Airedale
NHS Foundation Trust

AIREDALE NHS FOUNDATION TRUST
ANNUAL REPORT AND ACCOUNTS
2017/18

Airedale NHS Foundation Trust

Annual Report and Accounts 2017/18

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

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SECTION 1 - OVERVIEW

CHIEF EXECUTIVE'S STATEMENT

Welcome to the Annual Report 2017/18 for Airedale NHS Foundation Trust.

This year has seen unprecedented pressures on the NHS. Financial resources are tight, performance targets are under pressure and uncertainty around Brexit continues to dominate politically. We are also just coming out of a winter that saw extraordinary demand on the NHS both locally and nationally. I am proud to say that our staff have yet again risen to the challenge to continue to deliver high quality healthcare to our local population. We ask so much of our people and they continue to dig deep to deliver. I should like also to pay tribute to our local health and social care partners with whom we have worked more closely than ever this winter, to maximise the flow of patients through the hospital and out into the community.

Despite these challenges – or perhaps because of them – our teams continue to innovate and improve, developing new ways to deliver their services and support their patients, carers, families, the wider community and each other. Creativity and compassion are at the heart of so much that we do here at Airedale, and it is a testament to everyone who works here that we have had so much to celebrate this year.

One statistic which emerged this year sums it up perfectly: an incredible 97% of the 24,962 patients surveyed over the last year as part of the Friends and Family Test said that they were likely or extremely likely to recommend Airedale's services, including our outpatient clinics, inpatient services, maternity and community services. This is above the national average and more than anything demonstrates that our people are making a real difference to their patients, filling me with pride in the work that we do here.

Over this last year we have continued to play a key role in our local and regional health economies. As part of the West Yorkshire and Harrogate Health and Care Partnership and the West Yorkshire Association of Acute Trusts (WYAAT) we are working closely together to develop regional clinical pathways, reduce variation and to make the NHS in West Yorkshire and Harrogate a great place to work. We also continue to collaborate with Bradford Teaching Hospitals NHS Foundation Trust and this year have jointly launched an ambitious acute collaboration programme to transform our shared services and make them sustainable for the future. This also forms part of the ongoing work we are doing to develop our local integrated care system (ICS), to ensure that everyone in Bradford and Craven has the best possible health and wellbeing outcomes.

In response to the CCG led public consultation about community services and the future of Castleberg Hospital that ran between 14 November 2017 and 27 February 2018, the CCG decided in May 2018 to re-open Castleberg Hospital. Our commitment to the Craven district is paramount and the Trust will now work with its commissioners to understand what the new Castleberg service will look like, and on establishing and recruiting to that service.

In March 2017 we were re-inspected by the Care Quality Commission, following their full inspection in 2016. As this was a re-inspection, the CQC inspected only the areas that were rated as Requires Improvement last time. Our rating following this re-inspection remained '*Requires Improvement*', but the inspectors recognised the superlative efforts we had made to make sustainable improvements across the Trust, and highlighted the improvement in our culture, together with the great leadership across our services. I would like in particular to mention our Frail Elderly Pathway team, which was highlighted as an example of outstanding practice, and our Critical Care team for turning round their rating since the previous

inspection. We were also praised for our creative approach to public engagement, our electronic record sharing and our confidentiality procedures on the early pregnancy and gynaecology acute treatment units. When the results of the March inspection were added to our results from 2016, 38 out of 45 domains were rated as Good or Outstanding, which equates to 84% of our services. So, while we did not see the shift to a '*Good'* rating, we have made excellent progress. Again, this was testament to our teams who took the quality improvement plan from the 2016 inspection and thoroughly embedded it across the Trust.

We are proud to have received some significant external recognition this year. For the sixth year running we were named as one of the CHKS 40 Top Hospitals, the only Trust in West Yorkshire to receive this honour. Our national reputation for our excellent telemedicine services was further consolidated with the Stammering Therapy team winning the Digital and Technology category at the Guardian Newspaper Public Sector Awards, and the Telehealth in Care Homes project winning Health Business magazine's Telehealth award. Individuals have also been recognised: earlier this year our head of community services, Trudy Balderson, was awarded the title of 'Queen's Nurse' in recognition of her high standards of practice and patient care, and recently consultant obstetrician and gynaecologist Mr Stephen Porter won a Primrose Award for his contribution to caring for patients with endometriosis. Our own annual Pride of Airedale Awards went from strength to strength, with over 250 nominations this year, and winners recognised across 14 categories.

Throughout the year we have had the opportunity to showcase our services with a number of different events, including the ever-popular theatres and endoscopy open day, the inaugural maternity services open day and our Allied Health Professionals celebration event, as well as a variety of awareness days, information stands and presentations. These are always organised by staff members on top of their day jobs, another example of how our people like to go the extra mile for our patients. As a Board we like to visit the communities we serve and in June we held our Board meeting in Ilkley. It was a great opportunity for our Board and Governors to meet local residents and hear their views on the services we provide.

We have continued to invest in our estate this year, and at the time of going to press we had just opened our new 48-bed acute assessment unit. The new build is bringing together multiple smaller assessment units across the hospital from medicine, surgery and orthopaedics, and co-locating them next to the emergency department. The unit also has a large a new ambulatory assessment area for patients who need urgent assessment and treatment, but don't need to be admitted to hospital. There is also a state-of-the-art new pathology laboratory on the ground floor of the unit. As well as this major capital investment we have upgraded our car parking facilities to make it easier for patients and families to park, which has resulted in a lot of positive feedback from our visitors.

As part of our drive to be more efficient we have been looking at how we manage operationally in order to be sustainable in the long term. In October, following the review of a business case and comprehensive engagement with staff and trade unions, the Trust Board took the decision to establish a wholly-owned subsidiary to run its estates, facilities and procurement services. These services, which include portering, housekeeping and cleaning, underpin everything we do at the Trust. The subsidiary, AGH Solutions Limited, went live on 1 March 2018 and I would like to thank everyone in the project team for their hard work to get the subsidiary up and running. We look forward to seeing the new company flourish, whilst remaining part of the Airedale family.

We are privileged to have a very supportive community. The Friends of Airedale continue to raise an incredible amount of money to support patient care and have made many generous donations to different departments, including blood pressure monitors, parents' beds for the children's ward, kit bags for community teams, mobility aids and equipment for the Trust's courtyard gardens, to name but a few. I would also like to thank our 300+ volunteers who run our Friendly coffee shops, run the ward trolley service, help with patient feeding at

mealtimes, act as guides and much, much more. Thank you for giving up your time to support the Trust; it is hugely appreciated by us all.

The best possible patient outcomes are of course a priority for us, and our aim is that all our patients have a good experience of care with us. Our digital approach is vital to patient experience and we have progressed rapidly this year with the move towards a single, digital patient record. As well as moving to SystmOne as the primary patient record, we have also implemented the Electronic Referral Service, moving from paper referrals to e-referrals, more than six months ahead of NHS Digital's October 2018 deadline. We continue to push forward our integrated health record transformation programme and, following a Digital Airedale event in February which was attended by over 100 people, we are finalising our Digital Strategy for the next five years. This will set out our digital ambition and describe our digital roadmap not only for the Trust in isolation, but as part of the wider health and care system for the population of Airedale, Wharfedale and Craven.

The Trust is nothing without our people, and we have continued to focus this year on engaging and supporting our staff as part of our People Plan. In March 2017, we introduced two new focus groups for staff to tackle the issues facing BAME and LGBT+ staff groups. These groups complement the work of our well-established disability focus group. We have broadened our training offer, looked at alternative ways of offering mandatory training to make it easier for our busy people to complete, and have introduced a new leadership development programme. The executive team and non-executive directors also make sure that they visit a ward or department every week to see for themselves what is happening on the 'shop floor'.

On the back of this it was encouraging to see our results from the 2017 NHS Staff Survey. The results indicated that whilst it has been, and continues to be, a challenge to provide the quality of care we all aspire to, our people remain generally positive about Airedale as a health care provider and place to work, with the vast majority reporting that they would recommend the Trust to family and friends. Notable highlights include the improvement in overall engagement (above average for trusts of a similar type), improvements in the quality of appraisals, and staff feeling that there has been an improvement in how senior managers communicate.

I am extremely lucky to have the support of a talented, experienced Board. During the year Shazad Sarwar retired as non-executive director and in the autumn we said farewell to chair Michael Luger as he headed for a new role in London. We appointed Andrew Gold as our new chair in January this year, and subsequently Lynn McCracken, one of our newest non-executive directors, as deputy chair, both of whom provide us with excellent leadership. I would also like to thank our governors who work hard on behalf of both the Trust and their constituents; supporting us, challenging us and bringing their constituents' voice to the table.

In January I also announced my retirement. I have been privileged to lead the Trust as chief executive for nearly eight years and as nursing director for four and a half years before that. This was not an easy decision for me to make but after 41 years in the NHS I feel that the time is now right for me to retire. I would like to extend a welcome to my successor, Brendan Brown who will join the Trust from Calderdale and Huddersfield NHS Foundation Trust in early June.

This is a time of great change for the NHS with some exciting plans in place, in which the Trust is already playing a key part. I remain enormously proud of Airedale and know that it will continue to go from strength to strength. Above all I know that Airedale's people will continue to do all they can to provide the best possible healthcare to our local community, day in, day out, as they have done throughout this year.

Andrew Copley, Acting Chief Executive
On behalf of Bridget Fletcher, Chief Executive

30 May 2018

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 200,000 people from a widespread area covering West and North Yorkshire and East Lancashire.

We employ over 2,400 permanent staff and have over 300 volunteers. Last year, we cared for over 32,000 elective inpatients and day cases, more than 31,000 non-elective patients, and over 144,000 outpatients. Our emergency department saw more than 58,000 patients and over 2,000 babies were born at the hospital last year. We have an annual budget operating income of over £164 million.

We provide services from our main hospital site, Airedale Hospital, and from community hospitals, 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.
- 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.
- The Foundation Trust is a partner in a Limited Liability Partnership with Bradford Teaching Hospitals NHS Foundation Trust providing pathology services to both Airedale NHS Foundation Trust and Bradford Teaching Hospitals Foundation Trust.
- The Foundation Trust established a wholly owned subsidiary just prior to the year end to provide estates, procurement and facilities services to the Trust.

In addition to the above partnerships, alliances and developments, during 2017/18 the Foundation Trust also had a number of partnerships with contractors for outsourced services including security with CPP, transport with Ryder, laundry and linen services with Synergy Health 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 Foundation 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 to provide the following regulated activities:

- Diagnostic and screening procedures;
- Nursing care;
- Treatment of disease, disorder or injury

Castleberg Hospital was closed temporarily in April 2017 on patient safety grounds. On 8 May 2018, the Clinical Commissioning Group announced the re-opening of Castleberg Hospital during 2018/19.

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 2017/18 the Foundation Trust faced a number of challenges including:

- **Workforce Planning**
  There were challenges in being able to successfully recruit locally, nationally and internationally, both in terms of the availability of appropriately skilled staff in the job market and managing various regulation requirements for staff appointed through international recruitment.

  We continued to face some significant workforce challenges in-year, despite significant focus in 2017/2018. The main focus for the Foundation Trust was on continuing the management of staffing costs in terms of reducing agency expenditure, whilst ensuring safety and quality was not compromised, particularly at times of peak operational pressure.

- **Financial – cost improvement and income**
  The final framework cost improvement requirements proved increasingly challenging to deliver at a group level. All of 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 are added back to the 2018/19 requirements, thereby adding further pressure for the year ahead.

- **Activity and demand for services**
  The Foundation Trust continued to face unprecedented levels of urgent care demand and operational pressure in 2017/2018. The Foundation Trust had significant periods at Operational Pressure and Escalation Level (OPEL) 2 to 3 which required instigating Silver Command. This was due to increased attendance and admissions, acuity, and patients who had delays in their discharge arrangements. As a result there had been at times significant escalation beds opened, over and above the planned additional winter beds. Continued pressures occurred in delayed transfers of care and patients who were medically fit for discharge, but had a delay in an assessment of need and care package starting or equipment being provided. The significant impact on available bed capacity in the hospital on a day-to-day basis with delays in getting patients transferred from the emergency department also had an adverse impact.

- **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 recent appointment of a dual position as chief executive of this Trust and lead for the Airedale Care Partnership working across organisational boundaries is seen as a positive move and should help build on the progress made to date in driving through the required transformation.

- **Regulatory Control**
  The Foundation Trust has had to respond during the year to increasing scrutiny by its regulators – NHS Improvement and the Care Quality Commission. The Care Quality Commission's re-inspection in March 2017 highlighted a number of areas for improvement which the Foundation Trust has implemented. The additional focus by NHS Improvement on the Foundation Trust's financial performance resulted in an increased grip and control on finances from Board to Ward and changes being made to the corporate governance structure, which included the establishment of a Board Finance Sub-Committee, and a Cash Committee – a management committee that reports to the Board Finance Sub-Committee.

The environment against which the Foundation Trust operates continues to be extremely fluid. Looking forward to 2018/19, there are a number of external challenges facing the Foundation Trust which are outlined below:

- **2018/19 Cost Improvement Plan**
  The Foundation Trust's Annual Plan 2018/2019 was submitted on the basis of the Trust delivering a planned surplus of £418,000 that includes £8.2m of cost improvement plans ('CIP'). The CIP figure represents 4.9% of the Trust's income. The Control Total offer requires the Foundation Trust to achieve a surplus of £5.2m, which includes sustainability and transformation funding of £4.788m. There are a number of pressures identified for 2018/2019 that have had to build in to planning assumptions. Realisation of some of the efficiencies may not occur until well into the year.

- **2018/19 Funding**
  The overall uncertainty about the conditions associated with 2018/2019 funding is a key issue. The Clinical Commissioning Group's ('CCG') financial position and allocations for 2018/2019 which, although may be recovered partly in 2018/2019 through the additional funding released in the Autumn budget statement, offers little to the Foundation Trust in the way of growth, development or support. The significant impact of Local Authority funding reductions is likely to materially impact on service provision as well as potentially increasing costs, at a time of unprecedented urgent care pressures where the system requires Local Authority budgets to be used toward freeing up hospital beds for patients who require home care or care home placements.

- **Performance Trajectories**
  Over the past seven years the Foundation Trust has generally delivered the majority of its national mandatory performance standards, however, maintaining this level of performance remains 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.

  In line with the Provider Sustainability Funding / Performance Trajectories approach nationally, the Foundation Trust's Annual Plan sets out what are believed to be realistic trajectories given the current position regarding commissioned activity to date and service pressures.

- **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. This responds to our Care Quality Commission inspection in March 2016 and subsequent re-inspection in March 2017 which highlighted areas requiring improvement.

- **Contracts**
  As referred to earlier, the Foundation Trust remains concerned that its main Commissioning CCG is indicating significant financial pressure that could counter any benefits gained through, for example, new activity. In addition, NHS England has signalled a review of the Specialist Commissioning Contract block value for Chemotherapy services representing a significant risk. Whilst the Foundation Trust will work with its CCG's to the values set out in Contract offers, where these differ from the growth assumption in Planning Guidance, the risk of any overtrade basis has been highlighted to the CCG. Similarly, where CCG's have included QIPP programmes in their plans, should the improvements not materialise then the risk sits with the commissioner.

- **Staffing**
  Despite significant focus in 2017/2018 the health workforce continues to be a concern. The well documented challenges relating to managing staffing costs in terms of reducing agency expenditure, whilst ensuring safety and quality is not compromised, particularly at times of peak operational pressure, will remain a key risk in 2018/19.

  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.

- **Evolving Health and Care System**
  Going forward, the Foundation Trust recognises the need for the overall health and care system to radically change at pace and scale and will continue to push for and help progress this work across the year. In particular the Foundation Trust has been at the forefront in exploring opportunities for horizontal partnership working work at a regional level through the West Yorkshire Association of Acute Trusts in support of the West Yorkshire and Harrogate Health and Care Partnership, and more locally through our Airedale and Bradford Provider Alliance work where the Foundation Trust will continue to progress an approach towards an Integrated Care System for which initial proposals are being considered by senior leaders across the district. Despite this progress there is still a significant amount of work to do and so, whilst continuing to work in collaboration, the Foundation will look to take a much greater leadership of this work going forward, particularly given the appointment to the dual role of Chief Executive of the Foundation Trust and Partnership Lead across Airedale, Wharfedale and Craven.

  The Foundation Trust is currently updating its Clinical Service Strategy for the next five years in support of this approach, to provide direction and establish an approach that focuses on ensuring services are sustainable and can continue providing high quality, safe and accessible care to meet our local population needs.

  Key to the consideration for 2018/2019 will be the supporting cover required to allow the Foundation Trust to start and deliver on these longer term aspirations, which in turn, are likely to lead to a more efficient system of health and social care provision

The Foundation Trust's *Operational Plan 2018/19* sets out in more detail the risks and contingency plans developed to ensure the Foundation Trust's ongoing sustainability.

GOING CONCERN DISCLOSURE

Airedale NHS Foundation Trust has prepared its 2017/18 annual accounts on a going concern basis. After making enquiries, the directors have a reasonable expectation that Airedale 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 NHS Improvement under the National Health Service Act 2006.

SECTION 2 - PERFORMANCE REPORT

PERFORMANCE OVERVIEW

The Foundation Trust's NHS Improvement Single Oversight Framework Governance rating was Amber during 2017/18 due to non-achievement of the 95% target for the A&E 4 hour standard throughout the year. All other standards were achieved except for the cancer screening standard being below the national threshold in March. The Foundation Trust has also been placed by NHS Improvement in Segment 2 (on a scale where 1 is highest and 4 is lowest) of the Single Oversight Framework.

The Foundation Trust achieved the requirements for the Sustainability and Transformation Funding and delivered the Control Total for 2017/18 as set by NHS Improvement.

KEY PERFORMANCE MEASURES

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 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 commentary is made available, together with trend charts showing the position over the previous five quarters or fifteen 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 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 2017/2018 on progress with our strategic goals and objectives include:

External recognition

- The Trust was highlighted as providing a positive experience for maternity care and treatment, according to a Care Quality Commission (CQC) survey. Airedale was shown to be amongst the best performing trusts for providing information about feeding, for being listened to and for being given appropriate advice and support

- The Endoscopy department once again achieved their JAG accreditation. JAG is the Joint Advisory Group on Gastro-intestinal Endoscopy and every year our Endoscopy team goes through a rigorous audit to demonstrate that they are still compliant with the JAG standards.

- Clinical Fellow Dr Joel Copperthwaite won a Medipex Innovation award for inventing a medical device that helps clinicians train safely in a vital procedure for critically unwell patients. He invented 'Joel's Bucket' – a training device which creates a realistic artificial circulation for training clinicians to safely insert arterial and venous catheters. The device initially cost under £100 to create and the design now uses 3D

printing and digital technology to provide a much better training experience, and so helping reduce the risk of complications, whilst costing very little.

- The Cardiac Rehabilitation Team was shortlisted for a British Heart Foundation Alliance Award for 'Integrated Care'. The team supports patients with heart conditions, and their families, in the hospital and in the community. They run an interactive 'healthy heart' education programme and three cardiac rehabilitation exercise classes with the aim of helping patients manage their symptoms, address any risk factors and achieve their personal goals.

- We were judged as one of the 40 top performing hospitals in the country and named as one of the CHKS 40 Top Hospitals 2017 by the independent provider of healthcare intelligence and quality improvement. This is the sixth time that we have been named as one of the top 40 hospitals by CHKS and in 2017 were the only trust in West Yorkshire to receive the honour.
- Since the year end, the Foundation Trust has again been named in the CHKS 40 Top Hospitals for 2018.

- Trudy Balderson, a district nurse specialist practitioner and the Trust's head of community services, was awarded the title of 'Queen's Nurse' in recognition of her high standards of practice and patient care.

- A special telemedicine service to help people who stammer scooped a national award. Specialist speech and language therapist Stephanie Burgess runs the service, offering people across the country help with managing their stammer via video link to their laptops, tablets and mobile phones. The innovative service was entered for the Guardian Newspaper Public Sector awards and won the Digital and Technology category at a ceremony in London.

- The Trust's Telehealth in Care Homes project won Health Business magazine's Telehealth award at a ceremony in London. Staff working from Airedale's Digital Hub provide 24/7 clinical advice and support for residents in over 500 residential and nursing homes across the country. The service provides care home residents with specialist medical care and support via a secure two-way video link without them having to go to hospital.

- Consultant Obstetrician and Gynaecologist Mr Stephen Porter won a Primrose Health Professional Award in recognition of his care for patients with endometriosis. Several patients nominated him for the award which is given to professionals who show understanding and empathy and who also make a positive impact on the patients' overall well-being and outcomes.

Working with our communities

- Board members, governors and staff held a special health event in Ilkley to give Wharfedale residents the opportunity to hear about what the Trust is doing in the area, and the latest developments. Members of the public were able to attend a Board meeting to see how decisions are made by the Board and attend a Health Fair with a number of stands, including health checks and information on dementia care, rheumatology and osteoporosis, physiotherapy, the Gold Line palliative care service, and the collaborative care team.

- Community and hospital teams battled through the arctic conditions in the teeth of the 'Beast from the East' to care for patients. The community rallied round: colleagues, friends, family members and members of the public with 4x4s and even tractors helped staff to get where they needed to be.

- The theatres and endoscopy unit held their ever popular Theatres Open Day. Hundreds of people attended to have a go at fixing broken bones and see how staff replace hip, knee and shoulder joints and to use a kit for practicing keyhole surgery during the event. In the endoscopy unit visitors could use cameras to look inside a stomach, bowel, lungs and bladder and see information stands from organisations such as the Crohn's and Colitis society and the bowel cancer screening programme.

- Our midwives visited Airedale shopping centre in Keighley and invited expectant mums to call in and meet them and ask any questions to help celebrate International Day of the Midwife. Midwives were on hand to answer any questions new mums or mums-to-be had including tips on breast feeding, healthy eating, parent education classes and hypnobirthing.

- A Death Café was organised by the palliative care team as part of the national Dying Matters Awareness Week. Visitors and staff were invited to join the team in the café area for discussion about dying and bereavement.

- An Eid celebration was held to give staff the opportunity to join together with colleagues, eat some delicious food and to wish one another 'Eid Mubarak'. It was organised by Hospital Chaplain Ron Mulligan and was held after the start of the Eid celebrations, to include those staff who had taken leave to be with their families and friends.

- Our nutrition and dietetics team helped care homes to understand the nutritional needs of their patients by providing training in over 30 care homes in the Airedale, Wharfedale and Craven areas to as many staff as possible in each home.

- Over 70 people attended a special event to hear about how to live well with dementia. Specialist staff from Airedale NHS Foundation Trust and Bradford District Care Foundation Trust hosted the first in a series of new collaborative events on health topics for trust members and the public.

- A second successful nurse recruitment event was held to attract student nurses and those who wanted to return to practice.

- A special event to support people suffering from tinnitus was run by the audiology team, coinciding with Tinnitus Week. Audiologists Katie Davenport and Wendy Layard described how they support people with tinnitus, ran a question and answer session and gave out information on the condition, and on the hospital's tinnitus clinic.

- Our allied health professionals helped to organise an event in collaboration with staff in Bradford as part of an AHP celebration event. It was a great opportunity for AHPs across the district to get together, and featured key note speaker Suzanne Rastrick, as well as a whole host of information stalls and innovative discussion huddles on the day.

- The inaugural maternity open day was a great success with 100s of people coming to meet staff and find out more about the service. The open day was enjoyed by new parents, mums-to-be and families, as well as those interested in pursuing a career as a midwife.

Supporting our staff

- A team of midwives and maternity support workers won a national pedometer challenge organised by the Royal College of Midwives (RCM). The Challenge was part of the RCM's Caring for You Campaign to improve staff health and wellbeing. The winning team from Airedale was the Stork Walkers who counted 1,474,539 steps, around 700 miles, over the two weeks. The team won £100 for the RCM branch at their trust.

- Staff at Airedale Hospital held a special event to pay tribute to Jo Cox MP. Staff and volunteers were invited to take a break and come together in one of the hospital's courtyard gardens to share lunch and conversation. The Airedale Get Together was supported by Incommunities, the Bradford-based social housing provider which works closely with the Trust and who donated a picnic bench to the Hospital, which was made by their apprentices.

- The domestic staff at Airedale Hospital have shared their expertise across the country, by advising on a new national training programme for cleaning professionals across the NHS. The team have been a pilot site for the launch of the Association of Healthcare Cleaning Professionals (AHCP) Competency & Knowledge Workbook – completion of which leads to a certificate for Domestic staff and one which is recognised in the whole of the NHS.

- A new set of health care support worker apprentices started at the hospital. The apprentices will study for a diploma in health and social care and have classroom based sessions delivered by Keighley College at Airedale Hospital's site. This is a partnership venture between Airedale NHS Foundation Trust and the college's health and social care team which will guarantee the apprentices a permanent job at the completion of their apprenticeship.

- Staff created a butterfly pledge tree and hosted a marketplace event as part of Dementia Awareness week. The event was an opportunity to showcase all of the work being done to support patients including the new butterfly activity trolleys for use on the wards as well as John's campaign which promotes flexible visiting for families and carers.

- Our Right Care champions launched the Respect and Dignity campaign, which encouraged members of staff to think about how we treat our colleagues. Lunchtime learning sessions were available on topics such as resilience and wellbeing, and thank you bags were given out on the wards.

- Therapies staff hosted an Active Ageing event which was aimed at those in or approaching retirement age, and highlighted ways that people can stay active as life begins to slow down.

- The second annual Staff Sports Evening was held and a variety of highly competitive teams from across the Foundation Trust took part in traditional school sports events.

- The Flu Fighters campaign, combined with the sterling efforts of our peer vaccinators led to just fewer than 75% of our staff being vaccinated. This was excellent news for our staff, their families and above all our patients.

- Two new focus groups were established in March 2017 themed around the Foundation Trust's Right Care values with the aim of giving BAME and LGBT+ employees a voice to improving employee experience. The groups continued to meet during the year. Each focus group is sponsored by a Non-Executive Director.

Celebrating success

- The 2018 Pride of Airedale awards recognised the Trust's healthcare heroes at a special event on 8 March and was a wonderful celebration of our achievements through the year.

- Nightingales Day Nursery received a glowing OFSTED report and was rated as 'Good' in every area. The nursery was praised for its effective leadership, the quality of its teaching, the personal development, behaviour and welfare of children and for the outcomes for them when they are ready to move on to school.

- 24 members of staff with 625 years of service between them were presented with long service awards to mark and celebrate their commitment and service to the Trust, including Kaye Hammond and Lynne Sunshine who both started at Airedale in 1983.

- A very successful staff day was held to promote staff health and wellbeing and offer support and advice to staff on a range of topics including training and mentoring and also giving staff an opportunity to share their views with staff governors.

- Sir Bruce Keogh, NHS National Medical Director, paid a virtual visit to Airedale Hospital in August as part of an initiative that has seen the growing use of telemedicine in care homes around the country.

Performance

- An incredible 97% of the 24,962 patients surveyed over the last year as part of the friends and family test said that they were likely or extremely likely to recommend Airedale's services, which include outpatient clinics, inpatient services, maternity and community services.

- Our clinical research and development team saw a record increase in the number of patients taking part in clinical research. The Trust took part in 73 studies in 2017/18 with over 1,000 patients taking part.

- The vast majority of staff at Airedale Hospital would recommend the Trust to their family and friends for treatment, according to the results of the 2017 national NHS Staff Survey which also showed that staff are positive about working at the Trust. Other highlights included an improvement in overall engagement which came out above average for Trusts of a similar type; improvements in the quality of appraisals; and a significant improvement in staff feeling there is good communication between senior management and staff.

- Our infection prevention has been excellent this year. The Trust has reduced its E-coli infections by 29.2% since 2016, and is one of only 59 Trusts to have achieved a 10% or greater reduction in the onset of E-coli. The Trust also has had no cases of MRSA to date during 2017/18; and experienced a lower prevalence of norovirus during the winter period compared to national figures.

Sustainability

- The '*Friendly Coffee Shops'* at the hospital pledged to help tackle plastic pollution by setting up water refill points, so anyone can fill their water bottles for free. The idea came from the Trust's EcoawAire group who wanted to follow the example of the national Refill campaign.

Partnership working

- Throughout the year, directors have continued work to develop and strengthen partnerships with key stakeholders across the local and wider West Yorkshire health and care economies. This includes building better relationships with local primary

care federations, local providers, the local authority and providers across West Yorkshire.

- The Trust continues to be involved with new care model programme developments both locally and across West Yorkshire, including:
  - Airedale & Partners Enhanced Health in Care Homes Vanguard
  - Airedale, Wharfedale & Craven Accountable Care Programmes Board, including, West Yorkshire Association of Acute Trusts (WYAAT) and the West Yorkshire and Harrogate Health and Care Partnership (previously known as the STP).

- The chief executives and chairs of the acute provider Trusts in West Yorkshire formally endorsed the West Yorkshire Association of Acute Trusts (WYAAT) partnership, which includes hospital trusts in Airedale, Bradford, Calderdale & Huddersfield, Harrogate, Leeds and Mid Yorkshire. The chairs signed a Memorandum of Understanding, signifying agreement to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services.

Service developments and initiatives

- The Digital Airedale event saw over 100 staff along with members of the public and local students come together to discuss Airedale's future digital direction. Participants debated and voted on the art of the possible, creating considerable energy and enthusiasm in the process. The feedback from the event will feed into the Trust's Digital Strategy, which will be launched in the summer.

- The new £6m acute assessment unit opened in April 2018. The 48 bed unit will have 8 bays and 8 ensuite single rooms with facilities for carers or relatives to stay and will also have a new ambulatory lounge, for patients who need urgent assessment and treatment but don't need to be admitted to hospital. The unit is next to the Foundation Trust's emergency department allowing staff to work together more efficiently across several disciplines. Key aims of the new development are to provide better initial assessment for patients, help reduce waiting and treatment time for some patients and provide them with a better hospital experience in a modern, fit-for-purpose environment.

- Therapists used funding from a patient legacy to begin a trial to see whether offering bright red walking frames to people with visual impairments encourages them to use the walking aids and so be more active. The initiative was started at the Trust by Physiotherapist, Stacey Narey after seeing an article in a national therapy magazine on how coloured frames had been used to help patients with visual impairments and also those with dementia.

- In October we held our first ever Workforce Summit at Airedale, to look at what we can do locally to tackle the national decline in people joining the NHS workforce – an issue which is having a real impact locally. 60+ people from across the Trust got together to apply their brains to some of the big questions: who is our workforce of the future? How can we work differently? How can we sustain our services? The outputs from the day were very helpful; we now have a clearer idea of what we need to do, and we are already taking some practical steps which are beginning to make a real difference.

- Airedale's new wholly-owned subsidiary, AGH Solutions Ltd, went live on 1 March 2018. The company has taken over the running of the Trust's estates, facilities and procurement services and intends to expand its business, whilst providing employment opportunities to the local community.

Research and Development
Clinical trials are part of Foundation Trust core business. The Foundation Trust receives National Institute for Health Research (NIHR) funding to support research which forms part of the National Portfolio of studies. During 2017/18 the organisation took part in 73 clinical research studies of which 53 are on the National Portfolio and four were commercial contract trials. A total of 1,013 patients were recruited to NIHR portfolio studies during the year. Research is actively being conducted in the following specialties:

- Oncology/Haematology
- Surgery
- Renal/Urogenital
- Stroke
- Paediatrics
- Diabetes
- Maternity/neonatal
- Gastroenterology
- Obstetrics and Gynaecology
- Urology
- Critical Care
- Emergency medicine
- Rheumatology/Orthopaedics
- Cardiology
- Neurology
- Respiratory Care
- Public health
- Cross-cutting themes

Clinical research now covers all 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 culture of research and evidence-based practice 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 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. Clinical staff have also been successful in gaining publications in peer-reviewed journals and publications include Cochrane Systematic Reviews. Over the past 3 years 37 publications have been declared. Airedale has also been formally acknowledged as a contributor to studies reported in 35 publications due to the Foundation Trust's involvement in NIHR portfolio studies.

It has been demonstrated that active participation in research leads to better patient outcomes. Participation in clinical research demonstrates the commitment of the Foundation Trust to improving the quality of care offered and makes a contribution to wider health improvement. Clinical staff have to remain aware of the latest evidence supporting their practice. Engagement with clinical research also illustrates the commitment of the Foundation Trust to testing and offering the latest medical treatments and techniques.

Financial Overview
The Foundation Trust achieved a surplus of £1,625k for 2017/18. This improvement was mainly achieved by meeting the control total set by NHS Improvement and subsequent allocation of STF funding of £6,692k. This position also included a technical adjustment of £6,151k. The adjustment arose out of the Foundation Trust's annual revaluation of its land and buildings by the District Valuer.

The year-end surplus outturn, excluding the technical adjustment and STF funding, was £1,084k for the year. The underlying surplus position was £869k better than plan.

Total income from continuing activities for 2017/18 was £168.9 million. The Foundation Trust had a cash balance of £9.3 million at the close of the financial year, which included £2,350k of STF funding. This cash position supported the current investment in the Acute Assessment Unit, which opened in April 2018. An analysis of this is shown in the Consolidated Statement of Cash flows in Chapter 4.

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 £13k in the year 2017/18.

The Foundation Trust's external auditor is Grant Thornton. 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 2018/19 the Foundation Trust is planning for an underlying surplus of £0.48m. In 2018/19 the Foundation Trust has been given a control total to achieve by NHS Improvement of £5.2m of which £4.788m will again be supported by Sustainability Transformation Funds subject to the Foundation Trust delivering an agreed performance trajectory. The control total is a stretch target for the Foundation Trust and will be challenging to deliver.

The Foundation Trust is continuing to invest in increased nursing staff over 2018/19; 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 £6.3 million in 2017/18 to improve its buildings and equipment. Examples of the higher value capital expenditure schemes included: construction of a new Acute Assessment Unit at £4.2 million.

A formal cost improvement programme (CIP) was approved for 2017/18, which set targets and actions plans aimed at improving efficiency. The CIP was monitored monthly and achieved £9.8m within the financial year. Examples of the higher value schemes achieved during the year were:

- Reduction in premium costs.
- Improved partnership working
- Procurement savings.
- Income growth.

In terms of service delivery, the Foundation Trust's focus on access times has seen a number of high profile requirements delivered in 2017/2018 including:

- Most patients were treated within 18 weeks of their referral
- Despite unprecedented system wide pressures for urgent care, a large proportion of patients (93.3%) 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.
- There were no hospital acquired MRSA cases during the year.

- Performance on the majority of the national cancer standards met or exceeded the required levels.

Supported through contracts with our CCG Commissioners, the Foundation Trust delivered an increased activity income in 2017/2018 across a number of 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.

ENVIRONMENTAL MATTERS AND IMPACT ON THE ENVIRONMENT

Sustainability Report

Introduction

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources.

Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

In order to fulfil our responsibilities for the role we play, Airedale NHS Foundation Trust has created a sustainable development management plan (SDMP).

As a part of the NHS public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to supersede this target by reducing our carbon emissions 34% by 2020-21 using 2007-08 as the baseline year.

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Travel	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers impact	Yes

One of the ways in which an organisation can embed sustainability is through the use of an SDMP. An update to our SDMP is required because it has not been approved by the Board in the last 12 months.

85% of purchase transactions are completed through NHS Supply Chain - the key achievements for 2017/18 are:

- Reduced electricity consumption by 4% versus previous year – a reduction of over 328,734 kWh.
- Reduced gas consumption by 1% versus previous year – a reduction of almost 127,535 kWh.
- Increased carbon revenue ratio by 2% versus last year to -41% versus 8 years ago.
- Recycled over 1,505 tonnes, recovered over 606 tonnes and reused over 659 tonnes of waste from the NHS Supply Chain distribution network.
- Diverted 19% of total waste to energy recovery.
- Achieved 86% recycling and recovery rate for all waste created by NHS Supply Chain.
- Saved over 4,055,000 litres of water on the previous year.
- 34% of sales coming through our National Catalogue are with SMEs, exceeding government targets.

- Approximately 200 suppliers are now subject to the Labour Standards Assurance System (LSAS) contract conditions.

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our board approved plans address the potential need to adapt the delivery the organisation's activities and infrastructure to climate change and adverse weather events

One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the Sustainable Development Assessment Tool (https://www.sduhealth.org.uk/sdat/) (SDAT) tool. The last time we used the SDAT self-assessment was in May 2017 scoring 48%.

We have not assessed the social and environmental impacts for the organisation.

We have not currently issued a statement on meeting the requirements of the Public Services (Social Value) Act.

Partnerships
The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

We have not currently established any strategic partnerships in relation to sustainability.

For commissioned services, shown below is the sustainability comparator for our CCGs *(published a year in arrears)*:

Organisation name	SDMP	SDAT	SD reporting score
NHS Bradford Districts CCG	No	n/a	Good
NHS Airedale, Wharefedale and Craven CCG	No	n/a	Good
NHS East Lancashire CCG	No	n/a	Minimum
NHS Morecambe Bay CCG	No	n/a	Poor
NHS Bradford City CCG	No	n/a	Good
NHS England	n/a	n/a	n/a

More information on these measures is available here:
http://www.sduhealth.org.uk/policy-strategy/reporting/sdmp-annual-reporting.aspx
(http://www.sduhealth.org.uk/policy-strategy/reporting/sdmp-annual-reporting.aspx)

Performance

Organisation
Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. In order to provide some organisational context, the following table explains how both the organisation and its performance on sustainability have changed over time.

	2014/15	2015/16	2016/17	2017/18
Total gross internal floor space	63,030	64,929	60,808	60,808
Total number of staff employed	2,255	2,300	2,445	2,447

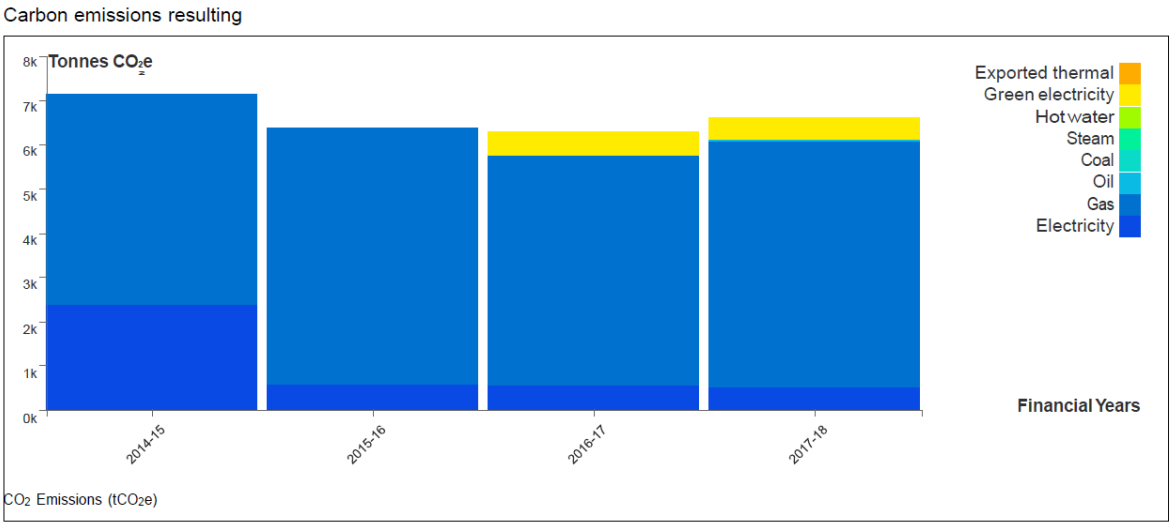
The 2014-2020 Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:

Energy

Airedale NHS Foundation Trust spent £724,000 on energy in 2017/18.

Energy Consumption (kWh	2014/15	2015/16	2016/17	2017/18
Gas consumed	22,636,157	27,616,731	24,767,816	26,206,733
Oil consumed	0	0	0	121,836
Coal consumed	0	0	0	0
Steam consumed	0	0	0	0
Hot water consumed	0	0	0	0
Electricity consumed	3,845,906	1,020,295	1,093,147	1,166,728
Green electricity	0	0	1,071,284	1,143,393
Total	26,482,063	28,637,026	26,932,247	28,638,690

Carbon Emissions



Carbon Emissions (tonnes)	2014/15	2015/16	2016/17	2017/18
Electricity	2,382	587	565	520
Gas	4,749	5,780	5,176	5,556
Oil	0	0	0	40
Coal	0	0	0	0
Steam	0	0	0	0
Hot Water	0	0	0	0
Green	0	0	554	510
Exported thermal	0	0	0	0
Total	7,131	6,367	6,295	6,626

0 % of our electricity use comes from renewable sources.

Electrical usage has reduced significantly since the introduction of the CHP plant. There are four electrical car charging points that are provided free of charge to staff, visitors and patients.

Paper

The movement to paperless NHS is being supported by staff reducing the use of paper at all levels. This reduces the environmental impact of paper, reducing cost of paper to the NHS and helping to improve information security.

Paper Consumed	2014/15	2015/16	2016/17	2017/18
Paper spend (£)	0	0	0	31,000
Paper products used (tonnes)	0	0	0	200,874

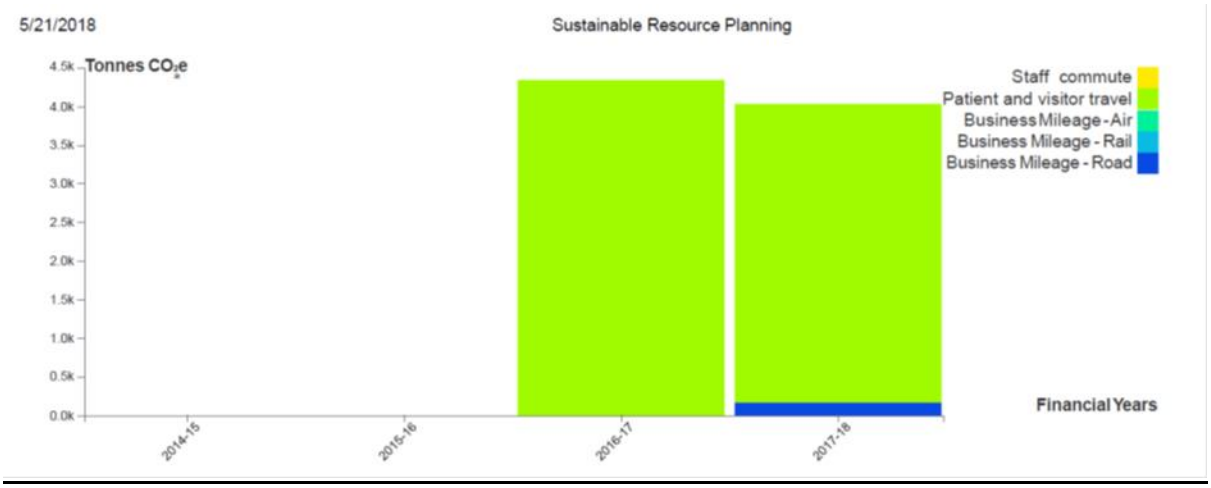
Paper use was not recorded prior to 2017/18. Printer usage is monitored by the Corporate Services Group.

Travel

We aim to improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use our services. We are a lean organisation trying to realise efficiencies for cost and carbon (CO2e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

Using the SDU Health Outcomes of Travel Tool we have calculated the total economic impact on health and society from travel we control or influence as£845,000. The hotspots have been identified and the foundation trust will look to reduce these impacts.

Travel Undertaken (miles)	2014/15	2015/16	2016/17	2017/18
Patient and visitor travel	0	0	11,989,396	10,847,993
Business travel and fleet	0	0	16	463,845
Staff commute	0	0	0	0
Total	0	0	11,989,412	11,311,838

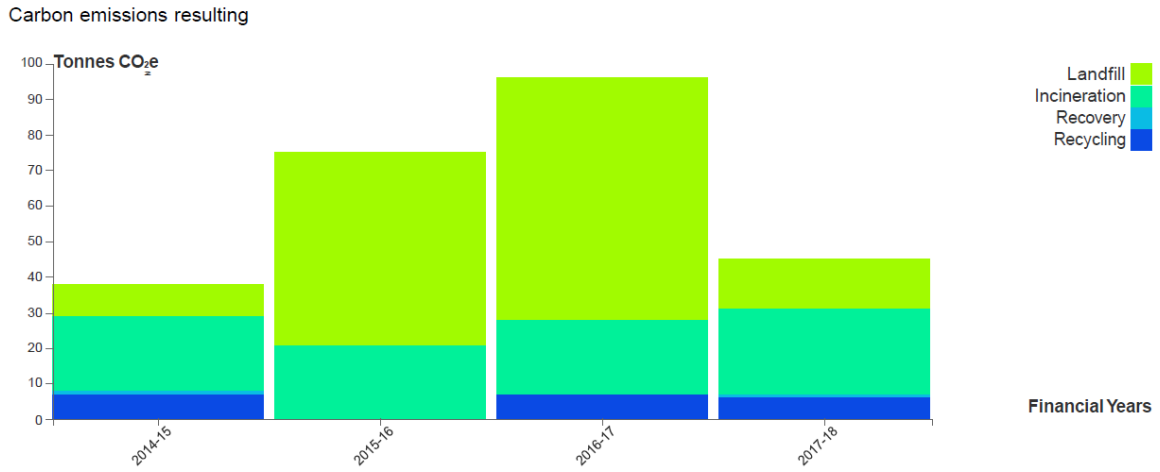


Carbon Emissions (tonnes)	2014/15	2015/16	2016/17	2017/18
Business mileage – road	0	0	0	165
Business mileage – rail	0	0	0	0
Business mileage – air	0	0	0	0
Patient and visitor travel	0	0	4,333	3,865
Staff commute	0	0	0	0
Total	0	0	4,333	4,030

Monitoring of mileage has not been recorded in the past. We are looking to introduce a scheme to reduce business mileage during 2018/19.

Waste

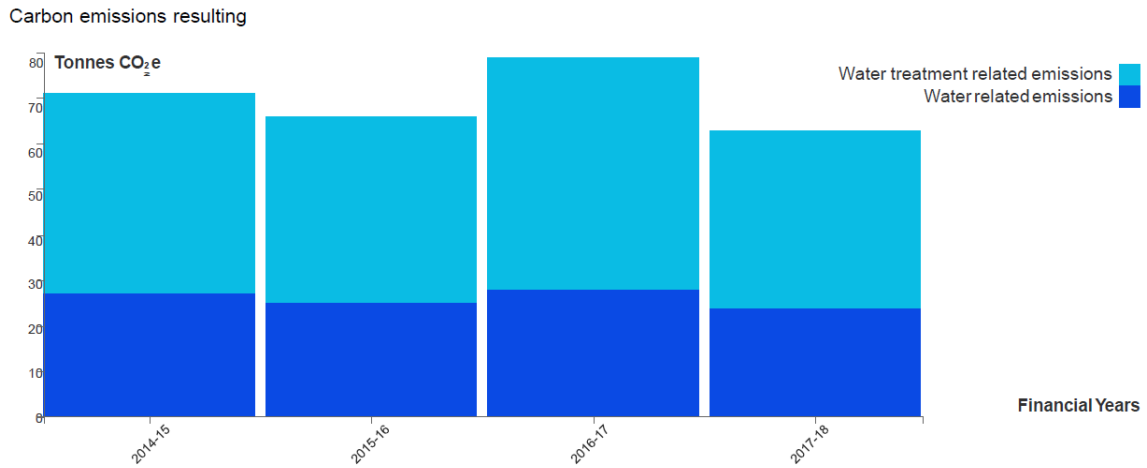
Waste Produced (tonnes)	2014/15	2015/16	2016/17	2017/18
Waste recycling weight	329	0	335	294
Other recovery weight	51	0	0	65
Incineration disposal weight	97	95	95	110
Landfill disposal weight	36	220	220	41
Total	513	315	650	510



CO_2 Emissions (tCO_2e)	2014/15	2015/16	2016/17	2017/18
Recycling	7	0	7	6
Recovery	1	0	0	1
Incineration	21	21	21	24
Landfill	9	54	68	14
Total	38	75	96	45

Finite Resource Use – Water

	2014/15	2015/16	2016/17	2017/18
Water volume (m^3)	77,128	72,479	80,148	68,610
Waste water volume (m^3)	61,702	57,983	71,377	54,888
Water and sewage cost (£)	189,767	176,314	201,891	214,806



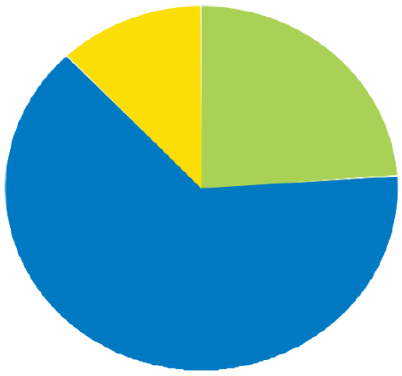
CO2 Emissions (tCO2e)	2014/15	2015/16	2016/17	2017/18
Water related emissions	27	25	28	24
Waste treatment related emissions	44	41	51	39
Total	71	66	79	63

Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report used the Estate Returns Information Collection ('ERIC') returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information estimates the impact of our supply chain from our expenditure.

More information is available here: http://www.sduhealth.org.uk/policy-strategy/reporting/nhs-carbon-footprint.aspx (http://www.sduhealth.org.uk/policy-strategy/reporting/nhs-carbon-footprint.aspx)

5/21/2018 Sustainable Resource Planning



	2017/18
Core emissions	24%
Commissioning	0%
Procurement	64%
Community	12%
Total	100%

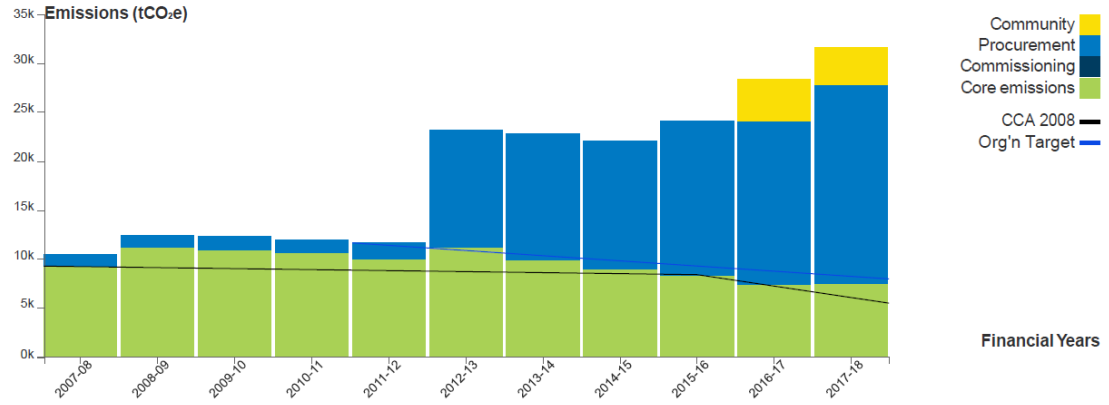
	2017/18
Core emissions	24
Commissioning	0
Procurement	64
Community	12
Total	100

E-Class Procurement Profile

Information calculated from operating expenditure of £167,000.

	2014/15	2015/16	2016/17	2017/18
Patient and visitor travel	0	0	4,333	3,865
Staff commute	0	0	0	0
Provisions - Food & Catering	34	667	177	216
Staff Clothing	37	35	47	39
Patients Clothing & Footwear	17	18	22	17
Pharmaceuticals Blood Products & Medical Gases	50	25	28	55
Dressings	1,263	736	74	517
Medical & Surgical Equipment	2,292	2,239	2,068	1,959
Patients Appliances	821	2,025	1,719	1,987
Chemicals & Reagents	426	1,507	793	783
Dental & Optical Equipment	32	164	24	14
Diagnostic Imaging & Radiotherapy Equipment & Services	22	60	63	220
Laboratory Equipment & Services	338	668	1,139	1,490
Hotel Services Equipment Materials & Services	197	334	200	2,262
Building & Engineering Products & Services	3,184	2,275	4,626	3,278
Purchased Healthcare	0	11	34	2
Gardening & Farming	19	21	67	21
Furniture Fittings	442	132	63	327
Hardware & Crockery	5	8	6	4
Bedding linen and textiles	64	58	55	46
Office Equipment Telecoms Computers & Stationery	1,957	708	1,741	1,542
Recreational Equipment & Souvenirs	7	88	71	28
Staff & Patient Consulting Services & Expenses	0	2,287	2,001	3,718
Coal	0	0	0	0
Electricity (net of any exports)	2,382	587	565	520
Gas	4,749	5,780	5,176	5,556
Oil	0	0	0	40
Thermal energy (net of any exports)	0	0	0	0
Leased Assets Energy Use (Upstream - Gas, Coal & Electricity)	0	0	0	0
Business travel and fleet	0	0	0	165
Anaesthetic Gases	1,706	1,801	1,522	1,175
Waste and Water	109	0	175	109
Commissioning	0	11	34	2
Total	20,153	22,245	26,823	29,957

Carbon emissions progress



	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Core emissions	9,278	11,201	10,836	10,628	10,063	11,222	9,864	8,946	8,308	7,438	7,565
Commissioning	0	0	0	0	0	0	5	0	11	34	2
Procurement	1,119	1,245	1,435	1,291	1,621	12,014	12,906	13,111	15,795	16,593	20,256
Community	0	0	0	0	0	0	0	0	0	4,333	3,865
Total	10,397	12,446	12,271	11,919	11,684	23,236	22,775	22,057	24,114	28,398	31,688

Emissions (tCO_2e)	2007/08	2008/09	2009/10	2010/11	2011/12
Core emissions	9,278	11,201	10,836	10,628	10,063
Commissioning	0	0	0	0	0
Procurement	1,119	1,245	1,435	1,291	1,621
Community	0	0	0	0	0
Total	10,397	12,446	12,271	11,919	11,684

Emissions (tCO_2e)	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Core emissions	11,222	9,864	8,946	8,308	7,438	7,565
Commissioning	0	0	0	11	34	2
Procurement	12,014	12,906	13,111	15,795	16,593	20,256
Community	0	0	0	0	4,333	3,865
Total	23,236	22,775	22,057	24,114	28,398	31,688

Adaptation

Events such as heatwaves, cold weather and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies such as the ambulance service, fire service, police, Bradford District Care Trust, West Yorkshire Association of Acute Trusts and commissioners.

Biodiversity Action Plan

At Airedale we encourage wards, teams and organisations to adopt a courtyard and create green spaces for the enjoyment of staff, patients and visitors. This improves the access to green space and also encourages team building and gardening, many positive comments have been received regarding this project. The gardening team have also created a wildlife walk around the gardens and staff frequently use the green space and enjoy the green space at Airedale Hospital.

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.

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. The establishment of a Youth Forum led by the Foundation Trust's Patient Experience Officer also provides the Foundation Trust with valuable insight and feedback from the young adult population. 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 Foundation Trust was supported during the year by a number of very active charities, including Friends of Airedale and Airedale NHS Charitable Funds.

During 2017/18, the charities contributed over £320,000 to the hospital. The money was used to buy a variety of equipment and services for the Foundation Trust including the following:

- ✓ Computer and software for the treatment of patients with Dementia
- ✓ Contribution to upgrade the visitor's area in the Mortuary
- ✓ Phlebotomy chairs for Pathology
- ✓ ECG machine and trolley for the Outpatients department
- ✓ Parent fold out beds for Ward 17 Children's Ward
- ✓ New car for Volunteers patient transport
- ✓ Planting and garden furniture to upgrade the courtyards
- ✓ Bariatric pneumatic post amputation mobility aid
- ✓ Upholstered chairs for Children's Outpatients
- ✓ Contribution towards the expansion of cardiology services on Ward 1
- ✓ Creation of an adolescent area on the Children's Unit
- ✓ Electronic chemotherapy chairs for HODU

Modern Slavery Act 2015
The Foundation Trust has a Board approved anti-slavery and human trafficking statement, which is published on its website.

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 NHS Improvement, 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 NHS Improvement.

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.

Chair	Mr Andrew Gold	
Chief Executive	Miss Bridget Fletcher	
Executive Directors	Ms Jill Asbury	Director of Nursing
	Mr Andrew Copley	Director of Finance
	Ms Stacey Hunter	Chief Operating Officer
	Mr Karl Mainprize	Medical Director
Non-Executive Directors	Mr Jeremy Cross	
	Professor Anne Gregory	Senior Independent Director
	Dr Maggie Helliwell	
	Mrs Lynn McCracken	Deputy Chair

The following Directors also served during the financial year 2017/18:

Non-Executive Directors	Professor Michael Luger (Chair)	up to 30 November 2017
	Mr Shazad Sarwar	up to 1 July 2017

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 NHS Improvement Code of Governance. The current and previous Chair who held office during the year ended 31 March 2018, both declared they had no other significant commitments that affected their ability to carry out their duties to the full and were able to allow sufficient time to undertake those duties.

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

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 2017/2018		
Year to 31 March 2018	**Numbers**	**Year to 31 March 2017**
39,161	Number of bills paid to date	37,287
8,863	Number of bills paid in 30 days	12,241
22.63%	Percentage of bills paid in 30 days	32.83%

Year to 31 March 2018	Values	Year to 31 March 2017
£108,152k	£k Value of bills paid to date	£76,966.9k
£67,120k	£k Value of bills paid in 30 days	£45,340k
62.06%	Percentage of bills paid in 30 days	58.99%

The Foundation Trust complied with the prompt payment code for most of the year, however, due to technical issues during Q4 2017/18 the Foundation Trust was unable to achieve the payment terms for a number of ledger payments

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 Trust's 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 2017/18 the Foundation Trust had not increased the percentage beyond the 5% threshold. The private patient income for 2017/18 was £166k (2016/17 £174k).

Statement of Disclosure to Auditors

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

- So far as each director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware; and
- 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 2017/18. 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 is registered with the CQC without conditions. The CQC has not taken any enforcement action against the Foundation Trust during 2017/18.

The Foundation Trust participated in special reviews or investigations by the CQC, details of which can be found in the Quality Report 2017/18 section 2.2.5.

In March 2017, the Foundation Trust underwent a re-inspection of those areas rated in the 2016 inspection as *'requires improvement* or *'inadequate'* as part of the CQC's inspection programme. The final report published on 20 September 2017, concluded an overall rating of '*requires improvement'* as a result of this inspection.

The Foundation Trust developed and provided a detailed action plan in response to the inspection report, which was signed-off by the CQC. The final report was shared with the commissioners and the Bradford Health and Social Care Overview and Scrutiny Committee. Progress updates have been provided to both organisations throughout the year.

The CQC reports have provided the Foundation Trust with the opportunity to engage with and implement required improvement across the organisation. A series of action plans developed by each of the Groups in response to the 'must do' and the 'should do' recommendations have been monitored throughout the year by the executive directors. The Foundation Trust established a time limited Board Sub-Committee comprising three non-executive directors, chief executive, director of nursing and the medical director which met through 2017/18 for the purpose of overseeing overall delivery of the action plan. Prior to the year-end, the Board Sub-Committee concluded that the actions arising from the 2016 inspection and the follow-up inspection in 2017 had been completed. It was agreed the Audit Committee would provide final scrutiny of the action plan to ensure the action plan is embedded prior to the Board Sub-Committee being dissolved.

An overview of the ratings is shown in the Quality Report 2017/18 section 2.2.5. The full report, can be accessed from the CQC's website at www.cqc.org.uk

Quality Governance

The Foundation Trust, led by the medical director, has reviewed the Foundation Trust's quality governance arrangements by using the Quality Governance Framework developed by NHS Improvement, 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 Foundation Trust's risk management group, Audit Committee and Board of Directors. A number of changes to the quality governance structure were implemented as a result and the revised quality governance structure is now embedded. Responsibility for the quality governance arrangements transferred during the year to the Director of Nursing.

Further details about the Foundation Trust's quality governance arrangements are included within the Annual Governance Statement in Section 7 of the Annual Report and in section 3 of the Quality 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	Quality Report section 1 Statement on Quality from the Chief Executive.

	improve patient care	
	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 Statement on Quality from the Chief Executive.
	Service improvements following staff or patient surveys/comments and CQC reports	Quality Report sections: 1. Statement on quality from Chief Executive 2. Priorities for improvement - future priorities: 2.2.5 Registration with the Care Quality Commission 2.2.9 Workforce Race Equality Standard. 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. 2.3.6 Friends and Family Test - Patient
	Information on complaints handling	Quality Report section 1 Statement on Quality from the Chief Executive. See also annual statutory Airedale NHS Foundation Trust Complaints and Concerns Annual Report 2017/18
Patient Experience	Information on patient experience surveys	Quality Report sections: 2.3.4 Responsiveness of Airedale NHS Foundation Trust to the personal needs of patients 2.3.6 Friends and Family Test - Patient 3.1 Privacy and dignity: Table 12:CQC *Inpatient Survey 2016* (published June 2017) and patient survey results for: *National Cancer Patient Experience Survey 2016* *CQC Emergency Department Survey 2016* *CQC Children and Young People Survey 2017* *CQC Maternity Survey 2017*
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: 3.2.3 Frail Elderly Pathway Team initiative (to identify frailty and enhance the care planning between health and social care); 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 plus: Quality of wound care for patients both in hospital and the community – CQUIN
	Any other public and patient involvement activities	Part 2 – How we engage with others in developing quality goals
	Consultation with local groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas.	Quality Report sections: Quality Report section 1 Statement on Quality from the Chief Executive 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 chair) being cognisant of the Board of Directors knowledge, skills and experience. The Committee also oversees the review of remuneration levels of the chair and non-executive directors. The Committee makes recommendations to the Council of Governors on the appointment of non-executive directors (including the chair) of the Foundation Trust and the chair and non- executive directors remuneration levels.

The process through which the non-executive directors are evaluated is managed by the Committee and involves seeking feedback from governors and Board Directors, as well as directly from governor members of the Appointments and Remuneration Committee. The chair conducts the non-executive director appraisals, whilst the senior independent director conducts the appraisal of the chair. The Council of Governors receives an assurance 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 employments conditions elsewhere in the Foundation Trust and in particular the increase in salary levels for staff, which for 2017/18 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 and on the basis that non-executive director fees had remained static for a number of years, the Committee recommended an increase in fees of 1% for 2017/18, which the Council of Governor's approved.

The Committee's other work during the year included reviewing its terms of reference and reviewing the role descriptions for the chair and non-executive directors to ensure they remained relevant and appropriate. It also conducted a candidate search for a successor chair following the resignation of the Michael Luger, non-executive chair. The Committee used the in-house services of the Trust's HR department and the NHSI Talent Pool to assist with the search process. The search method included on-line advertising through NHS Jobs and NHSI as well as seeking candidates via networking. The candidate search concluded successfully with the appointment of Mr Andrew Gold, an existing non-executive director with the Foundation Trust (and interim chair by virtue of his designation as deputy chair prior to Michael Luger's resignation), who was appointed with effect from 1 December 2017. As a consequence of this appointment, the ARC recommended to the Council of Governors the appointment of interim deputy chair (Jeremy Cross, non-executive director), which was approved with effect from 1 December 2017. Following the appointment of Andrew Gold as substantive chair on 19 January 2018, the ARC recommended the appointment of Lynn McCracken, non-executive director, as substantive deputy chair, which was also approved by the Council of Governors.

As part of the chair appointment process, the Committee considered the Board succession planning arrangements. In doing so the Committee offered Professor Gregory an extension of her term of office by one year from 1 June 2018, for the purpose of smoothing the number of non-executive appointments made during 2018. The Council of Governors duly approved the extended term of

office in April 2018, noting that Professor Gregory had received an appraisal within the previous three months and was deemed to have met the performance standard requirement, the independence test and fit and proper person criteria.

At the time of writing this report, the Committee had commenced a candidate search to appoint a non-executive director to fill the place vacated as a result of Andrew Gold's appointment as chair. The resulting appointment will also ensure once again that non-executive directors make up the majority of Board Directors.

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 and Board Committee chairs. The Committee's second purpose is to determine the remuneration and terms of service of Executive Directors and Associate Directors.

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 chair, 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 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 considered a report from the chief executive which summarised the performance of individual directors (including the company secretary), against their agreed objectives. In the case of the chief executive, the chair presented the performance report. The Committee then made 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 NHS Improvement 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 did not exceed the maximum increase that staff employed under Agenda for Change would have received for 2017/18.

The Committee led the search process for a successor chief executive following the announcement by Bridget Fletcher of her retirement at the end of May. The role advertised was expanded to include the dual role as chief executive, Airedale NHS Foundation Trust and Partnership Lead, Airedale, Wharfedale and Craven Partnership. The Committee commenced the recruitment process in January by commissioning Gatenby Sanderson as external recruitment consultant to conduct the search for candidates on behalf of the Trust. The chair received weekly reports from Gatenby Sanderson regarding the search process and progress in bringing forward candidates for shortlisting. The search process brought forward a good selection of candidates for review by the BART. As part of the search process, candidates had the opportunity to meet with the chief executive and chair for an informal discussion regarding the role prior to the shortlisting meeting.

The BART met in early April 2018 and shortlisted the candidates for final interview by the Trust. A representative from NHSI was present at the shortlisting meeting and provided input to the final candidates selected for interview. The interviews were held over two days and comprised a number of discussion and presentation sessions as shown below:

- Discussion with the senior leadership group including deputy medical directors, heads of nursing, assistant directors of operations, heads of community, therapies, clinical directors and other senior staff;
- Informal discussion with certain members of the Trust Board not involved already in other parts of the process;
- Presentation to a staff and governor group followed by a Q&A session. The group comprised representatives from a number of staff groups, including medical, nursing, operations, allied health professionals, health care support workers and corporate staff
- Meeting forum with external stakeholders comprising representatives from AWC CCG, Bradford District Care Foundation Trust, Modality/primary care, North Yorkshire County Council, Bradford Teaching Hospitals Foundation Trust and VCS
- Final Panel interview with the chair, senior independent director, non-executive director, medical director, and representatives from NHS Improvement and Airedale Wharfedale & Craven CCG.

The selection panel considered all the feedback from the various elements of the selection process as well as the final panel interview and agreed a recommendation to the Committee of the preferred candidate. After due consideration, the Committee agreed by unanimous decision that Brendan Brown be appointed as chief executive of Airedale NHS Foundation Trust and partnership lead. The appointment was approved by the Board of Directors at a meeting held on 16 April 2018 and the decision approved by the Council of Governors on 18 April 2018.

The terms of reference for the Committee were broadened during the year to include oversight of the process for appointing the board directors of the Foundation Trust's newly established wholly owned subsidiary. The appointments require shareholder approval and as such the Foundation Trust has delegated authority to the Committee to undertake this duty on their behalf.

The Committee also met during the year to consider the long term absence, and subsequent retirement post year-end of the associate director of strategy and partnerships and the interim arrangements to ensure the business development portfolio was managed effectively. This was achieved by the allocation of individual areas of responsibilities and ongoing projects to each of the executive directors and the associate director of HR and Workforce.

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 2017/18 to determine executive director pay.

The Foundation Trust's main principles are that executive directors' 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 (and subsequent guidance issued in February 2017), 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 2017 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 all senior managers earning more than £150,000.

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 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. 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. Base salaries of all Executive Directors are reviewed once each year.	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 maximum incremental uplift applicable to the highest paid staff on Agenda for Change. 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 above the maximum point or non-consolidated performance payments to reward exceptional performance.

		Reviews cover individual performance, experience, development in role and market comparisons.	
Annual performance related bonus	No performance related pay scheme is in operation within the Foundation Trust. All other staff are subject to Agenda for Change pay rates, terms and conditions of service, which are determined nationally.		
Long term performance related bonus	No long term performance related scheme is in operation within the Foundation Trust. All other staff are subject to Agenda for Change pay rates, terms and conditions of service, which are determined nationally.		
Pension related benefits	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	Executive Directors are entitled to join the NHS Pension Scheme. The employer's contributions are 14% of base salary. 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.	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. The current chief executive, who retires on 3 June 2018, is the only remaining executive director with a six month notice period. 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	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: ➢ 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. The Chair and Non-Executive Directors receive an annual base fee. Additional fees are paid to: ➢ Deputy Chair; ➢ Senior Independent Director; ➢ Chair of the Audit Committee; ➢ Chair of the Quality Committee; ➢ Chair of the Charitable Funds Sub-Committee, and ➢ Chair of the Trust's wholly owned subsidiary. Non-Executive Directors' fees are reviewed annually against market comparators. They were last reviewed in July 2017. Current fee levels are shown in the annual report on remuneration.
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 remuneration and person information are detailed on pages 46 and 71 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 2018 or who served as a Director of the Foundation Trust at any time during the year ended 31 March 2018, 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 Foundation Trust (months)	Notice period by the director (months)
Ms Jill Asbury	11 January 2016	Indefinite term	Not applicable	3 months	3 months
Mr Jeremy Cross	1 October 2017	3 years	30 months	3 months	3 months
Mr Andrew Copley	1 January 2013	Indefinite term	Not applicable	3 months	3 months
Miss Bridget Fletcher	3 October 2005	Indefinite term	Not applicable	6 months	6 months
Mr Andrew Gold	1 June 2016	3 years	15 months	3 months	3 months
Professor Anne Gregory	1 June 2015	3 years	0 months*	3 months	3 months
Dr Maggie Helliwell	1 June 2016	3 years	15 months	3 months	3 months
Ms Stacey Hunter	8 July 2013	Indefinite term	Not applicable	3 months	3 months
Professor Michael Luger	1 May 2014	Resigned 30 November 2017	-	3 months	3 months
Mr Karl Mainprize	3 June 2014	Indefinite term	Not applicable	3 months	3 months

Ms Lynn McCracken	1 October 2016	3 years	18 months	3 months	3 months
Mr Shazad Sarwar	1 August 2105	Resigned 1 July 2017	-	3 months	3 months

*Professor Gregory's term of office was extended for one year from 1 June 2018

A non-executive director's term of office may be terminated immediately if they commit a material breach of their obligations under their terms of appointment or under the following circumstances:

- commit any serious or repeated breach or non-observance of their obligations to the Foundation Trust (which include an obligation not to breach their duties to the Foundation Trust, whether statutory, fiduciary or common-law); or
- are guilty of any fraud or dishonesty or acted in a manner which in the opinion of the Foundation Trust acting reasonably brings or is likely to bring them or the Foundation Trust into disrepute or is materially adverse to the interests of the Foundation Trust; or
- have been convicted within the preceding 5 years of any offence if a sentence of imprisonment for a period of not less than 3 months has been imposed; or
- have been adjudged bankrupt or their estate sequestrated and (in either case) has not discharged; or
- are disqualified from acting as a director in accordance with the Airedale NHS Foundation Trust Constitution.

In such circumstances the process for termination by the Council of Governors would be in accordance with the Fit and Proper Persons Regulations and accompanying operating procedure.

Nominations Committee Membership

The Foundation Trust has two nominations committees. The Board Appointments, Remuneration and Terms of Service Committee is established for the purpose of overseeing the appointment of executive directors. The Appointments and Remuneration Committee oversees the selection process for the appointment of non-executive directors.

The members of the Board Appointments, Remuneration and Terms of Service Committee comprises the senior independent director (Committee chair), chair, chief executive (or another executive director when considering the appointment of the chief executive) and one other non-executive director. The company secretary and associate director of HR and Workforce also attended in an advisory capacity. During the year, the Committee met on ten occasions, with the chief executive attending all (or part) meetings. The meeting attendance of committee members is shown on page 75.

The members of the Appointments and Remuneration Committee comprise the Chair (Committee chair), senior independent director, non-executive director, two elected Governors, one stakeholder Governor, one staff Governor and the Lead Governor. The Company Secretary and Associate Director of Human Resources and Workforce also attended in an advisory capacity.

Expenses paid to Governors 2017/18

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.

	2017/18	**2016/17**
Number of Governors in office	24	28
Number of Governors receiving expenses	5	9
Total expenses paid to Governors*	£700	£1,800

*rounded to the nearest £100

Salaries and Allowances (for the period 1 April 2017 to 31 March 2018) (subject to audit)
Information relating to senior manager's salaries, compensations, non-cash benefits, pension compensation and retention of earnings for Non-Executive Directors payments is set out below.

Name and title	2017/18 (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
Miss Bridget Fletcher, Chief Executive	195-200	2	0	0	0	195-200
Ms Jill Asbury, Director of Nursing	100-105	0	0	0	135-137.5	240-245
Mr Andrew Copley, Director of Finance	135-140	1	0	0	62.5-65	200-225
Ms Stacey Hunter, Chief Operating Officer	130-135	2	0	0	57.5-60	185-190
Mr Karl Mainprize, Medical Director	160-165	1	0	0	32.5-35	195-200
Professor Michael Luger, Chairman	25-30	7		0	0	25-30
Mr Jeremy Cross, Non-Executive Director	10-15	6	0	0	0	15-20
Mr Andrew Gold, Non-Executive Chair	20-25	4	0	0	0	20-25
Professor Anne Gregory, Non-Executive Director	10-15	3	0	0	0	10-15
Dr Maggie Helliwell, Non-Executive Director	10-15	0	0	0	0	10-15
Mrs Lynn McCracken, Non-Executive Director	10-15	0	0	0	0	10-15
Mr M Shazad Sarwar, Non-Executive Director	0-5	1	0	0	0	0-5

Notes:
Mr Michael Luger, Non-Executive Chair to 30 November 2017
Mr Andrew Gold, Acting Chair from 1 December 2018 and Chair from 19 January 2018
Mr M Shazad Sarwar, Non-Executive Director to 1 July 2017
Ms Jill Asbury appointed Director of Nursing 7 July 2017

Salaries and Allowances (for the period 1 April 2016 to 31 March 2017) (subject to audit)
Information relating to senior manager's salaries, compensations, non-cash benefits, pension compensation and retention of earnings for non-executive directors payments is set out below.

Name and title	2016/17 (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
Miss Bridget Fletcher, Chief Executive	195-200	2	0	0	0	195-200
Ms Jill Asbury, Director of Nursing	45-50	0	0	0	0	45-50
Mr Andrew Copley, Director of Finance	125-130	1	0	0	120-122.5	245-250
Mr Robert Dearden, Director of Nursing	120-125	0	0	0	7.5–10	125-130
Ms Stacey Hunter, Chief Operating Officer	120-125	2	0	0	87.5-90	205-210
Mr Karl Mainprize, Medical Director	160-165	1	0	0	32.5-35	190-195
Professor Michael Luger, Chairman	40-45	7	0	0	0	40-45
Mr Jeremy Cross, Non-Executive Director	10-15	5	0	0	0	10-15
Mr Ronald Drake, Non-Executive Director	0-5	0	0	0	0	0-5
Mr Andrew Gold, Non-Executive Director	10-15	2	0	0	0	10-15
Professor Anne Gregory, Non-Executive Director	10-15	4	0	0	0	10-15
Dr Maggie Helliwell, Non-Executive Director	10-15	0	0	0	0	10-15
Mrs Sally Houghton, Non-Executive Director	0-5	0	0	0	0	0-5
Mrs Lynn McCracken, Non-Executive Director	5-10	1	0	0	0	5-10
Mr M Shazad Sarwar, Non-Executive Director	15-20	3	0	0	0	15-20

Notes:
Ms Jill Asbury, Interim Director of Nursing from 3 October 2016
Mr Rob Dearden, Director of Nursing to 31 January 2017
Mr Ronald Drake, Non-Executive Director to 31 July 2016
Mr Andrew Gold, Non-Executive Director from 1 June 2016
Dr Maggie Helliwell, Non-Executive Director from 1 June 2016
Mrs Sally Houghton, Non-Executive Director to 31 May 2016
Ms Lynn McCracken, Non-Executive Director from 1 October 2016

No executive directors are non-executive directors of any other organisation, other than Stacey Hunter who is a non-executive director of the Forget-Me-Not Children's Hospice Limited. No former senior manager received compensation in the period 1 April 2017 to 31 March 2018. Premia payments are paid to non-executive directors for their appointments as chairs of the Board Sub-Committees and for the roles of deputy chair and senior independent director.
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.
Bridget Fletcher withdrew from the pension scheme in 2013/2014.

Pension Benefits as at 31 March 2018 (subject to audit)

Name and title	**Real increase in pension at age 60** (bands of £2500 £000	**Real increase in pension lump sum at age 60** (bands of £2500) £000	**Total accrued pension at age 60 at 31 March 2018** (bands of £5000) £000	**Lump sum at age 60 related to accrued pension at 31 March 2018** (bands of £5000) £000	**Cash equivalent transfer value at 31 March 2018**) £000	**Cash equivalent transfer value at 31 March 2017**) (bands of £5000) £000	**Real increase in cash equivalent transfer value** £000	**Employers contribution to stakeholder pension** (to nearest £100) £00
Miss Bridget Fletcher Chief Executive	0	0	65-70	200-205	1335	1322	13	0
Ms Jill Asbury Director of Nursing	5-7.5	135-137.5	30-35	95-100	594.5	588	6.5	0
Mr Andrew Copley Director of Finance	2.5-5	2.5-5	45-50	135-140	858	850	8	0
Ms Stacey Hunter Chief Operating Officer	2.5	2.5-5	30-35	80-85	479	475	4	0
Mr Karl Mainprize Medical Director	2.5-5	0-2.5	55-60	100-105	810.6	802	8.6	0

Notes:
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.

Fair Pay Information (subject to audit)
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 2017/18 on an annualised basis. This information, with comparatives for last year, is shown below.

	2017/18	2016/17
Median remuneration of staff	£26,614	£23,363
Mid-point of banded remuneration of the highest paid Director	£242,500	£247,500
Ratio	9:1	10:6

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

Andrew Copley, Acting Chief Executive
On behalf of Bridget Fletcher, Chief Executive

30 May 2018

SECTION 3 - STAFF REPORT

Analysis of Staff Costs (subject to audit)

An analysis of staff costs is shown below. The information is split between permanently employed, defined as staff with a permanent (UK) employment contract directly with the Foundation Trust and other staff, defined as staff engaged on the objectives of the entity that do not have a permanent (UK) employment contract with the Foundation Trust. This information includes employees on short term contracts of employment, agency/temporary staff, locally engaged staff overseas, and inward secondments from other entities.

	2016/17 12 months			2017/18 12 months		
Employee expenses	**Total**	**Permanently employed**	**Other**	**Total**	**Permanently employed**	**Other**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Salaries and wages	83,017	81,945	1,072	88,038	86,937	1,101
Social security costs	8,283	8,283	0	8,447	8447	0
Employers contributions to NHS Pensions Agency	10,799	10,799	0	10,873	10873	0
Apprenticeship levy	0	0	0	462	462	0
Agency/contract staff	5,507	0	5,507	3,340	0	3,340
NHS Charitable Funds staff	35	35	0	0	0	0
TOTAL	107,641	101,062	6,579	111,160	87,399	4,441

Analysis of Staff Numbers (subject to audit)

An analysis of staff numbers is shown below. The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the weeks in the financial year

	2016/17			2017/18		
Average number of employees*	**Total Number**	**Permanently employed Number**	**Other Number**	**Total Number**	**Permanently employed Number**	**Other Number**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Medical and Dental	234	234	45	276	251	25
Administration and Estates	491	491	26	557	557	0
Healthcare assistants and other support staff	472	472	54	614	587	27
Nursing, midwifery and health visiting staff	718	718	59	751	680	71
Scientific, therapeutic and technical staff	418	418	0	412	412	0

Other	21	21	0	0	0	0
TOTAL	2,538	2,354	184	2610	2487	123

***WTE = whole time equivalent

At the year end the Board of Directors comprised six female directors and four male directors. The Foundation Trust employed 2,633 (primary assignment only, permanent and fixed term contracts) staff comprising 2,205 female staff and 428 male staff.

Analysis of Sickness Absence (subject to audit)

The Foundation Trust continues to develop the overall health and wellbeing of its workforce, and management of sickness absence. The sickness absence rate for 2017/18 is shown below. The average annual sick days per full time equivalent (FTE) for 2016/17 was 9.5 days.

Statistics published by HSCIC from ESR data warehouse				
Average FTE	**Adjusted FTE sick days**	**FTE days available**	**FTE days recorded sickness absence**	**Average annual sick days per FTE**
2,457	23,325	896,738	37,839	9.5

Source: Health & Social Care Information Centre (HSCIC) using data drawn for January 2017 to December 2017 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 form calendar days to working days lost.

Staff Policies and Actions

Maintaining employee health and wellbeing remains a key priority for Foundation Trust's ambitions of enabling employees to deliver high standards, high quality, and safe patient outcomes in an environment which provides a positive experience for all our patients and visitors. The Foundation Trust has an established Employee Health and Wellbeing service that provide direct support to employees and their services can be accessed through either a management or self-referral route.

The range of services by provided by our Employee Health and Wellbeing team provides staff with immunisation advice at a pre-employment stage right through to specialist advice on back care and ergonomic advice and this includes fast track access to physiotherapy. The Employee Health and Wellbeing team offer all Trust the opportunity to take the flu vaccine and in this year 74.5% of clinical staff participated in the annual programme.

The Foundation Trust actively promotes an employee assistance programme (EAP) and this offers a multichannel service including 24 hour 7 days a week telephone helpline which is supported by a dedicated website and direct email access to their specialist advisors. Within this service employees can seek mental health support; be signposted to other local services and receive if appropriate up to six sessions of telephone counselling and/or face to face counselling.

The Employee Health and Wellbeing team have appointed a dedicated occupational therapist to support individuals with work related stress to prevent absences from work and to support staff back into work. The therapist works with the employee in considering current barriers that they face and by promoting self-management strategies to support work attendance and performance and their overall health and wellbeing.

Mental health has become a significant cause of sickness absence for the Trust and to support staff a Day One referral service has been introduced to provide a same day service for anyone experiencing mental health or work related stress issues. To complement this offer additional training for managers has been given to raise awareness and provide staff with the appropriate support.

Within this year the Employee Health and Wellbeing Service has engaged the services of Remploy to provide access to a Work Mental Health Support Service directly from their facility. This support is available to individuals who are experiencing difficulties at work due to depression, anxiety, stress

and/or other mental health conditions and complements the services provided by the Employee Health and Wellbeing team.

The Foundation Trust continues to provide an Employee Wellness Programme as part of the People Plan. This wellness programme called 'Airefit', through a team of coaches, offers employees the opportunity to measure their level of fitness and have their height, weight and body fat checked. The coaches are trained to give lifestyle advice and direct colleagues to various programmes to improve their level of fitness and wellbeing. As part of this programme employees can also participate in zumba, pilates and circuit training. The Foundation Trust has weekly running and cycling clubs which are available to all employees and following a successful bid to the staff lottery, five bikes were purchased to make the cycles more accessible to those who cannot physically bring their bike into work.

We know that employees attend various types of weight management classes in their own time. The Foundation Trust is working with ABL Health who is funded by Bradford Council to provide a community weight management programme across large employers and have offered this scheme to our staff throughout the year.

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

In addition to the approach to employee health and well- being set out above, the Foundation Trust has also introduced resilience training and continued with pulse surveys and director listening sessions, supplemented by regular walk arounds to hear employee's views. The Foundation Trust appointed a Guardian of Safe Working and a Freedom to Speak Up Guardian in 2017 and the process of reporting concerns is now well embedded. Regular reporting to the Board of Directors is also in place.

The Foundation Trust's Reward and Recognition Scheme is now embedded with 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 Foundation Trust for over 25 years. The Foundation Trust's fourth Annual Pride of Airedale Awards Event was held in March 2018 to recognise the contributions and achievements of employees. This was very well received with over 250 nominations and 14 individual and team award winners and many other teams and individuals being commended for their achievements.

The Foundation Trust has continued to invest in developing its current and future leaders. With the Rising Stars and line management essentials programmes; the Right Care New Leaders Programme; and coaching and mentoring for senior leaders. A Master's level programme for senior leaders- Right Care Senior Leaders - was rolled out in 2017/18.

The Foundation Trust has continued to improve and modernise its approach to recruitment, with more use of social media; 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 new recruits and timescales for recruitment. In addition, work is underway to design the workforce of the future, with new roles, for example, advanced practitioners and nurse associates being deployed in the Foundation Trust; and the implementation of the Foundation Trust's new apprenticeship programme for health care support workers and other groups of employees.

Following a Trust-wide engagement exercise, the Foundation Trust developed and launched a set of 'Right Care Behaviours' in 2017 which are now used in development, appraisals and talent management discussions between employees and line managers. The Foundation Trust has further extended the use of 'Right Care Behaviours' into the recruitment process and forms part of the criteria for employing new staff.

The Human Resources (HR) and Workforce Development Service has 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 HR policies have been equality impact assessed. The associate director of human resources and workforce facilitated the establishment of a disability focus group to identify and take action to improve the experience of disabled staff. In 2016 this group organised the first Trust Disability Awareness Week to raise awareness of disability and workplace support. The work of the group is now well established. The head of employee health and wellbeing has also taken on a wider role to support managers and employees make timely reasonable adjustments to the workplace environment.

Equality Delivery System

The Foundation Trust is committed to being an inclusive provider and employers.

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

- Pride of Airedale Quality Improvement Awards
- Promotion of Right Care Behaviours
- Diversity stands and presentations

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 as an employer. The commitment to the NHS Equality Delivery System and delivering actions as part of the Workforce Race Equality Standard are key elements of this strategy.

The establishment of several focus groups during 2017 to promote awareness of equality in the workplace has enabled employees to share their experiences of working at Airedale and as resulted in the development of actions plans relating to the Workforce Race Equality Standard and disability. The focus groups, each sponsored by a non-executive director are themed around the Foundation Trust's Right Care values and aim to give BAME, LGBT and disabled employees a voice in helping shape the Foundation Trust's approach to improving employee experience. A Gender Focus Group is also being established to address issues relating to the gender pay gap reports and employee experience. All this work is overseen by an Inclusion Implementation Group chaired by the director of nursing and director of human resources and workforce.

Employee Engagement and Relations

The Foundation Trust recognises that a high level of employee engagement is crucial to improving the patient experience. The Foundation Trust has a formal partnership agreement in place with the unions and staff organisations representing employees. 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 currently has four staff governor seats, which represent the views of staff on the Council of Governors and Trust working groups.

Local employee surveys – called 'pulse surveys' are distributed throughout the year to measure employee satisfaction and monitor 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' to meet with employee 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 is reported to and monitored by the executive directors group.

The executive directors have also initiated a formal programme of weekly walkrounds to front-line ward and support service areas. These walkrounds are held prior to the executive directors' group meeting and feedback is presented immediately to executive colleagues enabling any concerns to be addressed as soon as practicable.

STAFF SURVEY

The 2017 annual survey of NHS staff was conducted in October to December 2017. A summary of performance is as follows:

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

Top Ranking Scores	2016 Trust Results	2017 Trust Results	2017 National Average	Trust Improvement/Deterioration
KF28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in last 12 month	27%	24%	31%	Improvement
KF23 Percentage of staff experiencing physical violence from staff in last 12 months	1%	1%	2%	No Change
KF22 Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	12%	11%	15%	No Change
KF25 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months	24%	23%	28%	No Change
KF20 Percentage of staff experiencing discrimination at work in the last 12 months	9%	8%	12%	No Change

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

- KF11 – Percentage of staff appraised in last 12 months
- KF21 – Percentage of staff believing the organisation provides equal opportunities for career progression/promotion
- KF17 – Percentage of staff feeling unwell due to work related stress in last 12 months
- KF18 – Percentage of staff attending work in last 12 months despite feeling unwell because they felt pressure
- KF15 – Percentage of staff satisfied with the opportunities for flexible working patterns
- KF16 – Percentage of staff working extra hours
- KF7 – Percentage of staff able to contribute towards improvements at work
- KF6 – Percentage of staff reporting good communication between senior management and staff

- KF26 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- KF12 – Quality of appraisals
- KF13 – Quality of non-mandatory training, learning and development
- KF30 – Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- KF31 – Staff confidence and security in reporting unsafe clinical practice
- KF19 – Organisation and management interest in and action on health and wellbeing
- KF1 – Staff recommendation of the organisation as a place to work or receive treatment
- KF4 – Staff motivation at work
- KF8 – Staff satisfaction with level of responsibility and involvement
- KF9 – Effective team working
- KF5 – Recognition and value of staff by managers and the organisation
- KF32 – Effective use of patient/service user feedback

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

Top Ranking Scores	2016 Trust Results	2017 Trust Results	2017 National Average	Trust Improvement/Deterioration
KF27 Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	41%	39%	45%	No Change
KF2 Staff satisfaction with the quality of work and care they are able to deliver	3.86	3.85	3.91	No Change
KF14 Staff satisfaction with resourcing and support	3.27	3.25	3.31	No Change
KF3 Percentage of staff agreeing that their role makes a difference to patients/service users	89%	89%	90%	No Change
KF24 Percentage of staff/colleagues reporting most recent experience of violence	57%	65%	66%	No Change

Each Trust received an overall indicator of staff engagement. The Foundation Trust's score in 2017 was 3.85 (out of 5) compared to 3.81 in 2016. The overall engagement score is above (better than) 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, areas of focus have been agreed with the Board of Directors, though many of the key actions needed are included in the Foundation Trust's People Plan.

Consultancy Costs
Expenditure on consultancy costs for 2017/18 was £1.027m compared with £509,000 for 2016/17.

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 2018 cost in excess of £58,000 per annum or for new engagements during the period

between the 1 April 2017 and 31 March 2018 cost more than £245 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 if it had any engagements which met the disclosure requirements. The Foundation Trust can confirm that it had no engagements requiring disclosure.

Off-Payroll Engagements as of 31 March 2018, for more than £245 per day and that last longer than six months

Number of existing engagements as of 31 March 2018	0
Of which……	-
Number that have existed for less than one year at time of reporting.	-
Number that have existed for between one and two years at time of reporting.	-
Number that have existed for between two years and three years at time of reporting.	-
Number that have existed for between three and four years at time of reporting.	-
Number that have existed for four or more years at time of reporting.	-

New off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
Of which:	
Number assessed as within the scope of IR35	-
Number assessed as not within the scope of IR35	-
Number engaged directly (via PSC contracted to Trust) and are on the Trust's payroll	-
Number of engagements reassessed for consistency/assurance purposes during the year	
Number of engagements that saw a change to IR35 status following the consistency review	-

Off-Payroll Engagements of Board Members, and/or, senior officials with significant responsibility, between 1 April 2017 and 31 March 2018

Number of off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'Board members and/or senior officials with significant responsibility' during the financial year.	0

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.

Payments for Loss of Office (subject to audit)

There were no payments for loss of office or payments to past senior managers during the year. No service agreement includes any provision for the payment of compensation for loss of office

Exit Packages	**2017/18**		**2016/17**	
Exit package cost band	**Number of agreed departures**	**Cost of departures £000's**	**Number of agreed departures**	**Cost of departures £000's**
<£10,000	0	0	3	21

£10,000 - £25,000	1	21	8	134
£25,001 - £50,000	1	38	13	500
£50,0001 - £100,000	2	123	1	56
>£100,000	1	116	0	0
TOTAL	5	298	25	711

Note: There were no compulsory redundancies. The payments made to staff were in line with Trust policy.

Additional Analysis	**2017/18**		**2016/17**	
	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	19	586
Mutually agreed resignations contractual costs	1	21	6	125
Early retirements in the efficiency of the service contractual costs	0	0		0
Contractual payments in lieu of notice	1	71	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	2	92	25	711

SECTION 4 - ASSESSMENT AGAINST THE NHS IMPROVEMENT 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 Chair, 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;
- 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;
- Board Appointments, Remuneration and Terms of Service Committee for Executive Directors;
- Appointments, Remuneration and Terms of Service Committee for Non-Executive Directors;
- 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 the 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 NHS Improvement 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, except for one digression in relation to the composition of non-executive directors for a period from December 2017. The resignation of the non-executive chair on 30 November 2017 resulted in an equal number of

executive directors and non-executive directors. The recruitment of a non-executive director to fill the vacancy is ongoing with an appointment anticipated by the end of June.

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 NHS Improvement's website at www.improvement.nhs.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 in each constituency at 31 March 2018 is shown below.

Member Constituency	**Number of Members**
Bingley	768
Bingley Rural	422
Craven	889
Ilkley	504
Keighley East	815
Keighley Central	969
Keighley West	732
Wharfedale	524
Worth Valley	590
Skipton	1029
Settle and Mid-Craven	586
South Craven	751
West Craven	564
Pendle East and Colne	452
Rest of England	1652
Staff	2,325
Total number of Foundation Trust members	**13,572**

Public Member Constituency
The Foundation Trust has 15 public member constituencies, split in to the neighbourhood wards of Bradford Council, Craven Council and Pendle Council. A 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 2018 the Foundation Trust had 11,247 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 currently 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; 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 2018, the Foundation Trust had over 2,300 staff members. Following the establishment of Foundation Trusts' wholly owned subsidiary, AGH Solutions Limited, staff transferring to the subsidiary were no longer eligible to be classed as staff members and were therefore offered the opportunity to become public members.

Constitution Changes
A review of the Constitution was undertaken during the previous year. This followed a self-assessment by Governors of the performance of the Council. The main changes included a reduction in the size and composition of the Council.

As part of the consultation process with Governors, it was agreed to implement the changes on a phased approach as shown below.

2017 Removal of duplicated (vacant) seats – Keighley Central, Skipton, West Craven and Nurses & Midwives
Removal of Volunteers, Craven DC and University of Leeds
2018 Removal of duplicated seat – South Craven
Merger of Keighley Central and Keighley East seats
2019 Merger of Keighley West and Worth Valley seats
Merger of Ilkley and Wharfedale seats

Membership Strategy
Both the Board of Directors and Council of Governors agree that an active and engaged membership and public will continue to enhance the development of the Trust's strategic objectives

in delivering high quality care, working with partners to deliver integrated care and to ensure clinical and financial sustainability.

The Membership Development 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; and
- Ensure a continuous approach to the development of the membership in terms of both numbers and level of engagement.

In 2018/2019, 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. The aim of the Membership Engagement Strategy will be to support the Foundation Trust's engagement strategy by enabling Governors to participate fully in the hospital's events. Collecting feedback through these events will also facilitate the future development of the Foundation Trust's services as part of the annual planning process and help Governors to fulfil their role of engaging with their community and membership. To enable this to happen, the Membership Engagement Strategy will link more closely with the Patient Experience and Engagement Strategy.

Membership Development Group

This Group is responsible for developing the membership by recruitment, retention, communication and engagement. The Group meets bi-monthly and was involved in the following membership activities, amongst others, in 2017/18:

- attending several open events at the hospital including maternity department showcase and theatres and endoscopy open day;
- 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; and
- engaging with members and the public in the community via community events.

An annual report from the Membership Development Group is reviewed at the Council of Governors prior to being presented at the Annual Members Meeting. The annual report includes analyses on the membership age, ethnicity and gender by constituency and details the level and effectiveness of member engagement.

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 2017/2018 the strategy's aim was to ensure overall membership numbers were maintained, whilst focussing on those areas where membership was under represented i.e. 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 2017 we held our Board of Directors meeting with a listening event and health fair, at Ilkley. The event was arranged to engage with patients, public and members. After the Board meeting the public were given the opportunity to ask questions of the Board. A health fair was also provided with displays from hospital staff which was also supported by local organisations.

The annual members' meeting was held on 27 July 2017.

A number of events and open days organised by the hospital were advertised to members. These included a talk on dementia, run in collaboration with Bradford District Care Foundation Trust and open days focussing on the work of our Theatres Department and Maternity Services. They provide all members with opportunities to gain more of an insight into how our services operate. At each of these events members were 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 advertised the governor email addresses on our website to encourage our members to contact their governor with any feedback.

Our 'Interested in becoming a Governor?' event organised in the run-up to the June 2017 governor elections offered the opportunity for members to find out about the role of a governor in more detail. A drop-in session was held for members to learn more from our current governors on the role and responsibilities of a governor, the election process and what happens once governors are elected.

This year we signalled to our members that we would be focussing communications through digital medium via email and our website. We surveyed our members prior to implementing changes to seek their views and for the purpose of increasing the number of member email addresses retained on the Foundation Trust's membership database. The vast majority of respondents were positive about the move to e-communications and welcomed the positive environmental impact it would have on reducing paper based communication. The new approach has enabled more direct and timely news items about the hospital and its services to be emailed to members, and also given members a more readily available channel of communication for members to respond to the Trust.

This year we have continued our engagement with young people via local colleges and by holding events for young people such as the Theatres open day.

During the year, the Foundation 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. Plans are in place to repeat the event again.

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 2017/18, 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 and via direct contact with

governors. These views were collated and presented to the Board by the governors in December 2017 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 2018. 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 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.

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 various open days taking place throughout the year at the hospital, for example showcasing the work of the Theatres and Maternity departments. The annual staff event also gives staff an opportunity to meet with the staff governors 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 Foundation 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 currently comprises 24 governor seats – 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 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.

During 2017/18 there were 20 governor seats elected by our members (including staff members) who represent the following constituencies (groups):

- Bradford Metropolitan District Council (nine Governors)
- Craven District Council (four Governors)
- Pendle Borough Council (two Governors)
- Rest of England (one Governor)
- Staff (four Governors)

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

The size and composition of the Council of Governors changed with effect from 1 June 2017 as outlined in the section *'Constitution Changes'*.

The annual ballot of governors for the appointment of a lead governor and deputy lead governor was held during the year. Mr Jerry Stanford, governor for Pendle East and Colne, was duly elected as lead governor, and Mrs Linda Dobson, governor for Keighley West was elected as deputy lead governor.

A joint meeting with the Board of Directors is normally held twice yearly to review progress on the Foundation Trust's Annual Plan and to consider priorities for the forthcoming year. The Council of Governors presented their feedback to the Board at a Board to Council meeting in December 2017. The Board responded to the Council of Governors on that feedback at a meeting in March 2018. This gave the Board of Directors the opportunity to reflect on the governor feedback and present the draft Annual Plan prior to the submission in April 2018. 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 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. As there were no new public Governors elected in 2017, the induction programme did not run. Other 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 Foundation 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. Governors have also participated in seminars and workshop sessions organised by the West Yorkshire and Harrogate Health Care Partnership.

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 re-appointed Professor Anne Gregory, non-executive director, as the senior independent director.

Professor Anne Gregory is the senior independent director whose role it is to make herself available to governors if they have concerns, which contact through the normal channels of chair, 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 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 2017/18 is shown on pages 66 and 67.

The Board of Directors' and Council of Governors

Detailed below is a summary of the key roles and responsibilities of the Council of Governors and a description of how the Board of Directors and Council of Governors work together in the best interests of the Foundation Trust.

The Council of Governors is constituted in accordance with the Foundation Trust's Constitution and Standing Orders of the Foundation Trust. The Council of Governors complies with the NHS Foundation Trust Code of Governance in which the Governor statutory duties are set out. The Council of Governors does not undertake the operational management of the Foundation Trust; rather they act as a link between members, patients, the public and the Board of Directors, providing an ambassadorial role in representing and promoting the Foundation Trust

The Foundation Trust's governance structure is established to ensure the Council of Governors meets their statutory duties. The Council of Governors primary statutory duty is to hold the non-executive directors individually and collectively to account for the performance of the Foundation Trust; and represent the interests of the members of the Foundation Trust as a whole and the interest of the public. Examples of governor's fulfilling their statutory duties during the year include approving the appointment of the non-executive chair, deciding the remuneration of the non-executive directors, receiving the annual accounts, external auditor's reports and annual reports and providing their views to the Board of Directors on the Foundation Trust's forward planning.

The Council of Governors has agreed a Code of Conduct setting out their role and responsibilities as well as personal conduct. A separate dispute resolution procedure exits for the purpose of resolving any disputes that may arise between the Board of Directors and Council of Governors, which could ultimately may be referred to the NHS Improvement Panel for adjudication.

The Council of Governors represents the interests of the Foundation Trust members and the general public. They have an important role to play in acting as the eyes and ears of the membership, providing an external view over how the Foundation Trust is managed and being assured about the way services are being delivered.

The Council of Governors meets four times a year for the purpose of receiving briefings from the executive directors on matters of strategic importance, finance and performance and quality and safety. Additional meetings are also called if there are matters requiring approval by the Council of Governors e.g. non-executive director appointments, for which a delay may be detrimental to the process. The non-executive directors attend Council of Governors meetings. During the year, the format of the Council agenda changed so that non-executive directors report on the work of each of the committees they chair; the purpose of which is to support Governors in their role of holding non-executive directors to account.

The full Board of Directors meet 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 Two Year Operational Plan 2018/19 to 2019/20. This was achieved by the governors feeding back the views and comments received throughout the year from Foundation Trust members and members of the public.

The chair, who chairs both the Board of Directors and the Council of Governors, ensures synergy between the two Boards through regular meetings and briefings.

The directors (both executive and non-executive) meet regularly with governors during their day to day working through committee meetings, working group meetings, network sessions, chair'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. Ad-hoc meetings with governors have been held during the year to brief governors on matters concerning service delivery in specific localities.

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.

Although meetings of the Board of Directors are held in public and governors can and do attend, the chair provides a Board of Directors feedback session for governors at their monthly network meetings. The chair 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 development of informal meetings and presentations between the non-executive directors and governors is continuing to extend the governors' knowledge of the role of the non-executive directors in response to the Health and Social Care Act 2012 and the governors' statutory responsibility to hold the non-executive directors to account.

The Board of Directors is collectively responsible for exercising all of the powers of the Foundation Trust; however, it has the option to delegate these powers to senior management and other committees as set out in the Scheme of Delegation. The Board of Directors meets in public nine times a year, and in recent years has held one if its meetings in the local community. The Board's role is to provide active leadership within a framework of prudent and effective controls which enable risk to be assessed and managed. The Board is responsible for the allocation of resources to support the achievement of organisational objectives, ensure clinical services are safe, of a high quality, patient focused and effective.

The Board of Directors ensure high standards of clinical and corporate governance and, along with the Council of Governors, engages members and stakeholders to ensure effective dialogue with the communities it serves.

The Board is accountable to stakeholders for the achievement of sustainable performance and the creation of stakeholder value through development and delivery of the Foundation Trust's long term *'Right Care'* vision and strategy. The Board ensures that adequate systems and processes are maintained to deliver the Foundation Trust's annual plan, deliver safe, high quality healthcare, measure and monitor the Foundation Trust's effectiveness and efficiency as well as seeking continuous improvement and innovation.

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

Attendance of Governors and Directors at Council of Governors meetings 2017/18

Public Governors	**Tenure**	**Constituency**	**Meetings attended**
Public Elected Governors			
Peter Allen	Re-elected 1 June 2016	Skipton	0/4
Peter Beaumont	Re-elected 1 June 2016	Wharfedale	3/4
Margaret Berry	Elected 1 June 2016	South Craven	4/4
John Bootland	Re-elected 1 June 2017	Keighley Central	3/4
Martin Carr	Elected 1 June 2016	Craven	4/4
David Child	Re-elected 1 June 2016	Bingley	3/4
Linda Dobson	Elected 2 June 2015	Keighley East	3/4
Vacant seat	-	Rest of England	-
Paul Maskell	Elected 2 June 2015	West Craven	3/4
Vacant seat	-	Keighley West	-
David Pearson	Elected 2 June 2015	South Craven	4/4
John Roberts	Re-elected 1 June 2016	Worth Valley	4/4
Jerry Stanford	Elected 1 June 2016	Pendle East and Colne	3/4
Pat Taylor	Elected 1 June 2016	Settle and Mid Craven	2/4
Pat Thorpe	Re-elected 1 June 2016	Bingley Rural	4/4
Bryan Thompson	Elected 1 June 2016	Ilkley	3/4
Stakeholder Governors	**Tenure**	**Constituency**	**Meetings attended**
Appointed Governors			
Cllr Robert Heseltine	Re-appointed 2 June 2016	North Yorkshire County Council	3/4
Cllr Wendy Hull	Appointed 11 June 2015 (to May 2017)	Craven District Council	0/1
Naz Kazmi	Re-appointed 2 June 2016	Voluntary Sector	0/4
Cllr Ken Hartley	Re-appointed 2 June 2016	Pendle Borough Council	1/4
Pauline Sharp	Re-appointed 2 June 2016 (to 31 May 2017)	Bradford Metropolitan District Council	1/1
Cllr Doreen Lee	Appointed 1 June 2017 (to 02.11.17)	Bradford Metropolitan District Council	0/3
Staff Governors	**Tenure**	**Constituency**	**Meetings attended**
Staff Elected Governors			
Ben Grange	Elected 1 June 2016 (to 26.10.17)	Allied health professionals and scientists	2/3
Rachel Binks	Elected 1 June 2014 (to 31.05.17)	Nurses and Midwives	1/1
Annette Ferrier	Elected 1 November 2017	Allied health professionals and scientists	1/1
Tom Hollins	Elected 1 June 2014	Doctors and Dentists	3/4
Madi Hoskin	Elected 1 June 2016	All other staff	2/3
Richard Jackson	Elected 1 November 2017	Doctors and Dentists	1/1
Denise Todd	Elected 1 November 2017	Nurses and Midwives	0/1
Mike Yates	Elected 1 June 2014 (to 31.05.17)	Volunteers	0/1
In addition the Council of Governors meetings were attended by the following Directors:			
Non-Executive Directors	**Role Title**		**Meetings attended**
Michael Luger	Chairman (to 30.11.17)		3/3
Jeremy Cross	Non-Executive Director		0/4

Andrew Gold	Non-Executive Director	4/4
Prof Anne Gregory	Non-Executive Director	3/4
Dr Maggie Helliwell	Non-Executive Director	4/4
Shazad Sarwar	Non-Executive Director (to 01.07.17)	0/1
Lynn McCracken	Non-Executive Director	4/4
Executive Directors		
Bridget Fletcher	Chief Executive	4/4
Jill Asbury	Director of Nursing	2/4
Andrew Copley	Director of Finance	3/4
Stacey Hunter	Chief Operating Officer	3/4
Karl Mainprize	Medical Director	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. The Board also meets on other occasions to discuss matters requiring Board consideration. 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 NHS Improvement 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 Foundation Trust anticipates commissioning the next review in 2018/19.

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 is now fully in place.

At the year end, the Board was made up of five executive directors and five non-executive directors, including a non-executive chair.

The balance of the Board of Directors does not currently meet the provisions of the Foundation Trust Code of Governance requirements in which at least half of the directors should comprise independent non-executive directors. The Foundation Trust is in the process of recruiting a non-executive director to fill the vacancy left by the resignations of Shazad Sarwar, non-executive director and Michael Luger, non-executive chair and expect to make an appointment by the end of June 2018.

The non-executive 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, legal, business and management background and skills. Should it be necessary to remove either the chair 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 directors and the company secretary.

Responsibility for the appointment of the chair 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 chair, is responsible for bringing recommendations for non-executive appointments to the Council. The company secretary and associate director of human resources and workforce 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 chair 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 Chair's appraisal and provides a summary report also to the ARC. In preparing the appraisals, both the chair 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 chair. 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 chair 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 chair, non-executive directors and senior managers are given in the Remuneration Report on page 38. 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, Chair (to 30.11.2017)
Michael was appointed on 1 May 2014 and resigned as non-executive chair with effect from 30 November 2017. 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 served on numerous public sector and not-for-profit Boards, commissions, and task forces. He 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. During his office at the Foundation Trust, Michael was also a Non-Executive Director at the Office of Rail Regulation, Director and sole shareholder of a limited company and a part-time professor at Manchester Business School. He also acted as a business consultant for a limited company. As well as being Chair of the Board of Directors and Council of Governors, Michael chaired the Appointments and Remuneration Committee and was a member of the Board Appointments, Remuneration and Terms of Service Committee and the Board Finance Committee.

Andrew Gold, Non-Executive Chair (appointed Chair 19.01.2018)
Andrew was appointed a non-executive director on 1 June 2016 and appointed chair on 19 January 2018. He also stepped up from deputy chair to acting chair on 1 December 2017 following the resignation of Michael Luger. Andrew is a qualified accountant and has a wide range of Board experience from a career in regulated financial services, mainly with member owned organisations. Until spring 2016, Andrew was the Group Director Risk, Audit and Compliance of a locally based regulated financial service group. Since May 2014, Andrew has been non-executive director of the Ecology Building Society based in Silsden, West Yorkshire, which is a mutual who demonstrate strong ethical values. Andrew is also directly involved in a number of activities that support the local community. Andrew is chair of the Board Finance Committee, chair of 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 is a Chartered Accountant and is currently working as a self-employed consultant. He is also non-executive chairman of Mansfield Building Society, a Director at Leeds Grammar School 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 and the Airedale NHS Charitable Funds Sub-Committee and is a member of the Board Finance Committee. Jeremy has also been appointed as non-executive chair of the Trust's wholly owned subsidiary, AGH Solutions Limited.

Professor Anne Gregory, Non-Executive Director and Senior Independent Director
Anne was re-appointed a non-executive director in June 2015. 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. Anne is chair of the Board Appointments and Remuneration Committee and is a member of the Appointments and Remuneration Committee and the Audit Committee.

Dr Maggie Helliwell, Non-Executive Director
Maggie was appointed a non-executive director on 1 July 2016. Maggie started her career at Airedale hospital as a junior doctor in the 1970's before becoming a GP at Ling House, in Keighley, a role she held for over 35 years. Maggie became chair of the Worth Valley Health Consortium in the 1990's, while working part-time as a GP. She was later appointed Medical Director of Airedale Primary Care Trust (PCT) and clinical governance lead when four PCT's across the district merged. Maggie returned to Airedale Hospital in 2007 as deputy medical director and became a non-executive director of the National Institute of Health and Care Excellence ('NICE'), later being appointed vice-chair. Maggie is a member of the Audit Committee and chairs the Quality Committee.

Lynn McCracken, Non-Executive Director and Deputy Chair
Lynn was appointed a non-executive director on 1 October 2016. Lynn is an MBA-qualified solicitor with many years' legal and governance experience. She began her legal career in private practice in Manchester before moving in-house, working initially for a national rail freight operator, and later as Director of Governance & Legal Services at The Riverside Group. Prior to that Lynn had a short service commission in the Royal Navy specialising in telecommunications. Lynn is currently a trustee board member at Manchester MIND, a mental health charity, and a non-executive director in Calico Group's health, care and support charity. She previously served on the board of Community Seven, a provider of social housing in Liverpool, and chaired the National Housing Federation's Governance Forum. Lynn is a member of the Appointments and Remuneration Committee, Board Appointments, Remuneration and Terms of Service Committee and Quality Committee.

Shazad Sarwar, Non-Executive Director (to 01.07.2017)
Shazad was appointed on 1 August 2015. During his term of office with the Foundation Trust, Shazad was a Lay Member of the Lord Chancellor's Advisory Committee for Lancashire. 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.

The Board considers all the non-executive directors to be independent in character and judgement and there are no relationships or circumstances which could affect or appear to affect, the director's judgment.

Executive Directors

Bridget Fletcher, Chief Executive
Bridget was appointed chief executive in November 201 and retires on 3 June 2018. 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.

Jill Asbury, Director of Nursing
Jill was appointed director of Nursing on 7 July 2017, having previously been interim director of nursing from October 2016, covering the director of nursing portfolio in the absence of the substantive post holder. Jill was previously deputy director of nursing at Airedale – a post she was appointed to in January 2016. She qualified as a nurse in 1986 and has spent most of her career working at Leeds Teaching Hospitals NHS Trust where she was head of nursing for education and workforce before joining Airedale. Prior to this she worked in various roles including divisional nurse manager, matron and clinical nurse specialist at Leeds Teaching Hospital and as a nurse Manager at Killingbeck Hospital in Leeds.

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, Chief Operating Officer
Stacey was appointed executive director of operations on 1 August 2015 having previously held the position as associate director from 2013. The role title was changed to chief operating officer in July 2016. 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.

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 chair 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 – Jeremy Cross, and has a further two non-executive director members, Professor Anne Gregory and Dr Maggie Helliwell. The membership of the committee changed during the year. The appointment of Andrew Gold as Foundation Trust chair meant that he could no longer be a member of the committee and therefore Professor Gregory was appointed to the Committee in his place. 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. Its terms of reference were broadened during the year to include oversight of the Foundation Trust's newly established wholly owned subsidiary. 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, and any formal announcements relating to the Foundation Trust's financial performance, reviewing significant financial reporting judgments contained in them. The Committee received and recommended to the Board the approval of the Foundation Trust accounts and the Annual Governance Statement for 2017/18.

- **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 workplan, 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 function was provided by Mersey Internal Audit Agency (MIAA) during 2017/18. The internal audit contract was re-tendered during the year and following a robust process led by the Audit Committee, with input from the Director of Finance and Assistant Director of Finance, a three year contract was awarded to Audit Yorkshire commencing on 1 July 2018.

- **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 function is provided by Grant Thornton.

- **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.

Quality Committee
The Quality Committee (previously the Quality Assurance and Improvement Committee) is chaired by Dr Maggie Helliwell, Non-Executive Director. Membership includes Lynn McCracken, non-executive director, and the Foundation Trust's director of nursing and medical director. Andrew Gold, chair has also attended in an observational capacity.

The committee 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 Jeremy Cross, 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.

Board Finance Committee
The Board Finance Committee was established in January 2017 for the purpose of providing the Board of Directors with assurance regarding delivery of the two year operational plan. The committee is chaired by Andrew Gold and comprises Jeremy Cross, Maggie Helliwell, Bridget Fletcher, Andrew Copley and Stacey Hunter. The deputy director of finance and the head of performance and planning also attend in an advisory capacity.

The purpose of the committee is to provide detailed scrutiny of financial information, both past and forward looking, with a focus on oversight of the control total attainment; delivery of cost improvement plans; review business cases for major initiatives; approve all reports relating to the Lord Carter review including annual updates; and, report back to the Board and/or Audit Committee on any salient matters.

Director attendance at Board, Committee and Sub-Committee meetings 2017/18

Directors	Board of Directors	Audit Committee	BART	Charitable Funds Sub-Committee	Quality Committee	Finance Committee
Professor Michael Luger	7/7	-	6/7	-	-	4/5
Jeremy Cross	9/9	4/5	-	4/4	-	7/8
Andrew Gold	9/9	4/4	3/3	-	-	7/8
Professor Anne Gregory	7/9	1/1	10/10	-	-	-
Dr Maggie Helliwell	8/9	4/5	-	-	5/6	2/3
Lynn McCracken	9/9	-	9/10	-	6/6	-
Shazad Sarwar	2/3	-	-	-	1/1	-
Bridget Fletcher	9/9	-	10/10	-	-	6/8
Andrew Copley	9/9	5/5	-	-	-	8/8
Jill Asbury	9/9	-	-	-	6/6	-
Karl Mainprize	9/9	-	-	-	6/6	-
Stacey Hunter	9/9	-	-	2/4	1/3	6/8

Note: BART – Board Appointments, Remuneration and Terms of Service Committee

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 – NHS IMPROVEMENT'S SINGLE OVERSIGHT OVERSIGHT FRAMEWORK

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has found to be in breach or suspected breach of its licence.

The Single Oversight Framework applies from Quarter 3 of 2016/17. Prior to this, the *Monitor Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

NHS Improvement has placed the Foundation Trust in segment 2 as part of its Single Oversight Framework. This segmentation information is the Foundation Trust's position as at x23 May 2018. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website. The Foundation Trust has not been subject to any enforcement action by NHS Improvement (Monitor).

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Foundation Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017/18 scores				2016/17 scored	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	1	2	4	1	1
	liquidity	1	2	2	1	1	1
Financial efficiency	I & E margin	1	1	3	4	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	2
	Agency spend	1	1	1	1	2	2
Overall scoring		**1**	**1**	**2**	**3**	**1**	**1**

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 statements taken confirm that to the best of their knowledge, the Annual Report and financial 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 THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF 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 Officer Memorandum* issued by NHS Improvement.

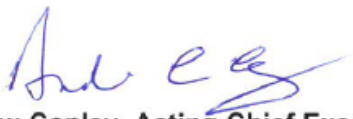
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which requires Airedale NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared 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 *Department of Health Group Accounting Manual* and in particular to:

- observe the Accounts Direction issued by NHS Improvement, 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 (and the Department of Health Group Accounting 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 *NHS Foundation Trust Accounting Officer Memorandum.*



Andrew Copley, Acting Chief Executive
On behalf of Bridget Fletcher, Chief Executive

30 May 2018

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 2018 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 NHS Improvement 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 Foundation Trust.

The Foundation Trust has a Risk Management Strategy (titled Risk Management Policy), which is reviewed and endorsed by the Board of Directors. The 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 organisation.

The Strategy was reviewed as part of the NHS Improvement Governance and Capability Review; has since been reviewed to take account of the Duty of Candour requirements (including the establishment of the Guardian of Safe Working role and Freedom to Speak Guardian role) and has been refined further following changes to the quality governance structure earlier in the year. 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 Foundation Trust and reporting through to the Audit Committee and the 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

improvement report and integrated governance dashboards. Special Board meetings are convened from time to time to discuss key areas and provide assurance within those the risks.

Some aspects of risk are delegated to the Foundation Trust's executive directors:

The medical director and director of nursing are jointly responsible for clinical governance, risk management and patient safety, and whilst each have been allocated specific duties and responsibilities there are clear lines of accountability. 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 director of nursing is 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 also responsible for infection prevention and control, and safeguarding children and adults;

The chief operating officer 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 associate director of human resources and workforce is responsible for workforce planning, staffing issues, education and training. Responsibility for organisational development is incorporated into executive directors' combined objectives both on an individual basis and collectively as the executive team.

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.

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 the electronic adverse event reporting system that is 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 Foundation Trust's Clinical Quality, Learning and Improvement 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, bulletins 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. External reports, for example the *'The Kirkup Report'* are also considered and a 'True for Us' review is currently underway.

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. The Board considers risks both with current and future initiatives, for example in the field of digital care and when establishing the Trust's wholly owned subsidiary.

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);
- The evidence that appropriate controls are in place and operating effectively (assurance); and,

- Risk rating pre and post mitigation and 12 month target rating.

In conjunction with the Board Assurance Framework, a 'heat map' and 'risk matrix' has been developed. The aim of these documents is to identify those risks presenting the greatest threat to the Foundation 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 is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements. A process of self-assessment is in place and is undertaken annually following the prompts within the CQC's Fundamental Standards of Quality and Safety. Areas of concern are risk assessed and applied where necessary to the local and corporate risk registers. Actions required and recommended by the Care Quality Commission were promptly managed and monitored by the CQC Board Assurance Committee and reported to the Board. Further detail regarding the outcome and action plan arising from the Trust's most recent inspection by the Care Quality Commission in March 2017, is reported in the Annual Governance Statement and in more detail in the Quality Account. At the time of publication of this report, the Board was in the process of conducting a self-assessment against the NHS Improvement's Well-Led Framework in preparation for its external evaluation later in the year.

The Quality Assurance Framework is now firmly embedded and is 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 aim to deliver a more robust and streamlined governance structure.

The Board reviews performance data each month against NHS Improvement 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; and business development. A '*patient safety scorecard'* 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. To support the Board in this process, the medical director also reports the learning from deaths.

The Board sub-committees 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 are robust, as evidenced by external and internal audit reviews. The Board has also delegated authority to the Audit Committee to oversee the risk management arrangements for the newly established wholly owned subsidiary – AGH Solutions Limited. Looking ahead, the Board will seek assurance that the systems and processes are embedded.

The Quality Committee undertakes a number of specialty reviews i.e. 'deep-dives' on a rolling programme –a process supported by peer review and face-to-face presentations to executive and non-executive directors.

The Foundation 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 2017/18 include the 4 hour ED standard and the cancer screening standard.

The Foundation 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 Audit Committee commissioned the Foundation Trust's internal audit function to assess the risk of cyber-attack following the malware security malfunction that affected significant health care providers during the year. The internal audit report returned a 'significant' assurance assessment. The Board also directed the Audit Committee to assess the Foundation Trust's preparedness for the General Data Protection Regulations ('GDPR') in May 2018. The Audit Committee received an initial report in October 2017, which then received further scrutiny at the Board. The final report was received at the Audit Committee in April 2018.

The Foundation Trust's risk management processes have identified a number of risks. A number of system-wide risks relating to unprecedented challenges in achieving financial sustainability and controlling costs whilst maintaining patient safety, quality and productivity, increasing centralisation of decision making, responding to transformational change at pace and responding to staffing shortages whilst controlling bank and agency spend 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 inherent 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 Foundation 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 exacerbated by delayed transfers of care and reduction in social care provision. The strategy of focusing on partnership working to deliver system change at pace is therefore continuing and will continue in to 2018/19 and beyond, particularly given the dual appointment of the Foundation Trust chief executive and partnership lead for the patch. 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. The Foundation Trust is working with local providers through the West Yorkshire Association of Acute Trust ('WYAAT') and West Yorkshire and Harrogate Health and Care Partnership (formerly called Sustainability and Transformation Plan) to influence and implement the broader strategic changes to healthcare provision signaled in the Integrated Care Systems (formerly Accountable Care Organisations). Other collaboration at a local level includes a joint venture with Bradford Teaching Hospitals Foundation Trust to provide a pathology service for both organisations. Further opportunities for collaboration are a strategic part of the Foundation Trust's forward plan and will be actively pursued during 2018/19 and beyond.

There is a potential cost to maintaining and further improving quality requirement which are progressed through the Quality Improvement Framework. In March 2017, the Foundation Trust was re-inspected by the Care Quality Commission, following their full inspection in 2016. As this was a re-inspection, the CQC inspected only the areas that were rated as Requires Improvement last time. The Foundation Trust's rating following this re-inspection remained '*Requires Improvement*', although the inspectors recognised the efforts made to make sustainable improvements across the Foundation Trust, and highlighted improvement in culture, together with improved leadership across the services. The Foundation Trust was praised for its creative approach to public engagement, the electronic record sharing and the confidentiality procedures on the early pregnancy and gynaecology acute treatment units. When the results of the March inspection were added to our

results from the 2016 inspection, 38 out of 45 domains were rated as Good or Outstanding, which equates to 84% of services. The Board established a CQC Board Assurance Committee to monitor delivery of the improvement plan following the March 2016 inspection and the March 2017 re-inspection. The committee is time limited and will dis-establish once assurance that the actions arising following the March 2017 re-inspection are implemented and embedded. The NHS Improvement's well-led framework is published at https://improvement.nhs.uk/resources/well-led-framework/.

The clinical management structure underwent significant changes in 2016 in order to equip clinicians with the skills and resilience to meet the challenges of the changing NHS landscape. The structure is now embedded and has been further reinforced by the appointment of two deputy medical directors during the year for the purpose of providing additional strategic and operational support to the medical director. Whilst the Foundation 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 settlement outcome of the junior doctor and consultant contracts could potentially disproportionately impact on smaller hospitals. 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 accountability framework was strengthened during the year and significant leadership and development has taken place with the triumvirate comprising clinical directors, heads of nursing and assistant directors of operations. This development programme has also been replicated at middle management level.

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 Board receives the quality and safety impact assessments of the Foundation Trust's cost improvement plans from the director of nursing and medical director on an annual basis. A Board Finance Committee was established in January 2017 to provide additional scrutiny of productivity and improve financial efficiency by reducing variation at directorate level. This has been achieved by benchmarking the Foundation Trust's operational efficiency against the Lord Carter Model Hospital. Supporting the Board Finance Committee is a Cash Committee established to manage the Foundation Trust's liquidity.

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 chair and have regular dialogue with the chair, executive and non-executive directors. Matters pertaining to the Foundation Trust's performance, both quality and financial, and any changes to Foundation Trust services are reported as evidenced by the withdrawal of services provided out of Castleberg Hospital in Settle on grounds of patient safety in April 2017. The Council of Governors was briefed on the rationale and impact for patients and their families prior to the change being implemented. The Foundation Trust has worked with its partners and commissioners and supported the wider public engagement through the period of consultation.

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

Submission of a quarterly Corporate Governance Statement to NHS Improvement was replaced by a different process during 2016/17. In accordance with NHS Improvement requirements, the Board reviewed and signed-off a series of assurance statements as part of the annual plan submission. The Board approved the draft annual plan submission and supporting documents on 28 March

2018. The Board Finance Committee held on 13 April 2018 reviewed and agreed the revised NHS Improvement Control Total Offer. Regular meetings, both face-to-face and via conference calls, will continue to be held with the Foundation Trust's relationship team at NHS Improvement. The Foundation Trust continues to adopt a 'no surprises' relationship with NHS Improvement which the executive team believes is the right approach.

The Board receives a number of quality and safety reports (for example, patient safety scorecard and CQC INSIGHT, mortality scorecard and learning from deaths report), 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 2014 as part of the Monitor (NHS Improvement) 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 Foundation 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 will commission its next tri-annual review later this year. In preparation for the review, a desk-top assessment of whether services are well-led under the NHS Improvement's well-led framework is underway and will assist the Board in developing a gap analysis.

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 Foundation Trust has a comprehensive system that sets strategic and annual objectives. The Board of Directors sets these objectives with regard to the economic, efficient and effective use of resources. The Foundation Trust's financial plan is approved by the Board and submitted to NHS Improvement. The plan, including forward projections, is monitored on a monthly basis and scrutinised by the Board Finance Committee. The Board reviews the financial plan at each Board of Directors' meeting.

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 Foundation Trust has reflected the outcome of the Lord Carter of Coles Report: Operational Productivity and Performance in English NHS Acute Hospitals and the subsequent publication of Lord Carter's review of NHS cost savings in the Two Year Operational Plan 2018/19 to 2019/20. The Board delegated authority to the Finance Committee to review and approve the Lord Carter Reports prior to submission to NHS Improvement. During 2017/18, the Foundation Trust submitted several reports focusing on Pathology, Estates and Facilities, Allied Health Professionals and Nursing and Midwifery. The Board Finance Committee terms of reference also includes scrutiny of the Foundation Trust's cost improvement plans ('CIP') and receives presentation of the CIP tracker from the director of finance.

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 clinical director, digital care and telemedicine is the Foundation Trust's Caldicott Guardian. Freedom of Information compliance is managed by the head of information governance, (a shared appointment with BTHFT) with responsibility for ensuring that procedures and processes are in place. The information governance manager provides support for the day to day management of information governance. There is an established Information Governance Group (IGG) which oversees information governance compliance, manages issues and incidents and reports on action plans and projects. The head of information governance chairs the IGG. Membership includes the SIRO, Caldecott guardian, information governance manager and other senior representatives across the Foundation 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. I can report that for 2017/18, the information governance toolkit submission process was given a 'significant assurance' opinion by the Foundation Trust's internal auditors.

During 2017/18, the Foundation Trust reported one serious information governance reportable incident ('SIRI') classified as Level 2 in the Information Governance Incident Reporting Tool. The Foundation Trust has reported the incident to the ICO and has complied fully with the ICO reporting process, however due to the timing of the incident, we are not as yet aware of the ICO's view.

A Cyber Security Assurance Report was presented to the Audit Committee in Q4 2016/17. The Report was produced in response to the Cyber Essential Audit undertaken by MIAA, and outlined the required actions in response to the auditor's recommendations. The internal auditor confirmed the controls arising from the audit had been fully implemented by April 2017. The Audit Committee and Board received an assurance report on the Foundation Trust's preparedness for GDPR in January 2018.

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. NHS Improvement (in exercise of the powers conferred on 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 2017/18 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 by the Clinical Quality Learning and Improvement Group and the Executive Assurance Group, which is attended by all executive directors. The Board of Directors reviews the Quality Improvement Dashboard and the Patient Safety Scorecard at each Board meetings as a standing agenda item.

The Foundation 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 Foundation Trust has been able to ensure the Report provides a balanced view of the organisation's priorities for 2017/2018. In preparing the Quality Report, the Foundation Trust had a 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 report to its external stakeholders (Overview and Scrutiny Committee's, Healthwatch and Commissioners) to enable comment to be included in the final report. The draft Quality Report was formally reviewed through the Foundation Trust's governance arrangements (formal management group, Board sub-committee and Board of Directors).

The Foundation 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, including the outputs from the GIRFT presentations, to govern the work associated with the Quality Report. The data used to report the Foundation Trust's quality performance in 2017/18 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 Report.

The process by which the quality of care, including the quality and accuracy of elective waiting time data, 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 Foundation the Quality Report with the Foundation Trust's Commissioners, Healthwatch and OSC's as required by national regulation.

The Foundation Trust's external auditor, Grant Thornton, have undertaken a review of the arrangements in place at the Foundation Trust to secure the data quality of information included in the Quality Account. The report prepared by Grant Thornton will be submitted to NHS Improvement by the end of May 2018.

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, Quality 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 Grant Thornton, Care Quality Commission, Internal Audit, NHS Litigation Authority (operating name NHS Resolution) 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. This is achieved by receiving monthly and quarterly reports from each of the executive directors in respect of their portfolios. In addition the Board receives exception reports on matters requiring escalation;

- The Audit Committee oversees the maintenance of an effective system of internal control. This is achieved by receiving reports on risk in excess of the Trust's risk appetite and seeks assurance on such matters, for example GDPR preparedness. The Audit Committee reviews the statement on internal effectiveness and Annual Governance Statement. Reports from the Foundation Trust's Internal Auditor and External Auditor e.g. Head of Internal Audit Opinion and External Auditor Governance Report (ISA (UK&I) 260) also provide assurance. The Audit Committee sets risk based internal audit coverage and receives reports on those areas focusing on the highest gross risk areas and/or areas where the mitigants have most value in the difference between the gross and net risk level. This is achieved by receiving reports on strategic and operational risks through the Board Assurance Framework and Corporate Risk Register.

- 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;

- A Board Sub-Committee was established in 2016 for the purpose of providing assurance to the Board that the recommendations from the CQC Quality Report following the inspection in March 2016 and follow-up inspection in March 2017 had been completed and the actions arising from the action plan had been embedded. The CQC Board Assurance Sub-Committee is a time limited committee and will be dissolved once the action plan has been deemed completed and the actions embedded.

- The Assistant Director of Healthcare Governance through the Executive Assurance Group ensures that a fully integrated approach is taken when considering whether the Foundation Trust has in place systems and processes to support individuals, teams and corporate accountability for the delivery of safe patient 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 and clinical audit annual report is reviewed by the Executive Assurance Group and is overseen by the Audit Committee;

- The Quality Committee provides 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 Foundation Trust meets its legal requirements to consult with staff on matters that affect their health and safety, and has the responsibility of promoting and developing health and safety arrangements across the organisation, by ensuring compliance with the Health and Safety at Work Act 1974 (and related regulations). The Committee is chaired by the chief operating officer, whose role includes being the designated lead director for health and safety for both the Foundation Trust's Executive Directors Group and the Board. The chief operating officer 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 2017/18, MIAA undertook 13 full audits of the Foundation Trust's systems and processes, and a number of follow-up reviews. 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

In concluding my review on the overall internal control effectiveness, I am assured that:

- The Board, executive directors, senior management and staff of the Foundation Trust, have identified and are managing the risks facing the Foundation Trust, with escalation of risk events, an effective process for keeping risk scores up to date and flagging any risk and control concerns;
- There is an appropriate risk management framework embedded in the Foundation Trust along with there being no major concerns from their undertaking an effective programme of independent, risk based monitoring;
- The Foundation Trust has reviewed progress in meeting the Care Quality Commission's Fundamental Standards by the corporate governance committee's; and
- The Foundation Trust's internal auditors and other independent assurance providers such as the external auditors, have no major concerns from their risk focused programme of independent assurance.

My review therefore confirms no significant internal control issues have been identified for the year ended 31 March 2018.

Andrew Copley, Acting Chief Executive
On behalf of Bridget Fletcher, Chief Executive

30 May 2018

NHS
Airedale
NHS Foundation Trust

Quality Report 2017-18

About Airedale NHS Foundation Trust

Airedale NHS Foundation Trust provides acute and community services to a population of over 220,000 from an area covering West and North Yorkshire and East Lancashire. Care and treatment is provided from our main site at Airedale General Hospital. Community services are provided from sites which include Coronation Hospital in Ilkley and Skipton Hospital as well as health centres and general practices. Until April 2017 we also had beds at Castleberg Hospital, but have subsequently withdrawn services pending public consultation. We employ over 2,700 staff, including a community based workforce and have approximately 400 volunteers.

Contents

Part 1: Statement on quality from the Chief Executive

1.1 Introduction

I am proud to introduce the annual Quality Report, my last as Chief Executive of Airedale NHS Foundation Trust. Our ambition remains to provide the "Right Care" – high quality care that is safe, clinically effective, compassionate and responsive to the needs of individual patients and their families – as set out in our three year Quality Improvement Strategy and the Trust's Annual Plan. Our achievements and the challenges that we must overcome to deliver this vision are reflected in this report.

To make sure we provide health and social care that meets the local population's needs we continue to work closely with colleagues in neighbouring trusts, the three local commissioning groups and Bradford Council. During times of financial constraint and enormous pressure on services, including high levels of demand in Emergency Care throughout the year, it is important that we look at how we can deliver patient services differently.

With recognised national shortages within staffing groups and specialisms – not least within Urgent and Emergency Care – a partnership approach via the West Yorkshire Urgent and Emergency Care Vanguard has improved access to out of hours services. Combined with a £7 million investment in a new Acute Assessment Unit – an integrated Emergency Department, Acute Medical, Surgical Assessment, and Ambulatory Care Unit – we aim to optimise clinical decision-making, patient flow and the patient experience. Active recruitment of additional doctors, nurses and allied health professionals remains ongoing.

This year has also seen us look at specific services where we already work together with Bradford Teaching Hospitals NHS Foundation Trust –Gastroenterology, Ear, Nose and Throat and Stroke – to see if we can make patient pathways more clinically effective and sustainable for the local population as well as for the staff working in these areas.

Meanwhile joint partnership working with Bradford Teaching Hospitals NHS Foundation Trust to offer an integrated Pathology service across the district is underway with the ambition to deliver a responsive, high quality and sustainable service.

Assistive technologies can offer innovative approaches to some of these challenges. The Airedale Digital Hub has established a unique service offering help to adults with a stammer using a video link. With funding from the Health Foundation's Innovating for Improvement programme, those without access to specialist speech and language therapy in their area can access support via the Hub. The initiative won a national digital and technology award in 2017.

In March 2017 the Care Quality Commission undertook a follow-up inspection to understand whether we have embedded the required quality improvements in those services within the hospital site rated in the 2016 comprehensive inspection as "requires improvement" or "inadequate," principally within the safe and well-led domains.

Although the overall rating for the Trust is unchanged – "requires improvement" – the progress made to address issues identified at previous inspections is acknowledged, particularly in Critical Care who improved its safe and effective ratings to "Good". Advances have been made across services in nurse staffing levels, organisational culture and in assessing and responding to risk. Several areas of outstanding practice are highlighted: the proactive work of the multi-disciplinary Frail Elderly Pathway Team and our effective use of an electronic record. There remain areas that require improvement, in particular the strengthening of governance arrangements to support comprehensive learning across the organisation. Steps are being taken to address all required actions and recommendations, many of which are detailed in this report.

Over the last year and in addition to responding to the Care Quality Commission's inspection findings, we have monitored our progress against 2016/17 local quality priorities. I would personally like to thank the staff for their commitment to high quality care and their shared determination to deliver the "Right Care" for our patients and community. We have a lot to be proud of as demonstrated at our own annual Pride of Airedale awards and recognised at a national level. An MBE was awarded to one of our specialist palliative care consultants for services to end of life healthcare. The Head of Community Services became a Queen's Nurse, an accolade only available to those community nurses who have demonstrated the highest level of commitment to patient care and nursing practice.

Other quality achievements over the last twelve months include:

- *In response to the question, "Would you recommend our services to friends and family?" 97 per cent of the 24,962 patient surveyed said they were either "likely" or "extremely likely" to recommend our services.*
- *The Trust was once again named one of the top 40 performing hospitals by CHKS. This is a national patient safety award by an independent provider of healthcare intelligence. This year we were the only provider across West Yorkshire to receive the award.*
- *Public Health England commended the Trust for achieving 86 per cent uptake of colonoscopies as part of bowel cancer screening.*
- *The Trust's Telehealth in Care Homes project won a national award.*
- *The Trust again successfully achieved Joint Advisory Gastrointestinal Endoscopy accreditation.*
- *Selection as an ACE2 cancer pilot site and establishment of a "one stop shop" designed to give patients with cancer symptoms rapid access to diagnostic tests.*
- *A dedicated Cardiology Unit on Ward 1 opened in September 2017.*
- *Successful re-accreditation as a Disability Confident Employer (Level 2). This accreditation signals our commitment to supporting and encouraging people with a disability to consider Airedale as a place to work and develop their careers.*
- *Participation in the nursing associate programme and recruitment of post-graduate trainees in the new role of physician associates, supporting doctors in the diagnosis and management of patients.*
- *Domestic staff were fundamental in the development of a new national training programme to recognise the expertise of NHS cleaning professionals.*

1.2 Signed declaration

We seek to foster an open and transparent culture so we can understand where improvements are needed. Publishing data – for example on potentially avoidable deaths – provides a basis to identify, learn and act on problems that could contribute to patient harm, and therefore improve care. It is important that our Quality Report is accurate and presents an honest picture of our care. I am pleased to confirm that the Board of Directors has reviewed the 2017/18 Quality Report. As Chief Executive of Airedale NHS Foundation Trust, I can confirm that the information used and published in the Quality Report is, to the best of my knowledge, accurate and complete.

30th May 2018
Andrew Copley
Acting Chief Executive on behalf of
Bridget Fletcher
Chief Executive
Airedale NHS Foundation Trust

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

The Trust aspires to deliver harm free, high quality patient care and aims to accomplish this by putting our patients, families and carers first. Our *Quality Improvement Strategy*, launched in 2016 following consultation with patients, staff and wider stakeholder groups, is built on the *"Right Care"* Quality Temple and its four pillars of quality, people, service and innovation which collectively underpin safe patient care.

The following provides a brief review of quality outcomes against our quality and safety aims and includes detail of the 2017 Care Quality Commission (CQC) inspection findings.

Harm free care

Harm occurs when care is sub-optimal either as the result of something we did or did not do for the patient. According to the NHS Safety Thermometer indicator, 93 per cent of our patients receive harm free care. The 2017 *NHS National Staff Survey* indicates that the percentage of staff witnessing potentially harmful errors, near misses or incidents is in the best performing quintile for all acute trusts. Regrettably this year the Trust reported two Never Events: a retained foreign object and a wrong site surgery. Never Events are serious largely preventable patient safety incidents that should not occur. National Safety Standards for Invasive Procedures enable organisations to review current local processes for invasive procedures and ensure that they comply with best practice. Local learning from the analysis of the retained foreign object has been incorporated into local safety standards to prevent any future recurrence. In respect of the second event, staff have been reminded of the importance of using the designated World Health Organisation Surgical Safety Checklist prior to any invasive procedure and to clearly identify the procedure sites.

The CQC found that staff understand how to report an incident and understood their responsibilities to report safety incidents, including low harm. Of the incidents reported in the period April 2017 to September 2017, 97.8 percent were categorized as low or no harm. Open forum discussions on quality and safety are held regularly by the Medical and Nursing Directors where staff – for example junior doctors – can offer personal insight and feedback. The 2017 *National Staff Survey* shows the fairness and effectiveness of incident reporting and staff confidence and security in reporting unsafe clinical practice are above the national average and demonstrate improvement on the previous year.

The CQC's most recent assessment of patient safety noted the positive incident reporting culture and an increase in the visibility of management. Other areas of progress over the last year include:

- ✓ Sustained improvement in and monitoring of the use of warning scores for those patients – adults and children – at risk of deterioration (NEWS and PAWS);
- ✓ Enhanced remote telemetry (cardiac) surveillance and communication to ensure a timely response in the event of a change in a patient's cardiac rhythm; and,
- ✓ Processes around the management – storage, administration and reconciliation – of medicines.

The Critical Care Unit has taken action on many of the issues that relate to safe and effective patient care that were raised in the 2016 inspection. Nurse staffing levels are now in line with guidelines and the Consultant work pattern has changed to provide greater continuity of care. The unit has a dedicated

Clinical Educator and monitoring of competency and training for specialist equipment is more robust. Within the Unit the CQC now requires that:

- We continue to implement the follow up clinic and rehabilitation after critical illness in line with national guidelines.
- Review processes of identifying, recording and reporting mixed sex accommodation breaches. (There have been no breaches.)

Other areas where the Trust is taking action to improve:

- An effective governance system to ensure effective risk management and comprehensive learning from incidents;
- Appraisal of medicines reconciliation to ensure a timely response to ensuing actions;
- Clinical pathways for children, including sepsis (see section 2.1.3 management of sepsis);
- Application and monitoring of the World Health Organisation safety checklist for safer surgery;
- Adherence with safeguarding policies;
- Secure storage of patient records;
- The clinical environment in the Cardiac Catheter Laboratory, Dales Unit and Haematology Oncology Day Unit meets patient need and national guidance; and,
- Adherence with mandatory training, notably safeguarding.

Key inspection findings have been incorporated into an overarching *Quality Improvement Action Plan.*

Venous thromboembolism (VTE) is a significant cause of mortality and morbidity with half of all cases associated with hospitalisation. The first step in prevention is to identify those at risk so that preventative treatments can be used. Disappointingly VTE performance in the final quarter of 2016/17 was below the national compliance threshold of 95 per cent. The resultant quality improvement work has seen the Trust achieve full compliance through all quarters of 2017/18.

Infections as a result of healthcare interventions for the fiscal year are: zero cases of hospital acquired MRSA bacteraemia and six cases of C.*difficile* of which one case was found upon investigation to be avoidable (one case outcome is to be confirmed). C.*difficile* infection per 100,000 bed days in Trust patients aged 2 or over is in line with the England average based on available figures. We can report that our Critical Care Unit has recorded over 2000 days without a MRSA bacteraemia case in the last year. NHS Improvement commended the Trust for a 29 per cent reduction in E.coli bloodstream infections, making us one of 59 providers to have achieved a 10 per cent or greater reduction in cases between 2016 and 2017.

Patient Safety Alerts are published by NHS England regularly, warning hospitals about practices that are potentially unsafe. The warnings recommend a date by which changes to practice should be implemented. The Trust has closed all alerts issued in the preceding twelve months.

Patient complaints can offer insight into safety related problems which may not be identified via incident reporting or case note review. In the last year we reported 59 formal complaints compared to 73 in the preceding period. This is the lowest number reported in the last five years. Across England in the last two available fiscal years, hospital and community services saw an increase in formal complaints of 1.4 per cent with Yorkshire and Humber recording an increase of 8.6 per cent.

Over the last year the Health Service Public Ombudsman partially upheld one complaint regarding a delay in a patient being referred to a dietician during the inpatient stay.

Through monitoring complaints, the Trust aims to support managers to make swift improvements. A newsletter – *Quality and Safety Matters* – highlighting learning from complaints and incidents is circulated to staff each month to reinforce learning.[1] For example:

[1] Detailed analysis and learning from complaints can be found in the complementary statutory annual *Complaints and Concerns Report 2017/18* available in June 2018 at: http://www.airedale-trust.nhs.uk/about-us/publications/complaints-report/ [accessed 28/03/18].

You said … *"Inconsistent practices were performed by staff administering intravenous injections in relation to flushing the cannula …"*

We did ... Additional training has been implemented for intravenous cannula care.

You said … *"Presenting with a fractured fibula, a patient was told to have complete rest and keep the leg (in a cast boot) elevated. The patient subsequently developed a pulmonary embolism (PE)."*

We did ... *An information sheet has been developed emphasising the importance of mobilisation in prevention of deep vein thrombosis and PE.*

No avoidable mortality

Key mortality measures – Summary Hospital-level Mortality Indicator and the Hospital Standardised Mortality Ratio – show performance for the Trust within the expected range or better.

The Trust has responded to the recommendations from NHS England's (2017) *National Guidance on Learning from Deaths* which highlighted variable responses across the country as to how deaths are investigated and families treated. Led by the Medical Director, processes have been reviewed and encapsulated in a dedicated *Responding to and Learning from Deaths Policy*. For the first time an annual summary of mortality, the identified learning and the actions taken and planned, is provided in section 2.2 of the *Quality Report* as part of the statements of assurance from the Board of Directors.

Under Regulation 28, the Coroner has a legal duty to issue a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. Key learning highlighted within the last year concerns the *Mental Health Act* and more specifically its criteria and powers within the Emergency Department. Focussed training for staffing groups has been provided to improve understanding.

Innovative real-time quality intelligence

To drive forward and monitor improvement in care, meaningful patient information and clinical intelligence is needed at all levels of the organisation.

Through the use of SystmOne shared primary and secondary healthcare record access, information can be accessed securely across care settings to obtain a tailored view of an individual's health information. This is cited by the CQC as an area of "*outstanding*" practice. Following last year's implementation of the electronic prescribing system for chemotherapy (Chemo Care), an interface with the regional system Patient Pathway Manager (PPM) has been established. This means specialists in other hospitals can share clinical information about cancer patients who transfer between centres, improving the accuracy of information and services to cancer patients.

In the last year we have:

- Developed a patient self-check in system in Outpatients through a kiosk.
- Introduced an emergency surgery booking process. An electronic Acute Booking Management System manages acute and trauma patients to maximise clinical effectiveness and efficiency through capacity and demand modelling.
- Instigated within the Critical Care Unit a visual four hour countdown on SystmOne to flag those patients nearing the end of discharge targets.
- Pioneered across the region order communications to allow for electronic requesting of Pathology tests. The system provides paperless reports via its use of the Integrated Clinical Environment (ICE) results server and seamless integration into SystmOne for General Practitioners (GP) surgery access.
- Adopted an electronic patient record on SystmOne for mobile working in Community and Therapy Services.

- Utilised e-QUIP Asset Management system on the Critical Care Unit as a repository for recording medical devices training and compliance prior to roll out across wards and departments.

No avoidable delays in care

NHS England has indicated that instances of delayed transfers of care from hospital to other care settings are increasing across the country. This has an impact on the flow of patients through the hospital. The *2016 CQC Inpatient Survey* results show a significant deterioration in patients' experience of the time between arrival at the hospital and getting a bed on a ward.

The Improving Patient Flow Programme is part of our transformational work to focus on the *"whole system flow".* That is, to look beyond the hospital setting, to redesign pathways of care to avoid admissions and improve flow. Emphasis is placed on the integration of the contributions of district nurses, social workers, mental health professionals, GPs, care homes and voluntary organisations into one cohesive system. One such initiative is the Complex Care Team which provides care and support to people with complicated health needs and who often find themselves in a *"revolving door"* in and out of hospital, GPs and mental health services. Over the last 18 months since the team's formation, the complex care patient group has experienced fewer Emergency Department (ED) attendances, hospital admissions and visits to GPs. The Complex Care Team was shortlisted for a *Nursing Times* award – the HRH the Prince of Wales Award for Integrated Approaches to Care.

Likewise the work of the Airedale Digital Care Hub in using enabling technology to provide a single point of access to all aspects of specialist health and social care advice, provides the opportunity to reduce unnecessary hospital attendance and GP visits where clinically appropriate. The CQC recognised the immediate and expert advice available to Care Homes and those patients at the end of life via the Gold Line Service. In recent months a Multi-Agency Integrated Discharge Team has been launched. Located on the Digital Care Hub, the team brings together the Case Management Team and the Intermediate Care Hub. In February 2018 the Care Quality Commission undertook a Local System Review to evaluate elderly care across the health and care system in Bradford District. This review is based on the fact that Bradford District has lower delayed transfers of care numbers than other parts of the country, and the regulator is seeking to understand what works well in order to share best practice with other areas. Their final report is yet to be completed.

Over the last year we have hosted an Acute Assessment Unit Rapid Improvement Event to facilitate patient flow through mapping to improve how we currently deliver services by redesigning and testing pathways to remove inefficiencies. Allied to this work, is the SAFER patient bundle, a set of simple rules for adult inpatient wards to optimise patient flow and prevent unnecessary waiting for patients.

In spite of these and other initiatives including a deconditioning month, seven day opening of the Ambulatory Care Unit and the establishment of a Winter Room during the busiest months, multiple pressures across the whole health and care system continue to affect the delivery of services. In the last 12 months, we have not always been able to consistently deliver national standards including the six week diagnostic standard and ED maximum waiting time of four hours from arrival to admission, transfer or discharge. Regrettably, one patient waited over 12 hours for admission. We apologise for not achieving these important quality standards. However, in this measure and other key standards – waiting times for cancer and referrals to treatment – the Trust regularly performs better that the England average.[2]

The new Acute Assessment Unit will open in spring 2018 and allow rapid access to appropriate staff, diagnostic tests, clinical treatments and enhanced multi-disciplinary working. The aim is to reduce waiting and treatment time for some patients, reduce unnecessary admission and improve patient flow.

[2] BBC NHS Performance Tracker [current at 20/10/17]

People – workforce

Having the right number and mix of staff with the appropriate skills, at all times, is integral to providing safe, high-quality care. In 2016 the CQC tasked the Trust to make improvements to ensure that during each shift there are a sufficient number of suitably qualified, competent, skilled and experienced staff, nursing and medical, deployed to meet the needs of patients. More recently the CQC found that there has been investment and improvements made to nurse staffing levels with the ED and Critical Care with levels mostly in line with national guidance although there is a shortage of specially trained Children's Nurses in the ED.

Recruitment of Healthcare Support Workers and Nurses is ongoing with a review in the last year of the preceptorship package. Initiatives to release nursing time include: Acute Assessment Flow Co-ordinator, Discharge Liaison Officers, Pharmacy Assistants to support the administration of medication to patients; and, the roll out of the Nursing Associate pilot programme. The responsibilities of Healthcare Support Workers (HCSW) have been reviewed to enhance nursing support through, for example, the taking and recording of vital signs. An apprentice HCSW quarterly cohort scheme has been introduced.

Nurse and Midwifery staffing levels are closely monitored to ensure safe staffing guidelines are met, including at weekend and out of hours. Actual and planned staffing rates are cross-referenced with key quality markers, patient acuity and bed occupancy, to ensure patient safety is maintained. However, as the CQC highlights, there remain occasions on some wards where the actual number of staff on duty is below the planned numbers or there is an inappropriate skill mix. The Trust is tasked with ensuring that safe nurse staffing levels and staffing skill mix is maintained across clinical areas at all times and that procedures for escalation and the opening and closing of extra capacity beds are standardised.

With known staff shortages, not only amongst medical and nursing groups but within Allied Health Professionals (AHP), for example, radiographers, we continue to review roles and responsibilities and different ways of clinical working. There is an increasing recognition of the role Advance Practitioners (AP) can offer to enable a patient to get the care required and thereby avoid any associated delay. The Board of Governors heard the first-hand experience of our AP in Orthopaedics ahead of a Workforce Summit held in October 2017 convened to look at our future workforce profile.
The introduction of an electronic staff roster supports the utilisation of staff in the most clinically effective and efficient way possible. A Guardian of Safe Working has been appointed to ensure junior doctor trainees are protected against protracted working hours and receive the training, supervision and support required. Eight new post-graduate trainees in the new role of physician associates have been recruited, supporting doctors in the diagnosis and management of patients in primary or secondary care.

Governance and Leadership

Over the last year the leadership team has overseen a series of improvements, not least in the organisational culture and in the visibility of management. However, this domain – Well-Led – remains CQC rated as *"requires improvement*" with the following highlighted for review:

- A complex governance structure that is not clearly understood within the organisation;
- *"Reactive rather than proactive response"* to change with no specific strategy for some service groups;
- Linkage between Trust strategy and service strategies;
- Workforce Race Equality work plan actions;
- Robust, pre-emptive approach to risk assessment and escalation; and,
- Staff mandatory training, including safeguarding.

Leadership has been strengthened through the establishment of a triumvirate for each service group composed of a Clinical Director, Head of Nursing or Midwifery and Assistant Director of Operations. Our *People Plan*,

which offers practical guidance to managers through a leadership and coaching programme – *Consistently Good Line Manager Conversations Toolkit* – has been refreshed.

The annual anonymous *National NHS Staff Survey*[3] (published by NHS England) helps us to improve the working lives of all our staff. Results from the 2017 survey indicate improvements across a range of questions. The most significant improvements are: percentage of staff witnessing harmful errors, near misses or incidents; percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months; the quality of appraisals; and the percentage of staff reporting good communication between senior management and staff.

The Trust scored favourably when compared with other acute trusts across 25 of the key findings and is in the best performing 20 per cent of acute trusts in the following key findings: the percentage of staff who have had an appraisal; percentage of staff experiencing discrimination; percentage of staff witnessing potentially harmful errors, near misses or incidents; percentage of staff attending work when unwell due to pressure; percentage of staff working extra hours; percentage of staff feeling they can contribute to improvements at work; percentage of staff experiencing physical violence from patients and public and staff; percentage of staff experiencing harassment, bullying or abuse from patients and the public and staff; effective team working; recognition and value of staff by managers and the organisation; and effective use of patient and service user feedback. Areas where staff are less satisfied concern the quality of care they are able to deliver when compared to colleagues in some other acute trusts and resourcing (staff, materials and equipment). Staff appear less likely to report inappropriate behaviour from patients, families, the public, managers and staff than employees at other acute Trusts.

[3] NHS *Staff Survey 2017* is available from: http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2017_RCF_full.pdf
[Accessed 06/03/2018]

Part 2: Priorities for improvement and statements of assurance from the Trust Board

How we engage with others in developing our quality goals

In our recent CQC inspection, the Trust was commended for its strong commitment to public engagement and our creative initiatives to engage with others. According to the 2017 *National NHS Staff Survey* we compare favourably with other acute trusts in England for making effective use of patient and service user feedback.

The views of our patients, staff and local partner organisations are important and we receive feedback via a number of methods including: surveys such as the Friends and Family Test, patient and staff stories, compliments, complaints and concerns, social media, Patient Safety and commissioner Quality Walk rounds, listening events and Healthwatch enter and view visits. This feedback provides us with vital information with which to improve services.

Our volunteers, the Patient and Carer Panel and the Council of Governors play an invaluable role in representing the views and interests of the local community; their engagement work informs and guides our "*Right Care*" vision. Where a patient group is not well represented, efforts are made to seek feedback. Our Youth Forum now meets regularly to offer a young person's perspective on our services. For those patients or individuals who have complex communication needs, specific engagement events and focus groups are held to gather views. Thus a local learning disability group offered its insight on the proposed local implementation of the Accessible Information Standard. Over the last year events at Roshi Gar – a community mental health organisation – and the Sangat Centre in Keighley have sought to understand the experience of both female and male British, Black, Asian, and minority ethnic patients living with and beyond cancer.

The Board of Directors continues to work closely with colleagues at Bradford Teaching Hospitals NHS Foundation Trust, Bradford District Care Foundation NHS Trust, the three local commissioning groups, Healthwatch and Bradford Council as well as across the wider region to make sure we listen to our local communities and provide health and social care that meets the needs of the Airedale, Wharfedale and Craven population.

Selected quality priorities reflect national and local goals as well as current performance and have been approved by the Board of Directors.

2.1 Priorities for improvement 2017/18

In last year's *Quality Report*, we identified our three key local quality priorities for this fiscal year. These are listed below with detailed information on how we performed set out in this section of the *Quality Report*:

2.1.1 1 Patient experience: *improving the quality of wound care for patients both in hospital and the community;*

2.1.2 Patient Safety: *improve the prevention, early identification and management of Acute Kidney Injury; and,*

2.1.3 Clinical Effectiveness: *the management of sepsis.*

We also committed to reporting on a number of aspects of improvement work within the three domains of quality. Our progress and performance over the last year for the following quality goals is reported in **Part 3** of this report:

3.1 Patient experience:

- *Improving care for patients living with dementia;*
- *Privacy and dignity:*

- *Promotion of a customer services culture; and,*
- *A patient-led care environment.*

3.2 Patient safety:

- *Infection prevention and control;*
- *Reduction of slips, trips and falls sustained by patients admitted to our hospital wards; and,*
- *Frail Elderly Care Pathway Team initiative (to identify frailty and enhance care planning between health and social care).*

3.3 Clinical effectiveness:

- *Airedale Digital Care Hub and the overall quality of healthcare for people with long-term conditions;*
- *The monitoring of Caesarean section rates through the optimisation of opportunities for physiological birth; and,*
- *Fractured neck of femur improvement project.*

Future priorities for 2018/19

Our 2018/19 key quality priorities are:

1. **Patient experience:** *improving the quality of wound care for patients both in hospital and the community.*

2. **Patient Safety:** *improve the prevention, early identification and management of Acute Kidney Injury.*

3. **Clinical Effectiveness:** *management of sepsis.*

Other local quality improvement work identified for inclusion in the 2017/18 *Quality Report* remains unchanged and is as referenced for 2017/18 (**3.1** to **3.3**).

2.1.1 Priority 1 patient experience: improving the quality of wound care for patients both in hospital and the community

The challenge and our aim

The care we provide to patients who have or develop wounds can fundamentally improve the quality of their lives. According to the National Institute for Health Research, there are approximately 79,500 people in England who have a complex wound at any one time; healing can take months, years or never happen at all. Research evidence demonstrates that over 30 per cent of chronic wounds – identified as wounds that have failed to heal for four weeks or more – do not receive a full wound assessment. This can contribute to ineffective treatment and further delay wound healing for patients with an accompanying impact on their quality of life. Through the provision of standardised care based on research and best practice, patients have the greatest opportunity for healing.

Working collaboratively between primary care, community and the hospital setting the Trust, alongside commissioners and partner organisations, aims to ensure there is an integrated and individualised programme of treatment to support wound healing and garner the associated benefits. Selection of this priority builds on patient feedback on quality improvement initiatives across the local health and social care system to prevent and effectively manage pressure area care.

How we monitor progress

Key actions and milestones are monitored via the Nursing Midwifery Leadership Forum and reported through all the Clinical Delivery Assurance Groups. Progress is measured through the 2017/18 national CQUIN - Improving the assessment of wounds – with the objective being to increase the number of patients who have a full assessment of chronic wounds.

Current status

Within Community Services and in collaboration with Bradford District Care Foundation NHS Trust, a review of the total number of wounds that failed to heal within four weeks and the number of wound assessments completed was undertaken over a three month period in 2017. This initial review found 6.3 per cent of the Trust's district wide applicable patient group had a full wound assessment. The objective of the review was to provide a baseline figure so that a trajectory for improvement could be agreed: namely, that by March 2018, 35 per cent of wounds that have failed to heal within four weeks have a comprehensive wound assessment. A further review undertaken over the final quarter indicates this target was exceeded with 39 per cent of the district wide patient group receiving a full wound assessment.

Whilst the above initial review was sufficient to establish a baseline value, a clinical audit of 17 patient case notes registered within the Airedale, Wharfedale and Craven locality was conducted in tandem to evaluate the quality of care and treatment. Areas of good practice were found to be: documentation of the location of wound and wound type, Malnutrition Universal Screening Tool (MUST) and Maelor scores – required for those patients at risk of heel pressure ulcers – and pain severity and frequency. Areas highlighted as requiring greater consideration were: the effect of medication on wound healing, the impact on quality of life, including social isolation, and, greater attention to potential systemic infection. This work was re-evaluated in the final quarter to assess progress and determine the future planned work.

Initiatives and progress in 2017/18

Findings from the baseline review and audit have identified to healthcare professionals, managers and commissioners the level of harm and informed the local strategies adopted across providers to reduce this burden, including the following key actions:

- Delivery of holistic wound assessment training across all relevant Community Service teams.
- Evaluation of the SystmOne configuration to improve the quality of data capture. A

SystmOne wound assessment template has been developed based on best practice. Following an initial delay in access experienced by Community Services, this is now available across the district. Limitations of the system have been identified e.g. inclusion of those patients with more than one wound. To support compliance, it is not possible to proceed through the assessment without completing all relevant stages.

- Review of wound associated templates in use across district providers to address completion of each component of the comprehensive wound assessment.
- Systematic dissemination of findings at various meetings and forums.

To improve the delivery of holistic skin and wound assessment within the acute setting, the following work has been undertaken:

- Revision of the Wound Care Plan to form a Skin Assessment and Wound Care Plan.
- Establishment of a joint wound care Formulary aligned with Community Services and Bradford District Care Foundation NHS Trust.
- Implementation of a Skin Tear Pathway to support accurate assessment and appropriate treatment.

The overall objective is to ensure continuity in the use of creams and dressings, a more accurate assessment of a wound and ultimately increased healing time. In support of this, quarterly wound care study days are available to all staff as is bespoke training for specific departments.

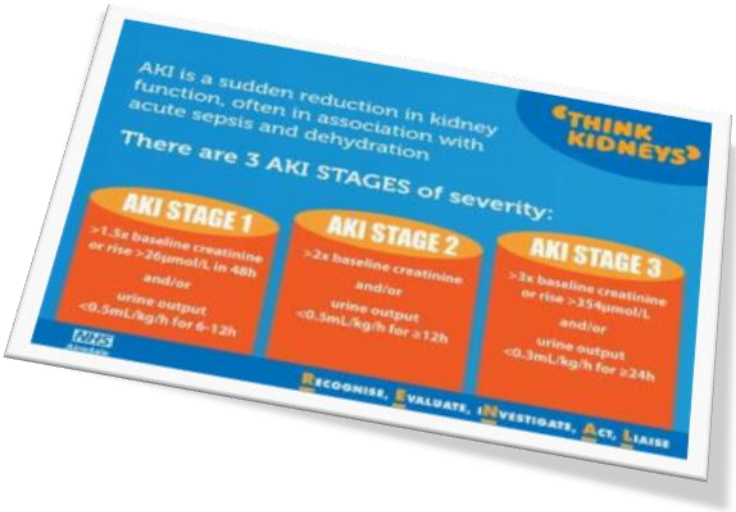
Next steps

- Link the findings and recommendations with other quality improvement work streams. For example, the management of sepsis.
- Work to achieve nationally set absolute levels of performance for 2018/19 based on the assessment of national data returns and review of the latest evidence.
- Configuration of SystmOne to ensure a seamless transfer of care at the point of admission and/or discharge.

2.1.2 Priority 2 patient safety: improve the prevention, early identification and management of Acute Kidney Injury

The challenge and our aim

Acute kidney injury (AKI) is a sudden episode of kidney failure or kidney damage that happens within a few hours or days, usually as a complication of another serious illness. AKI causes a build-up of waste products in the blood making it difficult for the kidneys to correct the balance of fluid in the body. It usually occurs without symptoms making it difficult to identify. It is estimated that one in five emergency admissions into hospital are associated with AKI and that up to 40,000 excess deaths per year in hospital are due to AKI.[4] Up to 30 per cent of these deaths may be potentially avoidable.[5] Whilst there has not been any local patient engagement as such in the local prioritisation of this work, patients have fed into the national initiatives. Staff have participated in the National Confidential Enquiry.



In recognition that early detection and management has a profound effect upon patient outcomes we seek in collaboration with our "*Right Care*" partners to raise awareness with the aim of reducing the number of patients who develop AKI across the locality. More specifically within the hospital the aim is a reduction in preventable hospital acquired acute kidney injury.

How we monitor progress

A multi-disciplinary AKI Task and Finish Group has been established, chaired by a Consultant in Acute Medicine, to measure the quality improvement, co-ordinate the work streams and consider where additional work is required. Progress is monitored by the clinical groups and reported across the Trust's clinical Delivery Assurance Groups.

Current status

The primary aim of NHS England's acute kidney programme "*Think Kidneys"* is to reduce the risk of acute kidney injury. To do so, establishing local and national data collection and audit is paramount.

- A standardised data flow via the implementation of a nationally agreed algorithm for laboratory information management systems for the early detection of AKI has been established. Our Pathology Service is one of the 72 per cent of laboratories across England reporting AKI warning stage test results to the UK Renal Registry.
- A patient outcome baseline review for the period February to April 2017 was undertaken by the clinical lead. Of the total number of acute admissions, eight per cent of admitted patients (sample 522) had a diagnosis of AKI.

[4] Wang H, E, Muntner P, Chertow G, M, Warnock D, G, Acute Kidney Injury and Mortality in Hospitalized Patients. Am J Nephrol 2012;35:349-355

[5] National Confidential Enquiry into Patient Outcome and Death (NCEPOD) [2009] Adding Insult to Injury

- Following the introduction of a care bundle – AKI 8 – in September 2017 (planned to align with the junior doctor changeover), and an underpinning education programme, a pilot commenced on the Acute Medical Unit in October 2017. Preliminary data of inpatients developing AKI within 24 hours of hospital admission is being collated – the percentage of acute admissions with AKI, length of stay, critical care admissions and the number of critical care beds days and mortality within 30 days of admission – to support future assessment of the initiative. Differentiating patients with a hospital acquired AKI from patients that had an AKI on arrival to hospital is more complex than first appreciated, in part as the hospital code *"hospital acquired"* is seldom used. As a result we have not been able to identify a robust informatics solution to quickly and reliably generate figures for this measure. Currently it is necessary to access individual patient records via the pathology reporting system.
- New adverse event categories related to key national recommendations have been created – delay in AKI assessment, prescribing and administration of treatment, senior review and ongoing treatment – to ensure key information can be extracted to support learning.

The overall objective of this work is to have the bundle embedded in practice and a measureable improvement in patient outcomes.

Initiatives and progress in 2017/18

Review and dissemination of guidance across specialties to ensure healthcare professionals and managers are aware of the importance and risks of AKI. Guidance includes the:

- *National Confidential Enquiry into Patient Outcome and Death Adding Insult to Injury* (2009)
- *NICE AKI Clinical Guidance 169* (2013), and,
- *NICE AKI Quality Standard 76* (2014).

Implementation of the patient safety alert *Resources to Support the Care of Patients with AKI* (2016). The alert signposts clinicians and community services to resources to ensure care is provided in line with guidance.

AKI 8 tool has been developed. Subsequent modifications have been made with further adjustments planned to ensure effective utilisation. Compliance with the bundle appears to be generally improving.

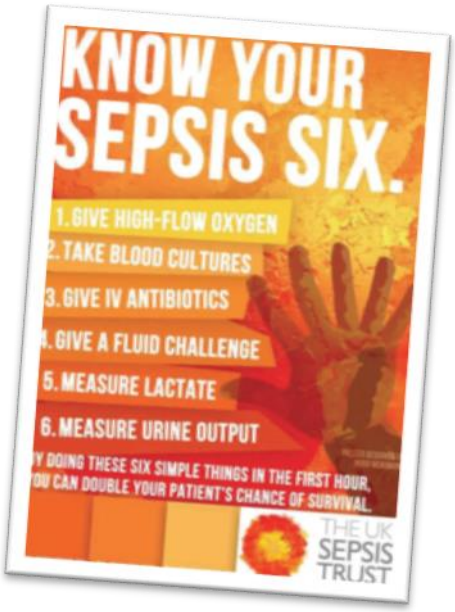
The clinical lead has worked closely with Pharmacy to ensure the ward pharmacists are aware of patients with a new AKI alert. In this way drugs can be reviewed to make appropriate modifications based on the patient's renal function or stop medications toxic to kidneys. The process appears to be working well.

A special Acute Kidney Injury Quality and Safety newsletter was produced in February 2018 to highlight key information and learning.

Next steps

- Optimisation of the AKI 8 tool – an AKI change package will be rolled out only when it is considered this has been achieved.
- Review and develop current training packages offered to nurses, doctors and pharmacists
- Consider setting up "*sick day rules*" on SystmOne i.e. guidance on temporary cessation of medicines to patients deemed at high risk of AKI based on an individual risk assessment.
- Develop patient information to support public understanding about kidneys and AKI.
- Ensure that commissioners, healthcare professionals and managers are aware of the importance and risks of AKI; develop appropriate local strategies to reduce its burden.
- Work with GPs and community partners to improve AKI care; for example, by improving discharge documentation of AKI for GPs.

2.1.3 Priority 3 clinical effectiveness: management of sepsis



The challenge and our aim

Sepsis is a common and potentially life-threatening condition where the body's immune system overacts to an infection. 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.[6] Reports by the Parliamentary and Health Service Ombudsman have highlighted problems in the detection and treatment of sepsis. [7] Sepsis is a key national priority for NHS England and local commissioning groups. Whilst there has not been any local patient engagement as such, patients have fed into the national toolkit which has informed work. Staff participated in the Healthcare Quality Improvement Partnership as part of the Clinical Outcome Review Programme's *Sepsis Study*.

The Trust seeks to embed identification and treatment of sepsis in line with national guidance for the Commissioning for Quality and Innovation (CQUIN).

How we monitor progress

Progress is measured and reported through the 2017/18 joint CQUIN *Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)* indicator. NHS England and NHS Improvement believe that the issues of sepsis and antimicrobial resistance are complementary and that developing and implementing a joint CQUIN supports a coherent approach within provider organisations towards reducing the impact of serious infections whilst at the same time reducing the likelihood of the development of strains of bacteria that are resistant to antibiotics. Key actions and milestones are monitored by the Clinical Groups and reported at the Clinical Delivery Assurance Groups.

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 measurement and urine output monitoring – to be instituted within one hour by non-specialist practitioners at the front line.[8] It is the prompt administration of antibiotics which is regarded as the most crucial action in the prevention of morbidity and mortality. The Trust has adopted tools for the screening and initial management of sepsis. The national CQUIN has four components. (The fourth arm concerns the reduction in use of antibiotics and is discussed in section *3.2.1 Infection Prevention and Control*.) The first three components are:

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[6] 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 01/02/18]

[7] Parliamentary and Health Service Ombudsman, *Time to Act. Severe sepsis: rapid diagnosis and treatment saves lives sepsis.* Available at: https://www.ombudsman.org.uk/publications/time-act-severe-sepsis-rapid-diagnosis-and-treatment-saves-lives-0 [Accessed 01/02/18]

[8] http://www.survivingsepsis.org/bundles/Pages/default.aspx [Accessed 01/02/18]

1. Screening for sepsis (Emergency Department and hospital inpatients)

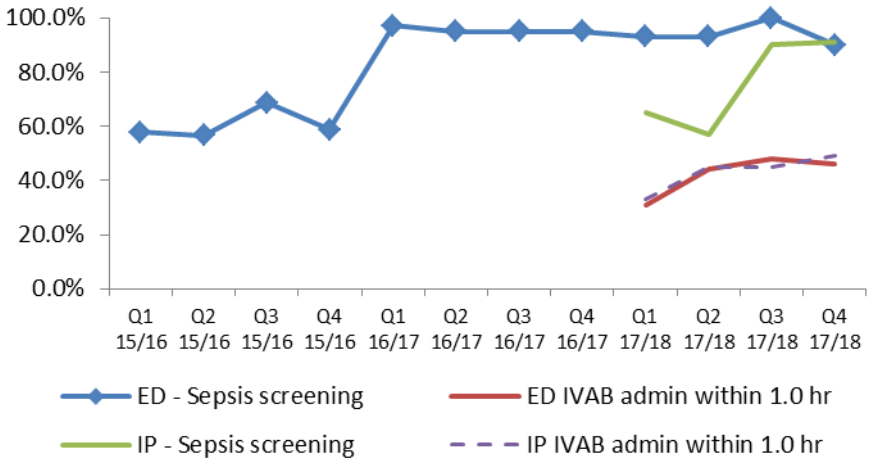
Each month a minimum of 50 case notes for those ED patients – adult and children – who present with symptoms associated with sepsis are reviewed to assess the proportion that are screened. National findings indicate that the rate of screening for sepsis for ED admissions has increased from 52 per cent to 89 per cent and from 62 per cent to 75 per cent for inpatients since 2015.

2. Administration of antibiotics (Emergency Department and hospital inpatients)

Retrospective case note review of a random sample of acute adult inpatients (sample 50 each month) where clinical codes indicate sepsis is ongoing. One of its purposes is to understand the level of compliance with the one hour local protocol for the administration of intravenous antibiotics. At national level prompt antibiotic treatment – within an hour of recognition of sepsis – has increased from 49 per cent to 70 per cent in ED and from 60 per cent to 80 per cent for inpatients since 2015.

The chart below shows ED and hospital inpatient performance against these two measures.

Figure 1: Percentage compliance with screening and administration of antibiotics



Data source: *Performance Team – national CQUIN submission*

3. Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

To reduce both total and inappropriate antibiotic usage in hospitals, a competent healthcare professional is required to review the antibiotic prescription within three days of commencement to determine if it is still needed, and if so, if the appropriate antibiotic is being used. This is important as antimicrobial resistance continues to increase and is a major healthcare risk. Based on a quarterly review of 30 patients diagnosed with sepsis, average compliance for the year is 94 per cent.

Up to April 2017 it has been recognised at national level that coding for sepsis and systemic inflammatory response syndrome (SIRS) is challenging with a lack of consistency for clinical coding practice for sepsis between providers. Recent national changes to coding for sepsis are designed to improve data quality. The Intensive Care National Audit Research Centre (ICNARC) provides useful measures and insight. In 2016/17 the number of high risk sepsis admissions to the Unit is below the national average with performance better than expected. Risk adjusted mortality is within the expected range.

Initiatives in 2017/18 to achieve progress

A Sepsis Awareness Week was held in September 2017 to coincide with World Sepsis Awareness Day and followed on from an event at the staff open day in the summer. Our aim is to embed across the organisation a systematic approach to assessing risks and preventative treatment.

As noted, new sepsis pathway proformas – for adults, children aged five to 11, and children under five – were launched for the initial screening and management of sepsis. The pathways are in line with the latest NICE recommendations and a CQC requirement for a children's sepsis pathway within the ED. The initial questions for acute medical patients are embedded into SystmOne such that all admissions are electronically captured for sepsis screening.

To further augment awareness around sepsis, a workshop to increase understanding of how to spot and treat sepsis and local efforts implemented to improve the management of sepsis was held November 2017.

Review of patient case notes by clinical leads is ongoing with the objective of improving screening and the administration of antibiotics. Learning identified includes:

- "*Red Flags*" on the sepsis pathway for hypotension and tachycardia.
- Requirement that any lack of patient response to treatment is escalated.
- Adoption of the sepsis pathway screening tool as a patient plan of care for medical and nursing staff.

New adverse event categories related to the key recommendations have been created –

- Delay in recognition of sepsis;
- Delay in delivery of intravenous antibiotics;
- Delay in the delivery of the Sepsis Six (others); and,
- Delay in senior review/ongoing management.

– to ensure key information can be extracted in support of learning.

The Coding Department continues to work closely with clinical leads – as noted there have been recent national changes to coding for sepsis. It is envisaged that the new screening tools will support the accuracy of coding. The SystmOne screening pulls through read codes depending on the result, e.g. "*Red Flag Sepsis*", "*Sepsis unlikely*" etc.

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 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.

Next steps

The priority in the coming year is part 2b of CQUIN: administration of antibiotics within one hour. A number of initiatives to help achieve this are in development, including Sepsis Trolleys in key areas and an education and training programme in intravenous administration and the fostering of a culture of responsibility within the prescriber of the antibiotics.

The Information Technology Team is working to develop electronic triage in SystmOne for the ED as part of a phased electronic patient record. Sepsis screening will be built into this (similar to the AMU model), triggered based on observations. We hope that this will prompt earlier summoning of a clinician to assess the need for IV antibiotics within an hour.

Other planned work includes:

- Extending the use of SystmOne screening to other acute units for example Surgery;
- Embedding the use of SystmOne when a patient becomes septic on the ward;
- Provision of training for nursing staff across the Trust;

- Amalgamation of sepsis work with the introduction of the new National Early Warning Score Charts;
- Review of adverse events with reference to the new categories to understand where deficiencies are; and,
- Expansion of the Sepsis Champion roles across the Trust.

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 2017/18 Airedale NHS Foundation Trust provided and/or sub-contracted 77 relevant health services [as per NHS Improvement's Provider License].

The Airedale NHS Foundation Trust has reviewed all the data available to them on the quality of care in 77 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 89.4 per cent of the total income generated from the provision of relevant health services by the Airedale NHS Foundation Trust for 2017/18.

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 2017/18, 38 national clinical audits and six national confidential enquiries covered relevant health services that Airedale NHS Foundation Trust provides.

During that period Airedale NHS Foundation Trust participated in 92 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 2017/18 are as follows: see tables 1 and 2.

The national clinical audits and national confidential enquiries that Airedale NHS Foundation Trust participated in during 2017/18 are as follows: see table 1 and 2.

The national clinical audits and national confidential enquiries that Airedale NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, 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 1: National clinical audits undertaken by Airedale NHS Foundation Trust

Ref	Title	Eligible	Participation	Per cent eligible patients submitted
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	✓	100
2	Adult Cardiac Surgery	×	N/A	N/A
3	BAUS Urology Audits: Cystectomy	×	N/A	N/A
4	BAUS Urology Audits: Nephrectomy	✓	✓	100
5	BAUS Urology Audits: Percutaneous nephrolithotomy	✓	✓	100
6	BAUS Urology Audits: Radical prostatectomy	×	N/A	N/A
7	BAUS Urology Audits: Urethroplasty	×	N/A	N/A
8	BAUS Urology Audits: Female stress urinary incontinence	✓	✓	100
9	Bowel Cancer (NBOCAP)	✓	✓	100
10	Cardiac Rhythm Management (CRM)	✓	✓	100
11	Case Mix Programme (CMP)	✓	✓	100
12	Congenital Heart Disease (CHD)	×	N/A	N/A
13	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	×	N/A	N/A
14	Diabetes (Paediatric) (NPDA)	✓	✓	97.8
15	a) Elective Surgery (National PROMs Programme) – knee replacement	✓	✓	100
	b) Elective Surgery (National PROMs Programme) – groin hernia	✓	✓	82.6
	c) Elective Surgery (National PROMs Programme) – varicose veins	✓	✓	53.7
	d) Elective Surgery (National PROMs Programme) – hip replacement	✓	✓	97.4
16	Endocrine and Thyroid National Audit (Surgical)	×	N/A	N/A
17	a) Falls and Fragility Fractures Audit programme (FFFAP) – Hip Fracture Database	✓	✓	100
	b) Falls and Fragility Fractures Audit programme (FFFAP) – Falls Audit	✓	✓	100
	c) Falls and Fragility Fractures Audit programme (FFFAP) – Fracture Liaison Database	×	N/A	N/A
18	Fractured Neck of Femur (care in emergency departments)	✓	✓	100
19	Head and Neck Cancer Audit	×	N/A	N/A
20	Inflammatory Bowel Disease (IBD) programme	✓	×	N/A
21	Major Trauma Audit	✓	✓	97
22	National Audit of Anxiety and Depression	×	N/A	N/A
23	National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	100
24	National Audit of Dementia	✓	✓	100
25	National Audit of Intermediate Care (NAIC)	✓	×	N/A

Ref	Title	Eligible	Participation	Per cent eligible patients submitted
26	National Audit of Psychosis	×	N/A	N/A
27	National Audit of Rheumatoid and Early Inflammatory Arthritis	✓	✓	To commence May 2018
28	National Audit of Seizures and Epilepsies in Children and Young People	✓	✓	100
29	National Bariatric Surgery Registry (NBSR)	×	N/A	N/A
30	National Cardiac Arrest Audit (NCAA)	✓	×	N/A
31	a) National Chronic Obstructive Pulmonary Disease (COPD) Audit programme – pulmonary rehab	✓	✓	100
	b) National Chronic Obstructive Pulmonary Disease (COPD) Audit programme – secondary care	✓	✓	25
	c) National Chronic Obstructive Pulmonary Disease (COPD) Audit programme – primary care	×	N/A	N/A
32	National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	✓	✓	100
33	a) National Comparative Audit of Blood Transfusion – 2017 Haematology Audit	✓	✓	100
	b) National Comparative Audit of Blood Transfusion – TACO Audit	✓	×	N/A
34	a) National Diabetes Audit - Adults (Core)	✓	×	N/A
	b) National Diabetes Audit - Adults Foot care	✓	✓	100
	c) National Diabetes Audit - Adults Diabetes in Pregnancy	✓	✓	100
	d) National Diabetes Audit - Adults Inpatient Audit	✓	✓	100
35	National Emergency Laparotomy Audit (NELA)	✓	✓	100
36	National End of Life care audit	✓	✓	To commence April 2018
37	National Heart Failure Audit	✓	✓	100
38	National Joint Registry (NJR)	✓	✓	100
39	National Lung Cancer Audit (NLCA)	✓	✓	100
40	National Maternity and Perinatal Audit	✓	✓	100
41	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	100
42	National Ophthalmology Audit	✓	✓	100
43	National Vascular Registry	×	N/A	N/A
44	Neurosurgical National Audit Programme	×	N/A	N/A
45	Oesophago-gastric Cancer (NAOGC)	✓	✓	100
46	Paediatric Intensive Care (PICANet)	×	N/A	N/A
47	Pain in Children (care in emergency departments)	✓	✓	100
48	Prescribing Observatory for Mental Health (POMH-UK)	×	N/A	N/A
49	Procedural Sedation in Adults (care in emergency departments)	✓	✓	100
50	Prostate Cancer Audit	✓	✓	100

Ref	Title	Eligible	Participation	Per cent eligible patients submitted
51	Sentinel Stroke National Audit programme (SSNAP)	✓	✓	100
52	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	✓	✓	100
53	UK Parkinson's Audit	✓	✓	100

Exceptions:

14: Unable to acquire notes for two patients.
15: Varicose vein: a change in process of care to day surgery meant that not all patients were receiving a pre-operative questionnaire. This shortfall was rectified.
20: Did not participate owing to resource issues.
21: Figures calculated based on historical HES data. All appropriate patients submitted.
25: A decision was made not to participate in this audit.
30: We have signed up to participate in this audit for 2018-19.
31: We have commenced the routine submission of all cases from January 2018.
33b: Did not participate owing to resource issues.
34a: Did not participate owing to resource issues.

Table 2: National Confidential Enquiries (NCEPOD) undertaken by Airedale NHS Foundation Trust

Ref	Title	Eligible	Participation	Per cent eligible patients submitted
1	a) Child Health Clinical Outcome Review Programme – Chronic Neurodisability	✓	✓	75
2	b) Child Health Clinical Outcome Review Programme – Young People's Mental Health	✓	✓	83
3	Learning Disability Mortality Review Programme (LeDeR Programme)	✓	✓	100
4	Maternal, Newborn and Infant Clinical Outcome Review Programme	✓	✓	100
5	Medical & Surgical Clinical Outcome Review Programme - Heart Failure	✓	✓	100
6	Medical & Surgical Clinical Outcome Review Programme - Peri-operative Diabetes	✓	✓	80
7	Mental Health Clinical Outcome Review	×	N/A	N/A

Data source: Airedale NHS Foundation Trust Clinical Audit Department.

The reports of 32 national clinical audits were reviewed by the provider in 2017/18 and Airedale NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

The following is a sample.

Severe Sepsis and Septic Shock Audit

Comparing ourselves to other trusts on the Royal College of Emergency Medicine's 2016/17 *Severe Sepsis and Septic Shock Audit*, our performance was worse in four metrics and similar in four metrics. In this context similar means that performance was within the middle 50 per cent of results for participating sites. The provision of regular training and updates in sepsis management continues to encourage staff to "*Think sepsis*". Acute Medical Unit and ED nursing staff have sepsis included in training days. A process of having Sepsis Champions on a number of medical wards has commenced.

Sentinel Stroke National Audit Programme (SSNAP)

The Sentinel Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by measuring both the structure and processes of stroke care against evidence based standards. Quarterly reports are received and discussed within the team. A Community Stroke Team has been introduced and is providing occupational therapy and support. Psychology access is to be part of this initiative. Early detection of atrial fibrillation via inpatient heart monitoring has resulted in initiating anti-coagulation earlier. An area of current focus is SSNAP Domain 2 overall team-centred rating score.

Intensive Care National Audit and Research Centre (ICNARC)

The Trust submits data to the West Yorkshire Adult Critical Care Operational Delivery Network. Key quality indicators compare our performance across critical care units. Performance is as expected or better in quality markers with the exception of the out of hours discharges to the ward where we are worse than expected. This is being addressed by trying to secure early decisions and escalation to bed managers with priority acknowledgement from Critical Care.

Major Trauma Audit (TARN)

TARN is the Trauma Audit and Research Network and every organisation in the UK which manages trauma patients has a responsibility to submit data to TARN. A dedicated TARN data coordinator has been appointed in the last year to improve data quality and she has subsequently been awarded the title of "UK TARN Coordinator of the Year 2018". Latest results show progress has been achieved in the following quality markers:

- Time to senior clinician review;
- Time to airway management; and,
- Time to computerised tomography scan.

National Falls Audit 2017

Results for each of the seven clinical audit standards evaluated in the Royal College of Physicians 2017 *National Falls Audit* shows our patients are receiving better falls prevention approaches than the national average for the assessment of delirium, vision, medications that increase falls risk, measurement of blood pressure and the accessibility of call bell and mobility aids. However, an area where we are below the national average is in the consideration of falls risk in the continence care plan. The guidance developed in the last year for the assessment of delirium, dementia and depression – the 3Ds – cross references to the continence care plan.

National Joint Registry

The Trust continues to achieve excellent results.

National Paediatric Diabetes Audit (NPDA)

The service has responded to the recommendations in the 2016 report, increasing the use of pumps and improving the number of children with reliable control. Solutions to improve the storage and availability of diabetes patient data are being progressed. Psychology provision has been increased.

The reports of 147 local clinical audits were reviewed by the provider in 2017/18 and Airedale NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

The following is a sample. Further actions planned and undertaken in response to audit findings are detailed in the Trust's annual *Clinical Audit Report*.

The Safe Handling and Storage of Controlled Drugs

Aim: To monitor compliance with the safe and secure handling of controlled drugs (CD).

Findings: Compliance with the standard for daily balance checks of stocks of controlled drugs has progressed, in part due to the training and competency assessment of Health Care Support Workers to act as a witness. The audit identified a shortfall in documenting receipt of controlled drugs on ward areas.

Actions include:		*Outcome*
i	Matrons have developed action plans where non-compliance is noted.	✓
ii	Ongoing quarterly audit of compliance.	✓

NHS National Safety Thermometer

Aim: The NHS Safety Thermometer records the presence or absence of four harms: pressure ulcers, falls, urinary tract infections in patients with a catheter and new venous thromboembolisms. These harms are selected as there is clinical consensus that they are largely preventable through appropriate patient care.
Findings: Whilst patients are assessed once a month in their care settings by frontline healthcare professionals, the intelligence was not being effectively shared amongst local teams to maximise potential learning.

Actions include:		*Outcome*
i	Monthly ward and community team summary reports are generated.	✓
ii	Data is displayed in clinical areas for staff and patients.	✓

Blood pressure management in primary intracerebral haemorrhage

Aim: To assess whether blood pressure in patients with acute intracerebral haemorrhage (including stroke) is being treated according to national evidence based guidelines.

Findings: Several areas were identified to improve the clinical effectiveness of care and presented at the monthly stroke speciality teaching session.

Actions include:		*Outcome*
i	Develop a protocol for control of blood pressure within first 24 hours for these patients	✓
ii	Disseminate the findings to all medical staff including within the Acute Medical Unit and ED.	✓

Last Days of Life – Community Services

Aim: To evaluate whether recommendations for an end of life care audit undertaken in 2015 have been implemented.
Findings: Staff are implementing this initiative and delivering fundamental care requirements. However, opportunities to further promote priorities of care were identified.

Actions include:		*Outcome*
i	Training regarding the Gold Standards Framework and Gold Line monitored via an register of attendance	✓
ii	Comfort and Dignity Care Plan documentation to be reviewed, written bereavement information developed and cross-referenced.	✓
iii	Rationalise end of life care	✓

documents on SystmOne and address areas of shortfall such as mouth care.

Management of gallstone disease

Aim: Evaluate whether the surgical management of gallstone disease is in accordance with NICE guidelines.

Findings: The clinical audit identified service improvement opportunities.

Actions include:	*Outcome*
i Start to perform acute laparoscopic cholecystectomies following admission with acute cholecystitis	✓
ii Create hot gall bladder pathway and initiate hot gallbladder ultrasound service.	✓
iii Additional dedicated laparoscopic cholecystectomies theatre slots.	✓

Audit of the use of Paediatric Advance Warning Score (PAWS) Chart on the Children's Ward

Aim: Paediatric Advanced Warning Scores (PAWS) is a scale based on clinical observations intended to predict deterioration. It is important that these scores are documented and acted on appropriately.

Findings: Greater scrutiny of staff completing the observation frequency field was recommended by the audit.

Actions include:	*Outcome*
i Nurses have been reminded of the importance of ensuring a complete set of observations are performed in timely manner and transcribed from the admission pack to the PAWS chart.	✓
ii Monthly PAWS compliance is monitored via the nursing record keeping performance indicators to ensure the agreed standard is met.	✓

Third and Fourth Degree Tear Audit

Aim: The proportion of deliveries resulting in third and fourth degree tears is a useful means to assess the quality of delivery care.

Findings: Review of women who sustained such a tear identified actions to improve the clinical effectiveness of care and the maternal experience.

Actions include:	*Outcome*
i Use of warm compresses to support the perineum during the second stage of labour	✓
ii Babies to be transferred to the Obstetric Theatre to promote bonding during perineal repair.	✓

2.2.3 Participation in clinical research

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

The number of patients receiving relevant health services provided or sub-contracted by Airedale NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1013.

Airedale NHS Foundation Trust was involved in conducting 73 clinical research studies across all specialties during 2017/18 of which 53 were on the National Portfolio. During 2017/18 Airedale has been commended by the Clinical Research Network for achieving national benchmarks for performance in initiating and delivering research and for exceeding patient recruitment targets.

There were 44 senior clinical staff participating in research approved by a research ethics committee at Airedale NHS Foundation Trust during 2017/18. These staff participated in research across 19 different clinical specialties. The Trust has been committed to expanding research into new specialties to improve the quality of care and outcomes 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. We aim to offer every patient the opportunity to take part in a clinical trial. This is reflected in the number of research studies undertaken during 2017/18.

In the last three years, Airedale has been formally acknowledged as a contributor to studies reported in 37 publications due to our involvement in National Institute for Health Research portfolio studies. This demonstrates our commitment and desire to improve patient outcomes and experience across the NHS. In addition to this, a further 22 papers arising from academic and own account research have been published in peer reviewed journals since April 2015.

Participation in clinical research demonstrates the commitment of Airedale NHS Foundation Trust to improving the quality of care offered to our patients and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and it has been demonstrated that active participation in research leads to better patient outcomes. Our engagement with clinical research also demonstrates the commitment of Airedale NHS Foundation Trust to testing and offering the latest medical treatments and techniques.

The Midlands and North of England Stillbirth Study (MiNESS)

The MiNESS stillbirth study, published in the British Journal of Obstetrics and Gynaecology is the biggest of its kind. Airedale took part in this study which looked into 291 pregnancies that ended in stillbirth and 735 women who had a live birth. The study findings suggested that women in their final three months of pregnancy should sleep on their side and not on their backs to prevent stillbirth. Researchers say the position which women fall asleep in is most important - and they should not worry if they are on their back when they wake up. About one in 225 pregnancies in the UK ends in stillbirth and the study authors estimate that about 130 babies' lives a year could be saved if women went to sleep on their side.

The study results were reported by the BBC
http://www.bbc.co.uk/news/health-42025835
[Accessed 01/02/18]

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 2017/18 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 2017/18 and for the following 12 month period are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/

As part of the drive to improve quality, an amount of funding to be paid to the Trust during 2017/18 for the delivery of services to our patients was dependent upon achieving a range of quality markers. This scheme (CQUIN) linked £2,909,753 of our funding to the delivery of the agreed quality indicators. [This is based on the indicative outturn value for 2017/18.]

During 2017/18 Airedale NHS Foundation Trust delivered CQUINs to the value of £2,833,675 to the satisfaction of our commissioners (to be confirmed).

The monetary total of funding conditional to the delivery of agreed quality indicators in 2016/17 was £2,832,914.

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.

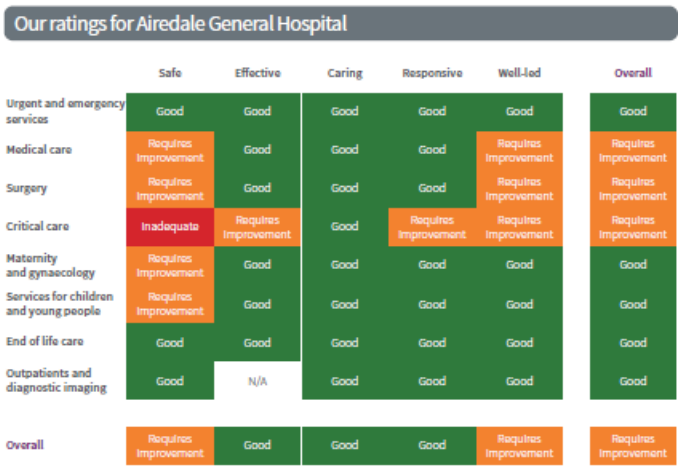
Statements from the Care Quality Commission

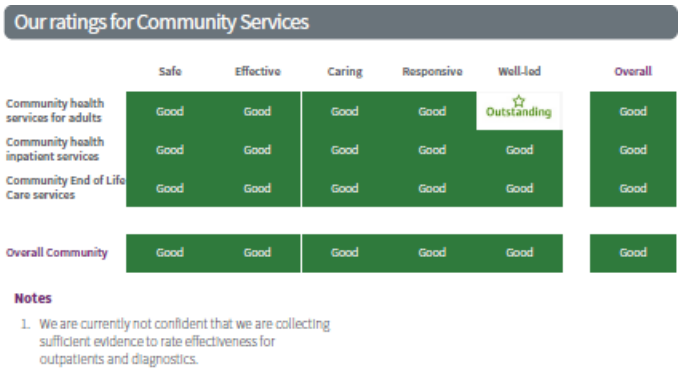
Airedale NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions. Airedale NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Airedale NHS Foundation Trust during 2017/18.

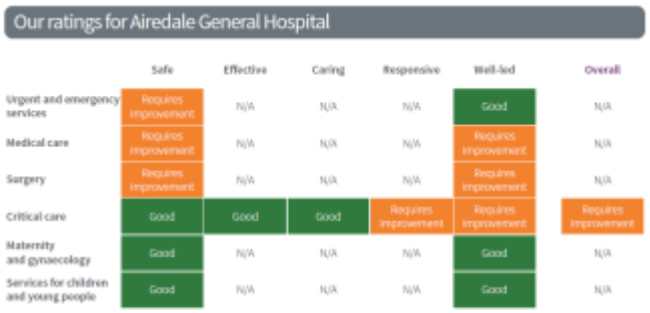
Airedale NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2017/18:

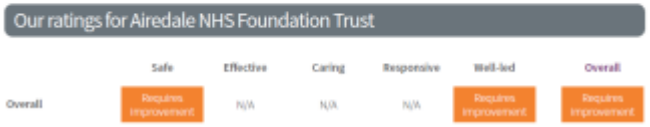
The Trust underwent a CQC comprehensive inspection in March 2016 in relation to its regulated services: Urgent and Emergency Services; Medical Care; Surgery; Critical Care; Maternity and Gynaecology; Services for Children and Young People; End of Life Care; Outpatients and Diagnostic Imaging; and, Community Health Inpatient Services. The final report was published on 10th August 2016 and concluded the overview of ratings as follows:





A focused follow-up inspection was undertaken during March 2017 of those core services at Airedale General Hospital rated as "*requires improvement*" and "*inadequate*" and of Urgent and Emergency Services. In addition, an unannounced inspection was undertaken in April 2017. The final report was published on 20th September 2017 with the ratings as follows:





The rating for the safety and well-led domain is "*requires improvement*" as is the overall summary rating for the Trust.

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

In February 2018 the Care Quality Commission carried out a local systems review in Bradford, where they looked at the flow of over 65-year-olds through the health and social care system. The review does not result in a rating, but the CQC's anticipated report will be shared with all organisations in our local system – GP practices, commissioners, care homes, hospice and ambulance services – to understand where improvements can be made.

Airedale NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

The final 2017 inspection report was shared with commissioners and the Bradford Health and Social Care Overview and Scrutiny Committee. Progress updates have been provided to both throughout the year.

The CQC report provides the Trust with an opportunity to engage with and implement required improvement across the organisation. A series of action plans have been developed in response to the *"must do"* and the *"should do"* with significant progress against all actions. These were shared with and signed off by the CQC.

Airedale NHS Foundation Trust has made the following progress by 31st March 2018 in taking such action:

The *Quality Improvement Plan* developed in response to the CQC *Quality Report* of September 2017 has been delivered having been scrutinized and challenged through the Trust processes. In addition there has been attention paid to ensuring the improvements become embedded into *"business as usual"* and therefore provide the assurance of sustained improvements resulting in higher quality patient care.

In relation to issues identified in a particular core service the Trust has taken the opportunity to review if there are the same or similar issues elsewhere in the Trust. Where appropriate, improvements have been made throughout the Trust thus standardising consistent care for all patients wherever they may be in the hospital.

Following a review of the CQC's regulatory framework, the Trust is expecting an annual announced visit into the "*Well-Led*" domain. In addition all other visits will be unannounced and therefore there is no data regarding these. The Care Quality Commission maintains communications with the Trust through the monthly relationship meetings based upon INSIGHT data.

2.2.6 Information on the quality of data

Good data quality underpins the effective delivery of improvements to the quality of patient care.

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 2017/18 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 per cent for outpatient care; and
99.5 per cent for accident and emergency care.
– which included the patient's valid General Practitioner Registration Code was:
100 per cent for admitted patient care;
100 per cent for outpatient care; and
100 per cent for accident and emergency care.[9]

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 national 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 2017/18 was 68 per cent and was graded satisfactory. [Findings are substantiated by a significant assurance rating from Internal Audit].

[9] The above is published data for the period April 2017 to February 2018 – NHS Digital.

Clinical Coding error rate

Airedale NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.[10]

However, the Trust was subject to an external Clinical Coding Audit for IG national standards in December 2017. The error rate reported for diagnoses and treatment clinical coding was as follows:

- Primary Diagnosis: 5.0 per cent (IG level 3 – required level <5 per cent)
- Secondary Diagnosis: 5.5 per cent (IG level 3 – required level <10 per cent)
- Primary Procedure: 6.3 per cent (IG level 2 – required level <5 per cent)
- Secondary Procedure: 3.4 per cent (IG level 3 – required level <10 per cent)

The audit covered a cross-section of all inpatient specialties and across all members of the Clinical Coding Team. The audit reviewed the clinical coding accuracy of 200 finished consultant episodes (FCEs) of NHS activity to satisfy the Trust's IG toolkit.

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:

Feedback relating to all errors has been provided to:

- All members of the Clinical Coding Team, with any identified training issues covered with individual coders; and
- The Data Quality Assurance Group and the Surgical Governance Group about the need for clearly legible documentation in the clinical records, specifically General Surgery.

[10] NHS Improvement comment: References to the Audit Commission are now out of date because it has closed. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHS Improvement. From 2016/17 this programme has applied a new methodology and there is no longer a standalone 'coding audit' with errors rates as envisaged by this line in the regulations. It is therefore likely that providers will be stating that they were not subject to "the Payment by Results clinical coding audit" referred to above during 2017/18.

2.2.7 Learning from Deaths

The Trust has acted on guidance published by NHS Improvement in relation to the *Learning from Deaths Framework*; monitoring and learning from mortality is published each quarter.

During 2017/18 651of Airedale NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
155 in the first quarter;
164 in the second quarter;
171 in the third quarter;
161 in the fourth quarter.

By 31/03/18, 182 case record reviews and zero investigations have been carried out in relation to the deaths included above.

In zero cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:
57 in the first quarter;
34 in the second quarter;
38 in the third quarter;
53 in the fourth quarter.

Zero per cent of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:
Zero per cent in the first quarter;
Zero per cent in the second quarter;
Zero per cent in the third quarter;
Zero per cent in the fourth quarter.

These numbers have been estimated using the Trust Mortality Review Tool; whereby a random 20 sets of medical records are

chosen and reviewed by trained reviewers using an on-line tool. Any issues both where learning can be achieved along with excellent care provided are shared within the Mortality Review Group and Speciality Governance for improved care.

The following is a summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the overall inpatient deaths:

There have been a number of themes identified during the process in 2017/18 and these include

- Communication with relatives; this has shown to be excellent during some cases and less good in others.
- Variation in the use of the end of life pathway; there are areas of excellence and again areas whereby there needs to be improvement.
- Clear evidence of good leadership in the care of a patient, good communication between specialties and early contact with critical care.
- Variation in the standard of completion of death certificates.
- Variation in the recognition and treatment of sepsis, such as time to administer first dose of antibiotics.

As a consequence of what that the Trust has learnt during the reporting period, the following actions have been taken:

- Sharing of monthly learning outcomes with relevant specialty governance leads for discussion and action planning.
- Bespoke discussion following thematic reviews with the specialty for onward cascading of the findings and learning.
- Sharing of excellence in the use of the End of Life pathway and other areas of patient care.
- Targeted support in relation to completion of death certificates at trust induction of junior doctors and others.
- Trust wide Sepsis campaign underway.
- Sharing of excellence in care by individuals and teams in various trust settings.

The following actions are proposed following the reporting period:

- Training will be developed and delivered in relation to the challenging conversations for staff in relation to caring for dying patients and their families.
- A Mortality Newsletter will be developed and published during 2018/19.
- Additional multi-disciplinary reviewers will be recruited and trained to streamline the review process and build resilience into the system.
- Introduction of new content in leaflet for bereaved carers and families to facilitate raising concerns via PALS in first instance.

An assessment of the impact of the actions taken by the provider during the reporting period is as follows:

- Improved communication/relationship between governance leads and mortality chair.
- Improved communication/relationship between mortality review group and consultant body.
- Recognition of right care behaviours with examples of excellence flagged to individuals and teams.
- Increased recognition of patients who are dying and with increased use of end of life pathway for dying patients.

Zero case record reviews and zero investigations completed after 01/04/17 related to deaths which took place before the start of the reporting period.

Zero per cent of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This is due to the Trust taking the opportunity to review the way it manages Mortality Reviews following the retirement of the previous lead and in response to the Care Quality Commission's *Quality Report* published in 2016.

Zero per cent of the patient deaths during 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.2.8 Seven Day Hospital Services

The seven day services programme is designed to ensure patients that are admitted as an emergency receive high quality and consistent care, regardless of whether they are admitted to hospital on a weekday or weekend. Through the provision of a seven day consultant-led acute service there is an opportunity to improve clinical outcomes and deliver a more patient focussed and efficient service - diagnostic equipment, pathology laboratories and operating theatres can be more effectively utilised.

To move toward routine services being available seven days a week, ten clinical standards were developed in 2013 through the Seven Day Services Forum. The standards are founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven day services should achieve. With the support of the AoMRC, four of these ten clinical standards have been identified as priorities on the basis of their potential to positively affect patient outcomes. These are:

- Standard 2 – Time to first consultant review
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

Providers have been tasked with implementing these four standards by 2020. This is to ensure patients:

- Do not wait longer than 14 hours to initial consultant review.
- Access diagnostic tests with a 24-hour turnaround time - for urgent requests, 12 hours; and for critical patients one hour.
- Have access to specialist, consultant-directed interventions.
- On High Dependency receive twice-daily specialist consultant review and that those patients admitted to hospital in an emergency receive daily consultant-directed ward rounds.

To support quality improvement and measure progress, the Trust completed a self-assessment survey in March 2017 and results were published in October 2017. Patient case notes were analysed to assess achievement against the four standards with the following results:

7 Day Results

Standard 2	Standard 5	Standard 6	Standard 8
79%	94%	100%	97%

Weekday results

Standard 2	Standard 5	Standard 6	Standard 8
78%	100%	100%	99%

Weekend results

Standard 2	Standard 5	Standard 6	Standard 8
82%	87%	100%	90%

Source: *NHS England.*

The areas identified as requiring improvement relate to Standard 2 where performance is below the 90 per cent threshold. An action plan to achieve compliance by March 2018 is being implemented. Biannual self-assessment remains in place to support evaluation.

2.2.9 Sign up to Safety

The patient safety campaign, *Sign up to Safety*, is a national initiative to improve safety and reduce avoidable harm by 50 per cent. The Trust signed up in 2014 and is committed to creating the right conditions for safer care. We have used the campaign as an opportunity to learn from others. The following are examples of initiatives developed elsewhere that we have implemented locally:

- Adoption of the Fab NHS Change Week, a week of events in November 2017 to encourage those within the NHS to make a change to improve things and then share what they have done. One such example is *"Learning form excellence".* Safety in healthcare has traditionally focused on

avoiding harm by learning from harm. This approach can miss the opportunity to learn from excellent practice. In 2016 Community Services were rated "*outstanding*" by the CQC for the well-led domain. The Community Team has sought over the last year to learn from excellent practice with the aim of boosting resilience and staff morale. Maternity Services launched a similar initiative in recent months.

- Acute Assessment Unit rapid improvement event: building on the earlier success of AireFlow and AireSurge, the event looked specifically at ways of working and patient pathways in preparation for the opening of the new unit in 2018.

2.2.10 Duty of Candour

In 2014, in response to the inquiry into Mid Staffordshire NHS Foundation Trust, the CQC 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.*

The 2017 Care Quality Commission inspection found that most staff were aware of Duty of Candour requirements and that there was evidence the duty had been applied. Staff spoke about being open and honest with patients and relatives.

Mandatory training is delivered to all clinical and non-clinical staff. Incident monitoring systems are aligned to ensure any incident resulting in moderate harm and above follows the necessary Duty of Candour steps. Annual audit is undertaken to provide assurance of ongoing scrutiny. Over the last year there was one exception to the Duty of Candour. A follow up plan was agreed with commissioners, and this was undertaken with the patient at the appropriate agreed time.

2.2.11 Workforce Race Equality Standard

The following measures are included as part of the Workforce Race Equality Standard and are sourced from the *2017 NHS Staff Survey*:

- Key finding (KF) 26: The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 21 per cent which is four per cent lower than in 2016. This places the Trust in the best performing quintile of acute trusts in England. For BAME staff the score is 24 per cent compared to an average of 27 per cent for acute trusts.

In 2016 the percentage of staff reporting a recent experience of harassment, bullying or abuse showed the largest improvement since 2015. In 2017 this improvement is maintained, but the score is below the national average and in the bottom 20 per cent of acute trusts (KF 27).

- KF 21: The percentage of staff believing that the Trust provides equal opportunities for career progression or promotion is 88 per cent. Whilst there is no significant change from 2016, performance is better than the acute trust average. For BAME staff the score is 69 per cent which is deterioration on 2016 and below the average for acute trusts.

The *NHS Constitution* recognises that staff have a right to an environment free from harassment, bullying, aggression and violence. The Trust aims to promote an environment where staff – for example our international nurses and doctors – are treated with respect at work and have the tools, training and support to deliver care and the opportunities to develop and progress. The last year has seen the establishment of BAME, Lesbian, Gay, Bisexual and Transgender (LGBT) and Disability inclusion focus groups to allow under-represented groups to share experiences, tackle issues and support the Trust to become a more inclusive employer.

The Trust refreshed its Workforce Race Equality Action Plan in the autumn of 2017 with the support of its BAME focus group and network. As a result awareness has been raised in relation to the key issues and specific, measurable actions have been developed to deliver improvements. The Trust has an *Inclusion Strategy* to help us to become a more encompassing employer. An action plan and annual report overseen by the Board of Directors details the progress made and areas of shortfall such as data collection and analysis, recruitment and development as well as setting out targets for representation and recruitment by 2020.

2.3 Reporting against core national indicators

To provide a better understanding of comparative performance, the *Quality Report* includes a core set of mandatory national quality indicators selected from the *NHS Outcomes Framework* and categorised within national quality improvement domains. The measures reflect data that providers report on nationally and conform to specified data quality standards and prescribed standard national definitions which are subject to appropriate standardised scrutiny and review.[11]

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 NHS Digital. In line with national guidance, information for (at least) the last two reporting periods is provided.*[12]

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)

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.

Table 4: SHMI

	Jan16 – Dec 16 Pub: Jun 17	**Apr 16 – Mar 17 Pub: Sep 17**	**Jul 16 – Jun 17 Pub: Dec 17**	**Oct 16- Sep 17 Pub: Mar 18**
Airedale NHS Foundation Trust SHMI value	0.97	0.96	0.98	1.00
National average	1.00	1.00	1.00	1.00
The highest value for any acute trust	1.19	1.21	1.23	1.25
The lowest value for any acute trust	0.69	0.71	0.73	0.73
Airedale NHS Foundation Trust SHMI banding	2	2	2	2

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.

[11] Definitions are based on national guidance, including the *NHS Outcomes Framework 2017/18 Technical Appendix.*

[12] Data source: http://content.digital.nhs.uk/qualityaccounts

	Jan16 – Dec 16	Apr 16 – Mar 17	Jul 16 – Jun 17	Oct 16- Sep 17
	Pub: Jun 17	Pub: Sep 17	Pub: Dec 17	Pub: Mar 18
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level for Airedale NHS Foundation Trust	29.8	28.7	29.7	28.5
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level average for England	30.1	30.7	31.1	31.5
The highest value for any acute trust	55.9	56.9	58.6	59.8
The lowest value for any acute trust	7.3	11.1	11.2	11.5

The 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 and data quality definitions.
- To date, the SHMI for the Trust has remained consistent 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.

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

- Development and publication of Learning *from Deaths Policy.*
- Preliminary screening of all inpatient deaths ensures any deaths deemed avoidable or associated with an adverse event are highlighted. All such cases and an additional random sample are routinely reviewed by a Consultant-led Trust Mortality Group each month using 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. Where potentially avoidable mortality is identified, action plans are formulated and learning disseminated.
- A maternal death, death of a child or a death in the ED are not included in this work, but instead are subject to a specialist independent process.
- Highlighted themes and learning, including good practice, is disseminated to the appropriate specialty governance teams and confirmation sought of how this is cascaded.
- Appraisal of mortality, morbidity and other correlative data at the Quality Committee and specialty clinical governance meetings further supports this work.
- Areas identified for development: recruitment and training of in-house multi-disciplinary reviewers to improve process resilience; information leaflet for relatives; and development of a *Mortality Matters Newsletter*.

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

2.3.2 Patient Reported Outcome Measures (PROMs)

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 95 per cent control limits. An average adjusted health gain allows fair comparison as the characteristics 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.

Finalised datasets for 2016/17 are available for groin hernia and varicose vein procedures only; information for other procedures remains provisional. As in previous years, the 2017/18 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 presented 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.

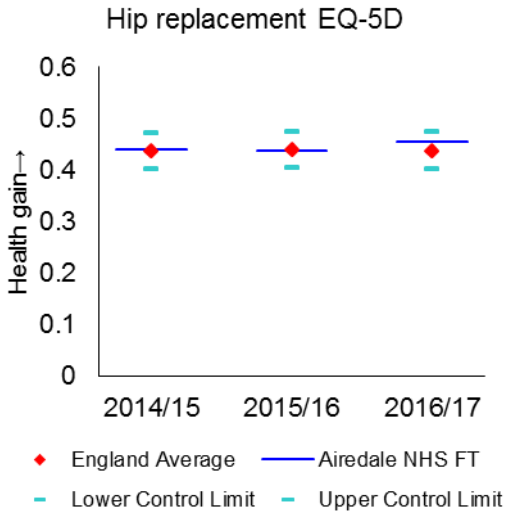


Figure 2

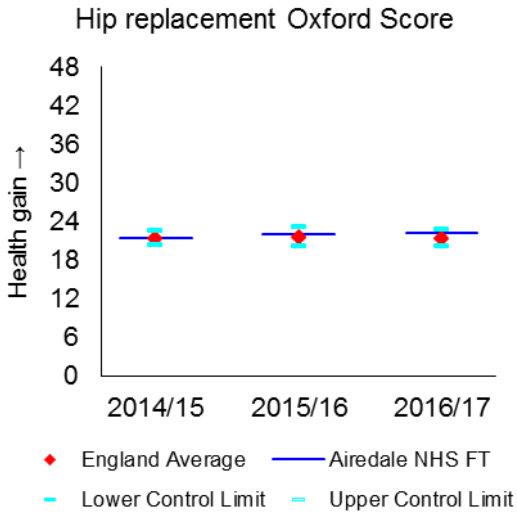


Figure 3

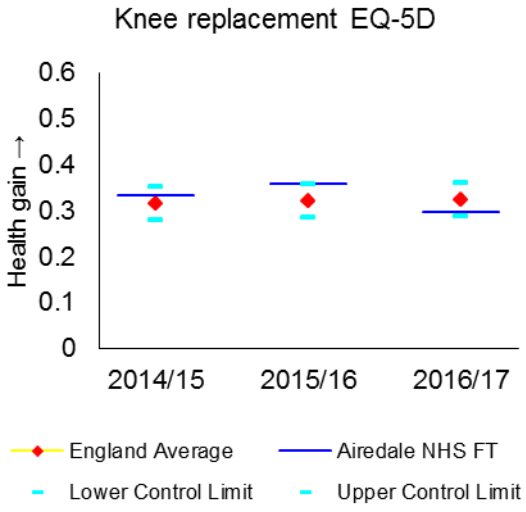


Figure 4

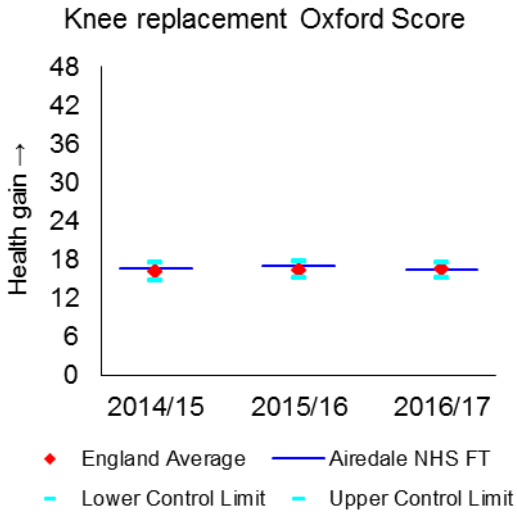


Figure 5

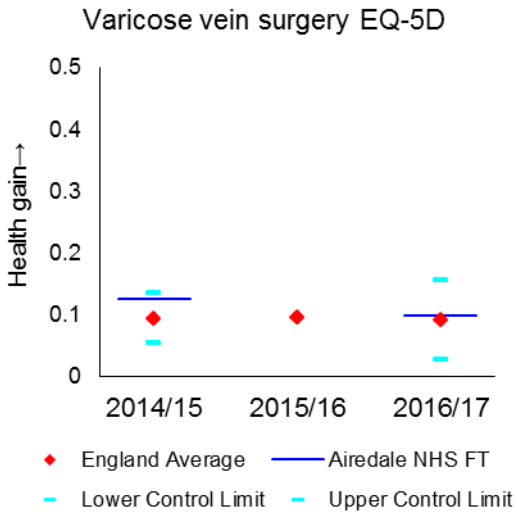


Figure 6

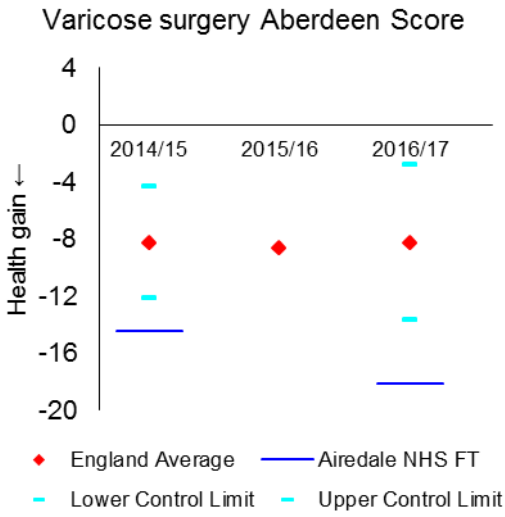


Figure 7

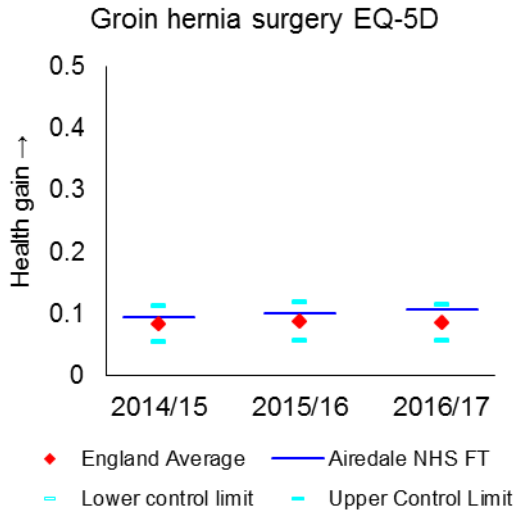


Figure 8

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

- Performance for these measures is within the expected range or better.
- Participation and response rates generally compare favourably with the national average for England for all procedures.
- The sample size for varicose vein surgery is too small to generate returns for 2015/16.
- 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 has been a positive outlier (outside of the upper control limit) for all available years since 2011/12.
- The Trust is above the upper 95 per cent control limit for the 2015/16 EQ5D average adjusted health measure for knee replacement; outcomes are better than expected for this patient group.

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

- NHS England undertook a consultation on the national PROMs programme in 2016. As a result, a decision to discontinue mandatory varicose vein surgery and groin-hernia surgery national collections was taken from 1st October 2017. Where a procedure took place prior to this date, submitted questionnaires will be reported (where the sample size is sufficient to generate returns). Thereafter these procedures will not form part of any future published PROMs national data and as such cannot be included in the *Quality Report* in 2018/19.
- We continue to monitor our rates of participation for each procedure and, although we have less direct influence, response rates are similarly reviewed. The Trust emphasises the importance of returning the questionnaires at pre-operative assessment and in the ward environment at discharge.

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

The data for this section has not been published by Digital Health since December 2013. The section below and comments are historical, but are required to be included. Also provided is our own data on re-admissions to offer more recent information on performance.

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.

Table 5: Emergency re-admissions	**2010/11**	**2011/12 Pub: Dec 13**	**2012/13**
Airedale NHS Foundation Trust percentage 0 to 15 years	11.70	11.32	
National percentage average [England] 0 to 15 years	10.01	10.01	
The *highest** percentage return by small acute trust 0 to 15 years	12.61	14.87	***NHS Digital Health has not updated this metric since 2013***.
The *lowest** 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 *highest** percentage return by small acute trust 16 years or over	12.69	12.69	
The *lowest** 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.

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

The figures presented are from the NHS Digital 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 NHS Digital to assess whether the readmission is linked to the discharge in terms or 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 available year as above. 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 are 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 an admitted spell within 28 days. Data collection changed in March 2015.

The 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.

For the period April 2017 to March 2018 and using the methodology developed by the Health and Social Care Information Centre (now NHS Digital), the Trust's Information Service has calculated the percentage of emergency re-admissions occurring within 28 days of the last and previous discharge form the Trust for all ages as 12.61 per cent.[13]

[13] *Indicator construction:*
Numerator
The number of finished and unfinished continuous inpatient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main speciality upon re-admission coded under obstetric; and those where the re-admitting spell has a diagnosis of cancer (other than benign or *in situ*) or chemotherapy for cancer coded anywhere in the spell.
Denominator
The number of finished continuous inpatient spells within selected medical and surgical specialities, with a discharge date up to 31 March within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded.

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

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 part of 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.

Table 6: Responsiveness to patient needs	**2014** 396 replies; 850 surveyed	**2015** 524 replies; 1250 surveyed	**2016** 485 replies; 1250 surveyed
Airedale NHS Foundation Trust overall percentage score	68.4	69.9	67.7
National percentage score	68.9	69.6	68.1
Highest percentage for any acute trust	86.1	86.2	85.2
Lowest percentage for any acute trust	59.1	54.4	60.0

The *2017 Inpatient Survey* is due in June 2018.

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

The 2016 response rate is 41 per cent compared to a national rate of 44 per cent.

The Trust sample varies from year to year and a 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. For the third consecutive year, the 2017 *NHS Staff Survey* places the Trust in the best 20 per cent of providers for the number of staff reporting the effective use of patient/service user feedback.

The 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.
- Implementation of the *Patient and Public Engagement and Experience Strategy* for 2016-2020. The implementation plan follows a phased approach each year and aligns 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 as well as social media 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.

We continue to work with partner organisations to ensure a holistic approach to patient engagement.

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

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 7: Staff recommendation	**2015** 1021 replies; 2580 surveyed ***Pub: Feb: 2016***	**2016** 1061 replies; 2699 surveyed ***Pub: Mar 2017***	**2017** 1254 replies; 2753 surveyed ***Pub: Mar 2018***
Airedale NHS Foundation Trust percentage	76	72	74
National average percentage acute trusts [England]	68	70	70
Highest percentage for any acute trust	93	85	86
Lowest percentage for any acute trust	37	69	47

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

The response rate was 46 per cent which is average for acute trusts and six per cent higher than in 2016.

Overall staff engagement has improved to 3.85 compared with 3.80 in 2016 and is above average when compared with other trusts of a similar type. 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.

Overall the Trust's 2017 *NHS Staff Survey* results compare favourably with trusts of a similar type (acute trusts). The Trust was better than average in 25 out of the 32 key findings and in the top 20 per cent in 13.

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

Building a positive patient safety culture through the following mechanisms:

- Monitoring of staffing levels within the Trust;
- Reviewing incidents reported through risk management processes to ensure that these are investigated and appropriate action is taken where necessary;
- Provision of training to all staff in the assessment of risk so these can be appropriately identified and escalated; and,
- Appointment of a Freedom to Speak Up Guardian to enable staff to feel confident about raising concerns.

2.3.6 Friends and Family Test (FFT) – Patient

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. It was created to help service providers and commissioners understand satisfaction levels with a service and where improvements can be made.

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 employed. [14]

Table 8: Friends and Family Test Airedale NHS Foundation Trust - percentage recommendation score

	2016/17	2017/18
Emergency Department Average	94.0%	96.7%
Inpatient Average	97.4%	96.3%
Community Services	98.0%	98.8%
Maternity Services	99.3%	97.3%

[14] NHS England Friends and Family Test data: https://www.england.nhs.uk/ourwork/pe/fft/ [Accessed 01/02/18].

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

- The Trust monitors response rates against the national average 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 (births) and Inpatients (which includes Day Cases). Performance is consistently above the target for most inpatient wards

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

- Implementation of a new online system to enable real time access to FFT data. This is accessible throughout the month via AireShare and enables staff to search comments by keyword, including historical data, and to create word clouds on demand.
- Improved timeliness of monthly reports to reduce delay between patients responding to the survey and the data becoming available. Combined with access to the real time data, this enables issues to be identified, dealt with and monitored in a more timely way.
- Breakdown of inpatient recommendation scores by medical and surgical wards to enable more targeted performance monitoring.
- Piloting the Patient Reporting and Action for a Safe Environment (PRASE) iPad survey tool. Its purpose is to allow inpatients to provide feedback on safety, for example, staff communication, equipment availability and care planning. The pilot began on Ward 9 (carried out by medical student) and in the Emergency Department (carried out by our Volunteer Team) in January 2018.
- Inclusion of FFT performance targets in ward improvement plans.

Planned actions:

- Creation of a child friendly web version of the FFT survey on the children's ward, to be used by staff on iPad during the discharge process.
- Pilot project to implement text messaging as a method of offering the FFT in the Emergency Department, Maternity services and on the children's ward.
- Review of the FFT contract in conjunction with the Trust's other patient and staff feedback surveys with a view to looking for synergies and cost savings by moving to a single supplier.

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)

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 9: Risk assessment for VTE	**Jan –Mar 2017**	**Apr-Jun 2017**	**Jul-Sep 2017**	**Oct-Dec 2017**
	Pub: Jun 17	Pub: Sep 17	Pub: Dec 17	Pub: Mar 2018
Airedale NHS Foundation Trust percentage	94.11	95.67	95.70	95.53
National percentage average [England]	95.53	95.20	95.25	95.36
The highest percentage return for any acute trust	100.00	100.00	100.0	100.0
The lowest percentage return for any acute trust	63.02	51.38	71.88	76.08

Data Source: *NHS England.*

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

- Throughout 2017/18 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 group, this allows those areas 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.

The 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's Patient Safety Scorecards.
- Regular discussion of VTE assessment data with clinical directors to educate and improve rates across groups.
- Promote processes of root cause investigation for reported VTE with the dissemination of results to 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

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 10: Rate of C. difficile	**2014/15**	**2015/16**	**2016/17**
Airedale NHS Foundation Trust rate per 100,000 bed days	9.8	14.6	11.2
National average rate [England] rate per 100,000 bed days	15.1	14.9	13.2
The highest rate for any acute trust rate per 100,000 bed days	62.2	67.2	82.7
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.

Data Source: *Public Health England.*

The 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, NHS Improvement 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 avoidable.
- Receipt of the C.*difficile* risk assessment and action plan at the Executive Assurance Group.

The 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;
- Ensuring the environment is fit for purpose and supports good infection prevention practices;
- SystmOne 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,
- Sustain staff engagement and motivation in preventing HCAI.

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

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 signifies when a patient has been permanently harmed as a result of an incident.)

Table 11: Patient safety incidents

Apr 2017 – Sep 2017 [Issue: Mar 2018]

	All reported patient safety incidents		Severe harm		Death	
	Number	Rate [per 1000 bed days]	Number	Percentage	Number	Percentage
Airedale NHS Foundation Trust	2735	47.87	0	0	1	0
National position [acute non-specialist n=135]	705564	41.68	1821	0.3	661	0.1
The highest value [acute non-specialist n=135]	10016	111.69	10	0.1	3	0.0
The lowest value [6 complete months] [acute non-specialist n=135]	3085	23.47	14	0.5	5	0.2

Oct 2016 – Mar 2017 [Issue: Sept 2017]

	All reported patient safety incidents		Severe harm		Death	
	Number	Rate [per 1000 bed days]	Number	Percentage	Number	Percentage
Airedale NHS Foundation Trust	2725	45.99	4	0.1	2	0.1
National position [acute non-specialist n=136]	696643	40.14	1872	0.3	751	0.1
The highest value [acute non-specialist n=136]	3300	68.97	3	0.1	3	0.1
The lowest value [acute non-specialist n=136]	3219	23.13	36	1.1	11	0.3

Data source: NHS Improvement – National Reporting and Learning System.

The 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 routinely in the upper quartile of reporters. According to the NRLS, 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.
- Clear and accessible policy and guidelines that ensure incidents are effectively identified managed and investigated and that appropriate measures are taken to prevent recurrence.

The 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 adverse events and near misses. For example it is important that staff report safety risk promptly so that action can be taken to prevent harm to others. Deterioration in the time taken in closing incident investigations previously highlighted by the CQC is being prioritised with improvement observed over recent reporting periods.
- Incident categories have been streamlined to support classification and allow more effective evaluation of trends and themes.
- Appointment of a Freedom to Speak Up Guardian to provide confidential, independent advice and support to staff in relation to concerns about patient safety, care and treatment.
- A quarterly Serious Incident Learning Report provides oversight of contributory factors and augments wider organisational learning.

Part 3: Other quality improvement information

As well as the improvement projects detailed in section two, the *Quality Report* takes the opportunity to outline other local priority work in the three areas of quality: patient experience, safety and clinical effectiveness. A series of metrics or indicators are included to understand performance 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 seldom heard groups have equal opportunity to be fully involved in all aspects of their care.

3.1.1 Improving care for patients living with dementia

The challenge and our aim

"An estimated 25 per cent of hospital beds are occupied by people with dementia. People with dementia … stay in hospital for longer, are more likely to be re-admitted and more likely to die than patients admitted for the same reason." [15] If patients living with dementia are diagnosed in a timely way, this patient group can receive treatment, care and support to improve their experience of the condition.

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 improve the prompt and appropriate referral to specialist services. This initiative is part of priorities within the *Patient and Public Engagement and Experience Strategy* for 2016-2020.

How we monitor progress

The multi-disciplinary and agency *Here to Care* Group co-ordinates the key dementia priorities: training, enhancing the environment (wayfinding), patient flow and elective pathway. Membership includes Patient and Carer Panel and Dementia Friends Keighley representatives who together provide independent insight on how we can improve care for this patient group. Where practicable, the principles of experience based co-design are integrated into work streams to ensure patient experience is central.

Current status

It is estimated that less than half of people with dementia in England have a formal diagnosis or have contact with specialist services.[15] If diagnosed in a timely way, this patient group 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. We have set ourselves a 90 per cent target of achievement:

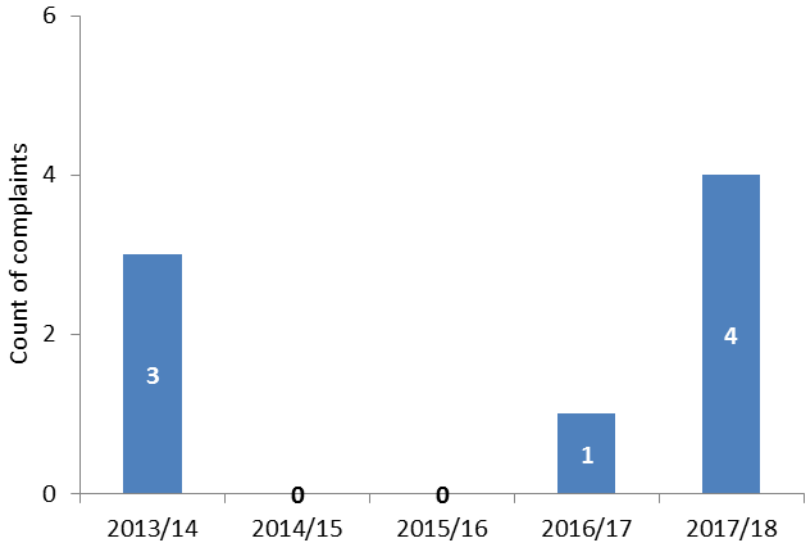
- ✓ In 2015/16, 92 per cent of eligible patients were asked the screening question
- ✓ In 2016/17, 86 per cent of eligible patients were asked the screening question.

[15] Department of Health (2014*), Dementia . A state of the nation report on dementia care and support in England*. William Lea.

- ✓ In 2017/18, 87.2 per cent of eligible patients were asked the screening question [16]

Complaints provide valuable qualitative information which may not be identified by more traditional indicators. From a total of 59 formal complaints over the year, four complaints have been received concerning a patient living with dementia**.** Review indicates that in two cases the complaints were directly related to the patients' specific needs.

Figure 9: Bar chart of formal complaints received from representatives of patients living with dementia for the last five years



Data source: *Complaint and PALS Team Ulysses database*

Initiatives and progress in 2017/18

In 2016 the Trust participated in the *National Audit of Dementia* to assess the delivery of care for people with dementia admitted to hospital. Based on an organisational checklist, review of 19 sets of case notes, 20 staff questionnaires and ten carer questionnaires, results from the 199 participating hospitals were published in July 2017. The audit ranked the Trust in the upper quartile of providers for discharge planning and assessment and governance (leadership, support and engagement). Nutrition and staff communication were ranked above average. Whilst a lot of progress has been made, the audit indicated some areas of shortfall, particularly in respect of patient experience: carer communication was ranked below average and the carer rating of patient care was in the lower quartile.

The Trust attended a quality improvement workshop in 2017 facilitated by the *National Audit of Dementia* team to consider the national recommendations. Examples of good practice were shared with participating sites. An action plan overseen by the *Here to Care Group* has been developed to address local areas of shortfall and key 2018 initiatives around national recommendations: delirium recording, personal information to support better care, nutritional needs, supporting staff and involvement of patients in decisions. Guidelines for the assessment of delirium, dementia and depression – the 3Ds – have been developed as part of this work alongside a complementary care plan.

[16] Data source: methodology based on the 2015/16 CQUIN indicator improving dementia and delirium care.

A further key focus in the last year has been the adoption of John's Campaign, a national drive to promote flexible hospital visiting hours for those caring for people living with dementia. Hospital stays are generally damaging to people with dementia who can find the acute setting a difficult and disorientating environment. It is not uncommon for a person living with dementia to experience a loss of functioning level and independence following an acute admission. John's Campaign focuses on an open visiting culture, supporting carer access outside of normal visiting hours to minimise the stress and anxiety. This may include staying overnight. A carer can be better placed to help those living with dementia understand their surroundings, care and treatment. Through an improved experience, the overall discharge outcome for an individual can be enhanced. Over the last year a *Visitor's Charter* has been developed explaining what patients can expect form us during a hospital stay, including enhanced visiting times. The objective is to ensure an approach that is inclusive of visitors and patients whilst being mindful of the need for rest and recovery.

This work is underpinned by our work as an Ambassador Trust for the Butterfly Scheme, an initiative which seeks to highlight the unique needs of those patients affected by dementia by displaying a butterfly icon on the bed management system to make staff aware of a Butterfly Care Plan (individualised care plans detailing personal preferences). A relaunch of this initiative commenced in 2017 spearheaded by Ward Butterfly Champions. To reinforce the effectiveness of this initiative, over 80 Butterfly Champions have been recruited.

An Enhanced Supervision Project also commenced in the last year; this is work that aims to improve the patient experience by ensuring that observations of the patient are engaging, meaningful and patient centred. Four work streams have been identified:

1) Improving care initiatives:

   - The availability of dementia memory trolleys across wards, Theatres and the ED: funded by the Friends of Airedale, these trolleys are colourful, filled with games, quizzes, conversation prompts, tactile products, arts/drawing equipment and cognitive activities for use by patients with dementia. To further enhance the quality of one-to-one interactions, a digital and reminiscence therapy unit has been purchased.
   - The planning and design of spaces within the new Acute Assessment Unit to reflect the requirements of patients living with dementia in regards to their surroundings and the environment (a core element of the Trust's *Estate Strategy)*.
   - Over 70 people attended a Living Well with Dementia Event in October 2017. Our staff joined with Bradford District Care Foundation NHS Trust to host the first in a series of collaborative events.
   - A deconditioning month in 2017 highlighted the importance of mobility in avoiding the risk of reduced bone mass and muscle strength, increased dependence, confusion and demotivation.

2) Staff education and practice development: mandatory training for clinical and non-clinical staff – including volunteers and bank – ensures all staff have knowledge and skills in caring for people with

dementia. By the end of March 2018, 91.2% per cent of the Trust's workforce had achieved competency in dementia awareness training (this incorporates privacy and dignity training). 17

3) Patient management and assessment: over the last two years the safety huddle methodology at staff handover has been introduced across clinical areas.

4) The development of guidelines for practice: the *Cognitive Impairment/ Dementia Pathway* has been developed within the hospital to complement the Community Collaborative Care Team's dedicated pathway as part of a collaborative and holistic approach to care.

It is predicted that the number of people with dementia from black, Asian and minority ethnic groups will rise significantly as this population ages.[15] People with learning disabilities have a heightened dementia risk 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 accessible information. Since 2016, providers have been legally required to follow the *Accessible Information Standard*. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Implementation of guidance, including a standard operating procedure, and staff training has ensued; the aim being to provide personalised care to those individuals.

Next steps

- In November 2017 the Trust signed up to participate in a six month quality NHS Improvement initiative – Enhanced care in inpatient trusts – to augment the progress made within the Enhanced Supervision Project as previously described.
- Pilot guidance for the assessment of delirium, dementia and depression – the 3Ds – and implement accordingly.
- Continued implementation of the *National Audit of Dementia* action plan.

3.1.2 Privacy and dignity

The challenge and our aim

In recent years, high profile reports and inquiries have shown a failure at an individual and organisational level to deliver care with compassion, privacy and dignity. It is important to continually reflect on and challenge the way in which we treat and care for patients, relatives, friends, carers and staff. We know there is a link between the well-being of staff and that of patients. Our priorities are to:

1) Embed our *Fundamental Standards of Caring for People with Dignity and Respect*.
2) Develop a patient-led care environment that is clean, safe, accessible and equipped to underpin privacy and dignity.

How we monitor progress

Privacy and dignity are key principles within the Trust's *Patient and Public Engagement and Experience Strategy 2016-2020* as agreed by the Board of Directors in consultation with stakeholders. Implementation is monitored via the Patient Experience and Engagement Steering

[17] Data source: *Human Resources NHS Foundation Trust.*

Group, established to ensure the experiences of those who use our services and carers are captured and acted upon to improve future care and treatment. Representation includes Estates, the Patient and Carer Panel, local Healthwatch organisations and voluntary groups as well as commissioners.

3.1.2.1 Creating a Customer Service Culture

Current status

The following metrics have been selected to measure improvement in our patients' experience. Each year, as part of the annual CQC *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. Results show the Trust is performing *"about the same"* as most other providers. An overall improved score for patients feeling they were treated with respect and dignity whilst in hospital is noted (Q72).

Table 12: Results of the Care Quality Commission Inpatient Survey for last available three years – performance against selected metrics for Airedale NHS Foundation Trust

	2014/15	2015/16	2016/17
[Q35] Were you involved as much as you wanted to be in decisions about your care and treatment?	7.5	7.6	7.5
[Q36] Did you have confidence in the decisions made about your condition or treatment?	8.3	8.3	8.3
[Q37] How much information about your condition or treatment was given to you?	8.1	8.0	8.2
[Q53] Did you feel you were involved in decisions about your discharge from hospital?	6.9	7.0	7.2
[Q68] Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	6.2	5.5	5.7
[Q72] Overall, did you feel you were treated with respect and dignity while you were in hospital?	8.8	8.9	9.0
[Q73] During your time in hospital did you feel well looked after by hospital staff?	8.7	8.8	8.7
[Q74] Overall, how would you rate the care you received?	8.0	8.0	8.0

Data source: Care Quality Commission *National NHS Inpatient Survey 2016 (published June 2017).*

Benchmarks:

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 addition to the annual *CQC Inpatient Survey*, NHS England's *National Cancer Patient Experience Survey* 2016 of 422 patients – response rate 52 per cent – was published in July 2017 with the following case-mix adjusted findings for privacy, dignity and compassionate care:

- For the overall care rating where zero is poor and ten is very good, patients gave an average rating for Airedale of 8.7 which corresponds with the national average score.
- Of the 166 respondents to the question, "*Were you always treated with dignity and respect by staff?"* 82 per cent agreed. This result is below the national average and significantly lower than expected.
- Of the 165 respondents to the question, "*Were you always given enough privacy when discussing your condition or treatment?"* patients gave an average score of 89 per cent. The score is above the national average, albeit not significantly.

Other patient survey results published in the last year:

CQC Emergency Department Survey 2016 of 369 patients – response rate 29.5 per cent – was published in October 2017 with the following findings:

- Asked whether overall those attending ED in September 2017 felt they were treated with respect and dignity, patients gave an average score of 9.2 out of a possible score of ten. Based on 365 responses, performance was "*about the same*" as other providers.
- The Trust was one of the better performing providers – there were 137 participating sites – in the following questions:
    - *"Did a doctor or nurse explain you condition in a way you understood?"*
    - *"Did a doctor or nurse explain your test results in a way you understood?"*
    - *"Did doctors or nurses talk to each other about you as if you weren't there?"*

The *CQC Inpatient Survey 2016* score for privacy when being examined or treated within the Emergency Department shows a significant improvement on the preceding period.

CQC Children and Young People Survey 2017 of 171 patients aged between 0 and 15 years and their parents/ carers – response rate 23 per cent – was published in November 2017. The survey collated the experience of this cohort between February and June 2017:

- Overall children aged zero to seven rated dignity and respect as 9.5 out of a possible score of ten. Based on 116 responses, performance was "*about the same*" as the other 132 participating providers.
- Young people aged eight to 15 were asked whether they had enough privacy during their care and treatment. Based on 54 responses, the Trust scored 8.7 out of a possible score of ten with performance "*about the same*" as other providers.
- Parents and carers were asked about facilities for staying overnight. Based on 86 responses, the Trust scored 6.1 out of a possible score of ten; making performance "*worse*" compared to most other participating sites.

CQC Maternity Survey 2017 of 103 women – response rate 35 per cent– was published January 2018. The following results are benchmarked against the last such survey in 2015.

- Of the 100 respondents to the question, "*Thinking about your care during labour and birth, were you treated with respect and dignity?*" Airedale scored 9.7 out of a possible score of ten. The higher the score the better. Results were broadly in line with the 2015 return.
- The Trust was one of the better performing providers – there were 103 participating sites – in the following questions:
    - *"At the very start of labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?"*
    - *"Looking back, do you feel the length of your stay in hospital after the birth was about right?"*
    - *"Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?"*
    - *"During your pregnancy did midwives provide relevant information about feeding your baby?"*
    - *" Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?"*

- Performance was worse amongst other providers for provision of sufficient information about physical recovery after birth. Deterioration in staff introducing themselves was recorded by respondents when compared to the 2015 return although the score was *"about the same"* as other providers.

Initiatives and progress in 2017/18

A series of training initiatives, including *Customer care training* – "*Right Care*", encourage staff to reflect on how compassionate care can be embedded into practice. 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 standard (QS15) and the *NHS Constitution*.[18] Drawing on the real experiences of patients of good and inadequate customer care, its objective is 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."*

Patient stories are a potent and reflective tool in reinforcing caring behaviours. Empathy and compassion can be as significant as clinical care as, for example, in a patient's description of the care received during a miscarriage. Over the last year a bereavement support group for families who have lost babies through stillbirth and miscarriage or neonatal death has been launched by an Airedale midwife and a family support worker. Building on feedback from bereaved families, the Sunbeam Support Group aims to bridge the gap between the Labour Ward and the community setting. The Maternity Bereavement Team was nominated in the 2017 Butterfly Awards in the Best Hospital Bereavement Service category. The work this team does to support parents who have experienced the loss of a baby is inestimable; the 2016 CQC inspection report highlighted the service as an area of excellent practice.

We know there is a clear relationship between the well-being of staff and that of patients.[19] The Trust aims to promote an environment 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. Following on from the launch of core staff values and leadership behaviours, the *People Plan* has been developed offering practical guidance to managers through a leadership and coaching programme – *Consistently Good Line Manager Conversations Toolkit*. A Health and Well-being Programme aims to help staff eat well, exercise and take care of mental health with resilience training available to aid staff to deal with stress..

A Respect and Dignity Campaign was launched in October 2017, to look at how we treat our colleagues. Disrespectful behaviours can be perceived as bullying or harassment, whereas small gestures can make staff feel valued and part of a team. Recognising that positive behaviours *"start with me"*, lunch and learn sessions, resilience training, and thank you postcards are some of the ongoing initiatives. Over the last year a *Visitor's Charter* has been developed and implemented. Its

[18] Department of Health (2013), *The NHS Constitution.* Available from: - https://www.gov.uk/government/publications/the-nhs-constitution-for-england [Accessed 02/02/18].

[19] 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 02/02/18]

explains not only what patients and families can expect from us during a hospital stay, but what is expected of visitors in respecting the privacy and dignity of all; abuse or racist behaviour will not be tolerated.

Next steps

- Promotion of the work across the organisation of our "*Rightcare*" Champions.
- Continued commitment to engagement events with both patients and staff.
- Implementation of the *Inclusion Strategy* via the *People's Plan* and the *Patient and Public Engagement and Experience Strategy 2016-2020*.

3.1.2.2 A patient-led care environment

The challenge and our aim

There are a range of non-clinical factors which can have an impact on the patient experience of care: cleanliness – the condition, appearance and maintenance of healthcare premises – and the quality and availability of food and drink. The extent to which our environment supports the delivery of care with privacy and dignity is a key area of focus within the *"Right Care"* portfolio.

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 outside spaces such as courtyards.

Current status

The annual Patient-Led Assessment of the Care Environment (PLACE) provides a snapshot of how an organisation is performing against a range of areas which impact on the patient experience of care. A fundamental aspect of the assessment is the inclusion of lay assessors who make up to half of the inspection team. Assessment has been extended to include criteria on how well healthcare providers' premises are equipped to meet the needs of caring for patients with dementia and disability. This does not represent a comprehensive assessment of these aspects, but rather focuses on a limited range of facets with strong environmental or building associated components.

Our most recent PLACE assessment was carried out in April 2017 over six days and included ten wards, the ED and four outpatient departments. Results were published in September 2017. Assessments were undertaken across 279 organisations, of which 222 were NHS trusts. The assessment tool, the composition of the inspection team and the wards selected vary each year invalidating comparison with previous years. The following table provides the site level scores and, to support appraisal, the national average.

Table 13: Airedale General Hospital 2017 PLACE results

	AGH % site score	National % average site level score
Cleanliness	97.21	98.38
Food	90.76	89.68
Organisation food (catering service)	84.17	88.80
Ward food	92.31	90.19
Privacy, dignity and well-being	78.35	83.68
Condition, appearance and maintenance	89.39	94.02
Dementia	74.91	76.71
Disability	86.48	82.58

Data source: *NHS England 2017: NHS Digital.*

NHS England has identified food as an area for improvement for all providers to consider. In the 2016 *CQC Inpatient Survey* the Trust scored 50.3 per cent for hospital food compared to a national average score of 61.4 per cent. Actions to improve provision were reviewed in 2017 by the Catering and Dietetics Group and the Trust scored above the national average in the PLACE results. "*Disability*" also scored above the national average. However, the Airedale General Hospital site compares less favourably with the national comparator for: "*Cleanliness*", "*Privacy, Dignity and Well-being*", *"Condition, appearance and maintenance,*" and "*Dementia*".

Where issues are identified, these are included in the ongoing PLACE Improvement Plan, which is monitored and progressed through the Patient Environment Action Group meetings. Mini-PLACE audits are carried out on a quarterly basis and include a comprehensive inspection of waste, linen, cleanliness, environment and, food safety at ward level. The Infection Prevention Team and the Estates and Facilities Team carry out these audits alongside Matrons.


Finding your way around
Airedale General Hospital

The 2017 CQC inspection found that the environment in the Cardiac Catheter laboratory, Dales Unit and Haematology Oncology Day Unit (HODU) did not always meet patient need and national guidance. A Quality Walk round conducted in September 2017 by commissioners found HODU to be cramped and lacking the space to accommodate the needs, care and treatment of patients and relatives/ carers. Pathways have been revised to reduce waiting times and capacity and demand issues with HODU; the Cardiac Catheter laboratory has been incorporated into a dedicated Cardiology Unit.

Initiatives and progress 2017/18

The new Acute Assessment Unit is due to open in the spring of 2018 and will include ensuite facilities and larger bed space than current wards with more privacy for patients; single bedroom facilities for people to stay over; and provision for speciality care (dementia and end of life patients). Accessible toilets and wheelchair access are incorporated into plans. A waiting area, reception and ambulatory lounge are also part of the design. Research indicates that for those living with dementia, changes in the physical surroundings – eye-catching colour contrasting schemes and signage – can encourage greater independence, help patients find their way around and reduce distress. Dementia principles are embedded in the Estate's *Capital Development Strategy* reflected in the wards programme.

Other developments in the last year:

- Ward refurbishment continues on a rolling programme. In September 2017 a dedicated Cardiology Unit opened. This is situated next to the Catheter Laboratory to ensure a smooth pathway through the service. A commissioner Quality Walk round in January 2018 reported a *"bright, clean and clutter free"* environment.
- In support of John's Campaign, the refurbished elderly ward has specific facilities to enable families to stay with distressed and/or end of life patients. (The children's ward and labour ward also have such facilities to support families.)
- Chair beds are being purchased to improve overnight stay facilities on Ward 17 in response to the *CQC Children and Young People Survey 2017.*

- Following a Healthwatch Enter and View visit in May 2016, the Emergency Department is working through recommendations to improve the environment for patients and visitors, including signage for the breastfeeding room.
- Additional baby changing facilities are available within the Chapel, the restaurant and Outpatients' main reception.
- The Youth Forum has been involved in the development of Ward 17.
- A reflective non-denominational space is now available within the Chaplaincy complex. Friends and relative spaces are incorporated in the ED and within the new Acute Assessment Unit.
- Following feedback from patients and staff we have made improvements to the wayfinding system introduced last year, including: more information boards, "*You are here*" markers creating an easy read guide which is available on our public website and improved location information in letters.
- The last year has seen a move to barrier controlled parking as part of a wider programme to improve access, including drop-off zones and more disabled parking spaces outside of Outpatients. Additional wheelchairs are now located at entrances. The barrier car-parks charge patients for the time they stay, avoiding patients overpaying. Patients can park for the first 20 minutes for free; we are forecasting that 36,000 patients a year will not have to pay for parking. Patient feedback has been positive: patients are finding it easier to park and make appointments on time.

In April 2017 in consultation with commissioners, the decision was made to withdraw services temporarily from Castleberg Hospital following ongoing issues with the power supply, drainage and heating. The hospital had ten beds providing intermediate care and some end of life and palliative services to patients living in Craven. Whilst there was no harm to patients, there was anxiety about the possible welfare of patients and staff. A consultation period to understand the preferred option of the local Craven community commenced in 2017. At present people who need acute inpatient care are treated at Airedale General Hospital or if they live in Bentham, at Lancaster Royal Infirmary. End of life and palliative care services are provided in people's own homes, the care/nursing homes where they live, or in the Sue Ryder Hospice at Manorlands in Oxenhope. Consultation formally ended in February 2018.

Next steps

- Following on from remedial actions to improve the Dales Unit environment, an outline business case to incorporate Dales Unit activity into a wider vision of Theatres is being consulted on.
- The Acute Assessment Unit will open in the spring of 2018
- The Trust is working with Transdev to set up a bus service that runs every ten minutes between Skipton and Keighley with an anticipated launch date of March 2018.

3.2 Patient safety

Through targeted quality improvement work, the Trust seeks to reduce patient harm traditionally associated with healthcare, particularly amongst the frail elderly where there is a heightened risk of healthcare associated infections and falls.

3.2.1 Infection prevention and control

The challenge and our aim

Healthcare associated infections (HCAI) are infections that are acquired as a result of healthcare interventions. According to the National Institute for Health and Clinical Excellence, HCAI are a

serious risk to patients, causing significant morbidity to those infected. Whilst there are a number of factors that can increase a patient's risk of acquiring an infection, high standards of infection control practice minimise the risk of occurrence. The Trust aims for sustained reduction in the incidence of avoidable harm from C. *difficile* and MRSA bacteraemia infection.

How we monitor progress

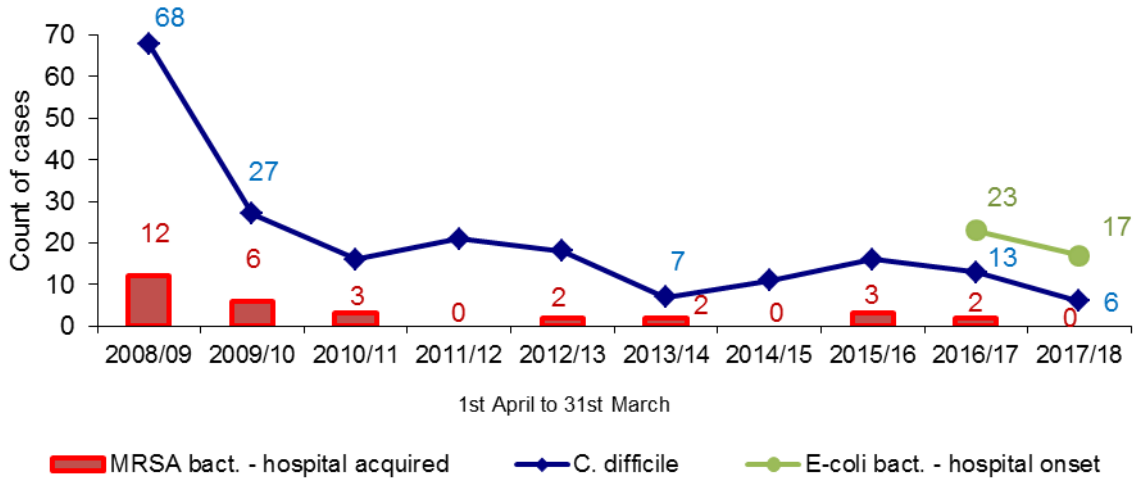
The Infection Control Committee monitors compliance with the standards of *The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* (Public Health England, 2015). The District Wide Infection Prevention Team continues to support an integrated approach to infection prevention and control work streams. To engage with local groups and minimise harm from HCAI, a lay member sits on the Infection Control Committee and the Infection Prevention Team participates in the annual Trust Open Day.

Current status

This fiscal year the Trust reported zero hospital acquired MRSA bacteraemia; the last case was in June 2016. Six C. *difficile* cases developed in hospital. Root cause analysis showed that one of C.*difficile* case was avoidable (with one case to be confirmed). This year we have introduced hospital-acquired E.coli bacteraemia surveillance in response to a national upward trend in cases; 17 cases were reported in this fiscal year compared to 23 in the equivalent previous period. (All data is governed by standard national definitions.)

In response to the following *2016 NHS Inpatient Survey* question, *"In your opinion, how clean was the hospital room or ward that you were in?"* the Trust scored 88 out of a possible score of 100. A higher score indicates better performance. The score is a slight improvement on the preceding year. Patients recorded a significant improvement in the cleanliness of toilets and bathrooms when compared to the preceding equivalent period.

Figure 10: HCAI cases at Airedale General Hospital



Data source: *Airedale NHS Foundation Trust Infection Prevention.*

Initiatives and progress in 2017/18

In the March 2017 inspection, the regulator observed poor compliance with the trusts infection prevention and control policy in some areas and there was an inconsistent approach to the storage of single use equipment and the decontamination of laryngoscopes in theatre. In respect to the latter, an assessment of risk has been undertaken and advice taken from the Director of Infection and Control as to ongoing practice. 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 following (please read in conjunction with section *2.3.8: Rate of C.difficile infection* which outlines additional initiatives and processes):

Monitoring of infection prevention and control practices:

- 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 bacteraemia and C. *difficile* infections are subject to Post Infection Reviews with learning points cascaded immediately to clinical teams. MSSA and E.coli cases are investigated if the Consultant Microbiologist requests a review.
- Infection alerts are in place on SystmOne to ensure staff are aware of patients with a history of MRSA, C.*difficile* and multi-resistant organisms. GPs using SystmOne can now access messages entered by the Infection Prevention Team regarding the infection status of patients.
- Environmental sampling for C. *difficile* continues.

Sustained engagement of staff:

- The monthly hand hygiene audit reports a Trust aggregated compliance average of 98 per cent since April 2017.[20] This is part of a robust and ongoing infection prevention clinical audit programme to evaluate standards for example, of cannula and urinary catheter care.
- Flu vaccination uptake was 74.5 per cent for clinical staff in the latest available period. The return compares favourably against a national average of 67.3 per cent in the preceding equivalent period.
- Quarterly newsletters are issued to maintain the profile of infection prevention. Screensavers alerting staff to key infection control and prevention messages have been adopted, for example, Norovirus and the flu vaccination programme.
- Mandatory training and link worker programmes are ongoing with uptake monitored via the Mandatory Training Group. A clinical workbook is under development and includes a section on infection prevention and control in accordance with the latest government guidance. External events such as Bradford and Airedale Infection Prevention Study Day promote infection prevention and control principles to a wider audience.

Ensure the environment is fit for purpose and supports infection control practice:

- 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 in line with national NHS specifications.
- Changes to ward domestic allocation with increased hours in ward areas to improve standards in toilet areas.
- A new Association of Healthcare Cleaning Professionals staff training book is being introduced; we were a pilot site for the country.
- Routine cleanliness audits are undertaken in line with the NHS framework of audit; a work programme is maintained by the Enhanced Cleanliness Team, including a programmed curtain change.

Antibiotic prescribing for inpatients is reviewed by the Consultant Microbiologist and Antibiotic Pharmacist on a weekly basis to optimise the appropriate treatment of patients with infections and minimise the risks associated with inappropriate antibiotic treatment i.e. antimicrobial resistance and healthcare acquired infections. Antibiotic audit indicates a high compliance with Trust guidance. Work is currently underway to move prescribing of complicated regimen antibiotics (gentamicin and vancomycin) onto the Trust's electronic prescribing system, which minimises errors seen from the use of the current paper based systems for monitoring these antibiotics.

[20] Airedale NHS Foundation Trust Infection Prevention.

Next steps

Monitor and risk assess the potential impact of any new or emerging infections and new developments or innovations.

3.2.2 Reduction of slips, trips and falls sustained by patients admitted to our hospital wards

The challenge and our aim

Falls are a cause of injury, pain, distress, delay in discharge and loss of independent living. Evidence suggests that the effect is particularly compounded for people over the age of 65.[21] The effective management to reduce the number of falls sustained by our inpatients is therefore a high priority.

Current research indicates that multi-component interventions are effective in reducing falls, and that continuous improvement should be built on small incremental changes using a systematic approach to test the impact and feasibility - Plan-Do-Study-Act. Working with the Improvement Academy and using core safety improvement principles, the Trust continues to focus on an incremental decrease in the number of falls and the level of harm these engender. [22]

How we monitor progress

The multi-disciplinary Trust's Falls Steering Group oversees this initiative with the following key areas of focus: multi-factorial 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.

[21] Department of Health (2009) Falls and Fractures: effective interventions in health and social care. Crown copyright: COI for DH.

[22] Centre for Reviews and Dissemination (2014), *Preventing Falls in the community*, Effectiveness Matters October 2014. University of York.

Current status

Table 14: Airedale NHS Foundation Trust rate of inpatient falls per 1000 bed days [23]

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
2017/18	125885	853	**6.776**	18	**0.143**
2016/17	120771	921	**7.626**	19	**0.157**
2015/16	113818	993	**8.724**	19	**0.167**
2014/15	109842	1203	**10.952**	25	**0.228**

Data source: *bed days – Airedale NHS Foundation Trust Information Services; patient safety incidents – Airedale Quality and Safety Team [Ulysses database].*

The table shows all reported inpatient falls across the Trust for the last four years and those which resulted in a fracture. The overall performance shows a decrease year on year in the reported falls rate per 1000 occupied bed day. A sign of a strong safety culture is a reduction in the number of incidents resulting in harm for example, fracture. Whilst underlying fracture numbers have only marginally decreased, when adjusted for activity improvement is noted over four years.

The Royal College of Physician's *National Hip Fracture Database* annual report describes the variation in care for the frail older patient who typically suffers this injury. Ward environments and staffing can contribute to the risk of a hospital fall. In 2016, a total of 4.1 per cent of inpatients across England sustained a hip fracture as an inpatient; Airedale reported a value 1.7 per cent with performance in the upper quartile.

The Royal College of Physicians 2017 *National Falls Audit England and Wales* was published in November 2017. In the preceding 2015 national audit, the Trust was the third highest reporter of falls with 11 falls per 1000 occupied bed days against a national finding of 6.6 falls. The 2017 publication has cross-referenced data form the National Hip Fracture Database and found that locally derived numbers are not a reliable source of falls incidence data and do not take account of patient demographics or the purpose of incident reporting in identifying harm. For these reasons, it has been decided it is inappropriate to report falls rates again as a high reporting rate does not indicate a greater risk to patient safety. (For audit results see section 2.2.2: Participation in national clinical audits.)

Initiatives and progress in 2017/18

[23] ×*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 falls are calculated from data from Wards: 1/2/4/5/6/7/9/13/14/16/17/18/19/21 includes Wards 3/10/15 when opened as temporary wards.

Bed days 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

A key component in this quality work has been the introduction of a fall safety briefing (known as a safety huddle). Led by a senior clinician, the objective is to identify those patients at high risk of falling and determining how to prevent such a fall. Support from the Improvement Academy is provided in the team's own clinical environment, an approach which recognises the clinical expertise of front line health professionals. The Practice Development Sister for Older People has organised bespoke training sessions on falls prevention and safety huddles for Wards 2 and 10. To further cascade the safety huddle initiative, five staff attended a day's training run by the Improvement Academy. Work to sustain progress is being further supported by an initiative to measure the days between falls. Over the last year, Ward 19 recorded 108 fall-free days. This is a cultural shift away from accepting inpatient falls as "*normal*" and forms part of a proactive approach to prevention.

Other constituent interventions which have demonstrated success in reducing falls include chair and mattress alarms, advice on footwear and toileting schedules. Following on from the successful adoption of specific equipment to reduce falls within the Integrated Medical Care Group, equipment has been purchased over the last year for wards within Surgical Services.

Focussed work continues regarding patients who fall more than once. A key objective is to identify those patients at high risk of falling and determine how to prevent such a fall. Research indicates that an emphasis on reducing multiple falls (by the same patient) can reduce falls by between 20 and 30 per cent with a concomitant reduction in the overall level of harm. Key interventions include intentional rounding – a structured process whereby regular checks are carried out with individual patients at set intervals – and nursing specialling to enhance supervision of those patients at high risk of a fall.

Other initiatives: review of the process for reporting falls resulting in significant harm. Senior corporate nursing leads provide support to clinical teams by attending those clinical areas where a patient has fallen and sustained significant harm. The Rapid Response Visit identifies any immediate learning prior to a more formal investigative process.

Next steps

- Continued focus on quality improvement work through collaboration with Yorkshire and Humber Improvement Academy, the Enhanced Care Improvement Collaborative and roll out of delirium, dementia and depression guidance (the 3Ds).
- To ensure ongoing compliance with head injury guidance published by NICE, a head injury clinical audit has been undertaken of those patients identified from incident data as having sustained a head injury. The standard operating procedure is to be reviewed with roles and responsibilities updated to reflect the changing clinical profile of the workforce.

3.2.3 Frail Elderly Pathway Team initiative

According to NHS England there has been a 65 per cent increase in the episodes of care in hospitals for those aged 75 and over. As we age and body systems decline, we can become more vulnerable to sudden events such as an infection or a fall. Whilst there are times when a frail older person requires hospital admission, evidence suggests that if frail older people are

supported to retain and/or recover independence after illness or injury they are less likely to reach crisis and require urgent care.[24]

The Trust's Improving Patient Flow Programme is part of transformational work to integrate and co-ordinate the contributions of nursing, medical, allied healthcare professionals, social workers, mental health professionals, GPs, care homes and voluntary organisations into a cohesive system. One such initiative developed over the last two years is the Frail Elderly Pathway Team which aims to instigate proactive care models such as personalised care and support planning and the targeting of geriatric resources.

Composed of Physiotherapists, Occupational Therapists, a Dietician and Senior Nurse, and with some social work input, the team is based on the Acute Medical Unit with Emergency Department in reach. The Frail Elderly Pathway Team's key objectives are:

- 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 and with the Complex Care Team along with voluntary and charitable services to avoid unnecessary admission through timely onward referrals; and,
- Provide integrated holistic care and treatment.

How we monitor progress

Meeting monthly, the multi-disciplinary Frail Elderly Pathway Team aims to improve the active management of care for older people through review of outcome data – for example length of stay, avoidable re-admissions – and patient and staff feedback. The Patient Flow Programme forms part of the "*Right Care" portfolio* and is monitored by the Board of Directors with progress reviewed on a quarterly basis.

Current status

A key performance indicator is length of stay, with the Frail Elderly Pathway Team aiming to reduce hospital stays for individual patients during each admission. The data below compares a baseline period (August 2014 to February 2016) when data collection commenced, with performance following the merger of the Ambulatory Care Unit with the Acute Medical Unit and the extension of the Team (March 2016 to September 2016). In the latest period (October 2016 to September 2017) seven day working was fully established. It allows assessment of whether the Team has been able to improve outcomes from the point at which it was able to work most effectively:

Patients seen by the Frail Elderly Pathway Team and discharged directly from the Acute Medical Unit:

I. *August 2014 - February 2016: 3.80 days average*
II. *March 2016 – September 2016: 3.37 days average*
III. *October 2016 – September 2017: 1.84 days average*

Overall and since the establishment of the team there has been a 1.96 day reduction in average length of stay per patient.

[24] NHS England (2014), *Safe, compassionate care for frail older people using an integrated care pathway.* https://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf [Accessed: 8/12/17]

Patients seen by the Frail Elderly Pathway Team on the Acute Medical Unit before being transferred to base wards for input from other specialties prior to discharge:

I. *August 2014 - February 2016: 17.3 days average*
II. *March 2016 – September 2016: 14.6 days average*
III. *October 2016 – September 2017: 12.05 days average*

Overall and since the establishment of the team there has been a 5.25 day reduction in average length of stay per patient.

Data source: *Airedale NHS Foundation Trust Information Services.*

Further analysis of the last two reporting periods show improvement has continued with a 45 per cent reduction in the average length of stay for patients discharged from the Acute Medical Unit whilst more timely transfers from the Unit to base wards have led to a 17.5 per cent decrease in overall length of stay for those admitted to acute care. Recent qualitative patient experience feedback regarding the Dietician's community intervention demonstrates a positive difference to patients, including functional measures (strength, gaining and maintaining weight), psychological patient measures (mood, confidence) and improved ability to self-care.

The tangible and sustainable difference made by the Frail Elderly Pathway Team to patients has been recognised at local and national level. Over the last year the Team has won several Pride of Airedale awards, been nominated for a *Health Service Journal* "Value in Healthcare Award" in the Acute Care Redesign category and shortlisted in the top three at the annual Chief Allied Health Professions Officer's Conference for the practice innovator award. These accolades highlight the unique role that allied health professionals can play within the wider social, health and care sectors. The CQC 2017 inspection report commends the team for its proactive approach to ensure patients received the *"Right Care"* as quickly as possible whilst highlighting the effectiveness of relationships-building amongst team members from the health and social care sectors.

Initiatives and progress in 2017/18

The Frail Elderly Pathway Team has been involved from the planning stages in the new Acute Assessment Unit – the integrated ED, Acute Medical, Surgical Assessment, and Ambulatory Care Unit. Seeking to avoid admissions, the Team has offered advice on the Unit's proposed pathways of care and contributed to the rapid improvement events.

Other progress:

- To optimise efficiency and avoid the involvement of too many people in one person's care, team members have developed competencies beyond their own core areas.
- Knowledge and ideas to improve the process are shared across disciplines and locations. For example, the evaluation of walking and aid training for ward staff.
- A quality improvement project looked at the use of the Rockford Frailty score to screen for frailty among patients on the Acute Medical Unit; results indicate the tool supports both identification and appropriate referrals.

Next steps

- The new Acute Assessment Unit is due to open in 2018. The Frail Elderly Pathway Team will be involved in in piloting new ways of working as part of the new Initial Assessment Triage Team in ED.
- Consideration of the possible introduction of assistant practitioners into the existing team is planned.

3.3 Clinical effectiveness

The following projects focus on the delivery of clinical excellence in care and treatment and reflect key priorities.

3.3.1 Quality of healthcare for people with long-term conditions – Airedale Digital Care Hub

The challenge and our 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.[25] 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.[26]

How we monitor progress

The multi-disciplinary and agency Digital Care Hub Business and Governance Group is responsible for the delivery of this priority. Qualitative and quantitative monitoring is ongoing both internally and externally to support assessment of the impact of the innovation and inform future initiatives and strategy.

Current status

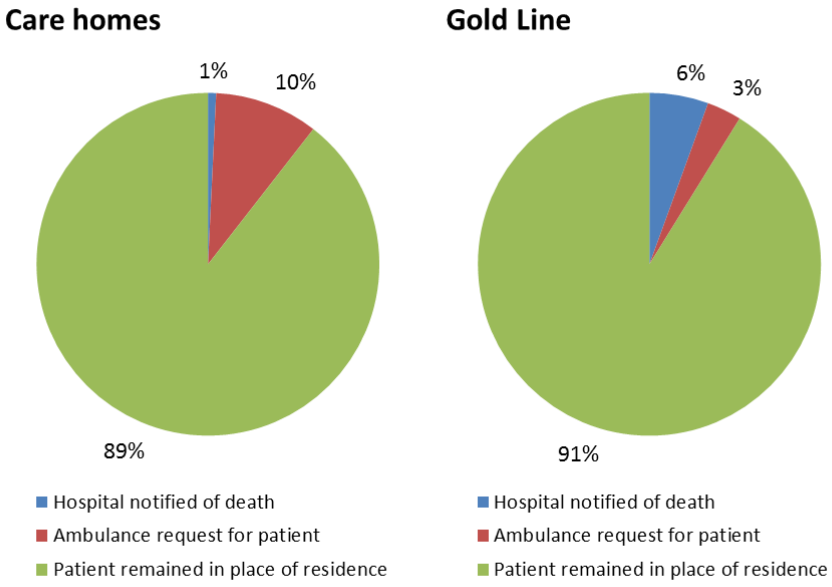
In its 2016 inspection, the CQC commented that telemedicine services provided at the Digital Care Hub were "*outstanding*". There were some innovative examples of practice, such as telemedicine in combination with the Intermediate Care Hub, where nursing and care home residents and their carers benefitted from being able to access expert advice and support remotely 24 hours a day, seven days a week (24/7). In December 2017 the Trust's Telehealth in Care Homes project won Health Business magazine's Telehealth award, in recognition of an innovative way to deliver specialist medical care and support and avoid unnecessary hospital admission – an experience that can be distressing, particularly for residents with dementia.

The following figure illustrates patient outcomes for those registered with and accessing assistive technologies.

[25] 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 02/02/18].

[26] Dr Foster Intelligence (2013), *Dr Foster Hospital Guide 2013*. Dr Foster Limited. p.10.

Figure 11: Patient outcomes April to November 2017



Data source: *Airedale NHS Foundation Trust Information Services.*

- ✓ The Hub regularly receives in excess of 3200 video calls each month from nursing and residential home patients across England, an increase of around 30 per cent on the previous reporting period.
- ✓ Each month the Gold Line Service handles around 1000 telephone calls. [27]

Initiatives and progress in 2017/18

The Airedale Digital Care Hub offers teleconsultation by secure video link with nursing and residential homes. 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. Areas of additional expertise include specialisms in dementia and palliative care. If required, escalation to a Consultant is available. Via the Hub, the team can review ongoing clinical observations. Access to the SystmOne 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 informed of consultations. If a patient needs to come to hospital, staff are able to communicate with the Ambulance Service to ensure a direct admission. Country-wide over 600 nursing and residential care homes are connected to the Hub, including 36 across the Airedale, Wharfedale and Craven district (this compares to a total of 17 for the locality in 2012/13). Some of the primary reasons for Care homes contacting the Hub include: falls, suspected urinary tract infections, skin complaints, chest infections, pain management and medication issues.

Other services delivered from the Digital Care Hub which support safe and clinically effective standards of care for those patients with long-term conditions include:

[27] Data source: *Airedale NHS Foundation Trust Information Services.*

- The Intermediate Care Hub (IC_HUB)

This is 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.

- The Multi-agency Integrated Discharge Team (MAID Service)

A new service called MAID (multi agency integrated discharge team) launched in November 2017. This is collaboration between the IC_Hub team, Case Management Team and social care. The MAID Team aims to practice person centred care planning and support for eligible adults with complex needs, with a clear commitment to ensure patients are discharged safely into the most appropriate setting. The key areas of focus for this service are to maximise well-being, choice and control, and independence and function, ensure people get the right care the first time and enable safe discharge from hospital.

- The Gold Line Service

This is an innovative approach created in partnership with patients, carers, GPs, commissioners and Manorlands Hospice, 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 seven day, around the clock 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.

- The Airedale and Partners Enhanced Health in Care Homes Vanguard

This is one of six care home collaborations across the country which aims to offer older people better joined up care within the nursing or residential care setting. The Airedale and Partner's Vanguard programme uses technology in the form of video assessment and conferencing in order to enhance care for residents and support staff working in this sector. In conjunction with enhanced primary care support, the Digital Care Hub acts as a single point of access to expert advice 24 hours a day, seven days a week. The Immedicare Service offers clinical support via video to nursing and care home residents across the country as well as those living in Bradford, Airedale and Wharfedale, Craven and East Lancashire, reducing inappropriate demand on GPs, ambulances and acute care providers.

Next steps

- The Trust is 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. Our enabling technologies were successfully utilised in 30 nursing homes across Leeds and Harrogate in 2017.
- Following a successful pilot project to deliver an on-screen stammering therapy service during April 2017 – the initiative was the recipient of a national digital and technology award – various options for future funding are being explored, including as a national

service through central specialist commissioning. Formal evaluation of results is currently being undertaken by Leeds Beckett University.

3.3.2 The monitoring of Caesarean section rates through the safe promotion of physiological birth

The challenge and our aim

Whilst 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, there are a number of risks associated with this procedure for mother and baby. The Maternity Unit aims to optimise opportunities for active physiological birth and to reduce medical intervention where appropriate. Both medical and midwifery staff are fully committed to this philosophy of care.

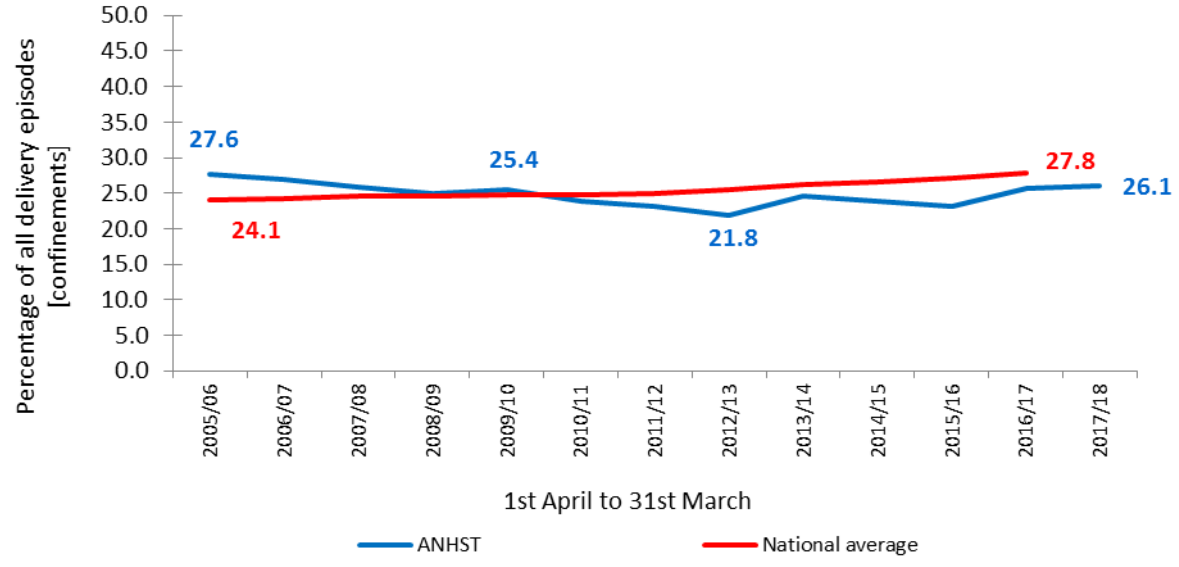
How we monitor progress

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 and non-elective caesarean section is regularly undertaken and informs the group discussion.

Current status

The latest available England percentage of caesarean hospital deliveries is 27.8 per cent for 2016/17, reflecting a continuing national incremental trend in caesarean birth. The Trust's overall caesarean section rate of 26.1 per cent compares favourably although also shows an increasing trend. Finer grained analysis shows that the rate for electives is 13.0 percent compared to the national average of 12.1 per cent.

Figure 12: Caesarean section rate for Airedale NHS Foundation Trust long-term trend



Data Source: *Information Services and NHS Digital .*

Initiatives and progress in 2017/18

- The bespoke Midwifery Led Unit provides a homely environment. With access to a private outdoor space and a less clinical labour room, it offers a relaxing place to give birth. Resources include a birthing pool. Figures for 2017 indicate almost eight per cent of women labouring in the pool and around five per cent giving birth in water. In the last year the Maternity Service has adopted a new information technology system and there have been some data quality issues; future monitoring of pool use to improve data capture is being evaluated. Soft intelligence gathered around perceptions of labouring and delivering in water is positive; parent education report an increase in water birth session uptake.
- 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:

    - The Patient Decision Aid (PDA), introduced in 2014, aims to ensure that all women eligible for VBAC receive and have the opportunity to discuss essential information upon which to base their decision about method of delivery.
    - 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.
    - Wireless cardiotocography – CTG – monitors allow women who have had a previous caesarean section to be monitored while remaining active in labour and even to labour in water.

- High risk antenatal care, low risk intrapartum (HALO) care system permits 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 possibility of obstetric intervention and offering the best opportunity for a vaginal birth in a low risk setting.
- 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 this manoeuvre is successful.
- The Lucinda Team of midwives – an initiative to support a low risk environment on the Midwife Led Unit and women requesting home birth — was disbanded in 2017. Normal birth is the focus of all practitioners. A Positive Birth Group has been established by the Labour Ward Manager. Comprised of midwives, the group aims to increase positive birth messages. For example, a Ward Birth Lead has been identified and discussions around increasing training to boost staff facilitation has commenced.
- Following a successful bid to the Health Education England Maternity Training Fund, the Clinical Lead Obstetrician, Labour Ward Manager and one of the Labour Ward Co-ordinators attended a four day Royal College of Obstetricians and Gynaecologists' Management of Labour Ward Conference which focused on ensuring that all have up to date knowledge underpinned by practical obstetric skills. Following the conference a working group has been initiated to share best practice and learning.
- A pilot to develop partnership working between Airedale Maternity Unit and local independent midwives offers the opportunity to support women's birthing choices, continuity of care and enhance safety through, for example, information sharing and training.

Next steps

Following the Royal College of Midwives revised guidance regarding *"normal birth"* and to avoid making women who opt for medical interventions feel like failures, we have reviewed our guidelines. We scrutinise what women tell us about our service – most recently in the *2017 CQC Maternity*

Survey – and as a service are committed to providing a positive experience for all women under our care.

Case Study: Jasmine's Story – hypnobirthing

The Maternity Services Parent Education Team offer an antenatal four week hypnobirthing course for parents. Accredited by the Royal College of Midwives, it promotes breathing and relaxation methods and examines positive mind-sets in the pursuit of a calm and natural birthing experience. Sessions are held monthly in a group setting with an average of five couples attending each month. The following details the birthing experience of one of the course participants, Jasmine.

As first time parents and following recommendations from friends, Jasmine and her partner Ryan attended the course at 36 weeks into Jasmine's pregnancy, and found the experience increased both their confidence and excitement about the ensuing arrival. Initially Jasmine had been booked to be induced, but her labour started without intervention. Jasmine stayed at home initially until the frequency of her contractions increased sufficiently.

It was whilst Jasmine was in the birthing pool, where she stayed for six hours without pain relief, that she relied on all her hypnobirthing techniques. Jasmine brought with her a birthing necklace whilst her partner read through the scripts and positive birthing cards which friends had made. Both meditated and maintained a positive mind-set, enabling Jasmine to remain calm throughout the process.

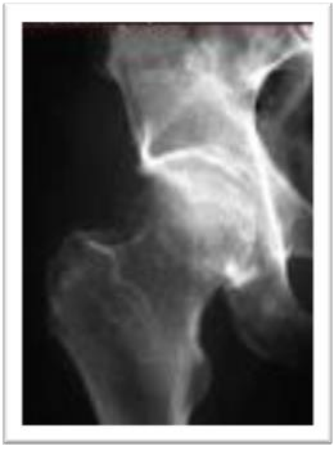
Through the final stage, Jasmine pushed with no assistance. As she visualised waterfalls and blowing dandelions, baby Jasper Dylan arrived, weighing 8lbs 10oz.

Jasmine thanked the midwives for making the birth special, and highly recommended the initiative.

This case study was recounted to the January 2017 Board of Directors who discussed the transferable learning, for example as a pain management technique to patients recovering after surgery, as well as the need to engage with cultural groups and wider community.

Source: Board of Directors' Meeting January 2017

3.3.3 Fractured neck of femur improvement project



The challenge and our 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.[28] For those who recover, there is a possibility of a loss in mobility and independence.

Research suggests that organisational factors in a patient's treatment can affect outcomes. Our aim is to improve recovery from fractured neck of femur by focussing on such factors in a patient's treatment.

How we monitor progress

[28] NICE (2011), Hip Fracture. *The management of hip fracture in adults. NICE clinical guideline 124.* NICE: Manchester.

Orthopaedic multi-disciplinary audit governance meetings are held monthly to identify areas of improvement and understand outcomes for this group of patients.

Current status

Measurement over time is essential to understand progress and the group monitors best practice targets and participates in the Royal College of Physicians' Falls and Fragility Fracture Audit Programme. According to the *National Hip Fracture Database Annual Report 2017*, of the 299 cases submitted in 2016, performance is within the top quartile of the 177 eligible providers for the following standards for the management of hip fracture:

- Mobilised out of bed by the day after surgery;
- Proportion of arthroplasties which are cemented;
- Eligible displaced intracapsular fractures treated with total hip replacement; and,
- Hip fractures which were sustained as an inpatient.

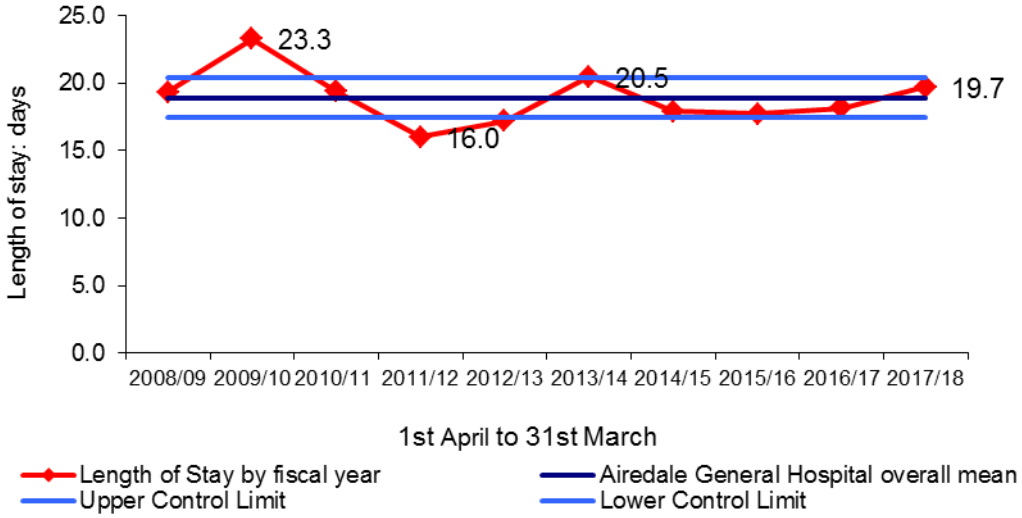
Performance is within the lower quartile for the following:

- Perioperative medical assessment;
- Delirium assessment;
- Documented final discharge destination; and,
- Discharge to original residence within 120 days

In 2016 the best practice tariff was met in 58.4 per cent of Airedale patients compared to 59.2 per cent of all participants. Where standards 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.

Figure 13: Fractured neck of femur mean length of stay [days] for Airedale General Hospital patients



Data source: *Airedale NHS Foundation Trust Information Services.*

The figure describes our performance in the last ten 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 17.5 to 20.4 days. These intervals help to identify variation which falls outside the expected limits and supports understanding of whether length of stay is longer or shorter than expected. Over the last four years performance has been largely consistent given that no adjustment for case mix is made. Between 1st January and 31st December 2016, the overall hospital mean length of stay for eligible providers was 21.6 days; performance for Airedale General Hospital was 17.2 days.[29]

The Royal College of Physicians *National Hip Fracture Database (NHFD) Extended Report 2017* reports that for 2016 Airedale General Hospital has a case mix adjusted mortality rate higher than in previous years. Case note review of 14 consecutive deaths has been undertaken using a standardised tool. In all cases the deaths were judged to be unavoidable.

Initiatives and progress in 2017/18

To support the delivery of the best practice pathway and improve outcomes for this patient group, the following actions have been taken:

- The provision from June 2017 of a Hip Fracture Receiving Bed on Ward 9 to support the fast track transfer of a patient with a hip fracture from the Emergency Department. The patient can then be moved into another Ward 9 bed rather than being nursed in beds not overseen by specifically trained orthopaedic nurses. This minimises unnecessary pre-operative starving of hip fracture patients awaiting surgery and improves provision of pre-operative carbohydrate loading drinks.
- Post-operative nutrition has been changed to enhance protein supplements as there is evidence of benefits for this patient with a fragility fracture. In addition, post-operative physiotherapy is being provided on weekdays. The idea is to ensure that all patients who are fit enough are mobilised from bed the day following surgery to reduce complications. A business case for

[29] Royal College of Physicians' (2017), *Falls and Fragility Fracture Audit Programme. The National Hip Fracture Database Extended Report 2016.* Health Quality Improvement Partnership. Available at: http://www.nhfd.co.uk/20/nhfdcharts.nsf/fmbenchmarks?readform&report=outcomes&year=2016&region=Yorkshire%20and%20The%20Humber [Accessed 02/02/18].

additional substantive resources to ameliorate a lack of weekend and bank holiday cover has been approved and is awaiting recruitment. In the interim, hip fracture patients are being prioritised at weekends for physiotherapy.

- An anaesthetic protocol for hip fracture surgery has been agreed and embedded within the specialty.
- An orthopaedic Advanced Nurse Practitioner (ANP) now works alongside an Orthopaedic Nurse Specialist (ONS) on wards 9 and 19, significantly improving the care we provide to our Orthopaedic patients. In order to provide post-operative fascia iliac blocks for every hip fracture patient, excepting contraindications, doctors and the orthopaedic ANP and ONS have been trained in the procedure and a protocol for the use and delivery has been approved.

Next steps

The aspiration is for all patients with a fractured neck of femur to be admitted under Orthogeriatrics and to be cared for by this team. Due to long-term staffing pressures, including a national shortage of consultant Orthogeritricians, this remains a challenge. Alternative models of service provision are being explored, including a proposed business case supporting a new post between Geriatric Medicine and Orthopaedics. Currently a weekday specialty doctor in Orthogeriatrics provides a nine to five weekday presence on ward 9 and attends the weekly multi-disciplinary team meeting. This means that during these times medical issues can be addressed without delay.

On the premise that prevention is better than cure, the Orthopaedic Team is seeking to develop a Fracture Liaison Service (FLS) within the Trust in line with Public Health England's system based approach to the design and planning of services across falls and fragility fractures. A stakeholder event garnered much interest and a business case has been developed for final consideration by our Commissioners in February 2018. A multi-disciplinary service would assess and treat patients aged 50 and over who have a fragility fracture with the aim of reducing the risk of further fractures within this patient group via education, exercise and risk assessment. Currently the service is working closely with the National Osteoporosis Society to develop a robust patient pathway. Clinical audit has identified areas of shortfall against the NICE guidelines for fragility fractures. A risk assessment is in place and the Trust is working towards implementation. It is envisaged that a Fracture Liaison Service would address many of the issues highlighted in the audit. An update on the FLS will be provided in next year's *Quality Report*.

3.4 Performance against key national priorities

The following indicators support the national priorities and form part of the appendices 1 and 3 of the current *Single Oversight Framework*. Returns conform to specified data quality standards and prescribed standard national definitions[11] and are subject to third party scrutiny and review.

Indicator	Threshold	2014/15	2015/216	2016/17	2017/18
All cancers: 62-day wait for first treatment, comprising either:					
▪ from urgent GP referral to treatment	85%	Ⓐ 90.2%	89.8%	92.3%	89.1%
▪ from NHS Cancer screening service referral	90%	95.7%	96.7%	93.8%	91.2%
Maximum 18 week waits from referral to treatment in aggregate – patients on an incomplete pathway	92%	Ⓐ 92.4%	Ⓐ 92.4%	Ⓐ 91.5%	Ⓐ 92.3%
92.3%A&E maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	95.6%	Ⓐ 95.7%	Ⓐ 90.6%	Ⓐ 93.3%
Clostridium difficile: variance from plan	6	4	5	2	1*
Maximum 6 week wait for diagnostic procedures	99%	-	-	-	97.8%

* With one case awaiting review.

Ⓐ = subject to third party audit on behalf of NHS Improvement. See section 4.5 for detail of data testing in 2017/18.

Data source: *Airedale NHS Foundation Trust Information Services.*

Part 4: Annex

4.1 Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG)

The draft *Quality Report* 2017/18 was circulated to NHS Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG with the following feedback received:

Douglas Mill
Bowling Old Lane
Bradford BD5 7JR

Tel: 01274 237290
Fax: 01274 237453

Airedale NHS Foundation Trust Quality Report 2017/18

On behalf of NHS Airedale, Wharfedale and Craven, NHS Bradford City and NHS Bradford Districts Clinical Commissioning Groups, I am delighted to provide feedback to Airedale NHS Foundation Trust (ANHSFT) on its Quality Report 2017/18.

I would like to start by offering my congratulations on the number of accolades that the Trust has been recognised for during 2017/18, some of which are detailed in the report. These include:

- The Airedale Digital Hub winning a national digital and technology award for its unique service offering help to adults with a stammer using a video link;
- The award of an MBE to one of the Trust's specialist palliative care consultants for services to end of life healthcare;
- The Maternity Bereavement Team was nominated in the 2017 Butterfly Awards in the Best Hospital Bereavement Service category;
- The Frail Elderly Pathway Team was nominated for a Health Service Journal "Value in Healthcare Award" in the Acute Care Redesign category and shortlisted in the top three at the annual Chief Allied Health Professions Officer's Conference for the Practice Innovator Award.
- The TARN data coordinator being awarded the title of "UK TARN Coordinator of the Year 2018".

Following the Care Quality Commission (CQC) follow-up inspection in March 2017 and their report published on 20th September 2017, the Trust was rated overall as 'requires improvement'. The CQC inspected core services which were rated as "requires improvement" at the previous inspection or where there was an identified area of concern. The safety and well-led domains were inspected and were rated as "requires improvement".

Although the inspection outcome remains 'requires improvement', it is important to note that the Trust has made significant improvements from the 2016 inspection. Several areas of outstanding practice were highlighted by CQC including the Frail Elderly Pathway Team and the Trust's effective use of the SystmOne shared electronic record. The Trust has formulated a Quality Improvement Plan to address all required actions and recommendations made by CQC and the Quality Report details many of the steps being taken.

The Quality Report cites a number of initiatives and innovations, service developments, achievements and quality improvements to ensure delivery of the 2017/18 priorities. These include:

- The £7 million investment in a new Acute Assessment Unit which opened in April 2018;
- Selection to take part in the second phase of the National Accelerate Coordinate Evaluate (ACE) project, an early diagnosis initiative featuring the establishment of a "one stop shop" providing rapid access to diagnostic tests for patients with cancer symptoms;
- A dedicated Cardiology Unit on Ward 1 opened in September 2017;
- CQC recognised the immediate and expert advice available to care homes and those patients at the end of life via the Gold Line Service;
- The adoption of a SystmOne electronic patient record for mobile working in Community and Therapy Services;
- The launch of the Sunbeam Support Group, a bereavement support group for families who have lost babies through stillbirth and miscarriage or neonatal death.

The Trust continues to work to its Quality Improvement Strategy launched in March 2016 which is built on the Right Care programme. The Quality Report demonstrates successful partnership working including:

- A partnership approach within Urgent and Emergency Care via the West Yorkshire Urgent and Emergency Care Vanguard which has improved access to out of hours services;
- Joint partnership working with Bradford Teaching Hospitals NHS Foundation Trust to offer an integrated Pathology Service across the district;
- A pilot to develop partnership working between Airedale Maternity Unit and local independent midwives.

However, it is disappointing that this year the Trust has reported two Never Events. The Quality Report though does detail how learning from these has been translated into change and improvements in practice.

Actions to strengthen and grow the workforce remain a priority for the Trust, with investment and improvements made to nurse staffing levels within the Emergency Department (ED) and Critical Care, although it is noted that there continues to be a shortage of specially trained Children's Nurses in ED. The report outlines a range of workforce initiatives during the last year, which the trust anticipates will go some way to support safe, effective patient care and create a sustainable resilient workforce.

I am pleased to note that the 2017/18 Quality Report provides details on the steps the Trust is taking to strengthen leadership and governance at all levels, especially as the CQC identified the strengthening of governance arrangements to support comprehensive learning across the organisation and the Well Led domain overall, requires improvement. This action should yield robust and sustained improvements to care delivery in the next year.

The Trust has identified three key quality priorities for the forthcoming year (2018/19):

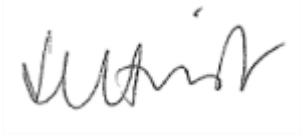
1. Patient experience: improve the quality of wound care for patients both in hospital and the community
2. Patient safety: improving the prevention, early identification and management of Acute Kidney Injury

3. Clinical Effectiveness: management of sepsis.

The additional quality goals which underpin the key quality priorities above remain unchanged from this last year (2017/18).
The CCGs would like to thank the Trust for their engagement in supporting the CCGs' strategic programmes to improve the health and well-being of the population of Airedale, Wharfedale and Craven .

I confirm compliance with the national and local requirements. The statements of assurance have been completed demonstrating achievements against the essential standards. I believe this report to be a fair and accurate representation of the Trust's achievements for 2017/18.

As I look ahead to the next year, this report demonstrates via the priorities for 2018/2019 a commitment to continuously strive to improve the quality and safety of patient care; we commend the Trust's achievements during 2017/18 and look forward to supporting the Trust to achieve their ambitions during 2018/2019.



Helen Hirst
Chief Officer
Airedale, Wharfedale & Craven,
Bradford City & Bradford Districts CCGs

East Lancashire Clinical Commissioning Group
Walshaw House
Regent Street
Nelson BB9 8AS
Lancashire
Date: 21/05/18

Re: Airedale NHS Foundation Trust Quality Account

East Lancashire Clinical Commissioning Group (EL CCG) welcomes the opportunity to comment on the 2017/18 Quality Account for Airedale NHS Foundation Trust (ANHSFT).

Following the CQC inspection and subsequent rating of 'Requires Improvement' in March 2016, EL CCG is pleased to note the recognition of improvement on previous ratings, during the follow up visit undertaken in April 2017, in the following areas;

- Critical care – 'Good' for Safe and Effective domains,
- Maternity and Gynaecology – 'Good' for the Safe domain
- Services for Children and Young People – 'Good' for the Safe domain

The CCG is disappointed to note the deterioration of Urgent and Emergency Services from 'Good' to 'Requires Improvement' and note the overall rating for ANHSFT remains as 'Requires Improvement'. EL CCG is sighted on the actions to address areas of concern, through attendance at the ANHSFT Quality Review Meetings hosted by Airedale, Wharfedale and Craven CCG, and will continue to support the Trust in progressing through the action plans.

EL CCG note that the Trust has acted on guidance published by NHS Improvement in relation to the 'Learning from Deaths Framework', and commend the Trust on the positive results from the case record reviews. The Quality Account states that the figures have been estimated using the Trust Mortality Tool; whereby a random 20 sets of medical records are chosen and reviewed. It is not clear if there have been any reviews of deaths in other categories that trigger the review process.

Quality Priorities 2017/18

The Quality Account provides a detailed report of the Trusts achievements and EL CCG acknowledges the progress ANHSFT has made against the quality priorities of 2017/18.

EL CCG is conscious of ongoing actions relating to the management of Sepsis and the linkage to the national CQUIN scheme.

EL CCG commends the Trust on the improvement in administering intravenous antibiotics within an hour of recognition of sepsis; from 49% to 70% in ED and from 60% to 80% for inpatients.

National Quality Indicators and CQUIN

At the time of writing, CQUIN achievement for 2017/18 was not available in the draft Quality Account, and the CCG is unable to comment on this.

EL CCG acknowledges that the Summary Hospital-level Mortality Index (SHMI) for ANHSFT remains as expected and inline with the national average of 1.00, and the percentage of patient deaths with palliative care coded (28.5) remains below the national average of 31.5.

Patient Reported Outcome Measures (PROMS) continue to be in the expected range or better and the CCG commends ANHSFT for being a positive outlier in the Aberdeen Varicose Vein Surgery Score.

Data relating to the percentage of patients aged 0-15 and 16+, who are readmitted within 28 days of discharge, is not available in the draft Quality Account. An overall percentage for 2017/18, for all ages has been calculated by the Trusts Information Service, at 12.61% against a national average of 8.6%. The CCG would welcome further information in relation to this indicator and actions to address areas of concern.

EL CCG notes the 2017 inpatient survey is due in June 2018 but is pleased to see that ANHSFT is placed in the top 20% of providers for the number of staff reporting the effective use of patient/service user feedback. The CCG is delighted to see the Friends and Family Test scores demonstrating high recommendation rates across the hospital with all areas scoring 96% or above, with the staff recommendation rate of 74% being higher than the national average.

ANHSFT assessed 95.53% of patients admitted to hospital who were at risk of venous thromboembolism during the period October – December 2017. Scores have remained in line with national expectation and the CCG notes the actions taken to improve compliance.

EL CCG notes that the Clostridium Difficile rate per 100 000 bed days was 11.2 for the period 2016/17, which is a decrease on the previous year, and remains below the national average of 13.2.

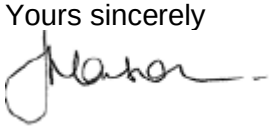
Reported safety incidents rate per 1000 bed days is 47.87, which is above the national position of 41.68 although those resulting in death and severe harm are lower than the national position. This demonstrates an open reporting culture which is promoted by the Trust.

Priorities for 2018/19

The CCG supports the priorities set out for 2018/19 within the Quality Account and welcomes the continued development of these quality improvements.

EL CCG look forward to working with ANHSFT over the coming year, and will continue to attend the Quality Review Meetings to ensure that services commissioned are of a high quality standard and provide safe, patient centred care.

Yours sincerely



Jackie Hanson
Deputy Chief Officer, Director of Quality & Chief Nurse

4.2 Overview and Scrutiny Committee

The draft *Quality Report* 2017/18 was circulated to Bradford Metropolitan District Council Health Overview and Scrutiny Committee and North Yorkshire County Council Overview and Scrutiny Committee for comment. Receipt was acknowledged by both groups; the following feedback was received.

It is recognised that staff shortages, particularly in emergency medicine, nursing and anaesthesia can have a significant impact upon what services can be delivered from what site and for how long. The trust contributed to an in-depth investigation into health and social care workforce pressures that was undertaken by the Scrutiny of Health Committee in the autumn of 2017. The information, data and analysis provided helped the committee to appreciate the issue across the whole system and the support of the trust was much appreciated.

It is also recognised that the rural nature of the county and the length of time that it can take to travel to and from appointments can have an impact upon how services are planned and delivered. The committee, however, remains committed to ensuring that people are not excluded from services based upon where they live. The presumption is that you should be able to access the same type and quality of care no matter where you live in North Yorkshire.

The current financial pressures within the health system in North Yorkshire are of great concern. Whilst there are doubts as to whether the funding formula for health is fair and concerns that it disadvantage rural areas, we need to work together to find a way to make the money that we have work the hardest and result in good outcomes across the health and social care system.

The Scrutiny of Health Committee remains committed to a system-wide view of services that helps to ensure that decisions on the planning and delivery of health care are not made in isolation and that the key role that a broad base of community services have to play is not overlooked. This will not be easy going forward as the health commissioners and providers in the county are pulled in three different directions as the new NHS integrated systems for planning and delivery in the West, South and North of the county are put in place.

County Councillor Jim Clark
North Yorkshire Scrutiny of Health Committee
15 May 2018.

4.3 Healthwatch

The draft *Quality Report* 2017/18 was circulated to Healthwatch Bradford and District and Healthwatch North Yorkshire and Healthwatch Lancashire for comment. Receipt was acknowledged with the following feedback received.

healthwatch Bradford and District

Healthwatch Bradford and District is pleased to have the opportunity to comment on the Airedale NHS Foundation Trust Quality Report for 2017/18. The report gives a comprehensive view of actions taken throughout the year to improve the quality of care and performance against key indicators.

The report also sets out performance against the quality goals, and the quality goals for the upcoming year. It would be good to see how patients and carers can be involved in the development of these to ensure that they reflect their priorities. We welcome efforts to increase the Friends and Family Test response rate, and it would be interesting to see how the Trust responds to the experiences shared.

Healthwatch Bradford has a good relationship with Airedale NHS Foundation Trust. We hold outreach sessions at Airedale General Hospital on a monthly basis, sharing any feedback we receive about the Trust with the Patient Engagement Officer.

Based on the information we receive from patients and carers at the hospital, and from those who contact us directly, the main concerns include waiting times for appointments and on the day, signposting at the hospital, car parking, and food.

On waiting times, we heard from a number of people who had had to wait a few weeks or longer – in one case over a year – for an appointment after referral to the hospital. However, we also heard from others that they had not had a long wait at all for an appointment, and that they were very pleased with how quickly they were seen.

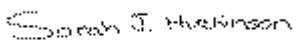
We had similarly mixed experiences when it came to waiting to be seen on the day of the appointment. Some people reported waits for clinic appointments, although on the whole people did not mind if they were kept informed of the delay. Those that were not kept updated were less happy. Others told us that they had experienced no delays during clinics.

We heard a few concerns about signposting within the hospital, with some people feeling that new signs were unnecessary, and others telling us they found the signposting confusing (these comments may predate changes though).

Car parking was a frequent complaint among those we heard from, as this is seen as both difficult to access, and expensive, particularly when people have to wait to be seen. We also had a few comments about the food provided, with most finding it unappealing, but others enjoying it.

We also received a number of compliments about people's experiences at Airedale General Hospital. People mentioned particular clinics and departments as very good, such as the Maxillo facial clinic, Orthopaedics and physiotherapy. People praised the staff ("all staff are caring and wonderful" "staff were all very good [on Ward 14], and had time for the patients").

Healthwatch Bradford and District will continue to listen to people's views and sharing these with the Trust, and we look forward to continuing to work with the Trust to ensure these experiences continue to be used to help drive improvement.



Sarah Hutchinson
Manager
Healthwatch Bradford and District

How to provide feedback on the Quality Report

Hopefully the Quality Report has been informative. We welcome your feedback and suggestions you may have for next year's publication.

The Annual report and *Quality Report* will be available on our website at:
www.airedale-trust.nhs.uk

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

4.4 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.

NHS Improvement 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 the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - o board minutes and papers for the period April 2017 to the date of this statement
    - o papers relating to quality reported to the board over the period April 2017 to the date of this statement
    - o feedback from commissioners dated 17/05/18
    - o feedback from governors dated 20/05/18
    - o feedback from local Healthwatch organisations dated 16/05/2018
    - o feedback from Overview and Scrutiny Committee dated 15/05/2018
    - o the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018
    - o the latest national patient survey 08/06/2017
    - o the latest national staff survey 06/03/2018
    - o the Head of Internal Audit's annual opinion of the trust's control environment dated 29/05/18
    - o CQC inspection report dated 20/09/2017.

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting 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

30/05/2018 Date..... Chair

30/5/2018 Date..... Acting Chief Executive

Independent Practitioner's Limited Assurance Report to the Council of Governors of Airedale NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Airedale NHS Foundation Trust to perform an independent limited assurance engagement in respect of Airedale NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the "NHS foundation trust annual reporting manual 2017/18" and additional supporting guidance in the "Detailed requirements for quality reports for foundation trusts 2017/18" (the "Criteria").

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge;
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways.

We refer to these national priority indicators collectively as the "Indicators".

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the "NHS foundation trust annual reporting manual 2017/18" and supporting guidance issued by NHS Improvement.

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 is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's "Detailed requirements for external assurance for quality reports 2017/18"; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports 2017/18.

We read the Quality Report and consider whether it addresses the content requirements of the "NHS foundation trust annual reporting manual 2017/18" and supporting guidance, 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:

- Board minutes for the period 1 April 2017 to 29 May 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 to 29 May 2018;
- feedback from Commissioners dated 17/5/18;
- feedback from Governors dated May 2018;
- feedback from local Healthwatch organisations dated 15/5/18;
- feedback from Overview and Scrutiny Committee dated 16/5/18;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018;
- the latest national patient survey dated 8/6/17;
- the national staff survey dated 6/3/18;
- the Care Quality Commission inspection report dated 20/9/17; and

 the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2018.

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.

The firm applies International Standard on Quality Control 1 (revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

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 2018, 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, except 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"). Our limited assurance procedures included:

 evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

 making enquiries of management;

 limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;

 comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and

 reading the documents.

A limited assurance engagement is narrower 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 affect 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 of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the "NHS foundation trust annual reporting manual 2017/18" and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Airedale NHS Foundation Trust.
Our audit work on the financial statements of Airedale NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Airedale NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Airedale NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Airedale NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Airedale NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Airedale NHS Foundation Trust and Airedale NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

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 2018:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's "Detailed requirements for external assurance for quality reports for foundation trusts 2017/18"; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the "NHS foundation trust annual reporting manual 2017/18" and supporting guidance.

Grant Thornton UK LLP
Grant Thornton UK LLP
Chartered Accountants
4 Hardman Square
Spinningfields
Manchester
M3 3EB
30 May 2018

4.5 NHS Improvement guidance for data quality assurance on Quality Reports

NHS Improvement requires foundation trusts to obtain external assurance on its *Quality Reports*. Set out below is the detailed 2017/18 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.

4.5.1 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: 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.
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

4.5.2 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 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) The local NHS organisation responsible for making sure that appropriate health services are in place to meet local people's needs.

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 trust 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.

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

Healthwatch England An independent consumer champion for health and social care in England. Working with a network of 152 local Healthwatch organisations, it ensures that the voices of consumers reach the ears of the decision makers.

NHS Digital The national provider of information, data and information technology systems for health and social care.

NHS 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).

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers of NHS funded care. It aims to support the delivery of high quality, compassionate care within local health systems that are financially sustainable.

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 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.

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).

SAFER patient flow bundle
SAFER is a practical tool to reduce delays for patients in adult inpatient wards. It stands for: S - Senior Review; A – All patients will have an expected discharge date and clinical criteria for discharge; F - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards; E – Early discharge; R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay.

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.

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

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Airedale NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2018 which comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers Equity, the Consolidated Statement of Cash Flows and notes to the financial statements, including the accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017/18.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2018 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/2018; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

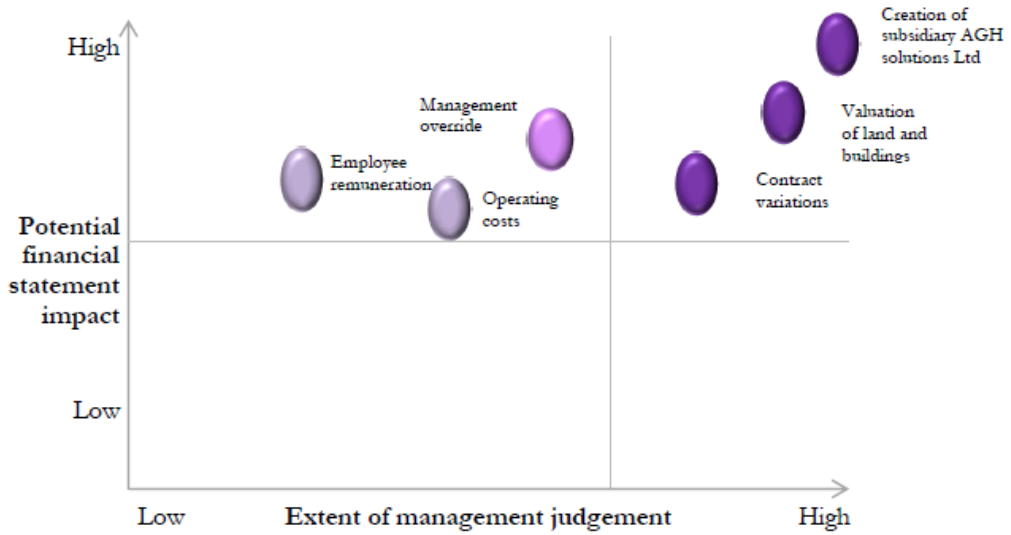
- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

- Overall materiality: £2,750,000 which represents 1.75% of the group's gross operating costs.
- Key audit matters were identified as:
    - Contract variations;
    - Creation of the subsidiary AGH Solutions Ltd; and
    - Valuation of land and buildings.
- This is the first year the group financial statements include the subsidiary AGH Solutions Ltd.
- We performed a full scope audit of Airedale NHS Foundation Trust, targeted audit procedures on the subsidiary AGH Solutions Ltd and analytical procedures on the non-significant component Airedale NHS Foundation Trust Charitable Funds.

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
Contract variations Approximately 89% of the Trust's income is from patient care activities and contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in these contracts (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners. We therefore identified the occurrence and accuracy of income from contract variations as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • evaluating the Trust's accounting policy for recognition of income from patient care activities for appropriateness • updating our understanding of the Trust's system for accounting for income from contract variations and evaluating the design of the associated controls • agreeing, on a sample basis, income from contract variations to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners • evaluating the Trust's estimates and the judgments made by management on contracts in order to arrive at the total income from contract variations recorded in the financial statements. The Trust's accounting policy on income is shown in note 1.2 to the financial statements and related disclosures are included in note 3. **Key observations** We obtained sufficient audit evidence to conclude that: • the group's accounting policy for recognition of operating income complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied • income from patient care activities is not materially misstated.

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
Creation of the subsidiary AGH Solutions Ltd During 2017/18, the Trust created a wholly owned subsidiary company Airedale NHS Solutions Ltd with the aim of delivering estates, facilities and procurement services to the Trust through a more focussed and commercial approach, enabling the Trust itself to focus on the delivery of clinical services. On 1 March 2018 approximately 500 staff TUPE transferred from the Trust to AGH Solutions Ltd (the company) and the Trust entered into a number of agreements with the company. Under these agreements the Trust and company agreed the services to be provided by the company, the lease provisions for the estate for the next 25 years, the licence for the use of the estate by the Trust and the funding for the up-front lease premium payable by the company. These agreements gave rise to a number of material accounting transactions in the financial statements for which the economic substance of the transactions needs to be considered. We therefore identified the accounting transactions associated with the creation of AGH Solutions Ltd as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included: • reviewing the key agreements to gain an understanding of the agreements put in place on the establishment of the company; • discussing with key group personnel, the underlying substance of the transactions and the basis of the group's proposed accounting treatment of the arrangements; • critically assessing the economic substance of the transactions to assess the appropriateness of the accounting treatment adopted by the group in accordance with International Financial Reporting Standards (IFRSs) and other relevant accounting guidance. The group's accounting policy on consolidation of subsidiaries is shown in note 1.1 to the financial statements and related disclosures are included in note 19. **Key observations** We obtained sufficient audit evidence to conclude that: • the group's accounting treatment for the transactions and balances arising following AGH Solutions becoming operational on 1 March 2018 complies with IFRS's and the DHSC Group Accounting Manual 2017-18 • the group had accounted for the transactions appropriately in the financial statements.

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
Valuation of land and buildings The Trust re-values its land and buildings annually to ensure that the carrying value is not materially different from fair value This represents a significant estimate by management in the financial statements. In valuing the Trust's estate, management have made the assumption that the main hospital site, if needed to be replaced, would be rebuilt to modern conditions on an alternative site nearby.	Our audit work included, but was not restricted to: • evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work • critically assessing key assumptions such as VAT recognition and the relevant dates at which revaluations are recognised by the Trust • engaging our own VAT expert to provide us with advice on the appropriateness of the Trust's assumptions on VAT recognition • evaluating the competence, capabilities and objectivity of the valuation expert

The Trust commissioned a valuer to value the Trust's estate at 1 April 2017 and also at 1 March 2018 (the date of the transfer to AGH Solutions Ltd). Both valuations have been carried out on a 'net of VAT' assumption for the first time. Assumptions on VAT in the re-provision of buildings in the NHS are a complex area. The application of a net of VAT assumption has led to a reduction in the overall depreciation/impairment charge to operating expenditure charge of £0.56m and a reduction in the PDC dividend of £0.25m We therefore identified the valuation of land and buildings, in particular revaluations of the main hospital site, as a significant risk, which was one of the most significant assessed risks of material misstatement.	• discussing with the valuer the basis on which the valuations were carried out and challenging the key assumptions applied • testing the information used by the valuer to ensure it is complete and consistent with our understanding • testing, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register and the financial statements • evaluating the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that these are not materially different to fair value. The group's accounting policy on valuation of land and buildings is shown in note 1.5 to the financial statements and related disclosures are included in note 6. **Key observations** We obtained sufficient audit evidence to conclude that the valuation of land and building valuations at 31 March 2018 are not materially misstated. We have however challenged the Trust's retrospective application of the net of VAT assumption to 1 April 2017. We also requested additional disclosures in note 1.18 of the financial statements to give a clearer explanation of the rationale for the Trust's decision to value its estate net of VAT.

Our application of materiality

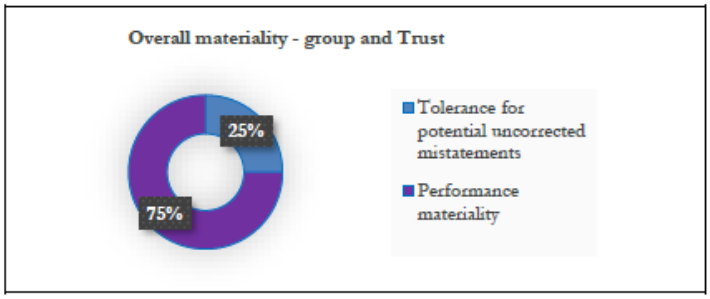
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£ 2,750,000 which is 1.75% of the group's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding. Materiality for the current year is set at a lower percentage level of gross	£2,750,000 which is 1.75% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding. Materiality for the current year is set at a lower percentage level of gross operating

	operating costs than for the year ended 31 March 2017 (2%). This reflects our view that the establishment of the wholly owned subsidiary AGH Solutions Limited introduces additional risks to the audit of the group's financial statements.	costs than for the year ended 31 March 2017 (2%). This reflects our view that the transfer of the Trust's estate and a number of staff to AGH Solutions Ltd introduces additional risks to the audit of the Trust's financial statements.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality
Specific materiality		The senior officer remuneration disclosure in the Remuneration Report has been identified as an area requiring specific materiality of £5,000 based on the disclosure bandings, due to its sensitive nature.
Communication of misstatements to the Audit Committee	£137,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£137,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Evaluation of identified components to assess the significance of each component and to determine the planned audit response based on a measure of materiality and significance of the component as a percentage of the group's total income, assets and liabilities;
- Full scope audit procedures on the Airedale NHS Foundation Trust, which represents 100% of the group's income, over 99% of its total expenditure and over 98% of its total net assets;
- Performing targeted audit procedures on AGH Solutions Ltd which became operational on 1 March 2018, focussing on the significant balances and transaction linked to the Trust, which represents less than 1% of the group's income and expenditure and less than 1% of its total net assets;
- Performing analytical audit procedures on the non-significant component Airedale NHS Foundation Trust Charitable Funds, which represent less than 1% of the group's income and expenditure, and less than 2% of its total net assets; and
- Gaining an understanding of and evaluating the group's internal control environment including its IT systems and controls over key financial systems.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge of the group and Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- The Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2017/18. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/18 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice we are required to report to you if:

- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service 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.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accounting Officer's responsibilities the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2017/18, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the group or the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the group or the Trust.

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report 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 review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

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 to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Airedale NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

John Farrar

John Farrar
Associate Director
for and on behalf of Grant Thornton UK LLP

4 Hardman Square
Spinningfields
Manchester
M3 3EB

30 May 2018

FOREWORD TO THE ACCOUNTS

AIREDALE NHS FOUNDATION TRUST

The accounts for the year ended 31 March 2018 are set out on the following pages and comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers' Equity, the Consolidated Statement of Cash Flows and the Notes to the Accounts.

These accounts for the year ended 31 March 2018 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: ..... Andrew Copley - Acting Chief Executive

Date: 30/5/2018.

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 NHSI.

Under the NHS Act 2006, NHSI 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 NHSI, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

make judgements and estimates on a reasonable basis;

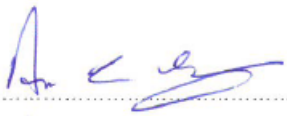
state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and

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 NHSI's NHS Foundation Trust Accounting Officer Memorandum.

Signed:  .....Andrew Copley - Acting Chief Executive

Date: 30/5/2018

NATIONAL HEALTH SERVICES ACT 2006

DIRECTIONS BY NHSI IN RESPECT OF NATIONAL HEALTH SERVICES FOUNDATION TRUSTS' ANNUAL ACCOUNTS

NHSI, 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 NHSI, the independent Regulator of NHS Foundation Trusts

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR TO 31 March 2018

		2017/18		2016/17	
		Group	Foundation Trust	Group	Foundation Trust
	Note	£000	£000	£000	£000
Operating income from continuing operations	3	168,955	169,060	164,375	164,157
Operating expenses of continuing operations:	4				
- Operating expenses		(166,768)	(166,723)	(155,646)	(155,459)
Operating Surplus/(Deficit) before Finance costs		2,187	2,337	8,729	8,698
FINANCE COSTS					
Finance income		113	90	59	40
Finance expense - financial liabilities		(79)	(138)	(85)	(85)
Finance expense - unwinding of discount on provisions	16.2	(2)	(2)	(14)	(14)
Public Dividend Capital - dividends payable		(1,559)	(1,559)	(1,366)	(1,366)
NET FINANCE COSTS		(1,527)	(1,609)	(1,406)	(1,425)
Gains/(losses) of disposal of assets		615	632	36	36
Share of profit/ (loss) of associates/ joint ventures		350	350	50	50
Movement in fair value of investment property and other investments		-	-	28	-
SURPLUS/(DEFICIT) FOR THE YEAR		1,625	1,710	7,437	7,359

Movement in Reserves		Group	Foundation Trust	Group	Foundation Trust
	Note	2017/18 £000	2017/18 £000	2016/17 £000	2016/17 £000
SURPLUS/(DEFICIT) FOR THE YEAR		1,625	1,710	7,437	7,359
Share of result of associates/ joint arrangements		-	-	-	-
Impairments	6	(6,117)	(6,117)	1,459	1,459
Revaluations	6	377	377	765	765
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		(4,115)	(4,030)	9,661	9,583
Allocation for the year					
(a)Surplus/(Deficit) for the year attributable to					
- Minority interest		-	-	-	-
- Owners of parent		1,625	1,710	7,437	7,359
Total		1,625	1,710	7,437	7,359
(b) Total comprehensive expense for the year attributable to					
- Minority interest		-	-	-	-
- Owners of parent		(4,115)	(4,030)	9,661	9,583
Total		(4,115)	(4,030)	9,661	9,583

All operations are continuing.

The notes on pages 8 to 36 form part of these accounts.

The operating surplus for 2017/2018 in respect of the Foundation Trust includes a net expense on revaluation of the Trusts Property, plant and equipment of £6,151k.

Sustainability and Transformation Funding income has been received to the value of £3,684k for achieving the require in year target and an additional £3008k for achieving the required year end financial targets.

Excluding the 2 items above the Foundation Trust made an underlying operating surplus of £1,084k for the Group and £1,169k for the Trust

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
as at 31 March 2018

		31 March 2018		31 March 2017	
		Group	Foundation Trust	Group	Foundation Trust
	Note	£000	£000	£000	£000
Non-current assets					
Property, plant and equipment	6	57,204	57,204	64,901	64,901
Investments in subsidiary		-	8,891	603	-
Other Investments	19.4	583	-	603	-
Loans to subsidiary		-	20,702		
Trade and other receivables	9.1	815	815	869	869
Total non-current assets		58,602	87,612	66,373	65,770
Current assets					
Inventories	8	2,184	711	2,191	2,191
Trade and other receivables	9.1	21,050	22,489	10,120	10,116
Cash and cash equivalents	10	9,357	7,156	11,068	10,500
Total current assets		32,591	30,356	23,379	22,807
Current liabilities					
Trade and other payables	11	(24,526)	(23,062)	(15,559)	(15,518)
Borrowings	13	(707)	(707)	(665)	(665)
Provisions	16	(773)	(773)	(2,662)	(2,662)
Lease liability	13.2	-	(2,021)		
Other liabilities	12	(466)	(459)	(470)	(470)
Total current liabilities		(26,472)	(27,022)	(19,356)	(19,315)
Total assets less current liabilities		64,721	90,946	70,396	69,262
Non-current liabilities					
Borrowings	13	(1,013)	(1,013)	(1,720)	(1,720)
Provisions	16	(971)	(943)	(1,684)	(1,684)
Lease liability	13.2	-	(27,302)		
Other liabilities	12	(3,766)	(3,766)	(3,906)	(3,906)
Total non-current liabilities		(5,750)	(33,024)	(7,310)	(7,310)
Total assets employed		58,971	57,922	63,086	61,952
Financed by (taxpayers' equity)					
Public Dividend Capital		49,548	49,548	49,548	49,548
Revaluation reserve		8,422	8,422	14,202	14,202
Income and expenditure reserve		(120)	(48)	(1,798)	(1,798)
Charitable fund reserves	19.4	1,121	-	1,134	-
Total taxpayers' equity		58,971	57,922	63,086	61,952

The notes on pages 8 to 36 form part of these accounts.

The financial accounts on pages 1 to 36 were approved by the Board of Directors on

Signed on its behalf by: .....Andrew Copley - Acting Chief Executive

Date: 31/5/2018.

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2018

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 2017	49,548	(1,798)	14,202	1,134	63,086
Public Dividend Received	-	-	-	-	-
Surplus for the financial year	-	1,638	-	(13)	1,625
Other reserve movements	-	40	(40)	-	-
Impairments	-	-	(6,117)	-	(6,117)
Revaluations	-	-	377	-	377
Balance at 31 March 2018	49,548	(120)	8,422	1,121	58,971

	£000	£000	£000	£000	£000
Balance as at 1 April 2016	49,548	(9,225)	12,046	1,056	53,425
Public Dividend Received	-	-	-	-	-
Surplus for the financial year	-	7,359	-	78	7,437
Transfer to I/E reserve for impairments arising from consumption of Economic benefit	-	68	(68)	-	-
Impairments	-	-	1,459	-	1,459
Revaluations	-	-	765	-	765
Balance at 31 March 2017	49,548	(1,798)	14,202	1,134	63,086

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 2017	49,548	(1,798)	14,202	61,952
Surplus for the financial year	-	1,710	-	1,710
Other reserve movements	-	40	(40)	-
Impairments	-	-	(6,117)	(6,117)
Revaluations	-	-	377	377
Balance at 31 March 2018	49,548	(48)	8,422	57,922

	£000	£000	£000	£000
Balance as at 1 April 2016	49,548	(9,225)	12,046	52,369
Public Dividend Received	-	7,359	-	7,359
Other reserve movements		68	(68)	-
Impairments	-	-	1,459	1,459
Revaluations	-	-	765	765
Balance at 31 March 2017	49,548	(1,798)	14,202	61,952

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2018

	Note	2017/18 Group	2017/18 Foundation Trust	2016/17 Group	2016/17 Foundation Trust
		£000	£000	£000	£000
Cash flows from operating activities					
Operating (deficit)/surplus from continuing operations		2,187	2,337	8,729	8,729
		2,187	2,337	8,729	8,729
Non-cash income and expense					
Depreciation and amortisation	4/6	2,717	2,717	4,226	4,226
Reversal of Impairments	4/6.1	6,151	6,151	(1,226)	(1,226)
Non-cash donations/grants credited to income		(321)	(321)	-	-
Increase in trade and other receivables		(9,562)	(31,706)	(4,648)	(4,648)
Decrease in inventories		7	1,480	143	143
Decrease in trade and other payables		8,775	7,343	(802)	(802)
Decrease in other liabilities		(144)	(151)	155	155
Decrease in provisions		(2,604)	(2,632)	(2,618)	(2,618)
Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		(5)	-	40	40
NET CASH GENERATED FROM OPERATIONS		7,201	(14,782)	3,999	3,999
Cash flows from investing activities					
Interest received		113	90	40	40
Purchase of financial assets / investments		-	(8,891)	-	-
Purchase of Property, Plant and Equipment	1	(6,828)	(7,149)	(3,342)	(3,342)
Sales of Property, Plant and Equipment		50	50	146	146
Receipt of cash donations to purchase capital assets		321	321	-	-
Charitable funds - net cash flows(used in)/from investing activities	19.4	-	-	19	19
Cash movement from acquisitions of business units and subsidiaries (not absorption transfers)			29,637		
Net cash used in investing activities		(6,344)	14,058	(3,137)	(3,137)
Cash flows from financing activities					
Public dividend capital received		-	-	-	-
Loans repaid		(504)	(505)	(505)	(505)
Capital element of finance lease rental payments		(136)	(128)	(147)	(147)
Interest Paid		(37)	(37)	(48)	(48)
Interest element on Finance lease		(42)	(101)	(33)	(33)
PDC dividend paid		(1,849)	(1,849)	(1,195)	(1,195)
Net cash generated from financing activities		(2,568)	(2,620)	(1,928)	(1,928)
Net decrease in cash and cash equivalents	10	(1,711)	(3,344)	(1,066)	(1,066)
Cash and cash equivalents at 1 April	10	11,068	10,500	12,134	11,566
Cash and cash equivalents at 31 March	10	9,357	7,156	11,068	10,500

The notes on pages 8 to 36 form part of these accounts.

Note 1 Accounting Policies and Other Information

NHS Improvement (NHSI) has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2017/18 Department of Health Group Reporting Manual issued by NHSI. 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.

Going Concern Basis

IAS1 requires management to assess as part of the accounts preparation process the Foundation Trust's ability to continue as a going concern.

The Directors have a reasonable expectation that the services provided by the Trust will continue for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the financial statements.

Note 1.1

Consolidation

The Consolidated Accounts of Airedale NHS Foundation Trust show both the NHS Foundation Trust and the Group balances. The Group balances comprise Airedale NHS Foundation Trust, Airedale NHS Foundation Trust Charitable Fund and the subsidiary AGH Solutions Limited.
Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK Financial Reporting Standard (FRS) 102) then amounts are adjusted during consolidation where the differences are material. Inter- entity balances, transactions and gains/losses are eliminated in full on consolidation.

Charitable Funds

The Trust is the corporate trustee to Airedale NHS Foundation Trust Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.
The charitable fund's statutory financial statements are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102 ("FRS 102").

Other Subsidiary

On 1 September 2017 the Trust established a wholly owned subsidiary company AGH Solutions Limited which became operational on 1 March 2018. The investment in AGH Solutions Limited is recognised at cost as this is a wholly owned subsidiary of the Trust. The subsidiary's accounts are prepared in accordance with Financial Reporting Standard (FRS) 101 ("FRS101").

Joint Ventures

Joint ventures are separate entities over which the Trust has joint control with one or more other parties. The meaning of control is to exercise control or power to influence so as to gain economic or other benefits. Joint ventures are accounted for under IAS 38 using the equity method. The Trust has 50% equity investment in the following joint ventures:

- Immedicare LLP, in partnership with Involve
- Integrated Pathology Solutions LLP with Bradford Teaching Hospitals NHS Foundation Trust
- Integrated Laboratory Solutions LLP with Bradford Teaching Hospitals NHS Foundation Trust

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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 report of the scheme actuary, 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 ended 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.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

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 1 April 2015 the 2015 Pension scheme was introduced for all employees currently in the NHS pension Scheme. Except for employees who at 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 had a duty in the financial year ended 31 March 2017 to provide a pension scheme for employees who are ineligible to join the NHS Pension Scheme. The NHS Foundation Trust has selected NEST as its 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 current 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.

All assets are measured subsequently at valuation.

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 current 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 Cushman and Wakefield with a prospective valuation date of 31 March 2018 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 current value for non-specialised operational property, using the alternative site method.

Valuation using the modern equivalent asset basis, with an alternative site means that the valuer has taken into consideration the modern needs of the Trust , in relation to the size and layout of a possible replacement hospital. The valuation also uses the alternative site methodology which means the Hospital could be built in an area were land cost are less than in the current location.

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 valuer when they are brought into use.

Operational equipment is valued at depreciated 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 Department of Health Annual Reporting Manual, 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 expenditure 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 'current value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'current 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.

Commissioner Related Services

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.

Private Finance Initiative (PFI) Transaction

PFI transactions which meet the IFRIC 12 definition of a service concession, as FReM -Statement of are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment.

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 commissioners or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

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.

Pharmacy inventories are valued at weighted average historical cost, as the are held on a computerised inventory system, which calculates the values in this way. The valuation method is deemed a reasonable approximation to current value .

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 Trust's 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 current value. In all cases the current value is the transaction value. Any long term receivables that are financial instruments require discounting to reflect current 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 current value. In all cases the current 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

"Determining whether an arrangement contains a lease"
At inception of an arrangement, the Foundation Trust determines whether such an arrangement is or contains a lease. This will be the case if the following 2 criteria are met:
• The fulfilment of the arrangement is dependent on the use of a specific asset or assets; and
• The arrangement contains the right to use the asset(s).
At inception or on reassessment of the arrangement, the Foundation Trust separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Foundation Trust concludes for a finance lease that it is impracticable to separate the payments reliably, then an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the Foundation Trust's incremental borrowing rate.

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.

The lease liability is de-recognised when the liability is discharged, cancelled or expires.

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 0.10% in real terms for pension liabilities . All other provisions are discounted at the General discount rate short term -2.42% (6 to 10 years) -1.85% and - 1.56% 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 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 in 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. The calculation also excluded the bonus element of the Transformation and Sustainability Funding. 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.

AGH Solutions Limited is a wholly owned subsidiary and is registered for 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 2017 this power has not been exercised. Accordingly the Trust is not within scope of Corporation Tax.

AGH Solutions Limited is a wholly owned subsidiary and is subject to 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

No dispensations were given in 2017/2018.

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 fixed assets are shown in their accounts at a fair value. To ensure compliance a full review of land and buildings values was undertaken. The Trust commissioned Cushman and Wakefield to conduct this piece of work and the Trust has recorded the revised valuation figures in the accounts. The Trust has revalued the assets as at 1 April 2018 and 1 March 2018 , net of VAT, in line with the valuation supplied by Cushman and Wakefield. Cushman and Wakefield have carried out the valuation in accordance with RICS valuation standards .The valuation is net of VAT, due to the limited options to re-provide a new hospital build, the most probable option would be to build using a PFI or special purpose vehicle , in which circumstances VAT would be recoverable. The Trust set up a wholly owned subsidiary which is a limited company registered for VAT, which will be responsible for providing a fully managed hospital, This supports the option to value net of VAT. The substance of the transaction between the Trust and AGH Solutions Limited, for the Property , plant and equipment has resulted in a finance lease.

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 Cushman and Wakefield 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 Accounting Standards and amendments issued but not yet adopted

There has been 23 Accounting standards that have been issued but have not yet been adopted by the NHS
The DH GAM does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 15 Revenue from Contracts with Customers — Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

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, as one group..

The Trust has applied the 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 this 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 surplus reported to the Trust Board under the Clinical Group reporting structure was £1,710k excluding the NHS Foundation Charitable Funds and AGH Solutions Limited, which is the same as the position reported in the Statement of Comprehensive Income.

AGH Solutions Limited is a wholly owned subsidiary of the Trust reporting to the Trust's Board but is managed as an independent limited company

2.1 Operating Segments-Statement of Cash Flow

AGH Solutions Limited and Airedale NHS Foundation Trust Charitable funds activities are included in this account for consolidation.

3 Operating income from continuing operations

3.1 Analysis operating income

		2017/2018 Group	2017/2018 Foundation Trust	2016/2017 Group	2016/2017 Foundation Trust
		£000	£000	£000	£000
Income from activities by classification:					
Elective income		23,621	23,621	23,670	23,670
Non elective income		38,769	38,769	38,150	38,150
Outpatient income		15,564	15,564	18,932	18,932
Accident and Emergency income		7,443	7,443	6,622	6,622
Community Services		4,660	4,660	4,779	4,779
Other NHS clinical income		46,902	46,902	43,265	43,265
Private patient income		166	166	174	174
Other non- protected Clinical income		11,558	11,558	10,253	10,253
Total income from activities		**148,683**	**148,683**	**145,845**	**145,845**
Income from activities by source:					
NHS Foundation Trust		2,213	2,213	2,284	2,284
NHS Trusts		-	-	244	244
CCGs and NHS England		145,096	145,096	141,031	141,031
Department of Health - other		-	-	10	10
NHS Other		2	2	21	21
Non NHS: Private Patients		166	166	174	174
Non NHS: Overseas visitors		41	41	27	27
NHS injury scheme (see below*)		490	490	462	462
Non NHS: Other		675	675	1,592	1,592
Total income from activities		**148,683**	**148,683**	**145,845**	**145,845**
Other operating income:					
Research and development		1,222	1,222	1,511	1,511
Education and training		4,134	4,134	3,977	3,977
Charitable and other contributions to expenditure		321	321	-	-
Non-patient care services to other bodies		1,167	1,167	1,300	1,300
Rental revenue from operating leases		10	10	10	10
Staff Recharges		436	436	432	432
Other (see note 3.2)		6,045	6,395	5,205	5,205
Sustainability and Transformation Fund income		6,692	6,692	5,877	5,877
Charitable Funds: Incoming Resources excluding investment income	19.4	245	-	218	-
Total other operating income		**20,272**	**20,377**	**18,530**	**18,312**
Total operating income		**168,955**	**169,060**	**164,375**	**164,157**

*NHS injury scheme income is subject to a provision for doubtful debts of 22.84% (2016/17 22.94%) to reflect expected rates of collection.

3.2 Analysis of Other Operating Income: Other

	2017/2018 Group	2017/2018 Foundation Trust	2016/2017 Group	2016/2017 Foundation Trust
	£000	£000	£000	£000
Car Parking	1,222	1,222	804	804
Estates maintenance	22	22	469	469
Pharmacy Sales	39	39	57	57
Staff Accommodation rental	63	63	88	88
Crèche services	701	701	595	595
Clinical Tests	1,188	1,188	1,306	1,306
Clinical Excellence	-	-	88	88
Other income	2,810	3,160	1,798	1,798
	6,045	6,395	5,205	5,205

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)

	2017/2018 Group	2017/2018 Foundation Trust	2016/2017 Group	2016/2017 Foundation Trust
	£000	£000	£000	£000
Commissioner requested services	132,263	132,263	130,639	130,639
Non-commissioner requested services	16,420	16,420	15,206	15,206
Total	148,683	148,683	145,845	145,845

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 Trust's principal 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 2017/2018 the Trust has not increased the percentage beyond the 5% threshold.

3.5 Overseas visitors (relating to patients charged directly by the Trust)

	2017/18 Group	2017/18 Foundation Trust	2016/17 Group	2016/17 Foundation Trust
	£000	£000	£000	£000
Income recognised this year	41	41	27	27
Cash payments received in year	20	20	32	32
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	26	26	4	4
Amounts written off in-year (relating to invoices raised in current and previous years)	9	9	0	0

4. Operating Expenses from continuing operations

4.1 Operating expenses comprise:

		2017/2018 Group	2017/2018 Foundation Trust	2016/2017 Group	2016/2017 Foundation Trust
		£000	£000	£000	£000
Services from NHS Foundation Trusts		781	781	439	439
Services from NHS Trusts		902	902	1,019	1,019
Services from other NHS bodies		-	-	1	1
Purchase of healthcare from non NHS bodies		247	247	174	174
Remuneration of non-executive directors		123	123	134	134
Employee expenses - staff		111,019	110,405	107,945	107,945
NHS charitable funds - employee expenses		-	-	35	-
Supplies and services - clinical (excluding drug costs)		13,140	12,391	13,969	13,969
Supplies and services - general		2,679	2,679	3,494	3,494
Establishment		317	263	840	840
Transport (business travel only)		443	443	533	533
Transport (other)		190	190	166	166
Premises - business rates payable to local authorities		480	480	449	449
Premises - other		7,985	9,782	7,017	7,017
Increase/(decrease) in provision for impairment of receivables		17	17	32	32
Change in provisions discount rate(s)		-	-	(11)	(11)
Inventories written down (net, including inventory drugs)		33	33	36	36
Drugs inventories consumed		11,726	11,726	11,466	11,466
Rentals under operating leases - minimum lease payments		1,400	1,400	1,307	1,307
Depreciation on property, plant and equipment		2,717	2,717	4,226	4,226
Impairments of property, plant and equipment		6,151	6,151	(1,226)	(1,226)
Audit services- statutory audit*		74	74	61	61
Audit services- statutory audit quality		-	-	7	7
Audit fees payable to external auditor of charitable fund accounts		4	-	4	-
Clinical negligence - amounts payable to the NHSLA (premiums)		3,776	3,776	2,904	2,904
Loss on disposal of other property, plant and equipment		-	-	-	-
Legal fees		(3)	(3)	(255)	(255)
Consultancy costs		1,027	883	509	509
Internal audit costs - (not included in employee expenses)		164	164	76	76
Training, courses and conferences		398	398	369	369
Patient travel		-	-	3	3
Redundancy - (included in employee expenses)		-	-	(339)	(339)
Hospitality		16	16	26	26
Insurance		50	50	8	8
Losses, ex gratia & special payments- (not included in employee expenses)		65	65	80	80
Research and development - non-staff		7	7	-	-
Other		603	563	-	-
NHS charitable funds: Other resources expended	Note 19.4	237	-	148	-
Operating expenses		**166,768**	**166,723**	**155,646**	**155,459**

* Statutory Audut fees include VAT

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 2017/18 was £1,400k (2016/17 £1,307k). This lease arrangement commenced on 22 October 2001 and was scheduled to run for 15 years, this was subsequently extended for 4 years with a possible additional extension of a further 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:

	2017/18 Group	2017/18 Foundation Trust	2016/17 Group	2016/17 Foundation Trust
	£000	£000	£000	£000
Other minimum operating lease rentals	1,400	1,400	1,307	1,307
	1,400	1,400	1,307	1,307

4.2.2 Total future minimum operating lease payments due:

	2017/18 Group	2017/18 Foundation Trust	2016/176 Group	2016/176 Foundation Trust
	£000	£000	£000	£000
Within 1 year	1,389	1,389	1,316	1,316
Between 1 and 5 years	2,049	2,049	3,255	3,255
After 5 years	-	-	-	-
	3,438	3,438	4,571	4,571

4.3 Operating leases as lessor

The Trust has operating leases in place with Local Care Direct limited relating to the use of accommodation on the Airedale General hospital site. The value of the lease payments from Local Care Direct in 2017/18 was £10k.

	2017/18 Group	2017/18 Foundation Trust	2016/17 Group	2016/17 Foundation Trust
	£000	£000	£000	£000
Rents recognised in year	10	10	10	10

Total future minimum operating lease income due:	£000	£000	£000	£000
Within 1 year	-	-	-	-
	-	-	-	-

5. Employee expenses and numbers

5.1 Employee expenses

	Group					
	2017/18			2016/17		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	87,910	86,809	1,101	83,017	81,945	1,072
Social Security Costs	8,447	8,447	-	8,283	8,283	-
Apprenticeship levy	462	462	-	-	-	-
Employer contributions to NHS Pensions Agency	10,873	10,873	-	10,799	10,799	-
Termination benefits	-	-	-	-	-	-
Agency/Bank staff	3,327	-	3,327	5,507	-	5,507
NHS Charitable funds staff	-	-	-	35	35	-
	111,019	106,591	4,428	107,641	101,062	6,579

	Foundation Trust					
	2017/18			2016/17		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	87,472	86,371	1,101	83,017	81,945	1,072
Social Security Costs	8,412	8,412	-	8,283	8,283	-
Apprenticeship levy	462	462		-	-	-
Employer contributions to NHS Pensions Agency	10,873	10,873	-	10,799	10,799	-
Termination benefits	-	-	-	-	-	-
Agency/Bank staff	3,327	-	3,327	5,507	-	5,507
NHS Charitable funds staff	-	-	-	35	35	-
	110,546	106,118	4,428	107,641	101,062	6,579

	Group					
	Total 2017/18 Number	Permanently Employed Number	Other Number	Total 2016/17 Number	Permanently Employed Number	Other Number
Medical and dental	276	251	25	279	234	45
Administration and estates	537	537	-	491	491	-
Healthcare assistants and other support staff	624	587	37	498	472	26
Nursing, midwifery and health visiting staff	751	680	71	772	718	54
Scientific, therapeutic and technical staff	412	412	-	477	418	59
Other	-	-	-	21	21	-
Total	2,600	2,467	133	2,538	2,354	184

	Foundation Trust					
	Total 2017/18 Number	Permanently Employed Number	Other Number	Total 2016/17 Number	Permanently Employed Number	Other Number
Medical and dental	276	251	25	279	234	45
Administration and estates	536	536	-	491	491	-
Healthcare assistants and other support staff	604	567	37	498	472	26
Nursing, midwifery and health visiting staff	751	680	71	772	718	54
Scientific, therapeutic and technical staff	412	412	-	477	418	59
Other	-	-	-	21	21	-
Total	2,579	2,446	133	2,538	2,354	184

WTE = Whole time equivalents

At the 1 March 2018 Airedale NHS Foundation Trust transferred employees by TUPE to AGH Solutions Limited

5.3 Retirement due to ill health

During 2017/18 from the 1 April 2017 to the 31 March 2018 there were 5 early retirements from the NHS agreed on the grounds of ill health (2016/17, 3)The estimated additional pension liabilities of these ill-health retirements will be £336k (2016/17 : £256k) .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 2017/18 Exit packages

Exit Packages Cost Band	Group Number of agreed departures	Foundation Trust Number of agreed departures	Group Cost of departures £000	Foundation Trust Cost of departures £000
<£10,000	-	-	-	-
£10,001-£25,000	1	1	21	21
£25,001-£50,000	1	1	38	38
£50,001-£100,000	2	2	123	123
£100,001-£150,000	1	1	116	116
TOTAL	5	5	298	298
Addition Analysis				
MARS	1	1	21	21
Voluntary redundancy	-	-	71	71
In lieu of Notice	1	1	0	0
TOTAL	**2**	**2**	**92**	**92**

There were no compulsory Redundancies

5.5 Directors Remuneration

	Year ended 31 March 2018 Group £000	Year ended 31 March 2018 Foundation Trust £000	Year ended 31 March 2017 Group £000	Year ended 31 March 2017 Foundation Trust £000
Aggregate emoluments to Executive Directors	1,202	1,202	1,098	1,098
Remuneration to Non-Executive Directors	123	123	134	134
Pension Costs	74	74	94	94
	1,399	**1,399**	**1,326**	**1,326**

The Trust has £0 additional Non executive in 2017/2018

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	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 2017	2,530	45,602	7,338	1,625	11,065	136	12,348	237	80,881
Additions - purchased	-	862	-	4,187	571	-	377	11	6,008
Additions - leased	-	-	-	-	-	-	-	-	-
Additions - assets purchased from cash donations/grants	-	321	-	-	-	-	-	-	321
Impairments charged to the revaluation reserve	-	(5,839)	(1,295)	-	-	-	-	-	(7,134)
Reversal of impairments credited to the revaluation reserve	412	605	-	-	-	-	-	-	1,017
Revaluations	14	(5,972)	(590)	-	-	-	-	-	(6,548)
Disposals	-	-	-	333	(435)	(24)	(117)	1	(242)
Cost or valuation At 31 March 2018	**2,956**	**35,579**	**5,453**	**6,145**	**11,201**	**112**	**12,608**	**249**	**74,303**
Depreciation at 1 April 2017	-	-	-	-	7,475	80	8,327	98	15,980
Provided during the year	-	692	82	-	841	15	1,065	22	2,717
Impairments charged to operating expenses	170	5,719	852	-	-	-	-	-	6,741
Reversal of impairments credited to operating Expenditure	(179)	(411)	-	-	-	-	-	-	(590)
Revaluations	9	(6,000)	(934)	-	-	-	-	-	(6,925)
Disposals	-	-	-	-	(677)	(25)	(122)	-	(824)
Depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**7,639**	**70**	**9,270**	**120**	**17,099**
Net book value									
- Purchased at 31 March 2018	2,956	35,579	121	-	3,047	14	3,333	101	45,151
- Finance Lease as at 31 March 2018	-	-	4,620	6,145	388	2	5	1	11,161
- Donated at 31 March 2018	-	-	712	-	127	26	-	27	892
Total at 31 March 2018	**2,956**	**35,579**	**5,453**	**6,145**	**3,562**	**42**	**3,338**	**129**	**57,204**
Asset Financing									
Owned	1,544	16,478	832	-	526	-	3,174	12	22,566
Finance lease	1,412	18,389	4,621	6,145	3,036	42	164	117	33,926
Donated	-	712	-	-	-	-	-	-	712
Total at 31 March 2018	**2,956**	**35,579**	**5,453**	**6,145**	**3,562**	**42**	**3,338**	**129**	**57,204**

6.2 Current year analysis of property, plant and equipment:

In 2017/18, 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 2018 the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work was carried out by Cushman and Wakefield 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.

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	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 2016	2,380	44,123	6,841	-	11,541	136	12,991	237	78,249
Additions - purchased	-	920	-	1,625	349	-	373	-	3,267
Impairments charged to the revaluation reserve	-	(171)	-	-	-	-	-	-	(171)
Reversal of impairments credited to the revaluation reserve	-	1,529	101	-	-	-	-	-	1,630
Revaluations	150	(799)	396	-	-	-	-	-	(253)
Disposals	-	-	-	-	(825)	-	(1,016)	-	(1,841)
Cost or valuation At 31 March 2017	**2,530**	**45,602**	**7,338**	**1,625**	**11,065**	**136**	**12,348**	**237**	**80,881**
Depreciation at 1 April 2016	-	-	-	-	7,412	65	8,179	73	15,729
Provided during the year	-	2,092	152	-	888	15	1,054	25	4,226
Impairments charged to operating expenses	-	206	-	-	-	-	-	-	206
Reversal of impairments credited to operating Expenditure	(150)	(1,282)	-	-	-	-	-	-	(1,432)
Revaluations	150	(1,016)	(152)	-	-	-	-	-	(1,018)
Disposals	-	-	-	-	(825)	-	(906)	-	(1,731)
Depreciation at 31 March 2017	**-**	**-**	**-**	**-**	**7,475**	**80**	**8,327**	**98**	**15,980**
Net book value									
- Purchased at 31 March 2017	2,530	44,984	1,219	1,625	3,157	20	4,021	106	57,662
- Finance Lease as at 31 March 2017	-	-	-	-	264	-	-	-	264
- PFI as at 31 March 2017	-	-	6,119	-	-	-	-	-	6,119
- Donated at 31 March 2017	-	618	-	-	169	36	-	33	856
Total at 31 March 2017	**2,530**	**45,602**	**7,338**	**1,625**	**3,590**	**56**	**4,021**	**139**	**64,901**
Asset Financing									
Owned	2,530	44,984	1,219	1,625	3,157	20	4,021	106	57,662
Finance lease	0	0	0	0	264	0	0	0	264
Private finance initiative	0	0	6,119	0	0	0	0	0	6,119
Donated	0	618	0	0	169	36	0	33	856
Total at 31 March 2017	**2,530**	**45,602**	**7,338**	**1,625**	**3,590**	**56**	**4,021**	**139**	**64,901**

6.4 Prior year analysis of property, plant and equipment:

Disclosure relating to protected assets is no longer required. In 2016/17, 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 2017, 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 Property, Plant 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 2017/2018 the net book value of the Property has been revalued net of VAT.

6.6 Donors of property, plant and equipment:

	2017/18
Ward 1	115
	115

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.

6.7 Public Dividend Received

No additional Public Dividend Capital (PDC) has been received

7. Current year intangible fixed assets (Group and Foundation Trust)

The Trust had no intangible fixed assets at the 31 March 2018 (2017:none).

8. Inventories

8.1 Analysis of inventories

	31 March 2018 £000	31 March 2018 £000	31 March 2017 £000	31 March 2017 £000
	Group	Foundation Trust	Group	Foundation Trust
Drugs	685	685	558	558
Other	1,461	26	1,581	1,581
Energy	38	-	52	52
Total	2,184	711	2,191	2,191

8.2 Inventories recognised in expenses

	2017/18	2017/18	2016/17	2016/17
	£000	£000	£000	£000
	Group	Foundation Trust	Group	Foundation Trust
Inventories recognised as an expense in the year	24,666	24,145	25,787	25,787
Write-down of inventories (including losses)	33	33	36	36
Total	24,699	24,178	25,823	25,823

9. Trade and other receivables

9.1 Trade and other receivables are made up of:

		31 March 2018	31 March 2018	31 March 2017	31 March 2017
Current		£000	£000	£000	£000
		Group	Foundation Trust	Group	Foundation Trust
NHS receivables		8,990	8,990	6,230	6,230
Receivables with other related parties		2,993	10,083	-	-
Capital receivables (including accrued capital related income)		1,058	1,058	-	-
Provision for the impairment of receivables		(370)	(370)	(362)	(362)
Prepayments		974	912	800	800
VAT Receivables		6,035	706	388	388
Accrued Income		829	824	932	932
PDC Dividend receivable (Department of Health)		257	257	-	-
Other receivables		281	29	2,128	2,128
Charitable Funds Trade and other receivables	19.4	3	-	4	4
Total		21,050	22,489	10,120	10,120
Non-Current					
Accrued income		815	815	869	869
Other receivables		-	20,702	-	-
Total		815	21,517	869	869

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 2018	31 March 2018	31 March 2017	31 March 2017
	£000	£000	£000	£000
	Group	Foundation Trust	Group	Foundation Trust
Balance at 1 April 2017	362	362	347	347
Increase in allowance recognised in income statement	66	66	50	50
Amounts utilised	(9)	(9)	(17)	(17)
Unused amounts reversed	(49)	(49)	(18)	(18)
Balance at 31 March 2018	370	370	362	362

NHS Injury Benefit Scheme income is subject to a provision for impairment of 22.94% 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 2018	31 March 2018	31 March 2017	31 March 2017
	£000	£000	£000	£000
	Group	Foundation Trust	Group	Foundation Trust
0-30 Days	14	14	1	1
30-60 Days	98	98	30	30
60-90 Days	213	213	213	213
	325	325	244	244

10. Cash and cash equivalents

	31 March 2018		31 March 2017	
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
Balance at 1 April 2017	11,068	10,500	12,134	11,656
Net change in year	(1,711)	(3,344)	(1,066)	(1,156)
Balance at 31 March 2018	9,357	7,156	11,068	10,500
Made up of:				
Cash with Government Banking Service	7,152	7,152	11,036	10,485
Cash at commercial banks and in hand	11	4	32	15
Other current investments	2,194	-	-	-
Cash and cash equivalents	9,357	7,156	11,068	10,500

11. Trade and other payables

		31 March 2018	31 March 2018	31 March 2017	31 March 2017
		Group	Foundation Trust	Group	Foundation Trust
Current		£000	£000	£000	£000
NHS payables- Revenue		2,744	2,744	3,013	3,013
Amounts due to other related parties revenue		-	-	-	-
Non-NHS trade payables-capital		-	-	540	540
Non-NHS trade payables-revenue		1,160	181	2,475	2,475
Capital payables (including capital accruals)		775	775	-	-
Accruals		3,741	3,364	3,052	3,052
VAT payable		5,530	5,530	-	-
Social Security Costs		1,289	1,220	1,172	1,172
Other taxes payable		962	931	964	964
Accrued interest on other loans		1	1	-	-
Other Payables		8,292	8,316	4,269	4,269
PDC dividend payable		-	-	33	33
Charitable Funds - Trade and other payables	19.4	32	-	41	41
TOTAL		24,526	23,062	15,559	15,559

12. Other liabilities

	31 March 2018	31 March 2018	31 March 2017	31 March 2017
	Group	Foundation Trust	Group	Foundation Trust
Current	£000	£000	£000	£000
Deferred income	466	459	470	470
Non-Current				
Deferred income	3,766	3,766	3,906	3,906
	4,232	4,225	4,376	4,376

The figures in this Non-current section and £139k of the Current 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 2006 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).
Additionally there is £35k of deferred income from Overseas visitors agreed with Airedale, Wharfedale and Craven CCG, the balance is deferred income from organisation outside the NHS, income will be released in line withy service delivery.

13. Borrowings (Group and Foundation Trust)

13. 1 Foundation Trust Financing Facility Loan

	31 March 2018 £000	31 March 2018 £000	31 March 2017 £000	31 March 2017 £000
	Group	Foundation Trust	Group	Foundation Trust
Current				
Obligations under Loan	505	505	505	505
Non-Current				
Obligations under Loan	1,013	1,013	1,518	1,518
	1,518	1,518	2,023	2,023

The Trust obtained a loan from the Foundation Trust Financing Facility on the 12 July 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 2017/2018.

13. 2 Finance lease obligations

	31 March 2018	31 March 2018	31 March 2017	31 March 2017
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
Current				
Obligations under finance leases	177	2,223	160	160
Non-Current				
Obligations under finance leases	25	27,302	202	202
	202	29,525	362	362

The Trust has a £29.6m finance lease with its wholly owned subsidiary , AGH Solutions Limited, which is eliminated on consolidation. The lease has a 25 years life starting on the 1 March 2018. Additionally the Trust has a lease in place 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 2018 £000	March 2018 £000	March 2017 £000	March 2017 £000	March 2018 £000	March 2018 £000	March 2017 £000	March 2017 £000
	Group	Foundation Trust	Group	Foundation Trust	Group	Foundation Trust	Group	Foundation Trust
Within one year	177	3,189	179	179	177	2,223	160	160
Between one and five years	25	10,435	205	205	25	8,892	202	202
After five years	0	28,469	-	-	0	18,410	0	0
Less future finance charges	0	(12,568)	(22)	(22)	0	0	0	0
Present value of minimum lease payments	202	29,525	362	362	202	29,525	362	362

14. Contingencies (Group and Foundation Trust)

At 31 March 2018 the NHS Foundation Trust has £30k 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 no monies on behalf of patients at the 31st March 2018.(£1K for 31st March 2017)

16. Provisions

16.1 Provisions current and non-current

	Current		Non-current	
	31 March 2018 Group and Foundation Trust	31 March 2017 Group and Foundation Trust	31 March 2018 Group and Foundation Trust	31 March 2017 Group and Foundation Trust
	£000	£000	£000	£000
Pensions relating to the early retirement of staff pre 1995	122	123	943	998
Legal claims	42	62	-	-
Redundancy	-	266	-	-
Other	609	2,211	28	686
	773	2,662	971	1,684

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 2017	1,121	62	266	2,897	4,346
Arising during the year	83	-	15	323	421
Changes in discount rate	-	-	-	-	-
Utilised during the year	(123)	(8)	(207)	(265)	(603)
Reclassification		-	-	-	-
No longer required	(18)	(27)	(59)	(2,346)	(2,450)
Unwinding of discount	2	-	-	-	2
At 31 March 2018	1,065	27	15	609	1,716
Expected timing of cash flows:					
Within one year	122	42	-	609	773
Between one and five years	488	-	-	-	488
After five years	455	-	-	-	455
	1,065	42	-	609	1,716

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 (Mutually Agreed Redundancy 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. The majority of the provisions relate to Airedale NHS Foundation Trust, £27k for employment issues relate to the subsidiary.

£66,032,806 is included in the provisions of the NHS Litigation Authority at 31 March 2018 in respect of clinical negligence liabilities of the Trust (31 March 2017 - £39,047,046).

16.3 Contingent liability

The Trust has reversed provisions for readmissions £952k and overtime claims £686k as action has been taken to mitigate the payments. The provision has been reversed as it is now only probable, in line with IAS 37.

17. Losses and special payments (Group and Foundation Trust)

	31 March 2018				31 March 2017			
	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	-	-	-	-	4	-	42	-
Bad Debts	46	-	10,000	-	62	-	50,998	-
Stores losses	0	-	-	-	17	-	35,772	-
Damages to Premise	13	-	33,000	-	0	-	-	-
		59	-	43,000		83	-	86,812
Special payments			-				-	
Compensation under legal obligation	1	-	10,000	-	2	-	9,125	-
Loss of personal effects	21	-	7,000	-	16	-	8,325	-
Other	0		-		1		1,517	
		22		17,000		19		18,967
Total losses and special payments	81	81	60,000	60,000	102	102	105,779	105,779

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 2018 were £168k (£5,663k for 2016/2017)

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	£000
2017/18	1,399

The expenditure above, is key management personnel compensation which is analysed as follows

	£000
Short term employment benefits	1,325
Post-employment benefits	74
Termination benefits	0
	1,399

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 2018.

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:
The Department of Health regards £2m to be the balance at which formal agreement between parties is required, the parties which meet this criteria are included below

NHS Airedale, Wharfedale & Craven CCG
NHS East Lancashire CCG
NHS Bradford Districts CCG
Health Education England
NHS England, CSU,LAT
NHS Litigation Authority

HMRC
NHS Pension Scheme
Bradford Metropolitan Council

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 LLP, with Involve Ltd . A expected distribution of £350k has been reflected as an accrual in in accounts of the Trust of 2017/2018. The profit is shown on page 4 of the accounts as share of profit/(loss) of associates / joint ventures

19.4 Summary statement of Financial Activities with Airedale NHS Foundation Trust Charitable Funds

Airedale NHS Foundation Charity Fund Statement of Financial Activities	2017/18 £000	2016/17 £000
Incoming activities excluding investment income	245	218
Expenditure		
Employee Costs with ANHSFT	0	0
Other Employee Costs	0	(35)
Other Expenditure	0	
Other resources Expended	(237)	(148)
Audit Fee	(4)	(4)
Total Operating Expenditure	(241)	(187)
Investment Income	0	19
Fair value movements on investments properties and other investments	(17)	28
Net incoming/(outgoings) resources before other recognised gains and losses	**(13)**	**78**

Balance Sheet/Statement of Financial Position	2017/18 12 Months £000	2016/17 12 Months £000
Investments	583	603
Current Assets		
Trade and other receivables	3	4
Cash and Cash Equivalents	567	568
	570	572
Current Liabilities		
Trade and other payables	(32)	(41)
Net Assets	**1,121**	**1,134**
Funds of Charity		
Restricted Funds	4	4
Unrestricted Funds	1,117	1,130
	1,121	**1,134**

Movements on Reserves	Total	Restricted	Unrestricted
Balance At 1 April 2017	1134	4	1130
Net incoming	(13)	0	(13)
Balance at 31 March 2018	**1121**	**4**	**1117**

19.4 Summary statement of Financial activities with Airedale NHS Foundation Trust AGH Solutions Ltd

AGH solutions Limited Balance Sheet/Statement of Financial Position		2017/18 £000	2017/18 £000
Non current assets			
Lease			27,301
Current Assets			
Debtors: amounts falling due within one year			
Inventories		1,473	
Trade and Other Receivables		5,870	
Debtors: amounts falling due after more than one year			
Cash and Cash Equivalents		1,634	
Creditors: amounts falling due within one year			
Other Liabilities		(7)	
Provisions		(28)	
Tax Payable		(100)	
Trade and Other Payables		(6,597)	
Net current Assets			2,245
Creditors: amounts falling due after more than one year			
Loan		(20,702)	
Finance Lease		(25)	
Net Assets			8,819
Capital and reserves			
Called-up share capital			8,891
Profit and loss account			(72)
Shareholders' funds			8,819

Income and Expenditure Account			
Income		1,908	
Expenditure			
Pay	(658)		
Clinical Support and Services	(498)		
Other costs	(845)		
		(2,001)	
Operating deficit			(93)
Interest receivable		82	
Interest payable		(61)	
			21
Deficit for 2017/2018			(72)

20. Financial instruments.

	31 March 2018 Group	31 March 2018 Foundation Trust	31 March 2017 Group	31 March 2017 Foundation Trust
	£000	£000	£000	£000
Financial assets				
NHS Trade and other receivables excluding non financial assets	5,690	5,412	6,230	6,230
Non-NHS Trade And other receivables excluding Non-financial assets	11,563	32,069	2,654	2,654
Cash and cash equivalents at bank and in hand	8,790	7,156	10,500	10,500
NHS Charitable funds: financial assets	1,153	0	1,175	0
Total	27,196	44,637	20,559	19,384

The NHS Foundation Trust's financial assets all fall under the category 'loans and receivables'.

Financial liabilities				
Borrowings excluding Finance leases and PFI liabilities	1,518	1,518	2,023	2,023
Obligations under Finance leases	202	29,525	362	362
NHS Trade and other payables excluding non financial liabilities	10,436	2,725	3,015	3,015
Non-NHS Trade and other payables excluding Financial Liabilities	9,037	8,934	6,740	6,740
NHS Charitable funds: financial liabilities	0	0	41	41
Total	21,193	42,702	12,181	12,181

The NHS Foundation Trust's financial liabilities all fall under the category 'other financial liabilities'.

Maturity of financial liabilities				
In one year or less	20,155	13,349	10,466	10,466
In more than one year but less than two years	530	1,690	682	682
In more than two year but less than five years	508	4,063	1,033	1,033
in more than five years	0	23,600	0	0
Total	21,193	42,702	12,181	12,181

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 being 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 PRA (Prudential Regulation Authority)

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 not 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.

22. 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 at the 31 March 2018 with a current value of £202k.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	1,071	-	847	-
English NHS Trusts	107	-	262	-
Department of Health	-	-	-	-
Public Health England	-	-	20	-
Health Education England	453	-	-	-
NHS England & CCGs	7,432	-	1,046	-
RAB Special Health Authorities	-	-	32	-
NHS Whole Government Accounting bodies	-	-	538	-
Other Whole Government Accounting bodies	6,042	-	7,815	-
As at 31 March 2018	15,105	-	10,560	-

24. Events after the Reporting year

There are no adjusting or non-adjusting events of a financial nature after the reporting year requiring disclosure.

Annual accounts of -

Airedale NHS Foundation Trust
Airedale General Hospital
Skipton Road
Keighley
Yorkshire
England
BD20 6TD

http://airedale-trust.nhs.uk

Airedale NHS Foundation Trust is an NHS provider of Healthcare.

CONTACT INFORMATION

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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 at the above address Tel: 01535 284815 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, Patient Information Officer. Tel: 01535 294413. 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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