Airedale NHS
NHS Trust

a head for healthcare

annual report & accounts 2002-2003

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contents

Chairman's perspective	page 4
Chief Executive's overview	page 6
Trust profile	page 8
Service locations	page 10
Service development and improvement	page 12
Learning from patients	page 16
Our staff	page 18
Some highlights in the year	page 20
Trust board	page 24
Summary financial statements	page 27

Chairman's perspective

2003 was a year of adjustment for the Airedale NHS Trust.

The first adjustment was to our new role as a provider solely of acute hospital services. The transfer of mental health and learning disability services to the Bradford District Care Trust and of community services in Craven to the Craven, Harrogate and Rural District (CHARD) Primary Care Trust took effect from 1 April 2002, and with no disruption to patient services. We also began the process of transferring ownership of our hospital premises at Bingley and Ilkley to the Airedale Primary Care Trust, and began discussing the future of Skipton Hospital with the Craven, Harrogate and Rural District Primary Care Trust, but we continued to provide specialist outreach services at those hospitals, pending public consultations in 2003/04 about their future.

The second adjustment was to the completion of the national process of 'Shifting the Balance', which has put PCTs firmly into the driving seat for commissioning health care for local communities, including acute hospital services. Their remit includes developing primary care and community-based health care, but without any additional earmarked funding for that purpose, so there is a difficult balance to be struck between the funding of primary and secondary care. The situation in this respect is further complicated by the fact that both PCTs are currently funded at about 7% above the level determined by the national 'weighted capitation' formula, which takes account of the age profile and levels of deprivation in the populations served. The growth in their funding each year is at a minimal level because they are deemed to be 'overfunded' already.

The third adjustment was to the extent to which new partnerships with the PCTs restrict our ability to manage our own finances. Implementation of cost improvement programmes that in the past would have been a Trust Board decision, now require the agreement of the PCTs. A great deal of time was spent in top level discussions with our partners over the past year and we remain hopeful that there will be a "Health Economy" solution to our difficulties.

Professor Brian R Jewell
Chairman

The fourth adjustment has been to a situation in which we are revenue poor, but capital rich. Over the past year there has been an unprecedented level of new building and refurbishment at Airedale, as detailed in this annual report, but this has not been matched by additional revenue to allow us to make optimal use of these new facilities. The most glaring example is that we now have our own MRI scanner, as part of the Radiology Department refurbishment, but we could not afford the staff (radiographers and radiologists) to run it for more than three sessions a week. This left us with the continuing problem of very long waiting times for MRI scans.

And our fifth adjustment has been to the fact that, in the NHS, being 'small and beautiful' is not advantageous. Airedale NHS is the best performing Trust in the region and one of the best in the country, but this does not seem to be accompanied by many tangible benefits in our dealings with the tiers above us in the NHS hierarchy. My conclusion is that we are too small to matter in the greater order of things, but our role as a provider of top quality health care to the people of Airedale and Craven is vitally important, and that will continue to be the focus of all our efforts.

We are extremely fortunate in that respect because, while the Trust Board grapples with the politics, the people at Airedale who deliver health care and those who support them have a remarkable ability to get on with the job. Thanks to their efforts, our Trust has continued to be a top performer across the board, meeting all national targets and gaining increasing recognition as a dependable and friendly provider of health care of the highest quality for the people of Airedale and Craven. Once again, on behalf of the Trust Board, I would like to express our appreciation to every member of our staff for their contribution to our continuing success.

Brian Jewell

Professor Brian R Jewell
Chairman

Chief Executive's overview

A new future for the Trust began on 1 April 2003 when it became a provider solely of acute and specialist outreach services. The transition was made seamlessly as far as our services to patients were concerned as the content of this Annual Report will show. If anything the quality of our services improved as evidenced by external reviews.

A particularly pleasing feature of the year was the clear evidence that we are growing a new Airedale General Hospital "from the inside". The Service Development section of this report lists the continuing investment in new equipment and building improvement. The environment for patients and staff in the hospital is now of a very high standard.

In addition to the recognition the Trust received during the year for its patient services, two of our "backroom" departments each received national awards. Our Pathology Service won an industry award for its project to provide a new laboratory, and our Domestic Service won an industry award for the quality of its work.

We began the year with a new partner organisation - the Craven, Harrogate and Rural District Primary Care Trust. This Trust is our main source of income for our services to the Craven District as well as being our partner for primary care services in that district. Together we are developing plans for patient services, just as we are doing with our existing partner, Airedale Primary Care Trust. The Chairman's Perspective highlights the financial difficulties facing our local "health economy". The high quality care we all provide comes at a cost and we are working together to find new ways to stretch our limited funds.

During the year it was announced that the local 'health watchdog', Airedale Community Health Council, was to end its activities by the end of 2003 under new government changes. We have worked with the CHC for many years as it pursued its role to challenge us and constructively criticise us in the interests of patients. The partnership between us has been a fruitful one, and we thank them and their Chief Officer, John Godward, for all they have done for patients.

Robert E Allen
Chief Executive

We have begun work with Bradford District Council's new Overview and Scrutiny Committee which will take over some of the role of the Community Health Council.

As this report was being prepared it was confirmed that the Trust had achieved three stars in the NHS performance ratings for 2002/03. This means that the Trust has the highest levels of performance and is a credit to all of our staff. The Trust met all nine of the key targets including financial management, waiting times for both emergency and elective care, and Improving Working Lives. The star ratings also reflect the views of our patients and they scored us highly on quality and co-ordination of patient care and privacy and dignity.

During 2003/04 the Trust Board will consider the Government's invitation to apply for Foundation Hospital Status.

Robert E Allen
Chief Executive

John Hutton congratulates Airedale NHS Trust on its 'Going Further Faster' waiting list performance
L to R, John Hutton, Minister for Health; Janet Crouch, Deputy Chief Executive and Director of Finance and Information; Robert Allen, Chief Executive and Susan Crane, Director of Patient Access.
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Trust profile

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:

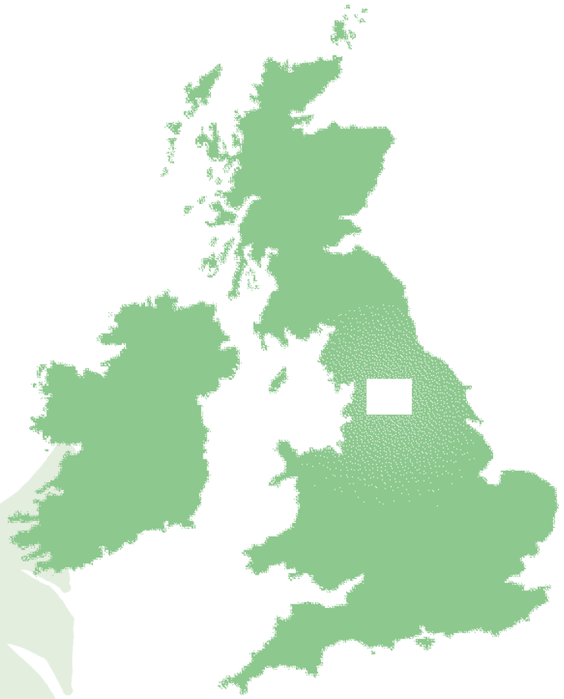
- services will be designed around the needs of the patient
- patients' needs are best served by care that is integrated and by whole systems working
- partnerships will be built around the patient's pathway (usually the local link between primary and secondary care) and clinical networks (usually a 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

Michelle Woollett: Operating Department Practitioner

Some of the paediatric team: Elaine Snowden, Play Specialist, Dr Alison Britland, Consultant Paediatrician, Jo Newman, Ward Manager, Karen Walker, Children's Services Manager, Dr Gary Savill, Consultant Paediatrician and Cherill Latham, Undergraduate Administrator

Views of Airedale Hospital site

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

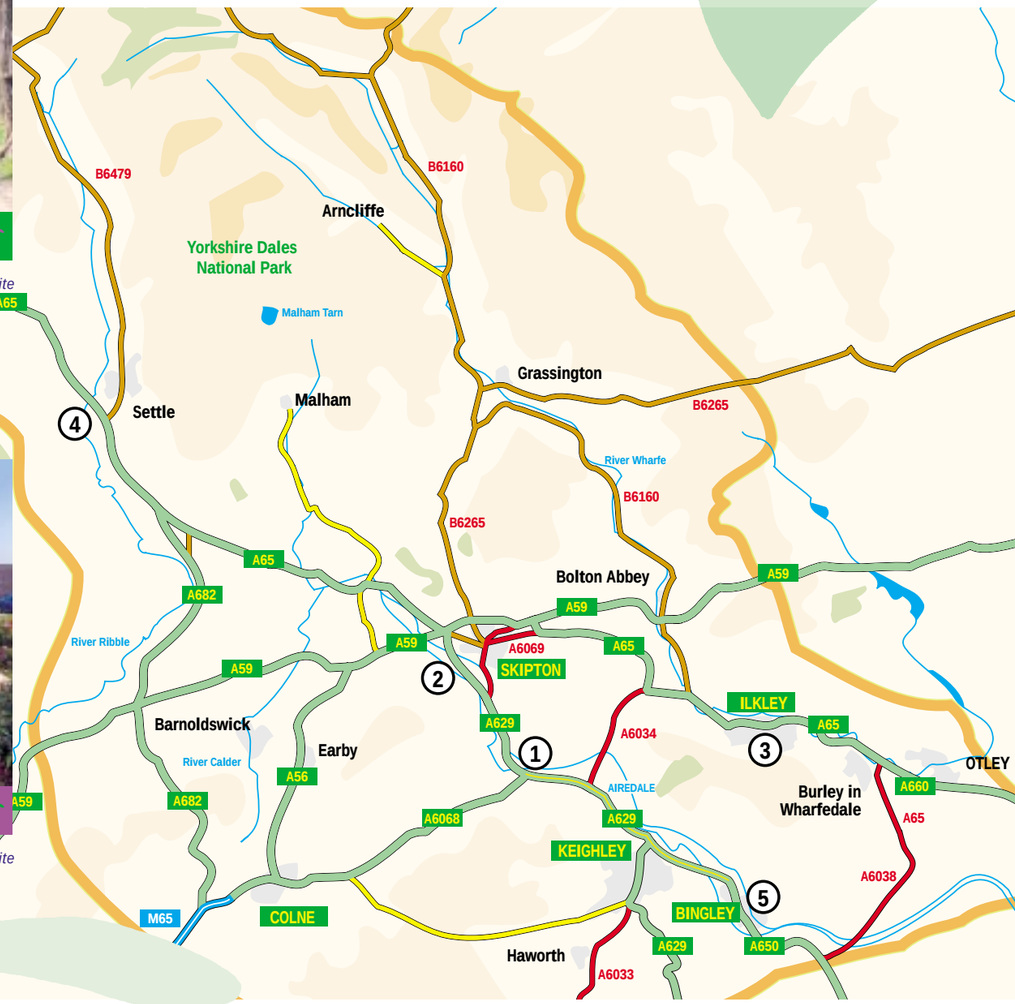
4 Castleberg Hospital
Raines Road, Giggleswick
SETTLE
North Yorkshire BD24 OBN
Tel: 01729 823515
Fax: 01729 823082

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

View of Airedale Hospital site

View of Airedale Hospital site

indicates Airedale NHS Trust catchment area.



Service development & improvement

The New Vision

The Trust entered April 2002 as an organisation with a new focus, having handed over its Community Service Portfolio to Airedale PCT and Craven and Harrogate and Rural District PCTs; and Mental Health Services to Bradford District Care Trust. This has led to the development of a new vision for the Trust of which the key themes are:

- to provide access to a comprehensive range of acute and other services
- to design services around the needs of the patient to deliver care that is integrated
- to respond to the challenges of plurality and increased inspection by ensuring that services score high on access, quality and environment
- to maintain and develop a workforce with the skills and capacity to meet the challenges of the NHS Plan
- to be a key partner in both the local and strategic healthcare economy

Implementing the NHS Plan

The focus of service development and improvement is the implementation locally of the NHS Plan and its priorities of Access, Cancer, Coronary Heart Disease and Older People. Developments to support the implementation of this plan include:

- the appointment of a Palliative Care Consultant through a job share by Drs Helen Livingstone and Linda Wilson
- the appointment of Dr Samantha Mawer as the new Stroke Consultant
- the appointment of Dr Mark White as Consultant Radiologist
- additional Nurses in Coronary Care to introduce Nurse-led Thrombolysis
- additional Audiology staffing and funding for hearing aids
- a PALS Service (Patient Advice and Liaison Service)
- additional Ward Housekeepers to increase the number of wards with this service to 13 out of a total of 17

Capital schemes to continue the modernisation of Airedale General Hospital have also been progressed. These include:

- continuation of the rolling programme to upgrade the Radiology (X-ray) Department in conjunction with new equipment delivered through an innovative Public Private Partnership agreement with Seimens
- expansion of the Day Nursery
- completion of the upgrading and expansion of the Pathology Department
- modernisation of the Maternity Department
- accommodation to support the Action on Orthopaedic Waiting Time reduction programme
- upgrading the main hospital entrance
- improvements to main outpatients and a new entrance
- refurbishment of Ward 13
- replacement Cardiac Catheter equipment funded by the New Opportunities Fund and the first of a national programme to be installed and treating patients

Some of Airedale NHS Trust's team of Consultant Specialists/Surgeons. Back row L to R, Mr Ali Nejim, Consultant General Surgeon; Mr Chris Wray, Consultant Orthopaedic Surgeon and Mr Basit Khan, Consultant General Surgeon. Front row L to R, Mr Nick Shaikh, Consultant Urologist; Mr Ian Appleyard, Consultant Urologist and Mr Ian Hutchinson, Consultant General Surgeon

Some of Airedale NHS Trust's team of Consultant Anaesthetists. Back row L to R, Dr Janet Baker, Dr Philip Kay. Front row L to R, Dr Colin Starkey and Dr Joy Stanton

Waiting Lists and Times

Much of the thrust of the National Plan is about enabling patients to have quicker access to high quality care. A key measure is waiting lists and times. The Trust has always done well in meeting waiting lists and times targets and has the lowest waiting times and numbers of any Trust in West Yorkshire. The following table shows progress in reducing the number waiting and eliminating waits over 9 months for Inpatient/Day Case treatment.

Waiting Times and Numbers - Inpatients

	2001/2 at 31/03/02	Over 9 Months at 31/03/02	2002/3 at 31/03/03	Over 9 Months at 31/03/03
General Surgery	411	16	258	0
Urology	261	13	177	0
Orthopaedics	866	96	787	0
Gynaecology	472	61	350	0
Oral Surgery	89	5	142	0
Ophthalmology	251	1	144	0
ENT	103	0	56	0
Total	**2,453**	**192**	**1,914**	**0**

The Trust has also reduced the numbers waiting for outpatient treatment and ensured that at the end of the year no patient was waiting longer than 13 weeks.

List of Specialities	Total Waiting 2001/2 at 31/03/02	Number waiting over 13 weeks	Total Waiting 2002/3 at 31/03/03	Number waiting over 13 weeks
General Surgery	387	1	322	0
Urology	158	0	58	0
Orthopaedics	395	0	587	0
Gynaecology	304	24	250	0
Oral Surgery	353	80	173	0
Ophthalmology	267	25	263	0
ENT	487	96	304	0
Plastic Surgery	142	34	53	0
Cardiology	145	13	75	0
Clinical Haematology	3	0	12	0
Dermatology	102	4	31	0
Elderly Medicine	16	0	9	0
Gastroenterology	94	8	67	0
General Medicine	115	0	126	0
Neurology	67	1	14	0
Nephrology			5	0
Oncology			1	0
Rheumatology	81	0	42	0
	3,116	**286**	**2,392**	**0**

Service development & improvement

Other significant performance targets

There are a number of other key performance targets around Emergency Access, Cancer, Coronary Heart Disease and Older People. Throughout the year the Trust sought to improve performance with some significant success.

Target	Q1 April - June	Q2 July - Sept	Q3 Oct - Dec	Q4 Jan - March
% of patients attending A&E waiting 4 hours or less from arrival to admission discharge or transfer target - 90%	96.3	96.3	97.3	96.9
% of patients admitted to hospital via A&E to be found a bed within 4 hours of decision to admit	100	100	100	100
% urgent cancer referrals to see a specialist within 2 weeks of GP requesting an appointment	100	100	100	100

Target	Q1 April - June	Q2 July - Sept	Q3 Oct - Dec	Q4 Jan - March
% of breast cancer patients receiving treatment within 31 days of diagnosis	85	93	100	100
% of breast cancer patients receiving treatment within 62 days of urgent GP referral	90	88.2	100	100
% of patients receiving thrombolysis within 30 minutes of hospital arrival	-	-	-	66.7
% increase in emergency admissions of patients over 75 target less than 2%	-1.5	2.6	4.4	-2.0
% of patients occupying an acute bed with a delayed discharge	2.0	2.3	2.4	2.7

There was one target which the Trust failed to achieve and that was to establish a Rapid Access Chest Pain Clinic. The Trust was unable to recruit a Cardiologist to support this service but a locum appointment has been made with effect from June 2003 and the service will commence in July.

The Dr Foster Good Hospital Guide

Dr Foster is an independent organisation giving objective, reliable and useful information about health services. For three years they have produced a good hospital guide in which Airedale has always featured well. Their key measure in judging hospitals is the level of mortality rates when compared with expected levels over a 3-year period. In this league table Airedale was the only hospital in the North of England to feature in the top 15 and overall the hospital was shortlisted for the Sunday Times Hospital of the Year Award.

Dr Gary Savill, Consultant Paediatrician examines baby Milly

Mr Ali Nejim, Consultant Surgeon, Judy Pipkin, Theatre Sister, Linda Lawson, Staff Nurse and Dr Janet Baker, Consultant Anaesthetist

The 15 English Trusts with the Lowest Mortality Rates

	Region	NHS Trust	Mortality Index (3yr)
1	London	Barts and The London	60.7
2	London	University College London Hospitals	71.0
3	Eastern	Bedford Hospital	73.5
4	London	St Mary's	81.4
5	Southwest	Plymouth Hospitals	82.0
6 =	London	Royal Free Hampstead	83.2
6 =	Southwest	Royal United Hospital Bath	83.2
6 =	Northern and Yorkshire	Airedale	83.2
9	Southwest	Royal Devon & Exeter Healthcare	83.4
10	Southeast	Royal West Sussex	83.8
11 =	Southwest	Weston Area Health	84.0
11 =	London	Guy's and St Thomas's	84.0
13	London	Hammersmith Hospitals	85.2
14	Southeast	Royal Surrey County Hospital	85.7
15	Trent	Sheffield Teaching Hospital	86.1

The detailed analysis of the Trust by the Dr Foster organisation said:

"The Trust has an excellent record in meeting the two-week target for urgent cancer referrals to see a specialist. Outpatient waiting time performance is also good (in the top third) and average for inpatients. The low mortality rate places this Trust in the top 10, 17% below projections, although staffing levels for doctors are very low, in the bottom 30 trusts."

Learning from patients

Managing Complaints

In our commitment to providing high quality care, the management of complaints is a vital part of our quality improvement processes. All complaints are carefully investigated and are individually discussed at the monthly meeting of the Trust's Complaints Review Group. This enables lessons to be learned and shared across the organisation.

	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	(Total) average
Number of complaints received	29	32	45	52	(158)
Local resolution (20 working days)	41%	47%	42%	83%	56%
Local resolution (less than 8 weeks)	94%	91%	87%	96%	92%
Local resolution (less than 13 weeks)	97%	100%	98%	100%	99%
Requests for Independent Review	0	2	1	1	(4)
Decision in (20 working days)	-	100%	100%	100%	100%
IRP refused	-				(0)
Referred back to local resolution	-	2	1	1	100%
IRP granted	-				(0)
One IRP was held:					
Appoint panel members (20 working days)			Achieved		
Draft report (50 working days)			Failed		
Final report (10 working days)			Failed		
Trust response (20 working days)			Achieved		

Three complaints failed the thirteen-week standard. Two were very complex cases and one was referred to another hospital for an independent clinical assessment.

Trends

There were three main trends identified throughout the year.

- waiting times to be seen in ophthalmic outpatient clinics. The information provided for patients attending the clinic was misleading. A new patient information leaflet was devised to give patients a better understanding of the nature of the treatments and investigations, and the length of time that these take
- several women complained about the severity of their 'prostin pains' during induction of labour. The source of the problem was identified as the midwives failure to communicate effectively about the effects of the induction process. Training was delivered to improve communication between midwives and women having labour induced
- waiting times for MRI scans. A new MRI scanner was provided this year but financial revenue has only been identified to staff the scanner for twelve hours per week. We are working with our PCT commissioners to identify the necessary funding

Working informally to deal with patients concerns

The Patient Advice and Liaison Service (PALS) was introduced in April 2002 and initially appeared to have reduced the number of formal complaints received by the Trust. The PALS service has dealt with the concerns of 246 patients and relatives this year.

Modern Matrons were also introduced in April 2002. They wear a distinctive 'uniform' and are recognisable by their photographs in all patient areas. They have dealt with the concerns of 101 patients and relatives this year.

Both the PALS and Modern Matron services have enabled patients and their relatives to have concerns dealt with quickly and effectively.

Clinical governance

The NHS Survey for inpatients achieved excellent results overall, and the information gained has been used to identify four areas for improvement (named nurse systems, information about medical conditions and danger signals and addressing delay discharges).

We continue to improve patient care by the implementation of risk management and audit. We have carried out an extensive range of clinical audits and we have taken part in the national confidential enquiries and the national audits, where appropriate. We have developed integrated care pathways for fractured neck of femur and deep vein thrombosis and further development of care pathways is continuing. In learning from incidents, we have improved our security services and the incidence of violence towards staff is now reducing.

Effective clinical leadership is delivered through our service working group arrangements, which encompass clinicians from all disciplines across primary and secondary care. These groups are responsible for service planning and enable 'joined up' partnership working.

Quality improvements

Airedale NHS Trust is committed to involving patients and the public in reviewing and developing the services provided by the Trust. A database of patient and public volunteers has been created and patients and their representatives have been involved in:

- the production of patient information
- care pathways
- the 'Essence of Care' benchmark study into record keeping
- the Trust's 'Quality Group'
- various quality studies and surveys

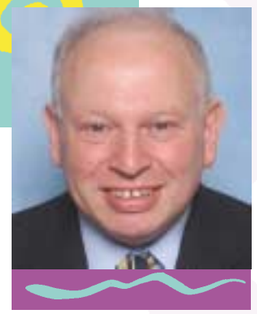
The Trust also benefits from the work of 321 volunteers and new voluntary services have been set up in the Children's Unit, the Muslim Pastoral Care Team and the Physiotherapy Department. With the help of a grant from the Department of Health, a transport co-ordinator was appointed to develop the Voluntary Transport Service.

Our staff

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



C Roger Pollard
Director of Human Resources

- achieved early accreditation as an "Improving Working Lives" employer
- introduced our policy on flexible working which helps staff balance their home and working lives
- maintained our status as a 'two ticks' employer - the national standard designed to improve opportunities for disabled people - and increased the number of staff who work for the Trust who have a disability
- increased the number of medical staff employed and introduced new rotas to meet all our targets for reducing the number of hours that junior doctors work each week. As a result the Trust improved its compliance rate from 56% in March 2002 to 95% in March 2003
- opened an additional 45 places in our workplace day nursery - Nightingales - and appointed a child care co-ordinator with additional staff (parents were involved in selecting these staff) to help staff with their child care needs
- adopted a staff involvement policy so that staff can have greater influence over the design and delivery of health care services and worked in partnership with staff representatives to devise departmental action plans to ensure we become a model NHS employer
- introduced new ways of working, which subsequently won a national award recognising the benefits gained for both staff and the service through changes in the training and staffing structure introduced within our Operating Theatres
- refurbished and upgraded our Education Centre and introduced tele-conferencing
- developed a new ward based role for staff within the Trust of 'multi-skilled therapy assistant', to improve the service provided to clients with a stroke
- seconded our first group of trainees onto the Open Learning Programme, which uses Open University material, to enable them to become qualified as registered nurses
- introduced a staff nurse development programme
- begun a development programme for all managers to improve their leadership skills

Staff Nurse Karen Hill reads to Jessica on the children's ward

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 within the top 5% of all NHS Trusts within the country
- increased the number of staff employed who are from the minority ethic community to 6.6% compared to the local population mix of 3.7% (1991 census)
- introduced our Race Equality Scheme and developed an action plan to support its implementation
- appointed and trained harassment advisers 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 Health Care Careers Scheme" targeted at schools with a high percentage of students from the minority ethnic community. This year 26 pupils took part. The majority of students from previous schemes have been successful in obtaining places in higher education to study a variety of health care courses including Social Work, Nursing, Psychology and Biochemistry
- developed, in partnership with other local NHS organisations, a 'Positive Images Career Pack', This pack contains model biographies of staff working within health and is targeted at increasing the number of staff who come from the minority ethnic communities
- worked with local Job Centres on a scheme designed to get people over 50, who are unemployed, back into work

Linda Hutton and Ann Hopkinson, Clerk receptionists in the X-Ray Department

The Trust has published its Race Equality Scheme Employment Statistics for 2002 and a copy is available on the Trust web site or from the Director of Human Resources, Airedale NHS Trust Telephone 01535 294861.

Roger Pollard
Director of Human Resources

Some highlights in the year

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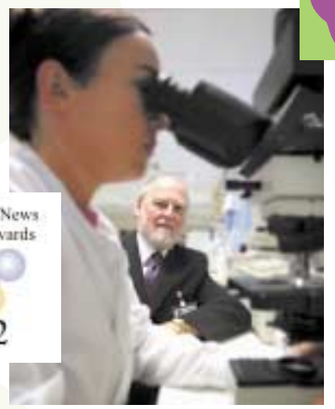

Laboratory News Industry Awards 2002

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1 *Dr Foster survey puts Airedale NHS Trust as the top of the region with the lowest mortality rates of all the hospitals in Northern and Yorkshire. Airedale is also on the national shortlist for the Sunday Times Hospital of the Year.*

2 *The new purpose built Haematology and Oncology Day Unit is opened where patients can receive clinical and therapeutic treatments in a comfortable and quiet environment.*
The photo shows Dr Mike Crawford, Roy Slater and Dr Anne Cuthbert at the opening ceremony.

3 *Our pathology laboratory receives the Laboratory News Award for Best Publicly Funded Laboratory 2002.*
Keith Harrison, Service Manager for Pathology, oversees the testing.

4 *Day Nursery extension. Government funding allows the hospital to increase its day nursery places from 48 to 82 giving our staff more flexibility when they return to work.*
Val Hogg, Childcare Provision Manager, supervises the ribbon cutting.

New Opportunities Fund
LOTTERY FUNDED

5

6

7

8

5 *Dr Paul Silverton receives a £500,000 scanner on behalf of the hospital from Baroness Jill Pitkeathley, Chair of the New Opportunities Fund, as part of a national programme to combat heart disease.*

6 *Accident and Emergency staff receive personal congratulations from the Government for their outstanding achievement in meeting and beating the government target to see, treat and discharge 90% of patients within four hours of arrival at the department.*
Photo shows Consultant Dr Mike Dudley and nurses Sam Whittaker and Paul Isaac.

7 *The new outpatients department is completed with a new cafeteria area.*
Sheila Wade, Airedale New Venture Project Manager, receives a drink from volunteer Brenda Ricketts.

8 *Airedale introduces PALS (Patient Advice and Liaison Service) to give patients and visitors a helping hand with their questions.*
Sue Harle (right), PALS Manager, gives her advice.

Some highlights in the year

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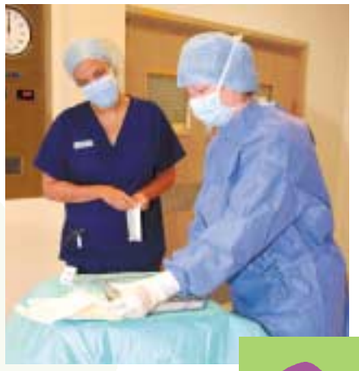

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9 *The theatre staff receive an Award for Excellence recognising their innovation in supporting and training staff.*

10 *Roger Pollard, Director of Human Resources, unveils Airedale NHS Trust's new image with the new recruitment exhibition stands.*

11 *Our staff win the Golden Service Award 2002 for Best In House Cleaning Team in Healthcare.*
Heather Whitehead, Domestic Services Manager and her staff hold their certificate on behalf of the cleaning team.

12 *Clown therapists bring a little laughter to our children's ward.*

13

14

15

16

13 *Ward Manager Linda Beckett and retired Consultant Archie McAdam do the honours as Ward 13 is brought into the future with a complete refurbishment ready for the new Patient Power systems to be plugged in later this year.*

14 *New entrances to the hospital herald a new project to improve signposting around the hospital.*

15 *The voluntary group Friends of Airedale present a new minibus to Sue Franks, Director of Nursing and Quality, as part of their continuous fund raising efforts for the hospital.*

16 *Airedale's Head of Supplies, Graham Beck, wins the Millennium Award 2002 for excellence in providing and developing the supplies profession in healthcare.*

Trust board

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

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

Airedale NHS Trust's new signs

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 and Public Accountability.

C Roger Pollard BA
Director of Human Resources

Isobel C Hall Smith BA DipASS CQSW
Non-Executive Director; Retired Company Director. Special interests: Organisation Development, Personnel, Strategy and Policy, Infection Control.

Alan F L Sutton
Non-Executive Director; Part-time Lecturer, EDEXCEL Examiner, Chair of Governors, Netherside Hall School. Special interests: Complaints Convenor, Audit, National Service Framework for Older People, Strategic Review - Craven.

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.

L to R, Isobel Hall Smith, Janet Crouch, Sue Franks, Paul Godwin, Zafar Ali, Alan Sutton, Doug Farrow, Hazel Goulden, Robert Allen, Jeremy Whaley and Brian Jewell

Trust board

Dr Cornelle Parker, Consultant in Diabetes and Endocrinology, and some of her team

Midwife Patricia Hill examines her patient on the delivery unit

Subcommittees of the Trust Board

Audit

Janet Crouch
Hazel Goulden
Isobel C Hall Smith
Alan Sutton
Jeremy J Whaley (in the Chair)

Remuneration

Zafar Ali
Professor Brian R Jewell (in the Chair)
Hazel Goulden
Isobel C Hall Smith
Alan Sutton
Jeremy J Whaley

Clinical Governance

Robert E Allen, (in the Chair)
Dr Janet Baker, (as Director of Postgraduate Medical Education)
Janet A Crouch, (as Chairman, Non-Clinical Risk Committee)
Susan A Franks, (as Chairman, Quality and Complaints Committee)
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 Convenors

Hazel Goulden
Jeremy J Whaley

Airedale NHS
NHS Trust

Summary financial statements

a head for healthcare

Summary financial statements

Janet Crouch
Deputy Chief Executive/Director of Finance and Information

MRI scanner

The accounts for 2002/03 report that the Trust made a modest surplus of £7,000 for the year.

On the face of it, this is yet another excellent result for an organisation that consistently hits Government targets around patient access and improving key services in Cancer, Coronary Heart Disease and Care of the elderly. However, the Trust has yet again had to rely on non-recurrent sources of funding, including planned revenue support of £500k from the Strategic Health Authority to enable us to achieve this result.

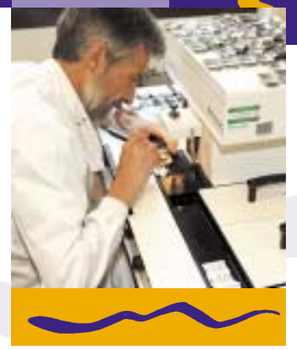
The Primary Care Trusts that commission patient care services from Airedale, have been unable to provide the growth funding that would enable us to continue delivering Government targets through sustainable changes to our staffing and infrastructure. We have, therefore, been reliant on non-recurrent funding for several years, and these unreliable sources mask a significant underlying budget deficit, which will have to be addressed in the very near future.

The message around Capital investment in the organisation continues to be much more upbeat. During 2002/03 the total Capital investment amounted to £5.7m. This included £1.2m on completion of the X-ray department refurbishment, almost £1m on refurbishing Outpatients and Labour ward, £0.5m part of our ongoing programme of ward refurbishment and £0.5m received from the New Opportunities fund to enable the Catheter laboratory to be replaced.

In summary, the Trust delivered each of the statutory financial duties, reporting break even on Income and Expenditure, achieving a 5.9% rate of return on Capital investment, and managing cost within the External Finance limit.

The organisation is rightly proud of these achievements, but recognises that sustainability in the longer term will depend on some disinvestments in services in the medium term.

Janet Crouch
Deputy Chief Executive and Director of Finance and Information



Bill Edmondson, Bio-medical scientist in the newly refurbished pathology department

Statement of Director's responsibility in respect of internal 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

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. The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

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.
- Finalise the principal risks associated with each key objective and complete mapping and reporting of all assurances and controls associated within identified risks. Quarter 2 2003/04
- To ensure training is put in place to fully embed the assurance framework. Quarter 4 2003/04

Signed Robert Allen Chief Executive Officer 6 August 2003

(on behalf of the Board)

Summary financial statements 2002/03

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, Deputy Chief Executive and Director of Finance and Information,
Airedale NHS Trust, Skipton Road, Steeton, Keighley, West Yorkshire, BD20 6TD
Telephone: 01535 294804

The Trust's Financial Record	02/03 £'000	01/02 £'000	00/01 £'000	99/00 £'000
Turnover	77,826	87,658	80,162	80,442
Retained Surplus (deficit)	7	27	110	(86)

Income & Expenditure Account	02/03 £'000	01/02 £'000	00/01 £'000	99/00 £'000
Income	77,826	87,658	80,162	80,442
Operating Expenses	(74,836)	(85,413)	(79,557)	(77,137)
Operating Surplus	2,990	2,245	605	3,305
Profit/(loss) on disposal of fixed assets	(48)	(120)	2,757	(163)
Surplus(deficit) before interest	2,942	2,125	3,362	3,142
Interest receivable	149	436	196	172
Interest payable			0	(899)
Other Finance Costs	(97)			
	2,994	2,561	3,558	2,415
Public Dividend Capital, dividend paid	(2,987)	(2,534)	(3,448)	(2,501)
Retained surplus (deficit) for the year	7	27	110	(86)

Transfer to Primary Care Trust

On 1 April 2002 Mental Health Services, along with the relevant budgets, transferred to the management of the newly formed Bradford District Care Trust.

Auditors' report 2002/03

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 28 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 2003 on which we have issued an unqualified opinion.

Paul Hartley
Audit Commission

6 August 2003

Balance sheet

at 31 March 2003

	31.3.03	31.3.02
	£'000	£'000
Fixed assets	54,195	54,603
Current assets	7,098	6,172
Current liabilities	(7,939)	(8,728)
Total assets less current liabilities	53,354	52,047
Creditors falling due after more than one year	0	0
Provisions for liabilities and charges	(1,806)	(1,806)
Total assets employed	51,548	50,241
Financed by		
Public Dividend Capital	46,631	52,394
Revaluation reserve	7,181	2,184
Donation reserve	907	35
Realised donation reserve		0
Other reserves		0
Income & Expenditure reserve	(3,171)	(4,372)
	51,548	50,241

Statement of total recognised gains and losses

Surplus (deficit) before dividend payments	2,994	2,561
Fixed asset impairment losses		
Unrealised surplus on fixed asset re-evaluations/indexation	6,192	1,148
Receipt of donated assets	878	20
Depreciation of donated assets	(7)	(73)
Prior period adjustment	(1,781)	0
Total gains for the year	8,276	3,656

Better Payment Practice Code	Number	£'000	01/02
Total bills paid	33,459	24,789	22,698
Total bills paid within target	30,175	22,721	21,503
% of bills paid within target	90.19%	91.6%	94.74%

Cash flow statement

	02/03	01/02
	£'000	£'000
Cash inflow from operating activities	5,007	10,870
Returns on Investment and Servicing of finance		
Interest received	161	431
Interest paid		
Capital Expenditure		
Payments to acquire tangible fixed assets	(5,795)	(4,225)
Receipts from sale of tangible fixed assets	9,385	5,953
Dividends paid	(2,987)	(2,534)
Net cash inflow(outflow) before management of liquid resources and financing	5,771	10,495
Financing		
Public Dividend Capital received		
Public Dividend Capital repaid	(6,693)	(10,495)
Capital receipts	878	
Net increase/(decrease) in cash	(44)	0

Staff Costs

Salaries and wages	45,924	51,139
Social Security costs	2,972	3,782
Pensions costs	2,727	3,327
Other Pension costs	27	124
Agency staff	1,098	687
	52,748	59,059

Management costs

Management costs for the year totalled £3.780m, which is 4.86% of total income. This compares with £3.943M in 2001/02. The Trust complied with the Secretary of State's instructions on NHS managers' pay increases. The uplift on payscales was limited to 3.6%.

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 renumeration

Salary and Pension entitlements of senior managers

Name and Title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/compensation for loss of office	Benefits in kind	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at 31 Mar-03 (bands of £5000)
		£000	£000	£000	£00	£000	£000
Mr Zafar Ali - Non Executive Director	55	5 - 9	0	0	0	0	0
Mr Robert Allen - Chief Executive	56	95 - 99	0	0	0	2.5 - 5.0	45 - 49
Mrs Janet Crouch - Deputy Chief Executive & Director of Finance	45	75 - 79	0	0	0	0 - 2.5	25 - 29
Mr Doug Farrow - Director of Planning & Performance	50	65 - 69	0	0	0	0 - 2.5	20 - 24
Mrs Susan Franks - Director of Nursing & Quality	52	55 - 59	0	0	0	0 - 2.5	15 - 19
Dr Paul Godwin - Medical Director	46	10 - 14	80 - 84	0	0	0 - 2.5	20 - 24
Mrs Hazel Goulden - Non Executive Director	51	5 - 9	0	0	0	0	0
Mrs Isobel Hall Smith - Non Executive Director	63	5 - 9	0	0	0	0	0
Professor Brian Jewell - Chairman	67	15 - 19	0	0	0	0	0
Mr Roger Pollard - Director of Human Resources	50	55 - 59	0	0	0	0 - 2.5	15 - 19
Mr Alan Sutton - Non Executive Director	63	0 - 4	0	0	0	0	0
Mr Jeremy Whaley - Vice Chairman	54	5 - 9	0	0	0	0	0

Mr Roger Pollard, the Trust's Director of Human Resources was appointed Associate Director on 13 May 2002.

Mr Alan Sutton was appointed to the position of Non Executive Director on 10 September 2002. This was to fill the position which had been vacant since Mrs Vanessa Moore's resignation on 30 November 2001.

Statement of the Chief Executive's responsibility 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 Officer's 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.

Signed Robert Allen Chief Executive Officer 6 August 2003

(on behalf of the board)

Airedale NHS
NHS Trust

a head for healthcare

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Airedale General Hospital
Skipton Road
Steeton
KEIGHLEY
West Yorkshire
BD20 6TD
Telephone: 01535 652511
Fax: 01535 655129
Website: www.airedale-trust.nhs.uk

INVESTOR IN PEOPLE

POSITIVE ABOUT DISABLED PEOPLE

Bradford Health Action Zone

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