

Airedale **NHS**
NHS Trust

World Class Local Care

Annual Report
and Accounts 2005-6

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Chief Executive's and Chairman's Overview

Hard Work Achieves Results

2005-06 was a year of hard work throughout the Trust. A great deal was accomplished. Some outstanding results were achieved. And firm foundations were laid for Airedale's future.

The hospital delivered over 200,000 episodes of care. A very high standard of care was maintained. By the end of the year every one of the Government's access targets had been achieved.

Airedale was declared 'Small Hospital of the Year' in the Dr. Foster Good Hospital Guide. It was a year in which the hospital performed very well.

It was also a year in which we achieved in-year financial balance after three years of deficit. This required a huge effort by everyone in the Trust. Airedale NHS Trust finished with a reported surplus although this included non-repayable financial support from the West Yorkshire Strategic Health Authority. More work is required to ensure continuing financial strength but ending the in-year deficit was a major step forward. We have been able to enter 2006/07 substantially free of debt. The Finance Director's Statement on page 27 provides further details of our finances.

In the past year we also prepared for the future. We adopted 'The Way Ahead', a strategy for greater clinical engagement in running the Trust, greater Trust involvement with its local partners, and a more businesslike approach to running our affairs. We also took steps to re-activate our application for Foundation Trust status with the aim of becoming a Foundation Trust in 2007/08.

Professor Brian Jewell retired as Chairman during the year and Bob Allen retired as Chief Executive. Some other directors retired or took opportunities outside the Trust. Much of what is good about Airedale today is attributable to their leadership and

they take our thanks and good wishes with them.

However, if hard work has produced excellent results, it is the people in the Trust who deliver the healthcare and those who support them who deserve credit for what has been achieved. Our thanks are due to every member of staff for the contribution they made in a challenging year.

We believe Airedale can look forward with real optimism. We have a clear sense of direction, our finances are sound, we have an outstanding team, we have a hospital of which we are proud, and we feel the community genuinely supports us. There is much to do of course - but when was that not the case?

Adam Cairns
Chief Executive

Colin Millar
Chairman



Adam Cairns
Chief Executive



Colin Millar
Chairman

Colin Millar was appointed Chairman in 2005 and took up his appointment on 1st December. He is director of a marketing information company and holds a small number of other directorships. His career was initially in marketing with a leading international consumer products company and subsequently in financial services. He lives in Addingham, near Ilkley.

Adam Cairns formerly Director of Communications and Corporate Affairs at the Leeds Teaching Hospitals NHS Trust, was appointed as chief executive of Airedale NHS Trust and took up the post in August 2005.

His NHS career began in 1983 as a National Management Trainee at the Yorkshire Regional Health Authority, followed by time at Calderdale Health Authority (1985-91). He spent time working in the North West implementing clinical directorates at Hope Hospital, Salford. He then moved to Leeds, where he held the posts of Director of Contracting, Director of the Yorkshire Heart Centre, and then Director of Acute Medicine and Cardiovascular Services, before taking up his previous post in 2002.



Chief Executive's and Chairman's Overview

Small Hospital of the Year

In December 2005 Airedale Hospital was commended as Small Hospital of the Year in the prestigious Dr Foster Good Hospital Guide 2005.

The Good Hospital Guide, published in the Times, put Airedale on the shortlist for Hospital of the Year because of its high standards of patient care. Airedale was named as having the lowest death rates of any hospital in the region. This is the second time in three years that Airedale has been shortlisted for the top position and this year because of its performance taking into account its size it has been commended as Small Hospital of the Year.

Adam Cairns Chief Executive:

"We were absolutely delighted at this news.

Our most important asset is our people. Many have been here for years and our staff turnover is very low. What makes the difference is their commitment - they're always looking to see what they can do to make it better. This recognition is a tribute that all our staff should feel proud of and I would like to thank them for their hard work and dedication.

We realise there is more for us to do and we will use this as an important platform to keep on improving. We have already identified areas in which we can improve our efficiency and provide a better service for patients. It is vital to involve staff and patients in identifying areas for change. We've asked the staff about how we could do things differently, which gives them a real sense of ownership in the change.

We've also spent time talking to our patients and GP's and our now looking at changes to procedures for outpatients and elective surgery to make the service more responsive to their needs."

The report also:

- Rates Airedale Hospital for performance in emergency care and hip services.
- Names Airedale as the top hospital in the region for patient satisfaction (87%)
- Praises Airedale for getting its patients seen and treated quickly for their out patient appointment

Opening Our Doors

In September 2005 Airedale NHS Trust opened its doors to over 300 local people, patients and partners. The open evening event also marked 35 years since the hospital was opened in 1970 by Prince Charles.

Attractions at the event included the opportunity to:

- have a go at surgery with real instruments
- try out an ultrasound scan
- take the 'clean your hands' challenge
- take a tour of the Labour Suite, X-ray department or laundry

There were demonstrations on child resuscitation, health checks and advice on careers in the NHS. The Yorkshire Air Ambulance took part with a landing on the helipad, to give people a chance to see the emergency services in action.

The Trust decided to do away with the formal style of its annual general meeting

and instead have an open evening to give the public the opportunity to come into the hospital, find out what goes on behind the scenes and to meet the staff.

This year's event will be held in the restaurant at Airedale General Hospital from 4pm to 6.30pm on Tuesday 12th September.



Our Trust

Airedale Hospital was opened in 1970 and is an award winning district general hospital that provides acute and specialist care. The Trust headquarters are at:

**Airedale NHS Trust,
Airedale General Hospital,
Skipton Road,
Steeton,
Keighley,
West Yorkshire,
BD20 6TD**



The Trust also provides services at these sites:

Bingley Hospital, Castleberg Hospital, Giggleswick, Coronation Hospital, Ilkley, Skipton Hospital

Some facts and figures:

- We employ 2500 staff
- This year we cared for 24,700 people as inpatients, 21,800 patients as day cases and 103,500 as out patient appointments
- Our Accident and Emergency Department sees and treats over 47,000 patients every year
- Around 2300 babies are born each year at the hospital

Our Visions and Values

Vision	Mission
<p>What is our aspiration for the future?</p>	<p>What is our role?</p>
<p>To be a truly world class, local health care provider, recognised by everyone as being a superb organisation to belong to, one that works flexibly and in partnership to ensure the best deal for patients, leading and innovating on new ways of delivery, confident about its role and in command of its future.</p>	<p>To operate as a transparent and effective organisation that provides safe, high quality and affordable healthcare services for the population of Airedale, Craven, Wharfedale, North Bradford and East Lancashire.</p>

Getting there by

<p>Quality and assurance</p>	<p>Patient and public engagement</p>
<p>Long term aim: World class clinical outcomes; no unnecessary harm</p> <p>Priorities for 06/07</p> <ul style="list-style-type: none"> • Develop and embed processes to assure clinical quality • Improve cleanliness standards; further reduce hospital acquired infection • Continue to provide good clinical outcomes and low mortality rates 	<p>Long term aim: Local healthcare provider of choice; no unnecessary complaints</p> <p>Priorities for 06/07</p> <ul style="list-style-type: none"> • Understand and plan for patient and GP expectations • Develop a NHS Foundation Trust membership community • Further strengthen local relationships
<p>Resources & processes</p>	<p>Staff and service development</p>
<p>Long term aim: Efficiently and effectively run; no unnecessary waste</p> <p>Priorities for 06/07</p> <ul style="list-style-type: none"> • Financial and service plans in place to achieve financial balance • Achieve national and local standards and targets • Modernise our IT systems 	<p>Long term aim: A highly productive workforce; no unnecessary delays</p> <p>Priorities for 06/07</p> <ul style="list-style-type: none"> • Develop a workforce plan that links workforce, service delivery and finance • Identify and implement opportunities for personal development of staff • Implement service modernisation initiatives

Our Trust

Going Smoke Free

In March 2006 Airedale Hospital made history by becoming completely Smoke Free. From 8 March - National No Smoking Day - the hospital site and all its grounds became a smoke free zone with the new rules applying to everyone – staff, patients and visitors alike - in a bid to create a clean and healthy environment.

Smoking is no longer allowed in the entrances, gardens or any part of the grounds and to get the message home new signs are in place and all ashtrays outside the buildings have been removed.

The hospital was also presented on the day with the Gold National Clean Air Award from the Roy Castle Foundation - the highest level of the award available - in recognition of the hospital's efforts to create a completely smoke free environment in the local community.

Adam Cairns, Chief Executive:

"The fact we are now a completely Smoke Free site is a major step forward. Second hand smoke is a serious health and safety issue for everyone and I am delighted that we can now offer the patients and public who visit us an even safer, fresher environment."

Special arrangements are in place to make the transition easier for smokers. Patients who smoke will be offered help and support



from a Smoking Cessation advisor when they come into hospital and given advice on how to quit or how they can manage their smoking during their stay.

Sue Wilson, Senior Stop Smoking Specialist:

"Patients who smoke should not be worried about their stay in hospital. They can get advice from their GP or local stop smoking service before they come in or once they are here staff will be available to explain the options and support available."

For further information please contact Sue Wilson, Senior Stop Smoking Specialist, Bradford District Health Development Partnerships, Telephone 01535 295320.

The hospital staff too have been offered the opportunity to join special stop smoking

support groups and given advice on how to quit or manage their smoking now they will no longer be able to smoke on site during their working hours.

Pat Smith, Occupational Health Nurse Advisor:

"We have made sure our staff have been prepared for this day and we have had a significant number of staff smokers coming and asking for help and wanting to quit. There is a life after cigarettes and our latest group of successful quitters are a testimony to that."

Diane Burns - Porter

Diane Burns aged 43 from Keighley has been a smoker for 30 years and works in the portering department transporting patients all around the hospital. She decided to quit when she heard the hospital was going Smoke Free.

"Once I realized I wouldn't be able to smoke at work I thought 'what's the point'. It seemed a really good time to quit. I've been smoking since I was 12 and have tried to quit before but this time it's been different. The occupational health team at the hospital have really helped. I've joined a stop smoking group at the hospital and you get great support. I see people every day from my group and we give each other encouragement. I've now been quit for months and I don't miss it at all."



Our Achievements

Our aspiration is to offer world class healthcare services to our patients

At Airedale we believe that our patients should choose to use our services because we offer high quality safe services that are geared to their expectations. The quality and accessibility of services are the cornerstone of our hospital. However, as a public body, funded by tax payer's money it is right that we also use our resources as efficiently and as effectively as possible and that we live within resources available to us.



In September 2005, we set out the case for a number of significant organisational changes to gain greater control of the organisation and then to transform it into a 21st century, world class healthcare provider. The first stage of this ambitious reform programme, called the Way Ahead, was published in autumn 2005 following internal and external consultation.

Work has now begun on the four key areas that were identified for immediate action. We have in place a new management structure which gives clinical teams greater accountability and responsibility alongside a new operational delivery structure which is enabling us to more clearly focus our business around the needs of our patients. We have begun to implement a new performance framework so that in time we will be able to link personal objectives to business planning and we have started work on developing an organisational development framework that will help us address the underpinning cultural issues.

In parallel, we continued to demonstrate that our services were of the highest quality. Last year we received the Dr Foster Small Hospital of the Year award in recognition for our low mortality rates and high clinical standards. This builds on the assurance we were able to provide to the Healthcare Commission in March 2006 that we were compliant with all of the national healthcare standards and is in line with the findings in the national patient survey.

We also further improved patient access to our services using our resources wisely, breaking even for the first time in 3 years.

By March 2006, our key achievements included:

- Redesign of the rapid access chest pain clinic so that patients are seen within two weeks.
- No patients waited longer than 13 weeks for an outpatient appointment and no patient waited longer than 26 week for an operation as an inpatient.
- 98% of all the patients seen in A&E were discharged or if required admitted for treatment within four hours
- All patients with heart attacks were given clot busting drugs within 30 minutes of their arrival in hospital, helping to save lives and reduce further complications.
- All patients with cancer were referred when needed for treatment within 31 days thus ensuring quicker access to the care they needed.
- Switched on our first telemedicine link to a GP practice in Settle, thereby enabling GPs and other staff and the patient to talk to staff at Airedale to get the advice and treatment they need.

However, none of this could have been achieved without the dedication and loyalty of the staff who work in our hospital. Without doubt they are our greatest asset. Our investment as their employer of choice is evident by the high levels of staff satisfaction recorded in the national survey.

Over the last year we have completed the implementation of new national pay systems for all our clinical and non-clinical staff and working with partners in Education, Health and Social Care offered a programme of opportunities for staff development provided by our training department.

In parallel we have continued to develop the environment in which our staff work by implementing new policies on smoking, career breaks, domestic leave, alcohol and drugs at work and whistle-blowing.

In summary, we have had a successful year but we know there is no room for complacency.

Our Achievements

Improving Cleanliness

In June 2005 nursing staff at Airedale Hospital launched a new campaign telling patients 'It's Ok to ask' us if we've washed our hands.

The campaign was part of a national drive by the National Patient Safety Agency to reduce the spread of Healthcare Associated Infections (HCAI) which includes Methicillin Resistant Staphylococcus Aureus (MRSA) in hospitals by encouraging both staff and visitors to wash or cleanse their hands with soap and water or alcohol gel.

Facts

Infections are not caused by dirt but are caused by germs called viruses or bacteria that occur naturally all around us. They are sometimes on our skin and most of them don't do us any harm.

But when we are not well or after an operation our bodies' natural defences are weaker, so more care is needed to protect us. Getting an infection in hospital might mean staying longer while it is treated. Some bacteria - like MRSA - are difficult to fight with antibiotics because they have developed a resistance. We want to prevent our patients getting these infections in the first place.

Pat Sagar, Senior Nurse at Airedale NHS Trust:

"One of the best ways to prevent the spread of infection is for staff to wash their

hands with soap and water or cleanse with alcohol gel after every contact they have with a patient. We want also to encourage our patients to ask our staff if they have done that. Some of our staff will be wearing badges saying 'it's Ok to ask' in the hope that patients feel confident in the hygiene standards maintained by our doctors, nurses and other health professionals who come onto our wards and departments.

We have hand gel by the side of every bed or in some areas staff will have alcohol gel on their person, worn on their belts, we also have it at every ward entrance. We are also encouraging all the visitors on entering and leaving the Wards to wash or cleanse their hands too. Everyone has a part to play to help keep our patients safe.

"A Nurse in a Ward or an Intensive care unit could be expected to wash or cleanse their hands anything up to 40 times an hour, by using the alcohol gel the staff will find this easier to achieve. We want to show our patients that our staff are committed to excellent standards of cleanliness and hygiene and are doing their best to prevent the potential spread of infection in this way."



Other aspects of the campaign to prevent the spread of HCAI which Airedale have done so far include:

- adopting the matrons charter which is an action plan for cleaner hospitals
- adopting a new cleaning system which uses special cloths to reduce the spread of infection and improve cleaning results
- having a dedicated infection prevention and control team who support staff and give training
- appointing a Director of Infection, Prevention and Control - Dr Paul Godwin - to lead on control of infection measures in the hospital
- allowing local patient groups to conduct cleanliness inspections

Annual Patients Survey

The patient survey in Autumn 2005 by the independent health watchdog, the Healthcare Commission, showed that patients treated in Airedale Hospital felt that overall their care was of the highest standard.

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

Key findings of the survey at Airedale NHS Trust include:

98% of patients reported that they were given enough notice of their admission

81% of patients rated their overall care as 'excellent' or 'very good'

95% of patients rated their overall care as 'excellent', 'very good' or 'good'

93% of patients rated the way doctors and

nurses worked together as 'excellent', 'very good' or 'good'.

In this the third inpatient survey since 2002, Airedale Hospital has maintained its standards and has shown it is getting even better in some areas:

- We are better at giving adequate notice of the patients admission date
- We are better at not cancelling admissions
- Our staff are better at making sure patients get help with eating their meals
- Our doctors are better at not talking in front of patients

The survey is one of the biggest assessments of the views of patients on the treatment and care they receive while in hospital. The survey captures the experiences of over

80,000 adult patients from all 169 NHS acute and specialist trusts in England.

Airedale received scores in the highest 20% of Trusts in over a third of all questions and in all the questions in the section on nursing staff. Patients staying in the hospital felt they had real confidence in the doctors and nurses treating them and were able to speak to staff to talk about their worries and fears.

Bridget Fletcher, Director of Nursing:

"We are pleased with the results of this patient survey and in particular that our patients commented so positively about our nursing staff and the quality of their care. It is a credit to our hard working and committed staff who always seem prepared to go that extra mile to help our patients feel as comfortable and as well cared for as possible."

Our Achievements

Pioneering Breast Cancer Prevention Study

In March 2006 Airedale Hospital launched its part in a large worldwide breast cancer prevention trial called IBIS-2 (the International Breast Cancer Intervention Study II). The study is seen by many experts as the next step in the fight against a disease which affects more than one million women worldwide every year.

IBIS-2 is taking place across the UK and is the first worldwide breast cancer prevention study to investigate whether a breast cancer treatment called anastrozole can prevent the disease.

Previous research on anastrozole as a treatment for breast cancer showed that it reduced the risk of developing cancer in the opposite breast by over 50 per cent but this will be the first time the drug has been investigated as a preventive measure. Researchers now want to see whether anastrozole can prevent the disease in women who are at higher risk of breast cancer.

Mr Ali Nejim, Consultant Surgeon:

"We are happy to be part of such a pioneering study which could prove so important to women who are faced with the knowledge that they are at higher risk of developing breast cancer. We feel that this study has the potential to change many lives

as it could lead to a significant reduction in breast cancer incidence."

Researchers encouraged women who were interested in joining the study, to come forward and find out whether they were eligible.

The study is open to women:

- aged 40-70 years old, and
- who have passed the menopause, and
- are not on hormone replacement therapy, and
- have a family history of breast cancer (for example someone whose mother or sister had breast cancer before the age of 50) or other risk factors (such as certain types of non-cancerous breast lumps).

Janet Hale, Project Co-ordinator at Airedale NHS Trust:

"It is vital that women who would like to join the study and who think that they may be eligible come forward and help us to find out more about preventing breast cancer. This study could provide them and future generations with a valuable option in helping to control the disease."

In the UK there are around 41,000 women diagnosed with breast cancer every year.



Around 80 per cent of these are post-menopausal women.

The study will compare anastrozole with a placebo and look at how many women develop breast cancer as well as any side effects of the drug. Although only half of the women on the study will receive anastrozole, all of the women will receive a bone scan, a mammogram and the best available care.

Women can find out more about whether they are eligible to take part in the study by contacting Janet Hale, Research Project Co-ordinator, or Christine Coe, Research Assistant, based in the Research Office, Ward 3, Airedale NHS Trust, Steeton, Keighley, BD20 6TD, telephone 01535 292933 or email to christine.coe@anhst.nhs.uk or from the IBIS-2 website www.ibis-trials.org

New system works hard to get patients through Accident and Emergency even faster

New technology was introduced in May 2005 into Airedale NHS Trust's Accident and Emergency department in a step towards a future of a fully co-ordinated record of a patient's care which will give staff access to better information and help speed up treatment.

The new system replaces the previous 11 year old administration system.

In the future the new technology will be able to link to the hospital records system and other departments that A&E frequently has contact with, for example radiology for vital x-ray results and pathology for blood tests. This will create a fully up to date and co-ordinated patient record which will be accessible throughout the whole Trust.

Gavin Anderson, A&E Unit Manager

"The system has been installed at a time when the department has treated record numbers of attendees, accessing our services during the past few weeks.



This technology will give doctors and other staff access to better information and, as we begin to exploit its benefits, will improve both the quality and speed of treatments patients receive in Airedale's Accident & Emergency Department."

Our Achievements

Choose and Book is Launched

Since January 2006 many patients in the area have been able to choose and book their new hospital outpatient appointments, either directly with their GP or practice staff, or after leaving the GP surgery, with the introduction of the new Choose and Book service.

Choose and Book, which is being introduced across the UK by the Department of Health and NHS Connecting for Health, allows patients to choose the time, date and location of their initial hospital appointment either directly with their GP, practice staff,

or at home either over the telephone or through the Internet.

The service is already available at many GP's surgeries and eventually all local hospitals will be included. Some patients needing to be referred to Airedale hospital for the specialties of Trauma and Orthopaedics and General Surgery were the first to benefit from the new Choose and Book service.

Once fully operational the service will also help patients to choose from four or five hospitals for their referral.

Choose and Book replaces the current

situation where the GP writes a letter to the hospital, which would then allocate a date and time for the appointment. This can take several weeks and the date offered may or may not be suitable for the patient. With Choose and Book, patients will be able to book straight away, saving weeks of waiting for an appointment by post. It also aims to reduce the number of cancelled or wasted appointments.

Further information about Choose and Book can be obtained from www.chooseandbook.nhs.uk.

Airedale Patients are getting fastest ever treatment as NHS hits key target on waiting

In February 2006 figures were released that showed Airedale Patients were getting their fastest ever treatment with no patients waiting longer than 6 months for their treatment.

In February 2006 Airedale Hospital had almost 500 less patients waiting than the same time last year - a 25% cut in the total number - and had taken 169 patients off the 6 month plus waiting list.

Bridget Fletcher, Director of Nursing:

"Our staff have worked extremely hard to make this possible. The most important factor has been staff working together as a team, in particular our staff in the waiting

list department and our surgeons. They have been dedicated to achieving this significant improvement in access to hospital care for patients and we are committed to improving on this target next year and give patients even better quality of care."



Airedale Pharmacists win top prize for ground breaking clinic

In July 2005 two of Airedale NHS Trust's pharmacists scooped a top award for their work with patients in creating a clinic which does much more than give drug treatments.

Janine Acomb and Andrew Simmons, both Senior Clinical Pharmacists were winners of the National Pharmaceutical Care Awards Ceremony.

The clinic is involved with the care of 175 patients in the local area who are prescribed the medicine Lithium. Lithium is used as a treatment for conditions such as bipolar mood disorder and severe depression, and requires careful monitoring in order to

prevent side effects occurring. The clinic offers patients the opportunity not only to have the necessary blood tests, but also to obtain all the information they need about their drug therapy, including the effects of diet, exercise and holidays.

The patients themselves have given invaluable feedback about the service. The clinic organises regular informal meetings, to give patients the opportunity to talk about their treatment amongst friends and to be in control of their own condition. The patients themselves have chosen the subject of talks given during these meetings, which have included topics as varied as exercise and

alternative treatments.

Peter, a patient from the Craven area, who regularly uses the service has only praise for the winning team:

"This is a really well deserved award. The value for me of this clinic is the security that my medication is being properly and confidently monitored and at any time if I have any problems I can get quick and competent advice. You go to the clinic, have your blood taken, wait for the results and then get seen again by the pharmacist all at the same time. The pharmacists really believe in what they are doing and believe in their patients."

Our Services

Meeting our Targets

In March 2006:

- 100% of patients received thrombolysis within 30 minutes of hospital arrival
- 98.2% of patients attending A and E waited less than four hours from arrival to admission or discharge
- 100% of patients admitted via A and E were found a bed within 4 hours of the decision to admit
- 100% of patients received thrombolysis within 60 minutes of the call of the ambulance
- 100% of patients with new onset of chest pain were seen in a rapid access chest pain clinic within 2 weeks of GP referral
- 100% of cancer patients saw a specialist within 2 weeks of urgent GP referral
- 100% of cancer patients received treatment within 31 days of diagnosis
- 100% of patients with cancer treated within 62 days of urgent GP referral



Patient Treatment Activity 2005/2006

Finished Consultant Episodes ¹		
Inpatients	Daycases	Total
24,751	21,872	46,623

Outpatient Attendances ²		
New	Review	Total
25,817	77,689	103,506

Day Care Attendances	
Hospital Based Care	
1,911	

Accident and Emergency Attendances	
47,744	

Births	
2359	

Out Patient Numbers Waiting

	2005-06 as at 31/03/2006	2004-05 as at 31/03/2005
Outpatients		
Surgery	222	171
Breast	59	75
Urology	86	95
Orthopaedics	129	206
Gynaecology	230	249
Oral	112	181
Ophthalmology	90	94
ENT	145	179
Plastic Surgery	26	30
Cardiology	115	108
Clinical Haematology	14	22
Dermatology		0
Elderly Medicine	17	34
Gastroenterology		0
General Medicine	111	172
Neurology	6	13
Nephrology	5	10
Oncology		3
Paediatric	79	119
Rheumatology	38	70
TOTAL	1073	1831

NOTES:

¹ Excludes Private Patients, Well Babies and has obstetrics with length of stay less than one day as Daycases

² Now includes orthoptist and optometry attendances

In Patient Numbers Waiting

	2005-06 as at 31/03/2006	2004-05 as at 31/03/2005
Waiting List Performance		
Surgery	263	308
Urology	153	112
Orthopaedics	610	830
Gynaecology	342	261
Oral	61	100
Ophthalmology	30	39
ENT	14	32
Angiography	110	194
TOTAL	1583	1876
Nine Month Waiters	0	0

Our Services

Our Structure

This year we have a new management structure and the Trust has three clinical service delivery groups led by consultants:

- Urgent Response
- Hospital then Home
- Elective Care

To help them manage their business, each Group Director will be supported by their own Group Management team, which will include a small number of matrons and an Assistant Director. Matrons, in uniform, will provide a highly visible reminder to patients and their visitors in our wards and departments about the standards of care we offer.

These are supported by Trust wide corporate services such as Human Resources, Finance, Facilities and Information Technology.

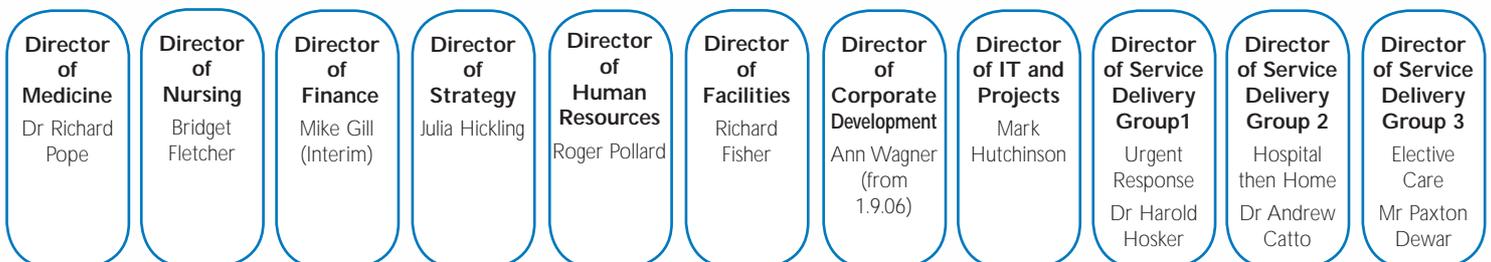


	Urgent Response First delivery service group	Hospital then Home Second service delivery group	Elective Care Third delivery service group
Key Characteristic	'One stop shop' style services with minimal waiting and rapid diagnosis. Main interface between hospital, patients and GPs	For patients whose healthcare needs mean that they can be safely cared for only in a hospital setting	Patients make a personal, planned choice about when and where they have their inpatient treatment

Trust Management Structure

Chief Executive
Adam Cairns

Supported by



Our Services

The first of our service delivery groups, the **Urgent Response Group**, was set up to act as providing the interface at which the first (and often the only) interaction with patients and GPs will take place. It is responsible for Accident and Emergency, outpatients, all diagnostic services, children's services including the child development centre, ward 17, children's outpatients and the neo-natal unit, radiology, cardiology, pathology, diabetes, gastro-enterology and ward 15, which currently acts as an admissions unit.

Service Delivery Group 1 Urgent Response

Rapid Access Chest

Pain Clinic

This year we redesigned our rapid access chest pain clinic to ensure that all patients could be seen by a specialist within two weeks of GP referral.

We worked with the fast track office and made sure appointment slots were flexible to ensure those patients with new symptoms of angina, and appropriate for the clinic, could be seen by a specialist as soon as possible.

New Ultrasound Scanner

In February 2006 X-ray staff from Airedale Hospital unveiled new equipment as the new £90,000 ultrasound scanner was put into use at the clinic at Keighley Health Centre.

Airedale Hospital staff visit the Health Centre every week to hold clinics for local patients in the area. The new scanner is used for ante natal scans but also for any patients who have suspected gynaecological problems or any other condition where a scan of the internal organs is needed.

Kate Smith, Sonographer:

"Technology is changing all the time and the new scanner gives us much better definition



and better imaging, so basically we can see the pictures much more clearly. Once the pictures are taken, our sonographers can then report the results directly onto the computer which has an electronic record system, this means GPs can access the results immediately."

Children have their say on local diabetes service

Parents and young people with diabetes were invited to a special event in May to have their say in shaping the local diabetes service in Airedale.

Dr Gary Savill, Consultant Paediatrician started off the evening's events by explaining the care and support that families could expect from the team at Airedale NHS Trust when their child is diagnosed with diabetes.

The team had already sent out a questionnaire to all the families with children and young people who come to the diabetes clinic to find out their views on what they want from the service and what changes they could make.

Alison Blackie, paediatric nurse specialist:

"The service is all about caring for the children and supporting their families. Any ideas for providing the service in the future are invaluable in helping us deliver a service our local community wants and needs."

The paediatric diabetes team care for over 70 families in the local area with one or more of their children with diabetes up to 18 years of age. Currently the children and their families are seen on a regular basis within a clinic setting by the whole diabetes team which includes:

- a Consultant Paediatrician
- two paediatric diabetes nurse specialists
- a dietician
- a senior support worker

Here they are offered the opportunity to

discuss their diabetes and any concerns they may have.

The paediatric diabetes team also offer one to one sessions regarding leading a healthy lifestyle. Education can be given to an individual child, family or other professionals such as school teachers, health visitors and school nurses. This is to make sure that basic care can be given on a day to day basis so enabling the child to lead as normal life as their peers.

Support is given on a 24 hour a day basis so if any problems do arise outside of normal working hours they can be dealt with by trained staff on the children's unit at Airedale Hospital. This gives the child and family real reassurance that they can get support at any time of day or night.

Our Services

The second of our three service delivery groups, the Hospital then Home Group, provides inpatient care for patients who need us to look after them in hospital because their illness means they can be safely cared for only in a hospital setting. All of these patients will have first made contact with us through the first of our three service delivery groups.

The goal of this Group is to treat and support patients according to their needs. This Group is responsible for elderly medicine, neurology, rheumatology, general medicine, rehabilitation medicine, pharmacy, therapy services as well as intensive and high dependency adult care. This group currently manages wards 1, 2, 3, 5, 6, 7, 9, 10 and 16 (ICU/HDU) as well as HODU. However, it is expected that Ward 9 will join our third service delivery group, Elective Care, as 15 bed Elective Orthopaedics.

Service Delivery Group 2 Hospital then Home

Launching the new Elderly Consultant of the Fortnight

In August 2005 the four consultants in elderly medicine made radical changes to the way the service for the over 80s is provided. Instead of a GP asking a bed manager to admit a patient for an opinion and treatment, the GP speaks directly to the duty consultant, weekdays 10am - 6pm.

Accident and emergency staff have access to the same system. The consultant has a clinic each morning at 10.00 and so a patient can always be seen within 24 hours. This means a goodly number of patients do not have to come in to hospital with all the disruption that entails, often upsetting routines, bringing on confusion and risking infections. But the patient still gets a consultant opinion, and fast.

Service departments have been fantastic

in supporting this initiative – for example - same day CT scanning allows a 'one stop shop' approach to assessing a patient.

Advice to the GP can resolve the problem, or at least get the patient on the right track. A home visit by the consultant is also available. The feedback from GPs has been very positive, so after the first 4 months the scheme was extended to include urgent out patient referrals, not just an alternative to admission.

Sometimes another speciality is involved immediately, reducing delays and transfers. The number of patients who get the right solution without being admitted varies from week to week but has been between 4% and 20% of those initially referred for admission.

The target we were given was a 10% reduction in emergency admissions, and we have more than reached that target.

Education & training have been built in to the development. Trainee GPs have particularly valued the easy access to the consultant.

Consultants from Airedale Hospital Dr Mary Harrington and Dr Aduke Onafowokan who were involved in the pilot and design of this will be extending the hours a consultant is available for advice to midnight as there is feeling that the out of hours GP service needs this kind of support when seeing unfamiliar elderly patients in the evenings at home.

New Medicines Code

Earlier this year staff signed up to a new Medicines Code as part of the Trust's plans to ensure all staff are up to date with their knowledge on medicines handling.

All wards and clinical departments have received copies of the new Code aimed at ensuring that staff who have responsibility for handling medicines, whether it be transporting, prescribing or giving the medicines, are aware of the rules.

The Trust first created the Medicines Code in 2004 in order to put together all the rules governing medicines management in one

easily accessible place. This new Medicines Code goes one step further and provides easy to follow guidance for the full range of staff who deal with medicines.

As well as doctors and nurses there are more and more health professionals who are handling medicines such as radiographers and physiotherapists and as this role extends so there is more need to clear guidance on which staff can access which medicines.

In the future the Trust is planning a Passport to Prescribe where staff develop a clearly documented series of skills with stringent accountability and training.



The Pharmacy Department has also started a medication discharge project and formed a Medicines Management Link Group, to improve the use of medicines

Our Services

The focus of the third of our three service delivery groups, the Elective Care Group, is to provide treatments, procedures or some other sort of intervention for patients who need to be in hospital.

However, unlike patients in the Hospital then Home Group, the key characteristic of these patients is that they have made a personal, planned choice that Airedale is the best hospital for them. This part of our service includes surgery, including our day surgery facilities, endoscopy, coloscopy, maternity services, theatres and anaesthesia.

This group manages wards 10, 13, 14, 18, 19, 20 and 21 and it is expected that Ward 9 will transfer from our second service delivery group, Hospital then Home, as 15 bed Elective Orthopaedics.

Service Delivery Group 3 Elective Care

800 babies screened at Airedale since NHS Newborn Hearing Screening Introduced

The 800th baby was screened by April this year, only months after the launch of an important new hearing screening test for newborn babies. The parents of all babies born at Airedale NHS Trust are now offered the opportunity to have their child's hearing screened at birth as a result of the introduction of a new hearing screening programme. Airedale NHS Trust is part of a national initiative that has implemented the NHS Newborn Hearing Screening Programme to aid the early identification of hearing impairment in babies.

The programme checks babies' hearing using equipment that measures how well their ears respond to sound. This new technology reduces the possibility of hearing impairment or deafness present at birth being missed. It enables hearing to be tested at an earlier age than the traditional, less reliable, Infant Distraction Test.

The screening test usually takes only a few minutes and can be done at the bedside when the baby is asleep. It involves placing a small soft tipped ear-piece in the outer part of the baby's ear and playing quiet clicking sounds into the ear. The organ of hearing (the cochlea) should then produce sounds in response that are recorded by the screening equipment.

It is not always possible to get clear responses from babies using this test,



especially if the baby is very young. In these cases another screening test will be carried out which involves three small sensors being placed on the baby's head. Earmuffs are then put over the baby's ears and a series of clicking sounds are played. The equipment measures how well the baby's ears respond to these sounds. Both methods are completely safe and are effective in checking for signs of possible hearing impairment in babies.

Facts

- The NHS Newborn Hearing Screening Programme aims to identify moderate,

severe and profound deafness and hearing impairment in newborn babies

- Approximately 900 babies are born every year in the UK with a permanent hearing loss
- Newborn hearing screening gives babies with hearing impairment or deafness a better 'life chance' of developing speech and language skills, and of making the most of social and emotional interaction from an early age.

Our Services

Nurse Sigmoidoscopist in Endoscopy

We have already trained our nursing staff to carry out cystoscopies to allow them to carry out their own clinics so reducing waiting times for patients with suspected bladder problems. This year the nurse

sigmoidoscopist in endoscopy has achieved additional skills so allow her to undertake further diagnostic procedures.



Theatres Improvement

This year we held a theatre improvement workshop with all members of the multidisciplinary team working together to produce real improvements in the delivery of our theatre service.

We identified 5 key areas for future development and work is planned with the wider theatres team to take these forward:

- Scheduling
- Session timing
- Achieving targets
- Staffing
- Patient experience

Leading the Way with Day Surgery

A Healthcare Commission report of July 2005 explained that better use of day surgery could free hospital beds with no extra investment. Airedale Hospital was already ahead of the field as a visit to Seville had highlighted.

A team from the Hospital were invited to Seville to share their successes in making surgery a better experience for local patients. Surgeon Mr Dibyendu Banerjee, Sister Ann Deery, and Samantha Moorehouse, Infection Control Nurse were all invited to the international conference on surgery.

The team representing the Day Case surgery unit were asked to share their work with hospital staff from all over the

world. At hospital staff are now able to offer patients gall bladder surgery on a day case basis which has proved that with a careful selection criteria, this is not only a safe procedure but also has high patient satisfaction ratings and very low incidences of infection in the period after the operation.

Up to 74% of all surgery at Airedale Hospital is now done as day case surgery and Airedale maintains this consistently high percentage meaning patients can avoid the need for and inconvenience of a longer hospital stay.

Sherie Herpe, Matron for Day Case Surgery:

"We use a thorough assessment before the surgery to find out which patients can be treated in a day, rather than needing a longer

stay with us. The patients who are able to do this have told us they are really happy with the service, the way they are treated and the information they are given about their surgery. It is just a completely efficient service."

In a survey earlier this year patients gave the hospital a score of over 9 out of 10 for all aspects of their care on the day surgery unit including whether the ward was clean and tidy, the amount of clinical information given, the opportunity to ask questions, clear written information, whether staff were interested in patients problems and needs, whether relatives were kept informed and if the appointment call was made on time.

New Consultant Obstetrician and Gynaecologist

CONSULTANT gynaecologist and obstetrician Stephen Porter, who has joined the team this year at Airedale Hospital is a specialist in keyhole surgery.

Mr Porter's last post was at Queen Charlotte's Hospital in Hammersmith, London, and he wants to see more laparoscopy used in ovarian removal and hysterectomy.

Mr Stephen Porter:

"Hysterectomy in particular had traditionally

been carried out by open abdominal surgery, but now there was opportunity to use a less invasive method.

The main advantage is that there is less abdominal pain, patients recover more quickly, they are in hospital for a shorter period and get back to work quicker, I think this is the way forward, not just in gynaecology but in all surgery."

Mr Porter was appointed to join the team in January and had been attracted to Airedale after hearing others in the profession speaking highly of the Trust.

Medical Director Richard Pope:

"Mr Porter's expertise in performing keyhole surgery will be of particular value to our patients as we will be able to offer this less invasive form of surgery to more women."

The addition of a fifth consultant to the department will mean quicker out-patient services and provide even better consultant support to the labour ward.

Our Patients and the Public

Listening, responding and informing

Asking our patients what they think of our services, listening to what they tell us and responding to their needs is fundamental to improving our patients' experience. The Trust has a number of formal and informal channels in place, including surveys, user groups and audits, to involve patients more fully in planning improvements to our services.



PALS team Sue Harle and Julie Bailey

Getting it right

As part of our Patient and Public Involvement Strategy, we continue to work closely with patients and carers throughout the Trust. And actively seek their involvement when we need to improve a service or make a change that will affect them.

We always appreciate patients taking the time to write to us about their experiences. Here are some of the comments received, testimony that for many of our patients, the Airedale NHS Trust experience is truly world class. This Year Airedale received 3031 compliments from patients and relatives; these are some of their comments:-

"Everything was done with care, understanding and professionalism"

"The nursing staff were, without exception, absolutely brilliant. All carried out their duties with care and consideration, and, when the situation warranted it, humour."

"My experience of every member of your team that I came across has been so positive. I was so well looked after at every single stage – from the nightshift nurse to the gentleman who took me down to the theatre, to the doctors."

"The care that I received was excellent. All the staff were considerate, well-informed and attentive. I had complete confidence in their skill and commitment."

81% of patients surveyed rated the care they received as 'excellent' or very 'good', with a further 14% rating it as good.

In 2005/06 the Trust took part in the third national survey of inpatients, which showed that 81% of patients surveyed rated their care as excellent or very good, with a further 14% rating it as good. Some of the questions used in the previous surveys, undertaken in 2002 and 2004, were repeated, allowing direct comparison of our performance year on year.

The survey showed we are maintaining our standards and are getting even better in some areas:

- better at giving adequate notice of the patients admission date
- we are better at not cancelling admissions
- better at making sure patients get help with eating their meals
- we are better at not talking in front of patients

The survey did show patients felt there should be improvement in the amount of information received about their treatment, in the numbers of patients being asked for their views on the quality of care during their stay; and after discharge in the numbers of patients who receive copies of letters sent to their GPs and work is being done to address this.

Patient and Public Involvement Forum

We have continued to work in partnership and receive valuable feedback from the Airedale NHS Trust PPI Forum, particularly on issues this year around MRSA, discharge procedures and the future direction of the Trust. The forum, which monitors the services of the Trust, meets once every month and also undertakes monthly visits to areas around the hospital to gain further understanding of the work that the Trust does.

Airedale Advisors

Airedale Advisors involve patients in healthcare projects and provide a user perspective on service developments. Patients with a specific interest in any healthcare field can register and help to shape new initiatives within the Trust. The Patient Information Group reviews leaflets and other information produced by the Trust for readability, analysing and improving both content and presentation. Their comments have a direct influence on changes made to the final version of the leaflets. A major piece of work undertaken by the group this year was the review of new in-patient and out-patient booklets.

NHS Foundation Trust members

Although we are not yet able to go forward as an NHS Foundation Trust we still have 1800 'members' who have expressed an interest to us to be involved in the future. We invited all these 'members' along with the public to our open evening in 2005 and will be keeping them updated in 2006 with a newsletter.

Our Patients and the Public

Listening to our patient's concerns

In 2005/6 we received:

- **129 formal complaints - showing a trend in reducing numbers in recent years**
- **3031 written compliments**

Some of the improvements which have been made, following concerns being expressed, included:

- a reassessment of nurse staffing levels,

- increased funding for lymphoedema services,
- better car parking signage and
- clarification as to which patients were eligible to be assessed and receive the new digital hearing aid.

Whilst the Trust makes every effort to make sure that complainants receive a comprehensive response to their concerns, there are occasions when a complainant remains dissatisfied and requests an

independent review of their complaint by the Healthcare Commission.

Eight requests were made to the Healthcare Commission in 2005/6 by complainants who remained dissatisfied and, of these, one was subsequently withdrawn, one was not upheld, two were referred back to the Trust for further local consideration and resolution and the Trust is currently awaiting a response from the Healthcare Commission on the remaining requests for independent review.

PALS

The Trust's Patient Advice and Liaison Service (PALS) had a successful fourth year, providing a one-stop service for patients who need advice, support, information and help with healthcare issues.

PALS plays a frontline role in listening to and learning from the experiences patients bring to them. Suggestions received by the service are recorded and reported back to the Trust board to inform future service developments.

PALS act independently when handling patient and family concerns, liaising with staff,

managers and, where appropriate, relevant organisations, to negotiate immediate or prompt solutions. If necessary, they can also refer patients and families to specific local or national based support agencies.

In 2005/06 the service was contacted by:

713 clients, compared to 215 in its first year which is an increase of over 300%

Of these:

- 365 were regarding concerns
- 224 were requests for information

- 124 were compliments

This increase in activity has been matched by growth in the complexity of cases. The team continues to provide a fast and effective service, resolving 89% of its cases within 48 hours.

The PALS Service has 'very satisfied clients' as the survey revealed that 86% of clients were very satisfied with the service that they received.

Acting upon feedback received, the service now has PALS leaflets available in twenty six languages, Braille and a large print version.

PALS Service Gets Full Marks

The Patient Advice and Liaison team at Airedale Hospital received the highest praise in 2005 after members of the Airedale Patients' Forum decided to visit them to evaluate the service they provide and to gain an understanding of what it offers to patients and their relatives.

Airedale Patients Forum is made up of ordinary members of the public who have an interest in health. The forum members made two visits to the hospital to meet Sue Harle and Julie Bailey who make up the PALS team before presenting their evaluation.

Hilary Browne, PPI Forum Member and joint Chair:

"We were impressed by the fact that most problems were resolved within two days. The PALS team has access to everyone at all levels in the Trust. This means that issues can be taken to the highest level if need be. This is excellent."

Sue Harle, PALS Manager:

"Our sole aim is to improve the services provided to our patients. Our job is about getting feedback on the care given by the staff and in resolving any problems quickly if they occur. We visit wards to speak to patients and their families and listen to their concerns or suggestions so we can pass them on to the staff. However it is also important for people to know that we receive many many more compliments about the service and we make sure these

important words of praise and thanks are passed on to the staff."

The PALS team can be contacted on 01535 294019 or via email on pals@anhst.nhs.uk

PALS aim to:

- Advise and support patients, their families and carers
- Provide information on NHS services
- Listen to concerns, suggestions or queries
- Help sort out problems quickly on the patient/carer/relative's behalf

Our Patients and the Public

Delivering on Food and Cleanliness

In December 2005 the national PEAT (Patient Environment Action Team) results for 2004/05 were released showing Airedale NHS Trust delivers a good quality service for its patients.

The NHS serves 300 million meals at a cost of £500m annually. A survey of over 300 hospital trusts for last year shows the average spend on each main meal for patients in the NHS is £2.60, which includes labour costs and services. Patients now have a much wider choice of healthy nutritious food in the NHS, with dieticians helping to plan menus that provide a healthy balanced diet at the same time as food that people want to eat.

Richard Fisher, Director of Facilities:

"This national recognition of our high standards in the food we provide and our

cleanliness is a credit to our staff. They are a dedicated and specialist team who work extremely hard to make the patient's stay as pleasant and comfortable as possible. Our cleaning team have already won the national Golden Service award for Best In House Cleaning Team in Healthcare and were one of the first in house cleaning teams in the country to use the new microfibre cleaning system on our wards.

With hospital food, our aim has been to provide our patients with more choice and higher quality food. We provide drinks and refreshments around the clock and snack boxes are now given to patients who miss main mealtimes or feel like eating something lighter. This makes the whole experience more like being at home, rather than receiving only three main meals a day.

All patients have the opportunity to

comment on the catering service by completing the questions on the reverse of the Menu Card each mealtime. We have an open culture and are happy to listen to our customers.

Other initiatives include the ward housekeeping service. Airedale was in the first wave of 72 Trusts to have this service in place and in three years we have gone from providing ward hostesses on only 2 wards to now providing them on 14 wards.

Research shows that the environment in which food is eaten and more social interaction at mealtimes, affects the food patients eat. We are therefore working closely with ward 6, one of our elderly medical wards to promote protected meal times for our patients, the key aim being that meal times are special times and free from unnecessary interruptions."

Stroke Unit opens new Patio for Patients

The Stroke Unit at Airedale NHS Trust celebrated its second anniversary in October 2005 and marked the occasion by opening a special garden area for its patients and their relatives.

The twenty eight bedded specialist stroke unit opened officially in October 2003 and offers modern facilities alongside care of the highest professional standard for patients suffering with stroke; and stroke and neurology patients with rehabilitation needs.

Facilities on the unit include a relative's quiet room, patients' day room, teaching and resource room, and a therapy room.

The newly opened patio and garden area will allow the patients to have outdoor therapy sessions as well as an area for relaxation and for family time.

Pam Beaumont, Unit Manager

"The philosophy of this unit is to give our patients specialist care with an expert team. The addition of this garden area gives our patients the opportunity to enjoy a little of the fresh air whilst they are staying with us on the unit. It also means they can sit out in the warmer evenings and spend time out there with their family and friends.



The garden also has a number of raised flower beds so patients can tend to their own flowers from their wheelchair. Patients can stay with us for one week or up to six months so it is important to make their stay as comfortable as possible and give them opportunities to enjoy the garden."

Our Patients and the Public

Hospital Falls Study

A local patient has shared her experiences and agreed to take part in a research study which will look at preventing falls in the older population.

Ruth, aged 80 from Silsden was keen to take part because of the falls she has had in and around her home.

"I am forced to go out because there is no one to do my shopping for me so I need to walk to the Co-op every day. I have problems with my vision, I just can't see and that with the state of the pavement just doesn't help at all. I have had some bad falls, one time I went down in the snow and had to hold on to the hedge to try and get up. Two young girls came to help me but it was awful. I can't explain what it's like when you fall and bang your head.

I wanted to take part in this to try and help and because it's good to join something and be a part of it. It's better than sitting at home and doing nothing."

Questionnaires were sent out to thousands of Craven residents over the age of 70 offering them the chance to take part. The research aims to find out if individual assessments of a person's home and environment can cut the risk of falls and make the home a safer place and prevent injury and accidents.



Fact

- Over 3000 patients come to Airedale Hospital every year having suffered a fall at home.

Mum gives up milk because Breast is Best

In May 2005 mother of three, Helen Knowles joined midwives at Airedale NHS Trust to promote National Breastfeeding Awareness Week and to spread the work that Breast is best. Helen herself has had to face her own challenges with breast feeding but wanted to share with others the benefits it brings.

Helen Knowles from Keighley, whose baby Harry was born at Airedale Hospital said:

"All three of my children have been or still are allergic to cow's milk. Harry is ten months old and is fully breastfed. I don't eat milk or dairy as it passes through my milk which would cause Harry to have severe tummy ache. Some people say I have sacrificed a lot by giving up dairy but to me it's simply my job which is to give him what he deserves. I know now why people say 'Breast is Best' as I've learned through my own experiences that breastfeeding in my eyes is the best gift you could ever give your child."

Kath Walsh, Maternity Services Manager:

"We encourage every new mum to try breastfeeding. Here at Airedale Hospital we give all our staff training in how to support these mums, we give the mums and babies skin to skin contact as soon as we can after delivery and we aim to give all the support the mums need in the early time in hospital.



Sometimes it may not be easy, but with the right advice, support and encouragement, we hope to see many mothers and their babies experiencing the many benefits that breastfeeding brings."

The benefits of breastfeeding for both mother and baby include:

- The perfect nutrition for your baby for the first 6 months
- Protects baby against tummy bugs, chest infections, asthma, eczema and allergies
- Helps mum regain her shape by using around an additional 500 calories a day
- Breastmilk can be expressed so that everyone can help with feeding
- Helps develop a strong emotional bond with your child
- Helps the womb return to normal
- Reduces the risk of pre-menopausal breast and ovarian cancer

Our Staff

Airedale NHS Trust is a major employer in the area and we value the people who provide health care for our local communities. It is their skills, dedication and hard work, that ensure that high standards of health care are achieved.

Staff numbers

Medical and Dental.....	201
Managers.....	65
Administration and Clerical.....	493
Estate Officers.....	7
Health Care Support Workers.....	389
Ancillary staff.....	372
Maintenance.....	44
Qualified nurses and midwives.....	634
Technical.....	97
Scientific and Professional.....	215

Total.....2517

New Consultants:

Dr Chantal Busby,
Consultant Anaesthetist

Mr Barney Hopton,
Consultant Orthopaedic Surgeon

Mr Philip Koenig,
Consultant Urologist

Mr Stephen Porter,
Consultant Obstetrician and Gynaecologist



Mr Nick Shaikh,
Consultant Urologist
(returned after post in Bradford)

Dr Justin Tuggey,
Consultant Physician
with an interest in Respiratory Medicine

Equality statement and policy

Airedale NHS Trust is committed to promoting equal opportunity in employment and service provision and will not tolerate any form of discrimination based on sex, disability, sexual orientation, marital status, race, colour, creed, nationality, ethnic or national origins. The Trust celebrates the fact that people from different backgrounds can bring fresh ideas and perceptions that improve our service.

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

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

Involvement and consultation

The Trust actively involves staff in the planning and running of their departments and in the design of services. During the year Airedale has been particularly successful in achieving our targets for the implementation of "Agenda for Change" (the new national pay and conditions system) which we did in partnership with trade union representatives and through the involvement of staff and

managers in reviewing all role descriptions to ensure that jobs were well designed and focused upon providing services for patients.

Each member of staff now has a defined knowledge and skill set that describes what they need to apply in their work in order to deliver quality services. This set provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.

Staff opinion survey

Each year we undertake a staff survey and compare the results to those within other Trusts.

The Trust is ranked amongst the top 20% of hospitals in the country for the quality of its jobs and the training and development opportunities given to its staff. Airedale was also the very best of all Trusts in West Yorkshire for providing hand washing materials for staff as part of its drive to reduce the spread of infection and combat MRSA.

Airedale NHS Trust was also in the highest 20% of Trusts for effectiveness of its error reporting systems to help avoid mistakes and learn from them, the number of staff receiving appraisals with personal development plans and the extent of positive feeling and job satisfaction.

The Trust was in the lowest 20% of Trusts for staff working extra hours and staff intention to leave jobs and there was a significant decrease in this year's survey in the number of staff feeling workload pressure.

Key findings of the survey also include:

- a significant increase in the quality of job design - that is: clear job content, feedback and staff involvement
- 98% of staff had received some form of training or development in the previous 12 months
- 90% of staff reported working in teams
- 8% drop in staff working more than their contracted hours

In agreement with Trade Union partners and after consultation with staff the Trust has agreed an action plan to further improve how staff feel about working at Airedale.

Smokefree buildings and grounds

It is now our policy that smoking is not permitted anywhere in the hospital building or grounds and the Trust thanks staff and the users of our services for abiding by the policy.

The Trust has decided to be smoke free because breathing other people's smoke is both a public health hazard and a welfare issue. Our aim is to protect patients, visitors and staff from the dangers of second hand smoke and the fire hazards associated with smoking as well as helping people to stop smoking. The Trust is keen to promote healthy living for all and becoming smoke free is a major step towards this.

Our Staff

Local 16-18 Year Olds Get Real Hands-on Experience

In January 2006 Airedale Hospital offered 30 local 16-18 year olds the opportunity for front line experience in a hospital setting.

Grace Throup, 17 years old from Skipton, is a former pupil of Ilkley Grammar School and is in her second year as a vocational trainee at Airedale Hospital. Grace has already spent time working on the wards and in January this year started work alongside the surgeons and nurses in Airedale's operating theatres where she is getting the chance to get hands on experience of assisting in a real life-saving environment.

Grace has a place on a nursing course at Manchester University later this year:

"I knew I wanted a career as a nurse but also needed real work experience before I go to University. It is so varied and so interesting, with the nurses I get to talk to patients and try and help reassure them before their procedures. During operations I assist the nursing team who support the surgeons by opening the sterile packs of swabs or instruments and being part of a real team."

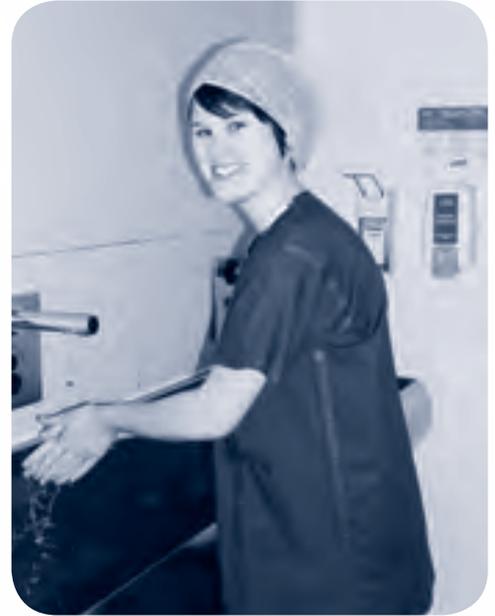
Airedale NHS Trust runs a 2 year on the job programme for students interested in a career in health or administration. 30 students are accepted every year enabling them to move into challenging and interesting careers.

The training, aimed at the 16-18 years age group, gives students exciting and important experience in the hospital. The course offers:

- Work experience
- College day release
- Pay or allowance
- Qualifications equivalent A levels
- Job sampling to help you decide which career you want

In the last 14 years we have:

- 100% success achievement of qualifications who stay on to the end of the course
- very low drop out rate compared to the national average
- vast number of leavers still working in the NHS



For further information contact the Vocational Training Department on 01535 294875 or e-mail vocational.training@anhst.nhs.uk

Airedale Hosts World Famous Course for Physios

In March 2006 Airedale Hospital hosted a world famous course aimed at giving physiotherapy staff the latest knowledge on treating patients who have suffered strokes or head injuries.

The 3 week intensive course was for physiotherapists that specialise in neurological conditions and aims to give them extra skills in analysing a patients condition in considerable depth so they can offer the best possible treatment for that particular patient's needs.

Physiotherapy Team Leader Hetty Ware:

"We are so lucky to take part in this prestigious and world renowned training event. It is a major advantage for a physiotherapist to be Bobath-trained and means our staff have the opportunity for the highest level of training."

The course has a strong practical content and those studying work with real patients with real conditions every day of the course.

"The trainees work through normal ranges of movements trying to re-access the normal patterns of movement which have been imprinted on our brain throughout our lives."



Airedale Consultant Hits The Pedal Power

National Bike week was in June 2005 and a consultant from Airedale Hospital used the time to practice for his challenge of a lifetime, to ride part of the Tour de France in the Pyrenees in July 2005.

Dr Clive Orgles, Consultant Radiologist and keen cyclist, followed in Lance Armstrong's

footsteps and took part in the 110 mile course in the French Pyrenees with 10,000 feet of ascent. He finished the race in 7 hours and 11 minutes.

Marjorie Tindale, Operational Services Manager who organises the Bike 2 work week at Airedale Hospital:

"We hope during Bike 2 Work week to promote the options of healthy travel to all out staff and Dr Clive Orgles is a great example of that. Combining exercise with a daily journey to work is a great way for our staff and other commuters to get fit and make the most of time they would otherwise be in their cars."

Our Partners

Our future is inextricably linked with developments in the local community and with our patients and partners.

We need to maintain and strengthen our relationships with local partner organisations, including education and social services so that we become an outward looking organisation that is completely connected to our local community enabling and supporting health independence and well being of our patients.



- We are planning to set up a Clinical Programmes Board who will have the remit of identifying priorities for action. It is planned it will include our staff and key leaders from the GP locality groups, social services, mental health services and a patient representative, with the purpose of driving clinical change across the health economy.
- We are in regular contact with all four of our local MP's and they visit the hospital and meet with our staff and patients to gain an understanding for their constituents of the services we provide.
- We are working with all the GP locality groups, in Shipley, Bingley, Keighley, the Wharfe Valley and Craven to agree to work together to provide local health care that is patient focussed, affordable and flexible to give patients services when they need them. Areas for action include improved access to diagnostics, services for older people, a system wide management of diabetes and improvements to cardiology.
- The Trust has worked with local primary schools and supports IMPS - the Injury Minimization Programme for Schools. The aim of IMPS is to reduce death and disability as a result of accidents to children between the ages of 10 and 11. The children visit their local hospital and have a basic life support (resuscitation) session, a first aid session and a tour of accident and emergency.
- The Trust has 350 registered volunteers who are major fundraisers for the Trust and provide a wide range of invaluable support services to our patients including patient transport, Chaplaincy, cancer and cardiac support and running and staffing the two shops in the hospital. This year the 2 main voluntary organisations, Airedale New Venture and Friends of Airedale, raised over £150,000 for the hospital and an additional £120,000 for the Airedale Childrens Unit Appeal since its launch in June 2005.
- The Trust is developing its links with the local business community and has provided a tour of the hospital for Rotary Club members
- Our training and development staff have worked with Greenhead Grammar School on a project for ethnic minority students to join our course on Preparation for a Health Care Support Worker Role in the hospital.
- We have been meeting with a neighbouring hospital, Bradford NHS Foundation Trust, to ensure a consistent approach with our strategy for the future.
- We are part of the regional Emergency Planning network.
- We are in regular contact with the local Overview and Scrutiny Committees and this year consulted them on our Way Ahead strategy and vision for the future.
- The Trust has one long-standing Private Finance Initiative (PFI) contract for radiology equipment.
- We are working with Bradford and Airedale Primary Care Trust on a project to review the way we provide unscheduled or urgent care to patients to improve the way we deliver that service.

Calendar Girls support Centenary Garden Opening

The new Centenary garden was provided by the Rotary Club of Keighley who raised the £5000. The Calendar Girls were the major fundraisers at an event in February, and District Rotary and the local Community Chest both awarded the project a grant.

The new garden provides an oasis of calm for patients and their families to enjoy. There is a walled and paved area to allow wheelchair users as well as walking patients, visitors and staff to enjoy all year round.

Adam Cairns, Chief Executive:

"We are very grateful for this garden which I am sure will be used very much by our patients and their families. We are very proud of our hospital and its grounds and we recognise the effect that the environment can have on our patients. It is very important that they are able to see blue sky and green grass and trees when they are staying in the hospital and they will be able to do this thanks to the provision of this new garden."



Our Partners

Jojo the Clown Launches new Children's Unit Appeal

In June 2005 Jojo the clown, volunteers and staff at Airedale Hospital launched a new appeal to raise money to completely refurbish the children's unit at the hospital. The appeal team hope to raise enough money to provide a new ward with accommodation for parents and extra space for children to receive their treatment and play therapy. Jojo the clown, who will be the face of the appeal, visited children and parents on the ward to start the appeal off with a real celebration.

The volunteers, who operate under the banner of the two charities at Airedale General Hospital, namely Airedale New Venture and Friends of Airedale, are combining to raise funds for a new Children's Unit appeal.

The Children's Unit at Airedale General Hospital has been caring for local children with a whole range of conditions and illnesses

since the hospital first opened in 1970.

Karen Walker, Children's Services Manager:

"Since the hospital opened 35 years ago the needs of the young patients have grown to such an extent that the unit needs to be refurbished and new facilities provided which really can meet the needs of our young patients and their families who often spend a great deal of time in hospital with them.

Airedale NHS Trust has already provided a new Children's Outpatient Unit and the appeal team really want to build on this achievement so we can have a fantastic new environment to care for local children."

Mike Yates, Appeal Co-ordinator:

"We are hoping this can be a real community project involving as many local organisations, local businesses and local people as possible. To refurbish the

Children's Unit will cost over £600,000 so we are asking for everyone's help and support so we can provide a fantastic new unit at the hospital."



If anyone would like to make a donation or would like a fundraising pack which contains information about the appeal, balloons, stickers and sponsor forms they can contact the Appeals office on telephone 01535 294605.

Email: ChildrensUnitAppeal@anhst.nhs.uk

You can also follow the link on the Trust website www.airedale-trust.nhs.uk

Write to us at:

Students Sample Hospital Life

In March 2006 a group of 20 year 10 students from Holy Family School in Keighley spent a day at Airedale General Hospital looking at some of the exciting careers on offer in today's Health Service.

Frontline NHS Staff - nurses and doctors - have a high profile in the health service but there are many other roles to choose from as their ability to do their vital work depends upon a massive back-up operation, provided around the clock by a huge range of support staff. Major advances in medicine mean that health care is provided more and more by a team of professionals with a range of different skills, each bringing their particular expertise to caring for the patient.

This new pilot scheme, organised by staff at the hospital, is part of a partnership project to encourage local students to have a look at this whole range of careers on offer, talk to staff and understand what training they can do to start on a career in the health service.

The students were able to learn about a whole range of roles including:

- occupational therapy, a job which helps patients with physical or other problems become independent in their homes,

- pathology, which includes the processing and analysing of samples of blood and tissue and includes jobs like the biomedical scientist, and

- cardiology which involves caring for and treating patients with heart conditions and includes a real range of jobs including rehabilitation nursing and cardiology technicians.

In addition to talking to some of the hospital's staff the students had the opportunity to get 'hands on' experience with some of the instruments and equipment used in these departments.

"I learnt a lot about how people in hospital need caring for" - **Josh**

"It was interesting to see some of the things which take place in the hospital such as the electronics and instruments - it isn't just nurses and doctors" - **Daniel**



"We realised that the hospital staff provide care 24 hours a day and sometimes they have to come back to work or be on call" - **Bethany**

"It gave us an increased respect for the staff for what they are doing" - **Rebecca**

Being Safe

Clinical Governance

Clinical Governance has been defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. It is fundamentally about the ability to produce effective change so that high quality care is achieved.



This year has seen a continued strengthening of the Clinical Governance framework in the Trust. Two new senior posts of Assistant Director of Patient Safety and Head of Clinical Governance have been established as part of the new organisational structures within the Nursing Directorate. The departments and services working in a supportive role to improve and enhance the patient experience have been brought together as one in the Clinical Governance team under the Head of Clinical Governance. This includes Risk Management, Complaints Management, Clinical Effectiveness and Research, Interpreting Services, Voluntary Services, Chaplaincy and the Clinical Governance Facilitator post.

Our Strategy

A new Clinical Governance Strategy was devised by the Director of Nursing & Medical Director and accepted by the Trust Board in December 2005. The reporting mechanism, so important in ensuring a robust approach to Clinical Governance, has continued to evolve. This resulted in the amalgamation of the Risk Management Committee and Clinical Governance Working Group to establish the Clinical Governance & Risk Management Operational Committee, the membership of which has been drawn from all service groups within the Trust.

The Service Groups established in the Trust's new management arrangements have identified Clinical Governance leads and are developing local Clinical Governance plans. Mechanisms for reporting to the Trust Board have been established with the Board

receiving quarterly Clinical Governance reports. These will evolve throughout the coming year.

Work has continued to develop the information and information technology (IT) systems to support Clinical Governance. For example, the use of the Microsoft SharePoint document control IT system to manage the storage, control and dissemination of documents and the Trust's Clinical Governance newsletters to share key clinical governance messages and information.

Managing Risk

The Risk Department has worked and continues to support risk assessment activity and the analysis of incidents and near misses across the Trust. This work includes the development of the corporate and local risk registers and is key to the clinical governance framework and improving of our practices

Specific work in Midwifery will enable the Trust to apply for CNST (Clinical Negligence Scheme for Trusts) level 2 in the winter of 2006. This standard is a recognition of the systems and processes that are in place to manage and support safe practice and risk reduction.

Involving Patients and the Public

The Trust's approach to Patient and Public Involvement (PPI) continues to develop. The Patient & Public Involvement (PPI) Forum attend Trust Board meetings and are involved in other Trust activity. Specific work to further develop and integrate patient

and public involvement into the Trust's service development and clinical governance framework will take place in 2006.

Standards for Better Health

In March 2006 the Trust was required to submit a final declaration of its self-assessed performance against the Health Care Commission's core Standards for Better Health. The declaration will be added and compared to other information that the Healthcare Commission routinely receives about the Trust and will result in an assessment of the Trust's performance being published in October 2006. During 2006/2007 the standards against which the NHS is assessed will also encompass not only the core Standards for Better Health but also the Healthcare Commission's developmental standards: as we work with the developmental standards this will focus much of our Clinical Governance activity in the coming months.

In summary, excellent progress has been made this year. The Trust will continue in 2006/2007 to develop its services and to improve the experiences of its patients.

Being Prepared for Emergencies

Airedale NHS Trust has in place, alongside the emergency services, local authorities, our partner health services and other public services, a major incident plan and flu pandemic plan which are fully compliant with NHS guidance.

Our Board

Non-Executive Directors

Professor Brian Jewell BSc PhD MB BS
- Chairman (until 30 November 2005)

Colin Millar BA - Chairman (from 1 December 2005)

Zafar Ali JP - Non-Executive Director

Jeff Colclough BA - Non-Executive Director (from 1 February 2006)

Hazel Goulden BSc - Non-Executive Director (until 30 November 2005)

Sally Houghton ACMA BSc - Non-Executive Director (from 1 February 2006)

Alan Sutton BA Cert Ed (QTS) - Non-Executive Director

Jeremy Whaley MA CIPFA - Vice-Chairman

Executive Directors

Adam Cairns LLB, Dip (HSM) Chief Executive (from 15 August 2005)

Janet Crouch FCCA MHSM - Acting Chief Executive (until 14 August 2005). Director of Finance from 15 August to 22 August). On secondment from 23 August for the remainder of the financial year

Doug Farrow BA MBA MHSM Dip (HSM) - Director of Planning and Performance (until 31 March 2006)

Bridget Fletcher RGN ONC BA MA - Director of Nursing (from 3 October 2005)

Kim Gay FCCA - Interim Director of Finance (from 3 October until 11 May 2006)

Mike Gill ACMA - Interim Director of Finance (from 12 May 2006)

Ian Hargreaves CIPFA - Acting Director of Finance (from 22 August until 3 October)

Melanie Hornett RGN BA MSc - Director of Nursing and Quality (to 1 July 2005)

Dr Richard Pope MD FRCP - Medical Director

Associate Directors

Julia Hickling BSc, MSc, DIC - Director of Strategy

Roger Pollard BA - Director of Human Resources

Audit Committee Members

Hazel Goulden, Non-Executive Director (until 30 November 2005)

Sally Houghton, Non Executive Director (from 1 February 2006)

Alan Sutton, Non Executive Director

Jeremy Whaley, Vice-Chairman and Chair of Audit Committee

In Attendance

Kim Gay, Interim Director of Finance (until 11 May 2006)

Mike Gill, Interim Director of Finance (from 12 May 2006)

Remuneration Committee Members Up to 31st May 2006

Brian Jewell, Chairman (until 30 November 2005)

Colin Millar, Chairman (from 1 December 2005)

Zafar Ali, Non-Executive Director

Jeff Colclough, Non-Executive Director (from 1 February 2006)

Hazel Goulden, Non-Executive Director (until 30 November 2005)

Sally Houghton, Non-Executive Director (from 1 February 2006)

Alan F L Sutton, Non-Executive Director

Jeremy J Whaley, Vice-Chairman

From 1st June 2006

Colin Millar, Chairman

Zafar Ali, Non-Executive Director

Jeff Colclough, Non-Executive Director

Alan F L Sutton, Non-Executive Director

Register of Interests

The Register of Interests for members of the Board is held at Trust Headquarters, Airedale NHS Trust, Airedale General Hospital, Skipton Road, Steeton, Keighley, West Yorkshire, BD20 6TD.

Independent auditors' report to the Directors of the Board of Airedale NHS Trust

I have examined the summary financial statements set out on pages 27 to 31.

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

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements within

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

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

Opinion

In my opinion the summary financial statements are consistent with the statutory

financial statements of the Trust for the year ended 31 March 2006.



Terry Carter
Head of Operations (Yorkshire and Humber)
Audit Commission
Kernel House
Killingbeck Drive
Leeds LS14 6UF

Date: 5th September 2006

Our Finances

Finance Director's statement

2005/06 was a challenging year financially for Airedale NHS Trust and indeed the NHS as a whole. Airedale NHS Trust finished the previous financial year (2004/05) with a reported deficit of £3.288m, which in itself was a deterioration from the previous year's (2003/04) financial position, namely deficit £1.448m.

At the beginning of 2005/06 clear instructions were given to Airedale NHS Trust to 'stem the flow' and prevent any further deterioration of the financial position and if at all possible repay elements of the previous deficit. Airedale NHS Trust finished 2005/06 with a reported surplus of £4.267m although this includes unplanned non repayable financial support totalling £8.040m from West Yorkshire Strategic Health Authority. Without the support gratefully received from the Strategic Health Authority the reported position would have been £3.773m deficit i.e. a relatively minor further deterioration from the preceding financial year of £0.485m.

This financial support was received as Airedale NHS Trust had demonstrated its ability to 'stem the flow' and operate within its financial means, in particular towards the latter half of the 2005/06 financial year. The receipt of the £8.040m has allowed the trust to report a surplus position in 2005/06 and repay a significant element of its historic deficit which has helped the trust achieve its breakeven duty target.

This turnaround of the Trust's finances would not have been possible without the considerable efforts of everybody associated with Airedale NHS Trust and I would like to take this opportunity to personally thank all staff, contractors, and volunteers who have remained committed to the NHS cause throughout what has been very difficult times.

2006/07 will continue the financial challenge for all NHS organisations and Airedale NHS Trust will be no different. However, due to the financial support received in 2005/06 the organisation can focus on delivering in year financial balance

The receipt of the unplanned non repayable support is not a 'free good' as there is

now an expectation that the Trust can move forward from this, unencumbered from historic debt, and demonstrate in year financial balance in 2006/07. Whilst challenging, and not without risk, this now presents a realistic and motivating target for the organisation to aim for.

A complicating factor within the 2006/07 financial challenge is the financial plight of the Primary Care Trusts (the commissioners of healthcare), particularly within North Yorkshire, and this may well impact upon the Trust and crystallise itself as a reduction in activity and hence income which the trust will need to react to in order to ensure financial balance is maintained.

However, I believe that with the continued good will and support from all staff we can achieve this target and show that Airedale NHS Trust can be self sufficient, financially viable and provide sustainable services within the new, post reform NHS.

Of the other financial targets, the Trust:

- Achieved a capital cost absorption rate of 3.0% against a target of 3.5% - this performance is within normally accepted margins
- Managed cash within available resource limits
- Had a slight under spend against the capital resources available
- Paid 71% of non NHS supplier invoices (representing 85% in value) within 30 days – this relatively poor performance relates to technical problems when migrating to a new creditor payments system as opposed to any cash flow problems being encountered

The Trust spent £3.822m on capital items during 2005/06. Significant items/schemes included the following:

- Refurbishment of Ward 7 - £647k
- Investment in IT - £545k
- Relocation of the occupancy of the Harewood Drive site - £371k
- Refurbishment of Ward 24 - £310k – this scheme was in partnership with Bradford District Care Trust.

Mike Gill
Interim Director of Finance

Management Costs

Management costs for the year totalled £5,113 million, which is 5.23% of total income. This compares with 5.29% in 2004/05. The Trust complied with the Secretary of State's instructions on NHS managers pay increases. The uplift on pay scales was limited to 3.225%.

Audit

The Trust external auditor is the Audit Commission. The audit fees for 2005-06 were:-

Audit of Annual Accounts	£51,700
Use of Resources	£71,675
Total Audit Fee	£123,375

Full Accounts

These accounts are a summary version of the Trust's full accounts. A copy of these can be obtained from the Director of Finance, Airedale NHS Trust, Airedale General Hospital, Skipton Road, Steeton, Keighley, West Yorkshire, BD20 6TD.

Our Finances

The Trust's Financial Record

	05/06 £000's	04/05 £000's	03/04 £000's	02/03 £000's	01/02 £000's
Turnover	97,716	86,164	82,228	77,826	87,658
Retained Surplus / (Deficit)	4,267	(3,288)	(1,448)	7	27

Income & Expenditure Account

	05/06 £000's	04/05 £000's	03/04 £000's	02/03 £000's	01/02 £000's
Income	97,716	86,164	82,228	77,826	87,658
Operating Expenses	(92,333)	(88,106)	(82,823)	(74,836)	(85,413)
Operating Surplus	5,383	(1,942)	(595)	2,990	2,245
Profit/(Loss) on Disposal of Fixed Assets	443	252	1,026	(48)	(120)
Surplus/(Deficit) before Interest	5,826	(1,690)	431	2,942	2,125
Interest Receivable	190	132	87	149	436
Other Finance Costs	(161)	(56)	(56)	(97)	0
Surplus/(Deficit) for the Financial Year	5,855	(1,614)	462	2,994	2,561
Public Dividend Capital Dividend Payable	(1,588)	(1,674)	(1,910)	(2,987)	(2,534)
Retained Surplus/(Deficit) for the Year	4,267	(3,288)	(1,448)	7	27

Balance Sheet

	31.3.06 £000's	31.3.05 £000's	31.3.04 £000's
Fixed Assets	50,354	54,886	60,010
Current Assets	14,636	9,251	10,419
Current Liabilities	(4,294)	(7,382)	(6,792)
Total Assets less Current Liabilities	60,696	56,755	63,637
Provision for Liabilities and Charges	(1,674)	(2,149)	(2,383)
Total Assets Employed	59,022	54,606	61,254
Financed by:-			
Public Dividend Capital	52,529	53,339	53,103
Revaluation Reserve	5,359	7,563	11,884
Donation Reserve	601	608	883
Income & Expenditure Reserve	533	(6,904)	(4,616)
Total Taxpayers Equity	59,022	54,606	61,254

Statement of Total Recognised Gains & Losses

	05/06 £000's	04/05 £000's	03/04 £000's
Surplus/(Deficit) before Dividends Payments	5,855	(1,614)	462
Unrealised Surplus/(Deficit) on Fixed Asset Revaluations/Indexation	979	(3,549)	4,751
Receipt of Donated Assets	35	0	23
Total Gains & Losses Recognised in the Financial Year	6,869	(5,163)	5,236

Better Payment Practice Code - Measure of Compliance

	Number	05/06 £000's
Total Non-NHS trade invoices paid in the year	32,115	51,485
Total Non-NHS trade invoices paid within target	22,781	43,823
Percentage of Bills Paid Within Target	71%	85%

	Number	05/06 £000's
Total NHS trade invoices paid in the year	1,256	10,587
Total NHS trade invoices paid within target	984	8,600
Percentage of Bills Paid Within Target	78%	81%

Cash Flow Statement

	05/06 £000's	04/05 £000's
Net Cash Inflow from Operating Activities	173	1,119
Returns on Investment:-		
Interest Received	187	128
Capital Expenditure:-		
Payments to Acquire Tangible Fixed Assets	(5,178)	(3,373)
Receipts from Sale of Tangible Fixed Assets	7,191	3,569
Dividends Paid	(1,588)	(1,674)
Financing:-		
Public Dividend Capital Received	3,000	7,736
Public Dividend Capital Repaid (Not Previously Accrued)	(3,810)	(7,500)
Other Capital Receipts	35	0
Increase in Cash	10	5

Our Finances

Charitable Funds

Funds are used for the purchase of equipment and the provision of amenities for both patients and staff, in accordance with the wishes of the donors. A full set of Accounts relating to Charitable Funds is available from the Director of Finance at the address on the back of this report.

Pension Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General

Practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Statement of Internal Control

The Trust Board is required to prepare each year a statement of internal control which sets out the scope of our accountability, the

control framework that is in place in the organisation and which identifies any gaps in control that may have been identified. The complete statement is available in the full set of annual accounts which can be obtained on request from:

Mr Charles Brown,
Assistant Director of Finance,
Airedale NHS Trust,
Airedale General Hospital,
Skipton Road,
Steeton,
Keighley,
West Yorkshire,
BD20 6TD.

Remuneration Report

1 Introduction

Section 234B and Schedule 7A of the Companies Act, as interpreted for the public sector, require NHS bodies to prepare a Remuneration Report containing information about the remuneration of directors. In the NHS, the report will cover those senior managers "having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

2 Membership of the Remuneration Committee

The Remuneration Committee comprises the Trust Chairman and three Non-Executive directors. The Non-Executive director who chairs the Audit Committee does not attend in order to ensure separation of duties.

The Chief Executive is in attendance (except when his own terms and conditions are considered).

The role of the committee is as follows-

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

higher paid employees (defined as above).

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

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

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

- Assessment of overall pay market position and competitiveness.
- Salary determination based upon individual job size.
- Fixed salaries with no automatic incremental progression.
- The basis for decisions of salary determination.
- The determination of an overall pay and reward package.

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

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

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

The Remuneration Committee reviews

appropriate levels of pay for the Chief Executive and higher paid employees. In line with best employment practice, where performance should be assessed by the line manager, the Chief Executive conducts the performance assessments for the directors. The Chairman assesses the performance of the Chief Executive. Assessments are conducted using established Trust appraisal and personal development planning processes.

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

Please refer to paragraph 4.

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

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

Under NHS guidance, permission needs to be obtained from each individual to disclose contractual notice periods. Permission has not been granted for this disclosure.

Termination payments are made on the basis of the Contract of Employment.

7 Details of service contracts for each senior manager who has served during 2005/2006

Please refer to paragraph 6.

8 Significant awards made to past senior managers during 2005/2006

All payments are disclosed in the table on page 30.

9 Salary and pension entitlements of senior managers for 2005/2006

See table on page 31.

Our Finances

Salaries and Allowances

Name and Title	2005-06			2004-05		
	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100
Mr Zafar Ali - Non Exec Director	5-9	0	0	5-9	0	0
Mr Robert Allen - Chief Executive	0	0	0	55-59	0	0
Mr Adam Cairns - Chief Executive	60-64	0	0	0	0	0
Mr Jeff Colclough - Non-Executive Director	0-4	0	0	0	0	0
Mrs Janet Crouch - Acting Chief Executive	45-49	0	0	85-90	0	0
Mr Doug Farrow - Director of Planning and Performance	50-54	0	0	40-45	0	0
Miss Bridget Fletcher - Director of Nursing	30-34	0	0	0	0	0
Mrs Kim Gay - Interim Director of Finance	30-34	0	0	0	0	0
Mrs Hazel Goulden - Non Exec Director	0-4	0	0	5-9	0	0
Mr Ian Hargreaves - Acting Director of Finance, Information & Supplies	30-34	0	0	25-30	0	0
Mrs Melanie Hornett - Director of Nursing and Quality	15-19	0	0	60-64	0	0
Mrs Sally Houghton - Non-Executive Director	0-4	0	0	0	0	0
Professor Brian Jewell - Chairman	10-14	0	0	15-19	0	0
Mr Colin Millar - Chairman	5-9	0	0	0	0	0
Mr Roger Pollard - Director of Human Resources	65-69	0	0	65-69	0	0
Dr Richard Pope - Medical Director	15-20	125-129	0	15-20	120-124	0
Mr Alan Sutton - Non Exec Director	5-9	0	0	5-9	0	0
Mr Jeremy Whaley - Vice Chairman	5-9	0	0	5-9	0	0

Mr Robert Allen remained on secondment at the Department of Health until 2 September 2005. At this point he retired.

Mrs Janet Crouch remained as Acting Chief Executive until 14 August 2005, whereupon she reverted to her permanent position of Deputy Chief Executive & Director of Finance, Information & Supplies.

On 22 August 2005, she left on secondment to the Department of Health, where she remained for the rest of the financial year.

Mr Adam Cairns became Chief Executive on 15 August 2005.

Mr Ian Hargreaves role of Acting Director of Finance, Information and Supplies came to an end on 3 October 2005.

Mrs Kim Gay took up the position of Interim Director of Finance (4 days a week) on 3 October 2005.

Mr Doug Farrow retired from the position of Director of Planning & Performance on 31 March 2006.

Mrs Melanie Hornett left the position of Director of Nursing & Patient Services on 1 July 2005.

Miss Bridget Fletcher became Director of Nursing on 3 October 2005.

Mrs Hazel Goulden's term of office as Non-Executive Director came to an end on 30 November 2005.

Professor Brian Jewell retired as Chairman on 30 November 2005. He was replaced by Mr Colin Millar, who took up his post on 1 December 2005.

Mr Jeff Colclough and Mrs Sally Houghton were appointed as Non-Executive Directors, and took up their posts on 1 February 2006.

Pension Benefits

Pension Benefits of senior managers

Name and title	Real increase in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2005	Cash Equivalent Transfer Value at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2005	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100
Mr Adam Cairns - Chief Executive	N/A	105-109	342	N/A	N/A	0
Mrs Janet Crouch - Acting Chief Executive	7.5-10	130-134	483	452	31	0
Mr Doug Farrow - Director of Planning and Performance	N/A	N/A	N/A	397	N/A	0
Mrs Kim Gay - Interim Director of Finance	N/A	110-114	386	N/A	N/A	0
Mr Ian Hargreaves - Acting Director of Finance Information & Supplies	0-2.5	40-44	126	116	10	0
Mrs Melanie Hornett - Director of Nursing & Quality	15-17.5	75-79	269	175	94	0
Miss Bridget Fletcher - Director of Nursing	N/A	90-94	314	N/A	N/A	0
Mr Roger Pollard - Director of Human Resources	5-7.5	100-104	434	404	30	0
Dr Richard Pope - Medical Director	20-22.5	120-124	446	372	74	0

Real increase in pension and related lump sum at age 60 are not available in respect of the following individuals for the following reasons:-

Mr Adam Cairns did not take up his position of Chief Executive until 15 August 2005.

Mr Doug Farrow retired from his position of Director of Planning and Performance on 31 March 2006.

Mrs Kim Gay did not take up her position of Interim Director of Finance until 3 October 2005.

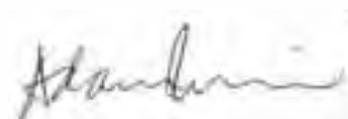
Miss Bridget Fletcher did not take up her position of Director of Nursing until 3 October 2005.

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

Mrs Melanie Hornett left her position of Director of Nursing & Quality on 1 July 2005, of the Real Increase in Cash Equivalent Transfer Value of £94k, £24k relates to her time at the Trust.

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.



Adam Cairns
Chief Executive



If you need a copy of this report in other languages, larger print or other formats please contact Trust Headquarters, Airedale NHS Trust, Airedale General Hospital, Skipton Road, Steeton, Keighley, West Yorkshire, BD20 6TD, Telephone 01535 294803.