



'QUALITY SHINING THROUGH'

Airedale NHS Trust Annual Report, 2003-2004





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## CHAIRMAN'S PERSPECTIVE

2003/04 was a frustrating year for the Airedale NHS Trust.

On the plus side, we continued to provide healthcare of the highest quality for our local population. This was recognised by the award of three stars - the highest available score - in the national NHS performance ratings in July 2003 (based upon 2002/03 performance) and by outstanding attainments in the latest survey of NHS Trusts carried out by 'Dr Foster', an independent health research organisation, which looks particularly at the quality of services provided. Airedale has retained its position as the best performing Trust in the Northern & Yorkshire region, it was again in the top ten nationally, and it was the best in the country in terms of patient satisfaction. And all this was achieved with clinical staffing levels (doctors and nurses) that are amongst the lowest in the country.

On the minus side, the Trust failed to achieve financial balance in 2003/04. This came as no surprise to the Trust Board because we have had an underlying recurrent deficit for the last few years. In 2003/04, this underlying problem could no longer be camouflaged by cobbling together all available non-recurrent funds and the Trust's true financial situation has now been revealed.

Our financial plight is the reason for the great sense of frustration felt by the Trust Board because it reflects an intricate mixture of two things:

### **1. Failure by the Airedale health economy to control the balance between supply and demand for secondary care.**

Government policy is that more healthcare should be provided in primary care and community settings and less in acute hospitals. The problem for our local health economy is that the improvements which the PCTs are making in primary and community care did not result in significant reductions in the demand for secondary care in 2003/04. This demand exceeded what they could afford and during the year it became clear that the Airedale NHS Trust was heading for a serious year-end deficit. In the last three months of the year, in an attempt to contain our over-expenditure, we were asked by the Airedale PCT to stop carrying out non-urgent work, much to the consternation of our clinical staff, whose *raison d'être* is to treat patients.





**2. Over-eagerness on the part of the Airedale NHS Trust to provide secondary care of the highest quality for our patients.**

Our 'failing' as an NHS Trust has been that we have provided higher quality healthcare, and more of it, than the PCTs can afford to fund. In plain housekeeping terms, we are living beyond our means, and this situation has to be brought under control. The PCTs have the difficult job of finding ways of reducing the demand for acute hospital services to a level that they can afford to commission, and at Airedale we shall be looking for ways to reduce costs across the board, but particularly in those areas where national cost comparisons show we are relatively expensive (mainly care of the elderly, chemotherapy, and outpatient services). In every area of the organisation, we shall be encouraging innovation in finding new and more efficient ways of providing clinical and support services.

We are blessed with staff whose dedication to patient care is second to none, and I am delighted that this was recognised in the Dr Foster survey, which showed Airedale to have the highest level of patient satisfaction in the entire country. Their pride in a job well done is of inestimable value to the Trust Board in its continual drive to improve services and I know we can count upon them to tackle the problems we face in 2004/05 to reduce our costs without reducing significantly the quality of the care we provide.

*Brian Jewell*

**Professor Brian Jewell**  
Chairman





## C H I E F   E X E C U T I V E ' S   O V E R V I E W

This annual report reflects the volume and quality of patient services delivered during the year. At the same time, the Trust has been busy preparing new foundations for the future through closer involvement of our own staff, our partner organisations and, most important of all, the local population.

In 2003, the Trust was invited by the Government to prepare an application for NHS Foundation Trust status. The principal idea behind this is that an NHS Foundation Trust would remain part of the National Health Service; but would be subject to much more local control and much less central control than before.

The local population in Airedale identifies very strongly with the Trust, and, indeed, the 'Dr Foster' survey showed that the Trust has the highest level of patient satisfaction in the whole of England.

The benefits of becoming an NHS Foundation Trust are seen to include:

- involving the local public more in decisions about the future of the Trust;
- having a better balance between local and national priorities, informed by what local people want;
- using the greater financial freedoms given to NHS Foundation Trusts to improve healthcare provision;
- earlier achievement of NHS Plan targets;
- building on the current high levels of patient satisfaction to develop services to a wider catchment area.

A public consultation programme - 'Your Chance to be Involved' - was held between February and May 2004. The programme invited the public to comment on the idea of Airedale becoming an NHS Foundation Trust, and it invited individual members of the public to register an interest in becoming a member. Foundation members would receive regular information about the Trust, and would be able to elect members to a new Board of Governors for the NHS Foundation Trust.

The result of the consultation was support for the idea, and the Trust made a formal application for NHS Foundation status in June 2004. The application contained details of the Trust's financial plans, a human resources' strategy, governance proposals, and proposals for service developments. The final decision as to when Airedale may become an NHS Foundation Trust rests with the Independent Regulator.



In the NHS Performance Ratings for 2003/04 the Trust achieved eight of the nine key targets and was awarded two stars which confirms that the Trust is performing well overall. The Trust was rated in the highest performing bands for both clinical and patient focus which confirms the recent findings of the independent 'Dr Foster' review which places the Trust in the top ten nationally for patient care.

The Trust spends its income on patient care; but the Performance Ratings have highlighted the financial challenges faced by the Trust. We are working with our partners to resolve the financial issues. One initiative will be a programme called the 'Sustainable Services' review which will consider new models of care for patients in these broad areas: chronic disease management; cancer; children's services; emergency care; older people's services.

Finally, there were two changes amongst the executive director membership of the Trust Board during the year. Mrs Susan Franks left the Trust after eight years as Director of Nursing to take up the role of Executive Nurse at Swansea NHS Trust. Dr Paul Godwin completed a seven year reign as Medical Director and has returned full-time to his job as Consultant Microbiologist and his new role as Director of Infection Prevention and Control. I thank them both for their outstanding contributions to Airedale's success.

We have welcomed Mrs Melanie Hornett as our new Director of Nursing (she was previously Deputy Director of Nursing at the Leeds Teaching Hospitals NHS Trust), and Dr Richard Pope, Consultant Physician, as our new Medical Director (he was previously the Chairman of our Emergency Services Working Group).

**Robert E Allen**  
Chief Executive



*NHS Foundation  
Project Manager  
Liz Calvert*

*Communications Manager  
Fiona Page*





## T R U S T   P R O F I L E

### People we serve

Airedale NHS Trust provides acute and specialist outreach services 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.

### Vision and values

Our future development will be influenced by a wide range of factors including patients, carers, staff, partner organisations, the Government and the Department of Health, Members of Parliament and Local Councils. We will be accountable publicly for our activities.

The following principles will underpin our activities:

- services will be designed around the needs of the patient
- patients' needs are best served by care that is integrated and by whole systems working
- partnerships will be built around the patient's pathway (usually the local link between primary and secondary care) and clinical networks (usually a wider range of providers of specialist care)
- engaging patients, carers and all staff (not just doctors and nurses) in seeking whole system solutions to improve patient care
- recruiting and retaining high quality staff



## 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  
*(site owned by APCT)*
- 4 Castleberg Hospital**  
Raines Road, Giggleswick  
SETTLE  
North Yorkshire, BD24 0BN  
Tel: 01729 823515  
Fax: 01729 823082  
*(site owned by CHARD PCT)*
- 5 Bingley Hospital**  
Fernbank Drive  
BINGLEY  
West Yorkshire, BD16 4HD  
Tel: 01274 563438  
Fax: 01274 510565  
*(site owned by APCT)*

indicates Airedale NHS Trust catchment area





- 1 Airedale commenced a major capital scheme to provide new Residential Accommodation for its staff.
- 2 Airedale participated in the Department of Health's second-hand smoke campaign with all babies born during December receiving new bibs with the campaign message.

- 3 Lorna Wenham, one of Airedale's nursing staff on the Children's Ward
- 4 The Friends of Airedale take delivery of their new minibus which is equipped with tail lift and special ramp to aid patients in wheelchairs (photo courtesy - Keighley News)
- 5 Rachel Binks, Nurse Consultant, caring for one of our Patients

## S E R V I C E D E V E L O P M E N T & I M P R O V E M E N T

### The Trust's Role in the Healthcare Economy

Following the creation of Airedale Primary Care Trust, Craven, Harrogate and Rural District PCT and Bradford District Care Trust, Airedale NHS consolidated its role as the provider of acute care and outreach services for the local population. As part of the change in role, Airedale NHS Trust handed over to Airedale PCT, Bingley Hospital and Ilkley Coronation Hospital. However, Airedale NHS Trust continues to provide services from these locations and continues to work with its partners to ensure that acute care is integrated with services provided by the PCTs and Bradford District Care Trust.

### Implementing the NHS plan

The Trust continues to implement the NHS Plan and the priorities of Access, Cancer, Coronary Heart Disease and Older People. The most significant service development was the opening of the refurbished Ward 5 as a Stroke Unit. Linked to the Stroke Unit opening was the closure of the Physical Rehabilitation Unit at Skipton General Hospital. Eight of the beds on Ward 5 are now designated for Physical Rehabilitation.

Capital Schemes to continue the modernisation of Airedale General Hospital and support the aims and objectives of the NHS Plan have also progressed. These include:

- the refurbishment of the Radiology department to complement the new equipment provided through a public and private partnership with Siemens
- new accommodation for Haematology and Oncology day patients
- completion of the Sarah McKie Room, a facility to support multi-disciplinary working in cancer which includes video conferencing facilities
- the upgrading of Ward 5 to provide a modern Stroke Unit
- new offices for Social Services staff
- a new Audiology Department to facilitate the introduction of digital hearing aids
- commencement of a scheme to provide new accommodation for Paediatric outpatients and assessment
- commencement of a new building to provide residential accommodation for staff  
This scheme is provided through a Public and Private Partnership with Frontis

## Patient Activity 2003/2004

Patient Treatment Activity	2000/2001 <sup>*1</sup>	2001/2002 <sup>*1</sup>	2002/2003 <sup>*2</sup>	2003/2004 <sup>*2</sup>
Finished Consultant Episodes				
Inpatients	25,708	25,814	25,133	25,539
Daycases	19,672	18,525	19,691	19,540
<b>Total</b>	<b>45,380</b>	<b>44,339</b>	<b>44,824</b>	<b>45,079</b>

<sup>\*1</sup> (excludes Private Patients and Well Babies and Obstetrics patients staying less than 1 day are shown as daycases)

<sup>\*2</sup> (excludes Private Patients, Well Babies, Mental Health and Obstetrics patients staying less than 1 day are shown as daycases)

Outpatient Attendances	2000/2001	2001/2002 <sup>*1</sup>	2002/2003 <sup>*2</sup>	2003/2004 <sup>*2</sup>
New	28,989	28,768	28,318	28,504
Review	77,397	79,329	77,377	82,259
<b>Total</b>	<b>106,386</b>	<b>108,097</b>	<b>105,695</b>	<b>110,763</b>

<sup>\*1</sup> Now includes orthoptist and optometry attendances

<sup>\*2</sup> Now includes orthoptist and optometry attendances, excludes Mental Health attendances

Day Care Attendances	2000/2001	2001/2002 <sup>*</sup>	2002/2003 <sup>*</sup>	2003/2004 <sup>*2</sup>
Hospital Based Care	15,192	9,026	5,046	2,316

<sup>\*</sup> Reduction due to changes in the way mental health services delivered

Accident & Emergency Attendances	2000/2001	2001/2002	2002/2003	2003/2004
New	42,503	43,302	43,688	44,543
Review	4,672	4,599	4,553	3,924
<b>Total</b>	<b>47,175</b>	<b>47,901</b>	<b>48,241</b>	<b>48,467</b>

## Waiting Lists and Times

### Inpatients

A major aspect of the national plan is improving access times for patients. Historically, Airedale has always highly achieved and was continuing to make good progress in 2003/4, until we were asked to slow down treatment by Airedale Primary Care Trust which was unable to fund the numbers of patients we were projecting to treat at year end. Consequently, there was a dramatic rise in the numbers of patients waiting in the second half of the year. At the halfway point in the year numbers waiting had fallen to 1,809, but by the end of the year they had risen to 2,797. Despite this rise in numbers the Trust was successful in ensuring at year end that no individual patient had waited more than nine months. The following table shows the end of year position compared with the previous year:





	Total number patients waiting at 31/03/03	Patients waiting 9 months + at 31/03/03	Total number patients waiting at 31/03/04	Total patients waiting 9 months + at 31/03/04
General Surgery	258	0	530	0
Urology	177	0	189	0
Orthopaedics	787	0	1031	0
Gynaecology	350	0	440	0
Oral Surgery	142	0	118	0
Ophthalmology	144	0	246	0
ENT	56	0	89	0
Angiography	-	-	154	0
<b>Total</b>	<b>1,914</b>	<b>0</b>	<b>2,797</b>	<b>0</b>

### Outpatients

At the end of the year only 22 patients were waiting more than 13 weeks to see a specialist and none of these waited for more than 17 weeks. The following table shows the end of year position compared with the previous year:

	Total Waiting at 31/03/03	Number Waiting over 13 Weeks at 31/03/03	Total Number Waiting 2003/4 at 31/03/04	Number Waiting over 13 Weeks at 31/03/04
General Surgery	322	0	209	0
Urology	58	0	147	0
Orthopaedics	587	0	577	2
Gynaecology	250	0	227	3
Oral Surgery	173	0	123	0
Ophthalmology	263	0	255	2
ENT	304	0	444	11
Plastic Surgery	53	0	47	1
Cardiology	75	0	17	0
Clinical Haematology	12	0	12	0
Dermatology	31	0	8	0
Elderly Medicine	9	0	16	0
Gastroenterology	67	0	0	0
General Medicine	126	0	301	3
Neurology	14	0	0	0
Nephrology	5	0	9	0
Oncology	1	0	0	0
Rheumatology	42	0	48	0
<b>Total</b>	<b>2,392</b>	<b>0</b>	<b>2,440</b>	<b>22</b>



## Other Significant Performance Targets

There are a number of other key performance targets linked to the National Plan priorities of Emergency Access, Cancer, Coronary Heart Disease and Older People. The Trust performance against those targets is listed below:

Target	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
% of patients attending A&E waiting four hours or less from arrival to admission discharge or transfer, target - 90%	96.7	95.2	97.2	96.9
% of patients admitted to hospital via A&E to be found a bed within four hours of decision to admit	100	100	100	100
% urgent cancer referrals to see a specialist within two weeks of GP requesting an appointment	100	100	100	100

Target	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
% of breast cancer patients receiving treatment within 31 days of diagnosis	100	100	100	96.6
% of breast cancer patients receiving treatment within 62 days of urgent GP referral	100	100	100	94.4
% of patients receiving thrombolysis within 20 minutes of hospital arrival	27	17.6	22.2	62.5
% increase in emergency admissions of patients over 75 target less than 2%	6.4	9.5	8.8	9.7
% of patients occupying an acute bed with a delayed discharge	1.9	2.4	1.3	0.8

## Dr Foster Good Hospital Guide

Dr Foster is an independent organisation giving objective, reliable and useful information about health services. For four years they have produced a Good Hospital Guide in which Airedale has always featured well. One key measure in judging hospitals is the level of mortality rates when compared with expected levels over a three-year period. In comparison with other Trusts in the Northern and Yorkshire Region, Airedale came out as the highest performing Trust on this measure, and in the top ten nationally.

Medical Director, **Richard Pope** (left), "The Dr Foster guide is regarded by healthcare professionals to be the most authoritative guide to quality in UK hospitals. We are therefore particularly pleased to see our mortality rates are the lowest in the Northern and Yorkshire region. We value the importance of delivering complex medical services locally wherever possible and will, by working closely with our colleagues in Primary Care, strive to achieve even more for people of our district in the future."





## How NHS Trusts compare

Ranked by mortality rate from low to high. Average index for Northern and Yorkshire region: 96	Mortality Index	Patient Satisfaction	Long Outpatient Waits
<b>1 Airedale</b>	<b>84</b>	<b>87%</b>	<b>17%</b>
2 Harrogate Healthcare	84	80%	0%
3 Leeds Teaching Hospitals	87	79%	26%
4 Newcastle Upon Tyne Hospitals	89	84%	15%
5 Bradford Teaching Hospitals	92	72%	13%
6 Calderdale and Huddersfield	94	80%	16%
7 Northumbria Healthcare	95	77%	13%
8 North Tees and Hartlepool	95	78%	14%
9= Scarborough & North East Yorkshire	97	80%	21%
9= York Hospitals	97	80%	20%
11 County Durham and Darlington Acute Hospitals	97	N/A	16%
12 Mid Yorkshire Hospitals	98	79%	22%
13 Hull and East Yorkshire Hospitals	99	75%	30%
14 North Cumbria Acute Hospitals	103	75%	23%
15 Gateshead Health	104	78%	3%
16 City Hospitals Sunderland	106	79%	0%
17 South Tyneside Healthcare	107	81%	10%
18 South Tees Hospitals	N/A	84%	23%

Ranking based on unrounded mortality figures.

A new measure introduced this year by Dr Foster was patient satisfaction. In this category, Airedale was the highest performing Trust in England.

## Trusts with the most satisfied patients

Survey of English NHS Trusts	Region	%
<b>1 Airedale</b>	<b>Northern and Yorkshire</b>	<b>87.3</b>
2 Taunton and Somerset	Southwest	85.4
3 West Dorset General Hospitals	Southwest	84.6
4 Northern Devon Healthcare	Southwest	84.4
5= The Newcastle Upon Tyne Hospitals	Northern and Yorkshire	84.1
5= South Tees Hospitals	Northern and Yorkshire	84.1
7 University College London Hospital	London	83.8
8 Royal Devon and Exeter Healthcare	Southwest	83.6
9 Royal Shrewsbury Hospitals*	West Midlands	83.5
10 Sheffield Teaching Hospitals	Trent	83.3

\*Now part of the Shrewsbury and Telford Hospital NHS Trust.





## LEARNING FROM PATIENTS

Across the Trust all staff continue to work within the framework of clinical governance to ensure safe and effective care and treatment for patients as well as seeking ways in which to improve services. This results in excellent care for our patients and high levels of staff satisfaction. Our clinical excellence has again been recognised in the Dr Foster guide where we have maintained a position in the top ten Trusts in the country.

The Trust continues to improve the quality of patient care through a programme of audits, quality investigations and measurements against the Clinical Indicators as well as participation in the national confidential enquiries. Integrated care pathways for fractured neck of femur and deep vein thrombosis have been completed and implemented and further development of care pathways is in progress. The use of the Essence of Care benchmarking approach to improving patient care has been particularly successful in terms of the partnership approach with patients and public representatives.

- **Support Services** [catering, cleaning, portering, administration and many others] have continued to provide a very high level of service ensuring essential aspects of the patients hospital stay are of an excellent standard.
- The organisation of **Research and Clinical Effectiveness** has undergone a major review leading to the establishment of the Research and Effectiveness Support Unit. All targets for Research Governance have been met and Airedale continues to recruit the highest proportion of cancer patients into clinical trials within Yorkshire.
- **Implementation of NICE guidance** is a significant initiative and work is under way within the unit and across Airedale and Craven Harrogate & Rural District PCTs to establish new reporting arrangements for the implementation of NICE guidelines.
- **Reporting of clinical incidents** has continued to improve, but there remains work to do around the types of incidents reported with both clinical and medical staff.
- The Trust has continued to make progress with **Controls Assurance Standards and CNST** and has been involved in a number of successful multi disciplinary root cause analysis investigations with other Trusts and PCTs where learning has been shared.
- **A clinical governance newsletter** 'Fresh Aire' has been developed and introduced so lessons learnt can be shared across the organisation.

### Managing Complaints

The Trust continues to regard formal complaints by patients and/or their relatives and next of kin as one of many indicative measures of the quality of care and service that we offer. The comprehensive investigation of each complaint enables service managers and clinicians to highlight potential problem areas that can be shared across the organisation.

Although the number of complaints has risen over the past twelve months, the Trust has been able to respond to 78% of them within the performance target of twenty working days. All complainants have received a written response to their concerns and in response to requests for further information or clarification, some complainants have met with the relevant clinicians and/or Executive Directors. The level and nature of complaints are discussed by the Trust's Complaints Review Group and complaints management is performance monitored by a sub-group of the Trust Board.





	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	TOTAL	Average
Number of complaints received	50	38	56	41	185	-
Local resolution (20 working days)	41	31	39	34	144	78%
Local resolution (less than 8 weeks)	47	37	51	40	178	95%
Local resolution (less than 13 weeks)	50	38	56	41	185	100%

## Service Trends and Improvements

- Complaints about waiting times for non-urgent MRI and CT scans resulted in additional funding from Primary Care Trusts for extra scanning sessions, which has significantly reduced waiting time.
- Concerns about the length of time that patients have been waiting on the wards for discharge medication has raised awareness among the ward teams, highlighted the need to communicate and inform patients how and why the delays occur, and improved liaison with Pharmacy staff to reduce waiting times.
- Relocation of the Phlebotomy (blood collecting) Service from Pathology to the Outpatients Department gave rise to a number of problems from patients attending the daily Warfarin Clinics. Whilst the administrative teething problems of the revised service have been largely overcome, there are still workload and accommodation issues to resolve.



Independent Review Process	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar	TOTAL
Requests for IRP	3	3	1	0	7
Requests refused	1	1	0	0	2
Requests granted	0	0	0	0	0
Referred back for local resolution	2	2	1	0	5
Decision in 20 working days	100%	100%	100%	100%	

## Patient Advice and Liaison Service (PALS)

The Patient Advice & Liaison Service focuses on improving the service to our patients.

### The service aims to:

- Advise and support patients, their families and carers
- Provide information on the Trust Services
- Listen to concerns, suggestions and queries

We complement existing good practice by supporting staff to address concerns quickly to find mutual solutions. We 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, we can also refer patients and families to specific local or national-based support agencies.

During the year, 404 people made contact with PALS; 166 people expressed a concern, there were 197 requests for information, and 123 people wanted to pass on a compliment. Many of the requests we have received have been for information or explanation arising from a misunderstanding about systems or services. Some have concerned access to patient transport services, hospital appointment problems, and discharge and medication issues. A client satisfaction questionnaire was sent randomly to users of the service and the results show that users are 'very satisfied' with the service provided by PALS.





## O U R S T A F F

Airedale NHS Trust is a major employer in the area, and we value the people who provide healthcare for our local communities. It is their skills, dedication and hard work, that ensure high standards of healthcare 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. This year to help achieve our strategy we have:

- appointed childcare co-ordinators to help staff balance their work and family life
- introduced a children's holiday play-scheme to support the recruitment and retention of staff
- started the redevelopment of our staff residential accommodation
- appointed 22 more junior doctors and four Consultants to improve patient care and help reduce the hours worked
- achieved further accreditation as an Improving Working Lives (IWL) employer and got top marks on the results of our staff survey
- developed an in-house training programme in Procurement and Warehouse & Distribution which is recognised at NVQ levels 2, 3 and 4.
- been recognised by the British Computer Society as an accredited centre for running the European Computer Driving Licence (ECDL) and now offer 150 places per year to support the modernisation agenda for the NHS
- introduced a newly developed programme for front line staff called Leadership at the Point of Care
- introduced E-Learning packages supporting training in Confidentiality
- piloted e-learning modules to help train clinical support staff
- introduced new NVQs in Diagnostic and Therapeutic Support at Level 3
- seconded healthcare Support Workers to the University of Bradford to undertake professional qualifications in Nursing and Radiography
- achieved a substantial reduction in reported staff accidents and reduced physical attacks on staff
- maintained our low staff turnover rate (10% per annum)
- continued to achieve high retention and return to work
- an effective approach to utilising bank staff which minimises agency costs and matches staff and service needs
- maintained our status as a 'two ticks' employer
- introduced ward-based pharmacy technicians to free up nurses and pharmacists to spend more time on direct patient care
- appointed maternity care assistants to improving patient care

### Partnership with staff and trade unions

In surveys our staff tell us that staff involvement and engagement is the accepted way of doing things. The Trust is committed to continuing this practice. We involve staff because they are best able to design the service that meets patients' needs. For example, on our Labour Ward representatives from all staff groups helped to redesign the patient's journey and implement new ways of providing the service so that we might reduce induction rates. In Occupational Therapy staff have designed their own developmental rotations to ensure we grow a workforce with appropriate skills.

Through well established partnership arrangements staff and trade union representatives are actively involved in leading change. For example Trade Union representatives have a lead role on each of our Agenda for Change working groups and a staff representative sits with the Trust Board at meetings.





## Being part of the local community

Airedale is proud to be one of the largest employers in the local area. Our staff and volunteers come from the local community and can strongly influence people's perception of our services.

Our staff support and lead a wide range of support groups for patients and service users. The support groups (such as the Cancer Forum or the Cardiac Rehabilitation Group) have an input into the planning of services, which is used to improve the care and experience of patients and their carers.

We provide an extensive programme of work experience and career guidance to local schools, children and students. Our staff are members of the governing bodies of many local schools or colleges. Through job centres and other initiatives we support the regeneration of local communities by promoting jobs and careers to disadvantaged groups.

The Trust has over 70 Airedale Advisors, patients, carers and members of the public who volunteer to help the Trust with a variety of projects and working groups. Voluntary Services has over 300 people regularly helping in a very wide range of activities across the Trust to improve services to patients. Many specially based groups have patients/users involved in work to understand the patient pathway and improve services.

## 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 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."

In support of this policy during the year the Trust has:

- surveyed staff views about working within the Trust and how well they are able to speak out. The results, when compared to national survey data, showed that our performance was at the highest level in comparison to other NHS Trusts
- increased the number of staff employed who are from the minority ethnic community to 7.4% compared to 6.6% last year
- appointed and trained harassment advisors whose role is to support staff who are subject to harassment and help them achieve a resolution
- worked with health and social care partners through the Bradford Diversity Partnership to promote diversity and improve access to services
- run a 'Preparation for Healthcare Careers Scheme' targeted at schools with a high percentage of students from the minority ethnic community
- worked with local Job Centres on a scheme designed to get unemployed people, over 50, back into work

**Roger Pollard**  
Director of Human Resources





## SOME EVENTS IN THE YEAR



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4

1 Airedale was praised by the government for its emergency care performance recording 'consistently high performance in caring for patients quickly and efficiently'.

3 The Sangat Centre in Keighley raised £11,000 for the Muslim prayer room at the hospital.

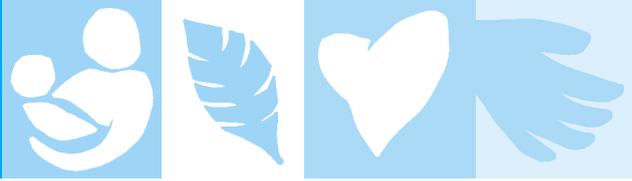
Airedale's Director of Nursing, Susan Franks receiving the cheque from representatives of the Centre.  
(photo - courtesy Keighley News)

2 The Airedale New Venture Shop, staffed by volunteers, in the Outpatients department was formally opened by Susan Franks.

4 The Emergency Care Collaborative at Airedale was launched, the aim of the twelve month programme to raise awareness of the four hour target for treating patients in Accident & Emergency.

Some of the delegates at the launch event including Dr Chris Healey, Consultant Physician (Gastroenterology); Dr Ian Brand, Consultant Radiologist; Mr Ali Nejim, Consultant Surgeon/Head Clinician for Breast Cancer.





5 Airedale's Junior Doctors Training scheme received top praise from the Associate Dean of the Department for NHS Postgraduate Medical and Dental Education (Yorkshire).

*Dr Cornelle Parker, Consultant Physician (Diabetes/Endocrinology) and members of her medical team.*

7 Airedale's Sterile Services department was formally opened by Medical Director Dr Paul Godwin, following a major refurbishment programme.  
*(photo - courtesy Keighley News)*

6 The Richardson Cancer Clinic was formally opened by friends of the late Bessie Richardson, who made a £300,000 donation to the hospital.

*Geoff Greenwood, Graham and Karen Harrison with Jacqui Hopwood at the official opening.  
(photo - courtesy Keighley News)*

8 The newly-created Stroke Unit at Airedale was opened by the former Lord Mayor of Bradford, Councillor Stanley King.

*Councillor King cuts the official ribbon assisted by Dr Samantha Mawer, Consultant Physician in Stroke Medicine watched by staff, patients and their relatives.*

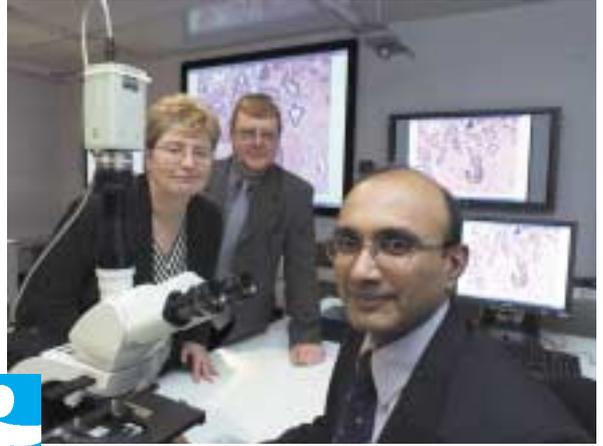




9



10



11



9 New X-ray Department unveiled. Two former colleagues, Dr Alan Darnborough and Alan Bradbury returned to celebrate the opening of the new X-ray Department.

Dr Alan Darnborough, Alan Bradbury and Karen Prothero, Superintendent Radiographer.

11 Airedale's Director of Pharmacy, Professor Peter Taylor, was invited to Buckingham Palace in recognition of his pioneering work in the training of pharmacists.

Professor Peter Taylor with his Royal invitation.

12

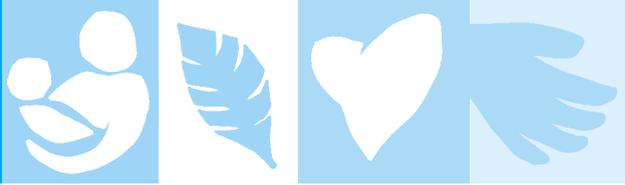
10 Airedale's Video Conference Suite. The new Sarah McKie Suite was made possible through a £100,000 gift from the Memorial Fund in memory of Sarah.

Sarah's parents Ann and Malcolm McKie with Dr Philip da Costa, Consultant Histopathologist in the new suite. (photo - courtesy Keighley News)

12 The Calendar Girls visited Airedale to present a sofa for the family room on Ward 19.

Photo shows Dr Ann Cuthbert, Consultant Haematologist (second left), Sister Shirley Hoskins (fourth left) with James Barker from the Sofa Company and three of the Calendar Girls. (photo - courtesy Cool Blue)





13



14



15



16

13 National Award for Airedale Blood Donors. Staff at Airedale were thanked for giving blood when a Supporter Loyalty Award plaque was presented to Chief Executive, Robert Allen.

Blood Service donor carers Suzanne Bristow and David Thornber with Robert Allen and Hospital Blood Co-ordinator Michelle White.  
(photo - courtesy Keighley News)

15 New Audiology Facilities at Airedale were officially opened by former Yorkshire and England cricket star Fred Trueman.

Fred Trueman with Chief Audiologist, Helen Freer.

14 New Director of Nursing, Melanie Hornett, joined Airedale NHS Trust as Director of Nursing in February, 2004.

Melanie previously worked at Leeds Teaching Hospitals NHS Trust.

16 The Mayor of Keighley was the 1,000th member of the public to sign up as a part of the Airedale NHS Foundation Trust recruitment drive.

Councillor Alan Rhodes with Fiona Page, Communications Manager





## T R U S T   B O A R D

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.

**Professor Brian R Jewell BSc PhD MB BS**

Chairman

Emeritus Professor of Physiology, and Past Dean of School of Medicine, University of Leeds; Past Chairman of Leeds Family Health Services' Authority; Past Vice-Chairman, Leeds Health Authority.

Chairman, Capital Investment Committee; Chairman, Remuneration Committee.

**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 (to December 2003)**

Director of Nursing and Quality



From left, standing:- Zafar Ali, Robert Allen, Richard Pope, Brian Jewell, Jeremy Whaley, Alan Sutton, Doug Farrow, Roger Pollard  
Seated:- Isobel Hall Smith, Hazel Goulden, Janet Crouch and Melanie Hornett

**Dr Paul G R Godwin BSc MB ChB FRCPath**  
Medical Director

Non-Executive Director  
Part-time Lecturer; EDEXCEL Examiner; Chair of  
Governors, Netherside Hall School.

**Hazel Goulden BSc**  
Non-Executive Director  
Former University College Lecturer; Citizens' Advice  
Bureaux Volunteer Adviser.

Special interests: Chairman, Complaints Performance  
Monitoring Group, Audit, National Service Framework  
for Older People (Craven), Craven Strategic Review.

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

**Jeremy J Whaley MA CIPFA**  
Vice-Chairman  
Freelance Housing Consultant; Board Member  
'MIND... The Gap'.

**Melanie M Hornett MSc BA (Hons) RGN**  
Director of Nursing (from February 2004)

Special interests: Finance; Chairman, Audit  
Committee; Member, Capital Investment Committee;  
National Service Framework for Older People  
(Airedale).

**C Roger Pollard BA**  
Director of Human Resources

**Isobel C Hall Smith BA DipASS CQSW**  
Non-Executive Director  
Company Director, Committee Member of Craven  
Alzheimer's Society.

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 (until disbandment in  
December 2003) and the Chairman of the staff-side  
of the District Joint Staff Committee attend each  
Board meeting.

Special interests: Organisation Development,  
Personnel, Strategy and Policy, Infection Control.

**Alan F L Sutton BA (Hons) Cert Ed (QTS)**



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

Isobel C Hall Smith

Alan F L Sutton

Jeremy J Whaley (in the Chair)

##### **Remuneration**

Zafar Ali

Professor Brian R Jewell (in the Chair)

Hazel Goulden

Isobel C Hall Smith

Alan F L Sutton

Jeremy J Whaley

##### **Clinical Governance**

Robert E Allen (in the Chair)

Dr Janet R Baker (as Director of Postgraduate Medical Education)

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

Susan A Franks to December 2003 (as Chair, Quality and Complaints Committee)

Melanie M Hornett from February 2004 (as Director of Nursing and Chair of Quality Group)

Dr Paul G R Godwin (as Medical Director, Chair of Clinical Risk and Caldicott Guardian)

Hazel Goulden (as Non-Executive Director Representative)

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

##### **Complaints Performance Monitoring Group**

Hazel Goulden (Complaints Convenor)

Jeremy J Whaley (Complaints Convenor)

Alan F L Sutton (in the Chair)

Melanie Hornett

##### **Capital Investment Committee**

Robert Allen

Professor Brian R Jewell (in the Chair)

Janet A Crouch

Doug Farrow

Jeremy Whaley



*Trust Board members with Theatre staff at the first Open Evening/Annual General Meeting held September 2003.*



*View showing Airedale's Outpatient Department entrance.*



## S U M M A R Y F I N A N C I A L S T A T E M E N T S

### Annual Report 2003/2004

For the past few years, this report has contained a very similar message - it has been a tough year, but we managed it and delivered our financial targets.

Unfortunately, this year the message is, it's been a tough year and we have failed to achieve our financial targets by a significant margin.

The underlying financial problems of the Trust, which in the past have been under written by non-recurrent resources, have finally surfaced, and the accounts for 2003/04 report a deficit amounting to £1.448 million. In reaching even this position the Trust still used significant non-recurrent funding to underpin the level of patient care being provided.

In reading the rest of this annual report, which rightly concentrates on our achievements during the year, it is perhaps not difficult to see where the money goes. The Trust has a reputation as being a very high quality provider of healthcare to our population, and we take great pride in this. The fact that this Health Economy cannot afford this level of provision is a very unpalatable message for us all, but that is the very clear message being given by this set of accounts.

This result will have an impact on our finances in 2004/05 and beyond, as we try to recover this position and resolve the much bigger underlying problems facing us.

The NHS is facing great change, the move towards a primary care led service will mean that services within District General Hospitals have to be redesigned and delivered in different ways. Within Airedale, the financial position will be a major consideration in these longer term future service plans, but Airedale will also need to make some major changes in the short term in order to ensure that we live within the resources available to us.

Whilst the Trust did not report a break-even position on Income and Expenditure, we did deliver the required 3.5% return on capital investment, and managed our cash and capital programmes within the resources available to us.

Capital Expenditure during the year amounting to £4.9 million, and included the continuation of the ward upgrading programme, redevelopment of the Paediatric Outpatient department, refurbishment of the Sterile Supplies department as well as significant investment in our IT infrastructure.

**Janet Crouch**  
Deputy Chief Executive and  
Director of Finance and Information



## Statement of Director's Responsibilities in Respect of the Accounts

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

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

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the accounts.

By order of the Board



Chief Executive  
16 July '04



Deputy Chief Executive and  
Director of Finance and Information  
16 July '04



## Auditor's Report 2003/04

We have examined the summary financial statements set out on pages 30 to 33.

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 54 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. Our responsibility is to report to you our opinion on the consistency of the summary financial statements 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 misstatements or material inconsistencies with the summary financial statements.

### Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's 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 are consistent with the statutory financial statements of the Trust for the year ended 31 March 2004 on which we have issued an unqualified opinion.

Paul A Hartley  
Auditor  
26 July '04

Audit Commission  
Kernel House, Killingbeck Drive, Killingbeck, Leeds, LS14 6UF  
T: 0113 251 7130  
F: 0113 251 7131  
[www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)



## Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

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

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



Chief Executive  
16 July '04

### The Trust's Financial Record

	03/04	02/03	01/02	00/01
	£ 000's	£ 000's	£ 000's	£ 000's
Turnover	82,228	77,826	87,658	80,162
Retained Surplus/(Deficit)	-1,448	7	27	110

### Income & Expenditure Account

	03/04	02/03	01/02	00/01
	£ 000's	£ 000's	£ 000's	£ 000's
Income	82,228	77,826	87,658	80,162
Operating Expenses	-82,823	-74,836	-85,413	-79,557
Operating Surplus	-595	2,990	2,245	605
Profit/(Loss) on disposal of Fixed Assets	1026	-48	-120	2,757
Surplus/(Deficit) before interest	431	2,942	2,125	3,362
Interest Receivable	87	149	436	196
Other Finance Costs	-56	-97	-	-
Surplus/(Deficit) for the Financial Year	462	2,994	2,561	3,558
Public Dividend Capital, Dividends Payable	-1,910	-2,987	2,534	-3,448
Retained Surplus/(Deficit) for the Year	-1,448	7	27	110



## Balance Sheet

	31.3.04	31.3.03
	£ 000's	£ 000's
Fixed Assets	60,010	54,195
Current Assets	10,419	7,396
Current Liabilities	-6,792	-8,237
<b>Total Assets less Current Liabilities</b>	<b>63,637</b>	<b>53,354</b>
Provisions for Liabilities and Charges	-2,383	-1,806
<b>Total Assets Employed</b>	<b>61,254</b>	<b>51,548</b>
Financed by:-		
Public Dividend Capital	53,103	46,631
Revaluation Reserve	11,884	7,181
Donation Reserve	883	907
Income & Expenditure Reserve	-4,616	-3,171
<b>Total Taxpayers Equity</b>	<b>61,254</b>	<b>51,548</b>

## Statement of Total Recognised Gains and Losses

	03/04	02/03
	£ 000's	£ 000's
Surplus/(Deficit) Before Dividend Payments	462	2,994
Unrealised Surplus on Fixed Asset Revaluations/Indexation	4,751	6,192
Receipt of Donated Assets	23	878
Depreciation of Donated Assets	-92	-7
<b>Total Gains for the Year</b>	<b>5,144</b>	<b>10,057</b>
Prior Period Adjustment - Pre-95 Early Retirements	-	-1,781
<b>Total Gains and Losses Recognised in the Financial Year</b>	<b>5,144</b>	<b>8,276</b>

## Better Payment Practice Code - Measure of Compliance

	Number	£ 000's	02/03
Total Bills Paid	35,731	25,722	24,789
Total Bills Paid Within Target	32,146	23,189	22,721
<b>Percentage of Bills Paid Within Target</b>	<b>89.97%</b>	<b>90.15%</b>	<b>91.66%</b>



## Cash Flow Statement

	03/04 £ 000's	02/03 £ 000's
Net Cash Inflow from Operating Activities	261	5,007
Returns on Investment:-		
Interest Received	92	161
Capital Expenditure:-		
Payments to Acquire Tangible Fixed Assets	-4,909	-5,795
Receipts from Sale of Tangible Fixed Assets	-	9,385
Dividends Paid	-1,910	-2,987
<b>Net Cash Inflow/(Outflow) Before Financing</b>	<b>-6,466</b>	<b>5,771</b>
<b>Financing</b>		
Public Dividend Capital Received	6,472	-
Public Dividend Capital Repaid (Not Previously Accrued)	-	-5,763
Public Dividend Capital Repaid (Accrued in Prior Period)	-	-930
Other Capital Receipts	-	878
<b>Net Cash Inflow/(Outflow) From Financing</b>	<b>6,472</b>	<b>-5,815</b>
<b>Increase/(Decrease) in Cash</b>	<b>6</b>	<b>-44</b>

## Management Costs

Management costs for the year totalled £4.191 million, which is 5.03% of total income. This compares with 4.86% in 2002/03. The Trust complied with the Secretary of State's instructions on NHS managers' pay increases. The uplift on payscales was limited to 3.225%.

## Charitable Funds

The 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 accounts relating to the Charitable Funds is available from the Director of Finance at the address on the back of this report.



## Directors Remuneration

### Salary and Pension entitlements of senior managers

Name and Title	Age	Salary	Other Remuneration	Golden hello/compensation for loss of office	Real increase in pension at age 60	Total accrued pension at age 60 at 31 March	Benefits in kind
		(bands of £5,000)	(bands of £5,000)		(bands of £2,500)	(bands of £5,000)	(rounded to nearest £100)
		£000	£000	£000	£000	£000	£00
<b>Mr Zafar Ali</b> - Non Executive Director	56	5-9	0	0	0	0	0
<b>Mr Robert Allen</b> - Chief Executive	57	100-104	0	0	0-2.5	50-54	0
<b>Mrs Janet Crouch</b> - Deputy Chief Executive & Director of Finance	46	80-84	0	0	0-2.5	25-29	0
<b>Mr Doug Farrow</b> - Director of Planning & Performance	51	45-49	0	0	0-2.5	20-24	0
<b>Mrs Susan Franks</b> - Director of Nursing & Quality	53	45-49	0	0	0-2.5	15-19	0
<b>Dr Paul Godwin</b> - Medical Director	47	15-20	85-90	0	0-2.5	25-30	0
<b>Mrs Hazel Goulden</b> - Non Executive Director	52	5-9	0	0	0	0	0
<b>Mrs Isobel Hall Smith</b> - Non Executive Director	64	5-9	0	0	0	0	0
<b>Mrs Melanie Hornett</b> - Director of Nursing & Quality	43	10-15	0	0	0-2.5	10-15	0
<b>Professor Brian Jewell</b> - Chairman	68	15-19	0	0	0	0	0
<b>Mr Roger Pollard</b> - Director of Human Resources	51	60-65	0	0	0-2.5	20-24	0
<b>Mr Alan Sutton</b> - Non Executive Director	64	5-9	0	0	0	0	0
<b>Mr Jeremy Whaley</b> - Vice Chairman	59	5 - 9	0	0	0	0	0

Mrs Susan Franks terminated her position of Director of Nursing & Quality on 4 January 2004. She was replaced by Mrs Melanie Hornett who took up her post on 2 February 2004.  
 Dr Paul Godwin terminated his position as Medical Director on 31 March 2004. He was replaced on 1 April 2004 by Dr Richard Pope.  
 Mr Doug Farrow, Director of Planning & Performance, changed from full time to 0.6 whole time equivalent on 1 July 2003.



## Statement on Internal Control 2003/04

### 1 Scope of responsibility

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

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

Each month, the Trust Board meeting in public reviews finance and other performance data. The work of the Board is complemented by the Audit Committee (from whose membership I am properly excluded), which undertakes detailed analysis of the Trust's performance. The Audit Committee is advised by External Audit.

The Trust is itself performance managed by the West Yorkshire Strategic Health Authority, and I attend the West Yorkshire Chief Executives' Forum to ensure my understanding of Health Authority-wide issues. I and my executive team also meet with Strategic Health Authority colleagues to discuss performance.

Regular discussion takes place with colleagues from local primary care trusts over finance, and over workload and quality targets.

### 2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore provide only reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has not been in place in Airedale NHS Trust for the whole year ended 31 March 2004, but was in place by 31 December 2003, and up to the date of approval of the annual report and accounts.

### 3 Capacity to handle risk

The Trust has a risk management strategy, which is reviewed and endorsed by the Board annually.

The strategy sets out the basic aim that risk management should be embedded within the overall operational processes within the Trust, and the steps to be taken to fulfil this aim.

There is a clearly defined structure for the management and ownership of risk, which through the development of the risk register is regularly monitored at Trust Board level.

Risk Management is a key part of the strategy training provision within the Trust, and training in Root Cause Analysis is being rolled out throughout the organisation.

The Trust has recently instigated a regular Risk Management newsletter, which identifies areas of risk that are important across all areas, along with identified good practice and case studies.

### 4 The risk and control framework

The Trust utilises the Australia/New Zealand risk scoring system to evaluate all risks, using the resulting information to produce a comprehensive risk register.

There are regular risk management meetings both at Trust and divisional level. These regular meetings are supplemented by extraordinary risk meetings if an incident is deemed to be particularly significant.

On occasion, these extraordinary meetings have included partner provider organisations.

The Trust has also developed a comprehensive assurance framework that links corporate objectives to service objectives and identifies the risks associated with achievement/failure and identifies clearly how the Board will gain the necessary assurances on a regular basis.

The assurance framework 'identified' gaps in control in the following areas:



#### Clinical Services

- **The current levels of income available to the Trust are not sufficient to support current service levels.** There is therefore a need to produce a strategic direction, that is shared with our partners, that looks toward the development of appropriate clinical services for the population we serve, set within a realistic financial framework. The strategy will also need to reflect the need to form clinical alliances and participate in clinical networks with other providers, and plan for changes in service provision within the Trust.
- **Inadequate infrastructure to consistently meet planning and performance framework targets.** Whilst the Trust has consistently met all targets in previous years, it has been necessary to use non-recurrent resources to maintain the position. The current financial position of the Trust is a particular illustration of this.

The framework also identified one area where there was a perceived lack of assurance:

#### Finance

- Capital programme monitoring was in need of realignment in line with Capital Resource limit requirements. This has now been addressed.

### 5 Review of effectiveness

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

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Clinical Governance Committee, Risk Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

### 6 The process of internal control is as follows:

Within the Trust as a whole, the reporting arrangements for risk and internal control issues are through the Trust Risk Management Committee, which reports to the Trust Board. The Risk Management Committee has delegated responsibility to deal with all risks other than financial and those rated as red. The Risk Management Committee deals with clinical and non-clinical risk together.

The Trust Board reviews at least bi-monthly the Trust risk register and has risk management as a standing agenda item. To assure the Trust Board that the Trust has in place an effective risk management and internal control system, the Audit Committee reviews the Trust risk management minutes, risk register and controls assurance action plan. Minutes of the Audit Committee are received and reviewed by the Trust Board.

Members of the Audit Committee are four non-executive directors. The director of finance, assistant director of finance, risk manager and representatives of internal and external audit attend the meetings. The Audit Committee further assures the board about the management of risks and internal control processes and ensures the board are apprised of any significant control issues.

The Trust Risk Management Committee is chaired jointly by the medical and finance director and is composed of senior managers, clinicians and two non-executive directors.

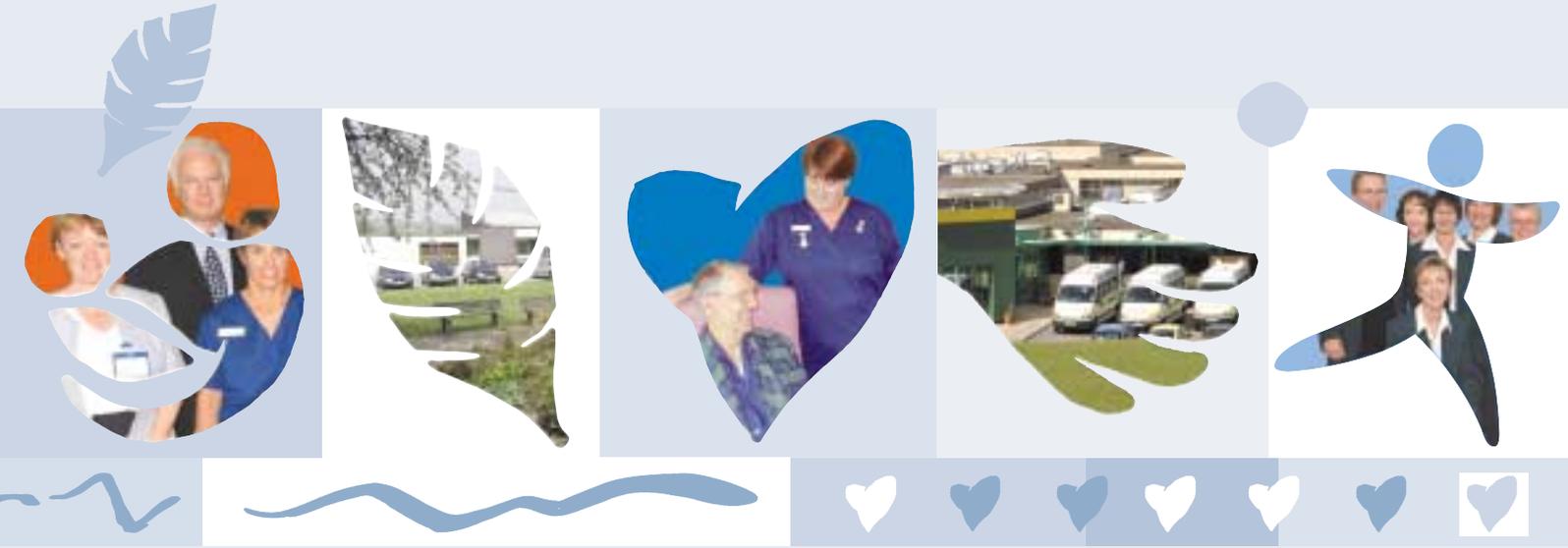
The Risk Management Committee receives reports by exception from the following committees:

Medical Devices Committee; Infection Control Committee; Health and Safety Committee; Manual Handling Committee; Labour Ward Forum; Acute Division Governance Committee and Health and Safety Committee; Women and Children's Risk Groups; Medical Records Committee; COSSH Committee; Clinical Leaders Forum; Clinical Sciences Risk & Governance Groups.

This process, along with progress reports on the controls assurance action plan, CNST and RPST action plans, provides further assurance in regards to the system of internal control.

Chief Executive  
16 July '04





Airedale NHS Trust Headquarters  
Airedale General Hospital  
Skipton Road  
Steeton  
KEIGHLEY  
West Yorkshire  
BD20 6TD  
Tel: 01535 652511  
Fax: 01535 655129  
[www.airedale-trust.nhs.uk](http://www.airedale-trust.nhs.uk)

