2015 Overall n = 30
Standard 1 Communication	<i>Communication with the patient is honest, open and ensures involvement in decisions about care and treatment if the patient wishes.</i>	Of those where discussion was possible, was this done sensitively?	36.6%	66.5%	78.0%
		Was there adequate involvement in decision making?	81.0%	93.0%	95.5%
		Did the patient have a preferred place of death?	10.4%	26.5%	33.0%
		Were relatives involved in the decision making?	79.2%	76.6%	86.0%
Standard 6 Privacy and dignity, spiritual care	<i>Wherever possible patient is cared for and offered a single room.</i>	Cared for in side room	55.0%	68.0%	83.0%
		Cared for on main ward	38.0%	22.0%	10.0%
		Moved to another ward	7.0%	10.0%	7.0%
		Spiritual support for patient was poor	27.3%	15.0%	0.0%

Data source: Airedale General Hospital End of Life Care Annual Report October 2015

The 2013 Royal College of Physicians' *National Care of the Dying Audit for Hospitals* found that whilst doctors were able to recognise those patients close to death, in around half of such instances, this information was not communicated to patients and their families or adequately recorded in case notes. This can potentially result in: a lack of direction for care by nurses, unnecessary resuscitation and a failure to give patients and family sufficient time to prepare. Following its publication, the Specialist Palliative Care Team has undertaken a documentation audit of ten deaths per month, adopting a similar methodology, which has demonstrated improvement across most areas measured. An on-line tool has been developed to allow more timely review. An unannounced snapshot review of care of people in the last days of life on all of the adult wards was conducted in August 2015 with no significant concerns identified.

The 2015 Royal College of Physician's End of Life Care Audit – Dying in Hospital compares local quality indicator performance against a national comparator of the 137 participating trusts. Based on data submitted on 36 deaths, Airedale's performance improved, and is now above the national mean for areas such as: recognition that the patient would probably die in the coming hours or days;

that this was discussed with those important to the patient; that the patient was given the opportunity to have concerns listened to; that the needs of those important to the patient were asked about; and, that a holistic individual plan of care was in place. In assessment and discussion of nutrition and hydration the Trust's performance was above the national mean. All structural provisions in terms of policies and procedures for the care of dying patients were found to be in place. There remains opportunity to develop and improve, in this and in our documentation of our assessment and discussion of spiritual and cultural needs.

Decision making and communication around cardiopulmonary resuscitation is audited on a quarterly basis. We are also able to review the number of personalised care plans for those people who died under our care. The quality of care at the end of life also forms part of the updated mortality review process.

The majority of end of life care is delivered by generalist staff across the Trust and supported by the Specialist Palliative Care Team comprised of a Consultant, Clinical Nurse Specialists and End of Life Facilitator. In the 2014/15 fiscal year, the team supported the delivery of care in 20 per cent of all deaths that occurred at Airedale General Hospital. Although the focus is on the care delivered within the hospital, there are strong cross-boundary links in terms of services and strategic planning. The hospital has a seven day Clinical Nurse Specialist service enabled by partnership working with Sue Ryder Manorlands Hospice, who provide additional funding to allow services to cover weekend working. Longer term funding is currently being sought.

Initiatives and progress in 2015/16

- Core standards for the last days of life have been ratified by the Bradford Airedale Wharfedale Last Days of Life locality group. (These standards underpin the Trust's *Caring for Patients in the Last Days of Life (Adults) Policy*.) Supporting materials include: professional guidance; symptom management guidance; an information leaflet for relatives – *Supporting care in the last hour or days of life* – and bereavement support.
- Following consultation with staff and patient groups and a pilot on Ward 6, the Hospital Specialist Palliative Care Team developed a personalised care plan for the last days of life. This allows all staff to document care decisions, delivery and discussions and prompts key considerations in meeting the expected standards. Information on how staff use the personalised care plan is being collated; where use is low, support is being offered to ensure priorities for care are met.
- A senior member of the nursing staff from each ward acts as a resource and quality improvement lead for End of Life Care. Regular link meetings are held and a newsletter circulated of developments. In partnership with Manorlands Hospice and with the support of the Specialist Palliative Care Team, nine of these leads have completed a nationally recognised end of life care training programme which includes experiential learning. Whilst the training has shown benefits in terms of attitude and knowledge, the leads report that implementing change for palliative patients in their clinical environment as challenging.
- A short training session targeting nursing, healthcare support workers and foundation doctors has been developed to underpin implementation of the core priorities of care. Health Education Yorkshire has funded a six month secondment of a Manorlands Hospice staff nurse for one day each week. Between March and October 2015, on those wards that care for patients in the last days of life, 72 per cent of registered nurses and 79 per cent of healthcare support workers received training.
- Training initiatives have also been developed targeting specific hospital staff – consultants, registrars, allied health professionals, chaplaincy – volunteers and NHS students. This work includes cultural and spiritual guidance across all faith groups and bespoke training for the Specialist Palliative Care Team.
- Two sessions were run jointly with a Pharmacist covering syringe driver training to support the timely delivery of medication.
- Development by the Specialist Palliative Care Team of an app for the five priorities of care for the dying person. The app also includes information on anticipatory medication, care after

death, the *Do not Attempt Cardiopulmonary Resuscitation Policy*, professional guidance, cultural practices in death and dying and contact information.²⁰

- A drop in service, provided by Manorlands, is held each week providing guidance, support and signposting to people with life limiting conditions and their relatives and carers.

Other associated work:

The Specialist Palliative Care Team continues to support staff, patients and families with information, including the principles of the *Gold Standard Framework*. This is a nationally recognised and a systematic, evidence based approach to improve the quality of care for people considered to have a life expectancy of less than 12 months. Wards 6 and Ward 9 achieved full accreditation in March 2016, a recognised quality marker, as well as working with the Frail Elderly Pathway Team to improve identification of this patient group.

Access to advice through the innovative Gold Line telephone service – a central point of contact for terminally ill patients and carers offered 24 hours a day, seven days a week, via the Airedale Digital Care Hub – is also available. (See section 3.3.1 for more detail.) The joint use of the electronic palliative care co-ordination systems across Airedale, Wharfedale, Craven and Bradford aims to enhance cross boundary working through a more complete picture of treatment and care decisions.

Initiatives in 2016/17 to achieve progress

- Implement a competency framework and related mandatory sessions for all staff groups for care in the last days of life.
- Maximise learning from complaints, concerns and compliments related to end of life care.
- Introduce ward level audit of documented care and feedback via ward governance meetings.
- Link with Estates to ensure the needs of relatives and carers are taken into account in its on-going programme of work.
- Pilot the use of Schwartz rounds²¹ (or similar) to enhance staff support and reflection around end of life care.
- Identify opportunities to enable “*difficult conversations*” training for senior medical staff.
- Develop appropriate last days of life material for the Trust internet site.
- Take part in engagement work to ensure we are meeting the needs of black minority ethnic groups around care in the last days of life.
- Consider hospital wide *Gold Standard Framework* accreditation.

²⁰ Available from: the app store on Apple or Google play. Search: “priorities of care nhs”.

²¹ For more information: <http://www.pointofcarefoundation.org.uk/Schwartz-Rounds/> [Accessed 6/01/16]

2.1.2 Priority 2 patient safety: management of pressure area care

Lead Executive Director
Rob Dearden, Director of Nursing
Clinical Lead and Implementation Lead
Elaine Andrews, Assistant Director Patient Safety
Janine Ashton, Tissue Viability Nurse
Michelle Bell, Tissue Viability Nurse

Rationale and aim

Pressure ulcers are a type of injury that breaks down the skin and underlying tissue due to impaired blood supply caused by friction and/or pressure. *“Whilst all patients confined to bed or a chair are at risk of developing a pressure ulcer, particularly those sedated or unconscious, the risk is heightened in those with significant cognitive impairment, poor nutrition, impaired mobility or sensation, incontinence, or with a neurological condition. Pressure ulcers can become infected, painful and reduce quality of life and length of hospital stay.”*²² It is estimated that pressure ulcers affect around five per cent of patients in England and that 80 to 95 per cent may be avoidable.²³



Building on existing quality improvement work and in recognition that pressure ulcers originate across and outside of the health and social care system, we seek in collaboration with our “Right Care” partners, to integrate tissue viability services and implement interventions that prevent and address the causes of pressure ulcers with the aim of reducing prevalence, whether in hospital and/or community care settings.

Process for monitoring progress

Using the NHS Safety Thermometer pressure ulcer Commissioning for Quality and Innovation (CQUIN) methodology to measure progress, the initiative is monitored by the Nursing and Midwifery Leadership Group. This oversight also includes the quality contractual requirements linked to the integrated tissue viability service specifications as monitored by the Integrated Tissue Viability Board. Root cause analysis recommendations are scrutinised via an Assurance Panel chaired by the Assistant Director of Patient Safety and discussed at the Safeguarding Strategic Group.

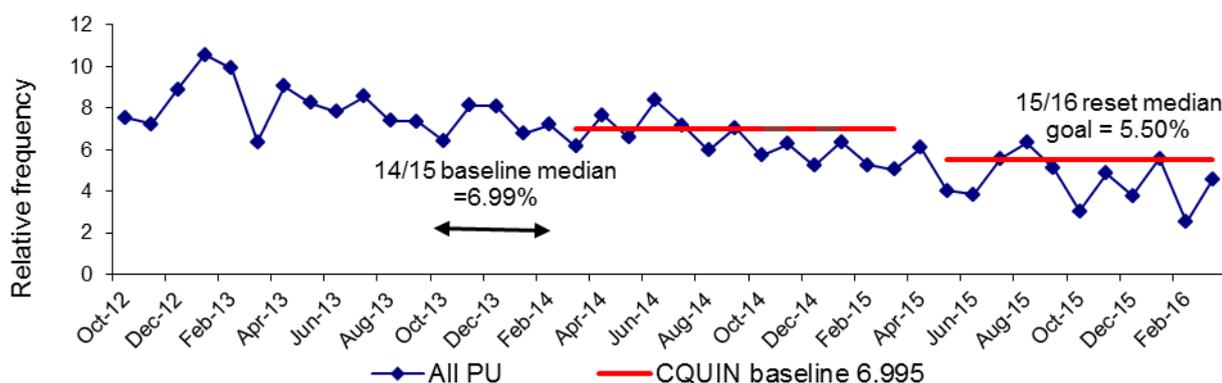
Current status

The NHS Safety Thermometer, a national improvement tool used to monitor and analyse patient harm including that relating to pressure ulcers, has been embedded within the organisation. A point prevalence tool, it surveys 100 per cent of in hospital patients and a sample of community patients one day per month, but, unlike incident reporting, records only the most serious category rather than each single incident. There is variation within the Safety Thermometer data which makes it unsuitable for like for like comparison. This is due partly to case mix and local interpretation of the measures which can vary from one collector to the next.

²² The University of York (2014), *Effectiveness Matters: Preventing Pressure Ulcers*, Centre for Reviews and Dissemination October 2014

²³ NHS Stop the Pressure Campaign. www.nhs.stopthepressure.co.uk [Accessed 22/1/16].

Figure 1: NHS Patient Safety Thermometer All Pressure Ulcers [PU] (2-4) : Airedale General Hospital, Community Services and Harden Ward, Castleberg



Data source: Health and Social Care Information Centre

Over the last 24 months, returns have demonstrated a sustained downward trend in pressure ulcers (categories 2 to 4) across all sites, attributable to targeted quality improvement work:

- In 2014/15, the Trust prevalence for all pressure ulcers reduced by 1.49 per cent (based on the October 2013 to March 2014 median of 6.99 per cent).
- Since April 2015, and based on a reset median of 5.50 per cent (October 2014 to March 2015), the amplitude of change achieved is 0.8 per cent.

Whilst reporting structures and root cause analysis procedures are embedded we are not complacent. All reported incidents are reviewed on a weekly basis to address learning and identify issues promptly. A serious incident cluster investigation of four pressure ulcers resulting in significant harm on the same ward – Ward 4 – was undertaken in 2015. A similar investigation was also instigated on Ward 16, following reported pressure ulcer damage to two patients’ ear cartilage and one patient’s lip by a medical device. Action plans identifying shared learning from both incident clusters’ has been disseminated across a range of forums.

The National Hip Fracture Database is managed by the Royal College of Physicians and describes and challenges variation in the care for the frail older patient who typically suffers this injury. In total in 2014, 2.8 per cent of inpatients across England, Wales and Northern Ireland presenting with a hip fracture developed a pressure ulcer; the proportion for Airedale was 2.0 per cent which was below the regional average for Yorkshire and Humber and an improvement on the previous year.²⁴

Each year the Trust, in association with ArjoHuntleigh, undertakes a pressure ulcer prevalence audit to support understanding of our preventative care. Case mix adjusted data measures patient outcomes with the following results:

- Facility-acquired prevalence (excluding category one pressure ulcers) was 0.0 per cent;
- Local ulcer rate is lower than observed in the national reference data;
- No category three or four pressure ulcers developed during an episode of care²⁵

The review also measures compliance with peri-admission standards so that improvements can be effectively targeted.

²⁴ Royal College of Physicians (2014), *Falls and Fragility Fracture Audit Programme. The National Hip Fracture Database Extended Report 20115*. Health Quality Improvement Partnership. Page 65.

²⁵ ArjoHuntleigh Getinge Group (2015), *Quality Management Report: Preventative Care and Outcomes*. Page2.

Initiatives and progress in 2015/16

The Trust continues to work with Airedale Wharfedale and Craven Clinical Commissioning Group in support of integrated working with Bradford District Care NHS Foundation Care Trust with the overarching aim of establishing a tissue viability service model. (As we previously reported, the CCG has funded three Pressure Ulcer Nurses to provide additional training, education and support to the nursing and residential care homes across the district.) In July 2014, the Trust employed a further Tissue Viability Nurse. A Joint Wound Care Formulary has been finalised.

NICE (2014) guidance identifies a number of multi-component interventions for the prevention and management of pressure ulcers:²⁶

- *Risk assessment for all patients admitted to secondary care or care homes and other settings if they have a risk factor (such as limited mobility or nutritional deficiency).*

A joint Integrated Tissue Viability Policy has been implemented; a review of risk assessment tools has taken place.

- *Encouraging patients to reposition themselves frequently, offering help where necessary, and documenting the required frequency.*
- *Provision of training and education to healthcare professionals on predicting, identifying, preventing and managing pressure damage.*
- *For those assessed as being at high risk of developing a pressure ulcer:*
 - I. Provision of a skin assessment*
 - II. Individualised care plans with a specific strategy to offload pressure in patients with heel ulcers.*

The *Intentional Safety Care Bundle* has been adopted in the acute setting and includes clinical audit and a training programme for staff. Bespoke training, classroom teaching and e-learning packages, including off-loading of heels is available. Manikins are used to support nurses and healthcare support workers differentiate between moisture lesions and pressure related tissue damage.

The “Nutrition November” event, a month long campaign to enhance awareness had a special focus on the effect of malnutrition on wound healing and pressure ulcers. The significance of the early use of the Malnutrition Universal Screening Tool was highlighted to staff. An electronic alert system supports escalation of patients with skin damage to support on-going management. All inpatients with category 2 pressure damage are reviewed to ensure the correct preventative action is taken.

In collaboration with the Bradford District Care NHS Foundation Care Trust’s Pressure Ulcer Team, the Craven Virtual Ward Team Leader introduced the community *SSKIN Care Bundle* into the residential care homes. This incorporates: use of appropriate pressure relieving surfaces, skin inspections, repositioning of patients, incontinence/moisture management and nutrition and hydration support.

- *Use of high-specification foam mattresses for all adults admitted to secondary care, and those at high risk of developing a pressure ulcer in primary and community care settings.*

Evaluation of off-loading products – air wave pressure relieving mattresses – including the evidence base is on-going.

²⁶ NICE (2014), *Pressure ulcers: prevention and management of pressure ulcers* (CG179). London: NICE, 2014.

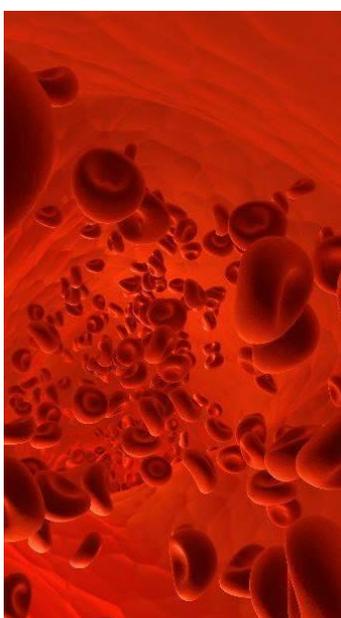
Initiatives in 2016/17 to achieve progress

- Fully operationalize the integrated tissue viability service to include a single point of referral to ensure uniformity of approach.
- Following the success of the “November STOP Pressure Ulcer Day”, in collaboration with partner groups, the Trust is to continue to participate and promote awareness campaign across the Airedale, Wharfedale and Craven locality.

2.1.3 Priority 3 clinical effectiveness: management of sepsis

Lead Executive Director
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Clinical Lead and Implementation Lead
Dominic Hewitt, Consultant Emergency Medicine
Rachel Binks, Consultant Nurse Clinical Care
Anthea Davis, Emergency Nurse Practitioner
Eleanor Checkley, Consultant Anaesthetist

Rationale and aim



Sepsis is a common and potentially life-threatening condition where the body's immune system overacts to an infection. This can lead to widespread inflammation, swelling and blood clotting, result in a significant decrease in blood pressure, and a reduction of blood supply to vital organs. Affecting all age groups, sepsis is recognised as a significant cause of mortality and morbidity in the NHS, with around 35,000 deaths attributed to sepsis annually.²⁷ Recent reports by the Parliamentary and Health Service Ombudsman have highlighted problems in the detection and treatment of sepsis.²⁸ Sepsis is a key national priority for NHS England and local commissioning groups. The Trust seeks to embed identification and treatment of sepsis in line with national guidance for the Commissioning for Quality and Innovation (CQUIN).

Whilst there has not been any local patient engagement as such, patients have fed into the national toolkit which has been used as the basis for the recently updated *Sepsis Clinical Pathway*. Staff participated in the Healthcare Quality Improvement Partnership as part of the Clinical Outcome Review Programme's *Sepsis Study*.

Process for monitoring progress

Progress is measured through the 2015/16 national CQUIN indicator and monitored by the Medical Delivery Assurance Group.

Current Status

A range of actions are recommended for rapid implementation when a patient presents with sepsis – known as the Sepsis Six Bundle. The UK Sepsis Trust and others have developed the concept of the 'Sepsis Six'- a set of six tasks including oxygen, cultures, antibiotics, fluids, lactate

²⁷ Royal College of Physicians (2014) Acute Care Toolkit 9: Sepsis
https://www.rcplondon.ac.uk/sites/default/files/acute_care_toolkit_9_sepsis.pdf. [Accessed 25/11/16]

²⁸ Parliamentary and Health Service Ombudsman, *Time to Act. Severe sepsis: rapid diagnosis and treatment saves lives sepsis*. Available at: http://www.ombudsman.org.uk/_data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf
[Accessed 11/01/16]

measurement and urine output monitoring – to be instituted within one hour by non-specialist practitioners at the front line.²⁹ It is the prompt administration of antibiotics which is regarded as the most crucial action in the prevention of mortality and morbidity.

1. Screening for sepsis (focus within Emergency Department).

Each month a minimum of 50 case notes for those patients aged 18 and above who presented at the Emergency Department with symptoms associated with sepsis are reviewed, to assess the proportion that were screened.

Table 2: 2015/16 national CQUIN goals physical health: sepsis

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
The percentage of Emergency Department patients presenting with symptoms associated with sepsis that were screened according to local protocol.	57.7%	56.7%	68.7%	58.7%

2. Administration of antibiotics (focus Acute Medical Unit).

Retrospective case note review is to be included in the 2016/17 annual audit programme to assess compliance with local protocol for the administration of intravenous antibiotics within one hour of presentation at the Acute Medical Unit. It is acknowledged at national level that coding for sepsis and systemic inflammatory response syndrome (SIRS) is a challenge. There continues to be clinical discussion about the conditions and their definitions, and the Coding Department is working with clinical colleagues to ensure information is reliable and complete.

Initiatives and progress in 2015/16

- Implementation of the patient safety alert September 2014: *Resources to support the prompt recognition of sepsis and the rapid initiation of treatment*. The alert signposts clinicians in the ambulance service, primary and community services, secondary care to a set of resources developed by the UK Sepsis Trust and others, to support the prompt recognition and initiation of treatments for all patients suspected of having sepsis.
- Availability for all staff of a sepsis pathway based on the national toolkit (revised in February 2016).
- Provision of regular training and updates in sepsis management. This includes medical staff tutorials and a rolling programme for nurses. As part of quality improvement work, emergency scenarios – for example, recognising sepsis – are regularly enacted in the clinical environment, utilising a high fidelity manikin and the actual clinical teams to ensure the experience is as realistic as possible. The primary objective is the identification of latent risks –staff knowledge – which can then be addressed.
- The promotion of sepsis boxes in clinical areas –Acute Medical Unit, Intensive Care and Labour Ward – to enable timely intervention.
- Focused education programme by an Emergency Nurse Practitioner to improve the knowledge base of registered nurses in the Emergency Department in the recognition and initial management of septic patients. This initiative formed part of a master’s advancing practice study and included structured staff questionnaires prior to and after training on sepsis recognition and management. Study recommendations were discussed at the local clinical governance meeting in May 2015.
- Attendance of key nursing and medical clinical leads at a series of half-day regional sepsis sessions, hosted by the Yorkshire Ambulance Service, looking at how they can further develop

²⁹ <http://www.survivingsepsis.org/bundles/Pages/default.aspx> [Accessed 11/01/16]

the sepsis pathway in a way that gives the patient the best chance of rapid continuing treatment at the Emergency Department, by recognising the signs of sepsis in the community.

- Participation in and submission of healthcare intelligence to the Intensive Care National Audit and Research Centre (ICNARC) to support the availability of national data on the impact of sepsis.

Initiatives in 2016/17 to achieve progress

- Integration of the recommendations' of the Clinical Outcome Review Programme, *Sepsis Study*. Published in November 2015, the aim of the study is to identify and explore avoidable and remediable factors in the process of care for patients with sepsis. Amongst its objectives are: the evaluation of systems and processes that are in place to facilitate timely identification, escalation and appropriate treatment of infection, including transfer to high dependency and intensive care units where appropriate; and examination of the recognition of sepsis and early signs of septic shock across the entire patient pathway from onset of acute illness recognisable as sepsis through to admission to definitive clinical area (e.g. intensive care).
- Embedding of new sepsis guidelines from February 2016.
- Quality improvement event following confirmation of the new guidelines.

2.2 Statements of assurance from the Board

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

2.2.1 Review of services

During 2015/16 Airedale NHS Foundation Trust provided and/or sub-contracted 76 relevant health services [as per Monitor's Provider License].

Airedale NHS Foundation Trust has reviewed all the data available to them on the quality of care in 76 of these relevant health services.

The income generated by the relevant health services reviewed in 2015/16 represents 91 per cent of the total income generated from the provision of relevant health services by Airedale NHS Foundation Trust for 2015/16.

2.2.2 Participation in clinical audits and national confidential enquiries

Clinical audit measures the quality of care and services against agreed national and local standards and recommends improvements where necessary. National confidential enquiries into patient outcomes and death are conducted by specialists with the aim of improving patient care and safety.

During 2015/16, 44 national clinical audits and 6 national confidential enquiries covered relevant health services that Airedale NHS Foundation Trust provides.

During that period Airedale NHS Foundation Trust participated in 80 per cent of national clinical audits and 100 per cent of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Airedale NHS Foundation Trust was eligible to participate in during 2015/16 are as follows: see tables 3 and 4.

The national clinical audits and national confidential enquiries that Airedale NHS Foundation Trust participated in during 2015/16 are as follows: see table 3 and 4.

The national clinical audits and national confidential enquiries that Airedale NHS Foundation Trust participated in, and for which data collection was completed during 2015/16, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 3: National clinical audits undertaken by Airedale NHS Foundation Trust

Ref.	Title	Applicable to ANHSFT	ANHSFT participation	Per cent eligible patients submitted
1	Bowel Cancer (NBOCAP)	✓	✓	104
2	Elective Surgery – hip replacement (National PROMs Programme)	✓	✓	100.4
3	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	✓	100
4	Cardiac Rhythm Management (CRM)	✓	✓	100
5	Case Mix Programme (CMP)	✓	✓	100
6	Diabetes (Paediatric) (NPDA)	✓	✓	100
7	Inpatient Falls	✓	✓	100
8	National Hip Fracture Database	✓	✓	100
9	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme – secondary care	✓	✓	100
10	Use of blood in Haematology (National Comparative Audit of Blood Transfusion programme)	✓	✓	100
11	Audit of Patient Blood Management in Scheduled Surgery (National Comparative Audit of Blood Transfusion programme)	✓	✓	100
12	National Inpatient Audit (National Diabetes Audit – Adults)	✓	✓	100
13	National Pregnancy in Diabetes Audit (National Diabetes Audit – Adults)	✓	✓	100
14	National Heart Failure Audit	✓	✓	100
15	Knee replacement (National Joint Registry (NJR))	✓	✓	100
16	Hip replacement (National Joint Registry (NJR))	✓	✓	100
17	National Lung Cancer Audit (NLCA)	✓	✓	100
18	National Prostate Cancer Audit	✓	✓	100
19	Neonatal Intensive and Special Care (NNAP)	✓	✓	100
20	Oesophago-gastric Cancer (NAOGC)	✓	✓	100
21	Procedural Sedation in Adults (care in emergency departments)	✓	✓	100
22	Rheumatoid and Early Inflammatory Arthritis	✓	✓	100
23	Sentinel Stroke National Audit programme (SSNAP)	✓	✓	100
24	UK Parkinson's Audit	✓	✓	100
25	Vital signs in children (care in emergency departments)	✓	✓	100
26	VTE risk in lower limb immobilisation (care in emergency departments)	✓	✓	100
27	Emergency Use of Oxygen	✓	✓	100
28	Elective Surgery – knee replacement (National PROMs Programme)	✓	✓	96.3
29	Elective Surgery – groin hernia (National PROMs Programme)	✓	✓	81.5
30	Elective Surgery – varicose veins (National PROMs Programme)	✓	✓	69.4
31	National Emergency Laparotomy	✓	✓	69
32	Major Trauma Audit	✓	✓	38.5
33	National Core (National Diabetes Audit – Adults)	✓	x	0
34	National Foot care Audit (National Diabetes Audit – Adults)	✓	x	0
35	National Ophthalmology Audit	✓	Underway	-
36	National Diabetes Transition	✓	Awaiting roll out	-
37	National Complicated Diverticulitis Audit (CAD)	✓	*	-
38	Adult Asthma	✓	*	
39	Inflammatory Bowel Disease (IBD) programme - biologics	✓	*	
40	National Audit of Intermediate Care	✓	*	
41	National Cardiac Arrest Audit (NCAA)	✓	*	
42	Non-Invasive Ventilation - Adults	✓	*	
43	Paediatric Asthma	✓	*	
44	Paediatric Pneumonia	✓	*	
45	Adult Cardiac Surgery	x	Not Applicable	
46	Chronic Kidney Disease in primary care	x	Not applicable	
47	Congenital Heart Disease (CHD)	x	Not Applicable	
48	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	x	Not Applicable	
49	Fracture Liaison Service Database	x	Not Applicable	
50	National Audit of Pulmonary Hypertension	x	Not Applicable	
51	National Vascular Registry	x	Not Applicable	
52	Paediatric Intensive Care (PICANet)	x	Not Applicable	
53	Prescribing Observatory for Mental Health (POMH-UK)	x	Not Applicable	

Ref.	Title	Applicable to ANHSFT	ANHSFT participation	Per cent eligible patients submitted
54	Renal Replacement Therapy (Renal Registry)	x	Not Applicable	
55	UK Cystic Fibrosis Registry	x	Not Applicable	

Data source: Airedale NHS Foundation Trust Clinical Audit Department.

* Not adopted by the Trust for 2015/16

Clarification for variation from 100 per cent submission rate:

- Ref: 1: Published data based on the anticipated number of patients.
- Ref: 2, 28, 29 and 30: PROMS data covers 2014/15; the dataset remains provisional. There are known issues regarding participation rates for PROM data including: patients getting better, patients refusing surgery, cancelled operations (in these cases the pre-operative questionnaire may be counted but not mapped to an episode), coding issues, sub-contracting activity and the timing of questionnaires.
- Ref 31: published data is based on the anticipated number of patients.
- Ref 32, 34: There has been a delay in the gathering and inputting of this data. An action plan to address this shortfall is in place.
- Ref 33: on-going data extraction difficulties (primary/secondary care interface). This has now been resolved.

Table 4: National Confidential Enquiries (NCEPOD) undertaken by Airedale NHS Foundation Trust

Ref.	Title	Applicable to ANHSFT	ANHSFT participation	Per cent eligible patients submitted
1	Maternal, Newborn and Infant Clinical Outcome Review Programme	✓	✓	100
2	Acute Pancreatitis (Medical and Surgical Clinical Outcome Review Programme)	✓	✓	100
3	Physical and mental health care of mental health patients in acute hospitals (Medical and Surgical Clinical Outcome Review Programme)	✓	✓	100
4	Non-invasive ventilation (Medical and Surgical Clinical Outcome Review Programme)	✓	✓	Underway
5	Chronic Neurodisability (Child Health Clinical Outcome Review Programme)	✓	✓	Underway
6	Young People's Mental Health (Child Health Clinical Outcome Review Programme)	✓	✓	Underway
7	Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	✓	Not Applicable	

Data source: Airedale NHS Foundation Trust Clinical Audit Department.

The reports of 27 national clinical audits were reviewed by the provider in 2015/16 and Airedale NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

The following is a sample. (Please note the body of the Account also includes detailed review of the following audits published in the last year by the Royal College of Physicians': National Audit of Inpatient Falls 2015 and End of Life Care Audit – Dying in Hospital 2015).

Cancer Outcomes and Services Dataset (COSD) and National Cancer Audits (Bowel, Prostate, Oesophago-gastric, Lung)

The Trust continues to focus on data accuracy, to include:

- I. Involving nurses in the validation of data submissions – complete.
- II. Integrating data collection into multidisciplinary team meetings – complete.
- III. Assimilating clinical validation into the COSD submission process – on-going trial of validation reports.

Falls and Fragility Fractures Audit programme (FFFAP) – National Hip Fracture Database

A plan for an Enhanced Recovery Programme (ERP) for hip fracture patients is to be implemented. This will include a designated "hip fracture bed" to allow patients to be transferred directly to the Trauma Ward within four hours. The ERP will also include Fascia Iliaca Blocks given post operatively followed by targeted physiotherapy (with the aim of improving mobility), and also pre-operative carbohydrate loading which is an evidence based intervention.

National Comparative Audit of Blood Transfusion programme Audit of Patient Blood Management in Scheduled Surgery

The results, which were favourable, have been discussed and shared with anaesthetists, at Hospital Transfusion Committee and via a transfusion newsletter. The following has been discussed with the Pre-operative Assessment Team:

- I. Promotion of single unit transfusions; and,
- II. Earlier pre-operative assessment to allow more time to correct anaemia.

National Audit of Inpatient Falls

Positive findings were achieved with regard to the call bell being in sight and reach of the patient, the mobility aid being in reach of the patient, and assessment for medications that increase the risk of falling. Action is underway with regard to the following aspects of care:

- I. A requirement to check lying and standing blood pressure has been added to the screening tool and also appears in the Falls Care Plan – complete.
- II. Continence care plans to be tailored to the patient rather than being generic – underway.
- III. Use of the confusion assessment method to be reinforced to staff – underway.

Initial Management of the Fitting Child (College of Emergency Medicine)

We achieved full compliance against the fundamental standard of checking the blood glucose of actively fitting children and to document this in the patients' clinical notes. Since the audit, the following actions are being taken:

- I. A discharge leaflet for children with febrile fits has been made available - complete.
- II. The Paediatric team is developing a leaflet for children discharged home following a non-febrile fit – underway.
- III. The use of a simple proforma for fitting children will be incorporated into the new electronic patient record – planned.

Sentinel Stroke National Audit Programme (SSNAP)

During the second quarter of 2015/16, a new pathway for patients who have suffered or are suspected of having suffered a stroke was introduced. Quarterly SSNAP results enable performance outcomes to be closely monitored and regular meetings are held with the Clinical Commissioning Group to ensure that the new process maintains excellent results with all patients eligible for thrombolysis receiving this treatment.

Diabetes (Paediatric) (NPDA)

We have worked on various aspects of the good care we offer this patient group to further improve diabetes control, including: early intense management and use of the insulin pump lead. We have seen a significant increase in insulin pump use over the last few years – from six in 2012 to 19 in 2015. Following the report in 2015, we have completely reviewed our annual assessment procedure with the establishment of specific clinics and a more structured process. The revised approach commenced in January 2016.

The reports of 148 local clinical audits were reviewed by the provider in 2015/16 and Airedale NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

The following is a sample.

Audit ID 16/6535: Audit of Compliance with NICE CG83 (Rehabilitation Following Critical Illness) in Critical Care and Ward Based Care

Aim: Focussing on adults who, as a result of critical illness, have stayed in critical care and need rehabilitation, the aim of the audit was to monitor compliance with applicable NICE clinical guidance and core standards for intensive care units.

Recommendation of the audit: To ensure continuity of care, a healthcare professional with the appropriate competencies should coordinate the patient's rehabilitation care pathway. There is currently no named healthcare professional responsible for co-ordination.

Actions:	Outcome
<i>i Therapy Services to develop a business plan for Critical Care Rehabilitation Co-ordinator.</i>	<i>Planned March 2016.</i>
<i>ii Develop a short clinical assessment form to identify patients at risk of morbidity.</i>	<i>Planned March 2016.</i>
<i>iii Implement changes to practice to improve assessment, re-assessment and goal setting.</i>	<i>In progress.</i>
<i>iv Review guidance on safety for commencing early rehabilitation and implement a pathway as required.</i>	<i>In progress</i>

Audit ID 14/66362: Audit of Blood Transfusions in Acute Medicine

Aim: To assess whether the national blood transfusion guidelines are being adhered to.

Recommendations of the audit: Further education and teaching is indicated on blood transfusion guidelines and alternatives to blood transfusion. A stable patient anaemia pathway for ambulatory care should be developed.

Actions:	Outcome
<i>i Audit findings disseminated at local governance meeting</i>	<i>Complete</i>
<i>ii Teaching session held for Acute Medical Unit staff.</i>	<i>Complete</i>
<i>iii Stable patient anaemia pathway developed and rolled out across the Integrated Care Group.</i>	<i>Complete</i>
<i>iv Re-audit after the implementation of the pathway</i>	<i>Planned November 2016</i>

Audit ID 15/6378: Annual Acute Medical Unit Mortality Audit

Aim: To review all deaths on the Acute Medical Unit to assure the quality of care and share learning.

Recommendations of the audit: Treatment escalation decisions should be clearly documented and checked, particularly for elderly patients and those patients with rapidly changing early warning scores.

Actions:	Outcome
<i>i New ward round proforma introduced.</i>	<i>Complete</i>
<i>ii Learning to be shared as part of junior doctors' induction programme.</i>	<i>Complete</i>
<i>iii. On-going reminders to medical staff from the Medical Director and Clinical Director</i>	<i>On-going; latest reminders sent in February 2016.</i>

Audit ID 15/6447: Global Rating Scale Joint Advisory Group Audit for Endoscopy

Aim: To monitor compliance with The Global Rating Scale (GRS), as a quality improvement and assessment tool for the gastrointestinal endoscopy service.

Recommendations of the audit: Overall, the results of this audit were positive with 100 per cent compliance achieved in three of the five standards. Following discussion with the Consultant Microbiologist and other units, antibiotic prescribing is to be changed to address higher than expected infection rates.

Actions:	Outcome
<i>i Antibiotic change as per recommendation.</i>	<i>Discussions with Pharmacy in progress</i>
<i>ii Permanent nutrition nurse post.</i>	<i>Complete</i>
<i>iii. Update PEG referral form and introduction checklist.</i>	<i>Complete</i>

Audit ID 14/6311: Prescription of Flush Fluid for Arterial Lines

Aim: The results of a national survey into practice involving connecting arterial line fluids to patients in hospitals reveals inconsistent application of national guidelines, meaning that some patients may be at risk of serious harm. This audit looked at compliance with the Sprint Working Party recommendations regarding the use of arterial flush solution.

Recommendations of the audit: Implementation of pre-printed infusion charts with flush fluid pre-populated. Consideration of pre-printing other regularly prescribed drugs for infusion on the Critical Care Unit to reduce the potential for error.

Actions:	Outcome
<i>Pre-printed infusion charts for use on the Critical Care Unit</i>	<i>Complete</i>

Audit ID 15/6486 Baby Friendly Standards Audit – Supplementation of Breastfeeding Babies

Aim: To monitor compliance with the UK Baby Friendly Standards in support of breastfeeding.

Recommendations of the audit: The audit highlighted the need to teach breastfeeding mothers how to hand express to support them to manage breastfeeding difficulties and avoid supplementation.

Actions:	Outcome
<i>i All women who are breastfeeding to be shown how to hand express before leaving hospital.</i>	<i>Complete</i>
<i>ii The requirement to fully document all supplements in the postnatal record.</i>	<i>On-going.</i>
<i>iii More in-depth review of maternal records where a supplement is given.</i>	<i>Complete: 2016/17 audit cycle</i>
<i>iv Community Midwifery Teams to adopt Baby Friendly Initiative tool as on-going audit to improve sample size and validity of findings.</i>	<i>Complete</i>

Audit ID 15/6427 Craven Virtual Ward Community Services Audit of Last Days of Life

Aim: To assess whether care is being delivered within the Leadership Alliance for the Care of Dying People (LACDP) priorities of care.

Recommendations of the audit: Issues to consider related to documentation, clinical practice and access to resources and equipment, particularly outside of normal hours. A re-audit with a revised tool and sample size is suggested.

Actions:	Outcome
i Improve access to equipment out of hours	In progress
ii Access to written information/ bereavement booklet for relatives and carers.	Complete
iii Amend documentation to reduce distress to relatives when explaining care and the use of the care plan	In progress
iv Training and education to explain how to implement the documentation to reflect the care given in line with LACDP principles.	In progress

2.2.3 Participation in clinical research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same Doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. Research is a core part of the NHS, enabling it to improve the current and future health of the people it serves.

The number of patients receiving relevant health services provided or sub-contracted by Airedale NHS Foundation Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 534.

Participation in clinical research demonstrates the commitment of Airedale NHS Foundation Trust to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. National systems are being used to manage the studies in proportion to risk and the Trust is participating fully in the central sign-off process (CSP) for National Portfolio studies and has fully signed up to the Research Passport system.

Airedale NHS Foundation Trust was involved in conducting 79 clinical research studies across all specialties during 2015/16 of which 58 were on the National Portfolio.

There were 37 senior clinical staff participating in research approved by a research ethics committee at Airedale NHS Foundation Trust during 2015/16. These staff participated in research across 17 different medical specialties. The Trust is committed to expanding research into new specialties to improve the quality of care for our patients. The primary motivation for conducting research within the Trust is for the advancement of knowledge and promotion of evidence-based practice within clinical care. This is reflected in the number of non-commercial studies undertaken during 2015/16 which represent 94 per cent of the total.

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

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

Research in action: 100,000 Genome Project³⁰

“The Yorkshire and Humber region will be playing a key role in the development of personalised medicine through the establishment of a new NHS Genomic Medicine Centre (GMC) as part of the national 100,000 Genome Project.” The project is supported by 14 NHS providers, including Airedale NHS Foundation Trust, and *“involves looking at the genomes of patients with certain rare diseases and patients with certain cancers...By comparing the genomes from lots of people, the NHS Genomic Medicine Centre (NHS GMC) will help to give a better understanding of the diseases, how they develop and which treatments may provide the greatest help to future patients...Understanding DNA and how it can predict and prevent disease, provide a precise diagnosis and direct targeted treatment will play a role in every aspect of medicine, from cancer to cardiology, in the future.”*



Source: <http://www.airedale-trust.nhs.uk/blog/22-december-2015-yorkshire-and-humber-joins-the-genomic-medicine-revolution/>

2.2.4 Use of Commissioning for Quality and Innovation framework

Commissioners are responsible for ensuring that adequate services are available for their local population by assessing needs and purchasing services. A proportion of a provider's income is conditional on the achievement of quality and innovation as set out in the Commissioning for Quality and Innovation (CQUINS) payment framework.

Use of CQUINS payment framework

A proportion of Airedale NHS Foundation Trust's income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Airedale NHS Foundation Trust, and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2015/16 and for the following 12 month period are available electronically at: <https://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf>

As part of the drive to improve quality, an amount of funding to be paid to the Trust during 2015/16 for the delivery of services to our patients was dependent upon achieving a range of quality markers. This scheme (CQUIN) linked £2,824,996 of our funding to the delivery of the agreed quality indicators. [This is based on the indicative outturn value for 2015/16.]

During 2015/16 Airedale NHS Foundation Trust delivered CQUINs to the value of £2,824,996 to the satisfaction of our commissioners (to be confirmed).

The monetary total of funding conditional to the delivery of agreed quality indicators in 2014/15 was £2,433,370.

³⁰ For more information: <http://www.genomicsengland.co.uk/the-100000-genomes-project/> [Accessed 12/01/16].

2.2.5 Registration with the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England.

Statements from the Care Quality Commission

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

The Care Quality Commission has not taken enforcement action against Airedale NHS Foundation Trust during 2015/16.

Airedale NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2015/16:

- I. Urgent and Emergency Care: The review specifically looked at how urgent and emergency care is organised and led through the Airedale, Wharfedale, Craven and Bradford System Resilience Group. To understand people's experience, the review focussed on two groups: people aged over 65 who have had a fall which has resulted in harm and children under the age of five with feverish symptoms.
- II. A planned inspection at service, hospital and Trust level. As part of the CQC's inspection programme to formally assess and rate whether overall service provision is safe, effective, caring, responsive to people's needs and well-led, the Trust underwent a comprehensive four day inspection. Each of eight core services – Emergency Services; Medical Care, including Older People's Care; Surgery; Critical Care; Maternity and Gynaecology; Services for Children and Young People; End of Life Care; and, Outpatient and Diagnostic imaging – was inspected to assess performance and provide a rating at a service, hospital and Trust level.

Airedale NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC: the Urgent and Emergency Care review and the planned inspection both took place in March 2016 with findings awaited. We anticipate reporting on this in the 2016/17 Quality Account.

Airedale NHS Foundation Trust has made the following progress by 31st March 2016 in taking such action: findings and recommendations are currently awaited. We anticipate reporting on this in the 2016/17 Quality Account.

All CQC inspection reports are publically available at: <http://www.cqc.org.uk/directory/RCF>

2.2.6 Information on the quality of data

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

NHS Number and General Medical Practice Code Validity

Airedale NHS Foundation Trust submitted records during 2015/16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data – which included the patient's valid NHS number was:

*99.9 per cent for admitted patient care;
100.0 per cent for out patient care; and
99.4 per cent for accident and emergency care.*

– which included the patient's valid General Practitioner Registration Code was:

*100.0 per cent for admitted patient care;
100.0 per cent for out patient care; and
99.9 per cent for accident and emergency care.³¹*

Information Governance Assessment Report

Information governance (IG) ensures necessary safeguards for, and appropriate use of patient and personal information; the IG toolkit is a system which allows NHS organisations and partners to assess themselves against Department of Health information governance policies and standards. The assessment provides an overall measure of the quality data systems, standards and processes within an organisation.

Airedale Foundation Trust Information Governance Assessment Report overall score for 2015/16 was 73 per cent and was graded pass.

Clinical Coding error rate

Airedale NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission.³²

However, the Trust was subject to an external Clinical Coding Audit for Information Governance in December 2015; the error rates reported in the audit for 2015/16 and 2014/15 for diagnoses and treatment coding (clinical coding) were as follows:

³¹ The above is published data for the period April 2015 to March. All scores show an improvement on 2015/16. [Reviewed 23rd May 2016]

³² The Audit Commission no longer exists.

	Trust Reported Results		National Standards		
	2015/16	2014/15	Level 1	Level 2	Level 3
Primary Diagnosis	5.0% (Level 3)	9.0% (Level 2)	>10%	10%	5%
Secondary Diagnosis	2.0% (Level 3)	5.0% (Level 3)	>20%	20%	10%
Primary Procedures	5.6% (Level 2)	4.9% (Level 3)	>10%	10%	5%
Secondary Procedures	3.2% (Level 3)	3.2% (Level 3)	>20%	20%	10%
Overall	Level 2	Level 2			

The report stated that: *“The percentage of correct primary diagnoses, secondary diagnosis, primary procedures and secondary procedures sits comfortably within the recommended Information Governance level 2 target requirements with only the primary procedures being 0.6% off achieving level 3 status.”* The report also noted that: *“The coding was found to be robust with good depth of coding and the majority accurately reflected the care the inpatients received.”*³³

The audit was conducted by an accredited auditor as recommended by NHS Classifications Services. Two hundred episodes were selected, at random, whose discharge date fell between April and August 2015, covering the following specialties: General Medicine, General Surgery, Urology, Gastroenterology, Paediatrics, Gynaecology, Orthopaedics, Oral Surgery, Ophthalmology, Respiratory Medicine and Elderly Medicine. It should be noted that results from clinical coding audits should not be extrapolated further than the actual sample audited.

Airedale NHS Foundation Trust will be taking the following actions to improve data quality as recommended in the audit report:

Review the ratio of coded episodes per coder within the department in order to allow each coder adequate time to complete their work to a high standard and within the required timescales.

³³ CHKS (December 2015), *Airedale NHS Foundation Trust Clinical Coding Audit for Information Governance*

2.3 Reporting against core indicators

To provide a better understanding of comparative performance, the *Quality Account* includes a core set of statutory national quality indicators aligned with the Department of Health's *NHS Outcomes Framework* for 2015/16 and reflects data that the Trust reports nationally. The measures are robust, conforming to specified data quality standards and prescribed standard national definitions and is subject to appropriate scrutiny and review.³⁴

To understand whether a particular number represents good or poor performance, the national average, outlier intelligence and a supporting performance commentary is included where available. *Unless indicated, the data source for the following indicators is the NHS Health and Social Care Information Centre (HSCIC). In line with national guidance, information for (at least) the last two reporting periods is provided.*³⁵

Domain 1 – Preventing people from dying prematurely

Domain 2 – Enhancing the quality of life for people with long-term conditions

2.3.1. Summary hospital-level mortality indicator (SHMI)

Rationale

The SHMI is not an absolute measure of quality but is a useful indicator for supporting organisations to ensure they properly understand their mortality rates across services.

The SHMI is based on all primary diagnoses, with deaths measured which take place in or out of hospital for 30 days following discharge. The SHMI value is the ratio of observed deaths in the Trust over a period of time divided by the expected number given the characteristics of patients treated (where 1.0 represents the national average). Depending on the SHMI risk adjusted value, trusts are banded between 1 and 3 dependent on whether their SHMI is low (3), as expected (2) or high (1) compared to other trusts. Banding uses a 95 per cent control limit; there is a one in 20 chance that an organisation is an outlier.

The SHMI takes account of underlying illnesses such as diabetes and heart disease. By including a measurement of the potential impact of providing palliative care on hospital mortality, additional context to the SHMI value and banding is offered.

Table 5: SHMI	Jan14 – Dec 15	Apr 14 – Mar 15	Jul 14 – Jun 15	Oct 14- Sep 15
	Pub: Jul 15	Pub: Oct 15	Pub: Jan16	Pub: Mar 16
Airedale NHS Foundation Trust SHMI value	0.94	0.93	0.95	0.93
National average	1.00	1.00	1.00	1.00
The highest value for any acute trust	1.24	1.21	1.21	1.18
The lowest value for any acute trust	0.66	0.67	0.66	0.65
Airedale NHS Foundation Trust SHMI banding	2	2	2	2

³⁴ Definitions are based on Department of Health guidance, including the *NHS Outcomes Framework 2015/16 Technical Appendix*.

³⁵ To ensure consistency in understanding of these indicators, NHS England publishes a data dictionary for the *Quality Accounts* (see the *Quality Accounts* area of the NHS Choices website).

	Jan14 – Dec 15	Apr 14 – Mar 15	Jul 14 – Jun 15	Oct 14- Sep 15
	Pub: Jul 15	Pub: Oct 15	Pub: Jan16	Pub: Mar 16
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level for Airedale NHS Foundation Trust	26.5	27.4	26.4	27.18
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level average for England	25.7	25.7	26.0	26.6
The highest value for any acute trust	48.3	50.0	52.9	53.5
The lowest value for any acute trust	0.0	0.0	0.0	0.2

Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- Trust mortality data is submitted in accordance with established information reporting procedures.
- To date, the SHMI for the Trust has remained constant and not subject to significant variation. The Trust continues to view this in line with internal scrutiny of data quality.
- SHMI data is provided through NHS Indicators and is formally signed off by the Medical Director.

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this rate, and so the quality of its services, by:

- Mortality cases are routinely reviewed by a well-established, Consultant-led Trust Mortality Group. The fundamental reason for undertaking such reviews is to identify any cases of potentially avoidable mortality, formulate action plans and disseminate learning. Themes and trends are highlighted and have led to demonstrable service quality improvements, including a focus on fluid balance, antibiotic prescribing and the development of a specialist fall sub-group to improve the care of frail susceptible older people. The work of the group has developed to incorporate the quality of care at the end of life.
- Appraisal of mortality, morbidity and other correlative data at the Clinical Specialties Assurance Committee and specialty clinical governance meetings further supports this work.
- Airedale NHS FT is part of a regional group of Trusts who are moving to a standardised and structured case note review process. This is essentially a more in depth and validated process: fewer sets of notes are reviewed, but the time spent by the reviewer is considerably longer than the current process. The aim is to identify cases of potentially avoidable death and to tease out other areas for improvement and share best practice. Training for reviewers is on-going. The eventual aim is for all trusts in the region to be engaged in exactly the same process of case note review. Data will be collected, centralised and shared for wider learning.

Domain 3 – Helping people recover from episodes of ill health or following injury

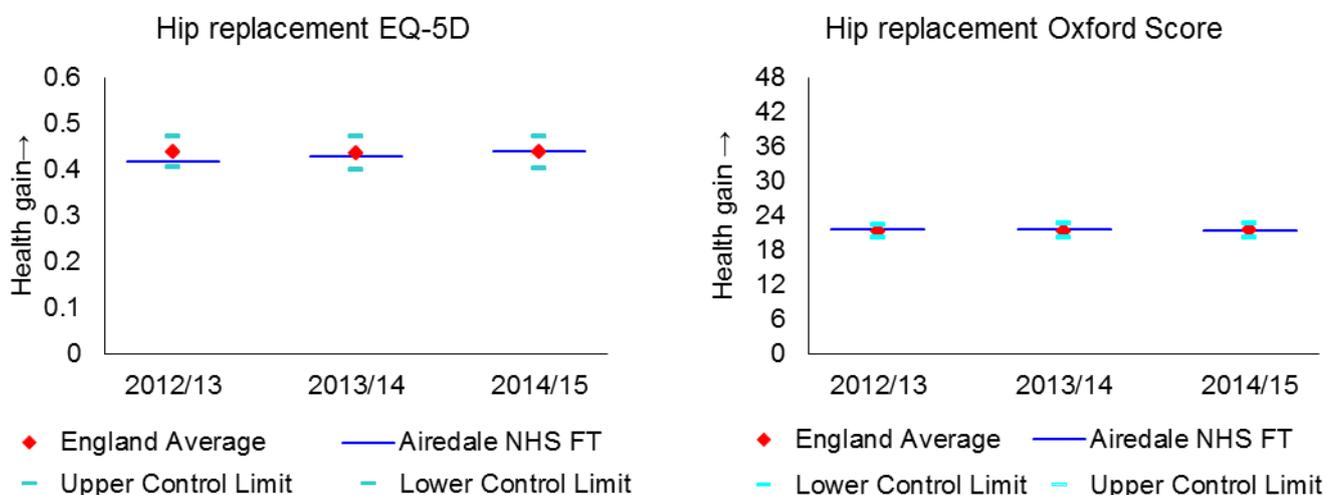
2.3.2 Patient Reported Outcome Measures (PROMS)

Rationale

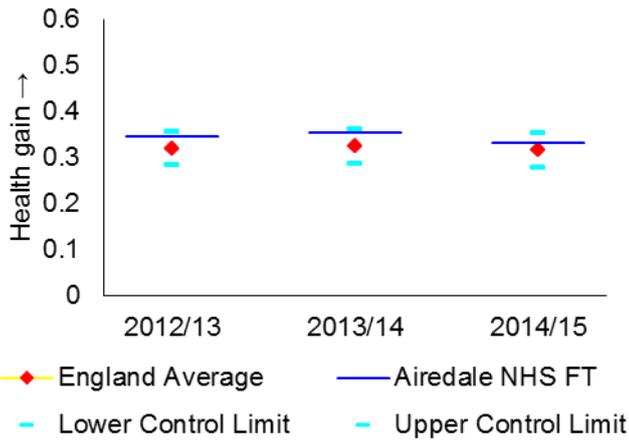
PROMs indicate patients' health status or health-related quality of life from their perspective, based on information gathered from a questionnaire that they complete before and after surgery. PROMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

Airedale's adjusted average health gain is presented alongside the national average and control limits. An average adjusted health gain allows fair comparison as the demographics of the patient and level of complexity is accounted for. It is a measure of outcomes in the sense of how much a patient has improved as a result of the surgery. A high health gain score is good.

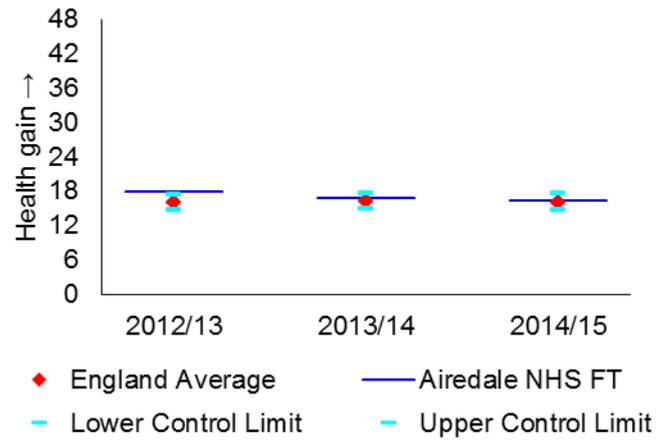
Datasets for 2014/15 are provisional and will not be finalised until August 2016. As in previous years, the 2015/16 dataset is not included as there is limited response data at this stage, particularly for hip and knee procedures where the post-operative questionnaires are not sent to Orthopaedic patients until six months after the procedure is carried out. The standardised EQ-5D measure is given as this applies to all elective conditions. However, this is less sensitive than condition specific measures and for a more complete analysis, the Oxford Score is provided for hip and knee replacement and the Aberdeen score for varicose vein surgery. The following information relates to primary procedures as the records for revisions are insufficient to draw inference. Control limits are set at 95 per cent.



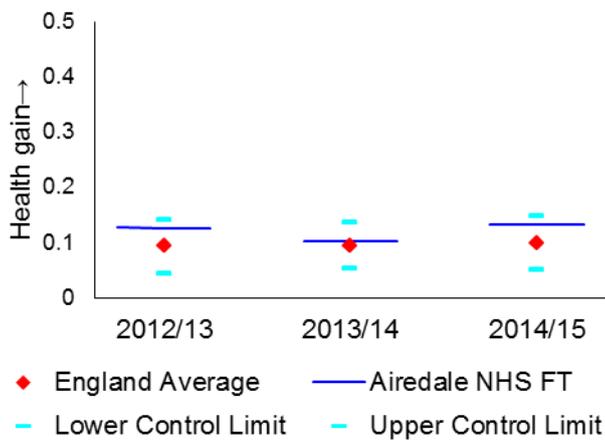
Knee replacement EQ-5D



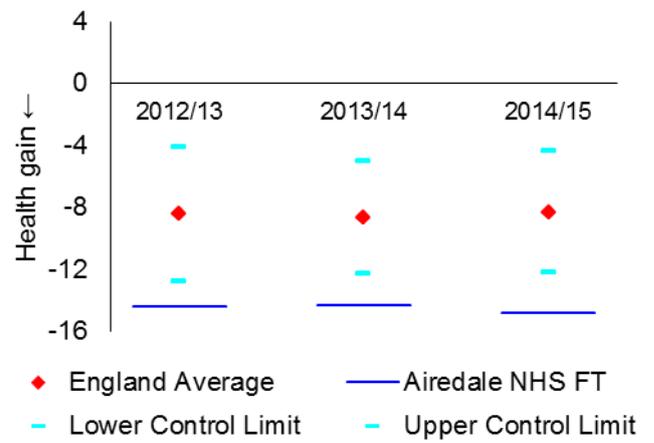
Knee replacement Oxford Score



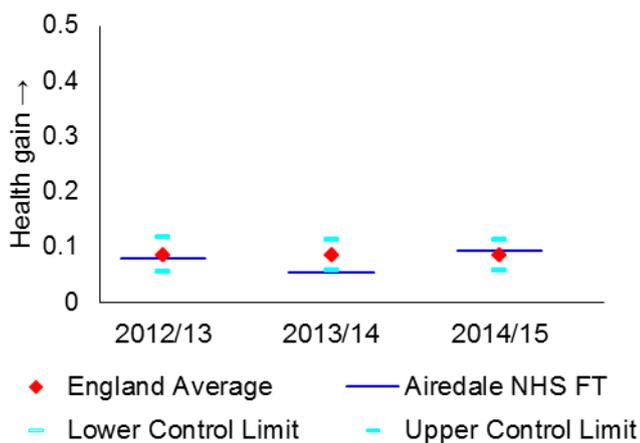
Varicose vein surgery EQ-5D



Varicose surgery Aberdeen Score



Groin hernia surgery EQ-5D



Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- For procedures such as groin hernia and varicose vein surgery, patients may actually feel worse than before the surgery e.g. from pain, mobility. As stated, the EQ-5D measure tends to be less sensitive than the condition specific measures.
- The Trust is outside the lower 95 per cent control limit for the 2013/14 EQ-5D average adjusted health adjusted measure for groin hernia surgery. Case note review of two subsets within this group – those reporting further surgery on the affected area and those with better than expected health gains – was undertaken by the Clinical Director. Although the sample size was small, a significant degree of recall bias/error was noted: none of the patients reporting further surgery actually had any record of this having occurred, though many had undergone previous historical hernia or abdominal surgery. It should perhaps be noted that the five dimensions of EQ-5D [mobility, self-care, usual activities, pain/discomfort, anxiety/depression] may not really test for relatively minor conditions like groin hernia apart from perhaps pain and discomfort. Across England, over a quarter of pre-operative groin hernia patients are already at the top score, so cannot improve further. Review of Trust data showed a higher proportion scoring at the maximum pre-operatively in 2013/14 compared to 2014/15 which may partly explain the variation between years.
- In the Aberdeen Varicose Vein Surgery Score, the scale is reversed. A score is generated from the questionnaire whereby 0 is the best score (no evidence of varicose veins) and 100 is the worst possible. Therefore if the patient has improved following surgery, the health gain will be a minus number and the larger the minus number, the greater the health gain. Airedale is a positive outlier (outside of the upper control limit) for the last three years.

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve the score and so the quality of its services, by:

- Continuing to monitor our rate of participation for each procedure and, although we have less direct influence, response rates are similarly reviewed. The Trust continues to raise awareness of the importance of returning the questionnaires at pre-operative assessment and in the ward environment at discharge.
- Reviewing of special interest topic features issued by the HSCIC, at local level to inform discussion, for example, time-series analysis from 2009-10 to 2013-14 (published November 2015).
- Analysis of our own data extract from the HSCIC, notably the groin hernia surgery 2013/14 and 2014/15 datasets.
- Actively participate in review of its results and work with the HSCIC and others to understand the data in order to inform understanding of patient outcomes.

2.3.3 Percentage emergency re-admissions to Airedale NHS Foundation Trust within 28 days of discharge

Rationale

Whilst some emergency re-admissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning and support for self-care. The following is standardised to allow comparison with other organisations and is presented in age groups: 0 to 15 and 16 years and over. A low percentage score is good.

	2010/11	2011/12	2012/13
Table 6: Emergency re-admissions		Pub: Dec 13	
Airedale NHS Foundation Trust percentage 0 to 15 years	11.70	11.32	No update for 2012/13 is currently available from the HSCIC. Next update due August 2016.
National percentage average [England] 0 to 15 years	10.01	10.01	
The <i>highest</i> * percentage return by small acute trust 0 to 15 years	12.61	14.87	
The <i>lowest</i> * percentage return by small acute trust: 0 to 15 years	6.19	5.74	
Airedale NHS Foundation Trust percentage 16 years or over	10.30	10.04	
National percentage average [England] 16 years or over	11.43	11.45	
The <i>highest</i> * percentage return by small acute trust 16 years or over	12.69	12.69	
The <i>lowest</i> * percentage return by small acute trust 16 years or over	7.14	8.73	

* The highest and lowest rates are taken from comparable trusts [small acute]. Indirectly age, sex, method of admission, diagnosis and procedure standardised per cent.

Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

The figures presented are from the Health and Social Care Information Centre (HSCIC) portal and are derived from information provided by Airedale and other trusts. Elements of this information are subject to commissioner scrutiny and a variety of external audits. Datasets have not been updated since December 2013. No attempt is made by the HSCIC to assess whether the readmission is linked to the discharge in terms of diagnosis or procedure; nor does the return identify whether the emergency admission is avoidable.

0 to 15 years: the re-admission rate is above average, but has fallen in the last (available) year. As part of Trust strategy to get patients home as soon as possible, we frequently discharge and then offer families 24 hour open access for review on the unit. This allows the patient to be readmitted directly to the ward if the parent or carer feels there is any deterioration or if they are struggling with caring for the patient for any other reason. Clearly this will impact on the re-admission rate.

16 years or over: the re-admission rate is below average and has fallen in the last year. A number of actions have had an impact, including a target for urgent referrals to community of 95 per cent of patients being seen within 24 hours of discharge from hospital.

During the data collection period the Trust will have coded some of the patients attending the ambulatory care unit (ACU) as admissions. These would be patients who in the past would have been admitted to a hospital bed for treatment (for example, deep vein thrombosis, pulmonary embolism patients). The referrals (mainly from GPs) are now triaged by a Consultant who will assess suitability for ambulatory care instead of an admission. It is likely that in the data period 2011/12 and 2013/14 some of the patients attending ACU will have been classified as a re-admission if they had had an admitted spell within 28 days. Data collection changed in March 2015.

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this percentage, and so the quality of its services, by:

16 years or over:

Medical re-admissions by Consultant are incorporated into performance metrics, circulated to colleagues and discussed at the monthly General Internal Medicine meeting. A similar process is in place within Surgical Services and provides the opportunity to discuss, understand the rationale and accuracy of clinical coding and ensure re-admissions are correctly captured on the Trust's patient administrations system.

Domain 4 – Ensuring that people have a positive experience of care

2.3.4 Responsiveness of Airedale NHS Foundation Trust to the personal needs of patients

Rationale

An organisation's responsiveness to patients' needs is regarded as a key indication of the quality of patient experience and care. The score for the inpatient setting is used in the *NHS Outcomes Framework* (indicator 4b: Ensuring that people have a positive experience of care).

Based on the annual CQC's annual *Inpatient Survey*, the measure is the overall average percentage score for answers covering five domains: access and waiting; safe, high quality, coordinated care; better information, more choice; building closer relationships; and clean, comfortable, friendly place to be. The scores are presented out of 100 with a high score indicating good performance.

	2013	2014
Table 7: Responsiveness to patient needs	403	396
	replies;	replies;
	808	850
	surveyed	surveyed
Airedale NHS Foundation Trust overall percentage score	76.6	76.9
National percentage score	76.9	76.6

Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust sample varies from year to year and difference in outcomes is to be expected unlike the national score which is, by definition, adjusted data. This should be considered when making comparison between years.

Improvements or deterioration of patient experience continue to be monitored via our real-time inpatient survey and Friends and Family Test so that remedial actions can be introduced in a timely way. The *2015 NHS Staff Survey*, shows an improvement in the number of staff reporting the effective use of patient/ service user feedback with an increase from 3.7 out of 5 to 3.8 out of 5.

We continue to work with partner organisations to ensure a holistic approach to patient engagement. Healthwatch Lancashire interviewed patients on the Airedale General Hospital site over the last year; of the 99 interviewed an overall rating of 4.3 out of 5 was given to the statement “making sure that patient experience is at the heart of everything we do”.

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this score and so the quality of its services, by:

- Monitoring of local and national patient survey results by the Trust’s Patient and Public Engagement and Experience Steering Group. The 2015 survey is expected to be released in June 2016.
- Implementation of the new *Patient and Public Engagement and Experience Strategy* for 2016-2020. The implementation plan will follow a phased approach each year and align closely to the Inclusion Strategy and Right Care principles.
- Listening and learning from patient experiences via the Friends and Family Test (FFT) and the real-time inpatient survey and taking action where necessary. Friends and Family reports on the public facing website have been streamlined for simpler access and a link embedded for patients to complete the FFT after discharge.
- A new real time survey system to improve the methodology for listening to our patients in local service areas. The new system will allow for greater flexibility with the potential to increase the number of patients surveyed and introduce new service areas not currently running the survey such as Ward 17, the children’s ward.

2.3.5 The percentage of staff employed by, or under contract to the Trust during the reporting period, who would recommend Airedale NHS Foundation Trust as a provider of care to their family or friends

Rationale

How members of staff rate the care that their employer organisation provides can be a meaningful indication of the quality of care and a helpful measure of improvement over time.

The following is the percentage of staff that “agree” or “strongly agree” with the statement “*If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust*” and is based on the annual *NHS Staff Survey* (question 21d).

The scores are presented out of 100 with a high score indicating good performance.

Table 8: Staff recommendation	2013	2014	2015
	1146 replies; 2480 surveyed <i>Pub: Feb 2014</i>	1047 replies; 2504 surveyed <i>Pub: Feb 2015</i>	1021 replies; 2580 surveyed <i>Pub: Feb: 2016</i>
Airedale NHS Foundation Trust percentage	73	69	76
National median percentage acute trusts [England]	64	65	70

The following measures are included at the suggestion of NHS England as part of the Workforce Race Equality Standard:

- Key finding (KF) 26: The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 23 per cent which is below the national average for acute trusts of 26 per cent (and with no change from 2014).
- KF 21: The percentage of staff believing that the Trust provides equal opportunities for career progression or promotion is 89 per cent. Whilst this is two percent lower than in 2014, performance is above the national average for acute trusts of 87 per cent.

Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

The response rate was 40 per cent with is average for acute trusts and slightly below that of 2014. The results of the 2015 *NHS Staff Survey* are consistent with our locally conducted quarterly *Staff Pulse Survey* which randomly samples 10 per cent of our workforce across all staff groups on a quarterly basis, and the Staff Friends and Family Test census.

Overall staff engagement has increased from 3.72 in the 2014 to 3.82 with the overall acute average 3.79. Possible scores range from one to five, with one indicating that staff are poorly engaged (with their work, team and organisation) and five indicating staff are highly engaged.

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this score and so the quality of its services, by:

In 2014, the Trust published a *People Plan* with the aim of improving staff experience. Actions in response to the 2015 *NHS Staff Survey* will be incorporated into the *People Plan*, as applicable, and includes:

- Progressing the quality of line management through targeted learning and support;
- Improving staff health and well-being through Airefit – eat well, exercise well, think well – and, resilience training;
- Developing leadership – focused around inclusion, partnership working and wider system leadership;
- Involving staff in quality improvement through engagement activities and the *Quality Improvement Strategy* and its associated framework;
- Embedding Trust values and behaviours in key people processes: recruitment, appraisal and learning and development; and,
- Continued engagement with staff around the “*Right Care*” portfolio.

The Trust has recently agreed an *Inclusion Strategy*, with plans for becoming a more all-encompassing employer. This links to work around values and behaviour (see 3.1.2 for more

details) and addressing inappropriate behaviour. The Trust's behaviours will be embedded in Human Resource policies and practice in the coming year.

2.3.6 Friends and Family Test (FFT) – Patient

Rationale

The NHS Friends and Family Test (FFT) is a quick and anonymous way for those using services to give their views after receiving care or treatment across the NHS. It was created to help service providers and commissioners understand satisfaction levels with a service and where improvements can be made. In recent years, the FFT test has expanded to cover Maternity Services, Community Services and most recently, Outpatients and Day Case Surgery.

The percentage of the patient group who are either “*likely*” or “*extremely likely*” to recommend services is presented from a single question posed to patients, “*If a friend or relative needed treatment, I would be happy with the standard of care provided by the Trust.*”

The higher the percentage scores the better. Although there is no statutory requirement to report on the patient element of the Friends and Family Test, we have included this information to support an open picture. No national benchmarks are provided below as, according to NHS England, results are not statistically comparable against other organisations because of the various data collection methods.³⁶

	Jan 2016	Feb 2016	Mar 2016
Emergency Department Average	95%	94%	93%
Inpatient Average	96%	96%	95%
Community Services	100%	96%	96%
Day Cases	98%	99%	98%
Maternity Services	97%	97%	100%
Outpatients	95%	97%	95%

Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust monitors response rates for the Emergency Department, Inpatients and Maternity Services to ensure a sufficient and reliable sample size.
- Minimum response targets have been set of 15 per cent for the Emergency Department; and 25 per cent for Maternity Services and Inpatients (which includes Day Cases). Whilst performance is consistently above the target for inpatient wards, response rates are less robust for the other areas and this is a planned area of focus for 2016/17.

³⁶ NHS England Friends and Family Test data: <https://www.england.nhs.uk/ourwork/pe/fft/> [Accessed 5/02/16].

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this score and so the quality of its services, by:

- A list of tips for managers and ward staff about implementing the Friends and Family Test
- A monthly bulletin including links to FFT reports and examples of “You said, we did” type actions
- A streamlined reporting system to convey the FFT data on the public website. This includes a link to complete the FFT online
- New posters circulated in September 2015 with a quick response (QR) code for smart phone users to access and complete the FFT survey.
- Themes that emerge from the FFT data are analysed on a six monthly basis and a report is produced of qualitative analysis to support hospital managers.

Planned action:

- A project to embed the FFT questions into a wider patient survey for the children’s ward facilitated by staff and using an online system.
- The relocation of the FFT kiosk to the Ambulatory Care Unit from the Emergency Department to generate increased feedback.

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

2.3.7 Percentage of patients admitted to hospital and were risk assessed for venous thromboembolism (VTE)

Rationale

VTE can cause death and long-term morbidity. According to NICE many cases of VTE acquired in healthcare settings are preventable through effective risk assessment and prophylaxis. A high percentage score is good.

Table 10: Risk assessment for VTE	Jan –Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
	Pub: Jun 15	Pub: Sep 15	Pub: Dec 15	Pub: Mar 2016
Airedale NHS Foundation Trust percentage	96.0	95.5	96.5	95.0
National percentage average [England]	96.0	96.0	95.9	95.5
The highest percentage return for any acute trust	100.0	100.0	100.0	100.0
The lowest percentage return for any acute trust	79.0	86.1	75.0	61.5

Source: NHS England.

Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has maintained compliance with the national VTE risk assessment priority.
- Data is provided weekly to all managers and lead clinicians. Broken down by clinical area, this allows those which are under reporting to be identified and supported with improvement and restorative actions.
- The VTE risk assessment tool is embedded in the clinical areas and features prominently in clinical decision making, ensuring vigilance in completing risk assessments.

- Thromboprophylaxis prescription rates are benchmarked against other NHS providers, using data from the NHS Safety Thermometer. These compare favourably and indicate that clinicians are completing VTE risk assessments with appropriate VTE prophylactic measures.

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this percentage, and so the quality of its services, by:

- Continue to benchmark Airedale’s performance against other providers in England and report on a monthly basis through the Trust dashboard.
- Regular discussion of VTE assessment data with clinical directors to educate and improve rates across groups.
- The Trust continues to embed the processes of root cause analysis for reported VTE with the dissemination of results to learn lessons and improve overall VTE care.

2.3.8 Rate of *C. difficile* infection per 100,000 bed days in Airedale NHS Foundation Trust patients aged 2 or over

Rationale

Hospital associated *C. difficile* can be preventable. There are issues around reporting cases of *C. difficile*, resulting from differences in the tests and algorithms used in the NHS for determining whether patients have a *C. difficile* infection. In March 2012, the Department of Health issued revised guidance on a new clinical testing protocol; this aims to bring about more consistent testing and reporting of cases of *C. difficile* infection.

The rate provides a helpful measure for the purpose of making comparisons between organisations and tracking improvements over time. A low rate is good.

Table 11: Rate of <i>C. difficile</i>	2012/13	2013/14	2014/15
Airedale NHS Foundation Trust rate per 100,000 bed days	15.0	6.2	9.8
National average rate [England] rate per 100,000 bed days	17.3	14.7	15.1
The highest rate for any acute trust rate per 100,000 bed days	30.8	32.2	62.2
The lowest rate for any acute trust rate per 100,000 bed days	0.0	0.0	0.0

Figures based on Trust apportioned cases for specimens taken for patients aged 2 or over.

Source: Public Health England.

Statement (please read in conjunction with section 3.2.1)

Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has a rigorous diagnostic testing protocol to identify cases. All confirmed cases are monitored through internal processes and reported to Public Health England, Monitor and commissioners.
- Performance is reflective of: a robust antibiotic policy closely scrutinised by Pharmacy staff, high standards of staff and patient hand hygiene, environmental cleanliness and the continued vigilance and awareness of staff.
- Root cause analysis of all hospital acquired cases is undertaken to ensure opportunities to improve practice are identified and enacted.
- All cases are reviewed with Community Service staff to assess which are unavoidable.
- Receipt of the *C. difficile* risk assessment and action plan at the Executive Assurance Group.

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this rate, and so the quality of its services, by:

Implementing further strategies during the forthcoming year, including:

- Early detection of all cases;
- Environmental sampling;
- SystemOne antibiotic prescribing flag for those patients with a history of *C.difficile* infection/colonisation;
- Monitoring of the use of antibiotics in comparison with neighbouring and similar sized acute trusts;
- Discussion of anti-microbial prescribing in community at the District Wide Infection Prevention Team Meeting;
- Implementation of NICE guidance: Urinary tract infection in Adults; and,
- Consultant Microbiologist provision and succession planning.

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

2.3.9 Reported number and rate of patient safety incidents per 1000 bed days reported within the Airedale NHS Foundation Trust and the number and percentage that resulted in severe harm or death

Rationale

Patient safety incidents are adverse events where either unintended or unexpected incidents could have led or did lead to harm for those receiving NHS healthcare. Based on national evidence about the frequency of adverse events in hospitals, it is likely that there is significant under reporting. An open, transparent culture is important to readily identify trends and take timely, preventative action.

This indicator is designed to measure the willingness of an organisation to report incidents and learn from them and thereby reduce incidents that cause serious harm. The expectation is that the number of incidents reported should rise as a sign of a strong safety culture, whilst the number of incidents resulting in severe harm or death should reduce. (Severe denotes when a patient has been permanently harmed as a result of the incident.)

Table 12: Patient safety incidents

Apr 2015 – Sep 2015 [Issue: Apr 2016]						
	All reported patient safety incidents		Severe harm		Death	
	Number	Rate [per 1000 bed days]	Number	Percentage	Number	Percentage
Airedale NHS Foundation Trust	2356	45.37	6	0.3	1	0.0
National position [acute non specialist n=136]	632050	38.25	2052	0.3	665	0.1
The highest value [acute non specialist n=136]	12080	74.67	89	2.9	22	0.7
The lowest value [acute non specialist n=136]	1559	18.07	1	0.0	0.0	0.0
Oct 2014 – Mar 2015 [Issue: October 2015]						
	All reported patient safety incidents		Severe harm		Death	
	Number	Rate [per 1000 bed days]	Number	Percentage	Number	Percentage
Airedale NHS Foundation Trust	2688	46.61	2	0.1	4	0.1
National position [acute non specialist n=137]	621776	35.3	2373	0.4	716	0.1
The highest value [acute non specialist n=137]	3225	82.21	3	0.1	3	0.1
The lowest value [acute non specialist n=137]	443	3.57	17	3.8	5	1.1

Statement

Airedale NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has in place:

- Consistent reporting of all patient safety incidents to the National Reporting and Learning System (NRLS) against each of the required six month periods.
- The Trust is in the upper quartile of reporters for the last two reporting periods. According to the National Reporting and Learning System, organisations that report more incidents usually have a better and more effective safety culture. In order to improve, an understanding of the problems is essential.
- An open and engaged culture to learn from incidents and improve the quality and safety of services. Results from the first annual NHS Improvement Learning from Mistakes League, which draws on data reporting to the NRLS as well as information from the *NHS Staff Survey 2015*, categorises trusts into four divisions ranging from outstanding to poor reporting culture. Airedale is ranked as having “good” levels of openness and transparency .

Airedale NHS Foundation Trust intends to take /has taken the following actions to improve this rate, and so the quality of its services, by:

- Maintaining and improving an open and transparent reporting culture, one which encourages all healthcare staff to report all incidents and adhere to the principles of the Duty of Candour. The statutory Duty of Candour was enacted in October 2014 and requires that NHS organisations ensure service users are fully informed where death or moderate/severe harm has occurred as a result of a notifiable safety incident. The following actions have been implemented:
 - i. Duty of Candour is incorporated within the *Serious Incident Policy* with step by step guidance and a revised serious incident report template.
 - ii. The electronic reporting system is set up so that any incident that is graded as moderate harm or above, generates an immediate Duty of Candour alert.
 - iii. The three main key aspects to the Duty of Candour – initial contact, written follow up and, advice of investigative findings – are subject an on-going audit which commenced in January 2016.
 - iv. All staff receive an overview of the Duty of Candour as part of “Staff and Patient Safety” mandatory training. “Lead Investigator” training also includes relevant information. A dedicated training session is also available.
- The Trust has signed up to the *Sign up Safety Campaign*, but did not submit a safety improvement plan as we wanted to use the campaign as an opportunity to learn from others and as such is cascading the weekly newsletter to relevant staff within the Trust.

3 Other information

As well as the selected improvement projects detailed in section 2.1, the *Quality Account* takes the opportunity to outline other local priority work in the three areas of quality: patient experience, safety and clinical effectiveness. Metrics or measures are included and where possible, historical and benchmarking data is provided to support interpretation.

3.1 Patient experience

The Trust is committed to the principle that all patients and the public are treated as individuals with dignity and respect, that cultural and ethnic diversity are valued, and that vulnerable and hard to reach groups have equal opportunity to be fully involved in all aspects of their care.

3.1.1 Improving the care for patients living with dementia

*Lead Executive Director
Rob Dearden, Director of Nursing
Clinical Lead and Implementation Lead
Elaine Andrews, Assistant Director Patient Safety
Jane McSharry, Senior Nurse Practice Development
Sara Robinson, Senior Nurse Frail Elderly Pathway Team
Maria Moloney, Senior Nurse Older People*

Rationale and aim



Dementia is caused by a number of progressive disorders, affecting memory, thinking, behaviour and the ability to perform everyday activities. Alzheimer's disease is the most common type of dementia; other types include: vascular dementia, dementia with Lewy bodies and frontotemporal dementia. Whilst dementia mainly affects older people, there is a growing awareness of cases starting before the age of 65.³⁷ *"An estimated 25 per cent of hospital beds are occupied by people with dementia. People with dementia also stay in hospital for longer, are more likely to be re-admitted and more likely to die than patients admitted for the same reason."*³⁸

In previous years this priority concentrated on the nutritional needs of patients living with dementia. The emphasis has been broadened to encompass all aspects of care for patients living with dementia. Through focusing on developing the skills and expertise of our workforce in the recognition and the care of patients living with dementia, the Trust seeks to meet the complex needs of this particular patient group.

Process for monitoring progress

This priority is part of the wider *"Right Care"* programme. The multi-disciplinary and agency *Here to Care* Project Management Group co-ordinates the key dementia priorities: training, enhancing the environment (wayfinding), admission avoidance, patient flow and elective pathway. Membership includes Patient and Carer Panel representatives.

³⁷ LSE, King's College London, *Alzheimer's Society. Dementia UK: The Full Report, 2007*

³⁸ Department of Health (2014), *Dementia . A state of the nation report on dementia care and support in England.* William Lea.

Initiatives and progress in 2015/16

It is estimated that less than half of people with dementia in England have a formal diagnosis or have contact with specialist services.³⁸ If diagnosed in a timely way, people with dementia and their carers can receive the treatment, care and support – social and psychological, as well as pharmacological – to improve their experience of this condition. To ensure prompt and appropriate referral to specialist services, all patients aged 75 and over admitted as an emergency are screened for dementia or delirium. In 2015/16, 92 per cent of eligible patients were asked the screening question.

It is predicted that the number of people with dementia from black, Asian and minority ethnic groups will rise significantly as this population ages.³⁸ People with learning disabilities have an heightened risk dementia and usually develop the condition at a younger age. This is particularly true of people with Down's syndrome. It is important that these patient groups have access to timely diagnosis and culturally sensitive support and treatment. A monthly qualitative *Dementia Carers Survey* is undertaken to monitor carers' perceptions of care. This work has been enhanced by feedback from Healthwatch Bradford and District's focus group's conversations with carers of people living with dementia.³⁹ A process to capture the experience of black, Asian minority ethnic groups within the monthly survey continues, facilitated by the Head of Equality and Diversity. A Health Mela is planned for September as a means to further improve awareness of the associated health risks for particular patient groups. This follows a similar event in 2013.

The Trust is an "Ambassador Trust" for the Butterfly Scheme with mandatory training for Nurses, Health Care Support Workers, Phlebotomists, Physiotherapists, Occupational and Speech and Language Therapists, Doctors, and Dietitians. Provision was extended in January 2015 to include all staff – clinical and non-clinical – including volunteers and bank staff.

The Butterfly Scheme was developed by a carer, Barbara Hodkinson, from observations of her mother's dementia care whilst she was in hospital recovering from a knee operation. The scheme is designed to:

- *Highlight the unique needs of patients whose memory is permanently affected by dementia by displaying (with appropriate consent) a butterfly symbol.*
- *Provide staff with simple, practical guidance towards meeting the needs of these patients such as the REACH response: Remind, Explain, Arrange, Check, History.*
- *Alert staff to the use of carer information via the "All about Me" form which offers helpful information to enable staff to better engage and create a more positive experience for the patient. In completing the form, input from relatives and carers is encouraged to ensure a patient's care plan reflects preferences and dislikes, including food and drink. This can improve nutrition, hydration and the mealtime experience.*

By the end of March 2016, 85.2 per cent of the workforce had achieved competency in dementia awareness training (this incorporates privacy and dignity training). We have developed a *Training Strategy for Dementia* to ensure all staff members have knowledge and skills in caring for people with dementia. Discussions with our nursing bank provider have taken place to safeguard competency levels. Accreditation as a dementia friendly organisation with the Dementia Action Alliance is continuing.

Refusal to eat, loss of appetite, forgetting to chew and swallow and being distracted are all frequently observed in this vulnerable group.⁴⁰ The newly developed *Food and Drink Strategy* outlines key objectives for meeting nutrition and hydration needs for this patient group, including the feeding buddy initiative and red tray system. Completion of the Malnutrition Screening Tool (MUST) to establish nutritional risks is audited on a monthly basis. In March 2016, a *Nutrition and Hydration Week* was held to raise the profile of the importance of good nutrition.

³⁹ The full report is available from Healthwatch at the following link:-
http://www.healthwatchbradford.co.uk/sites/default/files/ev_visit_19th_aug_final_report.pdf
[Accessed 02/03/15].

⁴⁰ Watts, V.et al., (2007), *Feeding Problems in dementia* Geriatric Medicine 37:8 –pp.15-19.

Research indicates that changes in the physical surroundings can encourage greater independence, lessen anxiety, improve nutrition and reduce the number of falls. Access to safe social spaces and dining areas, with eye-catching colour contrasting schemes and signage, help patients find their way around, reduces distress and has a positive impact on dietary intake. Thanks to input from the *Here to Care* Project Management Group – composed of clinical experts, the Alzheimer Society, patient and carer representatives – dementia principles are embedded in the Estate’s *Capital Development Strategy*. For example, colour selection is now selected to promote relaxation and minimise visuo-spatial problems. The consideration of reminiscence resources and diversional therapies – for example music – to stimulate interaction and relaxation is on-going.



A campaign to persuade hospitals to allow the loved ones of people with dementia to stay with them has signed up 100 hospitals to the idea, including Airedale. John’s Campaign wants carers of those living with dementia to have the same rights as parents of ill children to accompany them in hospital. A task and finish group to scope the resource for implementation has been set up.

Current status

In August 2013 Healthwatch Bradford and District undertook an Enter and View visit within Ward 1 – now Ward 4 – at the Airedale General Hospital site. This visit was prompted by concerns raised locally by the public in relation to the care of older people with a cognitive impairment. In March 2015 we welcomed a further visit from Healthwatch Bradford. The key findings were as follows:

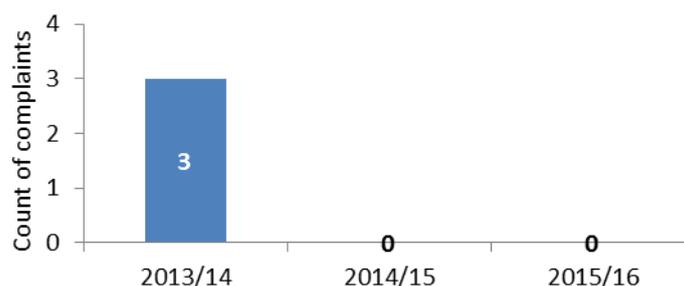
- Much improved environment, clean, bright and calm. Use of colour and providing quiet spaces for patients and families;
- 86 per cent of staff on Ward 4 have completed training on dementia;
- Innovative projects to respond to people living with dementia in their own homes at a time of crisis; and,
- Increased awareness of the Butterfly scheme on Ward 4.⁴¹

Unfortunately, the pilot Community Crisis Response and Prevention Team for Dementia highlighted in the report, a quality improvement initiative to improve the co-ordination of care of patients living with dementia, was subsequently disbanded in 2015 as commissioning funding ceased. The outcomes and learning from the pilot have been shared to support the wider aims of the “*Right Care*” programme.

It is important that we are able to monitor the effectiveness of these measures. Complaints provide valuable quantitative and qualitative information. Three complaints have concerned a patient living with dementia. All were made in 2013/14 with no complaints received in the last two years for this patient group.

⁴¹ Healthwatch Bradford and District (2015), *Enter and View Report Airedale NHS Foundation Trust March 2015, Ward 4*. Page 1.

Figure 2: Bar chart of formal complaints received from patients living with dementia for the last three years



Data source: *Complaint and PALS Team Ulysses database*

3.1.2 Privacy and dignity

Lead Executive Director

Rob Dearden, Director of Nursing

Clinical Lead and Implementation Lead

Noel McEvoy, Senior Nurse Safeguarding Adults

Lynsey Nicholson, Patient Experience Officer

Jane McSharry, Senior Nurse Practice Development

David Moss, Interim Deputy Director of Strategy, Business Development, Estates and Facilities

Rationale and aim

The quality of our care is as important as the excellence of treatment. In recent years, high profile reports and inquiries have shown a failure at individual and organisational level to deliver care with compassion and dignity. It is important to continually reflect on and challenge the way in which we treat and care for patients, relatives, friends and carers and indeed, staff. *Fundamental Standards of Caring for People with Dignity and Respect* have been developed and we continue to embed these to ensure people are treated with dignity, respect, care and compassion. Having a care environment that is clean, safe, accessible and equipped to enable total privacy and dignity underpins this initiative.

Process for monitoring progress

Privacy and dignity are key principles within the Trust's *Patient and Public Engagement and Experience Strategy 2016-2020* and are monitored via a steering and operational group.

Initiatives and progress in 2015/16

Creating a Customer Service Culture

A series of training initiatives, including *Customer care training – "Right Care"*, encourage staff to reflect on how compassionate care can be embedded into practice. Research suggests that compassion declines the more staff are exposed to clinical practice.⁴² To instil core values and challenge opposing attitudes and complacency, the Trust created its own customer care training module – *"Right Care"* – for clinical and non-clinical staff. The package refreshes key messages of who our customers – patients, carers, relatives – are and the importance of treating people as individuals. Training is aligned with line management standards, the NICE patient experience

⁴² Department of Health and National Commissioning Board (2012), *Developing the Culture of Compassionate Care*. London: Crown Copyright.

standard (QS15) and the *NHS Constitution*.⁴³ Drawing on the real experiences of patients, the training is supported by members of the Patient and Carers Panel. Examples of good and inadequate customer care form its basis with the objective to reinforce four principles of patient experience:

1. *"Through your eyes."*
2. *"Making every contact count."*
3. *"No decision about me without me."*
4. *"The patient at the heart of everything we do."*

As of March 2016, 97 per cent of staff had received an element of *"Right Care"* training, including community service teams.

Patients and their carers must feel welcome and safe when receiving our care and services. Listening to particular groups can ensure that the patient journey is made easier and more comfortable. As described last year, *"Freddy's Story"* is used as a teaching aid for nursing staff. Told from the perspective of a patient with learning disabilities, the story highlights difficulties faced in performing basic tasks like sitting, walking, eating and drinking. In July 2015, the Staff Open Day was themed around inclusion and inclusive practice. One of the sessions was designed to raise the profile of the transgender community, specifically around health inequalities. To understand some of the issues faced by the this community, a session entitled *"Everything you wanted to know about transgender, but were afraid to ask"* was facilitated by the National Diversity Ambassador for the Department for Work and Pensions, and Vice Chair of the Equity Partnership, Bradford. Positive responses from the session have resulted in a *Transgender Policy* being developed; bespoke training sessions are planned for 2016.

We worked with staff during the Quality Improvement week in July 2015 to define *"Always Events"* - the things we should always do no matter what for our patients.

Always events:

- Always be polite, pleasant and friendly.*
- Always treat the patient as they would wish to be treated.*
- Always introduce yourself and your role and ask what the patient would like to be called.*
- Always listen to the patient and include them in the conversation.*
- Always keep patients informed of their care in a way that they can understand and is acceptable.*
- Always be helpful.*
- Always meet a patient's basic care needs.*
- Always ensure patients' have access to appropriate nutrition and fluids.*
- Always challenge other members of staff who are not doing the right thing.*
- Always treat everyone with respect.*

Source: Airedale NHS Foundation Trust Quality Improvement Team.

High quality care is dependent on a high quality workplace where staff are treated with respect at work and have the tools, training and support to deliver care and the opportunities to develop and progress.⁴³ The *NHS Constitution* recognises that staff have a right to healthy and safe working conditions and an environment free from harassment, bullying, aggression or violence. Following the work with staff over the last few months, the Trust has developed six core leadership behaviours:

⁴³ Department of Health (2013), *The NHS Constitution*. Available from:- <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf> [Accessed 20/01/14].

Values and Leadership Behaviours:

Honest and integrity;
 Listening and communicating;
 Supportive and approachable;
 Even handed and encouraging;
 Patient centred and compassionate; and,
 Leads by example and self-aware.

Source: Airedale NHS Foundation Trust Human Resources and Workforce Development.

Current status

The following metrics have been selected to measure improvement in our patients' experience. Each year, as part of the annual Inpatient Survey, people are asked by the CQC about different aspects of their care and treatment. Based on these responses, health providers receive scores out of ten. A higher score is better.

Table 12: Care Quality Commission Inpatient Survey upto and including 2014/15 – performance against selected metrics for Airedale NHS Foundation Trust

	2012/13	2013/14	2014/15
[Q32] Were you involved as much as you wanted to be in decisions about your care and treatment?	7.2	7.6	7.5
[Q33] Did you have confidence in the decisions made about your condition or treatment?	n/a	n/a	8.3
[Q34] How much information about your condition or treatment was given to you?	7.9	8.0	8.1
[Q50] Did you feel you were involved in decisions about your discharge from hospital?	7.1	7.0	6.9
[Q62] Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	5.9	5.8	6.2
[Q66] Did you feel you were treated with respect and dignity while you were in hospital?	8.8	8.8	8.8
[Q67] During your time in hospital did you feel well looked after by hospital staff?	n/a	n/a	8.7
[Q68] Overall, how would you rate the care you received?	7.8	7.9	8.0

Data source: Care Quality Commission National NHS Inpatient Survey 2014.

GREEN = best 20 per cent performing trusts.

AMBER = trusts within the middle 60 per cent; about the same

RED = worst 20 per cent performing trusts.

In previous years we have updated the table above with the latest results from the annual CQC survey. Unfortunately publication this year is not timely enough for inclusion of the 2015 results. To enable others to evaluate our quality improvement work over the last year we have therefore included the findings of the Picker Institute Europe *Inpatient Survey 2015* on behalf of Airedale NHS Foundation Trust in July 2015. The Picker Institute was commissioned by 81 trusts to undertake the survey, which was developed by the NHS Patient Survey Co-ordination Centre. Raw data are combined each year into the overarching annual CQC *Inpatient Survey*. The following results are based on 524 completed questionnaires – a response rate of 44 per cent against the average of 45 per cent – and show the percentage of patients for each question, who, by their response indicated that a particular aspect of their care could have been improved. These “*problem scores*” are used by the Picker Institute as a summary measure as a means for trusts to target areas to bring about improvement. Lower scores reflect better performance. Where there are high scores, or scores are higher in comparison with others trusts, this can be highlighted as a potential area for improvement

and action can be taken. None of the results given below diverge significantly from the Picker average for all trusts.

Table 13: Picker Institute Europe Inpatient Survey 2015 –performance against selected metrics for Airedale NHS Foundation Trust

	Airedale 524 replies 1182 surveyed	All trusts n=81
[Q33] Were you involved as much as you wanted to be in decisions about your care and treatment?	42.8%	40.8%
[Q34] Did you have confidence in the decisions made about your condition or treatment?	28.8%	26.8%
[Q35] How much information about your condition or treatment was given to you?	19.7%	19.5%
[Q51+] Did you feel you were involved in decisions about your discharge from hospital?	48.1%	44.0%
[Q66+] Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	55.2%	51.4%
[Q70] Did you feel you were treated with respect and dignity while you were in hospital?	18.7%	16.4%
[Q71] During your time in hospital did you feel well looked after by hospital staff?	20.2%	19.8%
[Q72] Overall, how would you rate your experience?	16.8%	15.3%

Data source: Picker Institute Europe, Inpatient Survey 2015.

Patient-led care environment

In recent years a number of estate refurbishment and development projects have been undertaken that serve to ensure that people are cared for in a modern hospital environment with privacy and dignity. We aspire to an environment that is pleasant, comfortable, calming, clean and safe in clinical and non-clinical areas. We want to make all our open spaces accessible, including courtyards.

An experience based initiative for staff and patients to co-design Outpatients solicited 126 responses; the aim being to offer an improved experience of treatment and care. The new reception area includes a low level counter for people in wheelchairs, a central information point with touch screen self-check in kiosks and easier access to toilet facilities.

The newly refurbished Ward 4 – Elderly – has specific facilities to enable families to stay with distressed and/or end of life patients (see John’s Campaign), as does the Children’s Ward. The new Emergency Department has a Butterfly Room to support those patients living with dementia and also includes: bariatric provision and features to support those patients at the end of life and their loved ones. Ward refurbishment in the last year has included: Wards 2, 10, 14, ICU and Labour Ward consultant-led rooms.

Current status

In June 2013, the annual Patient-Led Assessment of the Care Environment (PLACE) was introduced by the Department of Health and an assessment carried out. The aim of PLACE is to provide a snapshot of how an organisation is performing against a range of non-clinical indicators which impact on the patient experience of care: cleanliness; the condition, appearance and maintenance of healthcare premises; the extent to which the environment supports the delivery of care with privacy and dignity; and the quality and availability of food and drink. The most recent PLACE assessment was carried out in April 2014 with results published in September 2014. In 2015 assessments were extended to include criteria on how well healthcare providers’ premises are equipped to meet the needs of caring for patients living with dementia. This does not represent a comprehensive assessment relating to dementia; rather it focuses on a limited range of aspects with

strong environmental or buildings-associated components. It is problematic to make comparisons with previous inspections as there is year-on-year variation in: the assessment tool, the composition of the inspection team and the wards selected for review. Nonetheless, where issues are identified, these are included in the on-going PLACE Improvement Plan, which is monitored and progressed through the Patient Environment Action Group meetings.

Table 14: Airedale General Hospital and Castleberg 2015 PLACE results compared to the England average

Domain	Airedale % score	Castleberg % score	National % average
Cleanliness	95.61 ↓	99.99 ↑	97.57 ↑
Food	95.02 ↑	91.63 ↓	88.49 ↓
Privacy & Dignity	81.60 ↓	75.00 ↓	86.03 ↓
Condition, Maintenance and Appearance	76.96 ↓	86.23 ↓	90.11 ↓
Dementia	77.32	82.70	74.51

↑ ↓ Performance against 2014 returns.

Source: NHS England 2015: Health and Social Care Information Centre.

3.2 Patient safety

Together with the management of pressure area care, infection prevention and the reduction of inpatient falls remain as specific areas of focus for the Trust.

3.2.1 Infection prevention and control

Lead Executive Director

Rob Dearden, Director of Nursing

Clinical Lead and Implementation Lead

Allison Charlesworth, Matron Infection Prevention

Dr Paul Godwin, Director of Infection Prevention and Control

Rationale and aim



Healthcare associated infections (HCAI) are infections that are acquired as a result of healthcare interventions. There are a number of factors that can increase a patient's risk of acquiring an infection, but high standards of infection control practice minimise the risk of occurrence. The Trust aims to meet the standards of *The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* (Public Health England, 2015).

Process for monitoring progress

The Infection Control Committee monitors all aspects of infection prevention and control. The *C. difficile* action plan is monitored by exception at the Executive Assurance Group and Trust Board of Directors. The district wide Infection Prevention Team and the Joint Infection Prevention Control Strategy Group continues to support an integrated approach to infection prevention and control work streams.

Initiatives and progress in 2015/16

To prevent HCAI, we continue to monitor closely the rates of infection; strengthen infection prevention and control measures; and learn from best practice. Key measures include:

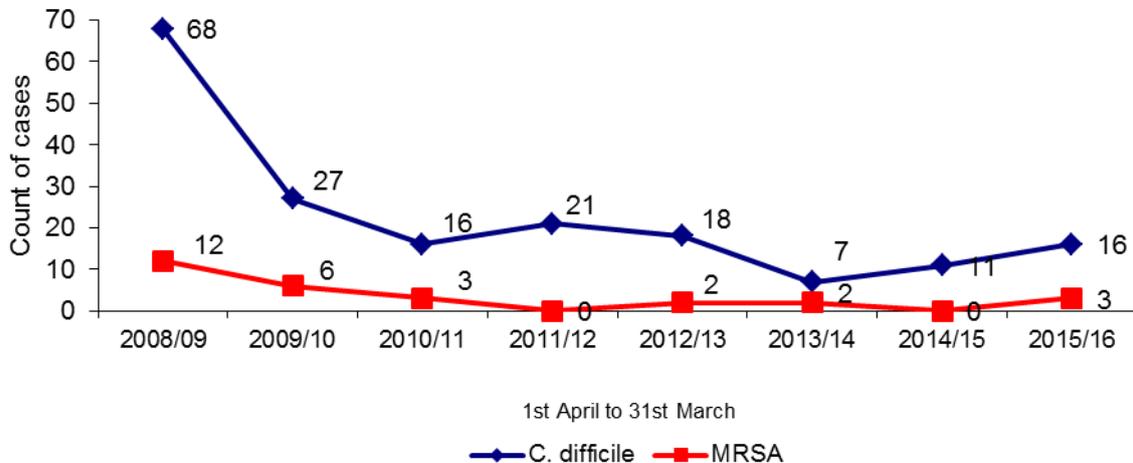
- The Matron for Infection Prevention and Senior Sisters/Charge Nurses provide updates and assurance on measures implemented to reduce HCAI through the Infection Prevention Implementation Group.
- All hospital acquired MRSA, MSSA and Ecoli bacteraemia and *C. difficile* infections are subject to root cause analysis with learning points cascaded immediately to clinical teams.
- Infection alerts are in place on SystemOne to ensure staff are aware of patients with a history of MRSA, *C.difficile* and multi-resistant organisms. GPs using SystemOne can now access messages entered by the Infection Control Team regarding the infection status of patients.
- Anti-microbial selection and usage is reviewed by the Antibiotic Pharmacist and Director of Infection Prevention; treatment choice is closely monitored as part of the analysis of *C. difficile* infection prevention.
- Environmental sampling continues to be carried out to establish if *C. difficile* can be detected in the immediate environment of those patients with *C. difficile* infection.
- The monthly hand hygiene audit reports a Trust aggregated compliance average of 97 per cent for 2015/16. This is part of a robust and on-going infection prevention clinical audit programme.
- A gap analysis was undertaken against the revised *The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* (Public Health England, 2015). No shortfalls were identified.

- Quarterly newsletters are issued to maintain the profile of infection prevention. Topics in the last year have included: MRSA, waste segregation, urinary tract infections, flu and Norovirus.
- Mandatory training and link worker programmes are on-going. External events such as Bradford and Airedale Infection Prevention Study Day and Young Persons Event have promoted infection prevention and control principles to a wider audience.
- Domestic Services, Matrons and the Infection Prevention Team have worked closely to monitor standards of cleanliness, including inspections of the care environment, spot audits and routine cleanliness audits.
- Craven Collaborative Care Team, Craven Virtual Ward Team and Castleberg Hospital as of the 1st October 2015 receive infection prevention and control support from the Airedale Infection Prevention Team – audit programmes have been established in line with the existing clinical audit programme.
- A peripherally inserted central catheter (PICC) and midline service has been introduced to provide patients with more appropriate intravenous access. Staff are being trained to care for and manage these devices.
- Domestic Services undertake routine cleanliness audits whilst the Enhanced Cleanliness Team maintains its work programme.

Current status

This fiscal year the Trust reported three hospital acquired MRSA bacteraemia; 16 *C. difficile* cases developed in hospital. Root cause analysis showed that five of these cases were avoidable. (Please also see section 2.3.8 Rate of *C. difficile* infection which provides a national comparator.)

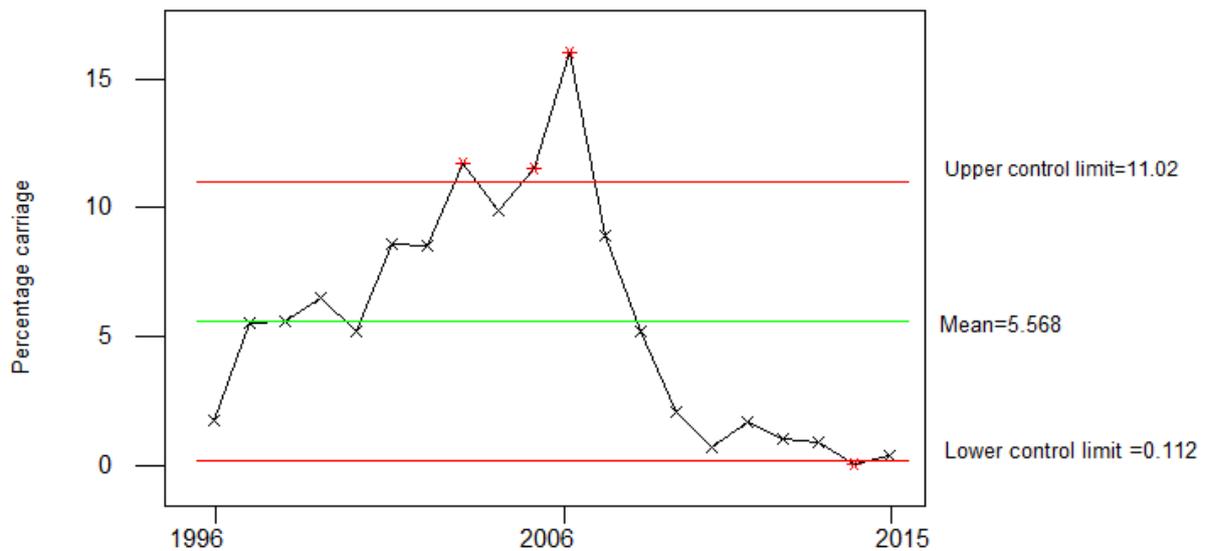
Figure 3: MRSA bacteraemia and *C. difficile* cases at Airedale General Hospital in the last eight years



Data source: Airedale NHS Foundation Trust Infection Prevention.

Rigorous efforts including hand washing (compliance cited above), screening cultures to detect patients (and in some cases staff) colonised with MRSA and the use of contact precautions and alerts for colonised patients who are re-admitted all seek to help reduce the transmission of MRSA within hospitals. The Trust’s inpatient MRSA carriage rate remains low (reported as 0.32 in December 2015) and, as illustrated in the next figure, demonstrates a sustained downward shift in recent years. Sample size in 2015 was 311.

Figure 4: Special process control chart of the relative frequency of Airedale General Hospital inpatients carrying MRSA 1996–2015



Data source: Airedale NHS Foundation Trust Infection Prevention.

3.2.2 Reduction of slips, trips and falls sustained by patients admitted to our hospital wards

Lead Executive Director
 Rob Dearden, Director of Nursing
Clinical Lead and Implementation Leads
 Elaine Andrews, Assistant Director Patient Safety
 Noel McEvoy, Senior Nurse Safeguarding Adults

Rationale and aim

Whilst patients of all ages fall, the occurrence is greater in older people: one in three people over the age of 65, and half of those over 80 will fall each year.⁴⁴ For hospital inpatients the risk is compounded by factors such as delirium and cognitive impairment; medical diagnosis/condition which can be multi-factorial; disabilities for example, poor eyesight, hearing and mobility; and other problems associated with continence. Research has shown that 700 falls occur every day in hospitals across England; some result in moderate or severe harm – hip fracture – or death.¹¹

Slips, trips and falls are collectively our most reported patient safety related incident, a finding consistent across England.⁴⁵ With inpatient falls being a common cause of injury, pain, distress, delay in discharge and loss of independent living, the effective management to reduce their number is an important priority. The Trust aims to demonstrate a year on year reduction in the number of falls sustained by inpatients. This is not without challenges: staff must continually balance duty of care with patient independence, sense of identity and rehabilitation.

Falls prevention is a complex challenge. Whilst our main priorities (section 2) have been redefined this year, the Trust remains committed to the falls agenda and to enhancing links with health, social care and voluntary providers to encourage continuity of care and services for patients who have fallen.

⁴⁴ Department of Health [DH] (2009), *Falls and fractures: effective interventions in health and social care*. Crown copyright: COI for DH.

⁴⁵ NHS England (2014), <http://www.england.nhs.uk/ourwork/patientsafety/falls-prevention/> [Accessed 29/12/15]

Process for monitoring progress

The multi-disciplinary Trust's Falls Steering Group co-ordinates an overarching action plan detailing key areas of focus: falls risk assessment, care and management of patients following a fall, discharge, patient and family information, equipment, and training and education. The Trust is an active member of the district wide Falls Pathway Development Group.

Incident monitoring systems support measurement of progress over time; occurrences of slips, trips and fall events and the level of harm are reported and reviewed on a weekly, monthly, quarterly and annual basis at ward level through to Board. Information is aggregated with other similar episodes to maximise remedial measures to prevent similar incidents. All falls that result in significant harm –severe laceration, fracture, head injury – are fully evaluated as to whether a serious incident has occurred, following comprehensive information gathering. Patients and relatives are kept fully informed of on-going findings. For those cases that do not meet this threshold, an internal root cause analysis is carried out; a standardised tool is used to support this process.



Initiatives and progress in 2015/16

NICE (2013) recommend the routine assessment of falls history in older patients whilst those presenting for medical attention because of a fall or report repeated falls, should be offered an individualised multi-factorial risk assessment.⁴⁶ Nursing documentation has been revised accordingly and includes a post fall review form and appraisal of medication. This is being piloted prior to a full roll-out.

Active training and support of healthcare professionals is needed to implement falls prevention programmes in practice. An education and training mandatory programme for Registered Nurses, Allied Health Professionals and Health Care Support Workers, is available. Emphasis is on challenging attitudes away from the inevitability of falling. Ward based learning could enhance this training; a review of education and training around falls is proposed. As part of the Quality Improvement Week, a consultant geriatrician from a neighbouring teaching hospital presented a falls prevention programme to staff. This initiated a safety huddle weekly meeting on Ward 5, focusing on continence, a known falls risk factor.

Assessment of the safety of the hospital environment is a continual process with modification made wherever possible to reduce the rate of falls and the risk of falling. Satellite staff stations are placed along the sides of wards to bring staff closer to the patient. Dementia friendly enhancements – *Here to Care* – are designed to promote patient safety: matt flooring minimises the risk of slips, trips and falls – shiny surface can be perceived as slippery. Thirteen floor-level beds for patients at high risk of falling out of bed are available.

Current status

Across England and Wales the Royal College of Physicians' *National Audit of Inpatient Falls* (2015), found the average number of falls per 1000 occupied bed days was 6.63 in the period January to December 2014; 0.19 per 1000 occupied bed days resulted in moderate, severe harm or death. Airedale had one of the highest reported falls rates of 11.14 per 1000 occupied bed days with 0.24 resulting in moderate, severe harm or death. The National Hip Fracture Database is managed by the Royal College of Physicians and describes and challenges variation in the care for the frail older patient who typically suffers this injury. In total in 2014, 4.3 per cent of all hip fractures occurred in hospital across England, Wales and Northern Ireland; this compares to 4.8 per cent sustained as an

⁴⁶ NICE (2013), Falls: assessment and prevention of falls in older people (CG161). London: NICE, 2013.

Airedale inpatient.⁴⁷ In interpreting incident data, it should be noted that no adjustment for reporting culture is made: high rates of reporting may reflect the development of reliable surveillance of this patient safety issue.

Table 15: Airedale NHS Foundation Trust rate of inpatient falls per 1000 bed days⁴⁸

Fiscal year	Bed days* [Y]	Reported Falls [X]	Reported falls per 1000 bed days	*Reported falls resulting in fracture	Reported falls resulting in fracture per 1000 bed days
2015/16	113818	993	8.7	19	0.2
2014/15	109842	1203	11.0	25	0.2
2013/14	112289	1254	11.2	25	0.2
2012/13	113315	1287	11.4	15	0.1
2011/12	101078	1100	10.9	32	0.3

Data source: bed days – Airedale NHS Foundation Trust Information Services; patient safety incidents – Airedale Quality and Safety Team [Ulysses database].

A sign of a strong safety culture is that whilst the rate of reported incidents should increase, the number of incidents resulting in harm should reduce. Of the 2015/16 inpatient falls: nine resulted in a fractured neck of femur, ten in other fractures and 22 in significant harm. The ten other fractures relate to ten patients.

The proportion of Airedale’s population aged 75 and over is nine per cent of our admitted patients.⁴⁹ With age comes an increased risk of developing dementia, a known fall risk factor, and osteoporosis, which in the event of a fall, increases the risk of sustaining a fracture. Length of stay and delayed discharge can potentially expose a patient to a heightened falls risk and should be part of any evaluation.

Clinical audit measures the quality of care and services against agreed national and local standards and recommends improvements where necessary. The Royal College of Physicians’ audit measured against NICE guidance on falls assessment and prevention and other patient safety guidance on preventing falls in hospital. The audit sampled 30 inpatients over three days: 80 per cent met medication, mobility aid and call bell standards; 79 per cent met the vision standard. Areas of low compliance – below 50 per cent – concerned: delirium, lying and standing blood pressure measurement and continence standards. The latter was only relevant to four inpatients; whilst one patient had a toileting care plan, three did not. The Falls Steering Group is considering how to most effectively address the continence recommendation to ensure care plans are individualised. The Butterfly Care Plan for dementia patients has been strengthened in order to identify patients’ toileting patterns, particularly during the night. Subsequently revised nursing documentation includes the requirement to check lying and standing blood pressure. Delirium

⁴⁷ Royal College of Physicians (2014), *Falls and Fragility Fracture Audit Programme. The National Hip Fracture Database Extended Report 20115*. Health Quality Improvement Partnership. Page 65.

⁴⁸ *A bed day is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital (OECD Health Data 2013. June 2013).

Methodology:

Bed occupancy and inpatient fall are calculated from data from Wards 1, 2, 3, 4, 5, 6, 7, 9, 10, 13, 14, 15, 17, 18, 19, 21, High Dependency, Intensive Care, Coronary Care and Harden Ward, Castleberg. Supplied by the Trust’s Information Services Department. Falls comparable with National Reporting and Learning System [NRLS] calculation as follows:

- X= the total number of all patient falls reported in hospital/unit in the most recent year for which data are available.
- Y= the total number of occupied bed days in your hospital/unit in the most recent year for which data are available, multiplied by 1000.
- X divided by Y gives the number of falls per 1000 occupied bed days.

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

 Data quality subject to third party review in 2015/16

⁴⁹ Yorkshire and Humber Public Health Observatory (2012), *Calculating catchments*. Available at: <http://www.yhpho.org.uk/> [Accessed 15/01/16].

guidelines for the older person are being reviewed to reinforce the use of the confusion assessment method.

Frail Elderly Pathway Team

Rationale and aim



In the previous year, we advised on a planned initiative in 2015/16 to further develop the Frail Elderly Pathway Team. Frailty is associated with adverse health outcomes, including increased risk of falling. The multi-disciplinary Frail Elderly Pathway Team was established in January 2014 to improve the co-ordination and the active management of care for older people. Composed of Physiotherapists, Occupational Therapists, and a Senior Nurse and with some social worker input, the team is based on the Acute Medical and Ambulatory Care Unit with Emergency Department in reach. Its objectives are to:

- Reduce hospital admissions by early specialist integrated assessment and intervention;
- Facilitate early discharge by commencing rehabilitation at the earliest stage to optimise recovery;
- Reduce length of hospital stay by rapid signposting to Intermediate care and Community Services;
- Act as an interface with Community Advanced Nurse Practitioners from the Collaborative Care Teams to avoid unnecessary re-/admission; and,
- Provide integrated holistic care and treatment.

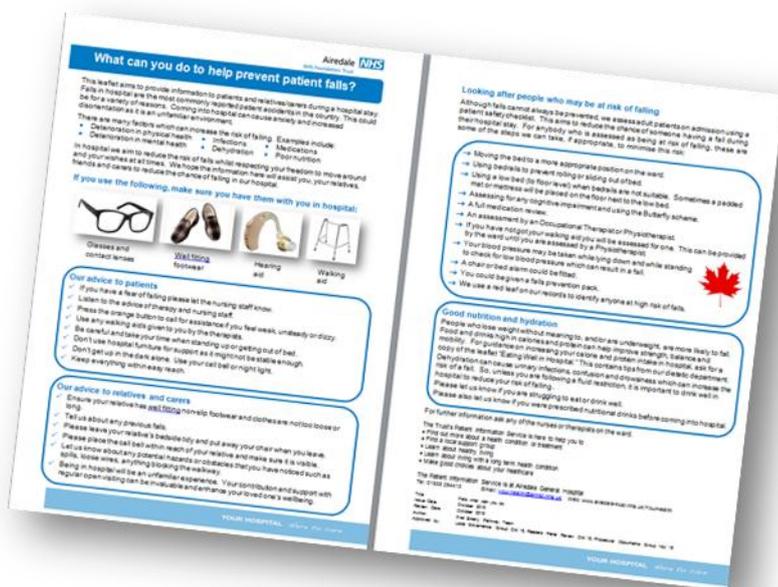
Current status

Over the last year, the service has been extended to six days, the frail elderly criteria and pathway have been refined with the initiative overseen by a multi-disciplinary operational group which meets monthly. The Team has developed an inpatients falls leaflet (pictured above). Since June 2015 a dedicated consultant Geriatrician is available for three weekly clinics slots. Information gathered on a monthly basis demonstrates that on average 75 per cent of patients seen by the Frail Elderly Pathway Team return to their own place of residence rather than being admitted to a hospital ward. Next steps include: consideration of increased staffing to provide a seven day service and opportunities within the Emergency Department, whilst challenges include securing a full-time dedicated consultant Geriatrician.

The Community Crisis Response and Prevention Team for Dementia, designed to reduce the risk of secondary complications, including falls and fractures, was decommissioned in 2015. Its impact, particularly on reduced length of stay and admission avoidance remains in view.

3.3 Clinical effectiveness

The following projects focus on the delivery of clinical excellence in care and treatment.



3.3.1 Quality of healthcare for people with long-term conditions – Airedale Digital Care Hub

*Lead Associate Director
Stacey Hunter, Director of Operations
Implementation Lead
Marie Buchan, Digital Care Hub Manager*

Rationale and aim



There is evidence to suggest that people, particularly those with long-term conditions, want to have control over decisions about their care, desire to live a normal life and do not wish to spend time in hospital unnecessarily.⁵⁰ Assistive technologies, such as telemedicine, can allow patients to manage their conditions and avoid time-consuming and costly trips either to hospital or outpatient clinics. Airedale's Digital Care Hub aims to care for patients closer to home whenever it is safe to do so; people with chronic illness can avoid emergency treatment and admission if their condition is

well-managed.⁵¹

Process for monitoring progress

The multi-disciplinary and agency Digital Care Hub Business and Digital Governance Group is responsible for the delivery of this priority. Qualitative and quantitative monitoring is on-going both internally and externally to support assessment of the impact of the innovation and inform future initiatives and strategy.

Initiatives and progress in 2015/16

The Airedale Digital Care Hub is staffed 24/7, by highly skilled Senior Nurses. The team has developed to include Acute Care, Urgent Care and District Nurses, Fall Practitioners and Occupational Therapists. If required, escalation to a Consultant is available. Via the Hub, the team are able to offer medication advice, can review on-going clinical observations. Access to the SystemOne GP record has made available care plans and patient medication information in support of clinical decision-making. It also means a patient's GP is kept apprised of consultations. If a patient needs to come to hospital, staff can communicate with the ambulance service to ensure a direct admission. The Hub regularly receives in excess of 1300 video calls each month from patients in their own homes as well as nursing and residential homes across England.

Last year, we described the work of the Intermediate Care Hub (IC_HUB), a joint health and social care approach, and the result of organisational and district wide integration work. The IC_Hub acts as a health and social care referral point for adults needing rehabilitation or recovery care after an illness, such as a stroke. It offers quick interventions to prevent major health problems developing should a patient's long-term condition deteriorate. The approach seeks to: prevent unnecessary admissions into hospital where patients can be more effectively cared for in community settings; and, provide a supported and speedier discharge from hospital. In the last year, the IC- Hub has

⁵⁰ Department of Health (2011), *Whole System Demonstrator Programme*. Available from:- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215264/dh_131689.pdf [Accessed 06/12/13].

⁵¹ Dr Foster Intelligence (2013), *Dr Foster Hospital Guide 2013*. Dr Foster Limited. p.10.

been extended and developed to include: 24/7 collaboration, mapping of the patient journey and evaluation of data by a dedicated individual to support patient outcomes and resource allocation.

In 2012/13 we reported on the Gold Line Service, an innovative approach created in partnership with patients, carers, GPs, commissioners and Manorlands and made possible through a grant from the Health Foundation. The Gold Line service provides a single point of contact for patients at the end of life and their carers to be able to access 24/7 help and advice via the Hub. The initial pilot commenced in 2013 across Airedale, Wharfedale and Craven and was extended to the remainder of the Bradford district and its metropolitan populations in 2014. A combined total of approximately 1700 patients are registered and there are in excess of 700 telephone calls each month. A film of Airedale's Gold Line Service was premiered alongside four other short documentaries in London in 2015.⁵² It was part of the *Power of People* – a series of mini documentaries which bring health care improvement to life and show the personal stories behind change – which has been commissioned by the Health Foundation. One of the aims of these films is to inspire people working in the NHS to think about other possible innovative ways of working.

Our Chief Executive chairs the Yorkshire and Humber Academic Science Network Digital Health and Wellbeing Board. Building on Airedale's European Innovation Programme three star rating, the group seeks to work with local health and social care partners to capitalise on digital innovation across the region to explore new clinical care pathways and models of health and social care. The Airedale and Partners Enhanced Health in Care Homes Vanguard is one of six collaborations across the country which aims to offer older people better joined up care and rehabilitation services. In addition we are a member of the West Yorkshire Urgent Care Network Vanguard. This is one of eight national sites with the ambition to improve the co-ordination of urgent and emergency care services and reduce the pressure on Emergency Departments. We look forward to updating you on progress made in next year's account.

Other progress up to 2015/16:

- Provision of GP triage Monday to Friday for the homes across the Pendle locality.
- Relocation to a new Digital Care Hub site within the hospital to enable growth of services and the centralisation of services closer to the general wards and Emergency Department in support of clinical accessibility.
- For those patients with long-term conditions – heart failure, chronic obstructive pulmonary disease and diabetes – the service delivery has been changed to the Skype video conferencing application.

⁵² To view the film follow the hyperlink: <http://www.health.org.uk/gold-line>
[Accessed 21/01/16]

Current status

- Over 8000 nursing and residential patients are linked to the Airedale Digital Care Hub; this compares to 1000 in 2012/13.
- There are now 40 nursing and residential homes across the Airedale, Wharfedale and Craven district using this technology – this compares to a total of 17 in 2012/13 – with a further 49 homes live in the Bradford area.
- Calderdale and Huddersfield Foundation Trust has commissioned Hub access in support of 16 nursing homes across its locality.
- In East Lancashire there are 56 nursing and residential homes accessing our services with work being undertaken with several other homes.
- Areas with care home access to the Hub includes: Birmingham, Coventry, Cumbria, Dartford, Formby, King's Lynn, Lincoln, Rochdale, Rugby, Southport, and Sefton.

The York Health Economics Consortium is currently evaluating a pilot project to see if telehealth care can help heart failure patients to manage their condition better. Heart failure is a long-term condition with frequent hospital admission and an average length of stay of eight days. Patients are linked via an ipad to a team of heart failure nurses based in the Airedale Digital Care Hub and also have equipment to monitor blood pressure, oxygen saturation, pulse and weight. The nurses assess patients to optimise medication, including dose. The outcomes of the study will be reported in the 2016/17 *Quality Account*.

3.3.2 Management of the number of caesarean sections

Lead Executive Director
Mr Karl Mainprize, Medical Director
Clinical Lead and Implementation Lead
Mr Stephen Porter, Clinical Director Obstetrics and Gynaecology
Sumita Bhuiya, Clinical Director Obstetrics
Mary Armitage, Head of Midwifery

Rationale and aim

Work has continued within Maternity Services to reduce the number of caesarean sections over the last year. There are a number of risks associated with caesarean section, both for the mother and the baby, in the immediate and longer-term. It is important to point out that a caesarean is in itself, not an adverse outcome and in many cases is the most appropriate action to take to ensure that there is no preventable loss or morbidity. The Maternity Unit is committed to optimising opportunities for normal birth and to reducing intervention rates.

Process for monitoring progress

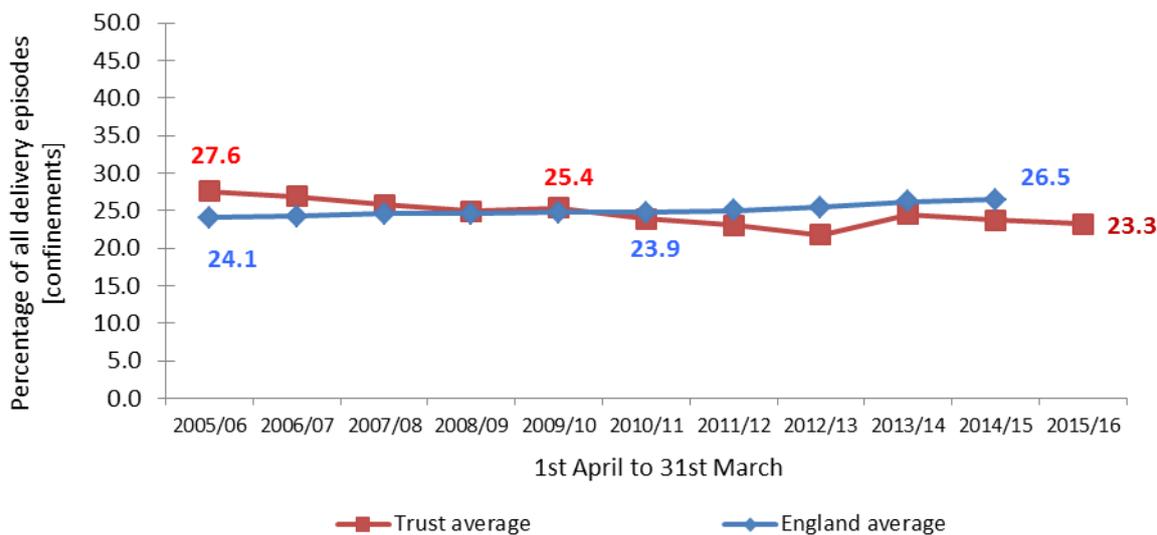
To understand performance against this priority, the multi-disciplinary Women's Integrated Governance Group receives monthly aggregated and disaggregated caesarean section rates. Case note review by senior staff against guidance and recommendations for best practice in respect of elective caesarean section is regularly undertaken and informs the group discussion.



Current status

The latest available England percentage of caesarean hospital deliveries has slightly increased to 26.5 per cent for 2014/15 with an overall national incremental trend in caesarean birth. The Trust's overall caesarean section rate is below the national average. Finer grained analysis for 2015/16 shows that the rate for electives is 11 percent compared to the national average of 11.1 per cent.

Figure 15: Caesarean section rate for Airedale NHS Foundation Trust long term trend



Data Source: *Evolution Maternity System.*

Initiatives and progress in 2015/16

- The bespoke Midwifery led Unit provides a homely environment. With access to a private outdoor space, it aims to offer a relaxing place to give birth. The Unit's primary focus is on normality and active birth from the onset of labour. The aim is to promote normal birth and a reduction in the number of interventions, including caesarean section. Both Medical and Midwifery staff are fully committed to this philosophy of care. At the time of this report, just over six per cent of all births occurred in water; this is a slight decrease in the water labour rates to 12.5 per cent of all births. Feedback from patient surveys and evaluations is positive.
- The yearlong pilot of the My Airedale Midwife (MAM) Team was found to be unsustainable and ended in January 2015. The midwives continued to offer care for the vulnerable women and planned home births booked with them but no new bookings were taken. Building on the experience of this team, a new approach advocating normality (and normal birth) was launched in January 2016. A team of midwives working alongside the Labour Ward staff will aim to maintain the low risk environment of the Midwife Led Unit, promote normal labour and birth and support women requesting home birth. It is hoped that the Normality Team will have an impact on the caesarean, vaginal birth after caesarean (VBAC) and water birth rates in the coming year.
- Women who have had one previous caesarean section for a non-recurring reason and who are not at increased risk of uterine rupture in labour are actively encouraged to aim for vaginal birth in the subsequent pregnancy. The service's goal is to reduce the number of second caesarean sections through the implementation of the following:
 - I. The Patient Decision Aid (PDA), introduced in 2014, aims to ensure that all women eligible for vaginal birth after caesarean section (VBAC) receive, and have the opportunity to discuss essential information upon which to base their decision about method of delivery.

- II. The Midwife led VBAC clinic, allowing those women who are undecided about VBAC following discussion with an Obstetrician, to have a further opportunity to discuss all options prior to a final decision. Those women with tocophobia or extreme anxiety can be referred to the Healthcare Psychology Service.
- III. The high risk antenatal care, low risk intrapartum care (HALO) care system allows women with antenatal risk factors, but no intrapartum risk factors, to be cared for in labour by a Midwife on the Midwife led Unit, reducing the risk of obstetric intervention and offering the best opportunity for a vaginal birth in a low risk setting.
- IV. External Cephalic Version (ECV) is offered to women with a baby in the breech position and for whom it is safe. This may remove the need for caesarean section in those women for whom ECV is successful. At the time of this report, 19 women had attended for ECV in 2015/16.
- V. A bid has been submitted to the Department of Health for wireless CTG monitors which, if successful, will allow women who have had a previous caesarean section to be monitored while remaining active in labour and even to remain in the pool.

3.3.3 Fractured neck of femur improvement project

Lead Executive Director

Mr Karl Mainprize, Medical Director

Implementation Lead

Victoria Barlow, Orthopaedic Nurse Practitioner

Mr Gethin Thomas, Hip Trauma Lead Consultant

Alex Acornley, Clinical Director Trauma and Orthopaedics

John Logue, Matron Critical Care Unit

Rationale and aim



A broken hip, also known as a fractured neck of femur, is the most serious consequence of a fall, with the risk of occurrence increasing with age. According to NICE, the majority of fractured neck of femurs happen in elderly patients with osteoporosis; mortality is high although most deaths are from associated conditions and not the fracture itself.⁵³ For those who recover, there is a possibility of a loss in mobility and independence. Hip fracture is attributable to a number of factors (age, underlying conditions, sex and ethnicity), but research suggests that organisational factors in a patient's treatment can affect outcomes.

Process for monitoring progress

Orthopaedic multi-disciplinary audit governance meetings are held regularly to identify areas of improvement and understand outcomes for this group of patients.

Initiatives and progress in 2015/16

The Acute Trauma and Elective Orthopaedic wards continue to benefit from the *Here to Care* dementia friendly upgrade. The Orthopaedic-Geriatric ward rounds remain on-going with specialist input from consultants in Elderly Medicine. The multi-disciplinary team support all Orthopaedic patients with the appropriate advice, rehabilitation services, aids and adaptations to promote mobility and independence both in and outside of hospital. The Enhanced Recovery Pathway (ERP) continues to be successfully utilised for elective patients. Exploratory discussions about a similar ERP pathway for trauma patients on Ward 9 are on-going. It is intended to have a neck of femur designated bed on Ward 9 to enable a seamless transfer of acute patients from the Emergency

⁵³ NICE (2011), Hip Fracture. *The management of hip fracture in adults. NICE clinical guideline 124.* NICE: Manchester.

Department. The ERP will also include carbohydrate loading pre-operatively and increased protein supplements as there is some evidence that these can be beneficial in this patient group.

The Orthopaedic Nurse Practitioner has commenced a period of training – until June 2016 – to become an Advanced Nurse Practitioner. A secondment to cover the original post holder's duties and responsibilities has ensured continuity, including submissions to the National Hip Fracture Database and monthly reports to the Orthopaedic Audit Meeting.

Over the last 18 months, fascia iliaca blocks have been introduced in the Emergency Department for pre-operative pain relief. A clinical audit undertaken in 2015 showed that 100 per cent of patients in the Emergency Department with a fracture neck of femur were considered for a fascia iliaca block on admission as recommended by NICE, and that of these, 91 per cent received the block. The audit demonstrated a significant improvement on an audit of practice in 2013. This pain management technique has also been utilised on occasion post-operatively. The aim is to make fascia iliaca blocks available to all appropriate patients. In support of this, an advanced level Orthopaedic Nurse Practitioner competency framework is under development. This approach will allow more effective post-operative physiotherapy, increased mobility, improved morbidity and a shorter length of stay.

Current status

Between April and November 2015, 169 patients were diagnosed with a fractured neck of femur:

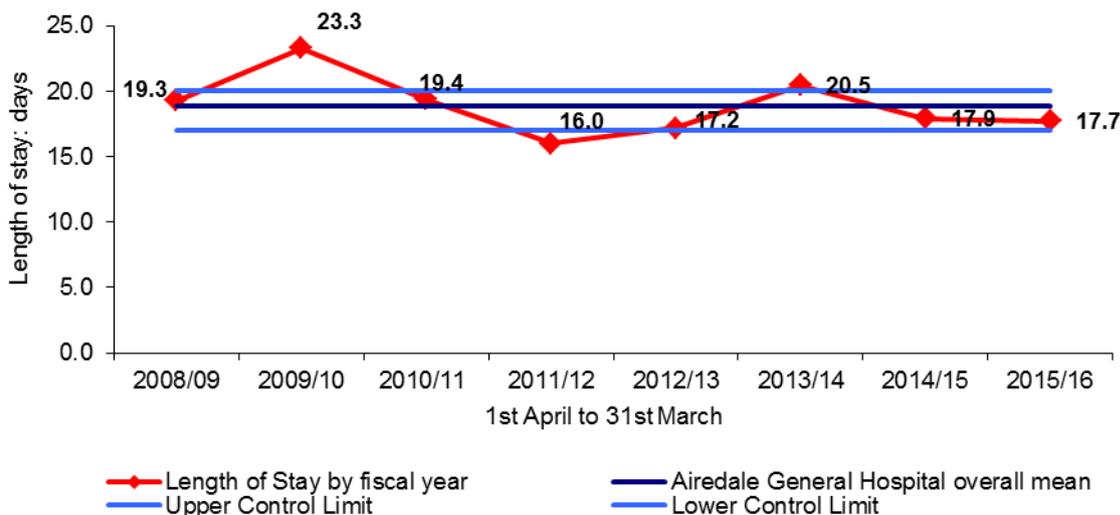
- 97 per cent were clerked in using the jointly agreed proforma;
- 98 per cent of patients had a pre abbreviated mental test scores (AMTS) performed;
- 67 per cent went to Theatre within 36 hours of presentation (it is thought that the maximum any one trust can achieve is approximately the 80-85% mark);
- 94 per cent of patients had post AMTS performed;
- 90 per cent were seen by an Orthogeriatrician within 72 hours of presentation;
- 98 per cent of patients had a falls risk assessment;
- 95 per cent of patients had multi-disciplinary team discussion; and,
- 99 per cent of patients received bone health assessment.⁵⁴

The above form part of best practice tariffs for the management of hip fracture. Where targets are not met, the reasons are investigated to understand if clinical care can be more effectively delivered.

A further marker of the quality of care that patients receive is the total length of NHS care following a fractured neck of femur with a shorter length of stay associated with less risk.

⁵⁴ Source: Royal College of Physicians' National Hip Fracture Database real time monitoring

Figure 16: Fractured neck of femur mean length of stay [day] for Airedale General Hospital patients over the last seven fiscal years



Data source: Airedale NHS Foundation Trust Information Services.

The figure describes our performance in the last eight years in the reporting period 1st April to 31st March: mean length of stay is 18.9 days with upper and lower confidence interval (of 95 per cent) ranging from 17 to 20.8 days. These intervals help to identify positive and negative special cause variation which falls outside the expected limits (an outlier) and support understanding of performance. The return for 2009/10 is classed as a negative outlier, meaning that the length of stay is longer than expected. In the last four out of five years, length of stay is below that of the eight year mean. Between 1st January and 31st December 2014, the overall hospital mean length of stay for England was 19.3 days; for Yorkshire and Humber 20.3 days; and, 18.0 days for Airedale General Hospital.⁵⁵

⁵⁵ Royal College of Physicians' (2014), *Falls and Fragility Fracture Audit Programme. The National Hip Fracture Database Extended Report 20115*. Health Quality Improvement Partnership. Page 10.

3.4 Performance against key national priorities

The following indicators support the national priorities as set out in the NHS England's *Outcomes Framework 2015/16* and include performance against relevant indicators and performance thresholds set out in Appendix A of Monitor's *Risk Assessment Framework 2015/16*. The return conforms to specified data quality standards and prescribed standard national definitions³⁴ and is subject to third party scrutiny and review.

Indicator	Threshold	2013/2014	2014/2015	2015/2016
Clostridium difficile – meeting the Clostridium difficile objective	6	7	4	5
All cancers: 31-day wait for second or subsequent treatment, comprising either:				
surgery	94%	100%	100%	100%
anti-cancer drug treatments	98%	100%	100%	100%
radiotherapy	94%	N/A	N/A	N/A
All cancers: 62-day wait for first treatment, comprising either:				
from urgent GP referral to treatment	85%	89.8%	 90.2%	89.8%
from Cancer screening service referral	90%	94.1%	95.7%	96.7%
Maximum 18 week waits from referral to treatment in aggregate – admitted	90%	91.8%	90.0%	N/A
Maximum 18 week waits from referral to treatment in aggregate – non-admitted	95%	95.9%	96.0%	N/A
Maximum 18 week waits from referral to treatment in aggregate – patients on an incomplete pathway	92%	92.6%	 92.4%	 92.15%
All cancers: 31-day wait from diagnosis to first treatment	96%	100%	99.5%	99.8%
Cancer: two week wait from referral to date first seen, comprising either:				
all cancers	93%	97.8%	97.9%	98.2%
for symptomatic breast patients (cancer not initially suspected)	93%	98.4%	97.6%	97.1%
A&E maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	95.8%	95.6%	 95.7%
Data Completeness: Community Services comprising:				
Referral to treatment information	50%	100%	100%	100%
Referral information	50%	99.9%	92.7%	93.6%
Treatment activity information	50%	92.6%	99.8%	99.8%

Green = achievement against the target.

 = subject to third party audit by PriceWaterhouse Coopers on behalf of the financial regulator, Monitor. See section 4.6 for detail of data testing in 2015/16.

Data source: Airedale NHS Foundation Trust Information Services.

4. Annex

4.1 Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG)

The draft *Quality Account 2015/16* was circulated to the Airedale, Wharfedale and Craven Clinical Commissioning Group and the following feedback received in May 2016. The following responses were received.


**Airedale, Wharfedale and Craven
Clinical Commissioning Group**

Millennium Business Park
Airedale, Wharfedale and Craven CCG Col
Station Road
Steeton
West Yorkshire
BD20 6RB

19th May 2015

Dear Bridget,

Airedale NHS Foundation Trust Quality Account and Report 2015-16 Feedback from Airedale, Wharfedale and Craven CCG (AWC CCG).

Thank you for sending through the Airedale NHS Foundation Trust (ANHSFT) Quality Account and Report 2015-16 for review. AWC CCG has also shared this with our associate commissioning colleagues from East Lancashire, Bradford City and Bradford Districts CCGs. Overall, the ANHSFT Quality Account and Report provides a detailed, open and honest reflection of the activities undertaken throughout 2015/16. The depth of the detail of some of the information, the way in which it is presented and having to refer to other parts of the report for additional information may be off putting for some members of the general public. Could we suggest that this information could be presented in a way that is easier to understand, the report would also benefit from more definite section breaks, which would improve the 'flow' of the report and make it more 'reader friendly'.

It is positive that the Trust has signed up to the patient safety campaign 'Sign up to Safety' and there is some information indicating how the Trust is committed to creating the right conditions for safe care. The report indicates that a safety improvement plan was not submitted as the Trust is using the campaign to learn from others. The report would benefit from some information about any actions that have been taken from this learning.

Throughout the account there is evidence of successful and developing working relationships, with the establishments of partnerships and collaborations across the health and social care economy. The CCG commends the Trust for this but feel that these joint partnerships could be celebrated in more detail.

We are aware that the 'Pride of Airedale' annual awards happened for the second year running and were very successful and it would be great to celebrate this in the report. The awards recognise, value and celebrate the dedicated staff that work in the Trust and the awards are an acknowledgement of the way in which the Trust promotes the good work of their staff. The CCG feel that it would be beneficial to include this in future reports.

It is positive to read that the directors undertake quality walk rounds on the wards; it is also pleasing to read that the walk rounds by the CCG are mentioned and the feedback from these are acknowledged as being supportive and that the Trust views them as an opportunity to ensure transparency and learning. We note that the walk round on ward 5 highlighted that some concerns were raised about the lateness of transfers- this report would have been an opportunity to include how the Trust has actioned this issue.

It is pleasing to see that the Board of Directors meetings still includes a patient story as the first agenda item in every meeting. These stories ensure that the patient experience remains a priority at all levels and is embedded in values of the Trust. The Trust has been very open within the report of the negative responses from patient experience; it would also be good to include some of the very many positive responses that the Trust receives in order to give an equal balance. The use of word clouds are a very positive and visually clear way of presenting information from the Friends and Family Test results, but more positive patient narrative would enhance this report. It is pleasing that the Trust is looking at innovative ways of engaging with children, to explore and gain feedback about their experiences of the care and the CCG look forward to reading about these in next year's report.

The CCG commends the Trust for its innovation with the digital care hub and congratulates the staff on their hard work. They should be immensely proud that a film of Airedale's Gold Line Service was premiered in London by the Health Foundation. The Trust is forward thinking in their use of digital technology with the successful implementation of the electronic prescribing medicines administration, palliative care co-ordination systems, e-discharge and shared primary and secondary care records and the report reflects this well.

The CCG notes ANHSFT reported three hospital acquired MRSA bacteraemia during 2015-16 against a trajectory of zero, it would be worth noting this in the report and including the process of the RCA in the post infection review to offer the reader assurance that there is a robust investigation and actions taken.

It is pleasing to read that the Trust is within the highest 25% of reporters for patient safety incidents and this supports the open and transparent culture that the Trust has highlighted throughout the report.

ANHSFT have conducted a number of audits throughout 2015-16 and it is good to see that the Trust has actions following the recommendations from some of the audits. The report also reflects the commitment from both the Trust and the staff in clinical research and how this supports the improvement of patient experience and outcomes.

The CCG commends the achievement of full accreditation of the Gold Standards Framework by Ward 6 and 9 and that the initiatives that the Trust has set for 2016-17 will improve the quality of care of patients within their last year of life. The CCG supports the Trust's ambition to have Trust wide accreditation for the Gold Standards Framework and is pleased with the progress that the Trust has made in 2015-16 in improving the quality of care of patients at the end of life.

ANHSFT have achieved 100% of their CQUIN schemes for 2015-16 and are congratulated for this, it may be beneficial to include information in the report about the local CQUINs for 2016-17 as two of these build further on the work in 2015-16 and this could be reflected in the report.

AWC CCG support the priorities put forward for 2016-17 and congratulate the good progress that has been made against the priorities of 2015- 16. The CCG recognise the commitment of ANHSFT to improving quality and ensuring a safe and caring environment, there is very clear evidence of the continued commitment to improved quality of care for patients. We hope that you agree that this summary provides an objective review.

Kind Regards



Dr Phil Pue
Chief Clinical officer



Steph Lawrence
Executive Nurse


**East Lancashire
Clinical Commissioning Group**

Enquiries to: Deryn Ashby
Contact no: 01282 644744
Email: Deryn.ashby@eastlancscg.nhs.uk
Our Ref: JR/MY/DLA

Date: 17 May 2016

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Steph Lawrence
Executive Nurse
Airedale Wharfedale and Craven CCG
Millennium Business Park
Steeton
BD20 6RB

Dear Steph,

Re: Airedale NHS Foundation Trust Quality Account

East Lancashire Clinical Commissioning Group (EL CCG) welcomes the opportunity to comment on the 2015/16 Quality Account for Airedale NHS Foundation Trust (ANHSFT).

The Quality Account provides a detailed report of the Trusts achievements and challenges and sets clear priorities for 2016/17. EL CCG supports these priorities which build on previous work and are directed at further improving the safety and clinical effectiveness of services and the quality of patient experience.

EL CCG notes the launch of the Trust's Quality Improvement Strategy in July 2015 and commends ANHSFT's Director-led approach to improving the quality of care of its services. It is pleasing to note that the views of patients and staff and developments throughout the wider health and care economy have been a key part in developing and implementing this Strategy.

EL CCG acknowledges the progress ANHSFT has made against the quality priorities of 2015/16.

ANHSFT have continued to develop the quality of End of Life care through a range of initiatives, including a personalised End of Life Care Plan; the development of an app for the five priorities of care for the dying person; enhanced staff training and joint working with Manorlands Hospice. EL CCG note that this priority will be further developed during 2016/17 and that ANHSFT are considering hospital-wide Gold Standard Framework Accreditation.

EL CCG commends the Trust on its sustained reduction in the number of pressure ulcers and the focus on integrating tissue viability services across the health economy to further reduce prevalence.

Led by clinicians, accountable to local people



Chair: Dr Phil Huxley
Chief Officer: Mark Youlton

EL CCG notes the progress ANHSFT have made during 2015/16 on the management of sepsis, in line with national priorities and through implementing the national CQUIN scheme. The Trust have consistently improved screening rates for sepsis in patients presenting with symptoms associated with sepsis in the Emergency Department. It is pleasing to note that the Trust is building on this work by implementing learning from the national Sepsis Study through implementing local guidelines; participating in a national sepsis audit and continuing a focussed education programme for nursing staff in the Emergency Department to improve their identification and initial management of patients with sepsis.

ANHSFT have taken part in a number of clinical audits throughout 2015/16 with areas for improvement being addressed by the Trust through action plans.

EL CCG commends ANHSFT on achieving 100% of their CQUIN schemes for 2015/16.

Data quality targets of NHS Number and General Practice Code Validity were high with none falling below 99%. Information governance was rated green with an overall score of 73%, which was slightly higher than the previous year's achievement of 71%.

EL CCG acknowledges there is a data time lag with the reporting of some quality indicators not included in the Quality Account but is satisfied to see the SHMI remains as expected at 0.93, which lies below the national average of 1.00. Staff recommendation of treatment at the Trust was 76/100 which is above the national average of 70/100 and is an increase from 69/100 in 2014.

The Trust carried out venous thromboembolism (VTE) risk assessment for 95.0% of its patients, slightly below the national average of 95.5%

Reported safety incidents rate per 1000 bed days is 45.37%, which is above the national position of 38.25% although those resulting in death and severe harm are better than the national position. The Trust recorded no Never Events in 2015/16.

EL CCG notes that ANHSFT reported 3 hospital acquired MRSA bacteraemia during 2014/15, which is an increase from 0 in the previous financial year. 16 cases of Clostridium Difficile were recorded. The Clostridium Difficile rate per 100 000 beds was 9.8, which is an increase on the previous year, but considerably below the national average of 15.1. EL CCG notes that 5 of these cases of hospital acquired infection were identified as being avoidable.

EL CCG commends ANHSFT on meeting key national priorities such as the 18 week referral to treatment, 31 & 62 day Cancer targets, 2 week wait cancer targets, A&E 4 hour waiting time targets and data completeness thresholds.

Yours sincerely



Jackie Hanson
Director of Quality and Chief Nurse

Led by clinicians, accountable to local people



Chair: Dr Phil Huxley
Chief Officer: Mark Youlton

4.2 Overview and Scrutiny Committee

The draft *Quality Account* 2015/16 was circulated to Bradford Metropolitan District Council Health Overview and Scrutiny Committee and North Yorkshire County Council Overview and Scrutiny Committee for comment. Whilst both acknowledged receipt, no comments were submitted.

4.3 Healthwatch

The draft *Quality Account* 2015/16 was circulated to Healthwatch Bradford and District, Healthwatch North Yorkshire and Healthwatch Lancashire for comment. The following response was received.

**Quality Account 2015/16 – Stakeholder Feedback
Airedale NHS Foundation Trust**

1. What do you like about the 2015/16 Quality Account?

First, we would like to thank and congratulate the Trust for all the work of its directors, clinicians, nurses and ancillary staff. Our strong impression, from conversations with patients, is that the Trust is providing a positively rated service to its community, even as ominous financial and staff recruitment pressures increase. The Account gives a thorough survey of the organisation.

2. What do you dislike about the 2015/16 Quality Accounts?

The Account is a difficult read, because of its length and in addition the use of statistical illustrations is not clear.

3. What suggestions do you have for additional content for 2015/16?

For stakeholders who are not entirely familiar with the technical language and statistics which necessarily feature in the Account, 'less' would be 'more'. So we would request that the organisation address this issue to use plain language. Of course we understand that the Account has to contain details for NHS Improvement, and other technical audiences, but there is a danger that consultation with stakeholders could become almost meaningless in certain areas of the document.

4. What other comments or suggestions for improvements would you like to propose?

Healthwatch Lancashire will always aim to be supportive and constructive, and we believe that an independent view of aspects of the Trust's work is likely to be more powerful testimony than self-assessment. We would encourage the trust to embrace further the involvement of external stakeholders to enable them to influence future improvements and transformation of services.

It proved difficult to ascertain how many complaints were received by the trust and how the trust worked to resolve these issues. There is national concern that 'the system' leaves some complainants who have genuine concerns frustrated and dissatisfied, it would be intriguing and a means to improve quality if information could be provided summarizing such cases.

5. Do you consider that the draft document contains accurate information in relation to NHS services provided by the provider?

We can only assume that this is the case. It certainly appears that the information is fairly recorded and no attempt is made to disguise poor performance where it exists. A strong impression of honesty pervades the document.

6. Do you consider that any other information should be included relevant to the quality of NHS services provided by the provider?

Without wishing to increase the size of the document, we wonder whether much of its information could be summarized at the start, with statistics and their interpretation forming the 'technical' (though vital for some readers) appendix. We appreciate, however, that the Trust may not be free to re-shape the report in such a manner.

Additional notes

- Factual accuracy: please amend HealthWatch to Healthwatch
- An observation, to categorise 'Patient Experience' as '3 Other Information' may seem to trivialise this element of the report.

Mike Wedgeworth, Chair
Sheralee Turner-Birchall, Chief Officer

Healthwatch Lancashire

18th May 2016

4.4 How to provide feedback on the Quality Account and Report

We welcome your views on our *Quality Account*, specifically:

- Where you think the biggest improvements on our quality priorities can be made?
- How to engage our partners in our work to improve the quality of services?
- Your suggestions for quality priorities.

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

www.airedale-trust.nhs.uk

A annual summary of the *Quality Account* is available in *The Airedale Annual Record 2015/16*.

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



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4.5 Statement of directors' responsibilities in respect of the Quality Report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes for the period April 2015 to March 2016 (the period);
 - Draft minutes from the Board Meeting on 29th April 2016;
 - Papers relating to Quality reported to the Board over the period April 2015 to date of this statement;
 - Feedback from the Airedale Wharfedale and Craven CCG dated 18th May 2016;
 - Feedback from Governors dated 9th May 2016;
 - Feedback from local Healthwatch organisations dated 18th May 2016;
 - The draft trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 for the period April 2014-March 2015, dated May 2016;
 - The latest national patient survey dated 2014;
 - The latest national staff survey dated 2015;
 - Care Quality Commission Intelligent Monitoring Report dated May 2015;
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 19th May 2016.
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information in the quality report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

25th May 2016  Chairman

25th May 2016  Chief Executive

Independent Auditors' Limited Assurance Report to the Council of Governors of Airedale NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Airedale NHS Foundation Trust to perform an independent assurance engagement in respect of Airedale NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance (the "specified indicators") marked with the symbol ^(A) in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

<i>Specified Indicators</i>	<i>Specified indicators criteria</i>
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways.	Criteria can be found on page 84 of the Quality Report.
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.	Criteria can be found on page 85 of the Quality Report

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2015/16" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2015/16";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "2015/16 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports 2015/16; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the financial year, April 2015 and up to the date of signing this limited assurance report (the period);
- Draft minutes for the Board meeting on 29th April 2016;

- Papers relating to quality report reported to the Board over the period April 2015 to the date of signing this limited assurance report;
- Feedback from Airedale Wharfedale and Craven CCG dated 18/05/2016;
- Feedback from Governors dated 9/5/2016;
- Feedback from Healthwatch Lancashire dated 18/05/2016;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2016;
- The latest national and local patient survey dated 2014;
- The latest national and local staff survey dated 2015;
- Care Quality Commission Intelligent Monitoring Reports dated May 2015; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 19/05/2016; and

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics [, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour]. We apply International Standard on Quality Control (UK & Ireland) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Council of Governors of Airedale NHS Foundation Trust as a body, to assist the Council of Governors in reporting Airedale NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Airedale NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2015/16";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;

- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

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

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM the "Detailed requirements for quality reports 2015/16 and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Airedale NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2016:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2015/16";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed guidance for external assurance on quality reports 2015/16".



PricewaterhouseCoopers LLP
Benson House, 33 Wellington Street, Leeds, LS1 4JP
26 May 2016

The maintenance and integrity of Airedale NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

4.6 Monitor guidance for data quality assurance on Quality Reports

Monitor requires foundation trusts to obtain external assurance on its Quality Reports (*Account*). Set out below is the detailed 2015/16 guidance for auditors to enable review and testing of data quality. To the best of our knowledge and belief the information used to calculate indicators is complete, accurate and relates to the reporting period.

4.6.1 Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Source of indicator definition and detailed guidance

The indicator is defined within the technical definitions that accompany *Everyone counts: planning for patients 2015/16 - 2018/19* and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf

Detailed rules and guidance for measuring referral to treatment (RTT) standards can be found at <http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/>

Detailed descriptor

E.B.3: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period

Numerator

The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks

Denominator

The total number of patients on an incomplete pathway at the end of the reporting period

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wp-20

4.6.2 Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Source of indicator definition and detailed guidance

The indicator is defined within the technical definitions that accompany *Everyone counts: planning for patients 2014/15 - 2018/19* and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf

Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf>

This indicator is as required to be reported by the *Risk Assessment Framework*:

A&E four-hour wait: waiting time is assessed on a provider basis, aggregated across all sites: no activity from off-site partner organisations should be included. The four-hour waiting time indicator applies to minor injury units/walk-in centres.

Paragraph 6.8 of the NHS England guidance referred to above gives further guidance on inclusion of a type 3 unit in reported performance:

We are an acute trust. Can we record attendances at a nearby type 3 unit in our return? Such attendances can be recorded by the trust in the following circumstances.

a) The trust is clinically responsible for the service. This will typically mean that the service is operated and managed by the trust, with the majority of staff being employees of the trust. A trust should not assume responsibility for reporting activity for an operation if the trust's involvement is limited to clinical governance.

b) The service is run by an IS provider on the same site as a type 1 unit run by the trust. This would need to be agreed by the parties involved, and only one organisation should report the activity. Where an NHS foundation trust has applied criterion (b) and is including type 3 activity run by another provider on the trust site as part of its reported performance, this will therefore be part of the population of data subject to assurance work.

In rare circumstances there may be challenges in arranging for the auditor to have access to the third party data in these cases. In this scenario the NHS foundation trust may present an *additional* indicator in the quality report which only relates to its own activity and have this reported indicator be subject to the limited assurance opinion.

Numerator

The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge. Calculated as:

(Total number of unplanned A&E attendances) – (Total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge)

Denominator

The total number of unplanned A&E attendances

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution Measures).

Indicator format

Reported as a percentage

4.6.3 Rate of inpatient falls per 1000 bed days

Indicator description

The rate of inpatient falls per 1000 bed days based on the number of reported adverse event forms.

Indicator construction

The rate of inpatient falls to a hospital that forms part of the trust occurring per 1000 bed days in a hospital that forms part of the trust. Taken from: *The Third Report from the Patient Safety Observatory, Slips, Trips and Falls in Hospital* (NPSA, 2007).

Numerator

The total number of falls (adverse event forms) reported in the hospital that forms part of the trust in the most recent year for which data is available.

Denominator

The total number of bed days in the hospital that forms part of the trust in the most recent year for which data is available, divided by 1000.

A bed day is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital (*OECD Health Data 2013*, June 2013).

Bed occupancy and inpatient falls are calculated from data from Wards: 1, 2, 3, 4, 5, 6, 7, 9, 10, 13, 14, 15, 17, 18, 19, 21, High Dependency, Intensive Care, Coronary Care and Harden Ward, Castleberg and supplied by the Trust's Information Services Department.

Indicator format

The rate of falls per 1,000 bed days

4.7 Glossary

Acute trust An acute trust provides hospital services; mental health hospital services are provided by a mental health trust.

Board of Directors The Board of Directors is responsible for the effective governance of the organisation by setting the corporate strategy, supervising the work of the executive directors, setting the organisation's culture, taking those decisions that the Board reserves to itself and being accountable to its stakeholders. Executive directors are responsible for the management of the foundation trust and are accountable to the Board of Directors, of which they are part, for the performance of the foundation trust. The Board of Directors is accountable to the Council of Governors via the non executive directors.

Care Quality Commission (CQC) The independent regulator of health and social care in England.

CHKS A provider of healthcare improvement services, including analytic tools. It is part of the Capita plc. group.

Commissioning for Quality and Innovation (CQUIN scheme) A proportion of a healthcare provider's income is conditional on quality and innovation through the CQUIN payment framework.

Clinical Commissioning Groups (CCG) From April 1st 2013, a CCG is the local NHS organisation responsible for making sure that appropriate health services are in place to meet local people's needs.

Dr Foster The Dr Foster Unit at Imperial College London has developed methodologies to support organisations to improve quality and efficiency through the use of data. It adheres to a code of conduct that prohibits political bias and requires it to act in the public interest.

Foundation Trust A type of NHS trust in England created to devolve decision-making from central government control to local organisations and communities to ensure they are responsive to the needs and wishes of their local people. NHS foundation trusts members are drawn from patients, the public and staff and are governed by a Board of Governors comprising people elected from and by the membership base.

Gold Standard Framework A nationally recognised systematic, evidence-based approach to improve the quality of care for

people considered to have a life expectancy of less than 12 months. The framework is widely used in primary care and nursing homes.

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

Health Education Yorkshire Working across Yorkshire and the Humber, Health Education Yorkshire ensure that the workforce has the right numbers, skills, values and behaviours.

Healthwatch England An independent consumer champion for health and social care in England. Working with a network of 152 local Healthwatch, it ensures that the voices of consumers reach the ears of the decision makers.

Health and Social Care Information Centre (HSCIC) The national provider of information, data and IT systems for health and social care.

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

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

NHS Constitution The Constitution sets out the rights of NHS patients and staff. These rights cover how patients access health services, the quality of care, confidentiality, information and the right to complain if things go wrong.

NHS England is empowered to make informed decisions, spend taxpayers' money wisely and provide high quality services through the mechanism of the clinical commissioning groups (CCGs).

The National Institute for Health and Clinical Excellence (NICE) An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NHS Outcomes Framework 2015/16 Sets out the national outcome goals and indicators that the Secretary of State uses to monitor progress of the NHS.

Overview and Scrutiny Committees (OSC)

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

Patient Advice and Liaison Service (PALS)

PALS ensures that the NHS listens to patients, carers and friends, answers their questions and resolves concerns as quickly as possible.

Parliamentary Health Service Ombudsman (PHSO)

The role of the PHSO is to provide a service to the public by undertaking independent investigations into complaints where the NHS in England has not acted properly or fairly or has provided a poor service.

Patient Safety Thermometer

A tool developed to check basic levels of care. In order to identify where things are going wrong and take action. It is being used by frontline healthcare workers to measure and track the proportion of patients in their care with pressure ulcers, urinary tract infections, venous thromboembolisms and falls.

Patient safety walk rounds are scheduled visit by an Executive Director and Non-Executive Director to a ward or department to meet with staff and discuss good practice and safety issues. Where issues are highlighted, corrective actions are suggested and the individuals concerned are assigned responsibility to act upon them.

Primary Care The first point of contact for most people, for example, services provided by local GPs and their teams.

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

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

Secondary Care A service provided by medical specialists who generally do not have first contact with patients.

Special Review A review carried out by the CQC to look at themes in health and social care. Reviews focus on services, pathways of care or groups of people.

The 15 Steps Challenge The 15 Steps Challenge encourages patients and staff to work together to identify improvements which may enhance the patient experience,

highlighting what is working well and what might be done to increase patient confidence.

The King's Fund An independent charity working to improve health and health care in England. It shapes policy and practice through research and analysis; development of individuals, teams and organisations; and promoting understanding of the health and social care system.

Yorkshire Health Economics Consortium (YHEC)

YHEC provides consultancy and research in health economics to the NHS and the pharmaceutical and health care industries.

CHAPTER 4

ACCOUNTS FOR THE PERIOD 1 APRIL 2015 TO 31 MARCH 2016

Airedale NHS Foundation Trust - Consolidated Annual Accounts 31 March 2016

FOREWORD TO THE ACCOUNTS

AIREDALE NHS FOUNDATION TRUST

The accounts for the year ended 31 March 2016 are set out on the following pages and comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the Notes to the Accounts.

These accounts for the year ended 31 March 2016 have been prepared by Airedale NHS Foundation Trust in accordance with paragraph 24 and 25 of schedule 7 to the National Health Service Act 2006.

Signed: ...  Bridget Fletcher - Chief Executive
Date: 25/05/2016

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

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officers' Memorandum issued by Monitor.

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

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

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance,
- prepare the financial statements on a going concern basis.

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

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

Signed: *Bridget Fletcher* Bridget Fletcher - Chief Executive
Date: *25/05/2016*

NATIONAL HEALTH SERVICES ACT 2006

DIRECTIONS BY MONITOR IN RESPECT OF NATIONAL HEALTH SERVICES FOUNDATION TRUSTS' ANNUAL ACCOUNTS

Monitor, the Independent Regulator of NHS Foundation Trusts, with the approval of HM Treasury, in exercise of powers conferred on it by paragraph 25(1) of Schedule 7 of the National Health Services Act 2006, hereby gives the following Directions:

1. Application and interpretation

(1) These Directions apply to NHS foundation trusts in England.

(2) In these Directions "The Accounts" means

for an NHS foundation trust in its first operating year since authorisation, the accounts of an NHS foundation trust for the year from authorisation until 31 March

for an NHS foundation trust in its second or subsequent operating year following authorisation, the accounts of an NHS foundation trust for the year from 1 April

"the NHS foundation trust" means the NHS foundation trust in question

2. Form of Accounts

(1) The accounts submitted under paragraph 25 of Schedule 7 of the 2006 Act shall show, and give a true and fair view of, the NHS foundation trust's gains and losses, cash flows and financial state at the end of the financial year.

(2) The accounts shall meet the accounting requirements of the 'NHS Foundation Trust Annual Reporting Manual' (FT ARM) as agreed with HM Treasury, in force for the relevant year.

(3) The statement of Financial Position shall be signed and dated by the chief executive of the NHS foundation Trust.

(4) The Annual Governance Statement shall be signed and dated by the chief executive of the NHS foundation Trust.

3. Statement of accounting officer's responsibilities

(1) The statement of accounting officer's responsibilities in respect of the accounts shall be signed and dated by the chief executive of the NHS foundation trust.

4. Approval on behalf of HM Treasury

(1) These directions have been approved on behalf of HM Treasury

Signed by the authority of monitor, the independent Regulator of NHS foundation trusts

**CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR TO
31 March 2016**

	Note	2015/16		2014/15	
		Group £000	Foundation Trust £000	Group £000	Foundation Trust £000
Operating income from continuing operations	3	154,999	154,720	157,701	157,391
Operating expenses of continuing operations:	4				
- Operating expenses		(156,250)	(156,013)	(159,342)	(158,991)
Operating Deficit before Finance costs		(1,251)	(1,293)	(1,641)	(1,600)
FINANCE COSTS					
Finance income		78	63	78	65
Finance expense - financial liabilities		(107)	(107)	(128)	(128)
Finance expense - unwinding of discount on provisions	16.2	(14)	(14)	(15)	(15)
Movement in fair value of investment property and other investments		(9)	-	27	-
Public Dividend Capital - dividends payable		(1,158)	(1,158)	(1,098)	(1,098)
NET FINANCE COSTS		(1,210)	(1,216)	(1,136)	(1,176)
DEFICIT FOR THE YEAR		(2,461)	(2,509)	(2,777)	(2,776)
Movement in Reserves					
	Note	2015/16 Group £000	2015/16 Foundation Trust £000	2014/15 Group £000	2014/15 Foundation Trust £000
DEFICIT FOR THE YEAR		(2,461)	(2,509)	(2,777)	(2,776)
Share of result of associates/ joint arrangements		-	-	-	-
Impairments	6	1,355	1,355	3,936	3,936
Revaluations	6	347	347	150	150
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		(759)	(807)	1,309	1,310
Allocation of Losses for the year					
(a) Deficit for the year attributable to					
- Minority interest		-	-	-	-
- Owners of parent		(2,461)	(2,509)	(2,777)	(2,776)
Total		(2,461)	(2,509)	(2,777)	(2,776)
(b) Total comprehensive expense for the year attributable to					
- Minority interest		-	-	-	-
- Owners of parent		(759)	(807)	1,309	1,310
Total		(759)	(807)	1,309	1,310

All operations are continuing.

The notes on pages 8 to 35 form part of these accounts.

The operating deficit for 2015/2016 in respect of the Foundation Trust includes a net loss on impairment of the Trusts Property, plant and equipment resulting from modern equivalent asset valuation of £1,511k

The impairment of £1,511k is made up £741k income, being the reversal of previous impairments and £2,252k expenditure.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
as at 31 March 2016

	Note	31 March 2016		31 March 2015	
		Group	Foundation Trust	Group	Foundation Trust
		£000	£000	£000	£000
Non-current assets					
Property, plant and equipment	6	62,520	62,520	62,800	62,800
Other Investments	19.4	573	-	590	-
Trade and other receivables	9.1	883	883	922	922
Total non-current assets		63,976	63,403	64,312	63,722
Current assets					
Inventories	8	2,334	2,334	2,511	2,511
Trade and other receivables	9.1	5,682	5,592	4,593	4,591
Cash and cash equivalents	10	12,134	11,656	16,331	15,866
Total current assets		20,150	19,582	23,435	22,968
Current liabilities					
Trade and other payables	11	(16,497)	(16,412)	(18,011)	(17,962)
Borrowings	13	(648)	(648)	(635)	(635)
Provisions	16	(5,178)	(5,178)	(5,902)	(5,902)
Other liabilities	12	(176)	(176)	(674)	(674)
Total current liabilities		(22,499)	(22,414)	(25,222)	(25,173)
Total assets less current liabilities		61,627	60,571	62,525	61,517
Non-current liabilities					
Borrowings	13	(2,385)	(2,385)	(3,033)	(3,033)
Provisions	16	(1,772)	(1,772)	(1,136)	(1,136)
Other liabilities	12	(4,045)	(4,045)	(4,185)	(4,185)
Total non-current liabilities		(8,202)	(8,202)	(8,354)	(8,354)
Total assets employed		53,425	52,369	54,171	53,163
Financed by (taxpayers' equity)					
Public Dividend Capital		49,548	49,548	49,535	49,535
Revaluation reserve		12,046	12,046	10,513	10,513
Income and expenditure reserve		(9,225)	(9,225)	(6,885)	(6,885)
Charitable fund reserves	19.4	1,056	-	1,008	-
Total taxpayers' equity		53,425	52,369	54,171	53,163

The notes on pages 8 to 35 form part of these accounts.

The financial accounts on pages 1 to 35 were approved by the Board of Directors on

Signed on its behalf by: *Bridget Fletcher* Bridget Fletcher - Chief Executive

Date: 25/05/2016

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED
31 March 2016

GROUP	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Charitable Funds Reserve	Total tax Payers Equity
	£000	£000	£000	£000	£000
Balance as at 1 April 2015	49,535	(6,885)	10,513	1,008	54,171
Public Dividend Received	13	-	-	-	13
Deficit for the financial year	-	(2,509)	-	48	(2,461)
Other reserve movements	-	169	(169)	-	-
Impairments	-	-	1,355	-	1,355
Revaluations	-	-	347	-	347
Balance at 31 March 2016	<u>49,548</u>	<u>(9,225)</u>	<u>12,046</u>	<u>1,056</u>	<u>53,425</u>
	£000	£000	£000	£000	£000
Balance as at 1 April 2014	46,276	(4,258)	6,576	996	49,590
Public Dividend Received	3,259	-	-	-	3,259
Surplus for the financial year	-	(2,776)	-	12	(2,764)
Transfer to ILE reserve for impairments arising from consumption of Economic benefit	-	149	(149)	-	-
Impairments	-	-	3,936	-	3,936
Revaluations	-	-	150	-	150
Balance at 31 March 2015	<u>49,535</u>	<u>(6,885)</u>	<u>10,513</u>	<u>1,008</u>	<u>54,171</u>

The notes on pages 8 to 35 form part of these accounts.

The statement of changes in taxpayers' equity is for the Group, the consolidated Charitable fund balances are identified separately in the table.

Foundation Trust Statement of changes in Taxpayers Equity	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total tax Payers Equity
	£000	£000	£000	£000
Balance as at 1 April 2015	49,535	(6,885)	10,513	53,163
Public Dividend Received	13	-	-	13
Deficit for the financial year	-	(2,509)	-	(2,509)
Other reserve movements	-	169	(169)	-
Impairments	-	-	1,355	1,355
Revaluations	-	-	347	347
Balance at 31 March 2016	<u>49,548</u>	<u>(9,225)</u>	<u>12,046</u>	<u>52,369</u>
	£000	£000	£000	£000
Balance as at 1 April 2014	46,276	(4,258)	6,576	48,594
Public Dividend Received	3,259	-	-	3,259
Deficit for the financial year	-	(2,776)	-	(2,776)
Other reserve movements	-	149	(149)	-
Impairments	-	-	3,936	3,936
Revaluations	-	-	150	150
Balance at 31 March 2015	<u>49,535</u>	<u>(6,885)</u>	<u>10,513</u>	<u>53,163</u>

**CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2016**

	2015/16	2014/15
Note	£000	Restated £000
Cash flows from operating activities		
Operating (deficit)/surplus from continuing operations	(1,251)	(1,641)
	(1,251)	(1,641)
Non-cash income and expense		
Depreciation and amortisation	4/6 4,074	3,083
Impairments	2,252	6,488
Reversal of Impairments	(741)	(3,654)
Non-cash donations/grants credited to income	(255)	(211)
Loss on disposal	-	26
PDC Dividend Accrued	-	-
Increase in trade and other receivables	(1,648)	(255)
Decrease in inventories	177	91
Decrease in trade and other payables	(738)	2,606
Decrease in other liabilities	(146)	396
Decrease in provisions	(102)	653
Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(48)	(68)
NET CASH GENERATED FROM OPERATIONS	1,574	7,514
Cash flows from investing activities		
Interest received	63	65
Purchase of Property, Plant and Equipment	6 (3,832)	(9,931)
Sales of Property, Plant and Equipment	-	-
Charitable funds - net cash flows(used in)/from investing activities	19.4 19	(85)
Net cash used in investing activities	(3,750)	(9,951)
Cash flows from financing activities		
Public dividend capital received	13	3,259
Loans repaid	(505)	(505)
Other Capital receipts	(130)	(117)
Interest Paid	(57)	(63)
Interest element on Finance lease	(50)	(62)
PDC dividend paid	(1,292)	(1,063)
Net cash generated from financing activities	(2,021)	1,449
	-	-
Net decrease in cash and cash equivalents	10 (4,197)	(988)
Cash and cash equivalents at 1 April 2015	10 16,331	17,319
Cash and cash equivalents at 31 March 2016	10 12,134	16,331

The notes on pages 8 to 35 form part of these accounts.

Note 1 Accounting Policies and Other Information

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2015/16 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and the HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. The Accounts are prepared on a going concern basis.

These accounts have been prepared under the historic cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1 Consolidation

The accounts are for Airedale NHS Foundation Trust .The Trust has a joint venture, with a 50% equity investment in Immedicare LLP, in partnership with Involve, which it does not consolidate. The Trust has no subsidiaries except Airedale NHS Charitable Trust Funds, for which the Trust acts as Corporate Trustee, as per note 1.17 the Trust has consolidated their Accounts since 2013/14. Previously HM Treasury granted dispensation of IAS27 solely in relation to the consolidation of NHS Charitable funds. From 2014 /2015 this dispensation is no longer available, therefore the Trust has consolidated these accounts with the accounts of the Foundation Trust. Accounts for the Charitable Funds have been included in note 19.4. Airedale NHS Foundation Trust is setting up a joint venture with Bradford Teaching Hospitals NHS Foundation Trust for the delivery of Pathology Services. The Joint Venture will be operational in 2016/17and has had no transactions in 2015/2016.

Note 1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration received or receivable in the normal course of business, net of discounts and, where appropriate, other sales related taxes. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

The figures quoted are based upon income received in respect of actual activity undertaken within each category. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Airedale NHS Foundation Trust contracts with NHS commissioners following the Department of Health's Payment by Results methodology. The income associated with incomplete inpatient spells (spells which begin in one financial year but are incomplete at the year end date) is matched to the appropriate financial year. The value of incomplete spells of care has been calculated using estimation techniques and has been included in NHS receivables for the current year.

Note 1.3 Expenditure on Employee Benefits

Short Term Employee Benefits

Salaries, wages and employment related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the year is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Note 1.3 Expenditure on Employee Benefits (continued)

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

Note 1.3 Expenditure on Employee Benefits (continued)

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

The NHS Pension Scheme provides defined benefits, which are illustrated below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained.

Annual Pensions

The 1995 and 2008 schemes are 'final salary' schemes. Annual pensions are normally based on 1/80th for the 1995 section and on the best of the last three years pensionable service and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as 'pension commutation'.

With effect from the 1/4/2015 the 2015 Pension scheme was introduced for all employees currently in the NHS pension Scheme. Except for employees who at the 1 April 2012 were already over their normal pension age or 10 years or less from their normal pension age and in active membership on both 1 April 2012 and 31 March 2015, who received full protection in their previous scheme. For Employees who were more than 10 years but less than 13 years and 5 months from their normal pension age at the 1 April 2012 and in active membership on both 1 April 2012 and 31 March 2015, tapering relief was applied. The Scheme is based on a 1/54th of the annual salary indexed linked to the employees State retirement age

Pensions Indexation

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971 .

Lump Sum Allowance

A lump sum is payable will depend on the scheme or schemes the employees is a member of a the date of retirement.

Ill Health Retirement

Early payment of a pension, with enhancement in certain circumstances, is available to members of the scheme who are permanently incapable of fulfilling their duties or regular employment effectively through illness or infirmity.

Death Benefits

A death gratuity for death in service, will be paid dependent on the scheme or schemes of the employee at date of death .

Transfer between Funds

Scheme members have the option to transfer their pension between the NHS Pension Scheme and another scheme when they move into or out of NHS employment.

Note 1.3 Expenditure on Employee Benefits (continued)

Preserved Benefits

Where a scheme member ceases NHS employment with more than two years service they can preserve their accrued NHS pension for payment when they reach retirement age.

Compensation for Early Retirement

Where a member of the scheme is made redundant they may be entitled to early receipt of their pension based on the terms of their scheme or schemes.

National Employment Savings Trust (Nest) Pension Scheme

Following the Pensions Act 2008 the NHS Foundation trust has a duty in the financial year ending 31 March 2016 to provide a pension scheme for employees who are in eligible to join the NHS Pension Scheme. The NHS Foundation Trust has selected NEST as it's partner to meet the duty. The scheme operated by Nest on the NHS Foundation Trust's behalf is a defined contribution scheme, employers contributions are charged to operating expenses as and when they become due.

Note 1.4 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when and to the extent that they have been received, and is measured at the fair value of these goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a current asset such as a prepayment or a non-current asset such as property, plant and equipment.

Note 1.5 Property, Plant and equipment

Property, plant and equipment is capitalised where:-

- a) It is held for use in delivering services or for administrative purposes;
- b) It is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- c) It is expected to be used for more than one financial year; and
- d) The cost of the item can be measured reliably.

In addition, property, plant and equipment is capitalised if it:-

- a) individually has a cost of at least £5,000; or
- b) Forms a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control, or
- c) Forms part of the initial setting up of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Thereafter they are stated at cost less accumulated depreciation and any recognised impairment loss.

Note 1.5 Property, Plant and equipment (Continued)

The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Land and buildings are valued at fair value in accordance with the revaluation model set out in IAS 16. Land and buildings are revalued at least every five years. More frequent valuations are carried out if the Foundation Trust believes that there has been a significant change in value.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors Valuation standards. The last asset valuations were undertaken by the Valuation Office Agency with a prospective valuation date of 1 April 2016 a full revaluation exercise of the estate has been carried out.

The valuations are carried out primarily on the basis of depreciated replacement cost on a modern equivalent asset basis for specialised operational property and fair value for non-specialised operational property.

For non-operational properties including surplus land, the valuations are carried out at open market value

Assets in the course of construction are valued at cost and are revalued by professional valuers when they are brought into use.

Operational equipment is valued at net historic cost.

Subsequent Expenditure

Where subsequent expenditure, enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where a component of an of asset is replaced, the cost of the replacement is capitalised, if it meets the capital recognition criteria as above. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life, then the expenditure is charged to operating expenses.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by professional valuers appointed by the Trust.

Property, plant and equipment is depreciated on a straight line basis over the estimated lives which are:-

- a) Engineering plant and equipment:- 5 - 15 years - Plant and Machinery
- b) Vehicles:- 7 years -Transport Equipment
- c) office equipment, furniture and soft furnishings:- 5 - 10 years - Furniture and Fittings
- d) Medical and other equipment:- 5 - 15 years - Plant and Machinery
- e) IT equipment:- 3 - 6 years -Information Technology
- f) Buildings, installations and fittings:- 15 - 80 years -Buildings

Note 1.5 Property, Plant and equipment (Continued)

The assets residual values and useful lives are reviewed, and adjusted if appropriate, at each statement of financial position date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the classification. Assets under the course of construction are not depreciated until the asset is brought into use.

Disposals

The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the sale proceeds and the carrying amount of the asset and is recognised in the Statement of Comprehensive income.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of other comprehensive income.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (1) the impairment charged to operating expenses and (2) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic or service potential is reversed when and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Derecognition

Assets intended for disposal are classified as 'Held for Sale' once all the following criteria are met:-

a) The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;

b) The sale must be highly probable i.e.:-

- management are committed to a plan to sell the asset,
- an active programme has begun to find a buyer and complete the sale,
- the asset is being actively marketed at a reasonable price,
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'

- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Note 1.5 Property, Plant and equipment (Continued)

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are derecognised when all material sale contract conditions have been met.

Property, Plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the assets economic life is adjusted. The asset is derecognised when scrapping or demolition occurs.

Protected Assets/Commissioner Related Services

Assets are no longer defined as protected/un-protected assets. Where assets are used in the provision of Commissioner Requested Services have been disposed of during the year, a narrative disclosure is required. An explanation of the means by which the NHS foundation trust will continue to meet its obligations to provide Commissioner Related Services is required. Commissioner Requested Services are services that will be considered by the commissioner for protection should a provider fail.

Donated Assets

Donated fixed assets are capitalised at their current value on receipt and this value is credited to income, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. Donated fixed assets are valued and depreciated as described above for purchased assets.

Note 1.6 Government Grants

Government grants are grants from Government bodies other than income from NHS England and Clinical Commissioning Groups or NHS Trusts for the provision of services. Grants from the Department of Health are accounted for as Government grants. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure the grant is taken to the statement of comprehensive income, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. Grant assets are valued and depreciated as described above for purchased assets.

Note 1.7 Inventories

Pharmacy inventories are valued at weighted average historical cost. Other inventories are valued at the lower of cost and net realisable value using the first in, first out method.

Note 1.8 Financial Instruments and Financial Liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services) which are entered into in accordance with the Trusts normal purchase sale or usage requirements, are recognised when, and to the extent which performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets in respect of assets acquired through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

Note 1.8 Financial Instruments and Financial Liabilities (Continued)

Derecognition

All financial assets are derecognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are derecognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'Loans and Receivables'

Financial liabilities are classified as 'Other Financial Liabilities'

Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trusts loans and receivables comprise; cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value. In all cases the fair value is the transaction value. Any long term receivables that are financial instruments require discounting to reflect fair value.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive income.

Financial Liabilities

All financial liabilities are recognised initially at fair value. In all cases the fair value is the transaction value.

They are included in current liabilities except for amounts payable more than 12 months after the statement of financial position date, which are classified as long term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of Financial Assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets (loans and receivables) are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account for credit losses.

Note 1.9 Leases

Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payment, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are derecognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to finance costs in the Statement of Comprehensive Income.

Operating Leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Note 1.10 Provisions

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk adjusted cash flows are discounted using HM Treasury's discount rate of 1.37% in real terms for pension liabilities (1.30% 2014/15). All other provisions are discounted at the General discount rate short term -1.55%, (6 to 10 years) -1.00% and - 0.80 long term (more than 10 years) .

Clinical Negligence Costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which in return settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried out by the NHSLA on behalf of the Trust is disclosed at Note 16

Non-clinical Risk Pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHSLA and in return receives assistance with the costs of claims arising. The annual membership contributions and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.11 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed on Note 14 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 14, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:-

- a) Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control, or
- b) Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.12 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge reflecting the cost of capital utilised by the Trust is payable as PDC Dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for donated assets, average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund Deposits (NLFS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility. Average relevant net assets are calculated as a simple mean of opening and closing relevant net assets. In accordance with the requirements laid down by the DOH, the dividend for the year is calculated on the average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustments to net assets occur as a result of the audit of the annual accounts.

Note 1.13 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable the amounts are stated net of VAT.

Note 1.14 Corporation Tax

The Trust is a Health Service body within the meaning of s519 ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is power for the Treasury to dis-apply the exemption in relation to the specified activities of a Foundation Trust (s519 (3) to (8) ICTA 1988), but as at 31 March 2015 this power has not been exercised. Accordingly the Trust is not within scope of Corporation Tax.

Note 1.15 Foreign Exchange

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange rate gains and losses are taken to the Statement of Comprehensive Income.

Note 1.16 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are banked and shown within cash and creditors in the Trust's accounts.

Note 1.17 Dispensation from the Application of Accounting Standards

Assets have been transferred under the Modified Absorption Costing.

Note 1.18 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 1.18.1 Critical Judgements in Applying Accounting Policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:-

HM Treasury requires Trusts to value their land and buildings on a Modern Equivalent Asset (MEA) basis. IAS 16 requires Trusts to ensure that a fixed assets are shown in their accounts at a fair value. To ensure compliance a 'desk top' review of land and buildings values was undertaken. The Trust commissioned the Valuation Office Agency (VOA) to conduct this piece of work and the Trust has recorded the revised valuation figures in these accounts.

Note 1.18.2 Key Sources of Estimation Uncertainty

The following are the key assumptions concerning the future and other key sources of estimation uncertainty at the end of the reporting year, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:-

- a) In measuring income for the year management has taken account of all available information. Income estimates that have been based on actual information related to the financial year. Included in the income figure is an estimate for incomplete spells, patients undergoing treatment that is only partially complete at year end. The number of incomplete spells for each specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which relates to the current year. Injury compensation scheme income is also included to the extent that it is estimated it will be received in future years. It is recorded in the current year as this is the year in which it was earned. However as cash is often not received until future periods, when claims have been settled, an estimate must be made as to the collectability.
- b) In estimating expenses that have not yet been charged for, management has made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.
- c) The Trust's accounting policy for property, plant and equipment is detailed in Note 1.5 . The carrying value of property, plant and equipment as at 31 March is detailed in Note 6. As stated above the VOA has provided an MEA valuation of land and buildings, whilst on an annual basis management estimates the useful economic lives of equipment based on management's judgement and experience. When management identifies that actual useful lives differ materially from the estimates used to calculate depreciation, that charge is adjusted prospectively.
- d) The Trust has a number of provisions, the largest of which relates to Employment related issues. The valuation of the provision is based on figures supplied by the Trusts legal advisors.

Note 1.19 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

Note 1.20 Exceptional Items

Exception items, are items of income or expenditure which are non-operational in nature, either due to a technical accounting adjustments, arising from the revaluation of the Estate (Impairments) or one off significant costs arising from the restructuring of an element of the service (Redundancy).

Note 1.21 Accounting Standards and amendments issued but not yet adopted

To be adopted from 2016/2017

IFRS11 (amendment)-acquisition of an interest in a joint operation
IAS 16 (amendment) and IAS 38 (amendment) - depreciation and amortisation
IAS16 (amendment) and IAS 41 (amendment) bearer plants
IAS 27 (amendment)- equity method in separate financial statements
IAS 10 (amendment) and IAS 28 (amendment) - sale or contribution of assets

IAS 10 (amendment) and IAS 28 (amendment) - investment entities applying the consolidation exception
IAS 1 (amendment) - disclosure initiative

To be adopted from 2017/2018

IFRS 15 Revenue from contracts with customers
Annual improvement to IFRS 2012-2015 cycle

To be adopted from 2018/2019

IFRS 9 Financial Instruments

2 Operating segments

The Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Board of Directors. These activities are primarily the provision of NHS healthcare, the income for which is received through contracts with commissioners. The contracts follow the requirements of Payment by Results where applicable and services are paid for on the basis of tariffs for each type of clinical activity. The planned level of activity is agreed with our main commissioners for the year, and are listed in the related party disclosure (see Note [19.2]).

The Trust manages the delivery of healthcare services across a total of 5 Clinical Groups. Performance is reported at Clinical Group level to the Trust Board, although this is not the primary way in which financial matters are considered by the Board.

The Trust has applied the aggregation criteria from IFRS 8 Operating Segments because the Clinical Groups provide similar services, have homogenous customers, common production processes and a common regulatory environment. The overlapping activities and interrelation between the groups also suggests that aggregation is appropriate. The Clinical Groups report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

On this basis the Trust believes that there is one segment. The overall deficit reported to the Trust Board under the Clinical Group reporting structure was £2,509k excluding the NHS Foundation Charitable Funds, which is the same as the position reported in the Statement of Comprehensive Income.

2.1 Operating Segments-Statement of Cash Flow

NHS Charitable funds activities included to account for consolidation.

3 Operating Income from continuing operations

3.1 Analysis operating income

	2015/2016 12 Months	2014/2015 12 Months
	£000	£000
Income from activities by classification:		
Elective income	23,596	22,607
Non elective income	37,076	38,193
Outpatient income	18,698	17,367
Accident and Emergency income	6,293	5,529
Community Services	5,244	5,031
Other NHS clinical income	42,420	41,978
Private patient income	325	188
Other non-protected Clinical income	8,319	8,299
Total income from activities	141,971	139,192
Income from activities by source:		
NHS Foundation Trust	1,792	661
NHS Trusts	171	951
CCGs and NHS England	138,718	136,247
Department of Health - other	-	-
Local Authorities	10	168
NHS Other	24	28
Non NHS: Private Patients	326	188
Non NHS: Overseas visitors	81	4
NHS injury scheme (see below*)	462	526
Non NHS: Other	387	419
Total income from activities	141,971	139,192
Other operating income:		
Research and development	1,909	1,981
Education and training	4,320	4,843
Charitable and other contributions to expenditure	255	211
Non-patient care services to other bodies	1,484	1,983
Profit on disposal fixed asset	-	-
Reversal of Impairments on Property, Plant & Equipment	741	3,654
Rental revenue from operating leases	10	10
Staff Recharges	224	171
Other (see note 3.2)	3,806	5,346
Charitable Funds: Incoming Resources excluding investment income	279	310
Total other operating income before exceptional item	13,028	18,509
Transitional investment	-	-
Total other operating income	13,028	18,509
Total operating income	154,999	157,701

*NHS injury scheme income is subject to a provision for doubtful debts of 21.99% (2014/15.18.9%) to reflect expected rates of collection.

3.2 Analysis of Other Operating Income: Other

	2015/2016 12 Months £000	2014/2015 12 Months £000
Car Parking	814	857
Estates maintenance	108	52
Pharmacy Sales	26	34
Staff Accommodation rental	23	69
Crèche services	523	467
Catering	-	2
Clinical Tests	972	732
Clinical Excellence	-	60
Property Rentals	-	6
Other income	<u>1,340</u>	<u>3,067</u>
	<u>3,806</u>	<u>5,346</u>

The "Other" other income is made up of a wide variety of items, including items such as course fees income and sales of non patient services to other organisations. Clinical Tests include the provision of Telemedicine services .

3.3 Analysis of income from activities

(mandatory and non-mandatory services replaced with commissioner requested services)

	2015/2016 12 Months £000	2014/2015 12 Months £000
Commissioner requested services	133,327	130,705
Non-commissioner requested services	8,644	8,487
Total	<u>141,971</u>	<u>139,192</u>

3.4 Private patient income

Section 164(3) of the Health and Social Care act removes condition 10, (which restricted income from private charges), from the Trusts Terms of Authorisation. The Foundation Trust are now required by the Act and constitution (rather than by the terms of Authorisation), to ensure that income derived from activities related to the Trusts principle purpose of delivering goods and services for the purposes of the NHS exceeds income derived from other activities. To increase this income in any financial year by 5% or more, the Trust is required to seek approval from the Council of Governors. In 2015/2016 the Trust has not increased the percentage beyond the 5% threshold.

3.5 Overseas visitors (relating to patients charged directly by the Trust)

	2015/16 12 Months £000	2014/15 12 Months £000
Income recognised this year	81	4
Cash payments received in year	56	2
Amount written off in -year	0	3

4. Operating Expenses from continuing operations

4.1 Operating expenses comprise:

	2015/2016 12 Months	2014/15 12 Months
	£000	£000
Services from NHS Foundation Trusts	740	263
Services from NHS Trusts	774	855
Services from other NHS bodies	-	10
Purchase of healthcare from non NHS bodies	529	30
Employee expenses - executive directors	818	764
Remuneration of non-executive directors	125	125
Employee expenses - staff	104,050	103,662
NHS charitable funds - employee expenses	51	55
Supplies and services - clinical (excluding drug costs)	13,562	13,195
Supplies and services - general	3,229	3,041
Establishment	1,079	875
Transport (business travel only)	492	458
Transport (other)	95	105
Premises - business rates payable to local authorities	435	391
Premises - other	6,311	7,219
Increase/(decrease) in provision for impairment of receivables	96	81
Inventories written down (net, including inventory drugs)	66	123
Drugs Inventories consumed	11,568	10,450
Rentals under operating leases - minimum lease payments	1,401	1,328
Depreciation on property, plant and equipment	4,074	3,083
Impairments of property, plant and equipment	2,252	6,488
Audit services- statutory audit	73	69
Audit fees payable to external auditor of charitable fund accounts	5	5
Clinical negligence - amounts payable to the NHSLA (premiums)	2,410	2,478
Loss on disposal of other property, plant and equipment	-	26
Legal fees	178	474
Consultancy costs	791	530
Internal audit costs - (not included in employee expenses)	76	81
Training, courses and conferences	371	502
Patient travel	3	4
Redundancy - (included in employee expenses)	(385)	1,304
Hospitality	20	26
Insurance	105	111
Losses, ex gratia & special payments- (not included in employee expenses)	4	49
Other	671	791
NHS charitable funds: Other resources expended	181	278
Operating expenses	156,250	159,329

Note 19.4

The external audit liability is limited to a maximum of £1 million

4.2 Operating leases as lessee

The Trust has an operating lease in place with Siemens for the provisions of Radiology equipment. The value of lease payments for the year 2015/16 was £1,216k (2014/15 £1,169k). This lease arrangement commenced on 22 October 2001 and is scheduled to run for 15 years, this was subsequently extended for 4 years with a possible additional extension of a future 4 years. A review of the lease arrangements has determined that this should be treated as an operating lease under IFRS. Siemens invested £1.73 million at the start of the contract and it is envisaged that a total of £6.35 million will be spent on new equipment during the period of the contract. At the end of the contract, the Trust has the option to purchase the equipment at its market value or may require the operator to remove it. The annual charge for the service is fixed and includes an amount for maintenance.

The balance of lease payments relates to small operating leases in respect of Pathology analysers, photocopiers and cars. In all these cases the Trust has the option to purchase the equipment at its market value at the end of the lease or can require the operator to remove them.

4.2.1 Operating expenses include:

	2015/16 12 Months	2014/15 12 months
	£000	£000
Other minimum operating lease rentals	<u>1,401</u>	<u>1,328</u>
	1,401	1,328

4.2.2 Total future minimum operating lease payments due:

	2015/16 12 Months	2014/15 12 months
	£000	£000
Within 1 year	1,332	1,328
Between 1 and 5 years	4,390	4,858
After 5 years	-	8
	<u>5,722</u>	<u>6,194</u>

4.3 Operating leases as lessor

The trust has operating leases in place with Local Care Direct Ltd relating to the use of accommodation on the Airedale General hospital site. The value of the lease payments from Local Care Direct in 2015/16 was £10k

	2015/16 12 Months	2014/15 12 months
	£000	£000
Rents recognised in year	10	10
Total future minimum operating lease income due:	£000	£000
Within 1 year	-	-
	<u>-</u>	<u>-</u>

5. Employee expenses and numbers

5.1 Employee expenses

	2015/16 12 Months			2014/15 12 months		
	Total £000	Permanently Employed £000	Other £000	Total £000	Permanently Employed £000	Other £000
Salaries and wages	83,033	81,578	1,455	80,649	79,192	1,457
Social Security Costs	6,354	6,354	-	5,924	5,924	-
Employer contributions to NHS Pensions Agenc	9,883	-	-	9,530	9,530	-
Termination benefits	-	-	-	1,304	-	1,304
Agency/contract staff	5,213	-	5,213	8,633	-	8,633
NHS Charitable funds staff	51	51	-	55	55	-
	<u>104,534</u>	<u>87,983</u>	<u>6,668</u>	<u>106,095</u>	<u>94,701</u>	<u>11,394</u>

5.2 Average number of employees (WTE basis)

	Total 2015/16 Number	Permanently Employed Number	Other Number	Total 2014/15 Number	Permanently Employed Number	Other Number
Medical and dental	233	233	0	245	245	-
Administration and estates	492	492	0	493	492	-
Healthcare assistants and other support staff	474	474	0	446	446	-
Nursing, midwifery and health visiting staff	709	709	0	709	709	-
Scientific, therapeutic and technical staff	395	395	0	380	380	-
Bank and agency staff	122	0	122	-	-	158
Other	8	8	0	3	3	-
Total	<u>2,433</u>	<u>2,311</u>	<u>122</u>	<u>2,276</u>	<u>2,275</u>	<u>158</u>

WTE = Whole time equivalents

5.3 Retirement due to ill health

During 2015/16 from the 1/4/2015 to the 31/3/16 there was 1 early retirements from the NHS agreed on the grounds of ill health (2014/15, 2). The estimated additional pension liabilities of these ill-health retirements will be £72k (2014/15 : £278k) .The cost of these ill-health retirements will be borne by the NHS Business Authority - Pensions Division.

5.4 Exit packages

The following is the breakdown of the 2015/16 Exit packages

Exit Packages Cost Band	Number of agreed departures	Cost of departures £000
<£10,000	7	14
£10,001-£25,000	3	45
£25,001-£50,000	-	-
£50,001-£100,000	2	184
£100,001-£150,000	-	-
£150,001-£200,000	-	-
>£200,000	-	-
TOTAL	12	243
Addition Analysis		
MARS	7	235
Voluntary redundancy	0	0
In lieu of Notice	5	8
TOTAL	12	243

There were no compulsory Redundancies

5.5 Directors Remuneration

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Aggregate emoluments to Executive Directors	742	545
Remuneration to Non-Executive Directors	125	125
Pension Costs	76	61
	943	731

The Trust has 1 additional Non executive and 1 additional Board Member in 2015/2016

There has been no compensation or exit packages paid for directors resigning in the year

6. Property, plant and equipment (Group and Foundation Trust)

6.1 Current year property, plant and equipment comprises of the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	2,380	44,478	6,577	215	11,152	134	14,543	235	79,714
Additions - purchased	-	1,614	-	167	587	-	978	-	3,346
Additions - donations of physical assets (non-cash)	-	226	-	-	-	29	-	-	255
Additions - grants / donations of cash to purchase assets	-	-	-	-	-	-	-	-	-
Impairments charged to operating expenses	-	-	-	-	-	-	-	-	-
Impairments charged to the revaluation reserve	-	(80)	-	-	-	-	-	-	(80)
Reversal of impairments credited to operating income	-	-	-	-	-	-	-	-	-
Reversal of impairments credited to the revaluation reserve	-	1,254	181	-	-	-	-	-	1,435
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	-	(3,369)	83	(382)	-	-	382	-	(3,286)
Disposals	-	-	-	-	(198)	(27)	(2,912)	-	(3,137)
Cost or valuation At 31 March 2016	2,380	44,123	6,841	-	11,541	136	12,991	235	78,247
Depreciation at 1 April 2015	-	-	-	-	6,731	64	10,071	48	16,914
Provided during the year	-	1,979	143	-	879	28	1,020	25	4,074
Impairments charged to operating expenses	-	2,252	-	-	-	-	-	-	2,252
Impairments charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments credited to operating income	-	(634)	(107)	-	-	-	-	-	-
Reversal of impairments credited to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	-	(3,597)	(36)	-	-	-	-	-	(3,633)
Disposals	-	-	-	-	(198)	(27)	(2,912)	-	(3,137)
Depreciation at 31 March 2016	-	-	-	-	7,412	65	8,179	73	16,470
Net book value									
- Purchased at 31 March 2016	2,380	43,526	1,148	- 0	3,528	24	4,812	126	55,544
- Finance Lease as at 31 March 2016	-	-	-	- 0	381	-	-	-	381
- PFI as at 31 March 2016	-	-	5,693	-	-	-	-	-	5,693
- Donated at 31 March 2016	-	597	-	- 0	220	47	-	38	902
Total at 31 March 2016	2,380	44,123	6,841	-	4,129	71	4,812	164	62,520
Asset Financing									
Owned	2,380	43,526	1,148	0	3,528	24	4,812	126	55,544
Finance lease	0	0	0	0	381	0	0	0	381
Private finance initiative	0	0	5,693	0	0	0	0	0	5,693
Donated	0	597	0	0	220	47	0	38	902
Total at 31 March 2016	2,380	44,123	6,841	-	4,129	71	4,812	164	62,520

6.2 Current year analysis of property, plant and equipment:

In 2015/16, equipment previously used in the provision of services were disposed off and replaced as necessary in order to continue to meet the Foundation Trust's obligations to provide Commissioner Related Services.

At 31 March 2016, the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work was carried out by David Curtis MRICS, Senior Surveyor DVS, Valuation Office Agency, Leeds Valuation Office, 42 Eastgate, Leeds. The Valuation Office Agency has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards 6th Edition. The finance lease in this section relates to the provision of Catering services from Sodexo to the Trust. the arrangement commenced in May 2009 and has a life of 10 years.

6. Property, plant and equipment (Group and Foundation Trust)

6.3 Prior year property, plant and equipment comprises of the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2014	2,700	37,716	5,880	2,712	10,239	125	10,897	118	70,387
Transfers by absorption - MODIFIED	-	-	-	-	-	-	-	-	-
Transfers by absorption - NORMAL	-	-	-	-	-	-	-	-	-
Additions - purchased	-	7,556	-	(2,497)	1,358	9	3,662	79	10,167
Additions - leased	-	-	-	-	-	-	-	-	-
Additions - donations of physical assets (non-cash)	-	71	-	-	102	-	-	38	211
Additions - assets purchased from cash donations / grants	-	-	-	-	-	-	-	-	-
Impairments charged to operating expenses	-	-	-	-	-	-	-	-	-
Impairments charged to revaluation reserve	-	(1,069)	-	-	-	-	-	-	(1,069)
Reversal of impairments credited to operating income	-	-	-	-	-	-	-	-	-
Reversal of impairments credited to revaluation reserve	-	4,915	90	-	-	-	-	-	5,005
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	(320)	(4,711)	607	-	-	-	-	-	(4,424)
Disposals	-	-	-	-	(547)	-	(16)	-	(563)
Cost or valuation At 31 March 2015	2,380	44,478	6,577	215	11,152	134	14,543	235	79,714
Depreciation at 1 April 2014	-	-	-	-	6,488	45	9,538	34	16,105
Provided during the year	-	1,604	136	-	764	19	546	14	3,083
Impairments charged to operating expenses	320	6,168	-	-	-	-	-	-	6,488
Impairments charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments credited to operating income	-	(2,985)	(669)	-	-	-	-	-	(3,654)
Reversal of impairments credited to revaluation reserve	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	(320)	(4,787)	533	-	-	-	-	-	(4,574)
Transfers to/from assets held for sale and assets in disposal groups	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(521)	-	(13)	-	(534)
Depreciation at 31 March 2015	-	-	-	-	6,731	64	10,071	48	16,914
Net book value									
- Purchased at 31 March 2015	2,380	44,069	1,100	215	3,645	30	4,472	144	56,055
- Finance Lease as at 31 March 2015	-	-	-	-	499	-	-	-	499
- PFI as at 31 March 2015	-	-	5,477	-	-	-	-	-	5,477
- Donated at 31 March 2015	-	409	-	-	277	40	-	43	769
Total at 31 March 2015	2,380	44,478	6,577	215	4,421	70	4,472	187	62,800
Asset Financing									
Owned	2,380	44,069	1,100	215	3,645	30	4,472	144	56,055
Finance lease	0	0	0	0	499	0	0	0	499
Private finance initiative	0	0	5,477	0	0	0	0	0	5,477
Donated	0	409	0	0	277	40	0	43	769
Total at 31 March 2015	2,380	44,478	6,577	215	4,421	70	4,472	187	62,800

6.4 Prior year analysis of property, plant and equipment:

Disclosure relating to protected assets is no longer required. In 2014/15, equipment previously used in the provision of services were disposed off and replaced as necessary in order to continue to meet the Foundation Trust's obligations to provide Commissioner Related Services.

At 31 March 2015, the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work was carried out by David Curtis MRICS, Senior Surveyor DVS, Valuation Office Agency, Leeds Valuation Office, 42 Eastgate, Leeds. The Valuation Office Agency has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards 6th Edition. The finance lease in this section relates to the provision of Catering services from Sodexo to the Trust. the arrangement commenced in May 2009 and has a life of 10 years.

6.5 Revaluation of Plant, Property and Equipment (Group and Foundation Trust)

Note 1.5 of the accounting policies defines the accounting treatment required by the Trust following a revaluation. In 2015/2016 the net book value of the Property has changed. The net effect of the year's Additions £3.6m, and Depreciation £4.1m in 2015/2016 would have resulted in an decrease of the value of the Asset value of 0.5m. After revaluation, the accounting treatment required a reversal of the 2015/2016 impairments of £2.1m, a revaluation surplus of £0.4m and impairment of £2.3m which resulted from a net fall in the property valuation. £0.8m has been reflected in revaluation account and £1.5m through the Income and expenditure account.

6.6 Donors of property, plant and equipment:

	2015/16 12 Months £000
Refurbishment of Outpatients Shop -Friends of Airedale	162
ICU Mindray Gantries- Airedale NHS FT Charitable Funds	58
Refurbishment of Maternity Kitchen -Airedale NHS FT Charitable Fund	7
Peugeot Partner Tepee - Friends Of Airedale YD65 UB6	14
Peugeot Partner Tepee - Friends Of Airedale YD16 OHG	15
	256

No restriction or conditions were placed on the donated asset by the donor
 Donated assets are valued at the cost paid by the donor which reflects their fair value.

6.6 Legacy Assets Transfers

As at the 31/3/2016 no further assets have been transferred other NHS bodies .

6.7 Public Dividend Received

	2015/16 £000
Additional Public Dividend Capital (PDC) has been received to fund capital projects -as shown below	
Preventing avoidable harm in maternity care	13
	13

7. Current year intangible fixed assets (Group and Foundation Trust)

The trust had no intangible fixed assets at the 31 March 2016

8. Inventories

8.1 Analysis of inventories

	31 March 2016 £000	31 March 2015 £000
	Group and Foundation Trust	Group and Foundation Trust
Drugs	574	648
Consumables	1,718	1,805
Energy	42	58
Total	2,334	2,511

8.2 Inventories recognised in expenses

	2015/16 12 Months £000	2014/15 12 months £000
	Group and Foundation Trust	Group and Foundation Trust
Inventories recognised as an expense in the year	24,705	22,993
Write-down of inventories (including losses)	66	123
Total	24,771	23,116

9. Trade and other receivables

9.1 Trade and other receivables are made up of:

	31 March 2016 £000	31 March 2015 £000 restated
	Group and Foundation Trust	Group and Foundation Trust
Current		
NHS receivables	4,130	2,089
Receivables with other related parties	-	-
Provision for the impairment of receivables	(347)	(252)
Prepayments	520	551
VAT Receivables	498	336
PDC Dividend receivable (Department of Health)	138	4
Other receivables	1,473	1,863
Charitable Funds Trade and other receivables	19.4 90	2
Total	6,502	4,593
Non-Current		
Accrued income	883	891
Other receivables	-	31
Total	883	922

The majority of the NHS foundation trust's trade is with Clinical Commissioning Groups, as commissioners for NHS patient care services. As Clinical Commissioning Groups are funded by the government to buy NHS patient care services, no credit scoring for them is considered necessary.

9.2 Movements in the provision for impairments of receivables

	31 March 2016 £000	31 March 2015 £000
	Group and Foundation Trust	Group and Foundation Trust
Balance at 1 April 2015	252	177
Increase in allowance recognised in income statement	102	88
Amounts utilised	(1)	(6)
Unused amounts reversed	(6)	(7)
Balance at 31 March 2016	347	252

NHS Injury Benefit Scheme income is subject to a provision for impairment of 21.99% to reflect expected rates of collection. Other debts are assessed by management considering age of debt and the probability of collection.

9.3 Ageing of non-impaired receivables past their due date

	31 March 2016 £000	31 March 2015 £000
	Group and Foundation Trust	Group and Foundation Trust
0-30 Days	49	1
30-60 Days	116	12
60-90 Days	106	72
	271	85

10. Cash and cash equivalents

	31 March 2016		31 March 2015	
	Group	Foundation Trust	Group	Foundation Trust
Balance at 1 April 2015	16,331	15,866	17,319	16,660
Net change in year	(4,197)	(4,210)	(988)	(794)
Balance at 31 March 2016	<u>12,134</u>	<u>11,656</u>	<u>16,331</u>	<u>15,866</u>
Made up of:				
Cash with Government Banking Service	12,125	11,647	16,325	15,860
Cash at commercial banks and in hand	9	9	6	6
Cash and cash equivalents	<u>12,134</u>	<u>11,656</u>	<u>16,331</u>	<u>15,866</u>

11. Trade and other payables

	31 March 2016	31 March 2015
	£000	restated £000
Current		
NHS payables- Capital	-	18
NHS payables- Revenue	3,425	2,183
Amounts due to other related parties revenue	-	-
Non-NHS trade payables-capital	615	1,081
Non-NHS trade payables-revenue	1,595	1,039
Accruals	2,917	5,211
VAT payable	-	45
Social Security Costs	910	912
Other taxes payable	935	988
Other Payables	6,343	6,485
Charitable Funds - Trade and other payables	19.4	62
TOTAL	<u>16,825</u>	<u>18,024</u>

12. Other liabilities

	31 March 2016	31 March 2015
	Group and Foundation Trust	Group and Foundation Trust
	£000	£000
Current		
Deferred income	668	674
Non-Current		
Deferred income	4,045	4,185
	<u>4,713</u>	<u>4,859</u>

The figures in this section relate to the deferred income balance resulting from bringing the PFI arrangements with FRONTIS onto the Statement of Financial Position as required by Department of Health Guidance on PFI under IFRS. The residences came into use in May 2005 and the deferred income credit balance is set to reduce in equal instalments over a period of 40 years from that date, whereupon ownership will transfer to the Trust. (Note 21)

13. Borrowings (Group and Foundation Trust)

13. 1 Finance Trust Financing Facility Loan

	31 March 2016	31 March 2015
	Group and Foundation Trust	Group and Foundation Trust
	£000	£000
Current		
Obligations under Loan	505	505
Non-Current		
Obligations under Loan	2,023	2,528
	<u>2,528</u>	<u>3,033</u>

The Trust obtained a loan from the Foundation Trust Financing Facility on the 12/7/2011 repayable over 10 years, in the sum of £4.8 millions to support capital developments. The Trust repaid on the £505k of the loan in 2 instalments in 2015/2016k.

13. 2 Finance lease obligations

	31 March 2016	31 March 2015
	Group and Foundation Trust	Group and Foundation Trust
	£000	£000
Current		
Obligations under finance leases	143	130
Non-Current		
Obligations under finance leases	362	505
	<u>505</u>	<u>635</u>

The Trust has one finance lease in place at 31 March 2016. This is with Sodexo and relates to the provision of equipment as part of the catering service provided to the Trust, which commenced in May 2009. The lease is set to run for 10 years from that date, when £1.174 million worth of capital expenditure was incurred by Sodexo in establishing the catering facility. At the end of the contract the Trust will have the option to purchase all equipment and fixtures for £1.

Amounts payable under finance leases:	Minimum lease payments		Present value of minimum lease payments	
	March 2016	March 2015	March 2016	March 2015
	£000	£000	£000	£000
	Group and Foundation Trust	Group and Foundation Trust	Group and Foundation Trust	Group and Foundation Trust
Within one year	179	179	143	130
Between one and five years	384	564	362	505
After five years	0	0	0	0
Less future finance charges	(58)	(108)	0	0
Present value of minimum lease payments	<u>505</u>	<u>635</u>	<u>505</u>	<u>635</u>

14. Contingencies (Group and Foundation Trust)

The NHS Foundation Trust has £28k contingent liability for legal expenses, which is based upon information provided by the NHS Litigation Authority.

15. Third Party Assets (Group and Foundation Trust)

Airedale NHS Foundation Trust held £433 monies on behalf of patients at the 31st March 2016

16. Provisions**16.1 Provisions current and non-current**

	Current		Non-current	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
	Group and Foundation Trust	Group and Foundation Trust	Group and Foundation Trust	Group and Foundation Trust
Pensions relating to the early retirement of staff pre 1995	123	128	1,046	1,136
Legal claims	50	55	-	-
Redundancy	1,762	-	-	-
Other	3,243	5,719	726	-
	5,178	5,902	1,772	1,136

16.2 Provisions by category

	Pensions relating to the early retirement of staff pre 1995	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2015	1,264	55	-	5,719	7,038
Arising during the year	77	9	1,316	3,411	4,813
Utilised during the year	(124)	(5)	-	(529)	(658)
No longer required	(62)	(9)	-	(4,186)	(4,257)
Unwinding of discount	14	-	-	-	14
At 31 March 2016	1,169	50	1,316	4,415	6,950

Expected timing of cash flows:

Within one year	123	50	1,316	3,663	5,152
Between one and five years	492	-	-	752	1,244
After five years	554	-	-	-	554
	1,169	50	1,316	4,415	6,950

The Pensions relating to other staff provision is expected to be fully utilised within the next 13 years. This statement is based on information provided by the NHS business Services Authority - Pensions Division. As the provision was established before the existence of 'back to back' arrangements, no reimbursement is expected.

The legal claims have a probability factor of 10%, 50%, 75% and 94% and are expected to settle within the next year. This Statement is based on information provided by the NHS Litigation Authority. Full reimbursement of these provisions is expected from the NHS Litigation Authority for amounts above the excess. No amounts have been 'back to backed' with other NHS organisations.

The other provisions column comprises provisions in respect of a number of issues which are expected to be settled within 12 months. They comprise of MARS scheme to support the Right Care programme, unresolved contractual issues relating to the income of the Foundation Trust, and a small number of employment cases which were outstanding at the end of the financial year.

£32,590,960 is included in the provisions of the NHS Litigation Authority at 31 March 2016 in respect of clinical negligence liabilities of the Trust (31 March 2015 - £21,840,916).

17. Losses and special payments (Group and Foundation Trust)

	31 March 2016				31 March 2015			
	Number of cases	Total number of cases	value of cases £	Total value of cases £	Number of cases	Total of cases	value of cases £	Total value of cases
Losses								
loss of Cash	14	-	166	-	6	-	328	-
Bad Debts	86	-	2,009	-	93	-	8,308	-
Stores losses	4	-	65,798	-	4	-	122,734	-
Damages to Premise	3	-	1,560	-	-	-	-	-
		107	-	69,533		103	-	131,370
Special payments								
Compensation under legal obligation	2	-	5,298	-	9	-	79,720	-
Loss of personal effects	13	-	3,348	-	15	-	5,382	-
Other			-				1,393	
		15	-	8,646		24	-	47,790
Total losses and special payments	122	122	78,179	78,179	127	127	217,865	179,160

The NHS foundation trust's losses and special payments include uncollectable private patient/other debts and ex gratia payments in respect of the loss of personal items. The payments are recorded on a cash basis rather than an accruals basis.

18. Contractual Commitments

Commitments under capital expenditure contracts at 31 March 2016 were £46k

19. Related Party Transactions**19.1 Transactions with Key Management Personnel**

IAS 24 requires disclosure of transactions with key management personnel during the year. Key management personnel is defined in IAS as "those persons having authority and responsibility for planning, direction and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that Entity". The trust has deemed that its key management personnel are the board members (directors and non-executive directors) of the Trust.

The transactions with board members are as follows

2015/16	£000 943
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The expenditure above, is key management personnel compensation which is analysed as follows

	£000
Short term employment benefits	867
Post-employment benefits	76
Termination benefits	0
	943
	943

Short term benefits employer benefits include salaries, employer's social security contributions and benefit in kind
Post-employment benefits include employer's contribution to NHS Pension Scheme

The remuneration of individual Board members is disclosed with in the Trust's annual report. There were no outstanding balances with directors as 31 March 2016

Other than key management personnel compensation as shown above, none of the board members or parties to them has undertaken any material transactions with the NHS Foundation Trust

19.2 Transactions with other related parties

Airedale NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

The Department of Health is regarded as a related party. During the year the NHS foundation trust had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

	Income £000	Expenditure £000
NHS Airedale, Wharfedale & Craven CCG	90,671	120
NHS East Lancashire CCG	14,810	-
NHS Bradford Districts CCG	17,993	5
Bradford Teaching Hospitals NHS Foundation Trust	1,090	1,313
Health Education England	4,003	-
Bradford District Care NHS Foundation Trust	1,834	643
NHS England, CSU,LAT	12,526	86
Leeds Teaching Hospitals NHS Trust	85	1,113
NHS Litigation Authority	-	2,500
Other NHS bodies	-	-
	143,012	5,780
HMRC	-	6,354
NHS Pension Scheme	-	9,883
Bradford Metropolitan Council	104	478
Other	-	-
	104	16,715

In addition, the NHS foundation trust has had a number of transactions with other Government Departments and other central and local Government bodies.

19.3 Transactions with Joint Venture

The Foundation Trust has a 50% equity share in Immedicare. The company holds no capital assets. Under the terms of the joint venture agreement, the Foundation Trust was not liable for any losses in the 2 years of trading. In year 3 (2015/2016) of trading the Trust is able to receive a 50% share of any profits made, once they exceed the losses in the first 2 year. Immedicare has made a profit in 2015/2016, of £145k, which does not exceed the previous losses, therefore the Foundation Trust has not reflected any entries in the statement of Comprehensive Income.

19.4 Summary statement of Financial activities with Airedale NHS Foundation Trust Charitable Funds

Charity's Statement of financial activities	2015/16 12 Months £000	2014/15 12 months £000
Incoming activities excluding investment income	279	310
Expenditure		
Employee Costs with ANHSFT	0	0
Other Employee Costs	(51)	(55)
Other Expenditure		
Other resources Expended	(181)	(278)
Audit Fee	(5)	(5)
Total Operating Expenditure	(237)	(338)
Investment Income	15	13
Fair value movements on investments properties and other investments	(9)	27
Net incoming/(outgoings) resources before other recognised gains and losses	<u>48</u>	12

Charity's Balance Sheet/Statement of Financial Position	2015/16 12 Months £000	2014/15 12 months £000
Investments	573	590
Current Assets		
Trade and other receivables	90	2
Cash and Cash Equivalents	<u>478</u>	<u>465</u>
	568	467
Current Liabilities		
Trade and other payables	(85)	(49)
Net Assets	1,056	1,008
Funds of Charity		
Restricted Funds	4	4
Unrestricted Funds	1052	1004
	1,056	1,008

Movements on Reserves

	Total	Restricted	Unrestricted
Balance At 1 April 2015	1008	4	1004
Net incoming	48	0	48
Balance at 1 March 2016	<u>1056</u>	<u>4</u>	<u>1052</u>

20. Financial instruments.

	31 March 2016 £000	31 March 2015 £000
Financial assets		
NHS Trade and other receivables excluding non financial assets	4,130	2,089
Non-NHS Trade And other receivables excluding Non-financial assets	1,702	2,058
Cash and cash equivalents at bank and in hand	11,656	15,866
NHS Charitable funds: financial assets	1,141	1,057
Total	18,629	21,070

The NHS foundation trust's financial assets all fall under the category 'loans and receivables'.

Financial liabilities		
Borrowings excluding Finance leases and PFI liabilities	2,528	3,033
Obligations under Finance leases	505	635
NHS Trade and other payables excluding non financial liabilities	3,425	2,183
Non-NHS Trade and other payables excluding Financial Liabilities	8,365	10,935
NHS Charitable funds: financial liabilities	85	62
Total	14,908	16,848

The NHS foundation trust's financial liabilities all fall under the category 'other financial liabilities'.

Maturity of financial liabilities		
In one year or less	12,529	13,815
In more than one year but less than two years	665	648
In more than two year but less than five years	1714	1877
in more than five years		508
Total	14,908	16,848

Management consider that the carrying amounts of financial assets and financial liabilities recorded at amortised cost in the financial accounts approximate to their fair value.

Because of the continuing service provider relationship that the NHS foundation trust has with the Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS foundation trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies. The NHS foundation trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS foundation trust in undertaking its activities.

Liquidity Risk

The Foundation Trust's net operating costs are incurred under 3 year rolling contracts with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Foundation receives such contract income in accordance with Payment by Result (PBR), which is intended to match the income received in year by reference to the National Tariff procedure cost. The Foundation Trust receives cash each month based on an annually agreed level of contract activity, and there are monthly corrections made to adjust for the actual income due under PBR, to minimise the effects on cash flow.

The foundation Trust Currently finances its capital expenditure from internally generated funds, no use of the Foundations Borrowing limit is currently been made.

Interest Rate Risk

With the exception of cash balances, the Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. The Foundation Trust monitors the risk but does not consider it appropriate to purchase protection against it.

Foreign Currency Risk

The Foundation Trust has negligible foreign currency income, expenditure assets or liabilities.

Credit Risk

The Foundation Trust receives the majority of its income from Clinical Commissioning Groups and Statutory bodies and so the credit risk is Negligible.

The Foundation Trusts treasury management policy minimises the risk of loss of cash invested by limiting its investments to

- the government banking service and the National Loans Fund

- Banks registered directly regulated by the FSA

The policy limits the amounts that can be invested with any one non-government owned institution and the duration of the investment to £3m and 3 months.

Price Risk

The Foundation Trust is no materially exposed to any price risks through contractual arrangements.

21. Private Finance Initiative contracts

21.1 PFI schemes off-Statement of Financial Position

The Trust has no off-statement of Financial Position PFI schemes.

21.2 PFI schemes on-Statement of Financial Position

Since May 2005 residential services have been provided to the Trust by FRONTIS, a registered social landlord. This involved FRONTIS constructing an accommodation block and mews houses. FRONTIS are responsible for the maintenance of the accommodation and management of residential accommodation services, including the collection of rents from tenants. The Trust guarantees an occupancy level of 90%, but FRONTIS remits a share of any rents received for occupancy over 90%.

The accounting treatment of this arrangement was covered in a DH publication called 'Accounting for PFI under IFRS'. In this publication it was recognised that such arrangements involved the operator receiving all or most of its income from individual users rather than the Trust. The arrangement falls within the scope of IFRIC 12 and such is recognised as an item of Property, Plant & Equipment on the Statement of Financial Position at its fair value. The opposite entry at the point at which the asset was recognised was as a deferred income balance.

The arrangement is set to run for a period of 40 years from May 2005, but does not involve any cash flows between the Trust and FRONTIS. As such there is no imputed finance lease and service charges. During this period FRONTIS are responsible for maintaining the property, but at the end of the 40 year period ownership will revert to the Trust.

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21. Prudential Borrowing Limit (PBL)

With effect from 1 April 2013, the NHS foundation trust is no longer required to comply with, and remain within, a total prudential borrowing limit. This requirement has been repealed by the Health and Social Care Act 2012. The Financial disclosures that were provided previously are no longer required.

The NHS foundation trust does have borrowing which arise out the Finance lease obligations in respect of the Catering lease with Sodexo with a current value of £505k. The contract commenced in May 2009 and has a life of 10 years.

23. Intra-Government Balances (Group and Foundation Trust)

Receivables amounts falling due within one year	Receivables amounts falling due after more than one year	Payables amounts falling due within one year	Payables amounts falling due after more than one year
£000	£000	£000	£000
English NHS Foundation Trusts	-	742	-
English NHS Trusts	-	298	-
Department of Health	-	-	-
Public Health England	-	3	-
Health Education England	-	-	-
NHS England & CCGs	-	647	-
RAB Special Health Authorities	-	-	-
NHS Whole Government Accounting bodies	-	445	-
Other Whole Government Accounting bodies	-	2,011	-
As at 31 March 2015	-	4,146	-
		£000	£000
English NHS Foundation Trusts	282	-	742
English NHS Trusts	434	-	298
Department of Health	4	-	-
Public Health England	-	-	3
Health Education England	17	-	-
NHS England & CCGs	1,010	-	647 - RAB Special Health
Authorities	-	-	-
NHS Whole Government Accounting bodies	337	-	445 - Other Whole
Government Accounting bodies	345	-	2,011
As at 31 March 2015	2,429	-	4,146

21. Events after the Reporting year

There are no adjusting or non-adjusting events requiring after the reporting year requiring disclosure.

Annual accounts of -

**Airedale NHS Foundation Trust
Airedale General Hospital
Steeton
Keighley
Yorkshire
England**

Airedale NHS Foundation Trust is an NHS provider of Healthcare

CONTACT INFORMATION

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www.airedale-trust.nhs.uk

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

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

Governors

Governors can be contacted via the Company Secretary or FT Membership Office at the above address Tel: 01535 284541 Email: members@anhst.nhs.uk

Patient Advice and Liaison Service (PALS)

The PALS team at Airedale NHS Foundation Trust offer support, information and advice to patients, relatives and visitors. The PALS office is located at the entrance to Ward 18 and is open weekdays from 8.00 am to 4.00 pm. Tel: 01535 294019. Email: pals.office@anhst.nhs.uk

Readers Panel

The Readers Panel, whilst being popular, always needs to recruit new members. If you would be interested in joining this group, please contact Helen Roberts, Health Information Specialist. Tel: 01535 294027. Email: helene.roberts@anhst.nhs.uk

Volunteers

New volunteers are always welcome and if you are interested in becoming a volunteer at Airedale NHS Foundation Trust, please contact Gurmit Jauhal, voluntary services manager. Tel: 01535 295316. Email: gurmit.jauhal@anhst.nhs.uk.



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