Airedale NHS

NHS Trust

Quality Personalised Care

Annual Report and Accounts 2006-7

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1. Chief Executive's and Chairman's View

Further Progress to Report

2006/07 was a significant milestone in the history of Airedale NHS Trust. This year the Trust was able to report a positive financial position with a small surplus and is now moving forward with renewed confidence and vigour.

Of course achieving this kind of turnaround in the Trust's financial fortunes has only been possible as a result of the commitment and drive of so many of the staff at the Hospital. The Finance Director's report explains this achievement in more detail.

In addition, the Trust continued to make progress on its journey towards the ambition outlined in our 'Way Ahead' vision. During 2006/07, the Trust made a number of investments in new consultant posts, including diabetes, accident and emergency, obstetrics and gynaecology, haematology, and anaesthesia. The Trust also made some significant new investments in nursing within its older peoples' services. These new investments demonstrate that through keeping a secure hold of our financial position, the Trust can make decisions to inject new resources where they are needed.

2006/07 was also a year when the Trust delivered a number of important changes to the way that patients are treated. Of particular note is the redesign to the way that older people (and in particular the over eighty year olds) are assessed on admission. Through changing the way this is done, these vulnerable patients can have access to the advice and diagnostic support they need far more quickly than ever before, which means that the proportion of these patients who can safely and appropriately be discharged back home with the right treatment has risen from 9% to almost 50%. A further benefit of this change has been that through dialogue with the Bradford and Airedale Teaching PCT this has enabled the Trust to establish a much needed intermediate care facility for the area for local residents. During the year the Trust also established the ELIPSE Unit, a unit that organises admissions on the day of surgery for patients who are having planned procedures. This improves the convenience of our surgery for patients as well as making it easier for nurses in the elective care wards to care for their patients too.

Our focus on safety was recognised in 2006/07 as we became part of the prestigious Safer Patient Initiative with our partner Bradford Teaching Hospitals NHS Foundation Trust, a programme of change designed to improve patient safety organised by the Health Foundation in conjunction with the Institute of Healthcare Improvement from North America.

2006/07 was also the year when we began our application to become a Foundation Trust. Foundation Trusts are still very much part of the NHS and follow NHS principles and standards, such as not charging people for their care. Foundation Trusts are still subject to NHS standards, performance ratings and systems of inspection. They are overseen by an Independent Regulator, Monitor, and inspected by the Healthcare Commission, which will ensure that Foundation Trusts meet their obligations. The main difference is that Foundation Trusts are run locally and can work with their communities to develop services to meet local needs. Airedale NHS Trust aims to maximise the benefits of becoming a Foundation Trust and use these as the key drivers to continue the pace of service improvement for the benefit of the local community.

Colin Millar

Adam Cairns

Taken together, 2006/07 has been a successful year for the Trust, where we can point to substantive progress being made. Working together with our partners, we continue to improve and develop our services. We look forward to the year ahead with renewed optimism and confidence that we can continue to make progress on our journey towards being a world class organisation.

Adam Cairns Chief Executive

Colin Millar Chairman

2. Our Year in Brief

1. Patient Access

	04/05	05/06	06/07
Total A and E attendances	50,002	47,744	48,232
A and E attendances - % seen within 4 hours (target is 98%)	97.70%	98.41%	98.74%
Total number of finished consultant episodes	41,458	46,623	47,068
Patients waiting for elective admission for inpatient or day case treatment	1876	1583	1450
GP referred outpatients waiting	1831	1484	1591
Day Cases (part or finished consultant episode figures)	18,396	21,872	22,106

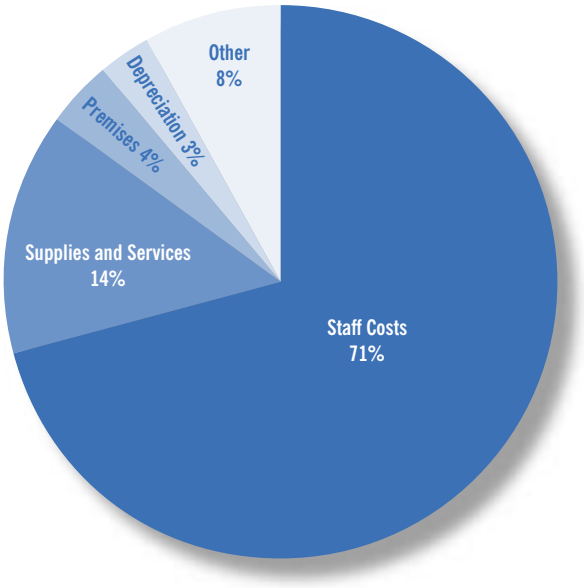
2. Income

The Primary Care Trusts (PCTs) and their GP practices commission health services from us for the populations they serve and the three main PCTs referring patients to us are: Bradford and Airedale Primary Care Trust (PCT), North Yorkshire and York PCT and East Lancashire PCT.

We spend approximately £100 million each year providing health services.

Income by Source	£	%
Primary Care Trusts	87.158m	88
Education Training and Research	3.256m	3.5
Income Generation	2.262m	2.5
Department of Health, SHA and other NHS and Foundation Trusts	1.206m	1
All other income	4.874m	5
Total	**98.756m**	

3. How Our Money Is Spent



3. Who we are

Aim: World class care

Airedale Hospital was opened in 1970 by Prince Charles and is an award winning hospital providing acute, elective and specialist care.

We provide high quality, personalised healthcare for a population of over 200,000 people from a widespread area covering 500 square miles within Yorkshire and Lancashire - stretching as far as the Yorkshire Dales and the National Park in North Yorkshire, reaching areas of North Bradford and Guiseley in West Yorkshire and extending into Colne and Pendle in the East of Lancashire.

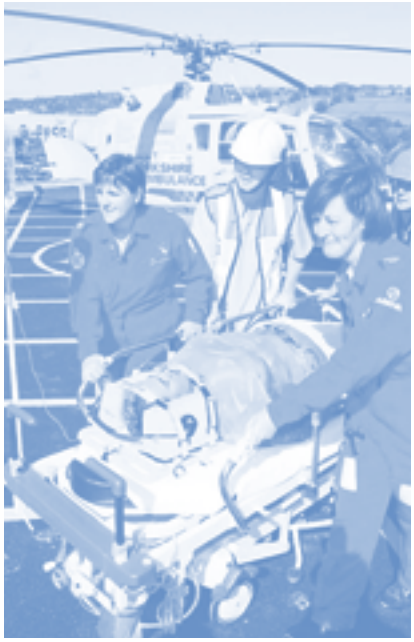
Our ambition is to be the local healthcare provider of choice for this and the next generation and this is reflected in our vision which is to be:

A truly world class, local health care provider, recognised by everyone as being a superb organisation to belong to, one that works flexibly and in partnership to ensure the best deal for patients, leading and innovating on new ways of delivery, confident about its role and in command of its future.

Our mission is to raise quality and safety and reduce costs, by involving everyone and by eliminating waste so that we generate surpluses for reinvestment in Airedale for the benefit of our community.

To achieve this, we have four characteristics that will guide us:

- **World class care; being recognised for our high quality and safety**
- **A highly involved workforce; with everyone contributing their very best**
- **Being efficiently and effectively run; generating surpluses to reinvest for our local community**
- **Being a hospital of choice; trusted by the public to meet their needs**



Some Facts and Figures

- **We employ over 2100 staff and have 365 committed volunteers**
- **In a year we treat 25,000 inpatients, 22,000 day cases and 106,000 out patient appointments.**
- **Our Accident and Emergency Department sees and treats over 48,000 patients every year**
- **Over 2400 babies are born each year at the hospital**

The Trust headquarters are at:

Airedale NHS Trust
Airedale General Hospital
Skipton Road, Steeton
Keighley
West Yorkshire
BD20 6TD
Telephone: 01535 652511

The Trust also provides services at these sites, owned and run by the Primary Care Trusts: Bingley Hospital, Castleberg in Giggleswick, Coronation Hospital in Ilkley and Skipton Hospital.

Our Strategic Priorities

2007/08: Consolidate performance

During 2007/08 we need to make sure we have embedded the changes we have made and prepare the ground for more rapid progress in the following years by

- **Ensuring patient safety**
- **Having a fully engaged staff with a pride in Airedale**
- **Ensuring financial stability and flexibility**
- **Having an embedded partnership approach**

2008/09: Releasing ambition

Achieve all the national and local targets with ease

- **National quality and safety standards exceeded (in top 30% nationally)**
- **Active contribution with strong staff loyalty**
- **Clear portfolio of services with full understanding of the costs of services**
- **Truly effective and representative Foundation Trust membership reflecting our community**

2009/10: Exceed expectations

Fund work to exceed national and local targets from the surplus we generate, for example

- **Award winning quality and safety standards compliance – in top 10% nationally**
- **Becoming a centre of best practice**
- **Top quality performance, with performance at good to excellent**
- **Emphasis on patient well being, with patients always fully satisfied**

2010/11: National recognition

Be recognised nationally for our leading edge NHS practices, for example

- **Lead for quality and safety indicators – national recognition**
- **Employer of choice and a centre of excellence**
- **Exploiting system reforms to maximise potential, top 10% performer**
- **Award winner of national survey of patient satisfaction (all excellent results)**

2011/12: World class performance

Be recognised internationally as an outstanding hospital, for example

- **Beacon Trust, developing and innovating treatments with engaged staff**
- **Flexible staff promoting Airedale by driving performance improvement**
- **Recognised by the Institute for Healthcare Improvement, Emphasis on cash rather than Income/Expenditure**
- **Global brand leader giving international talks on "The Airedale Way"**

Looking to the Future

Looking forward we know we need to maintain and strengthen our relationships with local organisations, including education and social services, so that we become more outward looking, connected to our local community, enabling and supporting health, independence and the well being of our patients. We must also continue to maintain the confidence of key stakeholders wherever we can. Our ability to work in a way that seeks resolution to joint issues rather than the promotion of self interests will be critical to our aim of continuously improving patient care and the patient experience.

Our strategic alliance with Bradford Teaching Hospital NHS Foundation Trust is one example of how we see our future evolving. Our telemedicine project for advice to the Prison service, which will help them reduce the problems caused by hospital visits, is another example of our new way of working. Embracing new technology, moving away from a reliance on buildings and facilities and emphasising the intellectual property of our clinical expertise are key to our future.

2007/08

To deliver our strategic priorities we must first define what is essential and use that to focus our greatest efforts. Being guided by both the national priorities set out in the Department of Health's Operating Framework for 2007/08 and the views from our business planning round on our local priorities, our list of what is essential becomes

National expectations

1. Generate a surplus either by reducing our costs or by increasing our income.
2. Ensure that by December 2007 all patients are treated within 18 weeks of referral
3. Reduce MRSA and other hospital acquired infections
4. Meet Equality and Diversity legislation requirements

Local requirements

5. Ensure our staff deliver their best
6. Ensure that our estate is fit for purpose
7. Honour existing commitments
8. Improve our performance in the Health Care Commission annual healthcheck ratings
9. Achieve Foundation Trust status

Achieving Foundation Trust status

Confidence in Airedale NHS Trust's ability to deliver has grown over the past 18 months, and as a result, the Department of Health have invited the Trust to apply to become a Foundation Trust. This will allow the Trust to give the local community a much greater say in local services offered whilst staying within the NHS, with care still free at the point of delivery. The Trust is to submit a comprehensive Integrated Business Plan to the Department of Health following a consultation period with the public. Monitor, an Independent Regulator, will assess the Business Plan during the autumn of 2007. If it is felt that the Trust is demonstrating solid business management authorisation to proceed to Foundation Trust Status will be granted at the end of the financial year.

Airedale in 2012

In 2012 we can expect to offer a service that meets the unscheduled, emergency and urgent needs of patients and for this to be more integrated with primary care than now, with for instance a high degree of cooperation on out of hour's primary care support, with elements of this service provided by Airedale NHS Trust.

In the future Airedale NHS Trust will be synonymous with high quality care, convenience, friendliness, cleanliness, and service worthy of our status as a world class healthcare provider and a highly successful NHS Foundation Trust generating a surplus year on year for reinvestment in patient care.

4. Working Together With Our Patients and the Public

Aim: Being a hospital of choice; trusted by the public to meet their needs

We are a local provider, staffed by our local people, providing much needed services to our local community. We want our local people, including our staff and partners to have a stake in our future.

Patient and public involvement is a priority for the Trust, to ensure our services are appropriate, accessible and responsive to our patient's needs.

Patient Survey

In May 2006 the national patient survey showed that patients treated in Airedale Hospital feel that overall their care is of the highest standard.

- 95% of patients rated their overall care as 'excellent', 'very good' or 'good'
- 93% of patients rated the way doctors and nurses worked together as 'excellent', 'very good' or 'good'.

In this the third inpatient survey since 2002, we have maintained our standards and are getting even better in some areas:

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

The survey is one of the biggest assessments of the views of patients on the treatment and care they receive while in hospital. The survey captures the experiences of over 80,000 adult patients from all 169 NHS acute and specialist trusts in England.

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

In patient's perception of cleanliness the Trust is still scoring in the top 20% of Trusts nationally and is working on collecting and understanding patient's views on cleanliness. The patients surveyed all gave positive and constructive comments about cleanliness and the number of newly refurbished wards has had a positive and significant impact on patient satisfaction in this area.

The survey shows that fundamentally we are providing high quality care that our patients rate highly, which is very important. We do recognise that this survey has shown us the areas we need to improve on and we have already started to tackle some of these areas. We are always very interested in listening to patient views as they give us a real and valuable measure of our service and we hope to keep on improving.

Listening to our patient's views

Feedback from patients, carers and members of the local community helps us to ensure that we are providing the best services possible. By listening to our patient's views we can ensure that we continue with the things that we do well or to change the things that aren't working.

We strongly encourage people who use the Trust – patients, their relatives and friends – to tell us what they think about their treatment and care. This helps us to continually improve services and to address problems quickly. Information leaflets and posters in wards, clinics and reception areas set out how people can make their views known.

Some Comments from letters from patients and their families

"I just wanted to formally document my personal appreciation not only for the professional conduct of your team, but for the way in which the service was delivered - with compassion, warmth and understanding. Well done Airedale"

"The unending cheerfulness and efficiency of the staff led me wondering where their energy stemmed from! Even at 2.00am-3.00am they seemed to be perpetually on the move carrying out endless tasks that their work requires"

"The experience was totally different to how I imagined it would be due to the excellent attitude of all the staff"

"During my recovery, I was treated with much care and compassion and this extended to my wife and family. I was particularly impressed by the ethic of team-work on the wards which was exemplified at all levels of staffing"

"During his final moments, the compassion shown by your staff was absolutely wonderful. Everybody did as much as they possibly could as to make whatever short time my grandfather had left was as comfortable and peaceful as possible"

"As we are now able to choose which hospital to attend for treatment I decided on Airedale because in this area of East Lancashire it has a very good reputation. I think I made a very good choice"

Foundation Trust Membership

During 2007/08 we will be developing our membership as part of our preparations for Foundation Trust status which gives us an excellent opportunity to strengthen our links with local people, so that we can be responsive to the views of patients and our wider population.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) offers a free, impartial and confidential service to anyone accessing the services of the Trust. The intervention of PALS staff continues to make a difference to individual patients and families who require help and advice. The service aims to support patients, families and their carers, listen to concerns and questions and provide information on a wide range of health matters and services provided by the NHS. PALS seeks to resolve concerns before they escalate into major problems.

In the past year, PALS staff have handled 887 enquiries and of these:

- 473 were regarding concerns
- 284 were requests for information
- 130 were compliments

Examples of concerns that have been successfully dealt with are:

- Patients attending the Warfarin Clinic were unhappy with the lack of provision of a suitable waiting area. Patients are now seen in the out-patient clinic and patients have now written to comment on the improved waiting facilities.
- Patients raised their concerns regarding the newly opened car park and the problems that they had with the drainage gullies, the Trust responded to this by fitting grilles over the gullies, so making the car park safer for all users.
- Following issues raised from local GPs regarding the timing of information following patients discharge from hospital the Trust is working with GPs looking at how this process can be more streamlined and effective.
- The Trust was contacted by several patients regarding the letters that they received informing them of their out-patients appointment and the difficulties that they then encountered in contacting the relevant department. Following the introduction of a new Patient Administration System new letters are now being produced which will be ratified by the Patient Information Group.

In addition the Trust received 2,046 compliments which were made directly to wards and departments from grateful patients, relatives and carers.

Patient Information Group

The Patient Information Group are members of the public who help to advise and comment on information produced by the Trust. The group looks at draft leaflets from a whole range of services and treatments and are able to scrutinise from a patient perspective. The provision of quality patient information is key to communicating with patients and the public to ensure what is produced is easy to read, accessible, helpful and informative.

Patient and Public Involvement Forum

The Airedale NHS Trust Patient and Public Involvement (PPI) Forum is an independent network of local people established to work with the Trust and act as an independent voice for the local community and patients.

The Forum has worked with the Trust on a range of projects, working hard to improve patients' experiences at the hospital. The forum have conducted visits within the following departments;

- Diabetes Centre
- Physiotherapy Department
- Mobility Services
- Portering Services

During the past year forum members have attended the monthly board meetings, the Patient and Public Engagement Committee and the Smoking Cessation Group. In addition forum members have regular meetings with the Chief Executive and the Board Chairman where open discussions can take place. The Trust looks forward to working with the Forum during this coming year and their involvement in improving services and environments for the benefit of patients.

Looking ahead to 2007/08, the Trust is looking to compliment the work of the patient's forum with the introduction of a Patients' Panel. During this year the Trust will be setting up a new Patients' Panel to provide a formal way for the views of patients and the public to be included in the design and development of services. Panel members will help the Trust to explore and improve the day to day experience of patients and their carers.

Listening to our patient's concerns

The Trust received 139 formal complaints in 2006/07 which represented an increase of 8% over the previous year, reversing the trend of falling numbers of complaints.

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

- A full review of all bereavement information leaflets within the Maternity Unit.
- Introduction of a standardised acknowledgement letter for all patients who have been referred to the Audiology Department.
- An analysis of the assessment and supply of wheelchairs to patients through making improvements in understanding service user needs, identifying priorities, better communication with suppliers, leading to increased patient satisfaction and flexibility with wheelchair provision.
- Introduction of individual and group training sessions in the Maternity Unit to incorporate and learn from complaints.

Whilst the Trust makes every effort to ensure that complainants receive a sympathetic and comprehensive response to their concerns, there have been occasions when complainants remain dissatisfied and request an independent review of their complaint by the Healthcare Commission. As a result, thirteen requests were made to the Healthcare Commission in 2006/07 by complainants who remained dissatisfied. Of these, seven cases are still receiving consideration by the Commission; three cases have been referred back to the Trust for further action/investigation which has now been concluded; one case was referred back to the Trust who offered the complainant a meeting to discuss their on-going concerns but the offer was not taken up; one case is the subject of a Root Cause Analysis investigation and, in the remaining case, the Healthcare Commission decided to take no further action.

The Trust has also developed an action plan to address issues raised by the Ombudsman in response to a lengthy investigation and report regarding a complaint made in 2003.

Working Together with our partners and the community

- The Trust has taken part in local cultural events including a visit to a Bangladeshi Community cultural evening.

- We recognise the importance of working with our partner organisations across the healthcare community. To improve our working arrangements Airedale NHS Trust set up a Clinical Programme Board in 2006. This forum brings together Clinicians, strategic leads and Commissioners from primary and secondary care to work collaboratively to improve current services for patients.

- A host of local NHS leaders met at Airedale NHS Trust in January 2007 for a summit-style event to discuss a healthy vision for the future for their community. Leaders from Airedale NHS Trust, NHS Yorkshire and Humber, Bradford District Care Trust and the 3 Primary Care Trust's from North Yorkshire and York, Bradford and Airedale and East Lancashire, met to discuss important issues for the health of the local population such as resolving health equalities in the area and involving and engaging with the public on their future health. The event focussed on joint working and standing together to drive forward a first class health service for local people in the years to come.

- A Contract Management Board meets regularly to bring together commissioners and Airedale NHS Trust management to ensure the best arrangements are in place to deliver services to patients as contracted by the Primary Care Trusts.

- A collaborative group has been set up between Airedale NHS Trust and other local Acute and Primary Care Trusts to work together to achieve the referral to treatment target of 18 weeks.

- We are in regular contact with all four of our local MPs and they visit the hospital and meet with our staff and patients to gain an understanding for their constituents of the services we provide.

- The Trust has worked with local primary schools and supports IMPS - the Injury Minimization Programme for Schools. The aim of IMPS is to reduce death and disability as a result of accidents to children between the ages of 10 and 11. The children visit their local hospital and have a basic life support (resuscitation) session, a first aid session and a tour of accident and emergency.

- The Trust has 365 registered volunteers who are major fundraisers for the Trust and provide a wide range of invaluable support services to our patients including patient transport, Chaplaincy, cancer and cardiac support and running and staffing the two shops in the hospital.

- The Trust is developing its links with the local business community including an innovative partnership with the Ilkley Virtual College which has resulted in the establishment of the Lean Healthcare Academy.

- The Trust is also an active and committed member of the Airedale Partnership Board which is looking at innovative ways of developing and regenerating the Aire Valley.

- We are part of the regional Emergency Planning network.

- We are in regular contact with the local Overview and Scrutiny Committees and invite all our local councillors to our annual Open Evening in September.

- The Trust has one long-standing Private Finance Initiative (PFI) contract for Radiology equipment

Working Together With Our Staff

Aim: A highly involved workforce; with everyone contributing their very best

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

Average number of persons employed	2006/07 Total	2006/07 Permanently Employed	2006/07 Other	2005/06
Medical and dental	221	213	8	212
Ambulance staff	0	0	0	0
Administration and estates	513	510	3	467
Healthcare assistants and other support staff	321	321	0	305
Nursing, midwifery and health visiting staff	756	751	5	796
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	329	328	1	343
Social care staff	0	0	0	0
Other	5	5	0	0
Total	**2,145**	**2,128**	**17**	**2,123**

New Consultant Appointments in the year

Anaesthetics	Dr Richard Jackson
Accident & Emergency	Dr Dominic Hewitt
General Medicine/ Diabetes:Endocrinology	Dr Andrew Pettit
General Medicine/ Gastroenterology	Dr Irfan Khan (Locum)
Medicine/Elderly	Dr Susan Drysdale (Locum)
Haematology	Dr Pandurangan Prabu
Histopathology	Dr Douglas Maloney
Neurology	Dr Marek Kunc (Locum)

Our Equality statement and policy

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

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

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

Involvement and consultation

The Trust actively involves staff in the planning and running of their departments and in the design of services. During the year Airedale has been particularly successful in involving our staff to create and identify with our vision for the future "The Way Ahead". We have also actively engaged our staff in the redesign of services using what we call our "lean" methodology to improve the quality of patient care, cut out waste and enable staff to spend more time on direct patient care.

Staff opinion survey

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

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

Airedale NHS Trust was also in the highest 20% of Trusts for effectiveness of its error reporting systems to help avoid mistakes and learn from them.

During the year we changed our approach to staff appraisals and as a result did not score well on the percentage of staff being appraised; increasing the score will be a key target for us in 2007.

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

Smoke free buildings and grounds

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

Workforce developments

- The Trust received funding from National Workforce Projects in 2006-07 to develop new ways of delivering unscheduled care and of providing training for junior doctors. By establishing scheduled and unscheduled adult care teams, Airedale NHS Trust will work 24 hours a day every day across conventional speciality boundaries. These teams will be made up of doctors from diverse backgrounds, highly skilled nurses and health care assistants. The project centres on a two team approach: TUSKERS (team for unscheduled care and emergency responses) and SPECTORS (scheduled planned care team of organised responders). New roles will follow best practice and professionally appropriate and relevant requirements. The anticipated outcomes include:

  - Improved communication across and within multi disciplinary teams
  - Improved patient safety
  - Early implementation of the EWTD (European Working Time Directive) 2009 of a maximum working week of 48 hours

The project is under consultation at the time of preparing the annual report, with a view to implementation in the Autumn of 2007.

- The Catering Department have introduced an E-Learning package, in cooperation with the e-learning coordinator, to improve the delivery of Food Hygiene Awareness training. This course has been delivered as refresher training for food handlers within the Trust and so far some 60% of catering and ward hostess staff have completed this course. This is a real improvement for our staff, the department and further ensures safe practices.

- We have developed patient services by opening a new Intermediate Care Facility, in partnership with our lead commissioner Bradford & Airedale PCT, and recruited more nursing staff to this facility using existing trained staff or newly qualified staff who wish to work in this area.

- We are committed to protecting our staff and will not tolerate any acts or incidents of violence or aggression towards them. We have a policy in place to ensure patients or visitors who do treat our staff in this way are dealt with appropriately. We do take action and refer incidents to the police where necessary. During the year we have also put in place regular conflict resolution training for our staff to give them the skills necessary to manage conflict in the safest way possible for all concerned.

- Keeping in contact with children with complex health needs after they have left the ward is important so that, should they have to return, we are better able to care for them. In Paediatrics the idea of having staff moving between the ward and the community has proved successful so we have continued with this arrangement; this has developed nurses' skills in the community setting, helped the patients with continuing problems when they return to the ward and helped the nurses to think 'outside the box' when planning discharge. The paediatric outreach/community team have also developed a liaison role to meet part of the 'Climbie' recommendations, ensuring children are discharged safely.

- 'Train to Gain' is the Learning Skills Council initiative and during the year we successfully bid for 17 places on this programme for facilities support staff to train to level 2 NVQ in Team Leading. This will start in April 2007. It is aimed at staff who do not currently possess an initial level 2 qualification.

- The Trust is particularly successful in retaining staff who return after a career break to bring up children. We provide the Nightingales Day Nursery for young children and this year have introduced "Child Care Vouchers" for staff who wish to obtain their own child care services.

Providing Assurance

The Staff and Service Development Committee, established in 2006, provides assurance to the Board on implementation and delivery of a range of staff (and service development) work areas.

5. Achievement and Improvement

Aim: Being recognised for our high quality and safety

Trust Performance 2006/7

Objectives	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sep 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07
Urgent Care												
No less than 98% of patients attending A & E waiting 4 hours or less from arrival to admission, transfer or discharge	98.8%	98.1%	98.4%	98.7%	98.7%	99.2%	99.0%	98.5%	98.5%	98.4%	99.3%	99.1%
No less than 98% of patients admitted to hospital via A & E to be found a bed within 4 hours of decision to admit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All patients to receive thrombolysis within 30 minutes of hospital arrival	100% (2/2)	100% (4/4)	100% (2/2)	100% (3/3)	100% (1/1)	100% (1/1)	100% (3/3)	75% (3/4)	100% (4/4)	100% (4/4)	100% (0/0)	100% (3/3)
All patients to receive thrombolysis within 60 minutes of call to ambulance	100% (2/2)	100% (0/0)	100% (5/5)	100% (5/5)	100% (1/1)	100% (0/0)	100% (0/0)	0% (0/1)	100% (3/3)	100% (1/1)	100% (1/1)	100% (3/3)
Fast Track												
All patients with new onset chest pain thought to be angina to be seen in a rapid access clinic within 2 weeks of GP making referral	100% (22/22)	100% (20/20)	100% (19/19)	100% (13/13)	100% (16/16)	100% (15/15)	100% (24/24)	100% (18/18)	100% (24/24)	100% (22/22)	100% (20/20)	100% (29/29)
All cancer patients to see a specialist within 2 weeks of urgent GP referral	100% 221/221	100% 257/257	100% 239/239	100% 229/229	100% 231/231	100% 215/215	100% 228/228	100% 225/225	100% 224/224	100% 252/252	100% 230/230	100% 240/240
All cancer patients to receive treatment within 31 days of diagnosis	100% 29/29	100% 37/37	100% 47/47	100% 46/46	100% 45/45	100% 69/69	100% 50/50	100% 62/62	100% 58/58	100% 57/57	100% 56/56	100% 40/40
All patients with cancer treated within 62 days of urgent GP referral	100% 9/9	71% 10/14	95.4% 21/22	93.3% 14/15	93.7% 15/16	96% 15/16	100% 19/19	100% 16/16	100% 16/16	94.4% 17/18	100% 27/27	100% 20/20
62 day breaches shared with other organisations	1	1	1	0.5	0	0.5	0	0	0.5	0	0	
Routine												
No patient to wait over 6 months for admission	0	0	0	0	0	0	0	0	0	0	0	0
No patient to wait over 13 weeks for their first outpatient appointment	0	0	0	0	0	0	0	0	0	0	1	0
All patients whose operation is cancelled for non clinical reasons is admitted within 28 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Convenience and choice - all inpatient elective admissions are booked in advance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Convenience and choice - all outpatient appointments are booked in advance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Delivering on Key Targets

2006/07 has been an excellent year for the Trust in terms of its performance against national targets, with improvements, some of them significant, against all areas when compared to the previous year.

The Trust has reduced waiting times and waiting lists whilst seeing more patients in out patients as inpatients and day cases and in A&E. And all of this set against a challenging cost improvement programme which resulted in an excellent financial performance culminating in a surplus (The Director of Finance's report provides more detail).

Highlights from the year include:

- The Trust achieved all A&E targets
- With the exception of one breach, the Trust achieved all thrombolysis targets
- The Trust achieved the majority of fast track referrals for patients with chest pain and cancer. Against the 62 day cancer target, the Trust did breach for a small number of patients for six months of the year and has taken steps to ensure a 100% performance in future
- No patient waited over 6 months for treatment with only one incident of a patient waiting over 13 weeks for an out patient appointment
- Against our MRSA target of 12, the Trust reported 15 cases during 2006/07. This compares to 16 cases the previous year.

Building for the Way Ahead

We aim to offer the most efficient and effectively run services for our patients at Airedale, and have undergone a reconfiguration of our delivery structure over the past 18 months to ensure we can continue to do that.

We now have one operational delivery group led by a Hospital Director, supported by Commissioning Directors and a team of highly qualified Matrons and Heads of Service. This operational delivery group is supported by a Corporate Development function set up to provide the business expertise to ensure the Trust maximises its potential within the boundaries set by quality and safety.

Our Services

Patient Activity 2006/2007

Patient Treatment Activity	2005/2006[*1]	2006/2007[*1]
Finished Consultant Episodes		
Inpatients	24,751	24,962
Daycases	21,872	22,106
Total	**46,623**	**47,068**
Outpatient Attendances	**2005/2006[*2]**	**2006/2007[*2]**
New	25,817	29,797
Review	77,689	76,138
Total	**103,506**	**105,935**
Day Care Attendances	**2005/2006**	**2006/2007**
Hospital Based Care	1,911	1,634
Accident & Emergency Attendances	**2005/2006**	**2006/2007**
	47,744	**48,232**
BIRTHS	**2359**	**2446**

NOTES:

*1 Excludes Private Patients , Well Babies , Mental Health and has obstetrics with length of stay = 0 as Daycases

*2 Now includes orthoptist and optometry attendances, Excludes Mental Health attendances

Inpatients Numbers Waiting

Waiting List Performance	2005/2006 as at31/03/2006	2006/2007 as at 31/03/2007
Surgery	263	188
Urology	153	125
Orthopaedics	610	601
Gynaecology	342	287
Oral	61	51
Ophthalmology	30	60
ENT	14	22
Angiography	110	116
TOTAL	**1583**	**1450**

Outpatients Numbers Waiting	2005/2006	2006/2007
Outpatients	as at31/03/2006	as at 31/03/2007
Surgery	222	102
Breast	59	52
Urology	86	53
Orthopaedics	129	168
Gynaecology	230	156
Oral	112	102
Ophthalmology	90	191
ENT	145	273
Plastic Surgery	26	29
Cardiology	115	121
Clinical Haematology	14	13
Dermatology	0	0
Elderly Medicine	17	19
Gastroenterology	0	2
General Medicine	111	87
Neurology	6	72
Nephrology	5	21
Oncology	0	0
Paediatric	79	97
Rheumatology	38	33
TOTAL	**1484**	**1591**

How we compare

NHS Performance Indicators

Target	Airedale NHS Trust 06/07 Q4 latest available	Yorkshire & Humber SHA 06/07 Q4 latest available
Referral to treatment within 18 weeks – admitted patients	26.6%	50.8%
Patients waiting 20 week + for admission	0	108
Patients waiting 11 week + for admission	303	13,088
Patients waiting 11 week + for 1st outpatient	0	4
Patients waiting 5 week + for 1st outpatient	335	28,592
Patients waiting 13 week + for diagnostic (15 key tests)	561	14,933
Patients waiting 6 week + for diagnostic (15 key tests)	826	26,664
Inpatient breaches (26+ weeks)	0	51
Outpatient breaches (13+ weeks)	1	119
Patients through A&E within 4 hours	99.1%	97.9%
Patients receiving thrombolysis within 60 minutes of call to ambulance	85.7%	65.8%
Rapid Access Chest Pain clinic within 2 weeks of referral	100%	97.9%
Cancer referral to 1st outpatient within 2 weeks	100%	100%
Cancer referral to treatment within 62 days	98%	96%
Cancer diagnosis to treatment within 31 days	100%	100%
Cumulative MRSA infections	15	608
Reducing length of stay	12.5%	12.6%
Day case rate for 25 key procedures	76.5%	71.5%
Pre-operative bed days	22.6%	24%
Cancelled elective operations	0.4%	0.9%

Annual Health Check

The Healthcare Commission annual health check scores NHS Trusts on many aspects of their performance, including the quality of the services they provide to patients and the public and how well they manage their finances and other resources such as their property and staff. These scores are based on a range of information gathered throughout the year. The ratings for the year covered by this annual report (2006/07) are not available until later in the year. The previous years ratings are detailed below:

In 2005/6 Airedale Hospital was rated

- Good for quality of services
- Weak for use of resources (due in the main to the financial position of the Trust in 2005/6)

For Airedale's quality of services:

Getting the basics right	**fully met**
Existing national targets	**almost met**
New national targets	**good**
Admissions management	**excellent - top 10% of Trusts**
Diagnostic services	**excellent - top 10% of Trusts**
Medicines management	**excellent - top 10% of Trusts**
Children's services	**fair**

In the feedback, the public and patient involvement forum were positive about our strengths and impressed by the management of the Accident and Emergency Department; our smoke free environment; the innovative way our staff work; our cancer diagnosis; the professional, open and friendly manner that staff treat patients with dignity and respect; our catering services and the fact that our patient satisfaction surveys show consistently high levels of patient satisfaction.

The Local Authority Overview and Scrutiny Committees also commented positively on both their own personal experiences of the Trust and of its honouring of commitments in delivering services. They agreed that Airedale makes excellent use of money available for constant renewal and refurbishment of wards and departments and that there are good levels of co-operation in ensuring that individual patient's needs are well met.

For 2006/07 we are confident that the annual health check ratings (to be published later this year) will have improved.

Dr Foster Good Hospital Guide

In December 2006 we were commended in the Dr Foster Good Hospital Guide. This is the third consecutive year we have achieved success due to our quality care, satisfaction rates, efficiency and achievements in access for patients and Dr Foster has recognised that there is a core and basic quality in our services that is very important.

Leading and Innovating

Telemedicine

Airedale NHS Trust has been working hard to develop ways of delivering the same high quality and safe care to patients closer to home. It is not always necessary for patients to visit the hospital to receive the care that was traditionally offered there. New technology called Telehealth is opening up the possibility to offer consultant care to remote locations to save patients travelling long distances to hospital. As well as providing this service to rural communities, the Trust is also providing a telehealth service to the prison service, and is planning to expand this business throughout England during 2007/08.

Lean Healthcare

Our Lean Healthcare Academy opened at Airedale during 2006. The Academy which has been developed in partnership with the Ilkley Virtual College and with the support of NHS Yorkshire and Humber, trains our staff to look again at the processes and systems we use, and to find more efficient and effective ways of achieving the same high standards. We have achieved a number of significant service improvements as a result of Lean methodology, and many other NHS Trusts are now attending the Academy to take the same learning back to their own organisations.

Learning and Improving

Clinical Governance

Clinical Governance is fundamentally about producing effective change so that high quality care is achieved. All teams supporting the implementation of clinical governance have been working closely together to ensure that they support clinical staff to deliver robust clinical governance and improve patient safety.

We continue to implement the strategy for clinical governance

approved by the Board in December 2005. The newly constituted Quality and Assurance Committee monitors progress against this strategy on behalf of the Board.

The Clinical Governance and Risk Management Operational Committee is now well established and ensures that clinical governance activity is reported and monitored robustly at clinical level.

The Board receives a comprehensive clinical governance report on a quarterly basis, which encompasses all areas of clinical governance.

Managing risk

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

Work is ongoing in Midwifery that will enable the Trust to apply for CNST (Clinical Negligence Scheme for Trusts) level 2 assessment in October 2007.

The rest of the Trust is concentrating on ensuring that the systems and processes in place for risk management will enable the achievement of level 1 against the new NHSLA (NHS Litigation Authority) Acute Risk Management Standards in December 2007.

Both these standards are in recognition of the systems and processes that are in place to manage and support safe practice and risk reduction.

Involving patients and the public

The Trust has developed a new Patient and Public Involvement Strategy to ensure that all members of the local population are fully involved in shaping the way healthcare is delivered by the Trust.

The Patient and Public Engagement Committee, constituted in 2006, will monitor assurance of implementation of the strategy. This is a sub-committee of the Board and is chaired by a Non-Executive Director; it also has representation from the Patient and Public Involvement Forum.

The Trust also participated in a district wide event jointly with Airedale and Bradford PCTs and Bradford District Care Trust in the summer of 2006 to look at how all the local Trusts can work together to ensure that patients and the public are fully engaged in their healthcare.

Being Safe

Safer Patient Initiative

In February 2007, the Trust was delighted to learn that it had been successful in gaining a place, as part of a couplet with Bradford Teaching Hospitals, NHS Foundation Trust, on this prestigious scheme. The Trust is working with the Institute for Health Improvement (IHI) and networking with other Trusts around the country for two years to implement rapid change that will improve patient safety.

The aims of the initiative are to

- design safety into everything we do,
- develop reliable systems and processes and
- prevent avoidable harm to patients.

Clinical areas that are currently involved with this work with the IHI include critical care, infection control, peri-operative care, theatres and pharmacy. In addition, a leadership team working on the initiative ensures patient safety is embedded throughout the whole of the organisation.

Standards for Better Health

Following the first declaration against the Health Care Commission's Core Standards for Better Health in April 2006 the Trust scored "good" for quality of services for 2005/06.

In order to maintain or exceed this achievement in 2006/07 the Trust has put in place a robust process for measurement against the standards that involves all levels of the organisation. This enabled the Board to be fully assured of compliance against the standards and to submit a declaration based on self-assessment to the Healthcare Commission in April 2007.

Work is currently ongoing to ensure a robust system for assessing ourselves regarding progress against the developmental standards over the next year with particular focus on patient safety and clinical and cost effectiveness.

Being Prepared for Emergencies

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

In summary, the Trust continues to make excellent progress in the implementation of clinical governance this year. The Trust will continue over 2007/08 to ensure that services are developed that are strongly underpinned by safety and quality.

6. Highlights Calendar 2006/07

2006

April

Launch of New Medicines Code

Staff at Airedale NHS Trust signed up to a new Medicines Code as part of the Trust's plans to ensure all staff are up to date with their knowledge on medicines handling.

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

The Trust is also looking to the future with the possibility of having a Passport to Prescribe. The new passport will effectively say what skills a member of staff has and what they are able to prescribe. The passport would document the build up of skills and clearly state the current competency and level of expertise held by that professional.

May

Patients give Airedale top marks for their care

According to a national survey patients treated in Airedale Hospital feel that overall their care is of the highest standard around. 81% of patients surveyed said that overall the care they received was excellent or very good with a further 14% rating it as good.

June

Wards across the Trust put food first during the National Protected Meal Times Initiative.

All staff supported the idea of interruption free mealtimes. This increases the potential for patients to benefit nutritionally from their food and this, in turn, enables them to respond better to medical treatment and assists the recovery process.

July

Elderly Consultant of the Fortnight launched.

In August 2005 the four consultants in elderly medicine made radical changes to the way the service for the over 80s is provided. The GP speaks directly to the duty consultant and the consultant has a clinic each morning and so a patient can always be seen within 24 hours. This means a large number of patients do not have to come in to hospital with all the disruption that entails, often upsetting routines, bringing on confusion and risking infections. But the patient still gets a consultant opinion, and fast.

August

Airedale in top 10% in England for diagnostics

In a report published by the Healthcare Commission, Airedale NHS Trust scored in the highest 10% of all Trusts in the country for its diagnostic services.

Airedale NHS Trust scored 5 out of 5 for the following services:

- Endoscopy waiting times - with services being accessible when they are needed.
- High quality of pathology services - as all 5 disciplines are accredited to the highest standard
- High quality image reporting - from Accident and Emergency and from GP referrals

September

Airedale Opens its Doors

The Trust held its annual open evening with tours around the hospital including Pathology, Labour Suite and the opportunity for visitors to try their hand at laparoscopic surgery with surgical equipment.

October

New Rapid Assessment

In October we introduced an entirely new way of looking after our patients when they first come into hospital. In practice this means that our patients needing urgent care come into an assessment unit and have a rapid and specialised assessment of their needs by a senior team made up of doctors, nurses and therapists.

Each patient then has a specific plan of care and a named case manager who will ensure that care is delivered safely and on an appropriate ward for the patient's condition, staffed by specialist medical, nursing, therapy and rehabilitation staff. This is all done alongside external support services, like social services, and the patient's GP, to ensure that our patients have the most appropriate services in place for their return home.

For our patients having planned procedures that are not already day cases, we are now able to admit them on the day of their surgery, to avoid any unnecessary stays in hospital the night before to a new Elective In Patient Surgical Entry (ELIPSE) Unit

This has resulted in:

- Shorter stays for the patient so more convenient
- Reduced risk of infection for patients
- Improved start times in theatres
- Specialist management of the patients
- All staff are in the right place at the right time for the patient

November

Screening Programme gives gift of hearing

A National Hearing Screening programme set up to detect hearing problems in newborn babies gave the gift of hearing to a 2 year old patient from Keighley.

The newborn hearing programme had just started the month he was born and identified problems with his hearing very quickly which meant he was seen in by a specialist before he was one month old.

Airedale's hearing screening also received top marks during a national assessment of this vital service. The national assessment team found that 100% of babies had been offered the screening with 80% of those taking place whilst the baby was still in hospital after birth. To date the screening programme has picked up 3 children with hearing difficulties in the local area out of over a 1000 screened that previously may not have been found until later, in some cases not until the hearing distraction test done by the health visitor at 8 months of age.

December

LEAN Academy launched

Airedale NHS Trust is spearheading the use of a cutting edge training approach to help significantly reduce costs faced across the NHS, using state of the art online technology and 'Lean' working practices.

Working alongside the Ilkley Virtual College, the NHS will have a Lean Healthcare Academy which offers an innovative approach to training Trusts in Lean techniques, through a combination of e-learning, traditional classroom based learning and practical implementation support.

During the first part of 2006 staff at Airedale NHS Trust have already applied Lean principles to IUGR (Intra-uterine Growth Retardation) with remarkable results. Pregnant women whose babies have potential growth problems would usually have a scan which could take up to a number of weeks. The team, led by Sue Speak, Matron for the Labour Ward, have reduced the patient waiting time from 6 weeks to 24 hours by eliminating a number of steps along the way and this new patient pathway of care started on 1st February 2007. It is intended that the initiative will roll out across the Trust in 2007, and be used as a pilot for a future national project.

2007

January

Mr Kapadia and his team filmed for BBC feature

Airedale Hospital, under the lead of Mr Raj Kapadia, Consultant Surgeon, was identified as delivering excellent care and an example of best practice in the field of cholecystectomy in a new, national report by the NHS Institute for Innovation & Improvement.

In the report Airedale Hospital shows that through good patient education, a skilled laparoscopic surgeon and effective team, the procedure can be performed safely as a day case, bringing significant benefits to both patient and hospital.

- Airedale is identified as a top performer in the field thanks to the percentage of cholecystectomy procedures that it performs as a day case and laparoscopically (through keyhole surgery). Day case rates at the hospital have risen from 59% in 2001 to 83% in 2006.

- In a patient satisfaction survey at the hospital 63 out of the 67 patients said they would have a similar operation as a day case again.

Trust appoints GP as new Director

Dr Maggie Helliwell, GP at Ling House in Keighley took up her post at Airedale Hospital as new deputy Medical Director. Dr Helliwell also works one day per week as a GP and as primary care consultant in general practice to the Department of Health. "I saw this role as a real opportunity to bring in my primary care knowledge to improve pathways and care for patients. It was also an opportunity for me to work back within the population I have worked in for the last 26 years as a GP; I have come to understand that it is the locality that is really important to me."

February

Airedale launches new unit to help patients get back on their feet

The new Intermediate Care Facility was opened to provide older patients with specialist rehabilitation care from expert staff to help get them back on their feet and back to their own homes after their treatment in hospital.

The unit acts as a step down facility for people who need a further period of specialist rehabilitation before they can go home or to their residential home. From the patient's point of view the staff and whole environment are concentrated solely on the patient's rehabilitation so they are getting a specialist service within their usual hospital. Patient's daily routine includes physiotherapy, occupational therapy such as making drinks, and even exercising to music.

Our whole team has been specially recruited for their expertise and interest in the care of older people and their needs. We also work in partnership with primary care as both community matrons and a GP will be providing services on the facility - in practice this means a GP will come and provide care to the patients on the ward and community matrons will also visit the wards to prepare the patients so they can be safely able to go home or to their residential home.

March

Mum and baby are cover stars for new postnatal booklet

In March we launched a new information booklet for our patients with a local mum and her 5 month old baby as the cover stars. The new postnatal information booklet - After the Birth of Your Baby - was designed with help of patients to ensure new parents have all the information they need in one place and ensures the information given by all our staff is consistent.

7. Our Board

Appointment changes during the year:

David Adam, Non Executive Director (appointed February 2007)

Zafar Ali, Non Executive Director (until November 2006)

Ronald Drake, Non Executive Director (appointed February 2007)

Jeremy Whaley, Non Executive Director and Vice-chairman (until November 2006)

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

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

Robert Toole, Director of Finance (appointed November 2006)

Julia Hickling, Director of Planning (Associate Director until February 2007)

Ann Wagner, Director of Corporate Development (appointed September 2006)

Executive Directors

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

Bridget Fletcher RGN ONC BA (Hons) MA
Director of Nursing (appointed October 2005)

Roger Pollard BA
Director of Human Resources Associate Director (appointed June 2002)

Dr Richard Pope MD FRCP
Medical Director (appointed April 2004)

Robert Toole FCMA
Director of Finance (appointed November 2006)

Ann Wagner, Dip M, HND
Director of Corporate Development (appointed September 2006)

Non-Executive Directors

David Adam M.A. F.C.A.
Non Executive Director (appointed February 2007)

Jeff Colclough, BA
Non Executive Director (appointed February 2006)

Ronald Drake LLB(Hons), ACIArb, Solicitor
Non Executive Director (appointed February 2007)

Sally Houghton ACMA BSc (Hons)
Non Executive Director (appointed February 2006)

Mr Colin Millar BA
Chairman (appointed December 2005)

Mr Alan Sutton BA (Hons) Cert Ed (QTS)
Non Executive Director (appointed September 2002) and Vice Chairman

Audit Committee Members

David Adam, Non Executive Director (from February 2007)

Sally Houghton, Non Executive Director

Alan Sutton, Non Executive Director

Jeremy Whaley, Vice-Chairman and Chair of Audit Committee (until November 2006)

In Attendance

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

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

Robert Toole, Director of Finance (from November 2006)

Remuneration Committee Members

Colin Millar, Chairman

Zafar Ali, Non-Executive Director (until November 2006)

Jeff Colclough, Non-Executive Director

Ronald Drake, Non Executive Director (from February 2007)

Sally Houghton, Non Executive Director (from April 2006 to May 2006)

Alan Sutton, Non-Executive Director

Jeremy Whaley, Vice-Chairman (from April 2006 to May 2006)

Register of Interests

The current register of interests for members of the Board is shown in the Finance section of this report. The Register of Interests is held at Trust Headquarters, Airedale NHS Trust, Airedale General Hospital, Skipton Road, Keighley, West Yorkshire, BD20 6TD.

8. Our Finances

Aim: Being efficiently and effectively run; Generating surpluses to reinvest for our local community

Results for the year

Income & Expenditure

In my first annual report since joining Airedale NHS Trust it is very pleasing to report for 2006/07 that the Trust had an underlying surplus of £0.034m (2005/06 underlying deficit of £3.8 million).

The use of the term Underlying Earnings is intended to provide a year on year comparable assessment of the Trust's financial performance. It thus excludes the impact of changes in accounting policy and any receipt of external financial support / brokerage. The 2006/07 surplus was achieved by the Trust on its own merits with no external financial support.

The reported surplus for 2006/07 was £0.275m following a change in accounting policy detailed below. (2005/06 reported surplus was £4.267m following receipt from West Yorkshire Strategic Health Authority of £8.040m non–repayable financial support which addressed a recurrent income and expenditure deficit position).

Change in Accounting Policy

For 2006/07 as proposed by the Department of Health there was a change in accounting policy in respect of "work in progress" that is "incomplete patient treatments" known as "spells". Essentially this resulted in additional income of circa £0.241m due to the valuation of partially completed episodes of patient care as at the 31st March 2007 year end compared to 2005/06.

The Trust also made a Prior Period Adjustment (PPA) in respect of the value of 'incomplete spells' at the previous year end. The value of the PPA was £0.713m, whilst the value of 'incomplete spells' at 31 March 2007 of £0.954m, resulted in the Trust recognising circa £0.241m more income than would otherwise be the case.

External Financing ("Cash") Adjustment

The Trust did not require any cash brokerage during the year. Additionally in February 2007 the Yorkshire and the Humber Strategic Health Authority made a one off non-recurring cash adjustment to the Trust's External Financing Limit (EFL) of £4.5 million. This adjustment to the EFL effectively addressed the Trust's historic cash shortfall in part stemming from the dissolution of earlier area Health Authority finances.

Of the other financial targets, the Trust:

- Achieved a capital cost absorption rate of 3.1% against a target of 3.5% - this performance is within normally accepted margins.
- Managed cash within the Trust's EFL.
- Managed capital expenditure within its Capital Resource Limit.
- Paid 79% of its non NHS supplier invoices (representing 89% in value) within target, and 70% of its NHS invoices (representing 76% in value) within target.

Capital Investment

The Trust spent £2.871 million on capital items during 2006/07. No significant capital work was completed on the fabric of the building during the year, but a number of significant equipment purchases, such as orthopaedic power tools (£301k) and cardiac ultrasound machine (£154k) were made. In addition, £1.1m was invested in Information Technology.

Operational Performance Improvement, Financial Risk and the Hospital's Future

Airedale NHS Trust must continue to make progress with the modernisation of our facilities, introduction of more efficient working practices, improvement in Best Practice business 'Lean' processes and further investment in hospital clinical information systems. These initiatives remain a priority in 2007/08. They are also necessary in order to operate successfully in the increasingly competitive Healthcare arena with the active promotion of new and existing Healthcare providers and increasing regulation.

For 2007/08 and onwards the Trust has additionally taken steps to both review and reinvest in a programme of planned replacement and maintenance on an annual rolling basis for facilities and equipment.

The Trust also will define a coherent service development strategy, with transparency of costs so that both financial and non financial factors such as patient safety and quality criteria can be assessed and evaluated.

In common with most hospitals under the Payment by Results regime the Trust is challenged in determining which services are efficient / provide a contribution to overheads and which do not. Costs are monitored using cost centre based financial reports and these do not relate to the wide range of services being delivered in each specialty area which cross a range of cost centres.

In 2007/08 we are looking to determine effectiveness and efficiency levels as well as financial contribution of each group of specialties and where possible sub-specialties in order to make better informed decisions about balanced service investment within the constrained resources available under the NHS 'Payment by Results' regime. As part of this we also need to consider improved clinical engagement in right coding for work done, including proper assessment of complexity, increased and improved staff training, and working across interfaces with other services provided both internally and externally by the hospital and with the wider health community.

The provision of healthcare services involves complex inter-related processes and the Trust must ensure that patient pathways are as efficient as possible. This is especially true with the introduction in 2007/08 by the Department of Health of contractual financial penalties for any failure in secondary care / hospitals to deliver on wait-list targets. Staff involved in unproductive activities such as working with broken processes is the major cost of inefficiency in service organisations such as the NHS.

Best-Practice processes result in additional productive time released to 'caring' and improved patient satisfaction. They also lead to increased income and reduced costs generating funds for reinvestment in areas that will further enhance patient experience and the provision of services. The internal development of Best Practice processes will lead Airedale NHS Trust and its staff to meet the shared vision of a world-class organisation.

Robert D Toole
Director of Finance.

Audit

The Trust's external auditor is the Audit Commission. The audit fees for 2006-07 were:-

Audit of Annual Accounts	£50,000
Use of Resources - (Value for Money Conclusion and Auditors Local Evaluation)	£70,000
Total Audit Fee	£120,000

All the above figures are subject to VAT

Remuneration Report

1 Introduction

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

2 Membership of the Remuneration Committee

The Remuneration Committee comprises the Trust Chairman and three Non-Executive directors. The Non-Executive director who chairs the Audit Committee does not attend in order to ensure separation of duties. The Chief Executive is in attendance (except when his own terms and conditions are considered).

The role of the committee is as follows-

- The determination of overall pay arrangements, including 'cost of living' awards, for the

Chief Executive and higher paid employees. A higher paid employee is currently defined as one earning £50,000 p.a. or more (or pro rata if part time) and whose pay, terms and conditions are not covered by the Consultant Contract or 'Agenda for Change'.

- The determination of terms and conditions of service for the Chief Executive and higher paid employees (defined as above).

- The determination of contractual arrangements and termination payments for the Chief Executive and higher paid employees (defined as above).

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

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

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

- Assessment of overall pay market position and competitiveness.

- Salary determination based upon individual job size.

- Fixed salaries with no automatic incremental progression.

- The determination of an overall pay and reward package.

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

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

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

The Remuneration Committee reviews appropriate levels of pay for the Chief Executive and higher paid employees. In line with best employment practice, where performance should be assessed by the line manager, the Chief Executive conducts the performance assessments for the directors. The Chairman assesses the performance of the Chief Executive.

Assessments are conducted using established Trust appraisal and personal development planning processes.

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

Please refer to paragraph 4.

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

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

7 Details of service contracts for each senior manager who has served during 2005/2006 - See table on page 27.

8 Significant awards made to past senior managers during 2006/2007

All payments are disclosed in the table on page 27.

9 Salary and pension entitlements of senior managers for 2006/2007

See table on page 28.

Salaries and Allowances

Name and Title	2006-07			2005-06		
	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100
Mr David Adam - Non Executive Director	0 - 4	0	0	0	0	0
Mr Zafar Ali - Non Executive Director	0 - 4	0	0	5 - 9	0	0
Mr Adam Cairns - Chief Executive	100 - 104	0	0	60 - 64	0	0
Mr Jeff Colclough - Non-Executive Director	5 - 9	0	0	0 - 4	0	0
Mr Ronald Drake - Non-Executive Director	0 - 4	0	0	0	0	0
Miss Bridget Fletcher - Director of Nursing	70 - 74	0	0	30 - 34	0	0
Mrs Kim Gay - Interim Director of Finance	5 - 10	0	0	30 - 34	0	0
Mrs Sally Houghton - Non-Executive Director	5 - 9	0	0	0 - 4	0	0
Mr Colin Millar - Chairman	15 - 19	0	0	5 - 9	0	0
Mr Roger Pollard - Director of Human Resources	70 - 74	0	0	65 - 69	0	0
Dr Richard Pope - Medical Director	20 - 24	135 - 140	0	15 - 20	125 - 129	0
Mr Alan Sutton- Non Executive Director	5 - 9	0	0	5 - 9	0	0
Mr Robert Toole - Director of Finance	35 - 39	0	0	0	0	0
Mrs Ann Wagner - Director of Corporate Development	55 - 59	0	0	0	0	0
Mr Jeremy Whaley - Vice Chairman	0 - 4	0	0	5 - 9	0	0

Mr David Adam took up the position of Non Executive Director on 8 February 2007.

Mr Zafar Ali's term of office as Non Executive Director came to an end on 30 November 2006.

Mr Ronald Drake took up the position of Non Executive Director on 8 February 2007.

Mrs Kim Gay's part time secondment as interim Director of Finance came to an end on 11 May 2006.

Mr Alan Sutton has been a Non Executive Director throughout the year, but was appointed to the position of Vice Chairman on 7 December 2006.

Mr Robert Toole took up the position of Director of Finance on 1 November 2006.

Mrs Ann Wagner took up the position of Director of Corporate Development on 1 September 2006.

Mr Jeremy Whaley's term of office came to an end on 30 November 2006.

Salary and Pension entitlements of senior managers

Name and title	Real increase in Pension at age 60	Real increase in Pension lump sum at age 60	total accrued pension at age 60 at 31 March 2007	Lump sum at age 60 related to accrued pension at 31 March 2007	Cash equivalent transfer value at 31 March 2007	Cash equivalent transfer value at 31 March 2006	Real increase in cash equivalent transfer value	Employers contribution to stakehold pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100
Mr Adam Cairns - Chief Executive	0 - 2.5	5 - 7.5	25 - 29	85 - 89	384	342	24	0
Miss Bridget Fletcher - Director of Nursing	2.5 - 5	7.5 - 10	25 - 29	80 - 84	387	314	45	0
Mrs Kim Gay - Interim Director of Finance	n/a	n/a	n/a	n/a	n/a	386	n/a	0
Mr Roger Pollard - Director of Human Resources	0 - 2.5	0 - 2.5	25 - 29	80 - 84	453	434	6	0
Dr Richard Pope - Medical Director	2.5 - 5	10 - 12.5	35 - 39	105 - 109	525	446	48	0
Mr Robert Toole - Director of Finance	n/a	n/a	0 - 4	10 - 14	45	n/a	n/a	0
Mrs Ann Wagner - Director of Corporate Development	n/a	n/a	15 - 19	55 - 59	261	n/a	n/a	0

As Mrs Kim Gay completed her secondment at the Trust on 11 May 2006, it is not appropriate to complete most columns in this section.

As Mr Robert Toole and Mrs Ann Wagner took up office part way through the financial year, pension details are the beginning of the year, and subsequent comparisons are not available.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

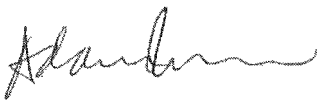
Declaration of board members' interests

In accordance with the "Codes of Conduct and Accountability Guidance" EL(94)90 issued 28 April 1994 this register lists the declared interests of the Chair, Non-Executive and Executive Directors of Airedale NHS Trust that are relevant and material to the Trust.

Name	Position	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those of dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely, or possibly seeking, to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Any other matter which may result in a conflict of interest
Non Executive Directors							
Mr Colin S Millar	Chairman	Bradford Community Housing Trust Group (2006) Ltd MetroMark International Ltd Furness Building Society	None	None	None	None	None
Mr David W Adam	Non-Executive Director	CBD Ltd	None	None	None	None	None
Mr Jeff Colclough	Non-Executive Director	Jeff Colclough Associates Ltd	None	None	None	None	None
Mr Ronald S Drake	Non-Executive Director	Partner and Principal, Cobbetts LLP Arts & Business Yorkshire Kirklees Media Centre Music and the Deaf	None	None	None	None	None
Mrs Sally A Houghton	Non-Executive Director	None	None	None	None	None	Employed by local firm of solicitors on an accountancy basis involved in litigation cases which may perhaps be against the Trust
Mr Alan F L Sutton	Non-Executive Director	None	None	None	None	None	None

Name	Position	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those of dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely, or possibly seeking, to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Any other matter which may result in a conflict of interest
Executive Directors							
Mr Adam Cairns	Chief Executive	None	None	None	None	None	None
Miss Bridget A Fletcher	Director of Nursing	None	None	None	None	None	None
Mr C Roger Pollard	Director of Human Resources	None	None	None	None	None	None
Dr Richard M Pope	Medical Director	None	None	None	None	None	None
Mr Robert D Toole	Director of Finance	None	None	None	None	None	None
Mrs Ann Wagner	Director of Corporate Development	None	None	None	None	None	None

There is no relevant audit information of which the NHS body's auditors are unaware.



Adam Cairns

Chief Executive

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Airedale NHS

NHS Trust

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