



Putting **you** in the picture

Annual Report & Accounts 2001/2002

ANNUAL REPORT

Putting **you** in the picture
Annual Report & Accounts 2001-2002

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chairman's introduction



Professor Brian R Jewell
Chairman

2001/02 was the Airedale NHS Trust's last year as a 'whole district' trust. For ten years this Trust provided acute hospital services, community services and mental health services to the people of Airedale and Craven, but that model of integrated health care has been abandoned by the present Government in favour of one where the balance has been shifted to primary care for the provision of community services and to specialist mental health trusts for the provision of mental health services.

A key date in the implementation of the Government's NHS Plan was 1 April 2002, which was a watershed for the entire NHS. There were major changes at every level in its organisational structure, and what has happened to the Airedale NHS Trust has to be seen in that context. However, for those of us with responsibility for presiding over these changes locally, they were painful. Transferring our community services to the Airedale Primary Care Trust, and our mental health services to the Bradford District Care Trust, leaving the Airedale NHS Trust solely as a provider of acute hospital services, meant the fragmentation of integrated services that had been built up and perfected over a period of ten years.

The population and catchment area served by the Airedale NHS Trust has some special features, and the Trust Board was not convinced that the residents of Airedale, and more particularly those of Craven, would be better served by the proposed new arrangements. We fought hard to preserve the closest possible links between Craven and Airedale in the new configuration of primary care trusts, and the commissioning of acute hospital services for Craven has now been delegated to the Airedale PCT. We are hoping that this will allow Craven residents to continue to enjoy the excellent services we have been able to provide for them since Airedale hospital was built in 1970.

While the Trust Board grappled with the politics of NHS reconfiguration, the Trust staff got on with their job of providing health care of the highest quality for local people. I would like to draw attention to the following achievements over the past year:

- The Airedale NHS Trust has met every target it has been set in terms of financial management, reducing waiting lists, and managing winter pressures.

- It has emerged as a two-star Trust in the first exercise of this kind carried out by the Department of Health, which focused mainly on the quality of selected aspects of Trust management.
- The league tables produced by the 'Dr Foster' organisation are based upon clinical outcomes, as judged from the annual NHS statistical returns over a period of ten years, and Airedale General Hospital has again emerged as one of the best in the country, especially in view of its relatively low staffing levels.

In the first survey (2001) Airedale was seventh in the national league table, and it was the best performing trust in the Northern and Yorkshire Region. In the second survey (2002), it was seventh equal, sharing that position with a number of other high performing trusts.

During the year, the Trust was also reviewed by the Commission for Health Improvement. The report of its review team was generally very satisfactory, but we had expected to achieve better numerical scores than we were awarded. Despite our disappointment, we have responded positively to the points made in the CHI report by drawing up an action plan that is already providing a major stimulus for activities within the Trust to rectify weaknesses and to improve all aspects of clinical governance.

The Trust Board is confident that the Airedale NHS Trust has a secure future, working in close partnership with the Bradford Hospitals NHS Trust as a provider of acute hospital services for this part of West Yorkshire, and for the residents of Craven. That optimistic view of the future depends upon two things: the continuing loyalty, enthusiasm, and dedicated services of our staff, who have made the Trust such a success over the past ten years; and the development of strong partnerships within the local health economy, which the Trust Board will do its best to deliver.

Brian Jewell

Professor Brian R Jewell
Chairman



Towards a new future

The Trust Board's year has been dominated by the delivery of the NHS Plan, which has had a significant impact on the nature of Airedale NHS Trust.

- **Community Services**

On 1 October 2000, community services in the Bradford Metropolitan District part of our catchment area were transferred from Airedale NHS Trust to the Airedale Primary Care Trust. On 1 April 2002, the community services in the Craven District of our catchment area were transferred from Airedale NHS Trust to Airedale Primary Care Trust.

During the past year, Airedale NHS Trust contributed to the debate about the future configuration of Primary Care in Craven. The outcome saw the creation of the Craven, Harrogate and Rural District Primary Care Trust on 1 April 2002.

- **Mental Health**

The National Service Framework for Mental Health envisaged mental health services being provided by specialist NHS trusts and not, therefore, by integrated trusts such as Airedale. Local debate led to the proposal to create a Bradford District Care Trust to provide both health and social services for mentally ill people in the Bradford Metropolitan District, and health services (in partnership with Social Services) for the Craven District.

The Chief Executives of Airedale NHS Trust and Bradford Community Trust, together with the Director of Social Services for Bradford Metropolitan District co-project managed the proposal, which led to the creation of the Bradford District Care Trust (one of only four in the country) on 1 April 2002.

The mental illness services, therefore, transferred from Airedale NHS Trust to the new Care Trust on 1 April 2002.

- **Acute Services**

In the light of the changes taking place in the composition of Airedale NHS Trust, and of changes elsewhere in the country, the Boards of Airedale NHS Trust and Bradford Hospitals Trust agreed to commission jointly an external review of the management arrangements between the two trusts.

The outcome of the review was that there was no overriding reason to merge the two trusts in order to maintain the current quality of services in both trusts. The existing formal partnership between the two trusts, established in 1999, will continue.

Both Boards accepted the findings of the review in January 2002.

Maintaining Standards

Whilst stewarding the biggest shake-up of services in Airedale for a decade, the Trust Board remained mindful of 'the day job' and continued to provide, through our staff, the high standard of care our local population has come to expect from us. The Chairman's Introduction refers to the Trust's performance in meeting targets and achieving national recognition by external assessors.

Once again, the Trust Board extends its thanks and appreciation to our staff and partner organisations for another successful year.

Preparing for new role as provider of acute services

The Government policy document 'Shifting the Balance of Power' describes the vision of devolving influence and authority to patients and to staff in the frontline of health care delivery. The policy led to the disappearance of health authorities and the strengthening of the roles of primary care trusts from 1 April 2002.



Robert E Allen
Chief Executive



The fundamental role of Airedale NHS Trust as a provider of acute services is not changed by 'Shifting the Balance of Power'; but the Trust will be expected to be a partner with other primary and secondary care trusts in the development of clinical networks and care pathways.

In preparation for this role, Airedale NHS Trust changed fundamentally its management arrangements in October 2000 by the creation of Service Working Groups, which are multi-disciplinary and include primary care colleagues. The arrangements were described in last year's annual report and have proved to be successful in practice since then.

Our vision for the future includes the following principles:

- the patient is the centre of all our activity;
- our continuing belief that the patient's needs are best served by care that is integrated and by whole systems working;
- building partnerships around the patient's pathway and around clinical networks;
- engaging patients and all staff (not just doctors and nurses) in seeking whole systems' solutions in the improvement of patient care.

Robert E Allen
Chief Executive

The Airedale NHS Trust was created on 1 April 1992 to provide a comprehensive range of general health services, including acute services from the district general hospital, community services and mental illness services.

Services are provided for local people who live in an area extending from the fringes of Bradford in the south, to parts of the Yorkshire dales National Park in the north. The main centres of population are the towns of Keighley, Bingley and Ilkley in the Bradford Metropolitan District; Skipton, Settle and Grassington in the Craven District of North Yorkshire; and Barnoldswick, Earby and Colne in East Lancashire.

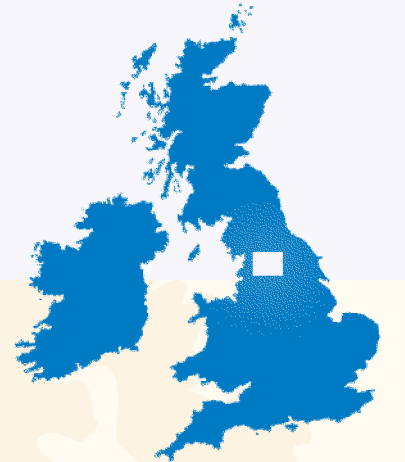
The ten year history of integrated care delivery and close partnership working has brought benefits to the quality care offered to patients by the 'whole system'. The following are amongst the key lessons of the past ten years, which will help to shape the future:

- there is a very strong local identity with the health services in Airedale, and the services are staffed almost exclusively from the community it serves. This has led to a very friendly and caring atmosphere, which is valued by our patients;
- there is a history of recruitment of high quality staff, whose work is recognised by external review;
- change is inevitable and necessary to ensure continuous improvement. The Government will not invest more funds in the NHS unless the NHS is willing to change and improve;
- it is vital that clinical staff are involved in managing the organisation as well as leading the delivery of care; the unusual geographic location of Airedale, and the experience of delivering integrated care, have highlighted the importance of working with other partners in health, local authorities and the voluntary sector. Strong links with the patients' advocates, such as the Community Health Council and with the Medical School, have also been vital to Airedale's success.



Airedale General Hospital

service locations
service locations
 service locations
 service locations



TRUST HEADQUARTERS

1 Airedale NHS Trust HQ
 Skipton Road, Steeton
 KEIGHLEY
 West Yorkshire BD20 6TD
 Tel: 01535 652511
 Fax: 01535 655129

HOSPITALS

1 Airedale General Hospital
 Skipton Road, Steeton
 KEIGHLEY
 West Yorkshire BD20 6TD
 Tel: 01535 652511
 Fax: 01535 655129

2 Skipton General Hospital
 Keighley Road
 SKIPTON
 North Yorkshire BD23 2RJ
 Tel: 01756 792233
 Fax: 01756 700485

3 Coronation Hospital
 Springs Lane
 ILKLEY
 West Yorkshire LS29 8TG
 Tel: 01943 609666
 Fax: 01943 816129

4 Castleberg Hospital
 Raines Road, Giggleswick
 SETTLE
 North Yorkshire BD24OBN
 Tel: 01729 823515
 Fax: 01729 823082

5 Bingley Hospital
 Fernbank Drive
 BINGLEY
 West Yorkshire BD16 4HD
 Tel: 01274 563438
 Fax: 01274 510565

HEALTH CENTRES

6 Bingley Health Centre
 23 Myrtle Place
 BINGLEY
 West Yorkshire BD16 2TL
 Tel: 01274 569131

7 Keighley Health Centre
 Oakworth Road
 KEIGHLEY
 West Yorkshire BD21 1SA
 Tel: 01535 606111

8 Settle Health Centre
 Townhead Surgeries
 SETTLE
 North Yorkshire BD24 9JB
 Tel: 01729 822205

LEARNING DISABILITIES

9 Community Learning Disabilities Team (Craven)
 Skipton General Hospital
 Keighley Road
 SKIPTON
 North Yorkshire BD23 2RJ
 Tel: 01756 798777

10 Community Learning Disabilities Team (Keighley)
 Acres House, Berry Lane
 KEIGHLEY
 West Yorkshire BD21 3DN
 Tel: 01535 609762

MENTAL HEALTH

11 Craven Centre for Community Mental Health
 42 Keighley Road
 SKIPTON
 North Yorkshire BD23 2NB
 Tel: 01756 700688

12 Ingrow Centre for Community Mental Health
 200 South Street
 KEIGHLEY
 West Yorkshire BD21 1BB
 Tel: 01535 665941

13 Airedale Child and Family Service
 Hillbrook, Mayfield Road
 Spring Gardens Lane
 KEIGHLEY
 West Yorkshire BD20 6LD
 Tel: 01535 661531

14 Bridge House Centre
 Bridge House, Bailey Hills Road
 BINGLEY
 West Yorkshire BD16 3DR
 Tel: 01274 772315

15 Drug and Alcohol Unit
 25-27 Henry Street
 KEIGHLEY
 West Yorkshire BD21 3DR
 Tel: 01535 210022

16 Moor Lane Centre
 Moor Lane, Burley-in-Wharfedale
 ILKLEY
 West Yorkshire LS29 7AJ
 Tel: 01943 862031
 Fax: 01943 864693



Indicates Airedale NHS Trust catchment area.



Numbers waiting - outpatients	at 30 03 01	at 31 03 02	Difference	%
General surgery	218	240	22	-
Urology	139	145	6	-
Orthopaedics	552	523	-29	-
Gynaecology	317	280	-37	-
Oral surgery	170	177	7	-
Ophthalmology	318	336	18	-
ENT	323	287	-36	-
Total (which represents achievement of target)	2037	1988	-49	-

NHS Plan standards - 'Your Guide to the NHS'

- Wait in Outpatients to see specialist
90% of patients should be seen within 30 minutes of their appointment time

Wait up to 30 mins	Wait 31 - 60 mins	Wait over 60 mins
172,892 patients 92.95%	11,558 patients 6.21%	1,561 patients 0.84%
- Emergency admissions
Patients should be admitted within 2 hours of the decision to admit

Wait up to 60 mins	Wait 1 - 2 hrs	Wait 2 - 4 hrs	Wait over 4 hrs
7,539 patients 98.36%	79 patients 1.03%	46 patients 0.60%	1 patient 0.01%
- Cancelled operations
Patients who have their operations cancelled for non-clinical reasons should be admitted and operated on within one month of cancellation

Cancelled	Not admitted within one month
103 patients	0

Complaints

During the year, 220 formal complaints were received and of these, 216 were resolved by the Trust. Each complainant receives a response from the Chief Executive, and many complainants are offered the opportunity to meet with the Chief Executive and senior clinicians. When it is appropriate, home visits are made. Occasionally, focus groups are established where trends in complaints are identified and remedial action is taken.

Amongst the 220 complaints there were 16 requests for an Independent Review - of these 12 were referred back for local resolution, 3 were refused and one panel was convened. Of the total complaints received, 41.25% were resolved within 20 working days, and 99.5% were resolved within 13 weeks. One complaint took a longer time to resolve as the Trust sought external medical advice.

Changes made as a result of complaints include:

- Managers and clinicians worked with a patient's relative to discuss areas of concern around the cancer patient's journey. As a result, improvements were made in communication, patient information and management of ward rounds. The relative also made a contribution to the policy on DNAR (do not attempt to resuscitate).

Activity Data

Patient treatment activity

	1998/99	1999/00	2000/01	2001/02
Inpatients	25,673	25,687	25,708	25,814
Day cases	17,146	18,463	19,672	18,525
Outpatient attendances	104,968	106,785	106,386	108,097 ¹
Day care attendances	16,147	15,575	15,192	9,026 ²
Accident/emergency attendances	46,685	49,331	47,175	46,731

¹ Now includes orthoptist and optometry attendances

² Reduction due to changes in the way mental health services delivered

Waiting list performance

Numbers waiting - inpatients	at 30 03 01	at 31 03 02	Difference	%
General surgery	297	411	+114	38
Urology	152	261	+109	72
Orthopaedics	957	866	-91	-10
Gynaecology	379	472	+93	25
Oral surgery	96	89	-7	-7
Ophthalmology	213	251	+38	18
ENT	113	103	-10	-9
Total (which represents achievement of target)	2207	2453	246	11

Twelve month waiters	0	0
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Staff of the Day Surgery Unit



- Improved access to toilets for the disabled.
- Resources were targeted to radiology to reduce the waiting time for MRI scans.
- Outpatient letters were improved.

Modernisation Progress

The NHS Plan is a ten-year programme of improvement in standards for patients. The drive to reduce waiting lists and waiting times is part of that programme. Last year, the Trust created the post of Director of Patient Access to lead the implementation of new ideas to streamline the care pathways for patients.

Initiatives during the year included:

- National Booked Admissions Project - more patients are benefiting from bookable appointments for diagnostic tests and surgery.
- 'Action On' Programmes identify ways of making services more convenient for patients. Improvements have been made in ophthalmology, dermatology and orthopaedics.
- The Orthopaedic Collaborative helps staff to provide more detailed information to patients, reduce delay for operations, improve outcomes, and identify why patients cancel their operations.
- The Cancer Services Collaborative has: ensured that patients with suspected cancer see a consultant within two weeks; enabled patients to plan their care; stimulated the creation of 'one stop shops' where patients attend for same day investigations; reduced the wait from referral to treatment.
- The Partial Booking System has reduced waiting times for first outpatient appointments by inviting patients to arrange an appointment at a mutually agreed time.

Clinical Governance

- 1 Page XX of this annual report describes the work of the Trust Board and sets out the composition of the Clinical Governance Subcommittee of the Board. The Board is working to the requirements of HSC(1999)065 'Clinical Governance in the new NHS'.
- 2 During the year, the Trust's arrangements were reviewed by the Commission for Health Improvement, whose report was published in March 2002.

Areas for improvement were identified by the Commission, including:

- The service for patients who have had a heart attack needs to be developed urgently to ensure that timely medication is received.
- The Trust should ensure that the waiting times for MRI scans are significantly reduced.

The report also commended the Trust for its areas of notable practice, including:

- The Trust has trained emergency nurse practitioners in the A & E department, with the aim of reducing waiting times and offering a nurse-led service to those patients for whom this is suitable.
- The Trust has excellent facilities for worship.
- The Trust has developed a liaison service between the Trust and local care homes, which helps to reduce re-admissions.

The Commission noted that for both emergency and planned admissions, the Trust's mortality rates are significantly better than the England average.

- 3 Many new NICE guidelines have been issued this year and the process of implementation is underway, largely through the Drugs and Therapeutics Committee.
- 4 The Clinical Effectiveness Committee has brought us together with our purchasers to address the effectiveness issues and develop a programme of audit for the Trust.
- 5 During the course of the year the Trust reached CNST level 1, which indicates substantial progress in developing risk management, and this will be continued through the implementation of controls assurance and the corresponding risk performance targets.
- 6 Consultant appraisals were introduced this year, and are progressing to reach all established medical staff. In future this will form part of the process whereby doctors maintain their registration with the General Medical Council.
- 7 The new Workforce Confederation will be working with the Trust to develop plans for the recruitment, training, retention and development of staff.
- 8 A Research and Development Co-ordinator has been appointed to work across the Bradford health community to co-ordinate policy and develop the research ethos with all appropriate professional 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 high standards of health care are achieved.

Human Resources Strategy

The Trust's strategy for Human Resources is to ensure that the people who work in the NHS are able to make the best possible contribution, individually and collectively, to improve health and patient care. For example, during the year we:

- conducted a survey of our staff to see how they felt about working in the Trust;
- appointed nine extra medical staff to help reduce the working hours for doctors and improve services;
- appointed twenty-nine more staff to help reduce workload pressures on staff and improve services;
- ran the second of our 'Preparation for Health Care Careers' scheme, with Greenhead High School and Oakbank School, to encourage students from under-represented groups to apply for health care training or jobs;
- gained re-accreditation as an 'Investor in People' organisation (the national standard for employers that effectively invest in training and development) and maintained our 'Positive about the Disabled 'Two-Ticks' Award';
- worked in partnership with staff representatives to help establish the Bradford District Care Trust and transfer the Airedale NHS Trust, who were working within Mental Health and Learning Disabilities Services, to this new organisation;
- seconded four health care support workers to do nurse training at Bradford University;
- obtained funding to increase the number of children that the Trust's day nursery can take.

Improving Working Lives

Airedale NHS Trust is committed to improving the working lives of our staff. We:

- promote modern employment practices for a modern health service;
- understand that staff work best for patients when they can strike a healthy balance between work and other aspects of their life outside work;
- accept joint responsibility with staff to develop a range of working arrangements that balance the needs of patients and services with the needs of staff;
- value and support staff according to the contribution they make to patient care and meeting service needs;
- will try to provide personal and professional development and training opportunities that are accessible and open to all staff irrespective of their working patterns.

In recognition of how we support staff to balance their work and family life, the Trust became one of the first in the country to be accredited under the Improving Working Lives' standard (www.doh.gov.uk/iwl/) at what is known as the 'practice' stage.

Ronnie is now 68. He worked full-time as a ward manager, including weekends and unsociable hours. Using the Trust's flexible approach to retirement, Ronnie was able to move to a five day working week before retiring and coming back to help out the temporary nurse register. Ronnie says, "This was a good way for the Trust to retain my skills and experience whilst helping me to be well prepared for retirement."

Nina worked as a ward manager before she took a career break. A number of changes had occurred at work whilst she had been away. These changes prompted her to consider a career move into a new area of work - diabetes - which she had always thought she would enjoy. In discussion with her service manager, a move into this work was facilitated and her hours were reduced. Nina says, "I am really enjoying my new role, and have been able to expand the service offered. The changed hours help me to balance my work and personal circumstances."

Julie is an experienced medical secretary. Over the past few years she became concerned that the gradual deterioration in her mobility, caused by ill health, would mean having to leave work. Following investigation by Julie's consultant and office manager, the Trust found that they were able to obtain equipment at a heavily subsidised cost to assist Julie, and, with the agreement of other staff, arranged for the heavier work to be done by somebody else. "The staff I work with," says Julie, "are all very helpful and make me feel at ease when I need to ask for help. I know that without the help and support I have received I would not be able to continue doing a job I thoroughly enjoy."

Allison has worked at the Trust for fourteen years. After returning from her second period of maternity leave to her post as clinical pharmacy services manager, she found it hard to balance all her commitments: two children and elderly parents who she wanted to support even though she was not their immediate carer. At the same time, one of two job sharers left, so, in agreement with her manager, "We reconstructed the work.", says Alison. She reduced to four days and now job shares. As a result, the department was able to appoint another person. Alison is happy with this arrangement: "I can keep my life together and maintain my level of responsibility."

Equality statement

"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 intimidating behaviour that undermines this right is not acceptable. The Trust is committed to create a climate where individuals are confident to challenge all forms of harassment without fear or ridicule."

During the year the Trust has:

- increased the number of people employed by the Trust who are from the minority ethnic community to 6.2% of the workforce, compared with a local population mix of 3.7% (1991 census);
- recruited eighteen nurses from overseas (India) and provided a successful and comprehensive adaptation programme;
- increased by 28% the number of non-medical posts that people from the Black and Asian community applied for;
- offered training and support to staff in relation to harassment;
- promoted health care careers to local schools with a high number of Asian students, and run the second of the 'Preparation for Health Care Careers Scheme'. This is a local programme run over fourteen weeks whereby students shadow staff within the Trust and receive training designed to encourage them to consider health care careers;
- worked with local health partners and the job centre to increase the number of applicants from the disadvantaged sectors of our community;
- undertook a disability access audit, and commenced the first phase of improvements with particular emphasis on the provision of wheelchair accessible toilets;
- commenced consultation with staff and trade union representatives on the introduction of a new Equal Opportunities Policy.
- carried out a staff survey on equality of access to training and development;
- established the Trust's Vital Connection Steering Group to advise the Trust on what future action is required;
- worked with local health and social care partners through the Bradford Diversity Partnership to promote diversity and improve access to services.



C Roger Pollard
Director of Human Resources

Priorities for action next year are to:

- increase the range of jobs that people from the Black and Asian community apply for;
- improve access to buildings;
- provide aids such as induction loops to support the provision of services and employment to staff with a disability;
- continue the Positive Action Programmes such as 'Preparation for Health Care Careers';
- respond to the issues identified by the staff survey on equality of access to training and development;
- implement a revised policy on Equal Opportunities;
- prepare the Trust's Race Equality Scheme.

C Roger Pollard
Director of Human Resources



3 Physio Gym at Settle

Thanks to public donations a state of the art rehabilitation facility was opened at Settle Health Centre benefiting many patients from the area.



4 Better Hospital Food

A major programme was initiated at Airedale in response to the national campaign to improve hospital food.

Airedale's Chefs Phillip Bailey, Chris King and Joanne Leech



5 Support for A & E

Friends of Airedale and WRVS colleagues donating £14,000 equipment to the A & E department.

6 Radiology PFI Scheme

A Private Finance Initiative contract was signed with Siemens Healthcare Services to provide and manage X-Ray equipment at the Trust's hospitals and Keighley Healthcare.

John Hampson, Corporate Accountant; Karen Prosser, Business Development Executive, Siemens Healthcare Services; John Sutcliffe, Planning Manager Seated Bob Allen, Chief Executive; Graham Lewis, Managing Director Siemens Healthcare Services



7 Ward Refurbishment

Ward 14 reopened following a £500,000 refurbishment scheme to improve patient amenities and nurse station/reception area.

L to R back row; Mark Stebbings, Staff Nurse; Dawn Eaton, Health Care Support Worker; Anne Shirley, Sister; Christine Knowles, Auxillary Nurse; Christine Hodge, Staff Nurse. L to R front row; Heather Baldwin and Kathryn Milnes, Ward Clerks.



Large Hospitals	Town	Births/Midwife	Caesarean%	Epidural%
1= Airedale General Hospital	Keighley	22	22.3	34.1
1= North Tyneside General Hospital	North Shields	22	19.4	18.9
3 West Cumberland Hospital	Whitehaven	22.5	19.6	N/A
4 Hexham General Hospital	Hexham	24	21.6	40.5
5 Bishop Auckland General Hospital	Bishop Auckland	25	19.9	N/A
6 South Cleveland Hospital	Middlesbrough	25.3	23.7	42.5
7= South Tyneside District Hospital	South Shields	26	23.9	33.8
7= University Hospital of North Tees	Stockton-on-Tees	26	16.6	37.4
9= Darlington Memorial Hospital	Darlington	27	23.3	N/A
9= Hull Maternity Hospital	Hull	27	21.8	52.6

'The Best Hospitals in the Region' from The Sunday Times Magazine

Good Birth Guide

A study in July 2001 by the Independent Dr Fosters organisation showed Airedale to be joint first in the Northern and Yorkshire Region for maternity care.



1 International Visitors

A delegation from Slovenia visited Airedale to look at many aspects of our clinical services.

*International Visitors
Steve Tomlinson, Mr Paxton Dewar, Mr Gorlesk, Robert Allen and Mr Ferk.
Seated: Melvin Birks, Ms Brumen and Dr Pivec.*



2 Interpreters

Some of Interpreting and Translation team who provide a service both within the hospital and community.

Putting **you** in the picture
Annual Report & Accounts 2001-2002

Hospital	Town	Stars
The Royal London Hospital	London	★★★★★★★★
St Bartholomew's Hospital	London	★★★★★★★★
Freeman Hospital	Newcastle	★★★★★★★★
The Middlesex & UCH	London	★★★★★★★★
Royal Free Hospital	London	★★★★★★★★
St Mary's Hospital	London	★★★★★★★★
Airedale General Hospital	Keighley	★★★★★★★
Central Middlesex Hospital	London	★★★★★★★★
Friarage Hospital	Northallerton	★★★★★★★★
Guy's Hospital	London	★★★★★★★★
Leeds General Hospital	Leeds	★★★★★★★★
Northwick Park Hospital	Harrow	★★★★★★★★
St James's University Hospital	Leeds	★★★★★★★★
St Mary's Hospital	Portsmouth	★★★★★★★★
St Thomas' Hospital	London	★★★★★★★★
Weston General Hospital	Weston-super-Mare	★★★★★★★★

'NHS Hospital League Tables' from *The Mail on Sunday*

Good Hospital Guide

For the second year Airedale has been recognised by the Independent Dr Fosters organisation for the services it provides.



8 Cyber Café

Thanks to modernisation funding a Cyber Café was installed in the Staff Dining Room to facilitate access to the intranet/internet.

Sunjiv Sabherwal and Kam Ryatt from IT Services with Oliver Golledge (Supplies) and Melanie Dawson (Librarian)



9 Indian Nurses

17 nurses from Southern India joined the Trust as part of the Trust's recruitment of nurses.

10 Modern Matrons

Airedale's 'Modern Matrons' who provide nurse leadership and a contact point for carers and relatives

*L to R: Helen Knapman, Sue Cochrane, Chris Riley and Jane Fountain
Seated: Helen Barker and Kath Walsh*



The job of the Trust Board is to agree policy, monitor the delivery of that policy, to ensure the financial viability of the Trust, and ensure clinical quality in the Trust. The Board's work is regulated by its Standing Orders that govern: the proceedings of Board meetings; the way responsibilities are delegated; standards of business conduct; and contract procedure. Included in the Standing Orders are the Standing Financial Instructions, which detail the financial policies, responsibilities and procedures to be applied in the Trust.

Zafar Ali JP

Non-Executive Director; Board Member, Keighley College; Chairman NOTO NASHA (DRUG); Vice-Chairman, Keighley & District Victim Support; Patron, Urdu ADEB (Linguistic). Special interests: Racial equality, Personnel, Airedale User/Carer Council.

Robert E Allen MHSM DipHSM

Chief Executive

Janet A Crouch FCCA MHSM

Deputy Chief Executive/Director of Finance and Information

Doug Farrow BA MBA MHSM DipHSM

Director of Planning and Performance

Susan A Franks MA RGN RHV DipHSM

Director of Nursing and Quality

Dr Paul G R Godwin BSc MB ChB FRCPath

Medical Director

continued



L to R: Jeremy Whalley, Paul Godwin, Janet Crouch, Doug Farrow, Susan Franks, Brian Jewell, Hazel Goulden, Bob Allen and Zafar Ali

Hazel Goulden BSc

Non-Executive Director; Former University College Lecturer; CAB Volunteer Adviser.

Special interests: Clinical Sciences, Risk Management, Patient and Public Involvement, Policy and Planning, Performance Monitoring, Public Accountability.

Professor Brian R Jewell BSc PLD MB BS

Chairman

Vanessa E Moore BA

Non Executive Director (to November 2001); School Governor; Treasurer Residental Care Home. Special interests: Airedale User/Carer Council; Commercial Services; Mental Health; Women and Children's Health; Infection Control.

Isobel C Hall Smith BA DipASS CQSW (missing from above photo)

Non-Executive Director; Company Director. Special interests: Organisation Development, Personnel, Strategy and Policy, Infection Control.

Jeremy J Whaley MA CIPFA

Vice-Chairman; Freelance Housing Consultant. Special interests: Finance, National Service Framework for Older People.

The Trust Board meets monthly, and its meetings are held in public, with advance notice of meetings given in local newspapers. A representative of the Community Health Council and the Chairman of the staff-side of the Trust Staff Committee attend each Board meeting.

Subcommittees of the Trust Board ensure that the Trust complies with the principles of Corporate Governance, Clinical Governance and the Code of Practice on Openness. The subcommittees are: Audit, Clinical Governance and Remuneration.



Subcommittees of the Trust Board

Audit

Hazel Goulden

Vanessa Moore (to November 2001)

Isobel C Hall Smith

Jeremy J Whaley (in the Chair)

Remuneration

Professor Brian R Jewell (in the Chair)

Zafar Ali

Hazel Goulden

Isobel C Hall Smith

Mr Jeremy J Whaley

Clinical Governance

Mr Robert E Allen, (in the Chair)

Mrs Janet A Crouch, (as Chairman, Non-Clinical Risk Committee)

Mrs Susan A Franks, (as Chairman, Quality and Complaints Committee)

Dr Paul G R Godwin, (as lead clinician and Caldicott Guardian)

Mrs Hazel Goulden, (as Non-Executive Director representative)

Dr Mary Harrington, (as Director of Postgraduate Medical Education)

Dr Robert Kehoe (as Chairman, Clinical Effectiveness Committee)

Prof Peter A Taylor, (as Chair of Drugs and Therapeutics and Local Research Ethics Committee)

Complaints Convenors

Hazel Goulden

Vanessa E Moore (to November 2001)

Jeremy J Whaley

Editorial Board of 'Open Aire'

Hazel Goulden (in the Chair)

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Janet Crouch
Director of Finance

In last year's financial review, I reported that the Trust had relied heavily on non-recurrent resources to balance the books, and that was even more the case for 2001/02, with around £1.5m of additional income being made available from a variety of sources, including performance funding, enabling us to post a surplus of £27,000 for the year. This result fulfils the requirement for the Trust to break even, taking one year with another.

The Trust invested £4.7m in capital schemes during 2001/02, benefiting from additional government funding of £1.5m during the year to fund a new CT scanner, improvements in nursery accommodation, refurbishment of the labour ward and outpatients department, to name but a few. This investment is widely welcomed in Airedale, and will bring our equipment and premises up to the highest standards when complete. However, increases in capital investment on this scale, occurring during a financial year, make achievement of a 6% return on that investment very difficult. Our capital absorption rate for 2001/02 was just 4.5%.

Cash was, as usual in Airedale, very well managed throughout the year, and the External Finance Limit was adhered to and on target at the year end.

The Trust yet again delivered high quality services, within budget, and was able to make significant investment in infrastructure in line with the targets set in the NHS plan.

The organisation can be proud of its achievements.

J A Crouch
Janet Crouch

Director of Finance

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the NHS Executive. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as Accountable Officer.

Robert Allen

R E Allen
Chief Executive

Date: XXXXXXXXX

Summary Financial Statements 2001/02

The following Summary Financial Statements represent a summary of the information contained in the full accounts, copies of which are available free of charge by applying in writing to:

Janet Crouch, Director of Finance, Airedale NHS Trust
Skipton Road, Steeton, Keighley, West Yorkshire, BD20 6TD.
Telephone: 01535 294804.

The Trust's Financial Record	98/99 £'000	99/00 £'000	00/01 £'000	01/02 £'000
Turnover	73,210	80,442	80,162	87,658
Retained Surplus/(deficit)	29	(86)	10	27
Income & Expenditure Account	01/02 £'000	00/01 £'000	99/00 £'000	
Income	87,658	80,162	80,442	
Operating Expenses	(85,413)	(79,557)	(77,137)	
		605	3,305	
Profit(loss) on disposal of fixed assets	(120)	2,757	(163)	
Surplus(deficit) before interest	2,125	3,362	3,142	
Interest receivable	436	196	172	
Interest payable		0	(899)	
	2,561	3,558	2,415	
Public Dividend Capital, dividend paid	(2,534)	(3,448)	(2,501)	
Retained surplus (deficit) for the year	27	110	(86)	

Transfer to Primary Care Trust

On 1 October 2000 some of our Community Nursing Services, along with the relevant budgets, transferred to the management of the newly formed Airedale Primary Care Trust.

Auditors' Report 2001/02

Independent Auditors' Report to the Directors of Airedale NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages to and the (summary) directors' statement on internal financial control.

Respective responsibilities of Directors and Auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements and the (summary) directors' statements on internal financial control with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any mis-statements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The Auditors' statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements and the (summary) directors' statement on internal financial control are consistent with the statutory financial statements of the Trust for the year ended 31 March 2002 on which we have issued an unqualified opinion.



Paul Hartley

District Audit

Date XXXXXXXX
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Balance Sheet

at 31 March 2002

	31.3.02 £'000	31.3.01 £'000	
Fixed assets	54,603	52,394	
Current assets	6,286	20,022	
Current liabilities	(8,728)	(6,195)	
Total assets less current liabilities	52,161	66,221	
Creditors falling due after more than one year	0	0	
Provisions for liabilities and charges	(139)	(5,464)	
Total assets employed	52,022	60,757	
Financed by:			
Public Dividend Capital	52,394	62,251	
Revaluation reserve	2,184	1,032	
Donation reserve	35	86	
Realised donation reserve	0	0	
Other reserves	0	0	
Income & Expenditure reserve	(2,591)	(2,612)	
	52,022	60,757	
Statement of total recognised gains and losses			
Surplus (deficit) before dividend payments	2,561	3,558	
Fixed asset impairment losses	0	0	
Unrealised surplus on fixed asset re-evaluations/indexation	1,148	691	
Receipt of donated assets	20	0	
Depreciation of donated assets	(73)	(21)	
Prior period adjustment	0	(3,109)	
Total gains for the year	3,656	1,119	
Public Sector Payment Policy			
	Number	£'000	00/01
Total bills paid 2000/2001	35,209	22,698	21,634
Total bills paid within target	33,252	21,503	20,853
% of bills paid within target	94.44%	94.74%	96.39%

Cash Flow Statement

	01/02 £'000	00/01 £'000
Cash inflow from operating activities	10,870	(970)
Returns on Investment and Servicing of finance		
Interest received	431	188
Interest paid		
Capital Expenditure		
Payments to acquire tangible fixed assets	(4,225)	(4,164)
Receipts from sale of tangible fixed assets	5,953	3,884
Dividends paid	(2,534)	(3,448)
Net cash inflow(outflow) before management of liquid resources and financing	10,495	(4,510)
Financing		
Public Dividend Capital received		4,510
Public Dividend Capital repaid	(10,495)	
Net increase/(decrease) in cash	0	0
Staff Costs		
Salaries and wages	51,139	49,521
Social Security costs	3,782	3,741
Pensions costs	3,327	2,324
Other Pension costs	124	140
Agency staff	687	496
	59,059	56,222

Management costs

Management costs for the year totalled £3.943m, which is 4.5% of total income. This compares with £3.905M in 2000/01. The Trust complied with the Secretary of State's instructions on NHS managers' pay increases. The uplift on pay scales was limited to 3.70%.

Charitable funds

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

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

Directors' remuneration

The remuneration of the Chairman, Chief Executive, and (where the Chief Executive is not the highest paid director) highest paid director are as follows:

	Remuneration as director £000	Other remuneration £000	Total £000	1999/00 £000
Chairman				
basic remuneration	19	0	19	20
benefits	0	0	0	0
	<u>19</u>	<u>0</u>	<u>19</u>	<u>20</u>
Chief Executive				
basic salary	91	0	91	85
performance related bonuses	0	0	0	0
	<u>91</u>	<u>0</u>	<u>91</u>	<u>85</u>
Subtotal	4	0	4	3
Pension contribution				
	<u>95</u>	<u>0</u>	<u>95</u>	<u>88</u>
Highest paid director¹				
basic salary	0	0	0	0
benefits	0	0	0	0
performance related bonuses	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Subtotal	0	0	0	0
Pension contribution	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

¹ Where Chief Executive is not the highest paid member. During 2000/01, the Chief Executive was the highest paid member.

	Number	£000	1999/00 Number	1999/00 £000
Directors' remuneration waived	0	0	0	0
Allowances paid in lieu of remuneration	0	0	0	0

Directors' remuneration

(excluding pension contribution) fell within the following ranges:

	Number	1999/00 £000
£0 - £5,000	1	2
£5,001 - £10,000	4	4
£10,001 - £15,000	0	0
£15,001 - £20,000	1	1
£20,001 - £25,000	0	0
£25,001 - £30,000	0	0
£30,001 - £35,000	0	0
£35,001 - £40,000	0	0
£40,001 - £45,000	0	0
£45,001 - £50,000	0	0
£50,001 - £55,000	0	1
£55,001 - £60,000	1	1
£60,001 - £65,000	1	1
£65,001 - £70,000	0	1
£70,001 - £75,000	1	1
£75,001 - £80,000	0	1
£80,001 - £85,000	0	0
£85,001 - £90,000	0	0
£90,001 - £95,000	2	1
£95,001 - £100,000	0	0
	<u>11</u>	<u>12</u>

	Remuneration as Director £000	Other Remuneration £000	Total £000	2000/01 £000
Directors' remuneration				
Non-executive directors' remuneration	45	0	45	45
Executive directors' remuneration				
basic salaries	304	79	383	356
benefits	1	0	1	0
bonus	0	0	0	0
pension contributions paid	21	5	26	16
	<u>326</u>	<u>84</u>	<u>410</u>	<u>372</u>
Compensation for loss of office	0	0	0	0
Pensions for directors and former directors	0	0	0	0
	<u>371</u>	<u>84</u>	<u>455</u>	<u>417</u>

Internal Financial Control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can, therefore, only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management (Risk Management System standard for 2001/02).

I plan to have the necessary procedures in place by the beginning of the financial year 2003/04 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year it is planned to:

- introduce risk awareness training for key staff
- participate in benchmarking, etc.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

Signed Robert Allen Chief Executive Officer

Date XXXXXXXXXX

(on behalf of the board)

Comments & Suggestions

If you wish to comment on the services we provide or the quality of care you have received, you should write to:

Robert E Allen
Chief Executive
Airedale NHS Trust
Airedale General Hospital
Skipton Road
Steeton
KEIGHLEY
West Yorkshire
BD20 6TD

If you require independent advice about the provision of healthcare in Airedale, please contact:

John D Godward JP
Chief Officer
Airedale CHC
Cedar House
Aire Valley Business Centre
Lawkholme Lane
KEIGHLEY
West Yorkshire
BD21 3DD

Airedale NHS Trust Headquarters

Airedale General Hospital
Skipton Road
Steeton
KEIGHLEY
West Yorkshire
BD20 6TD
Telephone: 01535 652511
Fax: 01535 655129



