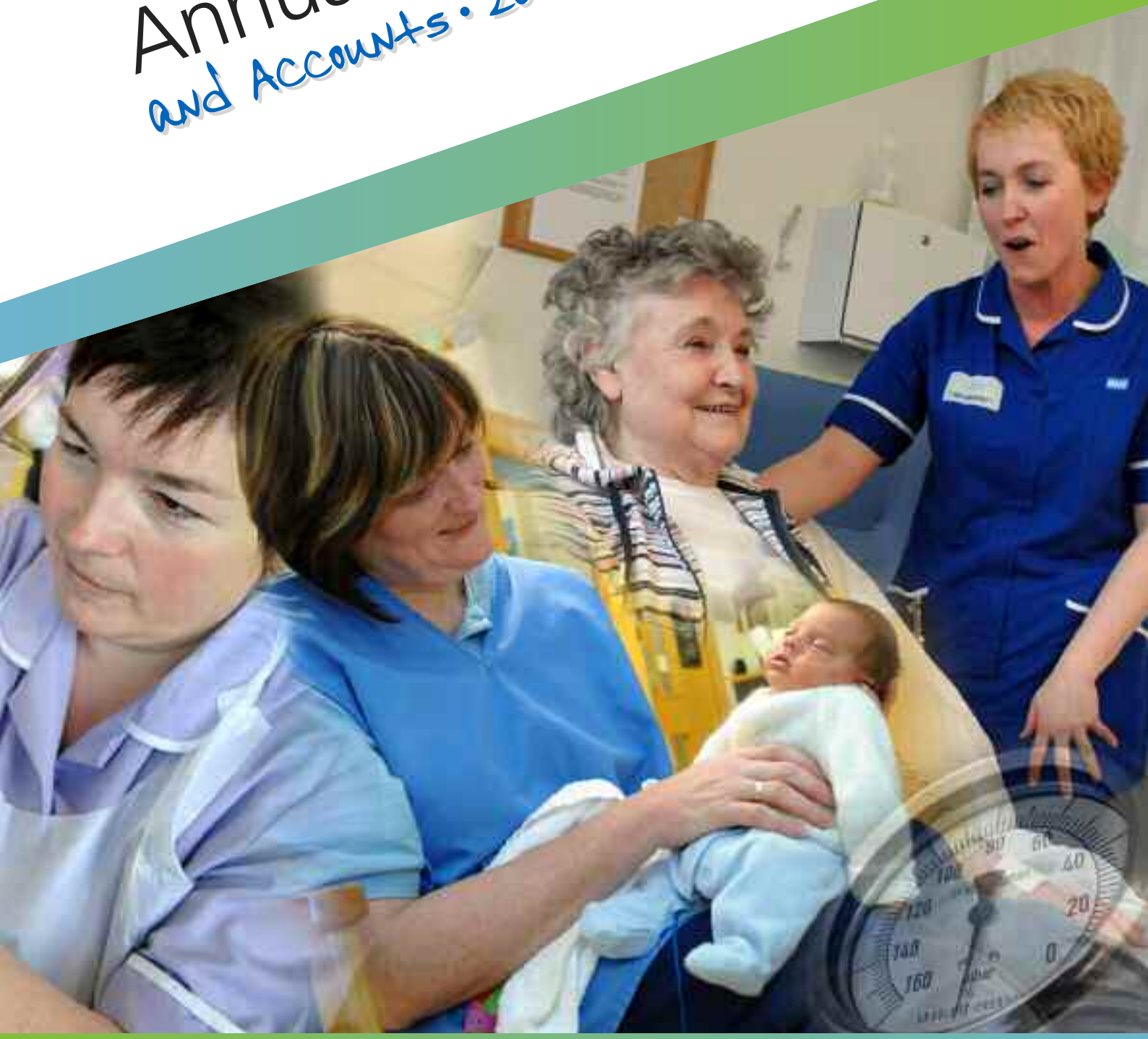
Calderdale and Huddersfield NHS
NHS Foundation Trust

Annual Report and Accounts • 2007/08



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Calderdale and Huddersfield NHS Foundation Trust

Annual Report and Accounts
2007/8

Contents

Chairman's Statement

This has been quite a year - I became chairman of the Trust in October 2007 and only a month later I was at a national awards ceremony in London. We were one of only five short-listed for the acute healthcare organisation of the year in the prestigious Health Service Journal awards.

It provided confirmation of what I already knew - we are among the best hospital trusts in the country and this great success has been achieved thanks to all our staff, volunteers and supporters.

Our hospitals are busier than ever - this year we have treated almost 400,000 outpatients, 100,000 inpatients (people who stay at least one night) and about 130,000 people have attended our two accident and emergency departments.

It has also been a busy and productive year for my colleagues on the Membership Council, who now have considerable active involvement in the affairs of the organisation and in supporting the development of Trust policy.

They have direct links with the hospital divisions and through focus groups provide a vital link between the Trust and wider membership. This will be invaluable as we continue to develop our services to meet the challenges of modern-day living and the needs of our local population.

The Healthcare Commission's 'excellent rating' confirmed that this organisation is financially secure and provides high quality services.

In 2007/8 we have once again met all the key Government health targets with the exception of the challenging MRSA bacteraemia (bloodstream infections) target.

We have traditionally done well in this area but recognise that we have further work to do and a great deal is already well underway. This is a challenge that will require teamwork with our partners in the two primary care trusts and, indeed, our visitors and patients too.

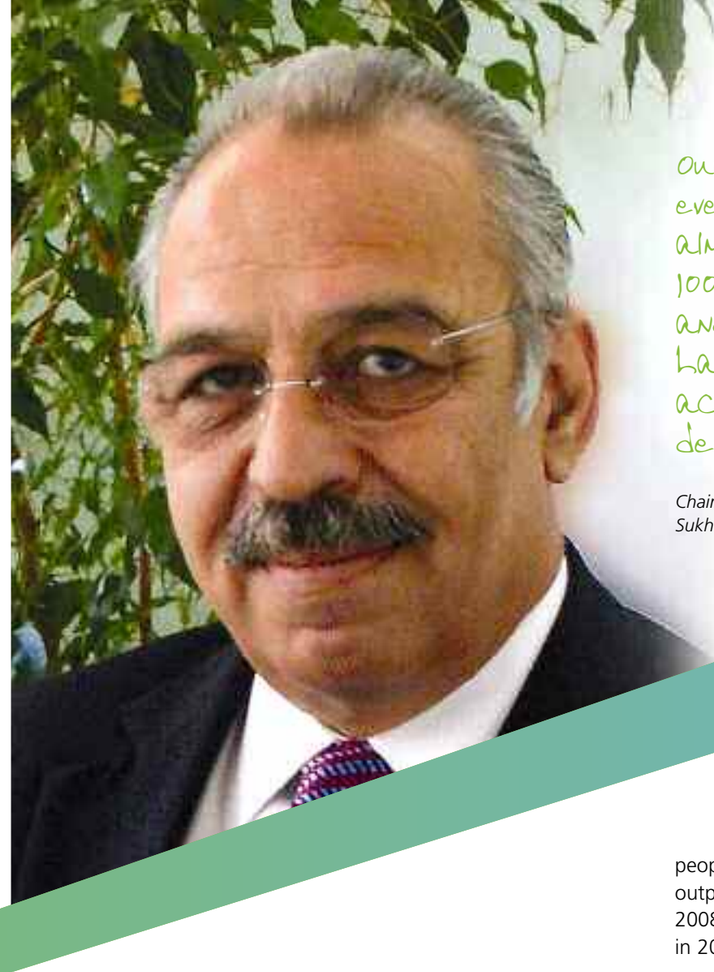
Good partnerships and relationships are key in meeting many of today's healthcare challenges - another example is the 18-week maximum wait from GP referral to treatment. This needs to be in place by December 2008 and behind the scenes an incredible amount of work has been taking place to achieve this and I am very proud to report we are in a strong position.

This next year will also see the next major stages of our service reorganisation put into place - changes that will ultimately strengthen our services and make sure that they are fit for the future.

Chairman
Sukhdev Sharma

Chief Executive
Diane Whittingham

For all of us a major high point in 2007/8 was receiving a double "excellent" rating from the health watchdog the Healthcare Commission. We were one of only 19 trusts in the country to get the top rating for both 'quality of service' and 'use of resources'.



Our hospitals are busier than ever - this year we have treated almost 400,000 outpatients, 100,000 inpatients and about 130,000 people have attended our two accident and emergency departments.

Chairman
Sukhdev Sharma

Another great piece of news for local people is that we are seeing further reductions in waiting lists - for example the number of people waiting more than five weeks for a first outpatient appointment was 20 at the end of January 2008 compared with more than 2000 the same time in 2007.

Our battle against infections acquired in hospital is showing results but we are also still seeing people come into hospital with infections including MRSA. We all need to work together to bring the numbers of infections down, whether it is gastro-enteritis, MRSA or Clostridium difficile. Fortunately one of the most effective measures is also the most simple - hand hygiene.

This report gives more detail about the past year including our successes and the recognition our staff have received for their hard work and commitment to improving patient care. This is a great boost for them.

As well as our frontline consultants, doctors and nurses it is well worth remembering and thanking the many staff behind the scenes who play a vital role. Our hospitals depend on these people - our porters, cleaners, volunteers, receptionists, appointment centre staff - and many more.

Chief Executive
Diane Whittingham

Chief Executive's Statement

The past year has been extremely busy and challenging and thanks to our staff and supporters one that has again marked us out as a top performer.

For all of us a major high point in 2007/8 was receiving a double "excellent" rating from the health watchdog the Healthcare Commission. We were one of only 19 trusts in the country to get the top rating for both 'quality of service' and 'use of resources'.

Our commitment to providing the very best care for our patients has led to significant changes in the way we deliver our services. A major reorganisation started in 2007 and will continue over the next few years. I am pleased to report that we are already starting to see the benefits of change in surgery with a fall in the number of cancelled operations, reduced lengths of stay for patients and a reduction in infection.

Improving Services

Double top!

In October we achieved a first for our Trust - a double excellent rating from the Healthcare Commission.

This is the very best there is. Only 19 Trusts out of 394 assessed nationally achieved "excellent" in both how they manage their finances and how they deliver care.

The result was top-level external recognition for the work of our 5,300 staff and a tribute to every single one of them.

- We were also one of only five organisations nationally to win through to the final for acute healthcare organisation of the year in the prestigious Health Service Journal Awards. The judges visited us in October and were impressed with a whole series of presentations about the innovations and achievements in improving patient care

Above: Some of our staff celebrate the news

This is the very best there is.

Looking to the future

We are constantly looking at how we can improve our services to make sure they meet the challenges of modern day living. The Looking to the Future process is now well underway and this year we have seen:

- Huddersfield Royal Infirmary become the centre for emergency surgery, planned complex surgery and emergency paediatric (children's) surgery
- Calderdale Royal Hospital become the centre for planned inpatient orthopaedic and general surgery and home to a dedicated women's unit for breast and gynaecology inpatients
- The opening of a new family birth centre at Huddersfield Royal Infirmary and more services delivered out in the community

Later in 2008 we will see the final changes put into place:

- The centralisation of consultant-led maternity care at Calderdale Royal Hospital
- A paediatric assessment unit at Huddersfield Royal Infirmary and centralised inpatient paediatric care (for children who need to stay at least one night) at Calderdale Royal Hospital
- The centralisation of care for poorly babies at Calderdale Royal Hospital
- The continued planning for the final services to be relocated from St Luke's Hospital, Huddersfield, over the next few years

New birth centre proves a big hit

Our new Huddersfield Family Birth Centre has proved to be a big hit with local people.

Within hours of the centre at Huddersfield Royal Infirmary opening on March 10, 2008 Sumaya Sajid made history when she was the first baby to be welcomed into the world there. Four weeks later the centre's staff had delivered 44 babies.

And there's been no letting up in their work as mums are flocking to have their children at the centre, which encourages a relaxed and natural birthing experience.

The midwife-led centre - a first for the town - is aimed at women showing no signs of complications during their pregnancy. It is completely different to a traditional hospital ward and offers a 'home from home' birth experience for women and their partners.

Right: The centre's first baby Sumaya Sajid with mum Shamama Saeed and husband Sajid Majeed.

"I was treated like royalty from the very moment we walked in. When I found out my husband could stay over too, I thought 'wow' and I felt a huge sense of relief that he wouldn't have to leave and could stay with us." *Shamama Saeed*

Access to the best treatment

A new specialist vascular unit for our patients opened last summer. The 14-bed ward was refurbished and bathrooms upgraded ahead of the new unit opening and we took advice from our patients before carrying out the work.

The unit at Huddersfield Royal Infirmary provides specialist surgery and associated services for patients with vascular conditions. These include a wide range of blood vessel conditions from less complex cases to major arterial by-pass surgery.

Consultant surgeon Mr Anver Mahomed, said: "By merging two smaller units we created a centralised major vascular unit at Huddersfield with four vascular surgeons and two vascular interventional radiologists, supported by a team of vascular nurses and allied staff. Our patients benefit from having access to the best treatment available."

Above: Auxiliary nurse Nicky Sayer with patient Patrick Beattie on the vascular ward.

Third laminar flow theatre

A new £250,000 laminar-flow operating theatre at Calderdale Royal Hospital opened in December 2007 and is now helping to cut waiting lists.

The state-of-the-art theatre is primarily being used for joint replacement surgery as it provides an ultra-clean environment. The laminar-flow canopy renews the air around the table around 500 times an hour providing the most sterile conditions for surgery and minimising the risk of infection.

Consultant orthopaedic surgeon and divisional director for surgery and anaesthetics, David Wise, said: "This extra orthopaedic theatre capacity means we can perform more joint replacements for our patients and continue to bring down the waiting lists still further."

New hours are a hit with parents

Our children's community nursing team widened the service to include after-school and weekend visits, as part of a trial.

The team provides care for children across Huddersfield and Calderdale who have recently been discharged from hospital following a serious illness and those who require long-term support at home.

Parents have praised the children's community nursing team for providing a caring, supportive and responsive service.

Mum, Miranda Gordon said:

"The paediatric team has been a constant source of support to our family. They gave us the confidence and skills to care for our son at home."

Left: Miranda Gordon, with her son Riisé and children's nurse Katie Booth.

Reaching children and young people

We have also introduced paediatric diabetes clinics at health centres in Brighouse and Todmorden. The service provides streamlined care, support and advice and helps children and young people manage their condition.

Dr Yvette Oade, consultant paediatrician said: "The new clinics are an exciting service development, and help us to reach children and young people in a familiar, community setting.

Top rating for our falls teams

Our Falls Network Group continues to be amongst the best in the country for treating patients with hip fractures.

The Royal College of Physicians (RCP) assessed 172 Trusts on how well they organised the treatment starting from a patient's arrival in accident and emergency through their orthopaedic care in hospital and on into rehabilitation. The Trust scored 61 and the overall national average was 50.

Above: Our falls team. Front (left to right), Falls secretary Jean Wrathall, Dr Joy Coles, Falls practitioner Gillian Farrow. Back (left to right), Physiotherapist Elizabeth Buczko, Dr Edward Sliwo.

Dr Edward Sliwo, lead physician for the Falls Network team at the Trust, said:

"Again our performance put us amongst the top trusts nationwide. This is the result of team building and the hard work of the falls, A+E and orthopaedic teams at the Trust."

"Best performing" rating for our maternity services

Our maternity services were awarded the highest rating possible in a new national survey.

Above & Below: Top maternity teams.

The Trust was the only one in West Yorkshire to gain the "best performing" rating from the independent Healthcare Commission in January this year. The rating also put us in the top 26 per cent nationally.

Jacque Gerrard, head of midwifery, said: "This is testimony to all the hard work of our midwives and well-earned recognition for everything we are trying to achieve for our mums and families across Huddersfield and Halifax."

Martin De Bono, consultant in obstetrics and gynaecology and director of children's and women's services, said: "We are constantly working hard to provide a first class service for local women."

It's playtime!

Our young patients and their families are benefiting from major improvements at Calderdale Royal Hospital's Child Development Unit.

A brand new play area includes a colourful, patterned soft play surface and a covered decked area and new play equipment. Donations from the Halifax branch of Provident Insurance helped with costs.

The unit also has a lovely, sensory room with special effects lighting and sound equipment for children with visual impairments.

The child development unit along with other agencies provides support to families whose child may have a disability or additional needs through therapy intervention, emotional support and supportive information.

Children's centre's makeover

This year saw the transformation of the Ellerslie Child Development Centre at the Princess Royal Community Health Centre, Huddersfield.

The centre, which cares for around 40 youngsters of pre-school age, had new carpets, paintwork, blinds, furniture and new toys. The centre consists of therapy and playrooms and two sensory rooms with light and sound to help children with disabilities.

The work was paid for out of the Calderdale and Huddersfield NHS Foundation Trust charitable funds, from the Trust lottery funds and the unit's charity supporters Small Steps.

Centre manager Sharman Secker, said:

"The centre is brighter and more colourful and the refurbishment has lifted the whole building for everyone here."

Above: Children enjoy the new unit.

Ten years of success

Staff at Calderdale Royal Hospital's Special Care Baby Unit celebrated a record 10 years at the top last year.

They have now received a Practice Development Unit plaque from the health academics at Leeds University every year for the past decade recognising their excellent performance.

The accreditation is only awarded to units that constantly achieve the best practice in health care and it is very rare for a unit to gain one in 10 successive years.

Sister Kath Barnes said: "We were all immensely proud to be recognised for delivering quality healthcare to our mums and their babies and for delivering it consistently over such a long number of years."

Above: Gail Cadman with one of her baby twins

Top success rates help couples

Our assisted conception unit - with clinics in Halifax and Huddersfield - celebrated its busiest year with more than 1,000 new appointments.

One in three of couples undergoing IVF treatment have a successful outcome compared to a national average success rate of one in four.

The unit is now the largest satellite IVF unit in the country and offers mums-to-be the choice of either Leeds or Manchester for the egg collection and embryo transfer parts of the treatment. All other treatment before and after conception is performed at the unit.

Consultant gynaecologist Martin De Bono, said: "We have an excellent, friendly and professional team here committed to helping families conceive and we have a reputation we are very proud of."

Left: Baby Lucas with parents Kirsty and David Greenwood.

Stroke successes

The care our stroke patients receive is the best in West Yorkshire.

The Royal College of Physicians (RCP) rated our acute unit and rehabilitation services at 79 out of 100. This rating was the best in the region and put our hospitals in the top 25 per cent of units in the country.

Above: Patient Dorothy Bradshaw with occupational therapist Dave Joyce.

Consultant Dr Irfan Shakir, lead for stroke care, said: "We are very proud of what we have achieved. It is down to good investment, sound training and an excellent atmosphere amongst our teams."

Dr Tony Rudd, associate director of the Royal College of Physicians who headed the audit, said: "It is impressive that the Trust is providing specialist stroke care for so many patients. This makes them a leading trust in this field and this kind of performance is something that all hospitals should aim for."

New X-ray machine

A new £43,000 specialist X-ray machine has boosted the X-ray services in the radiology department for the accident and emergency department at Huddersfield Royal Infirmary.

The orthopantomogram (OPT) is designed for oral and facial X-ray images. The machine is used for diagnostic purposes on a daily basis by the radiology department on patients referred from the maxillofacial unit. Referrals will also be sent from the accident and emergency department in cases of facial trauma to detect injuries such as fractured jaws.

Above: Advanced practitioner in A&E radiology Sarah Holroyd shows how the new machine works to student radiographer Rob Davies.

Hi-tech medicines unit

Our £8 million new pharmacy manufacturing unit will go into production later in 2008 on the Acre Mill site in Huddersfield.

The hi-tech unit will be one of the largest manufacturers of special medicines in the NHS and will make medicines for the special clinical needs of individual patients where there is no suitable commercially licensed product.

It is a state-of-the-art environment using "clean rooms" and specialised equipment to produce medicines for people across the country.

The unit will replace a smaller, out-of-date facility in the hospital freeing up space on the main site close to other specialties for clinical care for our patients.

It has around 1,000 customers in both primary care (GP practices etc) and secondary care (hospitals, mental health trusts etc) with more than 90 per cent of sales made to organisations outside the Trust. All the costs of the unit are recovered through sales, making it financially self-sufficient.

Securing the funding for the unit was a major boost for our development plans and now work to develop the rest of the Acre Mill site will continue around it.

and was warmly received by our patients and visitors.

Wearing the proper clothing to work to keep infection risk to a minimum was also highlighted across our Trust to all staff.

Dr Johnathan Joffe is seen above modelling the right clothing for doctors - no ties, no extra jewellery, no jacket and sleeves up.

Some of our frontline staff also signed up as "activists" to promote the best practices and most effective ways of keeping infection out of hospital.

We also asked visitors and patients who are able to help by using the alcohol hand gels and also regularly washing their hands.

David Birkenhead, our director of infection prevention and control, said: "Infection control is very much about a team effort and everyone working together. We have a dedicated infection control team who work extremely hard - but it is not just their business - it's everyone's business."

So what's the single most important thing people can do? "Hand hygiene - it's as simple as that," said David. "We need to embed this message in the organisation and learn to challenge people who do not clean their hands."

Infection Control
Together we can beat the bugs!

Together we can beat the bugs!

Infection control has again been a huge challenge for all our staff - yet our Trust is confident that together - staff, patients and visitors – we can "beat the bugs".

There has been widespread activity across our hospitals to reduce infections and make the environment in wards and clinics as safe as possible for our patients.

We were already working hard on infection control as a member of the Safer Patients' Initiative, which we joined in January 2007.

This was boosted with the deep clean award - more than £50 million from the Department of Health shared between all NHS Trusts - to give an extra clean to beds, furniture and the wards in general.

We had a specially-trained team to steam clean walls and ducts, dismantle beds for a complete clean and replace curtains. This was a very thorough process carried out in addition to the normal cleaning work

Working with You

Taking to the catwalk

Around 400 family and friends packed into a Huddersfield hotel last October for the Trust's third breast cancer fashion show.

Patients aged from 33 to 83 and staff took to the catwalk wearing designer hats and clothes to a backdrop of hits cheered on by supporters of all ages.

Husbands, children and grandchildren packed the seats at the event, which was also attended by the mayors of both Calderdale and Kirklees.

Organiser and breast care specialist nurse Veronica Allinson, said: "The show is primarily all about bringing inspiration and confidence back to our patients who may be going through a difficult time in their lives. When they step out in front of their families on the night it is an overwhelming experience they will never forget."

Above: Nurses Veronica Allinson and Julie Bottomley with professional models.

Effective partnerships

In partnership with Kirklees Services for the Deaf we held a successful workshop aimed at improving our services for people with hearing loss. The meeting is being followed by a focus group that will look in detail at how we can further improve our communications with people with hearing loss.

Below: The workshop was well attended

The majority, 86.6 per cent, positively rated the manner used by nurses to talk to them and felt their feelings were appreciated.

The survey also asked for their views on issues such as food, help with eating and drinking, ward cleanliness and the suitability of the care plans for discharge.

For example, 82.6 per cent said they thought the food was suitable for their needs and the majority of those who needed help with feeding received it. 89 per cent said their care plans were in place prior to discharge and continued at home and 97 per cent gave a positive feedback when asked about the cleanliness of the ward.

Jean Moxon, chair of the PPI forum, said:

"The forum has been very happy with the way the Trust and the PPI have worked together for the benefit of patients and this survey was one example of that."

A team effort

This year we worked closely with our local Calderdale and Huddersfield Hospitals Patient and Public Involvement Forum (PPI).

This is very much a two-way relationship, working together to improve healthcare provision locally. One example of joint working was a questionnaire co-ordinated by the forum asking our older patients and their relatives about the care we provided.

It was an anonymous survey with nearly 300 forms going out to both hospitals and we are grateful to the forum for coordinating the survey. The survey aimed to take a snapshot of all patients over 65 in acute wards at both hospitals.

Respondents were asked to indicate whether they felt that all procedures were explained to them prior to taking place and 89.7 per cent answered positively. An almost identical proportion of those who responded felt that their opinions were taken into account.

Keeping close links

The first cancer patient feedback day organised by the Trust took place in April and will pave the way for more events.

The event was planned by the clinical audit team and consultant oncologist Dr Jo Dent and attended by more than 70 patients, friends, family and carers.

Liesl Skelding-Millar, clinical development facilitator in the clinical audit team, said:

"This event gave us the opportunity to say thankyou to patients for providing their views and to show them that we use their ideas to improve the care our patients ultimately receive."

Above: Staff from the Calderdale and Huddersfield NHS Foundation Trust and patient representatives from the cancer patient feedback day event

Patients' views

Every year patient surveys are carried out by health watchdog the Healthcare Commission. The inpatient survey results (for people who stay at least one night) carried out in 2007 showed that our patients highly rated their care and our staff.

In it 93 per cent of our inpatients surveyed said the care they received was either excellent (42 per cent), very good (36 per cent) or good (15 per cent).

And our patients put us in the top 20 per cent of Trusts in the country for:

- Confidence and trust in doctors (89 per cent)
- Confidence and trust in nurses (88 per cent)
- Privacy during treatment (93 per cent)
- Staff answering questions about a patient's treatment or procedure (86 per cent).

Medical director Yvette Oade said: "Every one of the results contained in the inpatient survey is of interest and importance to us - we are never complacent and will continue to listen to patients and work on those areas where improvements need to continue."

Areas where our patients felt we could do better included the amount of information we provided about their condition in the accident and emergency departments.

Supporting each other

A new group to support our bowel cancer patients was started last year open to anyone who felt they wanted more information and extra support.

Around 200 new patients a year are referred to our colorectal service. Bowel cancer is the second most common cancer, and if diagnosed at an early stage, has a good prognosis. Specialist colorectal nurse Michelle Speight said the aim of the new support group was to provide support and advice to people at different stages of their treatment. She said: "About 20 people attend each month and the feedback is really positive. It is also a great way of improving people's awareness of the disease and finding out what people think of our service."

Left: Nurses Debbie Armitage (left) and Michelle Speight sported outrageous ties to support the Be Loud campaign for beating bowel cancer.

We're always learning

Sadly there are times when things do go wrong or when we could have done better. What is important is that we learn the lessons and improve as a result.

PALS (Patient Advice and Liaison Service) aims to help when people need advice, have concerns or do not know where to turn.

The service's manager Jill Pell said: "Listening is a very important part of what we do. If something has gone wrong on a ward or department we like to sit down with the patient or relative and make sure we take the time to listen to them properly.

"We then ensure this is reported back directly to whoever needs to hear it - whether it is a matron, manager or consultant - so they can take action to sort it out and prevent it happening again."

PALS has offices on both hospital sites and is open Monday to Friday between 9.30am and 3.30pm and can be contacted at the numbers below:

- Calderdale Royal Hospital 01422 222 417
- Huddersfield Royal Infirmary 01484 342 128

Email: pals@cht.nhs.uk

Our vital link

Our Membership Council and 9,000 members are a vital source of information for us and have provided great support throughout the year.

Each of our council members is linked in directly with one of our five divisions - children's and women's services, surgical and anaesthetic services, medicine and elderly, diagnostic and therapeutic services and operations and facilities, where they meet with senior clinicians and managers.

To address particular issues raised in the divisions our council members have held focus groups with the wider membership. For example, the pharmacy at Huddersfield Royal Infirmary is in need of refurbishment and some members put their names forward to help out with the planning work.

We are also working with some of our members to see how we can improve patient access to investigations such as scans and X-rays, which they might need before seeing a consultant or doctor.

National recognition

Our seven strong CAPRI team (Clinical Audit Patient Representative Initiative) - all members of the public - have been involved in numerous successful audit projects in the area of cancer services.

And the team was one of only five teams nationally to be short listed for the prestigious Impact to Involvement NHS awards.

Above: From left; Bill Ellis, Rosemary Oldrige, Madge Parker, Jan Roberts, head of patient and public involvement Angela Bradshaw and Susan Doherty.

For one audit members of the team did telephone interviews with breast cancer patients. They asked patients if a breast histology booklet they had received was useful in helping them to understand their diagnosis.

Jacky Mason, clinical audit team leader said:

"As a result of their efforts the Trust is able to compile detailed audit results that help us to improve patient care."

Part of the community

Saving energy

Work has been underway to reduce the energy wasted though storing hot water. Plate heat exchangers have been installed in roughly a fifth of the Huddersfield Royal Infirmary heating and hot water systems. The exchangers heat water on demand and reduce heat loss caused when massive amounts of hot water are stored. We plan to install them in another 20 per cent of the hospital this year and eventually across the entire hospital.

More roofs have been fitted with photo-voltaic cells which convert daylight into energy. Environment officer John Dutton said: "As a hospital, we are conscious of the need to be a good, environmentally friendly neighbour in Lindley, and take that role very seriously."

Cleaner and greener dishes!

Huddersfield Royal Infirmary has boosted its "green" credentials still further with the installation of a new dishwasher *(right)* capable of cleaning 3,200 plates an hour.

The machine recycles its clean rinse water into the pre-wash to keep the water cleaner and this also increases detergent savings by up to 40 per cent.

The cycle is faster so the machine is running for less time and the automatic timer shuts it down when it is not in use to keep unnecessary energy costs down. It has a heat pump system that recovers up to 59 per cent of energy.

10 per cent less

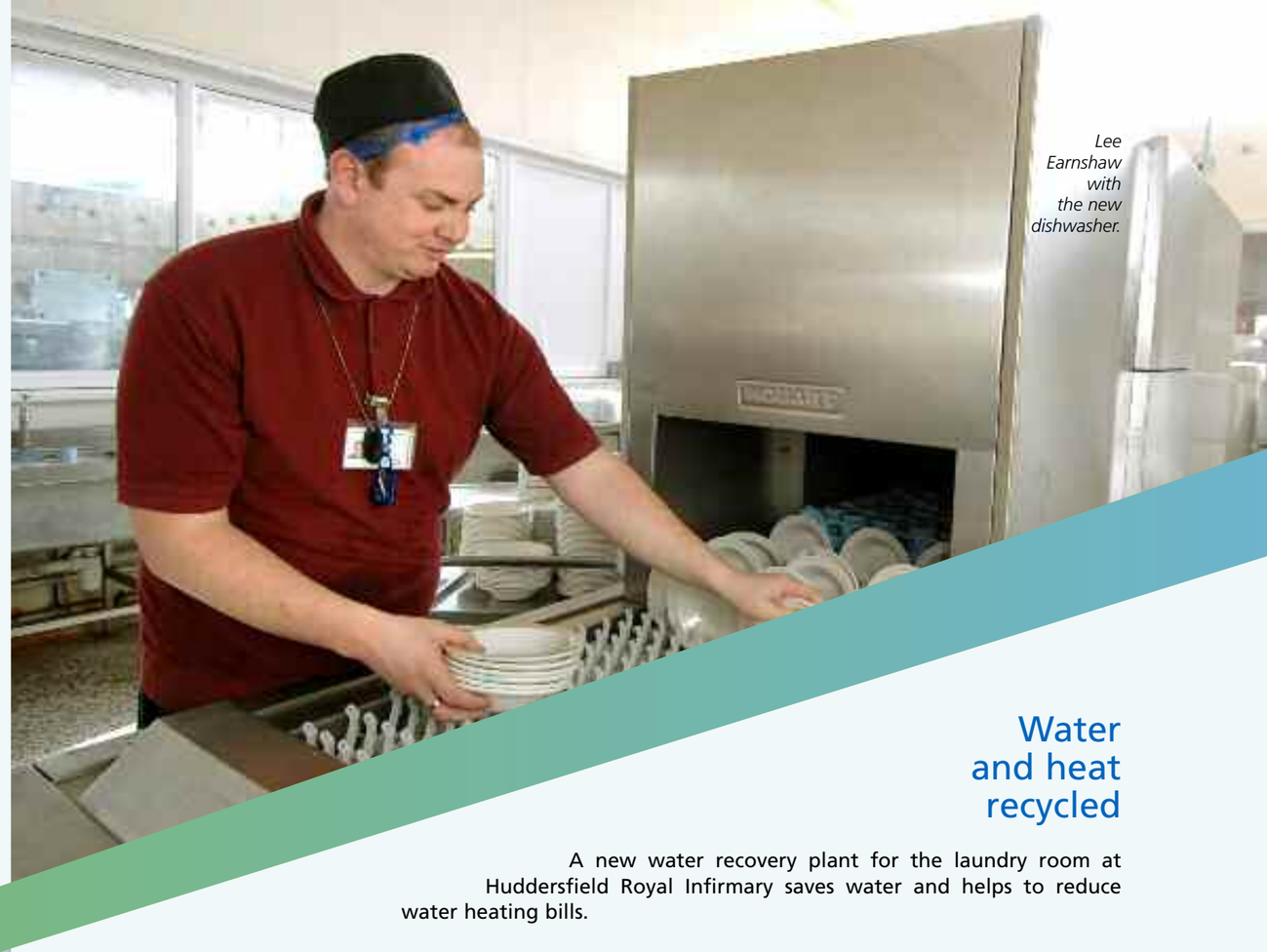
We have started a green campaign in a pledge to cut our carbon emissions even further.

10 per cent less has been organised in partnership with Kirklees Primary Care Trust, Calderdale Primary Care Trust and the South West Yorkshire Mental Health Trust

Key staff have been given advice on how to reduce water, gas and electricity consumption so they can spread the word across their trusts.

Our estates manager Martin Griffin said:

"This is a leading edge initiative across the Calderdale and Kirklees health community that will help the Trust to continue to reduce its carbon footprint even further."



Lee Earnshaw with the new dishwasher.

Water and heat recycled

A new water recovery plant for the laundry room at Huddersfield Royal Infirmary saves water and helps to reduce water heating bills.

The plant was due to start operating in May this year and all savings will be reinvested into the hospital's services for patients. It recovers 70 to 75 per cent of the water used by the laundry and it also recovers the heat from the water, saving energy as well.

Supporting people into work

We have received a special commendation from Workwise, an organisation that assists young people with a disability to get into the workplace.

Lorraine Fenney of Workwise said: "The outstanding work of the Health Records Department at Calderdale Royal Hospital is a refreshing example of how embracing diversity and promoting inclusion can result in benefits for individuals and employers alike."

Health records manager at the hospital, Joanne Toshack, said: "The team is extremely proud to support this venture and we were absolutely delighted to receive the formal acknowledgement praising our efforts."

Above: Health records staff (from left) Neil Sellars, Richard Nellis and Calvin Dewhirst

Helping each other

We worked with Kirklees Real Employment to find a successful work placement for David Armitage.

David, who has learning difficulties, helps out in the kitchens at Huddersfield Royal Infirmary two days a week and has been a real boost to the team there.

Head of catering at Huddersfield Royal Infirmary Andrew Donegan, said: "We are a big organisation with close links to the community around us. We can offer so many opportunities and David's placement with us has worked particularly well and is a good example of team working."

Above: David Armitage

Brightening up our hospital

Children from The Brooksbank School in Elland helped to brighten up Calderdale Royal Hospital.

Art students from the school drew inspiration from different cultures to produce a colourful exhibition that was on show in the Ingleton Falls restaurant. Pieces on display included African plates, Aboriginal sketches and Yorkshire rag rugs.

Jammal Mohammed, who works in estates at the Trust, said: "A key priority for the estates team is to improve the environment at the hospital for the benefit of patients, visitors and staff. The exceptional artwork by Brooksbank students certainly helped to achieve this."

Above: Year 9 students and project planners of the exhibition showcase African plates they crafted for display.

Preparing for emergencies

Hospitals are often at the centre of major incidents, whether it is a serious motorway accident, train crash or widespread outbreak of illness – so it is essential we are prepared.

We have plans in place to deal with these, or indeed any incident, and these plans are regularly reviewed and tested to ensure that they are fit for purpose.

Business continuity planning will help to protect our critical services and minimise the risk of disruption from hazards and threats, whilst protecting all employees and visitors.

We work very closely with partner organisations, such as primary care trusts, the ambulance service, police and local authorities, to ensure we have an integrated response to civil emergencies. We actively share plans with our partners and are committed to meeting standards of best practice.

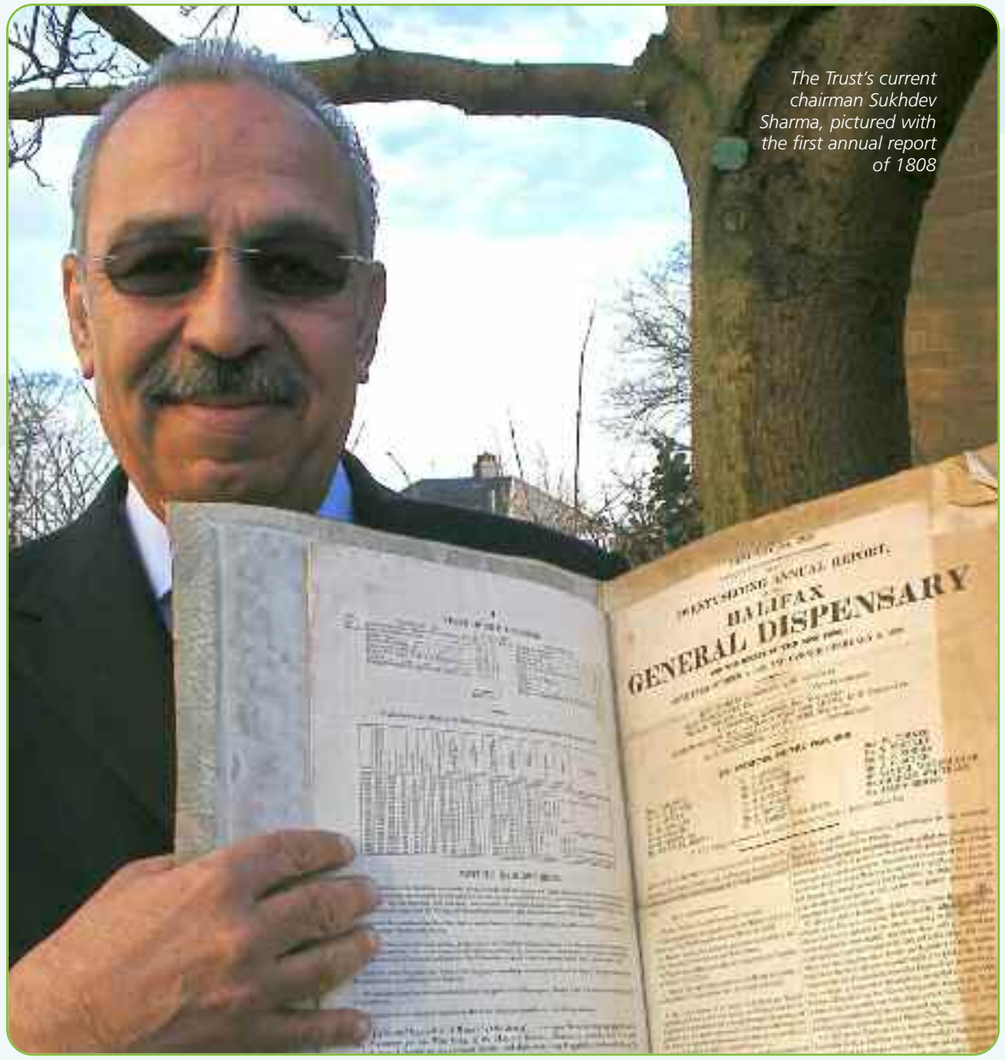
200 years of health services

A historic landmark in the history of health services in Halifax was reached in February this year - the 200th anniversary since the first Halifax General Dispensary opened providing free medicine for the poor and sick in the town.

The building in what is now Dispensary Walk opened on February 8, 1808, after a year of fundraising by local subscribers led by the then vicar of Halifax, the Rev Henry William Coulthurst.

The first annual report of 1808, records there being two physicians, two surgeons and one apothecary on the staff. It records 1,106 patients were treated in its first year and lists all the early subscribers and fund-raising events.

The Trust's current chairman Sukhdev Sharma, pictured with the first annual report of 1808, said: "It was a marvellous achievement to be celebrating 200 years of free medical treatment in Halifax."



The Trust's current chairman Sukhdev Sharma, pictured with the first annual report of 1808

"It was a marvellous achievement to be celebrating 200 years of free medical treatment in Halifax."

Proud of Our Staff and Supporters

Oscar night for our staff

Hospital staff joined together for our very own "Oscar" style ceremony in June last year. The Celebrating Success Awards each year recognise innovation and commitment that leads to improved care for patients.

The main award for the evening was presented in memory of Gordon McLean, the Trust's former chairman who sadly died in March 2007.

The winner of the award, a £5,000 bursary to be reinvested into the project, was the Daylight support and self-help group - the first of its kind in West Yorkshire.

The group gives vital support to women from both Huddersfield and Halifax who have been treated for gynaecological cancers, the chance to share experiences and support outside the family setting.

The group has a growing membership and is now so successful that other groups in West Yorkshire are adopting its name and format.

Above: A justifiably proud winner and a gala evening for our staff.

Above: Baroness Blood (left) with Dianne Lewis (centre) and our chief executive Diane Whittingham.

Inspired!

Inspirational Baroness May Blood MBE was the special guest at our Leading to Transform Patient Experience Celebration (TPEC) event.

She heard a series of projects from staff and said:

"We need more of this in the NHS. When you hear about people on the frontline driving patient care like this it is so positive."

Senior nurses and therapists from across the Trust delivered presentations about their projects, which aim to enhance their own leadership potential and through that improve patient experience.

Dianne Lewis, the Trust's project lead, said: "We asked Baroness Blood as she speaks with passion and enthusiasm. She has a passion for change as do the staff who received certificates at the event."

Patients friend of the year

Dr Mike Sills was hailed "Friend of the Year" at the Huddersfield Daily Examiner's Community Awards for going beyond the call of duty for his patients.

He said: "The honour was for the teams I work with at Huddersfield Royal Infirmary and the families we care for. I have had 25 years serving the community of Huddersfield and winning the award meant a lot to me."

The families nominated him for always being there - day or night.

Above: Dr Sills with (front from left) paediatric specialist diabetes nurse Sarah Scorah, paediatric diabetes liaison sister Maria Whiteley and paediatric dietician Carol Dobrowski .

Jim fixed it for Alex

Junior doctor Alex Wycherley from Calderdale Royal Hospital was the first winner of the Jimmy Savile trophy.

The trophy was awarded to the best medical presentation from a junior doctor at The West Yorkshire Foundation School, which oversees the training of doctors on hospital wards.

Dr Wycherley, beat nine other finalists in August 2007 with his winning presentation on his study into MRSA Infections in tourniquets.

Presenting him with the trophy Jimmy said:

"Anything to help doctors will do for me. Doctors help me and everybody else when our backs are pressed against the wall of life. Three Cheers for doctors!"

Our valued supporters

Behind the scenes of our busy hospitals we are privileged to have many supporters whose efforts are invaluable to us. These include more than 400 volunteers of all ages involved in a range of activities and the League of Friends who play an important role in both our hospitals. Added to that we are lucky to benefit from a wide range of fundraisers - often former patients or their families who are keen to give something back after being treated by us. Unfortunately we cannot list everyone who has helped or supported us in some way but we would like to say a big

"thankyou."

Volunteering for 35 years

Long-serving League of Friends volunteer Wendy Sugden was thanked for her 35 years service at Huddersfield's hospitals.

Wendy, of Almondbury, Huddersfield, started her volunteering career at Bradley Wood Hospital in 1972 when she joined the League of Friends.

She said: "After I got married and no longer worked full time, I wanted to do something meaningful with my spare time. From chatting with patients and staff I know the League of Friends efforts helps to make patients' time in hospital more comfortable - especially to those who are in for the long term - which is very rewarding."

Above: Wendy, who was thanked for her 35 years' service.

Above: A first for Wayne (left) and James.

First with the honours!

James Battye and Wayne Massey both achieved BSc (Hons) in Clinical Physiology (Cardiology) from Leeds University. They were amongst the first intake on the four-year course at Leeds and the first in the Trust to gain the degree.

They are now qualified to carry out tests including exercise tolerance, 24-hour ECGs (electrocardiograph), blood pressure, spirometry, cardiac catheterization, pacemaker follow ups, pacemaker implants, and assisting in echocardiography.

Now they are qualified it will also help the department to maintain the low diagnostic waiting times that have recently been achieved.

A healthy start

A week-long health campaign launched at the start of 2008 by occupational health staff at the Trust shaped up to be a great success.

More than 300 sign-up cards went out to staff who were looking to commit to a healthier start to 2008. Occupational health practitioner Rachel Wood, said: "We were very pleased to see the interest and the take-up of the cards."

Occupational health staff and professionals from the national gym chain Fitness First and Weight Watchers offered expert advice on increasing exercise, losing weight, stopping smoking, reducing alcohol intake and getting the recommended five-a-day portions of fruit and veg.

The campaign is just one example of how our occupational health service takes a proactive approach to workplace health. The team also organises a men's five-a-side football competition each year.

Above: The proud winners of the five-a-side tournament. Huddersfield Royal Infirmary Caterers.

He's their hero!

Our accident and emergency clinical director Andy Lockey won the NHS/Calendar Health and Social Care Hero award for his work on a seatbelt campaign.

Andy was nominated by Calderdale Council Road Safety Section, Calderdale division of West Yorkshire Police and the Calderdale division of West Yorkshire Fire and Rescue Service for his contribution to road safety in the district over the past five years - particularly aimed at getting teenagers and young people to wear seatbelts. The campaign has helped reduce injuries by 30 per cent.

Dr Lockey said:

"Working in A+E we know only too well the dreadful consequences of not wearing seatbelts and the unnecessary injuries - sometimes fatal - that can be caused."

National finalists

Our team at the medical assessment unit (MAU) at Calderdale Royal Hospital was honoured for its good work and the continuing high standards of patient care. The team, led by consultant Nick Scriven, won through to the Hospital Doctor magazine team of the year finals held in London. The MAU is the only one in the country to attain the special Practice Development Unit accreditation and is a model now copied throughout the country.

What our staff said

We took part in the annual national NHS staff survey in the autumn of 2007 and achieved a response rate of 63 per cent of those staff surveyed. The national average response rate was 54 per cent.

The results put us in the top 20 per cent nationally of acute (hospital) trusts for:

- Job satisfaction
- Staff using flexible working options
- Staff receiving job relevant learning, training or development
- Low incidence of staff experiencing harassment, bullying or abuse from colleagues
- Low incidence of staff expressing an intention to leave the Trust's employment

We also scored above average, when compared to other Trusts, for the quality of work-life balance offered to staff, the support from managers offered to staff and the quality of job design.

The feedback from the survey also raised some areas where we could do better. These include the numbers of our staff being appraised and the work pressure they feel. Divisions and directorates throughout the Trust will involve staff to take action to address these concerns.

Andy receives the award from Health Secretary Alan Johnson

Directors' Report

Some background

The Calderdale and Huddersfield NHS Trust was formed in April 2001, following the merger of Calderdale Healthcare NHS Trust and Huddersfield Healthcare Services NHS Trust.

The merger improved our ability to provide modern, high quality healthcare to the communities of Calderdale and Huddersfield.

In 2006 we applied for Foundation Trust status and became an NHS Foundation Trust from August 1 2006 under the Health and Social Care (Community Health and Standards) Act 2003. As a Foundation Trust we remain part of the NHS family and are subject to the same NHS quality standards, performance ratings and systems of inspection. Foundation Trust status allows us to work much closer with local people and service users and helps us to respond to the needs of our local communities.

The focus of the Trust is on clinically led services with consultants and clinicians taking the lead role in the management of the organisation.

The Trust's external auditors for the period covered by this annual report are the Audit Commission (Trust Practice).

Principal activities

We deliver healthcare services from our two main hospitals, Calderdale Royal Hospital and Huddersfield Royal Infirmary. We also deliver care from St Luke's Hospital, Huddersfield, and in a range of community settings.

We provide acute, or hospital-based, health services for more than 435,000 people in the areas served by Calderdale and Kirklees Councils.

Our vision is to provide high quality services, working within a strong, evolving local health community with a clear sense of direction.

Our core services are hospital based but we will continue to develop outreach services on a locality basis to reflect the way patient pathways are being redesigned and in our quest to become known as a provider of both hospital and community services.

Stakeholder relations

We continue to work closely with our local Primary Care Trusts to bring services closer to the communities we serve as part of the Looking to the Future Integrated Service Strategy proposals and our shared vision for the future of health care in Calderdale and Huddersfield. The first stage of the strategy, covering our surgical services, was carried out successfully in August and the second phase, planned for later in 2008, will see the reconfiguration of our children's and women's services.

The patient choice agenda and the introduction of practice based commissioning, where GPs have more influence over the commissioning of services, has meant that we have to work in a more integrated way with primary care to deliver services which meet the needs of our patients. The development of shared pathways of care for hip problems and carpal tunnel difficulties are examples of how we can work together with our primary care partners to facilitate ease of access to services.

In partnership with our local primary care partners we continue to build upon the plans for community based facilities. We have further enhanced our outreach services by introducing community-based services for paediatric diabetes at health centres in Brighouse and Todmorden. The service provides streamlined care, support and advice and helps children and young people manage their condition.

We are also working collaboratively with other trusts to deliver some services such as plastic surgery locally and reduce travel for patients to hospitals outside of the Calderdale and Huddersfield area. A network to explore opportunities for vascular surgery has also been established.

Patient care

The Trust is recognised as amongst the best performing in the country. The Trust was awarded an excellent rating for both the quality of our services and use of our resources for 2006/07 by the Healthcare Commission. We were one of only three organisations within the Yorkshire and the Humber region to gain this top rating and one of 19 nationwide.

Our performance against national and local targets is reported monthly to the Board of Directors. Waiting times have significantly improved - the number of people waiting more than five weeks for a first outpatient appointment at the end of January 2008 was 20 - compared to 2,044 the same time last year.

The Trust is amongst 20 in the country taking part in a national two-year scheme to make UK hospitals the safest in the world. The Safer Patients Initiative is being spread across the organisation with the main aim of making care safer.

Our staff are looking at ways to improve infection control, the management of drugs and communication between staff teams and patients.

It is our intention to spread learning from this initiative across the NHS in this way making us the pioneers of today and the safety champions of tomorrow.

Some additional areas of excellent work across the Trust include:

- Couples on the waiting list for IVF treatment will be treated quicker thanks to a cash boost for the service
- We are one of five sites nationally to pilot the Radiology Accreditation Programme which is a collaboration between the Royal College of Radiologists and Society and College of Radiographers.

Handling complaints

In 2007/08 we received 500 formal complaints, the vast majority (99.2%) of which were resolved without referral to the Healthcare Commission. We investigate issues in accordance with the NHS Complaints Procedure to answer individual concerns and to help improve the service we provide.

We are keen to ensure that complaints are investigated as fully as possible and make recommendations where needed to prevent the difficulties experienced being repeated.

Information governance

Information governance continues to be an important issue for the Trust. Training is provided to staff through the Mandatory Risk programme by the Information, Confidentiality and Security Team, who also follow up incidents relating to information security.

Summary of serious untoward incidents involving personal data as reported to the information commissioner's office in 2007/08

Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
December 2007	Loss of inadequately protected laptop from outside secured NHS premises	Name Address Hospital No.	80	Individuals notified by post Police notified
Further action on information risk	Calderdale and Huddersfield NHS Foundation Trust will continue to monitor and assess its information risks, in light of the events noted above, in order to identify and address any weaknesses and ensure continuous improvement of its systems. Planned steps for the coming year include the implementation of an action plan to roll out encryption of patient identifiable data on equipment assessed to be at risk.			

Summary of other personal data related incidents in 2007/08

i	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises.	4
ii	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises.	
iii	Insecure disposal of inadequately protected electronic equipment, devices or paper documents.	
iv	Unauthorised disclosure.	
v	Other	

Staff relations

The Trust developed a comprehensive Disability Equality Scheme under the terms of the Disability Discrimination Act 1995 as amended by the Disability Discrimination Act 2005. Our scheme runs until 2009 but will be absorbed into a single equality scheme which will be developed in 2008/2009 bringing together our current race, gender and disability schemes and will be informed by extensive stakeholder consultation including our workforce. Our Disability Equality Scheme is the principal mechanism for ensuring that policies and procedures are developed to give full and fair consideration to all applications for employment made by people with a disability. We monitor all applications and are able to identify the numbers of people in our employment who have declared a disability under the Act.

Our application for employment process guarantees an interview for individuals who have a disability subject to their meeting the minimum requirements for a job as detailed in the person specification. This robust approach to ensure that disabled people are treated fairly is applied throughout our employment practice and takes account of training and development needs for people who are disabled at the point of entry into the Trust as well as those who become disabled whilst in the employment of the Trust. Our employability scheme, which seeks to help people into employment, has positively encouraged applications from people with a disability.

We have well established mechanisms for consulting with our workforce on a formal basis through monthly meetings with recognised staff side representatives in our Staff Management Partnership Forum. We have a regular cascade of information from our monthly executive board meetings using our team briefing system. We have an excellent monthly staff newsletter in Trust News and the intranet is well used by both management and staff to communicate key messages

The performance of the Trust has gone from strength to strength with a double excellent Healthcare Commission rating for 2006/7. This illustrates the sign up we have to delivery from our workforce and has been achieved through strong clinical leadership, excellent two-way communication processes and an appraisal and personal development planning process which ties individual objectives to those of the team and the Trust.

The Trust has maintained its strong financial position and this is in large part attributable to the devolved management structure, which creates the background within which business decisions and the development of clinical services are inextricably linked to financial viability. The fact that clinicians are signed up to this philosophy is a testament to the importance the Trust places upon their involvement in the business planning process.

Corporate social responsibility

In 2007/8 we continued to build on the Corporate Social Responsibility development work started over the previous two years. Progress to date has placed the Trust in good a position working on these issues with the Strategic Health Authority (SHA) and the wider NHS. As part of the SHA Economic Development Programmes the Trust is building closer working relationships with Yorkshire Forward, the Regional Development Agency and it is hoped that these partnerships will be formalised during 2008/9.

- Buying locally
- Research and development/innovation
- Healthy workforce
- Employability
- Sustainable Development

Financial standing and outlook

In our second year as a Foundation Trust we are pleased to be able to report a strong financial performance. We achieved a surplus, which will be carried forward to the next financial year and will be used to fund increased capital expenditure to benefit patient care. In addition, we had a healthy cash position and we finished the year with a financial risk rating of 4.

The financial risk rating is a measure used by Monitor (the independent regulator of NHS Foundation Trusts) to assess financial risk and more specifically to assess the likelihood of a financial breach of the terms of authorisation. The risk rating is on a scale of 1 to 5, with 5 being the strongest rating and 1 being the weakest. The plan agreed with Monitor at the start of the year was for the Trust to achieve a risk rating of 3. The strong financial performance of the Trust during the course of the year resulted in an actual risk rating of 4. This rating indicates that there are no concerns of a financial breach.

In 2007/08 the Trust received total operating income of £273.60m. The vast majority of this income came from our two local Primary Care Trusts (Calderdale PCT and Kirklees PCT) for the delivery of patient care to our local population. Total income in 2007/08 showed a 7% increase on income received in 2006/07.

Total operating expenditure in 2007/08 was £264.85m; comprising £170.02m of pay costs and £94.83m of non-pay costs. The Trust achieved efficiency gains of £6.55m; this was achieved through clinical and operational efficiencies across the Trust, improved contributions relating to service re-design and estates efficiencies.

After taking account of non-operating income and expenditure (e.g. Public Dividend Capital dividends and interest received on cash balances), the retained surplus for 2007/08 as shown in the attached accounts was £3.95m. The plan agreed with Monitor at the start of the financial year showed an anticipated surplus of £1.30m. The increased surplus position was due to the receipt of income above plan for the treatment of patients over contracted levels, a number of unforeseen benefits such as rates rebates, and a higher level of interest received (as cash balances have exceeded plan across the year).

Private patient income accounted for 0.19% of our total patient-related income. This is within the maximum level of 0.4% that we have been set as part of our terms of authorisation as a Foundation Trust.

Capital expenditure in 2007/08 was £9.6m.
Major schemes completed in 2007/08 included:

- Pharmacy Manufacturing Unit £3.4m
- Patient environmental improvements £0.5m
- Decontamination - additional instrument sets £0.4m
- Re-roofing Ward Block 2, Huddersfield Royal Infirmary £0.3m
- Huddersfield Family Birth Centre £0.5m
- Laminar flow theatre, Calderdale Royal Hospital £0.2m
- Divisional equipment and minor building schemes £0.6m

As a Foundation Trust the Trust has the flexibility to borrow money, within limits approved by Monitor, to fund capital expenditure, known as the Prudential Borrowing Limit (PBL). The Trust has been set a PBL by Monitor of £15.1m. In 2007/08 the Trust entered into a loan agreement with the Foundation Financing Facility (which is part of the Department of Health) for £7.6m. The Trust has no other external repayable loans. This loan is to fund specific capital schemes relating to replacing infrastructure on the Huddersfield Royal Infirmary site e.g. electrical mains and lifts. In 2007/08 the Trust drew down £2.1m of that loan agreement. The remainder of the loan will be drawn down in 2008/09 and 2009/10. The Trust has no current plans to extend that loan further.

The level of cash balance at March 31, 2008 was £11.05m, which was £5.46m above planned levels. This was mainly due to the higher than planned surplus and slippage on the capital programme.

We paid £86.14m of bills to non-NHS suppliers, of which £73.46m (85%) were paid within 30 days. Measures are in place to improve our performance during 2008/09 to achieve the target of 95% being paid within 30 days.

The three-year plan submitted to Monitor continues to show a period of sound financial health. The 2008/09 national tariff, which determines the level of reimbursement the Trust receives for patient care, has built in an efficiency saving of 3%. Delivering this level of improved efficiency whilst at the same time continuing to drive up the quality of patient care represents a significant challenge for the Trust but this is a challenge that we are well equipped to meet.

In 2008/09 the Trust has a planned capital programme of £19m. This includes the following schemes:

- Huddersfield Royal Infirmary boiler house £2.5m
- Huddersfield Royal Infirmary lift replacement £1.6m
- Calderdale Royal Hospital car park £0.8m
- Endoscopy, Calderdale Royal Hospital £1.7m
- Winter capacity £1.5m
- Radiology equipment replacement – building works £1.0m
- Operational and infrastructure schemes £4.2m

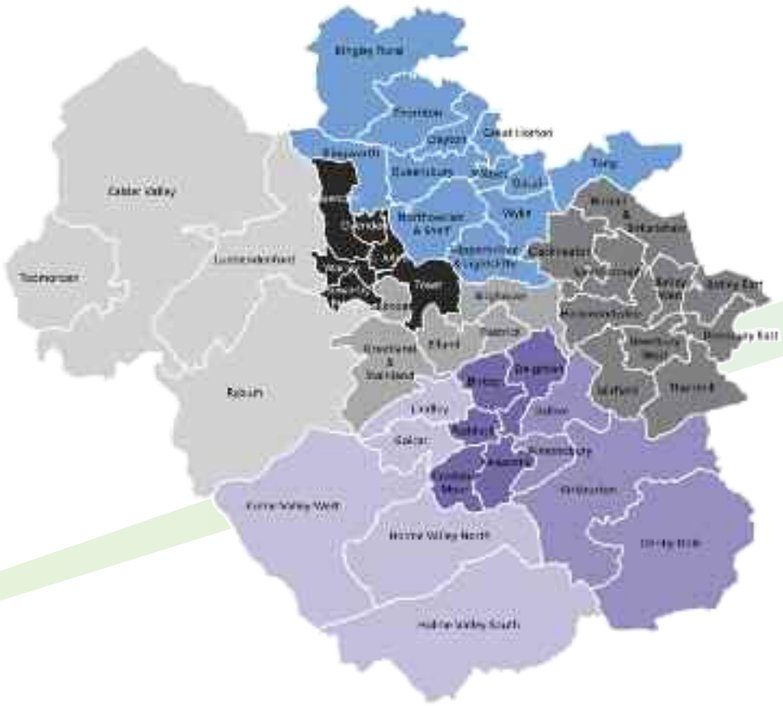
Having considered the risks, the Directors of the Trust reasonably expect that there are adequate resources to continue operating for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. In so far as the Directors are aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Our Membership
and Membership Council

"Being a Foundation Trust member is a great opportunity to meet clinicians and hospital staff and become involved in health issues." *Janette Roberts, Foundation Trust member*

Our Membership Council is made up of elected public and staff members and nominated representatives from our local stakeholder organisations. The Membership Council gives the public and staff, as members, a voice in the future of Calderdale and Huddersfield NHS Foundation Trust. The Trust has 9,132 members - 7,935 public and 1,197 staff.

The Membership Council is a vital link for the Trust with its local community, helping to ensure that the members can help to shape and influence the future of local services. As well as this the Membership Council also has a number of key responsibilities including the appointment of the Trust's chairman and non-executive directors and the appointment of our external auditors.



"Being a member has been a real eye opener. I have found out about how the Trust operates as a whole, the challenges we face and more about other departments."

June Richardson, dining room assistant

The Membership Council comprises three main groups:

1. Publicly elected

These 16 council members nominate themselves for an election (based on two per Constituency) which goes to a constituency vote* based on local authority boundaries.

*The catchment area on the map *(left)* shows the eight public constituencies.

2. Staff elected

These six council members are elected by staff from the following five constituencies:

	Number of Elected Members
1. Doctors and dentists	1
2. Allied health professionals/ health care scientists and pharmacists	1
3. Management, administration and clerical	1
4. Ancillary staff	1
5. Nurses and midwives	2

2. Stakeholders

They are appointed by their stakeholder organisations. In 2007/8 the Yorkshire and Humber Strategic Health Authority expressed a wish to withdraw from the Membership Council given the number of new Foundation Trusts across their area of responsibility. This has reduced our stakeholder representatives by one. There are now six people representing these groups:

	Number of Nominated Stakeholders
Primary care trusts *(two in total)*	2
Local authorities *(two in total)*	2
Partnership organisations	2

Council members resignations and elections

Following the elections in autumn 2007 four new members were elected, two council members were re-elected and two seats remained vacant.

The Electoral Reform Services were used again as our independent electoral agents, adopting the method of Single Transferable Voting for all elections. The next elections will take place in September 2008 for seven public seats and two staff constituencies. Nomination papers will be sent to all our members in July 2008.

Register of council members' interests

The Register of Membership Council Members Interests is made known at the start of each Membership Council Meeting. Anyone who wants to view the Register of Council Members should contact the Board Secretary on **01484 347 186.**

Membership

Who is eligible to join our Foundation Trust as a Member?

Within catchment:
Any resident above the age of 16.

Staff:
Any member of staff who has a permanent contract or who has worked at the Trust for 12 months or worked on a temporary contract or volunteered for more than 12 months.

Membership per constituency on 31 March 2008

Constituency	Membership numbers	Number of council members	Current % of 16+ population as members
1	392	2 (1 vacant)	1.1
2	1,715	2	2.98
3	1,152	2	2.26
4	301	2 (1 vacant)	0.23
5	825	2	1.92
6	386	2	0.30
7	785	2 (1 vacant)	1.61
8	2,187	2	3.43

The major actions from April 2007 to March 2008 to increase and improve membership

Action	Outcome
Recruitment	
Membership Council members manning stands in local supermarkets and shopping centres	Excellent response
Various recruitment displays/stands led by Membership Council in hospital sites	Good opportunity for Membership Council to engage with the public and discuss Trust services
Attendance at various local community and voluntary groups, focusing on minor interests e.g. Muslim Peace and lesbian and gay groups	Building relationships and awareness more widely in our community
Targeted young people at local colleges	Understanding their needs and concerns
Targeted young people and patients from our black and minority ethnic population via outpatient letters	Limited response received
Use of external recruitment agency with South West Yorkshire Mental Health Trust to promote joint membership	Good response
Opportunity for members and public to attend Medicine for Members events	Popular events - guests attended and became members
New staff automatically made Foundation Trust staff members	Improvement in staff numbers
Engagement	
Focus Groups established to allow members to become involved in Trust business plans	Members views will be incorporated in future annual plan
Medicine for Members lectures held bi-monthly	Increasingly popular events
Foundation Trust Newsletter produced three times a year	Members informed about developments, plans and services

If you are interested in becoming a Foundation Trust Member please contact our membership office on **01484 347 342** or visit our website **www.cht.nhs.uk**

The Membership Council for Calderdale and Huddersfield NHS Foundation Trust April 1, 2007 to March 31, 2008

Constituency	Name	Date appointed	Term of tenure	Election due
Public				
1	Vacant			
1	**Mary Wilkinson (resigned 9.1.08)**	23.10.06	3 years	2009
1	Bernard Pierce	4.10.08	3 years	2010
1	**Gaynor Scholefield (resigned 4.10.07)**	**1.8.06**	**1 year**	**2007**
2	Garrick Graham	1.8.06	2 years	2008
2	Lesley Longbottom	23.10.06	3 years*	2010
3	Ann Nicholas	1.8.06	3 years	2009
3	Brenda Mosley	4.10.07	3 years	2010
3	**Jon McKay (resigned 4.10.07)**	**1.8.06**	**1 year**	**2007**
4	Rosemary Walters	23.10.07	3 years	2009
4	Vacant			
5	George Richardson	1.8.06	2 years	2008
5	Allan Templeton	1.8.06	3 years*	2010
6	Peter Naylor	1.8.06	3 years	2009
6	Jim Hainsworth	1.8.06	2 years	2008
7	Dot Rayner	23.10.06	2 years	2008
7	Vacant			
7	**Joyce Butterworth (resigned 4.10.07)**	**1.8.06**	**1 year**	**2007**
8	Jan Roberts	1.8.06	3 years	2009
8	Janette A Roberts	4.10.07	3 years	2010
8	**Geoffrey Lloyd (resigned 4.10.07)**	**1.8.06**	**1 year**	**2007**
Staff - Elected				
9 Drs/Dentists	Paul Knight	23.10.06	2 years	2008
10 Allied health professionals/ health care scientists and pharmacists	Moulana Imran Hussain health care scientists and pharmacists	4.10.07	3 years	2010
10 Allied health professionals/ health care scientists and pharmacists	**Lisa Green (resigned 1.4.07)**	**1.8.06**	**1 year**	**2007**
11 Management, administration and clerical	Sue Scholefield	1.8.06	3 years	2009
12 Ancilliary staff	June Richardson	23.10.06	3 years	2009
13 Nurses/Midwives	Carole Hallam	1.8.06	3 years	2009
13 Nurses/Midwives	Chris Burton	1.8.06	2 years	2008
Nominated Stakeholder				
University of Huddersfield	Sue Bernhauser	1.8.06	3 years	2009
Calderdale Metropolitan Council	Jonathan Phillips	1.4.07	3 years	2009
Calderdale Metropolitan Council	**Phil Shire (resigned 1.4.07)**	**1.8.06**		
Kirklees Metropolitan Council	Tony Hood	1.8.06	3 years	2009
Kirklees Primary Care Trust	Helena Corder	21.12.06	3 years	2009
Kirklees Primary Care Trust	**Mark Day (resigned 21.12.06)**	**1.8.06**		
Calderdale Primary Care Trust	Angela Monaghan	31.1.07	3 years	2009
South West Yorkshire Mental Health Trust	Ruth Unwin	20.10.06	3 years	2009
South West Yorkshire Mental Health Trust	**Hazel O'Hara (resigned 20.10.06)**			

* = Re-elected 2007 - previously served 1 year term of office
Bold = resigned/tenure ceased

Membership Council Public Meetings
1 April 2007 to 31 March 2008

Name	Attendance
Gaynor Schofield	2 / 2
Bernard Pierce	2 / 2
Mary Wilkinson	1 / 3
Garrick Graham	3 / 3
Lesley Longbottom	2 / 3
Jon McKay	-
Ann Nicholas	2 / 3
Brenda Mosley	1 / 2
Rosemary Walters	2 / 3
George Richardson	3 / 3
Allan Templeton	3 / 3
Peter Naylor	3 / 3
Jim Hainsworth	3 / 3
Dot Rayner	2 / 3
Joyce Butterworth	-
Jan Roberts	2 / 3
Janette Roberts	2 / 2
Geoffrey Lloyd	-
Paul Knight	3 / 3
Moulana Imran Hussain	0 / 2
Carole Hallam	2 / 3
Chris Burton	3 / 3
Sue Scholefield	1 / 3
Lisa Green	1 / 2
June Richardson	1 / 3
Sue Bernhauser	2 / 3
Tony Hood	1 / 3
Helena Corder	3 / 3
Angela Monaghan	1 / 2
Ruth Unwin	2 / 3
Yorkshire and Humber Strategic Health Auth Rep	-
Sukhdev Sharma	2 / 2
Diane Whittingham	3 / 3
Bob Macdonald	0 / 1
Yvette Oade	1 / 2
Helen Thomson	3 / 3
Jan Freer	3 / 3
Julie Hull	3 / 3
Mark Brearley	3 / 3
Lesley Hill	2 / 3
Graham Caddock	1 / 1
Carol Clark	1 / 2
Alison Fisher	0 / 1
Bill Jones	0 / 1
Mohammad Naeem	0 / 1

Membership Council sub committees

The Membership Council has worked extremely hard this year supporting recruitment and engagement activities and through the work of the sub committee meetings.

Formal areas that they have been involved in include the successful appointment of a new chairman and external auditors. They have also developed an annual training and development plan and worked with the Trust's personnel department on areas of corporate social responsibility.

In 2007/8 each council member has taken a special interest in an area of the Trust and formed links with the clinical and operational divisions.

The council members sit on divisional groups where they meet with senior clinicians and managers and they have taken the lead role in divisional focus groups with the wider membership.

Following last year, when two annual general meetings were held for the Trust, a planning group from the Membership Council has recommended a single AGM with the Trust Board of Directors in 2008.

The Membership Council members have also contributed through their attendance at sub committee meetings during the period April 1, 2007 to 31 March 2008 as follows:

The Membership Council has worked extremely hard this year supporting recruitment and engagement activities and through the work of the sub committee meetings.

Remuneration and terms of service of non-executive directors

Name	Attendance
Peter Naylor	0 / 1
Lesley Longbottom	1 / 1
Allan Templeton	1 / 1
Chris Burton	1 / 1
Janette Roberts	0 / 1
Rosemary Walters	0 / 1

Nominations

Name	Attendance
Jim Hainsworth	3 / 3
Ann Nicholas	3 / 3
Carole Hallam	3 / 3
Sue Bernhauser	2 / 3
Carol Clark	3 / 3
Diane Whittingham	3 / 3

Membership training and development

Name	Attendance
Sue Bernhauser	1 / 4
June Richardson	1 / 4
Lesley Longbottom	4 / 4
Chris Burton	2 / 4
Janette Roberts	1 / 2
Bernard Pierce	1 / 2

Membership Council sub committees

Membership engagement, recruitment and selection

Name	Attendance
Dot Rayner	4 / 4
Rosemary Walters	2 / 4
Allan Templeton	1 / 4
George Richardson	4 / 4
Carole Hallam	1 / 4
Jan Roberts	4 / 4
Jim Hainsworth	4 / 4
Janette Roberts	2 / 2
Brenda Mosley	0 / 2
Bernard Pierce	1 / 2
Geoffrey Lloyd	0 / 2

Corporate Social Responsibility

Name	Attendance
Paul Knight	2 / 3
Dot Rayner	3 / 3
George Richardson	3 / 3
Mary Wilkinson	2 / 2
Janette Roberts	1 / 2

Appointment of external auditors

Name	Attendance
Peter Naylor	5 / 5
Garrick Graham	2 / 2
Rosemary Walters	5 / 5
Gaynor Scholefield	0 / 3

Membership Council links to divisions

Children's and women's services

- Lesley Longbottom
- Brenda Mosley
- Peter Naylor
- George Richardson
- Jan Roberts
- Janette Roberts

Diagnostic and therapeutic services

- Jim Hainsworth
- Bernard Pierce
- Dot Rayner

Surgical and anaesthetic services

- Garrick Graham
- Lesley Longbottom
- Brenda Mosley
- Bernard Pierce
- Janette Roberts

Medicine and elderly services

- Ann Nicholas
- George Richardson
- Jan Roberts
- Allan Templeton

Operations and facilities

- Bernard Pierce
- George Richardson
- Janette Roberts

In 2007/8 each council member has taken a special interest in an area of the Trust and formed links with the clinical and operational divisions.

Our Membership Council

at March 31, 2008

Garrick Graham is a former consultant general surgeon in Huddersfield and a former chairman of the Huddersfield NHS Trust.

Married with three grown-up children he is a member of the British Medical Association and a fellow of the Royal College of Surgeons in England and the Royal Australasian College of Surgeons.

Jim Hainsworth has worked in engineering, publicity and marketing and has been a technical writer in the nuclear industry.

He also worked as a health and safety consultant and as a school mentor.

Now retired he serves on the Council for People's Advocacy in Halifax.

Lesley Longbottom worked for the Metropolitan Police in personal training and staff development.

She is a Trustee of Victim Support and a member of the Royal British Legion and the Royal Air Force Association.

She is married with two daughters and a grandson.

Brenda Mosley, from Fenay Bridge, Huddersfield, is a director of her family's textile business.

She has four children and eight grandchildren and is involved in charity work for the NSPCC, the Royal National Lifeboat Institution, Kirkwood Hospice and the Forget-Me-Not Trust.

She is also vice-president of Huddersfield Choral Society.

Peter Naylor is married with two sons and lives in Calderdale.

He is a director of his own company, which arranges mortgages and insurance.

Ann Nicholas was a GP in Lepton for 35 years and retired in 1990.

She continued to sit on medical tribunals until 2003.

She is a Fellow of the Royal College of GPs.

She is a member of the Townswomen's Guild and Lepton Community Link and also a member and past president of the Huddersfield Medical Society.

Bernard Pierce, of Mytholmroyd, has a background in social work and then in medical education. He was a lecturer at the Leeds School of Medicine and at the Yorkshire Deanery. He also provided, in a private capacity, education and training for doctors, nurses and other health professions in consulting skills, taking a patient-centred approach. He is strongly committed to patient involvement in health care. He has three sons and six grandchildren.

Dot Rayner is a retired manager of employment services for people with disabilities.

Married with two grown-up children, she is a member of Arthritis Care and a member of Fuchs Friends (an organisation for people with a specific eye condition).

George Richardson is chair of governors at Calderdale College and also a governor at Brighouse High School and Woodhouse Primary School.

He has two married daughters and four grandchildren.

Now retired, he lives in Calderdale and formerly worked at Park Valley Mills as a dyer.

Jan Roberts was a headteacher at Gomersal First School for 13 years and at schools in Skelmanthorpe and Dewsbury. She is married with two children and four stepchildren and after taking early retirement now works on a supply basis.
She is a committee member for the Meltham Hospice, a member of the local Royal Society for the Protection of Birds and is a governor at Helme School, Meltham, as well as a sitting on the Kirklees Governors' Panel.

Above: AGM (2007).

Janette Roberts, of Meltham, was a headteacher of a community primary school in Rochdale and two multicultural schools in Wakefield.
She is widowed with four children and eight grandchildren.
Now retired, she is a member of the Patient Liaison Committee of the Royal College of Anaesthetists, a patient representative on PEAT (Patient Environment Action Team), clinical audit and various cancer groups.

Allan Templeton is a past chairman of Calderdale Health Authority, Calderdale NHS Trust and Calderdale and Kirklees Health Authority. He has four children and nine grandchildren and is a director of Age Concern Calderdale, a trustee with the Halifax League of Friends and past chairman of the Council for Voluntary Service. He is the retired chief executive of Pennine Insurance Co, Halifax Insurance Co and West Yorkshire Insurance Co.

Rosemary Walters is married with one son and lives in Kirklees.

She completed nursing training in Keighley Victoria Hospital and Airedale and also attained a district nursing certificate in Bradford along with midwifery training.

She has also worked for Bradford Social Services.

She is presently director of Bronti Training Centre, Birstall, Kirklees.

Sue Bernhauser is Dean of Human and Health Sciences at the University of Huddersfield.

The University educates nurses and other health professionals who are employed within the Trust.

She is married with two children and lives in Kirklees.

Helena Corder is married and lives in Todmorden.

She is director of corporate services for Kirklees Primary Care Trust.

Tony Hood is director for adults and communities at Kirklees Council responsible for adult social care, housing, community relations and community safety.

He is a governor at Norton Thorpe Special School in Huddersfield and is married with two children.

Ruth Unwin is married with four children and is an executive director of South West Yorkshire Mental Health NHS Trust, which operates in Calderdale and Kirklees.

Jonathan Phillips is group director for Health and Social Care for Calderdale Council and responsible for adult social care and environmental health. He has extensive experience in working in partnership across health and social care.

Before joining Calderdale Council he worked for the Commission for Social Care Inspection.

He is a qualified social worker with an interest in disability and equality issues.

Angela Monaghan has been a non-executive director of Calderdale Primary Care Trust since 2002 and is currently vice-chair.

She lives in Brighouse and is chief executive of the Bradford-based literacy charity Reading Matters, which aims to raise reading skills and confidence amongst 11-16 year olds.

Chris Burton is ward manager/charge nurse on 5ab at Calderdale Royal Hospital, which is an acute medical and elderly ward for 31 patients.

He is married with two children and is a school governor at St Joseph's Roman Catholic School in Halifax.

Carole Hallam is the lead nurse in infection control and assistant director of infection prevention and control at the Trust.

She is married with four daughters and lives in Kirkburton, Huddersfield.

Paul Knight is a consultant anaesthetist and lives in Calderdale.

He is married with one child.

June Richardson is a catering assistant at Huddersfield Royal Infirmary.

She has one grown-up son and was a cub leader in Newsome for eight years. She now works in the charity shop and is a church warden and a member of the pastoral care team.

Sue Scholefield is waste and sustainability officer at the Trust, where she has worked for 23 years in a variety of roles including nursing auxiliary, ward clerk, administrator and PA.

Married with four children and four grandchildren, she is a director of the Calderdale Sustainability Forum, which looks at "green" issues such as waste and transport.

She is secretary of two local cricket organisations.

Imran Hussain has been the Trust Imam (Muslim Chaplain) for more than five years based at the chaplaincy office at Huddersfield Royal Infirmary.

He is also an Imam in the community in Huddersfield.

His role includes leading faith services and providing patient support and pastoral care.

He also provides religious and cultural training for staff to help them to help our patients and their families.

Outside work his hobbies include reading, studying and writing.

Key

Public - elected

Staff - elected

Nominated - stakeholder

NB: There were three vacancies.

Get in touch

If you would like to get in touch with a council member, or would like to find out more about services provided by the Trust, please contact the membership office.

Telephone:

01484 347342

Email:

membership @cht.nhs.uk

Mail:

The Membership Office, Calderdale and Huddersfield NHS Foundation Trust, Freepost HF2076, The Royal Infirmary, Lindley, Huddersfield, HD3 3LE.

Our Board of Directors

The overall responsibility for delivering the activities of the Trust rests with the Board of Directors, which is accountable for operational performance as well as the definition and implementation of strategy and policy. It has to ensure that the Trust delivers high-quality, patient-centred care and effective financial control.

The membership of the Board is balanced, complete and appropriate as shown by the biographies further on in this section. The Trust considers that all the non-executive directors are independent in character and judgement.

Our non-executive directors were appointed because of their experience and strong links with the community. Our executive directors are appointed through open competition in accordance with the Trusts' recruitment and selection policies and procedures.

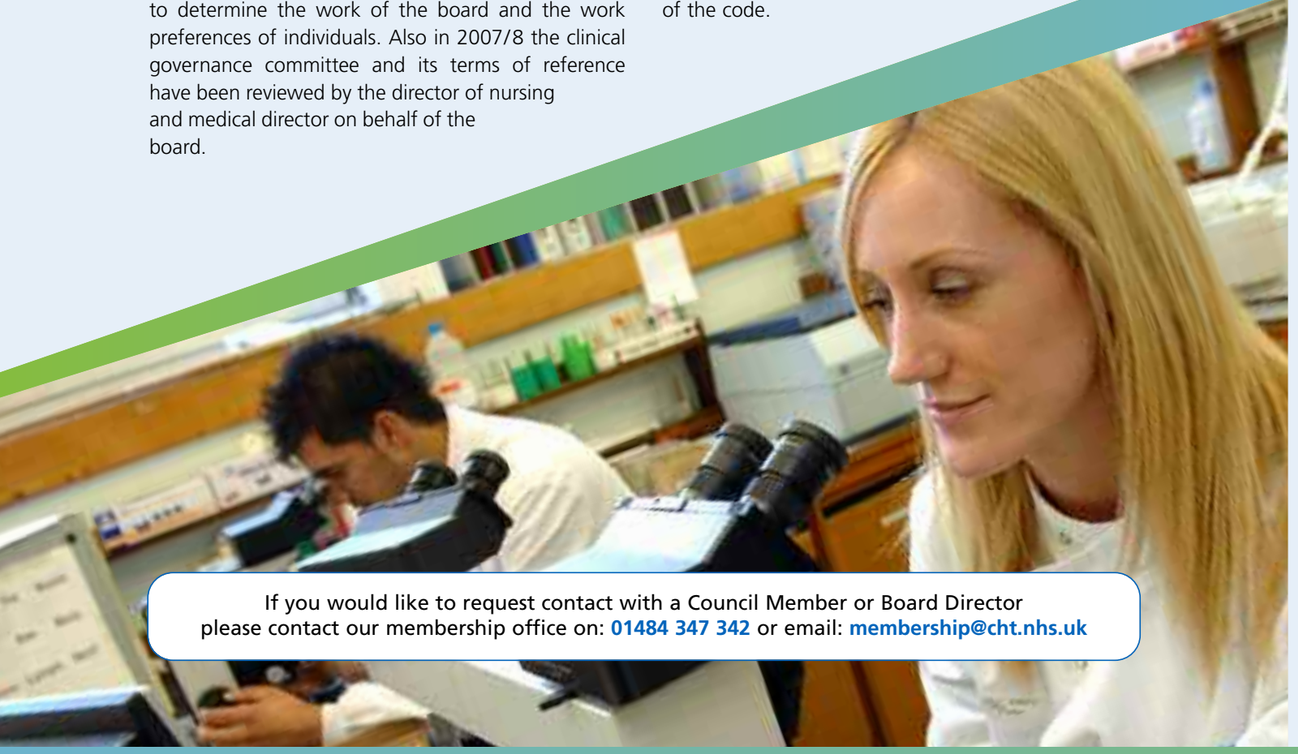
Assessments of the board are conducted using established Trust appraisal and personal development planning processes. In addition a skills assessment workshop for the board was developed in 2007/8 and the first workshop was held in May this year to determine the work of the board and the work preferences of individuals. Also in 2007/8 the clinical governance committee and its terms of reference have been reviewed by the director of nursing and medical director on behalf of the board.

The Board of Directors is collectively responsible for the exercising of the powers and for the performance of the trust. The Board of Directors has agreed a schedule of matters reserved for the Board of Directors and the power to be delegated to a committee of directors or to an executive director.

The Board of Directors works closely with the Membership Council, which is its vital link with the local community. One of the steps to ensure that the Board understands the views of the Membership Council and the wider membership is by joint meetings. To further support this process from April 2008:

- The Board of Directors public meeting each month will be attended by approximately three Council Members
- The vice-chair and one other non-executive director will be invited to attend each membership Council meeting
- Non-executive directors and Council Members will take part in joint hospital walkabouts.

The Board of Directors has monitored its compliance with the NHS Foundation Trust Code of Governance throughout the year and is satisfied that the Trust complies with the provisions of the code.



If you would like to request contact with a Council Member or Board Director please contact our membership office on: **01484 347 342** or email: **membership@cht.nhs.uk**

The Board of Directors for 1 April 2007 to 31 March 2008 was as follows:

Board member	Position	Tenure review date
Sukhdev Sharma	Chairman *(appointed 8.10.07)*	4.10.11
Mohammad Naeem	Non-Executive Director	30.11.10
Bill Jones	Non-Executive Director	30.11.08
Carol Clark	Non-Executive Director	30.11.08
Graham Caddock	Non-Executive Director	30.9.08
Alison Fisher	Non-Executive Director	30.11.09
		Appointed in
Diane Whittingham	Chief Executive	1.4.97
Helen Thomson	Director of Nursing	1.4.93
Mark Brearley	Director of Finance	1.10.05
Yvette Oade	Medical Director	2.7.07
Lesley Hill	Director of Service Development	2.5.06
Julie Hull	Director of Personnel & Development	1.9.95
Bob Macdonald	Medical Director	30.10.01 to 1.7.07

Non-executive termination of tenure

The Calderdale and Huddersfield NHS Foundation Trust Constitution (August 2006 states):

- (Section 13.3.1.3) 'for the Membership Council at a general meeting to appoint or remove the Chairman and the other Non-Executive Directors . . .'
- (Section 13.7.12) The resolution to remove the individual has the 'approval of three quarters of the full Membership Council, following a recommendation by the Board of Directors . . .'

Register of Directors' Interests

Any member of the public wishing to view the Register of Directors' Interests should contact the Board Secretary on 01484 347186.

Board of Directors
1 April 2007 - 31 March 2008

Name	Attendance
S Sharma	6 / 6 *(appointed 8.10.07)*
B Jones	10 / 12
M Naeem	10 / 12
G Caddock	11 / 12
C Clark	12 / 12
A Fisher	9 / 12
D Whittingham	10 / 12
R C Macdonald	3 / 3 *(retired 1.7.07)*
Y Oade	7 / 9 *(appointed 2.7.07)*
H Thomson	10 / 12
M Brearley	12 / 12
L Hill	9 / 12
J R Hull	12 / 12

Executive Directors

Diane Whittingham • *Chief Executive*

Diane holds an MA in Health Service Management from Manchester University and the Diploma of the Institute of Health Service Managers. She is a member of the Institute of Health Service Management and was a Research Fellow in Action Learning at the University of Salford until 2005.

Diane was previously chief executive of Huddersfield NHS Trust and was appointed to lead the merged Calderdale and Huddersfield NHS Trust in April 2001. She has more than 30 years experience of health service management and has previously worked in the West Midlands, Manchester and Lancashire.

Diane has a specialist interest in organisational and personal development and has an active role in health policy issues and is a member of a number of national groups.

Diane is married with two daughters and enjoys reading and keeping-fit. Her passions are travelling and sailing.

Helen Thomson • *Director of Nursing*

Helen holds an MA in Leading Innovation and Change from York University and a BA (hons) in Management from Leeds University. She is also a Registered Nurse and Midwife and holds the Advanced Diploma in Midwifery and the Midwife Teachers Diploma. In December 2005 she was selected to undertake the High Potential Development Programme organised by the Department of Health and has also recently been accepted as a Mentor for Leaders UK.

Helen has been a nurse and midwife in the NHS since 1976 and moved to Huddersfield as head of midwifery in 1989, from a teaching post at a Leeds hospital. She became the director of nursing and midwifery and deputy general manager at Huddersfield Royal Infirmary from 1991. Then in April 1993, when Huddersfield Royal Infirmary became a Trust, she took the post of director of operational management, then moved onto become executive director of nursing and clinical development in April 1995. Following the merger of Huddersfield NHS Trust with Calderdale NHS Trust, in April 2001, Helen was appointed as executive director of nursing for the newly formed Calderdale and Huddersfield NHS Trust. Helen has also held the post of deputy chief executive since January 2006.

Much of Helen's leisure time is spent with her husband and two children. She is an armchair supporter of most sports, enjoys cooking, but hates housework!

Mark Brearley • *Director of Finance*

Mark is an associate member of the Chartered Institute of Management Accountants and a Member of the Institute of Healthcare Management. He also has a Post-Graduate Diploma in Business Administration from Warwick Business School (Warwick University).

Mark joined the NHS in 1981, after undertaking his basic training with a FTSE 250 manufacturing company. He has been an NHS Board Director since 1989 and held the post of director of finance at Leicester General Hospital NHS Trust from 1992 to 1997. From 1997 to 2005 he held the post of director of finance with Royal Hull Hospitals NHS Trust and from 1 October 1999, the merged Hull and East Yorkshire Hospitals NHS Trust, where latterly he was deputy chief executive.

He has been a member of the audit committee of the University of Lincoln (seven years) and a primary school governor (four years). He is the chair of the Yorkshire and Humber Finance Skills Development Board and is a member of the National Finance Skills Development Board. Mark enjoys music and sport.

He is married with three children.

Executive Directors

Lesley Hill • *Director of Service Development*

Lesley has 20 years experience as both a health care practitioner and manager.

She entered health service management following a period as a community pharmacist and having completed an MBA at Cranfield School of Management. She then worked as a business manager and general manager in acute trusts and then moved to Bradford Health Authority to help them sort out their waiting list and patient access problems. She then became the director of commissioning and deputy chief executive for North Bradford Primary Care Trust.

Lesley was acting chief executive of North Bradford and Airedale Primary Care Trusts before her move to Calderdale and Huddersfield NHS Foundation Trust as director of service development in 2006.

Yvette Oade • *Medical Director*

Dr Yvette Oade was appointed medical director in July 2007 following the retirement of Bob Macdonald. Yvette joined the Trust in 1993 as a consultant paediatrician. She was a clinical director and then divisional director of children's and women's services.

Yvette studied medicine at Leeds University. She is a Fellow of the Royal College of Paediatrics and Child Health. She has worked in the field of paediatric medicine since 1985 and did her higher specialist training in Leeds, Blackburn and Manchester. Her particular area of interest is children with diabetes. She has cared for children with diabetes in Calderdale since 1993.

Yvette is the first woman medical director at the Trust and will also continue in her clinical role caring for young patients. Yvette is married with a teenage daughter and lives in Liversedge.

Julie Hull • *Director of Personnel and Development*

Julie is a Chartered Fellow of the Institute of Personnel and Development and holds a law degree. Julie was the director of personnel for Calderdale NHS Trust, a position she held since September 1995, and was then appointed to the merged Calderdale and Huddersfield NHS Trust in May 2001.

Julie has broad NHS experience, having worked in primary, secondary and mental health care organisations. Her principal interest is ensuring that the employment arrangements in the Trust support the delivery of high quality healthcare and provide the best employment context for the workforce.

Julie is a member of the NHS Staff Council and is committed to developing sustainable good corporate citizenship strategies, which will benefit the Trust, the local population and the wider health and social care community.

Julie enjoys spending time with her family, reading and music.

Non-executive Directors

Sukhdev Sharma • *Chairman*

Sukhdev was appointment Chairman of Calderdale and Huddersfield NHS Foundation Trust in October 2007.

Sukhdev lives in Halifax and is married with four children. He was the chief executive of the Commission for Racial Equality in London until 1998 and before his appointment to the Trust was chairman of the South West Yorkshire Mental Health Trust - a position he held since 2002.

He was also a chairman of the former Calderdale and Kirklees Health Authority. He has been a member of the European Economic and Social Committee since 1998 and has been a rapporteur (expert/spokesman) on equality, anti-discrimination, migration and human rights issues for the committee.

He currently chairs the Migration Policy Group, a Brussels-based think tank. He is a lay member of the Employment Tribunal, and a board member of the Shaw Trust charity, which is the largest provider of vocational and job training to disabled and disadvantaged people. He was awarded a CBE in 1998 for services to the community.

Carol Clark
Vice-chair and senior independent non-executive director

Carol has a BA Hons degree in French and a Post-graduate Certificate in Education. She has lived in Almondbury, Huddersfield, since 1981 and was a parent governor at the local comprehensive school and chairman of Governors at one of the infant schools.

In 1989 she became a member of Huddersfield Community Health Council and acted as convenor of the Women's and Children's Services Special Interest Group. She was deputy chairman for two years and chairman from 1996-98.

Carol was appointed as a non-executive director of Huddersfield NHS Trust in 1998, and when it merged with Calderdale Trust in 2001 she became a member of the new board. During the past five years she has taken a special interest in public involvement in health service provision and has been the non-executive representative on the Clinical Governance Committee. She has also participated in and, on occasion, chaired numerous panels for consultant appointments.

In her spare time Carol particularly enjoys walking and gardening, and she is a keen reader of crime fiction as well as an armchair supporter of rugby league and soccer. Her other main interest is her two young grandchildren who keep her fairly busy.

Graham Caddock

Graham was appointed non-executive director in October 2004.

Graham qualified within the tax department of PricewaterhouseCoopers. Graham subsequently undertook an MBA (full-time) at Leeds University Business School (where he is currently a part-time Visiting Teaching Fellow) and also runs his own tax consulting business.

Non-executive Directors

Alison Fisher

Alison was appointed as a non-executive director in December 2005. She is employed, part-time, by the West Yorkshire Probation Board as team manager of their trainee development programme. She worked for the Probation Service for 25 years and holds a Certificate of Qualification in Social Work, a Post Qualifying Award in Social Work and a Practice Teaching Award. She is also an assessor and internal verifier for NVQs in Community Justice. She has an honours degree in theology and religious studies from the University of Leeds and a CMI Executive Diploma in Management (Level 5) from Park Lane College, Leeds.

Alison was a representative parent on the General Teaching Council (England) for it's first five years of operation, a representative parent on the Education Scrutiny Panel of Kirklees Council for four years and is a governor at a local primary school.

Alison lives in Huddersfield and has two daughters. She sings with women's singing group Unityvoices, who are involved in various local events.

Mohammad Naeem

Mohammad Naeem was appointed as a non-executive director in May 2001. Naeem is also chief executive of the Rochdale Centre of Diversity and has lived in Calderdale for more than 30 years. Naeem is a former councillor on Calderdale Council.

He is a qualified engineer but due to a decline in the industry pursued a successful career in race and community relations.

Naeem has worked in Huddersfield, Calderdale and Bradford for more than 15 years in Community Related issues, before taking up the post with the Rochdale Centre of Diversity in 1985.

He is chairman of Rochdale Borough Pride Partnership, (The Local Strategic Partnership, (LSP) and serves as a board member of the Oldham and Rochdale Housing Market Renewal Path Finder. He works with wide ranging partnerships in the north west region in meeting the needs of local communities in health, housing, education, employment and social care. Naeem contributes whenever possible to community related issues in Calderdale.

Naeem has served as a school governor in three local schools in Calderdale and has a particular interest in personnel issues. He enjoys computing and finds working with people of all backgrounds and levels extremely satisfying. He is very much people orientated and loves to spend as much time with his family as possible.

Bill Jones

Bill holds a BSc (Hons) in Sociology linked to Politics and is an associate of the Chartered Institute of Bankers. During his career in banking he has had responsibility for the audit function of a large commercial bank in the North of England and retired as an area director of that bank.

Bill has been involved with the NHS since 1992 firstly as a non-executive director with the Prescription Pricing Authority serving in the role of audit chair until 1998, and then in 2002 he joined the board of the Calderdale and Huddersfield NHS Trust and has served as audit chair to date again in a non executive role.

In 2005 he was invited to join the Board of the Foundation Trust Financing Committee with the Department of Health in London as a non-executive contributor and has since then assumed the role of a permanent member.

Bill enjoys golf, watching soccer and dogs and, with a son in California, travels frequently.

Audit Committee

April 1, 2007 to March 31, 2008

The primary role of the Audit Committee is to judge and report upon the adequacy and effective operation of the overall control systems of the organisation. The committee will focus on the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives.

During the course of the year the Trust has continued to ensure its Governance Arrangements are aligned with the Code of Governance for Foundation Trusts published by Monitor.

Name	Attendance
Bill Jones *(Chair)*	8 / 9
Graham Caddock	8 / 9
*Carol Clark	1 / 9
*Mohammad Naeem	0 / 9
*Alison Fisher	4 / 9

** Co-opted Members*

** Due to satisfying the terms of office time commitment it was deemed acceptable that Mr Naeem did not attend Audit Committee meetings.*

Nominations Committee

Executive directors

The Board of Directors is the Nomination Committee for executive director appointments. This committee is responsible for appointing the executive directors of the Foundation Trust. The committee complies with the Code of Governance issued by the Regulator.

In 2007/2008 the Nomination Committee, with Foundation Trust Membership Council involvement, appointed Dr Yvette Oade as Medical Director. Dr Oade took up her appointment on 2 July 2007.

Non-executive directors

The Nomination Committee for non-executive director appointments is a sub-committee of the full Foundation Trust Membership Council. The standing membership of the sub-committee is:

- The Chair of the Trust
  (or vice-chair/acting chair in relation to the appointment of the chair)
- One appointed member
- Three elected members
  (at least two of which must be publicly elected)
- The Chief Executive of the Trust

The Director of Personnel and Development in attendance

The Board Secretary in attendance

The sub-committee had its inaugural meeting in May 2007 at which it agreed Terms of Reference, which were ratified by the Foundation Trust Membership Council in June 2007.

The principal business of this sub-committee is to oversee the appointment of non-executive directors having regard to the requisite skills and experience, as determined by the Board of Directors, to maintain the success of the Foundation Trust.

In 2007/2008 this sub-committee, after due consideration, offered a further three-year term of office to Mr Mohammad Naeem, non-executive director, which he accepted with effect from 1 December 2007. The sub-committee also appointed the Chair of the Foundation Trust, Mr Sukhdev Sharma, who took up office on 8 October 2007 for a period of three years. An external recruitment agency and open advertising and competition were used for recruitment to the Chair's post. The Membership Council Nomination Sub-committee oversaw the recruitment process and they commissioned the external consultants.

Remuneration Report

Remuneration Policy

The remuneration policy of the Foundation Trust, whether for non-executive directors, executive directors or senior below Board level posts is predicated on open, transparent, auditable and proportionate pay decisions.

The sub-committees of the Membership Council and Board of Directors, which deal with the remuneration of the non-executive directors and executive directors respectively, receive professional reports and are audited by the Trust's auditors. The professional reports use pay information derived from the Annual Reports of Trusts of a similar size and complexity as our own together with Foundation Trust information and Department of Health guidance.

Remuneration of Non-Executive Directors

The Remuneration and Terms of Service Sub-Committee of the Membership Council sets the remuneration and terms of service for the non-executive directors of the Foundation Trust.

In 2007/2008 the sub-committee reviewed its Terms of Reference and these were ratified by the Membership Council at its meeting on 6 June 2007.

The sub-committee comprises six members of the Membership Council from which the Chair of the sub-committee is appointed.

In 2007/2008 the sub-committee reviewed the pay arrangements for the non-executive directors and determined that salaries should be uplifted in line with pay recommendations from the Department of Health for non-executive directors in non Foundation Trusts, Strategic Health Authorities and Primary Care Trusts. Terms and conditions for the non-executive directors remain the same.

Remuneration of Executive Directors

The Remuneration Committee of the Board of Directors sets the remuneration and contractual arrangements for the executive directors.

The committee comprises the Chair of the Board of Directors and four non-executive Directors (the non-executive Chair of the Audit Committee does not sit on the Remuneration Committee).

In 2007/2008 the business of the Remuneration Committee was audited by the Trust's auditors and the committee's Terms of Reference were revised.

The Remuneration Committee, in setting the pay for the executive directors, based its decisions on Department of Health guidance for Strategic Health Authorities and Primary Care Trusts, benchmarking data produced by Income Data Services Ltd and Foundation Trust data.

The details of salary and entitlements for executive directors are included in the Annual Accounts. The contractual arrangements for the executive directors are based on standard NHS contracts and best employment practice. No significant awards have been made to executive directors or senior managers.

Diane Whittingham
Chief Executive
April 2008

Calderdale and Huddersfield NHS
NHS Foundation Trust

Accounts

for the 12 month period ended 31st March 2008

National Health Service Act 2006

Directions by monitor in respect of national health service foundation trusts' annual accounts

Monitor, the Independent Regulator of NHS Foundation Trusts, with the approval of HM Treasury, in exercise of powers conferred on it by paragraph 25(1) of Schedule 7 of the National Health Service Act 2006, (the 2006 Act) hereby gives the following Directions:

1. Application and interpretation

(1) These Directions apply to NHS Foundation Trusts in England.

(2) In these Directions "The Accounts" means:

- for an NHS Foundation Trust in its first operating period since authorisation, the accounts of an NHS Foundation Trust for the period from authorisation until 31st March; or
- for an NHS Foundation Trust in its second or subsequent operating period following authorisation, the accounts of an NHS Foundation Trust for the period from 1st April until 31st March.
- The NHS Foundation Trust means the NHS Foundation Trust in question.

2. Form of accounts

(1) The Annual Accounts submitted under paragraph 25 of Schedule 7 of the 2006 Act shall show, and give a true and fair view of, the NHS Foundation Trust's gains and losses, cash flows and financial state at the end of the financial period.

(2) The Annual Accounts shall meet the accounting requirements of the NHS Foundation Trust Financial Reporting Manual, (FT FReM) as agreed with HM Treasury, in force for the relevant financial year.

(3) The Balance Sheet shall be signed and dated by the chief executive of the NHS Foundation Trust.

(4) The Statement on Internal Control shall be signed and dated by the chief executive of the NHS Foundation Trust.

3. Statement of accounting officer's responsibilities

(1) The statement of accounting officer's responsibilities in respect of the accounts shall be signed and dated by the chief executive of the NHS Foundation Trust.

4. Approval on behalf of HM Treasury

(1) These directions have been approved on behalf of HM Treasury.

Signed by the authority of Monitor, the Independent Regulator of NHS Foundation Trusts

Signed:

Name: Dr. William Moyes *(Chairman)*
Dated: 17 January 2008

Statement of the Chief Executive's responsibilities as the accounting officer of Calderdale & Huddersfield NHS Foundation Trust

The National Health Service Act 2006 ("the 2006 Act") states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the 2006 Act, Monitor has directed the Calderdale & Huddersfield NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of affairs of Calderdale & Huddersfield NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

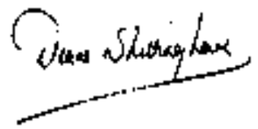
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed:



Name: Diane Whittingham
Dated: 2 June 2008

Statement of Director's Responsibility in Respect of Internal Control

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Calderdale and Huddersfield NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Calderdale & Huddersfield NHS Foundation Trust for the year ended 31 March 2008 and up to the date of approval of the annual report and accounts.

Compliance with NHS Pension Scheme regulations

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

3. Capacity to handle risk

As Chief Executive I recognise that committed leadership in the area of risk management is essential to maintaining the sound systems of internal control required to manage the risks associated with the achievement of organisational objectives and compliance with our Terms of Authorisation as a Foundation Trust.

As Accounting officer, I have responsibility for risk management within the Trust. I have delegated responsibility for key categories of risk:

Financial risk
Executive Director of Finance

Clinical risk
Executive Director of Nursing/Medical Director

Organisational risk
Executive Director of Nursing

Non Executive Directors play an active role in the Trust's Risk Management and Assurance processes and participate in the following Committees, both of which report to the Trust Board:

Clinical Governance Committee

Audit Committee

The Trust's focus is on clinically led services with clinicians taking the lead role in the management of the organisation. These clinical services are split into four divisions:

- Children and Women's services
- Medicine and Elderly
- Surgery and Anaesthetics
- Diagnostic and Therapeutic Services

Corporate functions, including the Risk Management Team, provide the operating frameworks and advice and support to the Clinical Divisions.

This operational management framework is the primary mechanism by which the Trust achieves its business, financial and service objectives and mitigates risks to achieving them. Decision-making is devolved to Managers at all levels, with clear responsibilities and accountabilities.

In a complementary manner the Terms of Reference of the Audit Committee were revised as a result of the latest DoH guidance to reinforce its role in monitoring and reviewing the processes by which assurance on the system of internal control is obtained across the full range of Trust activity.

In addition to this I recognise that effective training is essential in the management of risk and this is demonstrable at all levels within the organisation.

At an operational level the Trust has in place well-developed programmes of generic and specific risk management training. We have reviewed and refreshed the mandatory training programme to ensure that it continues to meet the needs of all staff.

Learning from good practice, and from untoward incidents, is seen as an important mechanism for continuously improving risk management systems.

The Trust is participating in the Safer Patients Initiative which is assisting us in developing our risk and safety culture.

We also rigorously apply national guidance including the recommendations from investigations and Enquiries.

Risk is considered to be an integral part of the Trust's Organisational Development strategy and is included in key training programmes such as LEO.

4. The risk and control framework

The Trust has a Governance strategy, which details our risk management systems, which is endorsed by the Board. We aim to create a sound healthy balance between innovation, opportunity and risk, seeking to enhance performance and quality whilst minimising adverse consequence. Risk Management underpins and supports governance and the assurance framework, which provides stakeholders with evidence that the Trust is meeting their needs in a resource efficient manner.

We work closely with partner agencies in the local health economy with cross representation on each organisation's Governance committees to ensure transparency and the sharing of good practice.

The strategy defines responsibilities of staff at all levels and promotes the Trust's Risk Assessment Tool and Corporate, Divisional, Directorate and local Risk Registers, as the mechanisms for maintaining a sound risk management system, which support the assurance framework. The strategy also commends the integration of the risk/control framework with the operational management system. It also provides instruction and guidance on the management and communication of risks depending upon their level of severity. This ensures that the Board receives intelligent information regarding the risks to service level objectives.

The Operational Management Framework incorporates the primary control systems for risk minimisation. The performance management, progress monitoring and control processes embedded in this structure ensure that the corrective actions required to deliver objectives are consistently applied. In this way, the risks associated with business, financial and services objectives are actively minimised.

The assurance framework has been adapted to mirror the Domain structure of the Standards for Better Health and also relates to the Trust's principal objectives. Any gaps in controls and assurances are reflected in the assurance framework. The Trust has an action plan in place to support these issues.

This information is available to Stakeholders and the public at Open Board Meetings and via the Publication Scheme to meet the requirements of the Freedom of Information Act.

Internal assurance as to the effectiveness of this system of control is provided through the operational management system by way of management checks. In addition, the Compliance and Assurance Committee monitors the Compliance Register, Risk Register, Assurance Framework and performance against national standards on my behalf. Assurance is also provided by the governance system, which includes the Clinical Governance Committee, Audit Committee, and Internal and External Audit.

Regular reports are received by the Executive Board which performance manages the operational Management framework and by the Board of Directors which monitors the governance framework.

Information governance continues to be an important issue for the Trust. This is lead by the Medical Director, who is also Caldicott Guardian. The Health Informatics Service provides operational support to the Information Governance programme, including information confidentiality and security expertise.

Statement of Director's Responsibility in Respect of Internal Control
continued

Training is provided to staff through the Mandatory Risk programme by the Information, Confidentiality and Security Team, who also follow up incidents relating to information security.

The Trust is participating fully in the Information Governance Assurance Programme and all bulk and non-bulk transfers of patient identifiable data have been identified, risk assessed and action taken to mitigate against any remaining risk. On an annual basis, the Trust measures itself against the Information Governance Toolkit and in 2007/08 has scored 79%, an improvement of 7% on the previous year. A Statement of Compliance has been submitted to NHS Connecting for Health.

Assurance is provided to the Board of Directors on its Information Governance framework, by the Information Governance Committee, which is chaired by the Caldicott Guardian.

5. Review of economy, efficiency and effectiveness of the use of resources

The Trust ensures the economic, efficient and effective use of resources through a variety of measures including the adoption of a robust budgetary control system, the consistent application of internal financial controls and effective procurement and tendering procedures.

The Trust received an 'excellent' rating for 2006/07 (reported in October 2007) from the Healthcare Commission for it's 'Use of Resources' based on the assessment of financial risk undertaken by Monitor.

In 2007/08 the Trust set itself a challenging cash releasing efficiency target which it achieved in full. During the year the Trust continued to implement the findings and recommendations from external benchmarking reviews and service modernisation programmes. These service reviews, commissioned from external consultancy firms, were undertaken in theatres, pathology, radiology and endoscopy amongst many others. The monthly finance report to the Board includes an update on performance against the efficiency target. In addition Board members are able to review performance in more detail at the Finance Committee.

During 2007/08 the Trust has been working on the implementation of Service Line Reporting, in order to support the drive for efficiency and effectiveness within the Divisions. The Project Board for Service Line Reporting is chaired by the Divisional Director for Surgery and Anaesthetics and has two Executive Directors on the Board.

6. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and governance sub-committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Executive Management Team has identified the Trust's principal objectives and the risks to their achievement, along with risk controls and assurance mechanisms. As part of this risk assessment process, gaps in controls and assurances have been highlighted. This information is incorporated in the Trust's Assurance Framework document. Underpinning the Assurance framework, is the Trust Risk Register which includes strategic risks identified by the Executive Team and the most significant operational risks identified by our Clinical and Corporate Divisions.

These documents and internal and external audits of specific areas of internal control provide the Trust Board with the information it requires to gain assurance that the Trust is meeting it's objectives to protect patients, staff the public and other stakeholders against risks of any kind: which allows the Board to support me in signing this statement on internal control.

Responsibility for the effectiveness of organisational systems rests with the Board of Directors which is informed regarding risk by its Governance sub-committees and the Audit Committee. The Board of Directors receives monthly Performance and Financial Management reports as the primary mechanism for assessing compliance with national and local targets, and the identification of existing and potential risks. The Board also receives and endorses key internal and external reports that specifically demonstrate the adequacy of the internal control function in designated risk areas, alongside generic reviews of the Assurance Framework.

The Clinical Governance Committee is chaired by the Medical Director and receives regular reports from Divisions, specialist committees e.g. Medicines Management and specialist functions e.g. control of infection. It monitors compliance with national standards e.g. CNST and considers action plans prepared in response to serious incidents and national enquiries, and monitors their implementation.

The Non-Clinical Governance Operations Committee, chaired by the Director of Estates, receives regular reports from specialist committees and functions e.g. health and safety and considers risk registers and the Trust's compliance with national standards.

A Non-Executive Director chairs the Audit Committee. Its role is to review the establishment of an effective system of internal control and risk management and provide an independent assurance to the Trust Board. The Committee takes an overview of the organisation's governance activity supported by the internal auditors who provide opinions on compliance with standards and the systems of internal control. Internal Audit have reviewed elements of the system of internal control including the assurance framework, self assessment of performance against the Standards for Better Health, clinical governance and corporate governance.

The Associate Director of Risk Management chairs the Compliance and Assurance Committee, which provides additional assurance to Executive Managers regarding the effectiveness of the system of internal control.

There has been one significant internal control issue identified during the year. This was a serious incident involving the loss of a laptop which was password protected but not encrypted. The computer held eighty patient identifiable records. As part of the Information Governance Assurance Programme, an action plan has been developed to mitigate against the risk of this happening again.

Signed:

Name: Diane Whittingham
Chief Executive
Dated: 2 June 2008

Independent Auditor's report to the Membership Council of Calderdale and Huddersfield NHS Foundation Trust

I have audited the financial statements of Calderdale and Huddersfield NHS Foundation Trust for the year ended 31 March 2008 under the National Health Service Act 2006. The financial statements comprise the Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement, the Statement of Total Recognised Gains and Losses and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described as having been audited.

This report is made solely to the Membership Council of Calderdale and Huddersfield NHS Foundation Trust as a body in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My work was undertaken so that I might state to the Membership Council those matters I am required to state to it in an auditor's report and for no other purpose. In those circumstances, to the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for the audit report or for the opinions I form.

Respective responsibilities of the Accounting Officer and auditor

The Accounting Officer's responsibilities for preparing the financial statements in accordance with directions made by the Independent Regulator of NHS Foundation Trusts (Monitor) are set out in the Statement of Accounting Officer's Responsibilities.

My responsibility is to audit the financial statements in accordance with statute, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts. I report whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts. I also report to you whether, in my opinion, the information included in the Annual Report is consistent with the financial statements.

I review whether the Accounting Officer's statement on internal control reflects compliance with the requirements of Monitor contained in the NHS Foundation Trust Financial Reporting Manual 2007/08. I report if it does not meet the requirements specified by Monitor or if the statement is misleading or inconsistent with other information I am aware of from my audit of the financial statements. I am not required to consider, nor have I considered, whether the Accounting Officer's statement on internal control covers all risks and controls. Neither am I required to form an opinion on the effectiveness of the Trust's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. This other information comprises the Chair's Statement, the Chief Executive's Statement, Background Information, Operating and Financial Review, the sections on the Membership Council, the Board of Directors, membership and the un-audited part of the Remuneration Report included in the Annual Report. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

Basis of audit opinion

I conducted my audit in accordance with the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor, which requires compliance with International Standards on Auditing (United Kingdom and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that:

- the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error; and
- the financial statements and the part of the Remuneration Report to be audited have been properly prepared.

In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

Opinion

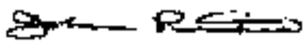
In my opinion:

- the financial statements give a true and fair view of the state of affairs of Calderdale and Huddersfield NHS Foundation Trust as at 31 March 2008 and of its income and expenditure for the year then ended in accordance with the accounting policies adopted by the Trust;
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts; and
- the other information, included in the annual report, is consistent with the financial statements.

Certificate

I certify that I have completed the audit of the accounts in accordance with the requirements of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Signed:



Name: John Prentice *(Officer of the Audit Commission)*

Kernel House, Killingbeck Drive, Killingbeck,
Leeds LS14 6UF

Dated: 13 June 2008

Income and Expenditure Account for the Period Ended 31st March 2008

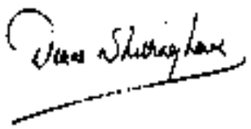
	NOTE	2007/08 £ 000s	8 Month Period to 31st March 2007 £ 000s
Income from activities	3	238,842	150,299
Other operating income	4	34,763	21,108
Operating expenses	5	(264,852)	(167,277)
OPERATING SURPLUS / (DEFICIT)		**8,753**	**4,130**
Profit / (loss) on disposal of fixed assets	8	(48)	(62)
SURPLUS / (DEFICIT) BEFORE INTEREST		**8,705**	**4,068**
Finance income		990	386
Finance costs - interest expense		(3)	
Other finance costs - unwinding of discount	17	(70)	(56)
SURPLUS / (DEFICIT) FOR THE FINANCIAL YEAR		**9,622**	**4,398**
Public Dividend Capital dividends payable		(5,672)	(3,979)
RETAINED / SURPLUS (DEFICIT) FOR THE YEAR		**3,950**	**419**

All income and expenses shown relate to continuing operations.The notes on the following pages form part of these accounts.

Balance Sheet

	NOTE	2007/08 £ 000s	8 Month Period to 31st March 2007 £ 000s
FIXED ASSETS			
Intangible assets	10	148	188
Tangible assets	11	186,267	161,842
CURRENT ASSETS			
Stocks and work in progress	13	4,330	4,504
Debtors	14	12,818	14,162
Cash at bank and in hand	19.3	11,047	10,336
		28,195	**29,002**
CREDITORS:			
Amounts falling due within one year	16	(20,292)	(24,532)
NET CURRENT ASSETS / (LIABILITIES)		**7,903**	**4,470**
DEBTORS:			
Amounts falling due after more than one year	14	17,370	17,835
TOTAL ASSETS LESS CURRENT LIABILITIES		**211,688**	**184,335**
CREDITORS:			
Amounts falling due after more than one year	16	(4,964)	(2,603)
PROVISIONS FOR LIABILITIES AND CHARGES	17	(3,520)	(3,805)
TOTAL ASSETS EMPLOYED		**203,204**	**177,927**
FINANCED BY:			
Public dividend capital	18.2	111,899	111,899
Revaluation reserve	18.3	80,960	60,365
Income and expenditure reserve	18.3	8,969	4,282
Donated Asset reserve	18.3	1,376	1,381
TOTAL FUNDS		**203,204**	**177,927**

Signed:



Chief Executive

Dated: 2 June 2008

Statement of Total Recognised Gains and Losses for the Period Ended 31st March 2008

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Surplus / (deficit) for the financial year before dividend payments	9,622	4,398
Unrealised surplus / (deficit) on fixed asset revaluations / indexation	21,414	970
Receipt of donated asset	56	32
Reductions in the donated asset reserve due to depreciation	(143)	(93)
Total gains and losses relating to the financial period	**30,949**	**5,307**

Cash Flow Statement for the Period Ended 31st March 2008

	NOTE	2007/08	8 Month Period to 31st March 2007
		£ 000s	£ 000s
OPERATING ACTIVITIES			
Net cash inflow / (outflow) from operating activities	19.1	12,013	9,813
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received		990	386
Interest paid		(70)	(56)
Net cash inflow / (outflow) from returns on investments and servicing of finance		920	330
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets		(8,650)	(6,720)
Payments to acquire intangible fixed assets		0	(32)
Net cash inflow / (outflow) from capital expenditure		(8,650)	(6,752)
DIVIDENDS PAID		(5,672)	(3,979)
Net cash inflow / (outflow) before financing		(1,389)	(588)
FINANCING			
Public Dividend Capital received		0	4,411
Loans received from Foundation Trust Financing Facility		2,100	0
Net cash inflow / (outflow) from financing		2,100	4,411
Increase / (decrease) in cash		711	3,823

1. Accounting Policies and Other Information

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Financial Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2007/08 NHS Foundation Trust Financial Reporting Manual issued by Monitor. The accounting policies contained in that manual follow UK generally accepted accounting practice for companies (UK GAAP) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of tangible fixed assets at their value to the business by reference to their current costs. NHS Foundation Trusts, in compliance with HM Treasury's Financial Reporting Manual, are not required to comply with the FRS 3 requirements to report "earnings per share" or historical profits and losses.

Income Recognition

Income is accounted for applying the accruals convention. The main source of income for the Trust is under contracts from commissioners in respect of healthcare services. Income is recognised in the period in which services are provided. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

The NHS Foundation Trust contracts with NHS commissioners following the Department of Health's Payment by Results methodology. Such income is shown net of annual transitional relief adjustments which are calculated by the Department of Health. NHS Foundation Trusts may either receive or pay back transitional relief.

The value at the start or end of an accounting period of in-complete spells of care is recognised to the extent that treatment services have been provided in that period. The value of in-complete spells of care have been calculated using estimation techniques.

Expenditure

Expenditure is accounted for applying the accruals convention.

Tangible Fixed Assets

Capitalisation

Tangible assets are capitalised if they are capable of being used for a period which exceeds one year and they:

- individually have a cost of at least £5,000; or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs, such as installation, directly attributable to bringing them into working condition. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from financing the construction of the fixed asset are not capitalised but are charged to the income and expenditure account in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with FRS 15 every five years. A three yearly interim valuation is also carried out.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

A three yearly interim valuation was carried out in the financial year 2007/08.

The revaluation undertaken at the date was accounted for on 31st March 2008.

The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

Additional alternative open market value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation or when they are brought into use.

Residual interests in off-balance sheet private finance initiative properties are included in assets under construction within tangible fixed assets at the amount of unitary charge allocated for the acquisition of the residual with an adjustment. The adjustment is the net present value of the change in the fair value of the residual as estimated at the start of the contract and at the balance sheet date.

Operational equipment is valued at net current replacement cost. Equipment surplus to requirements is valued at net recoverable amount. Equipment is indexed on an annual basis according to the Department of Health agreed indices.

Depreciation, amortisation and impairments

Tangible fixed assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. No depreciation is provided on freehold land, and assets surplus to requirements.

Assets in the course of construction and residual interests in off-balance sheet PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by the NHS Foundation Trust's professional valuers. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over their estimated lives, which are as follows:

• Engineering plant and equipment	5-15 years
• Vehicles	7 years
• Office equipment, furniture and soft furnishings	5-10 years
• Medical and other equipment	5-15 years
• IT equipment	5-8 years
• Buildings	15-80 years

Fixed asset impairments resulting from losses of economic benefits are charged to the income and expenditure account. All other impairments are taken to the revaluation reserve and reported in the statement of total recognised gains and losses to the extent that there is a balance on the revaluation reserve in respect of the particular asset.

Protected and unprotected assets

Assets that are required for the provision of mandatory goods and services are protected. Assets which are not required for mandatory goods and services are not protected and may be disposed of by the Trust without the approval of the Government Regulator (Monitor).

Intangible fixed assets

Intangible assets are capitalised when they are capable of being used in a Trust's activities for more than one year; they can be valued; and they have a cost of at least £5,000.

Intangible fixed assets held for operational use are valued at historical cost and are amortised over the estimated life of the asset on a straight line basis. The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the licence and their useful economic lives.

Donated fixed assets

Donated fixed assets are capitalised at their current value on receipt and this value is credited to the donated asset reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to the income and expenditure account. Similarly, any impairment on donated assets charged to the income and expenditure account is matched by a transfer from the donated asset reserve. On sale of donated assets, the net book value of the donated asset is transferred from the donated asset reserve to the income and expenditure reserve.

Liquid Resources

Deposits and other investments that are readily convertible into known amounts of cash at or close to their carrying amounts are treated as liquid resources in the cashflow statement.

Government Grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Grants from the Department of Health, including those for achieving three star status, are accounted for as Government grants as are grants from the Big Lottery Fund. Where the Government grant is used to fund revenue expenditure it is taken to the Income and Expenditure account to match that expenditure. Where the grant is used to fund capital expenditure the grant is held as deferred income and released to the Income and Expenditure account over the life of the asset on a basis consistent with the depreciation charge for that asset.

Private Finance Initiative (PFI) transactions

The NHS follows HM Treasury' Technical Note 1 (Revised) "How to Account for PFI transactions" which provides definitive guidance for the application of application note F to FRS 5.

Where the balance of the risks and rewards of ownership of the PFI property are borne by the PFI operator, the PFI payments are recorded as an operating expense. Where the Trust has contributed land and buildings, a prepayment for their fair value is recognised and amortised over the life of the PFI contract by charge to the income and expenditure account. Where, at the end of the PFI contract, a property reverts to the Trust, the difference between the expected fair value of the residual on reversion and any agreed payment on reversion is built up over the life of the contract by capitalising part of the unitary charge each year, as a tangible fixed asset.

Where the balance of risks and rewards of ownership of the PFI property are borne by the Trust, it is recognised as a fixed asset along with the liability to pay for it which is accounted for as a finance lease. Contract payments are apportioned between an imputed finance lease charge and a service charge.

In line with the land and building guidance developed by the Private Finance Unit of the Department of Health the Trust is required to build up a residual interest in it's facility over the course of the concession. The value of residual interest is being built up over a 30 year time period to coincide with the Trusts first termination option within the contract.

Stocks and work-in-progress

Stocks and work-in-progress are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production.

Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the NHS Foundation Trust's cash book. These balances exclude monies held in the NHS Foundation Trust's bank account belonging to patients (see "third party assets" below). Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts are recorded as, respectively, "interest receivable" and "interest payable" in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

Research and development

Expenditure on research is not capitalised.

Expenditure on development is capitalised if it meets the following criteria:

- there is a clearly defined project;
- the related expenditure is separately identifiable;
- the outcome of the project has been assessed with reasonable certainty as to its technical feasibility and its resulting in a product or services that will eventually be brought into use; and
- adequate resources exist, or are reasonably expected to be available, to enable the project to be completed and to provide any consequential increases in working capital."

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. Where possible, NHS Foundation Trusts disclose the total amount of research and development expenditure charged in the Income and Expenditure account separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

Fixed assets acquired for use in research and development are amortised over the life of the associated project.

Provisions

The NHS Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms.

Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 22 where an inflow of economic benefits is probable.

Contingent liabilities are provided for where a transfer of economic benefits is probable. Otherwise, they are not recognised, but are disclosed in note 22 unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims.

Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note 17.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any ""excesses"" payable in respect of particular claims are charged to operating expenses when the liability arises.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.pensions.nhsbsa.nhs.uk. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying Scheme assets and liabilities. Therefore, the Scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

The Scheme is subject to a full actuarial valuation every four years (until 2004, based on a five year valuation cycle), and a FRS17 accounting valuation every year. An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date.

The conclusion from the 2004 valuation was that the Scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004. However, after taking into account the changes in the benefit and contribution structure effective from 1 April 2008, the Scheme actuary reported that employer contributions could continue at the existing rate of 14% of pensionable pay. On advice from the Scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities. Up to 31 March 2008, the vast majority of employees paid contributions at the rate of 6% of pensionable pay. From 1 April 2008, employees contributions are on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

b) FRS17 Accounting valuation

In accordance with FRS17, a valuation of the Scheme liability is carried out annually by the Scheme Actuary as at the balance sheet date by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the Scheme Actuary. At this point the assumptions regarding the composition of the Scheme membership are updated to allow the Scheme liability to be valued.

The valuation of the Scheme liability as at 31 March 2008, is based on detailed membership data as at 31 March 2006 (the latest midpoint) updated to 31 March 2008 with summary global member and accounting data.

The latest assessment of the liabilities of the Scheme is contained in the Scheme Actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

Scheme provisions as at 31 March 2008

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th of the best of the last 3 years pensionable pay for each year of service. A lump sum normally equivalent to 3 years pension is payable on retirement. Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. On death, a pension of 50% of the member's pension is normally payable to the surviving spouse.

Early payment of a pension, with enhancement, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement, less pension already paid, subject to a maximum amount equal to twice the member's final year's pensionable pay less their retirement lump sum for those who die after retirement, is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the income and expenditure account at the time the Trust commits itself to the retirement, regardless of the method of payment.

The Scheme provides the opportunity to members to increase their benefits through money purchase Additional Voluntary Contributions (AVCs) provided by an approved panel of life companies. Under the arrangement the employee/member can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made.

Scheme provisions from 1 April 2008

From 1 April 2008 changes have been made to the NHS Pension Scheme contribution rates and benefits. Further details of these changes can be found on the NHS Pensions website www.pensions.nhsbsa.nhs.uk.

Taxation

Most of the activities of the NHS Foundation Trust are outside the scope of Value Added Tax (VAT) and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

The Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or are ancillary to, the provision of healthcare, and where the profits exceed £50,000 per annum. In the period covered by these accounts the Trust has assessed that it is not liable for corporation tax.

Foreign exchange

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the income and expenditure account.

Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of the HM Treasury Financial Reporting Manual.

Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as a tangible fixed asset and a debt is recorded to the lessor of the minimum lease payments discounted by the interest rate implicit in the lease. The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The interest element of the finance lease payment is charged to the income and expenditure account over the period of the lease at a constant rate in relation to the balance outstanding. Other leases are regarded as operating leases and the rentals are charged to the income and expenditure account on a straight-line basis over the term of the lease.

Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the original NHS trust.

A charge, reflecting the forecast cost of capital utilised by the NHS Foundation Trust, is paid over as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for donated assets and cash held with the Office of the Paymaster General. Average relevant net assets are calculated as a simple mean of opening and closing relevant net assets.

Financial Instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made. All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instruments.

De-Recognition

All financial assets are de-recognised when the rights to receive cashflows from assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as Loans and receivables. Financial liabilities are classified as 'Fair Value through Income and Expenditure' or as 'Other Financial liabilities.

Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust loans and receivables comprise: current investments, cash at bank and in hand, NHS debtors, accrued income and 'other debtors'. Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial assets or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the income and expenditure account.

Financial Liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the balance sheet date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the income and expenditure account.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from discounted cash flow analysis.

Impairment of financial assets

At the balance sheet date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' is impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset. For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cashflows discounted at the asset's original effective interest rate. The loss is recognised in the income and expenditure account and the carrying amount of the asset is reduced.

2. Segmental Analysis:

Not applicable.

3. Income from Activities

3.1. Income from Activities:

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Elective income	44,454	25,577
Non-elective income	78,090	51,161
Outpatient income	37,563	22,792
A&E income	10,823	6,688
Other NHS Clinical Income	63,744	40,236
Total income at full tariff	**234,674**	**146,454**
PBR (clawback)/relief	505	653
Income from Activities	**235,179**	**147,107**
Private patients	450	233
Other non-protected clinical income	3,213	2,959
	238,842	150,299

3.2. Private Patient Income:

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Private patient income	450	233
Total patient related income	238,842	152,162
Proportion as a percentage	0.19%	0.15%

Section 44 of the National Health Service Act 2006 requires that the proportion of private patient income to the total patient related income of NHS Foundation Trusts should not exceed its proportion whilst the body was an NHS Trust in 2002/03. The proportion in 2002/03 was 0.4%. The above note shows that the Trust was compliant for 2007/08.

3.3. Income from activities:

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
NHS Foundation Trusts	126	21
Strategic Health Authorities	77	6
Primary Care Trusts	223,341	140,610
Local Authorities	471	8
Department of Health - other	11,636	7,596
Non NHS: Private patients	450	233
Non NHS: Overseas patients *(non-reciprocal)*	1	0
NHS injury scheme *(was RTA)*	1,035	553
Non NHS: Other	1,705	1,272
	238,842	150,299

4. Other Operating Income:

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Research and development	85	5
Education and training	5,500	2,838
Charitable and other contributions to expenditure	677	472
Transfers from the donated asset reserve in respect of depreciation, impairment and disposal of donated assets	143	93
Non-patient care services to other bodies	8,650	8,561
Other	19,708	9,139
	34,763	21,108

5. Operating Expenses

5.1. Operating Expenses Comprise:

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Services from NHS Foundation Trusts	100	0
Services from other NHS Trusts	1,826	990
Services from other NHS bodies	789	816
Purchase of healthcare from non NHS bodies	2,517	55
Executive Directors Costs	956	541
Non-Executive Directors Costs	112	79
Staff costs	168,948	108,367
Drugs costs	13,647	8,647
Supplies and services - clinical	21,370	13,398
Supplies and services - general	2,979	1,625
Establishment	5,631	3,646
Transport	2,176	1,334
Premises	30,608	19,545
Bad debts	527	40
Depreciation and amortisation	6,199	4,337
Audit services - statutory audit	123	98
Other Auditors remuneration	0	0
Clinical negligence	3,755	2,215
Other	2,589	1,544
	264,852	167,277

5.2. Operating Leases

5.2.1. Operating Lease Rentals:

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Hire of plant and machinery	430	169
Other operating lease rentals	19,943	11,854
	20,373	12,023

5.2.2. Annual Commitments Under Operating Leases are:

	Land and buildings		Other leases	
	2007/08	2006/07	2007/08	2006/07
	£ 000s	£ 000s	£ 000s	£ 000s
Operating leases which expire:				
Within 1 year	76	166	684	609
Between 1 and 5 years	289	570	1,282	604
After 5 years	20,156	18,494	0	0
	20,521	19,230	1,966	1,213

5.3. Salary and Pension Entitlements of Senior Managers

Note: It is the view of the Board that the authority and responsibility for controlling major activities is retained by the Board and is not exercised below this level.

Name and title	Salary (Bands of £5000)	Other renumeration	Golden hello	Compensation for loss of office	Benefits in kind
2007/08	£ 000s	£ 000s	£ 000s	£ 000s	Rounded to the nearest £100
S Sharma *(Chairman) (1)*	20-25				
W Jones *(Non Executive Director)*	15-20				
M Naeem *(Non Executive Director)*	10-15				
G Caddock *(Non Executive Director)*	10-15				
C Clark *(Non Executive Director) (1)*	25-30				
A Fisher *(Non Executive Director)*	10-15				
D Whittingham *(Chief Executive)*	175-180				
L Hill *(Director of Service Development)*	120-125				
J Hull *(Director of Personnel)*	110-115				
RC Macdonald *(Medical Director) (2)*	15-20				
Y A Oade *(Medical Director) (2)*	70-75				
M Brearley *(Director of Finance)*	130-135				
H Thomson *(Director of Nursing)*	120-125				

Note (1) C Clark was Acting Chairman from April 07 to October 07, S Sharma was Chairman from October 07.

Note (2) RC Macdonald was Medical Director to June 07, Y A Oade was Medical Director from July 07.

Details disclosed for RC Macdonald and Y A Oade have been apportioned on an estimate of time spent on management rather than clinical duties.

5.3. Salary and Pension Entitlements of Senior Managers *(continued)*

Pension Entitlements of Senior Managers

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

Name and title **2007/08**	Total accrued pension at age 60 at 31 March 2008 (Bands of £2,500) £ 000s	Lump sum at age 60 related to accrued pension at 31 March 2008 (Bands of £2,500) £ 000s	Real increase in pension during the year (Bands of £2,500) £ 000s	Real increase in automatic lump sum during the year (Bands of £2,500) £ 000s	CETV at 31 March 2008 £ 000s	CETV at 31 March 2007 £ 000s	Real increase in CETV during the year £ 000s
D Whittingham *(Chief Executive)*	62.5-65	192.5-195	0-2.5	2.5-5	1025	958	67
L Hill *(Director of Service Development)*	22.5-25	70-72.5	0-2.5	5-7.5	307	270	37
J Hull *(Director of Personnel)*	27.5-30	85-87.5	0-2.5	2.5-5	383	349	34
RC Macdonald *(Medical Director)**	27.5-30	87.5-90	(2.5-5)	(7.5-10)	N/A	N/A	N/A
Y A Oade *(Medical Director)**	22.5-25	67.5-70	0-2.5	5-7.5	338	N/A	N/A
M Brearley *(Director of Finance)*	37.5-40	117.5-120	0-2.5	2.5-5	577	539	38
H Thomson *(Director of Nursing)*	45-47.5	135-137.5	2-2.5	10-12.5	676	589	87

Note* Details disclosed for RC Macdonald and Y A Oade have been apportioned on an estimate of time spent on management rather than clinical duties.

Cash Equivalent Transfer Values

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 disclosure applies. The CETV figures and 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 scheme or arrangement) and uses common market valuation factors for the start and end of the period.

6. Staff Costs and Numbers

6.1. Staff Costs

	2007/08 £ 000s	8 Month Period to 31st March 2007 £ 000s
Salaries and wages	139,143	89,058
Social Security costs	10,101	6,614
Employer contributions to NHSPA	15,969	10,731
Agency and contract staff	4,692	2,584
	169,905	**108,987**

All employer pension contributions in 2007/08 were paid to the NHS Pensions Agency.

6.2. Average Number of Persons Employed

	Permanently employed Number	Agency, temporary & contract staff Number	2007/08 Total number Total Number	8 Month Period to 31st March 2007 Number
Medical and dental	252	193	**445**	437
Administration and estates	1,055	20	**1,075**	1,067
Healthcare assistants & other support staff	425	8	**433**	451
Nursing, midwifery & health visiting staff	2,191	48	**2,239**	2,230
Nursing, midwifery & health visiting learners	0	0	**0**	1
Scientific, therapeutic and technical staff	1,082	24	**1,106**	1,118
Bank and agency staff		142	**142**	126
	5,005	**435**	**5,440**	**5,430**

6.3. Employee Benefits

There were no non pay benefits which are not attributable to individual employees exceeding £100,000.

6.4. Early Retirements Due to Ill-health

During 2007/08 there were 10 early retirements from the Trust agreed on the grounds of ill health. The estimated additional pension liabilities of these ill-health retirements will be £481K. The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

7. The Late Payment of Commercial Debts (Interest) Act 1998

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest).

8. Profit/(Loss) on Disposal of Fixed Assets

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Profit on disposal of fixed asset investments	0	0
Loss on disposal of fixed asset investments	0	0
Profit on disposal of intangible fixed assets	0	0
Loss on disposal of intangible fixed assets	0	0
Profit on disposal of land and buildings	0	0
Loss on disposal of land and buildings	0	0
Profit on disposal of other tangible fixed assets	0	0
Loss on disposal of other tangible fixed assets	(48)	(62)
	(48)	(62)

There were no disposals of protected assets.

9.1. Finance Income

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Interest on loans and receivables	0	0
Interest on available for sale financial assets	0	0
Interest on held-to-maturity financial assets	0	0
Other	990	386
	990	386

9.2. Finance Costs - Interest Expense

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Loans from the Foundation Trust Financing Facility	(3)	0
Commercial loans	0	0
Overdrafts	0	0
Finance leases	0	0
Other	0	0
	(3)	0

Note 9.3. Other net gains/(losses) on financial instruments

The trust had no net gains/(losses on financial instruments.

10. Intangible Fixed Assets

Intangible fixed assets at the balance sheet date comprise the following elements:

	Software licenses	Licenses and trademarks	Patents	Development expenditure	Goodwill	Other	Total
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Cost or valuation at 1 April 2007	621	0	0	0	0	0	621
Impairments	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Other revaluations	0	0	0	0	0	0	0
Additions - purchased	0	0	0	0	0	0	0
Additions - donated	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
At 31 March 2008	**621**	**0**	**0**	**0**	**0**	**0**	**621**
Amortisation at 1 April 2007	433	0	0	0	0	0	433
Provided during the year	40	0	0	0	0	0	40
Impairments	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Other revaluations	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2008	**473**	**0**	**0**	**0**	**0**	**0**	**473**
Net book value							
- Purchased at 1 April 2007	188	0	0	0	0	0	188
- Donated at 1 April 2007	0	0	0	0	0	0	0
Total at 31 March 2008	**188**	**0**	**0**	**0**	**0**	**0**	**188**
Net book value							
- Purchased at 31 March 2008	148	0	0	0	0	0	148
- Donated at 31 March 2008	0	0	0	0	0	0	0
Total at 31 March 2008	**148**	**0**	**0**	**0**	**0**	**0**	**148**

11. Tangible Fixed Assets

11.1. Tangible fixed assets at the balance sheet date comprise the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Cost or valuation at 1 April 2007	63,430	69,174	6,750	8,384	36,086	126	8,726	1,164	193,840
Additions - purchased	0	849	0	7,289	338	0	686	0	9,162
Additions - donated	0	0	0	0	56	0	0	0	56
Impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	2,740	(1,594)	(1,761)	615	0	0	0	0
Other in year revaluation	3,713	15,701	1,319	317	967	3	0	31	22,051
Disposals	0	0	0	0	(278)	0	(603)	0	(881)
At 31 March 2008	**67,143**	**88,464**	**6,475**	**14,229**	**37,784**	**129**	**8,809**	**1,195**	**224,228**
Depreciation at 1 April 2007	0	3,466	158	0	23,045	121	4,557	651	31,998
Provided during the year	0	2,935	156	0	1,868	2	1,093	105	6,159
Impairments	0	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Other in year revaluation	0	0	0	0	617	3	0	17	637
Disposals	0	0	0	0	(230)	0	(603)	0	(833)
Accumulated depreciation at 31 March 2008	**0**	**6,401**	**314**	**0**	**25,300**	**126**	**5,047**	**773**	**37,961**
Net book value									
- Purchased at 1 April 2007	63,430	65,314	6,592	8,331	12,110	5	4,169	513	160,464
- Donated at 1 April 2007	0	394	0	53	931	0	0	0	1,378
Total at 31 March 2007	**63,430**	**65,708**	**6,592**	**8,384**	**13,041**	**5**	**4,169**	**513**	**161,842**
Net book value									
- Purchased at 31 March 2008	67,143	81,625	6,161	14,177	11,601	3	3,762	422	184,894
- Donated at 31 March 2008	0	438	0	52	883	0	0	0	1,373
Total at 31 March 2008	**67,143**	**82,063**	**6,161**	**14,229**	**12,484**	**3**	**3,762**	**422**	**186,267**

The value of the residual interest in the PFI scheme, relating to Calderdale Royal Hospital, included in assets under construction is £4,470,000.

The Trust held no assets at open market value in 2007/08.

11.2. Analysis of Tangible Fixed Assets:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Net book value									
Protected assets at 31 March 2007	7,821	35,202	0						43,023
unprotected assets at 31 March 2007	55,609	30,506	6,592	8,384	13,041	5	4,169	513	118,819
Total at 31 March 2007	63,430	65,708	6,592	8,384	13,041	5	4,169	513	161,842
Net book value									
Protected assets at 31 March 2008	7,329	37,972	0	0	0	0	0	0	45,301
unprotected assets at 31 March 2008	59,814	44,091	6,161	14,229	12,484	3	3,762	422	140,966
Total at 31 March 2008	67,143	82,063	6,161	14,229	12,484	3	3,762	422	186,267

11.4a. Net book value of assets held under finance leases and hire purchase contracts at the balance sheet date

The Trust does not hold any assets under finance leases or hire purchase contracts.

11.4b. The total amount of depreciation charged to the income and expenditure account in respect of assets held under finance leases and hire purchase contracts

The Trust does not hold any assets under finance leases or hire purchase contracts therefore no depreciation has been charges to the income and expenditure account.

11.5. The net book value of land, buildings and dwellings at 31st March 2008 comprises:

	31st March 2008 Protected	31st March 2008 Unprotected	31st March 2008 Total
	£ 000s	£ 000s	£ 000s
Freehold	45,301	110,066	155,367
Long leasehold	0	0	0
Short leasehold	0	0	0
	45,301	110,066	155,367

12. Fixed Asset Investments

The Trust does not hold any fixed asset investments.

13. Stocks and Work in Progress

	31 March 2008	31 March 2007
	£ 000s	£ 000s
Raw materials and consumables	4,038	4,164
Work in progress	75	105
Finished goods	217	235
	4,330	4,504

14.1. Debtors

	31 March 2008	31 March 2007
	£ 000s	£ 000s
Amounts falling due within one year:		
NHS debtors	6,425	7,163
Provision for irrecoverable debts	(770)	(237)
Other prepayments and accrued income	2,407	2,116
Other debtors	4,756	5,120
	12,818	14,162
Amounts falling due after more than one year:		
NHS debtors	771	795
Other debtors	16,599	17,040
	17,370	17,835

NHS Debtors falling due within one year includes £2,625,638 for incomplete spells of care provided at the 31st March 2008.

Other debtors falling due after more than one year includes the deferred asset relating to the value of the existing buildings, that were transferred to the PFI contractor at a nominal fee, plus the cost to the Trust of all subsequent expenditure on these buildings. In addition, it includes an amount relating to road traffic income due, which is regarded as a long term debtor.

14.2. Provision for Impairment of NHS Debtors

The Trust has not made any provision for impairment of NHS debt.

15. Current Asset Investments

The Trust does not hold any current asset investments.

16.1. Creditors

	31 March 2008	31 March 2007
	£ 000s	£ 000s
Amounts falling due within one year:		
Interest payable	3	0
Payments received on account	2,030	1,073
NHS creditors	1,310	3,502
Taxation and Social Security	173	3,512
Capital creditors	2,132	1,619
Other creditors	4,780	10,970
Accruals and deferred income	9,864	3,856
	20,292	**24,532**
Amounts falling due after more than one year:		
Loan	2,100	0
Other	2,864	2,603
	4,964	**2,603**

Accruals and deferred income falling due within one year includes £864K of deferred income relating to funding provided for the voluntary redundancy/voluntary early retirement scheme and for other in year financial risks.

Other creditors falling due after more than one year includes deferred income relating to the PFI scheme at Calderdale Royal Hospital which is being released over the life of the contract. It also includes VAT reclaimed under the Lennartz mechanism which is repayable to Her Majesty's Revenue & Customs over an extended time period.

16.2.1. Loans

	31 March 2008
	£ 000s
Payments of loan principal falling due:	
- within one year	0
- between one to two years	78
- between two and five years	936
- after five years	1,086
	2,100
16.2.2. Of which:	
- wholly repayable within 5 years	1,014
- wholly repayable after 5 years, not by instalments	0
- wholly repayable after 5 years by instalments	1,086
	2,100

16.3. Prudential Borrowing Limit

The NHS Foundation Trust is required to comply and remain within a Prudential Borrowing Limit.
This is made up of two elements:

- the maximum cumulative amount of long-term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit.

- the amount of any working capital facility approved by Monitor.

further information on the NHS Foundation Trust Prudential Borrowing Code and Compliance Framework can be found on the website of monitor, the Independent Regulator of Foundation Trusts.

The Trust has a maximum long term borrowing limit of £15.1m in 2007/08 (£46.8m 2006/07).
The Trust actually borrowed £2.1m in 2007/08 (£nil 2006/07).

The Trust has £18.0m of approved working capital facility. The Trust has not made any drawings against this facility.

16.3. Prudential Borrowing Limit *(continued)*

	31 March 2008
	£ 000s
Total long term borrowing limit set by Monitor	15,100
Working capital facility agreed by Monitor	18,000
Total Prudential Borrowing Limit	**33,100**
Long term borrowing at 1 April 2007	0
Net actual borrowing/(repayment) in year - long term	2,100
Long term borrowing at 31 March 2008	**2,100**
Working capital borrowing at 1 April 2007	0
Net actual borrowing/(repayment) in year - working capital	0
Working capital borrowing at 31 March 2008	**0**

	2007/08		2006/07	
	Actual	Planned	Actual	Planned
Financial Ratios				
Maximum debt/capital	1%	2%	0%	0%
Minimum dividend cover	2.8x	2.3x	2.1x	2.1x
Minimum interest cover	5290.7x	324.5x	0.0x	0.0x
Minimum debt service cover	5290.7x	86.5x	0.0x	0.0x
Maximum debt service to revenue	0.0%	0.1%	0%	0%

16.4. Finance Lease Obligations

The Trust has no finance lease obligations.

16.5. Future Finance Lease Obligations

The Trust has no futures finance lease obligations

17. Provisions for Liabilities and Charges

	Pensions relating to former directors	Pensions relating to other staff	Legal claims	Other	Total
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
At 1st April 2007	0	2,622	112	1,071	**3,805**
Change in the discount rate	0	0	0	0	**0**
Arising during the year	0	0	152	193	**345**
Utilised during the year	0	(237)	(64)	(300)	**(601)**
Reversed unused	0	(70)	(29)	0	**(99)**
Unwinding of discount	0	52	0	18	**70**
At 31st March 2008	**0**	**2,367**	**171**	**982**	**3,520**
Expected timing of cashflows:					
Within 1 year	0	429	171	57	**657**
1 - 5 years	0	951	0	211	**1,162**
Over 5 years	0	987	0	714	**1,701**
	0	**2,367**	**171**	**982**	**3,520**

As at 31st March 2008 £26,593,257 is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Trust.

18.1. Movements in Total Funds

	2007/08	2006/07
	£ 000s	£ 000s
Taxpayers' equity at 1st April 2007	177,927	172,186
Surplus/(deficit) for the financial year	9,622	4,398
Public Dividend Capital dividends	(5,672)	(3,979)
Surplus/(deficit) from revaluations of fixed assets and current asset investments	21,332	954
New Public Dividend Capital	0	4,411
Additions/(reductions) in donated asset reserve	(5)	(43)
Total Funds at 31st March 2008	203,204	177,927

18.2. Movements in Public Dividend Capital

	2007/08	2006/07
	£ 000s	£ 000s
Public dividend capital at 1st April 2007	111,899	107,488
New public dividend capital received	0	4,411
Public dividend capital at 31st March 2008	111,899	111,899

18.3. Movements on Reserves

Intangible fixed assets at the balance sheet date comprise the following elements:

	Revaluation reserve	Donated asset reserve	Income and expenditure reserve	Total
	£ 000s	£ 000s	£ 000s	£ 000s
At 1st April 2007	60,365	1,381	4,282	66,028
Transfer from the income and expenditure account	0	0	3,950	3,950
Surplus/(deficit) on revaluations of fixed assets and current asset investments	21,332	82	0	21,414
Transfer of realised profits / (losses) to the income and expenditure reserve	(737)	0	737	0
Receipt of donated assets	0	56	0	56
Transfers to the income and expenditure account for depreciation, impairment and disposal of donated assets	0	(143)	0	(143)
At 31st March 2008	80,960	1,376	8,969	91,305

19. Notes to the Cash Flow Statement

19.1. Reconciliation of operating surplus / (deficit) to net cash flow from operating activities

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Total operating surplus/(deficit)	8,753	4,130
Depreciation and amortisation charge	6,199	4,337
Transfer from donated asset reserve	(143)	(93)
(Increase)/decrease in stocks	175	11
(Increase)/decrease in debtors	1,809	6,109
Increase/(decrease) in creditors	(4,495)	(4,575)
Increase/(decrease) in provisions	(285)	(106)
Net cash inflow from operating activities	12,013	9,813

19.2. Reconciliation of Net Cash Flow to Movement in Net Funds

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
Increase/(decrease) in cash in the period	711	3,823
Change in net funds resulting from cashflows	711	3,823
Net funds at 1st April 2007	10,336	6,513
Net funds at 31st March 2008	11,047	10,336

19.3 Analysis of Changes in Net Funds

	At 1st April 2007	Cash changes in year	At 31st March 2008
	£ 000s	£ 000s	£ 000s
Cash at bank	10,336	711	11,047
	10,336	711	11,047
Third party assets held by the Trust	17		26

20. Capital Commitments

Commitments under capital expenditure contracts at the balance sheet date were £1,141,000.

21. Post Balance Sheet Events

There were no disclosable post balance sheet events.

22. Contingent Assets and Liabilities

There are no contingent assets or liabilities at 31st March 2008.

23. Related Party Transactions

Calderdale & Huddersfield NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts. It is an independent body not controlled by the Secretary of State. It is therefore considered that Government departments and agencies of Government departments are not related parties.

During the year none of the Board Members or members of the key management staff, or parties related to them, has undertaken any material transactions with the Calderdale & Huddersfield NHS Foundation Trust.

The Register of Council Member Interests for 2007/08 has been compiled and is available to be viewed by contacting the Board secretary.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the Trustees for which are also members of the NHS Foundation Trust Board.

The Trust's main Commisoner PCT's are Calderdale PCT and Kirklees PCT.

24. Private Finance Transactions

	2007/08	8 Month Period to 31st March 2007
	£ 000s	£ 000s
For PFI schemes deemed to be off-balance sheet:		
Amounts included within operating expenses in respect of PFI transactions:		
Gross	20,159	11,815
Amortisation of PFI deferred asset	0	0
Net charge to operating expenses	20,159	11,815
The Trust is committed to make the following payments during the next year in which the commitment expires:		
Within one year		
2nd to 5th years (inclusive)		
6th to 10th years (inclusive)		
11th to 15th years (inclusive)		
16th to 20th years (inclusive)		
21st to 25th years (inclusive)		
26th to 30th years (inclusive)		
31st to 35th years (inclusive)		
36th year and beyond	20,159	18,427
Estimated capital value of project	75,247	75,247

The Calderdale PFI scheme is for the provision of a 614 bed district general hospital. It is a joint venture between Calderdale and Huddersfield NHS Foundation Trust and Catalyst Healthcare PLC. The Trust are responsible for all clinical services and Catalyst Healthcare are responsible for support services.

The value of residual interest within the Trust's tangible fixed assets is £4,470,000. The Trust has previously built up the value of residual interest over a 60 year time period which is equivalent to the maximum length of the contract. The value of residual interest is now being built up over 30 years to coincide with the Trusts first termination option within the contract.

The value of the deferred asset (made up of buildings only) is £16,459,405.

25. Pooled Budget

The Trust does not operate any pooled budgets.

26.1. Financial Assets

	Floating rate £ 000s
Denominated in £ Sterling	40,293
In other currencies, restated in £ sterling	0
Gross financial assets at 31 March 2008	**40,293**
Denominated in £ Sterling	41,031
In other currencies, restated in £ sterling	0
Gross financial assets at 31 March 2007	**41,031**

26.2. Analysis of Financial Liabilities

	Floating rate £ 000s
Denominated in £ Sterling	(24,493)
In other currencies, restated in £ sterling	0
Gross financial assets at 31 March 2008	**(24,493)**
Denominated in £ Sterling	(28,271)
In other currencies, restated in £ sterling	0
Gross financial assets at 31 March 2007	**(28,271)**

26.3a. Financial Assets by Category

	Total £ 000s	Loans and receivables £ 000s	Assets at fair value through the I&E £ 000s	Held to maturity £ 000s	Available for sale £ 000s
Assets as per balance sheet					
Fixed asset investments	0	0	0	0	0
NHS Debtors (net of provision for irrecoverable debts)	7,101	7,101	0	0	0
Accrued income	794	794	0	0	0
Other debtors	21,355	21,355	0	0	0
Current asset investments	0	0	0	0	0
Cash at bank and in hand	11,043	11,043	0	0	0
Total at 31 March 2008	**40,293**	**40,293**	**0**	**0**	**0**
Fixed asset investments	0	0	0	0	0
NHS Debtors (net of provision for irrecoverable debts)	7,943	7,943	0	0	0
Accrued income	591	591	0	0	0
Other debtors	22,160	22,160	0	0	0
Current asset investments	0	0	0	0	0
Cash at bank and in hand	10,337	10,337	0	0	0
Total at 31 March 2007	**41,031**	**41,031**	**0**	**0**	**0**

26.3b. Financial Liabilities by Category

	Total £ 000s	Other financial liabilities £ 000s	Liabilities at fair value through the I&E £ 000s
Liabilities as per balance sheet			
Bank overdrafts	0	0	
Loans	(2,100)	(2,100)	
Interest payable	(3)	(3)	
NHS Creditors	(1,310)	(1,310)	
Other creditors	(13,123)	(13,123)	
Accruals	(7,957)	(7,957)	
Finance lease obligations	0	0	
Total at 31 March 2008	**(24,493)**	**(24,493)**	**0**
Bank overdrafts	0	0	
Loans	0	0	
Interest payable	0	0	
NHS Creditors	(3,502)	(3,502)	
Other creditors	(22,510)	(22,510)	
Accruals	(2,259)	(2,259)	
Finance lease obligations	0	0	
Total at 31 March 2007	**(28,271)**	**(28,271)**	**0**

27. Financial Instruments

Because of the continuing service provider relationship that the NHS Foundation Trust has with local Primary Care Trusts and the way those Primary Care Trusts are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies. The Trust neither buys or sells financial instruments. Financial assets are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Foundation Trust in undertaking its activities.

Interest Rate Risk

7% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Calderdale and Huddersfield NHS Foundation Trust is not exposed to significant interest-rate risk.

Currency Risk

The Trust has negligible foreign currency income or expenditure.

Liquidity Risk

The Trust's net operating costs are incurred under three year service contracts with local Primary Care Trusts, which are financed from resources voted annually by Parliament. The Trust receives such contract income in accordance with Payment by Results (PBR), which is intended to match the income received in year to the activity delivered in that year by reference to the National Tariff procedure cost. The Trust receives cash each month based on an annually agreed level of contract activity and there are corrections made to adjust for the actual income due under PBR.

The Trust has put in place an £18m working capital facility which to date it has not had to use.

In 2007/08 the Trust has financed it's capital expenditure from internally generated funds or from Public Dividend Capital made available by the Government. The Trust has the ability to borrow funds to fund capital expenditure within the limits set by it's Prudential Borrowing Limit.

It is therefore felt that the Trust is not exposed to significant liquidity risk.

28. Fair Values

Set out below is a comparison, by category, of book values and fair values of the Trust's financial Assets and Liabilities as at 31st March 2008.

	Book value	Fair value	Basis of fair valuation
Financial Assets	**£ 000s**	**£ 000s**	
Debtors over 1 year - Agreements with commissioners to cover creditors and provisions	771	771	Note (a)
Investments	0	0	
Other	0	0	
Total	**771**	**771**	
Financial Liabilities			
Creditors over 1 year - Finance lease obligations	0	0	Note (b)
Provisions under contract	(771)	(771)	
Loans	(2,100)	(2,100)	
Total	**(2,871)**	**(2,871)**	

Notes

(a) These debtors reflect agreements with commissioners to cover creditors over 1 year for provisions under contract, and their related interest charge/unwinding of discount. In line with notes b below, fair value is not significantly different from book value.

(b) Fair value is not significantly different from book value since, in the calculation of book value, the expected cash flows have been discounted by the Treasury discount rate of 2.2% in real terms.

28.1. Maturity of Financial Liabilities

	2007/08	2006/07
	£ 000s	**£ 000s**
Less than one year	(16,835)	(22,826)
In more than one year but not more than two years	(537)	(392)
In more than two years but not more than five years	(2,314)	(1,178)
In more than five years	(4,807)	(3,875)
Total	(24,493)	(28,271)

29. Losses and Special Payments

There were 46 cases of losses and special payments totalling £56,444 during the period covered by these accounts.
There were no clinical negligence cases where the net payment exceeded £100,000.
There were no fraud cases where the net payment exceeded £100,000.
There were no personal injury cases where the net payment exceeded £100,000.
There were no compensation under legal obligation cases where the net payment exceeded £100,000.
There were no fruitless payment cases where the net payment exceeded £100,000.
The total cases in this note are on a cash basis.

30. Pharmacy Manufacturing Unit

The Trust operates a Pharmacy Manufacturing Unit as part of its Pharmacy department. The unit purchases raw materials for the manufacture of pharmaceutical products which are used within the Trust, and sold to other NHS and non NHS bodies. The income and expenditure of the unit are included in the accounts of the Trust, the income being shown under 'Other operating income' in note 4.

31. West Riding Audit Consortium

The Audit Consortium was set up on 1st April 1993. It provides the internal audit function to a number of NHS Trusts and other public bodies, and is a non-profit making organisation. The Consortium is managed by a Board consisting of the Directors of Finance of its major customers. Calderdale and Huddersfield NHS Foundation Trust provides accounting services to the Consortium and its income and expenditure is included in the Trust's accounts.

The expenditure of the Consortium for the 12 month period covered by these accounts was £1,870,210 which equalled its income.

32. Health Informatics

The Trust hosts the Health Informatics Service on behalf of a number of NHS Bodies. The income recorded from other organisations was £6,846,425. This was matched by expenditure incurred by the Health Informatics Service on their behalf.

If you would like this information in large print, Braille, on audio tape, CD or in another language then please contact **PALS (Patient Advice and Liaison Service)** on **01422 222 417** or **01484 342 128.**