Bradford District Care NHS Foundation Trust

Annual Report and Accounts

1 April 2023 to 31 March 2024

Bradford District Care NHS Foundation Trust

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Presented to Parliament pursuant to schedule 7, paragraph 25(4) (a) of the National Health Service Act 2006

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Joint welcome from our Chair, Dr Linda Patterson OBE FRCP, and our Chief Executive, Therese Patten

Welcome to our Annual Report for the year 2023/24. On behalf of the Board of Directors, we would like to publicly thank all our colleagues for their continued hard work and dedication during the year. The years since the COVID-19 pandemic have been challenging for everyone, and the commitment, optimism, and sense of collective teamwork that we have seen across our Trust has been truly outstanding. We would also like to thank service users, carers, Governors, partners, volunteers, members, stakeholders and the public, who have all worked alongside us during the year across many different programmes.

Throughout the year the Board has continued to receive assurance on our work to manage the continued financial and workforce challenges, to learn from patient safety incidents, and ongoing challenges associated with Industrial Action. Despite the challenges within the wider NHS and social care, we have continued to work hard to retain and recruit colleagues, and always considered the quality of care and the experience of the people who use our services.

As a learning organisation, we are committed to co-production, and working together allows us to keep our communities at the center of everything we do. This has been particularly important to us as we concluded the refresh of our Trust strategy: Better Lives, Together. The strategy was formally launched at our Annual Members' Meeting in September 2023. It was clear from the outset that the vision and values that underpin the strategy were key strengths, so these have remained as the consistent foundation underpinning the refreshed strategy for 2023-26. It also supports our move from 'ambition to action' across four strategic objectives. A planned refresh of our governance framework has also continued throughout the year, linked to the refresh of our strategy. An external review and implementation of a new Well Led Quality Assurance Framework has supported this work, and a development plan is now in place for 2024/25.

We are proud to be part of the West Yorkshire Integrated Care System which works across health, social care, local authorities and the voluntary sector. We know that our services will be better if we co-operate and collaborate across sectors, working together in partnership with a person-centered approach. Bradford District and Craven, our Place, is where we collaborate locally through the 'Act as One' commitment. Our ambition at Place is to keep our people healthy, and happy at home. In October the inaugural Celebrate as One Partnership Awards took place. They will be run every two-years to recognise and celebrate the work that is taking place across our partnership which demonstrates the fantastic work that goes on in our districts every day.

As a Trust, and with our partners, we continue to work hard to deliver the best with the resources we have. We do this through good financial decision making and considering the environmental and social-economic impact we have on sustainability. In 2023 we had a complete refurbishment of our health-based place of safety (S136 suite) at Lynfield Mount Hospital, the previous facility was no longer fit for purpose to deliver modern therapeutic care and due to this often required a significant number of colleagues to safely support a person admitted to the suite. The refurbishment has enabled improved vision and control of spaces, introduced modern facilities with a less restrictive therapeutic space, and provided spaces for colleagues and the police to monitor the service user safely.

Ensuring we have estate that is fit for purpose remains a high priority for our Trust, we are actively pursuing plans to build a new hospital at Lynfield Mount. This is due to significant ongoing maintenance costs, and it has been recognised both internally, and by external partners, that a redeveloped site would provide an improved holistic and therapeutic environment for all in support of delivering the best quality care, and making the best use of resources.

In June, our Board completed a development session in support of becoming a trauma informed organisation. The session looked at Trauma Informed Care (TIC) and the Board learnt that TIC involved paying attention to what has happened in people's lives as well as what they are currently struggling with. It means that as care givers we must adapt our behaviour and approach to take account of people's lived experience, and by enabling them to feel safe they will be better able to move on with their recovery. As we focus on delivering the best quality services, this remains incredibly important to us.

Our Trust continues to work creatively to offer therapeutic support to enhance peoples experience. This includes the Better Lives Charity, which uses charitable spending to improve the experience, health, and wellbeing for service users and colleagues. Funding has enabled the charity to support a range of projects and interventions within the Trust which enhances the care the Trusts provides. This has included:

- Distraction resources for the dental surgery environments to help vulnerable and anxious dental clients feel more relaxed resulting in better treatment outcomes.
- Equipment for an older people's mental health exercise group, to support frail older people who are at risk of falling.

Our people are the core of what we do and without them we would not be able to deliver services. The new Trust Welcome was launched in April this year as part of the Trust's commitment to provide the best onboarding experience and welcome for our new starters. Colleagues get a warm welcome from Board members, key information about working in the Trust and about the support and benefits that are available to them. There is opportunity to browse a stalls about other colleagues and teams around our Trust.

During October, the West Yorkshire NHS and third sector organisations came together to hold a pilot event to promote the work of the NHS, and the role of Chair's and Non-Executive Directors within this environment. The event was in support of continued partnership working within the West Yorkshire System, to encourage successful succession planning for Chair and Non-Executive roles and to support increased diversity. As a health and care partnership there continues to be a strong commitment to ensuring that underrepresented groups are aware of recruitment and development opportunities, both to support representation, and increase diversity within leadership roles.

It continues to be important for us to be the best partner, working together to tackle health inequalities, and deliver the best quality services for our population. A learning report was published during the year by the Reducing Inequalities in Communities (RIC) programme which was set up in 2019 as a five-year programme to test various interventions to reduce health inequalities in Bradford. The programme has been overseeing the delivery of 21 projects, involving a range of partners, and has benefitted over 16,000 people. RIC and its associated projects have allowed us to develop and learn from our local approach to tackle health inequalities in Bradford District and Craven. This included hosting Helen Whately, Minister for Social Care, who visited our Place to hear more about the reducing inequalities programme. The Minister heard about three integrated services that bring together specialists across health, care and voluntary organisations, and the positive impact of their work. This included our Proactive Care Team which brings together a wide range of skills and experience to support adults at home and avoid unnecessary GP and hospital appointments. This service is proving successful, showing a 41 per cent reduction in A&E attendances.

These continue to be challenging times, and we will continue to work hard, safely, and efficiently as an organisation, and with partners, to ensure the Trust is the best place to work, that we are delivering the best quality services, making the best use of resources, and being the best partner.

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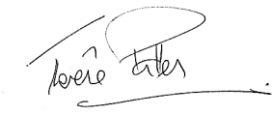
Date: 26 June 2024
Dr Linda Patterson OBE FRCP
Chair of the Trust



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Date: 26 June 2024
Therese Patten
Chief Executive

Welcome to our Trust

Bradford District Care NHS Foundation Trust ('the Trust') has been a Foundation Trust since 1 May 2015, it is a Public Benefit Corporation, and offers a wide range of services covering mental health, learning disabilities, physical health (including specialist dental services) and children's public health, from before birth to the end of people's lives. We provide 51 different services across over 60 sites, including two mental health hospitals, for people of all ages across Bradford District and Craven.

Supporting people in our communities throughout their lives is a real privilege and means that we have many opportunities to help make a difference to their health and wellbeing. This means helping people to keep healthy for as long as they can be, as well as treating people when they become unwell.

As well as thinking creatively about how we support our people and how we make our services accessible to everyone in our communities who need them, we continue to work with our partners across health and care, to consider all the factors that impact on a person's health and wellbeing and create joined-up, holistic service offers that put the person at the center of decision making. We continue to build on our strong relationships with partners to look outwards across Bradford District and Craven, West Yorkshire, and beyond.

Bradford District and Craven stretches from Bradford city center, past Keighley in the Aire Valley, through the large market towns of Ilkley and Skipton, to Ingleton in the Craven basin. Our community has a population of over 659,000 people in a mixed urban and rural area, covering 595 square miles.

The population we serve is one of the most multicultural in Britain with over 100 languages spoken. Some areas of Bradford are amongst the most deprived in the country, reflected in higher-than-average demand for health services and reduced life expectancy. Bradford is the fifth largest metropolitan authority in England, with a growing population of circa 650,000. Circa 26.3% of the population are aged under 18 years old, making Bradford the youngest city in the UK. Craven has a population of circa 57,100, with a rise of circa 28% of people aged 65 – 74 years old, it is both less densely populated than Bradford, and with a significantly older population. With over 50% of the total population of Craven reporting their health as 'very good', with 10% registered as disabled.

We employ over 3,000 people who, directly and indirectly, provide healthcare and specialist services to local people, including registered nurses (health visitors, school nurses, district nurses, specialist nurses), non-clinical roles (digital, estates and facilities, finance, people matters, administration, governance), health support workers, psychological therapy roles, allied health professionals (AHPs), social workers, dental and medical roles, AHP clinical support roles and pharmacy roles.

Further information about the Trust services, and priorities for improvement capability and statements relating to the quality of NHS services provided is included in the Quality Account 2023/24.

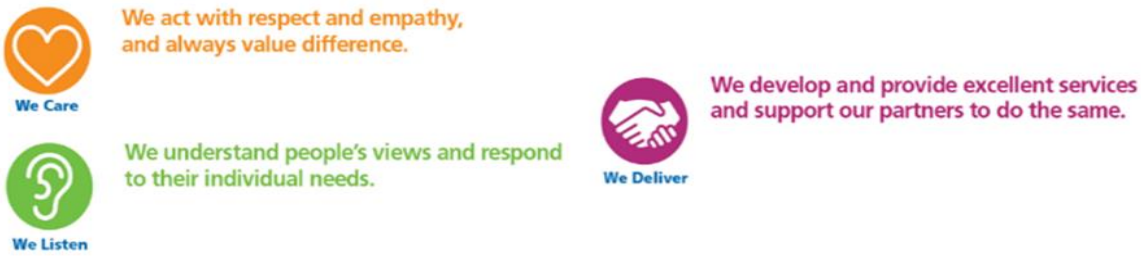
Refreshing our Strategy: Better Lives, Together, moving from ambition to action

Our 2019-23 strategic framework, the first Better Lives, Together, clearly set out our values and priorities and our commitment to quality improvement guided by our Care Trust Way methodology. This strategy refresh for 2023-2026 builds on these strengths, reflecting the changes that have happened in the health and social care landscape around us as well as how we have developed over the last few years.

The Strategy Steering Group have overseen the refresh of the strategy, including engaging with colleagues, service users, carers, Governors, stakeholders and the wider community to ensure that it not only aligns with local and national priorities, but that it is meaningful to those people on whom it will have the greatest impact. This included working with the Board of Directors to understand the key challenges, opportunities and priorities and how these have changed since the strategy Better Lives, Together was first developed and launched in 2019.

In line with their statutory responsibility, our Governors continued to play a key role in shaping our strategy and through a series of meetings provided feedback on the views of the Council, members and public. These views were fed into the process of refreshing our strategy.

It was clear from the outset that the vision and values that underpin the strategy were seen as being key strengths and so these have remained as the consistent underpinning of this refreshed strategy for 2023-26: we care, we listen, we deliver.



The refreshed Better Lives, Together strategic vision has an increased focus on reducing inequalities – both in terms of health inequalities and discrimination across our workforce; a clearer understanding of our position in the various systems and partnerships – and how we must align our priorities and efforts; and a recognition that there must be a key focus on sustainability (both financial and environmental) as we move into this next phase of our journey.

Once the strategic priorities were established, the Strategy Steering Group, supported by colleagues from across the Trust, ran a month-long engagement event. The final version was the culmination of all engagement activity and reflects a hopeful realism, which balances the scale of the challenges we face with the scale of our ambition. Ongoing engagement continued to take place on the strategy, which was officially launched as part of the Annual Members Meeting on 21 September 2023.

Assurance of delivery of the strategy and strategy deployment

One of the key pieces of learning from the 2019 version of Better Lives, Together was that without tangible outputs and measures of impact, it was more complex than required for the Board of Directors to be assured that progress was being made against our ambitions.

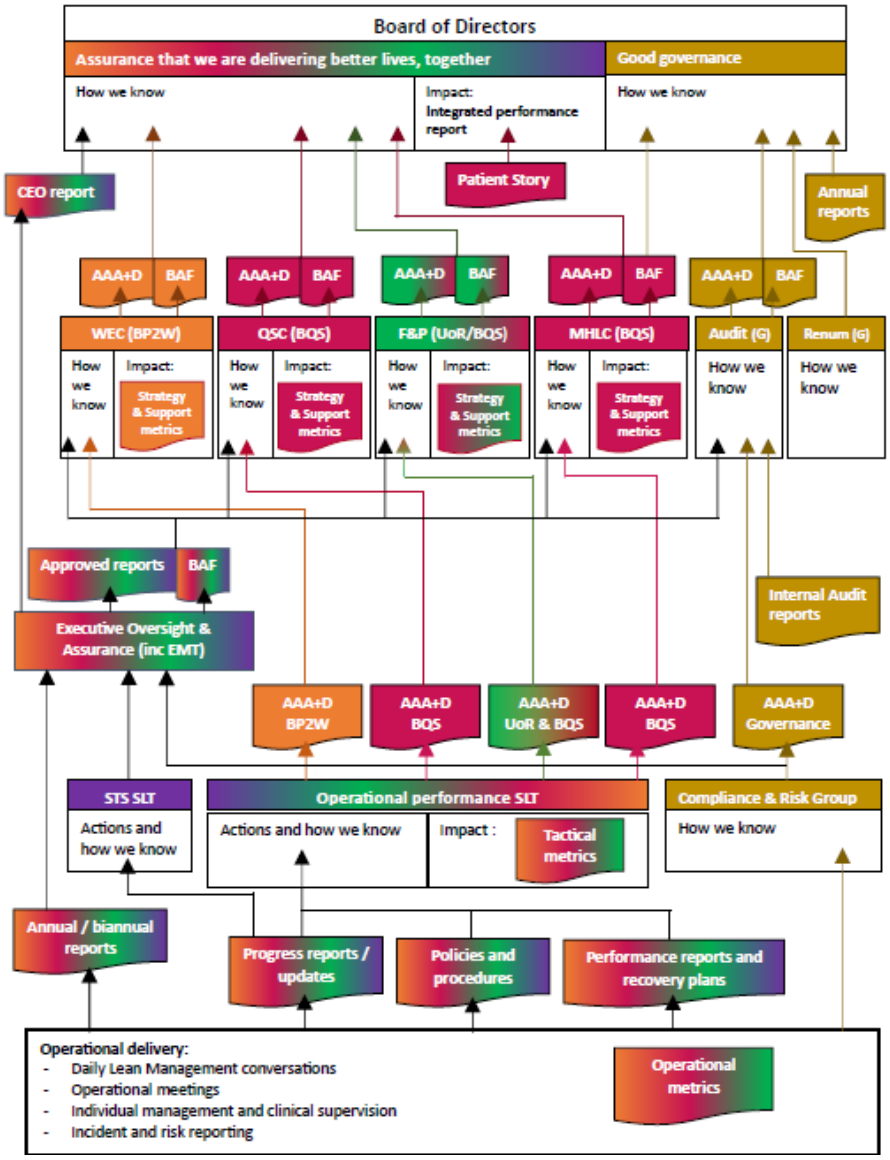
Each of the priorities within the refreshed strategy articulate:

- what actions we will take
- how we will know we have been successful; and
- what the impact of our actions will be.

Work has taken place to ensure that the key tools used by the Board and its Committees align to the priorities and support these groups in obtaining the assurances they are required to seek.

Key tools that were reviewed as part of this process include the Board Assurance Framework, the Integrated Performance Report and the data / metrics seen at both Board and its Committees. This work also directly aligns with other work that has been ongoing relating to increased accountability, outlined within the Governance Development section.

For the strategy to have the impact desired, it is vital that the intent and ambitions are successfully deployed through the organisation. This has been supported by the engagement work in understanding what the strategy will mean for individuals. It will also be supported by a clear understanding, and again, an adaptation of tools, which support tactical and operational oversight and assurance activity across the organisation. Below is a diagram which demonstrates how the strategic priorities will flow through our Trust structures to provide assurance of delivery.



Working together

The Trusts values, 'We care, We listen, We deliver', supports us to both work internally with our colleagues to deliver the best quality services, and externally with partners to collaborate and integrate for our local communities. Partnership working with the Voluntary and Community Sector (VCS) is an important element of our strategy and in particular for our Trust's 'community connector' role. The Trust already has strong working relationships with several organisations across the VCS and contributes to the developments taking place to support the 'Happy, Healthy and at Home' vision supported by all health and care partners across Bradford District and Craven.

Supporting elected Members of Parliament (MP) and elected representatives of our local authority areas with enquiries about the Trust is also important us.

Board members and senior managers continue to work closely with elected members and provide information both through Overview and Scrutiny Committees and routine business. Our Chair, and Chief Executive meet regularly with local MPs to keep them updated with developments at the Trust and to listen to feedback and experiences of people involved with the Trust.

The regional context, the System we operate within

NHS West Yorkshire was one of 42 ICBs in the country which were legally established on 1 July 2022 as part of new legislation set out in the Health and Care Act 2022. This legislation created 42 integrated care systems (ICSs), overseen by statutory integrated care partnerships and containing Integrated Care Boards (ICBs) to deliver the integrated care strategy. The legislation was accompanied by a stronger duty on NHS providers to collaborate and reduced the legislative requirements in relation to competition.

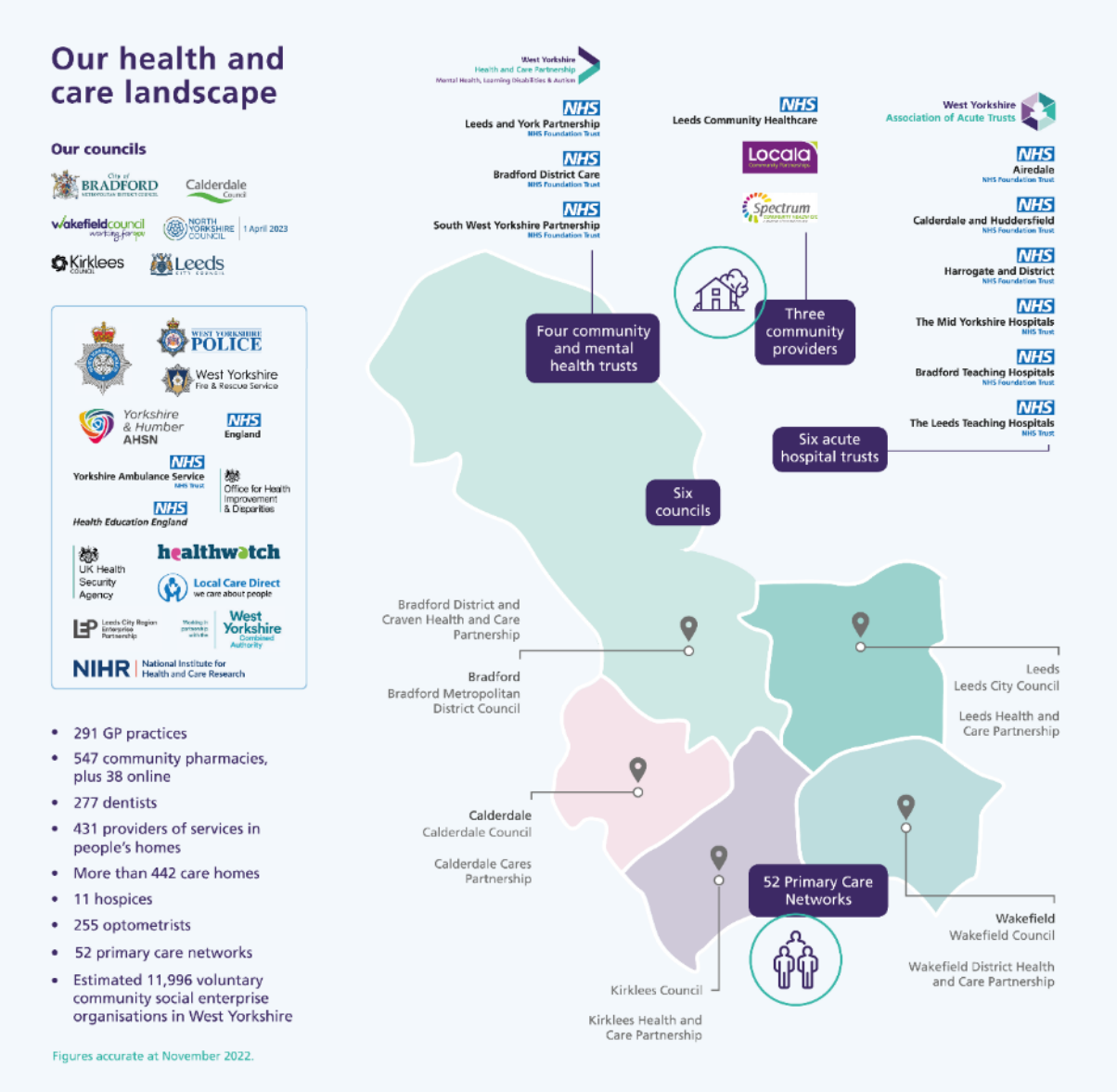
ICBs have a range of functions, including those of the former clinical commissioning groups (CCGs); some planning and commissioning roles from NHS England; and a new set of functions in relation to system coordination with provider collaboratives and Places.

Here in West Yorkshire, our ICB has five Places: Bradford and Craven
Calderdale
Kirklees
Leeds
Wakefield

The organisation accounts for an NHS budget of around £5 billion. It is important to see these changes together and to recognise that all parts of West Yorkshire are collaborating in well-established and new ways, informed by the ICS strategic plan and the recent establishment of the ICB.

Across West Yorkshire we support 2.4 million people living in urban and rural areas: 770,000 are children and young people; 530,000 people live in areas ranked in the most deprived 10% of England; 20% of people are from minority ethnic communities; and there are an estimated 400,000 unpaid carers as many do not access support.

The Partnership is made up of the NHS, councils, hospices, Healthwatch, and the voluntary community social enterprise sector. Together it employs over 100,000 staff and works alongside thousands of volunteers.



<u>The Partnership's 10 big ambitions</u>

In 2019 the partnership agreed a set of ten ambitions as part of overall system strategy which were co-designed by our partnership to have a stretch to what we would like to achieve and have wide system ownership. The context for the ICB strategy has changed since 2019, COVID-19 brought new challenges alongside new innovative ways of working and the cost of living crisis has impacted on both our population and our workforce, many of whom live in West Yorkshire.

The policy and legislative landscape have changed significantly with the creation of Integrated Care Boards and new statutory arrangements and duties which again, bring challenges and opportunities to our work. Work to refresh our integrated care strategy has given us the opportunity to reconsider the ambitions we have as a partnership with strong support for retaining the 10 big ambitions. It was agreed that given the context and performance to date, the ambitions have for the most part increased in importance, not reduced.

The ICB published strategy sets out the ongoing commitment and ownership of the ambitions and will be pivotal to the success of our partnership. The 10 ambitions are:

1. We will increase the years of life that people live in good health in West Yorkshire compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

2. We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approximately 220,000 people). In doing this we will focus on early support for children and young people.

3. We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty.

4. By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.

5. We will reduce suicide by 10% across West Yorkshire by 2020-21 and achieve a 75% reduction in targeted areas by 2022.

6. We will achieve at least a 10% reduction in anti-microbial resistance infections by 2024 by, for example, reducing antibiotic use by 15%.

7. We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.

8. We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.

9. We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

10. We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

The local context, the Place we operate within

Our Place operating model of 'Act as One' shows our clear commitment to a new model of mutual accountability; collective decision-making with a shared responsibility for managing collective performance, resources, and the totality of population health. This is not just through services, but also by supporting people to take good care of their own health and wellbeing; helping more people to take control of their lives and to have more of a say in how their health and wellbeing needs are met.

The new partnership allows us to reflect our local priorities, with a shared analysis of problems and issues as the basis for acting, together. It is a known space in some ways, but with an opportunity to work in new and novel ways. Part of the new will act in tension with the old, but we will use that tension as a strength.

Our partnership will carry a broad remit for fairness: to individuals, to the partnership and to wider society. We will hold ourselves and each other to account for the value we bring. We will take with us the best of what we have now and leave behind those that does not prepare us for the future.

Our challenge is to build a new partnership that is not simply a tuning of the existing one, but evolution and a structural shift away from the current domains. We have chosen not to root ourselves in the now, but to be constantly curious, populated by good people doing good things, with the space and elbow room to act.

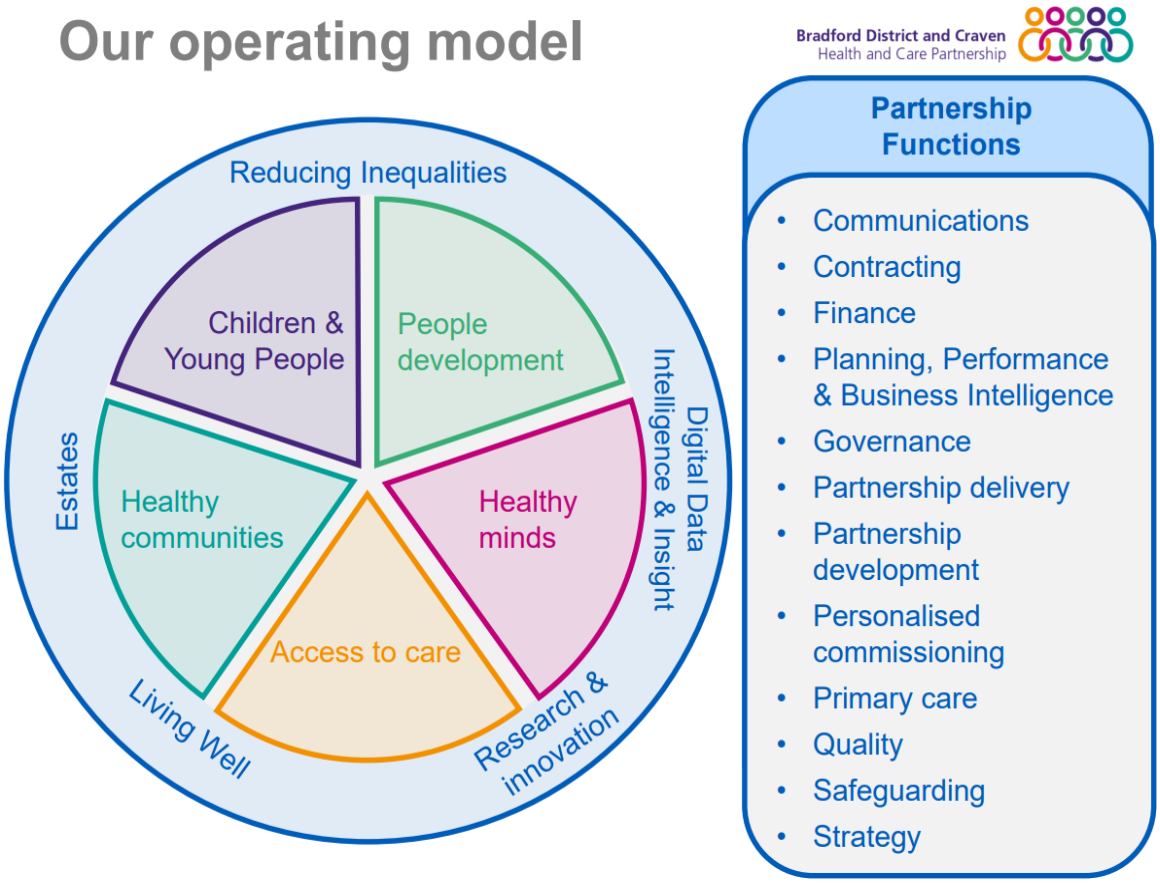
Our four primary purposes are:

- improving outcomes in population health, healthcare and wellbeing
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money; and
- supporting broader social and economic development.

Population health is our approach that aims to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across our entire population. By finding those who are at risk, and working with them in a targeted way, we can proactively shape the design of our health services. We want population health management to be our common and consistent approach; the vehicle by which we target improvements in the wellness of local people.

Through data, we will design new models of proactive care and deliver improvements in health and wellbeing that make best use of our collective resources, ensuring value. We can achieve our strategy through supporting communities to help them address issues that are important to them.

By working together as our first principle, we can take a system approach to population health strategy, monitoring finances, and performance and quality. Measuring in the here and now how we are affecting the future health of our population.



The Partnership serves a population of around 650,000 people with a health and care workforce of around 33,000 supported by over 5,000 voluntary and community sector organisations. To help deliver the Act as One vision, five priority areas have been agreed to support achievement of the Place strategy. The priority areas are supported by four enabler programmes: improving outcomes in population health; addressing health inequalities; enhancing value for money and productivity; enhancing broader social and economic factors. With the Act as One strategy focused on four 'Ps' – purpose; place; population; partnership.

The Care Trust Way: A Model for Continuous Improvement, Innovation, and System-Wide Impact

Since its inception in 2019, the Care Trust Way has evolved into a driving force behind our Trusts commitment to exceptional patient care. A collaborative methodology that blends co-production, staff and service user empowerment, and a proactive problem-solving approach to embed continuous improvement and innovation within our culture. As we come up to our five-year anniversary of the Care Trust Way we are proud to celebrate how far we have come. An amazing example of our success is to be chosen as one of only six trusts across the UK to present our methodology at NHS Providers Improvement Conference 2024. An opportunity to elevate our great work in Bradford to the national stage.

Key Achievements Demonstrating Our Impact:

- **Empowering Our Workforce:** The expansion of our 'Time to Think' coaching program, we have just hit the remarkable milestone of over 1000 coaching slots delivered. As we continue to enhance our accessible online improvement training, we are equipping our staff with the tools and knowledge to drive change. Advanced training programs and the development of in-house Care Trust Way coaches further amplify this impact. A great example of how this is helping teams and services develop their own way forward can be found in the Adult Physical Health team.

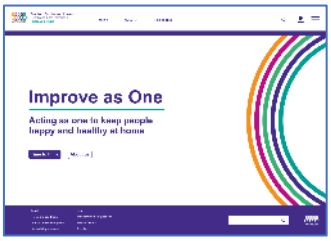
- **Fostering Digital Innovation:** Through targeted workshops, we have cultivated a collaborative environment where innovative solutions to healthcare challenges are born. These include key developments in Artificial Intelligence (AI) to further enhance our offer to the people who use our services. Embracing and pushing the boundaries of the technology we already have; this has assisted in streamlining our administration processes and improved the quality and purpose of our conversations such as appraisals and clinical supervision. Prime examples of digital initiatives that have been supported through digital innovations include 'Keeping My Chest Heathy' and 'Ready to Relate'.

- **Promoting Open Innovation:** The *i*Care programme, established in 2017, is a key innovation support channel at our Trust. In 2022/23, iCare awarded £15,000 to seven projects led by clinical staff. These innovative ideas supported the delivery of the Trusts strategic objectives and have the potential to impact the wider healthcare sector, particularly in mental health and community services, for service users, patients, carers, colleagues, and stakeholders. Some of the *i*Care award winners from the October 2023 awards ceremony are highlighted below:

- **Improvement activity:** The ongoing programme of improvement activity has always focused on the real day to day challenges that our colleagues and the people who use our services face. Over the past 12 months we have demonstrated some real and meaningful improvements. However, with the greater challenges that the NHS is facing, there has never been a bigger need to support the strategic challenges our Trust faces. As a result 'Value Streams' have been refreshed to recognise and tackle some of these bigger challenges. This is reflected in our 'Inpatient Value stream' looking at all aspects of our inpatients stays including length of stay, culture of care and colleague morale. Another 'Value Stream' recently commissioned will focus on eReferral and frontline digitisation'.

- **Transforming Healthcare at Scale:** Our commitment to shared excellence extends beyond our Trust. We have made significant contributions within Place to help drive improvement and support the integration of NHS Impact. This is demonstrated through our leadership of the Bradford District and Craven Innovation Hub, and the 'Improve as One' initiative. These efforts exemplify our dedication to system-wide healthcare improvement.

The Care Trust Way has proved to be more than a set of principles; it's a transformative mindset. Its ongoing success is evident in the enhanced quality of our services and the positive outcomes we achieve for our patients and staff. We remain steadfast in refining this initiative, ensuring the Care Trust Way serves as a model of improvement within the healthcare sector.



Bradford District and Craven
Health and Care Partnership
Innovation Hub

ACTasONE

Overview of our performance

Performance analysis

The Trust's performance management framework outlines our performance management approach, systems, structures and supporting arrangements. The current framework covering 2023/24 was refreshed in July 2023 and approved by the Executive Management Team in August/September 2023. The refresh is to support continuous improvement and learning lessons.

Performance management in our Trust identifies and tracks progress against operational plan targets and milestones. It is also focused on continuous improvement and the delivery of the best outcomes for service users and carers. This approach is intended to support transparency of expectation and performance, with ownership and accountability for activity, targets, standards and objectives.

The integrated performance management framework aims to provide a comprehensive understanding of how services are performing across quality and safety, outcomes, workforce, activity, finance and regulatory requirements. The framework supports operational processes to ensure continuous improvement in the quality and delivery of services and the assurances required by the Board and Committees, with a clear and dynamic line of sight of issues from 'ward to Board'.

The following principles underpin the Trust's performance management framework:

- **Culture of improvement:** these arrangements are intended to drive an organisational culture of continuous quality improvement, delivered for the benefit of patients/service users and carers. The Trust's approach to performance management will recognise and share learning and best practice (internally and externally) and celebrate success. Using the Care Trust Way methodology, particularly Daily Lean Management, the expectation is that feedback in relation to the effectiveness of processes that underpin strong performance will be dynamic and daily (where needed) and that the mechanisms to develop and role model rapid process improvement will be complementary to, and support, performance management.
- **Accountability:** The measures and evidence used to assess performance will be clear, with defined roles and responsibilities across Care Groups and corporate functions, with strong assurance and oversight. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability, supported by the Trust's appraisal process.
- **Delivery focus:** The performance management approach will be action oriented with empowerment and ownership of decision making. The focus will be on delivering planned performance and sharing good practice, to develop and provide excellent services and support to our partners to do the same. A balance between challenge and support will be maintained with the aim of achieving continuous improvement both internally and when benchmarked against the best in the country.

Throughout 2023/24, performance has been affected by the combined impact of:

- High service demands and increased acuity and complexity, with the COVID-19 pandemic having a clear and significant impact.

- Workforce challenges, with high colleague turnover, high levels of vacancies in some services, continued difficulties in attracting and retaining professionally qualified staff, and sickness absence.

The table below outlines our performance against metrics used by NHS England to monitor and gather insights as part of the NHS oversight framework.

Metric	2023/24 goal	2023/24 performance	Trust position	Comment
Urgent Community Response - referrals that achieved the two-hour response standard.	70%	75%*	Achieved target	The standard applies to teams that provide urgent care to people in their homes. Urgent referrals to the district nursing service are in scope.
Community dental service – proportion of patients waiting less than 18-weeks to commence dental treatment under general anesthesia.	92%	58.5%	Target not met	The performance is affected mainly by two factors: Complexity of patients accessing dental service post covid increasing the numbers requiring a general anesthetic (GA) for their care. Continuous disruption on the delivery of the operating lists which includes NHS strikes, reduction in capacity on the operating lists.
Community dental service – number of patients waiting over 52 weeks to commence dental treatment under general anesthesia.	0	13	Target not met	Target met in 4 out of 12 months.
Improving Access to NHS Talking Therapies - number of people who first receive NHS Talking Therapies for anxiety and depression.	9,210 people	10,723** people	Achieved target	Workforce challenges, with a national shortage of qualified practitioners, coupled with increased service user complexity, has impacted access and waiting times.
Inappropriate out of area placements for adult mental health services – total number of bed days patients have spent out of area.		5,711 bed days	Target not met	Impacted by acuity of service user presentation and reduction in bed capacity. Consistently improving trend from August to December with a slight increase from Jan to March.

Table 1: Performance against national metrics

* January 2023 data

** Includes provisional data for February and March 2023

Addressing inequalities and our commitment to partnership working

The Trust's commitment to provide equitable, physical, mental health and learning disability services through the delivery of personalised care which promotes inclusion and addresses inequalities in access, experience and health outcome is set out in our strategy, Creating better lives, together 2023 – 2026; ambition to action strategy, 2023-26 - BDCT

Our aim to deliver the best quality services to all is reinforced within our Trust equality objectives which set out a proactive approach to identifying and reducing health inequalities, celebrating best practice, and working alongside our communities, people and our partners to do this in an effective and sustainable way. Our Trust is committed to meeting the requirements and standards set out in the Accessible Information Standard and the Sexual Orientation Monitoring Standard for example.

Our public sector equality duty report 2023 – 2024 sets out our priorities for improvements and examples of good practice. During this financial year we have prepared for the implementation of the NHS Patient and Carer Race Equality Framework in mental health. A new partnership has been established with the aim of reducing health inequalities faced by ethnically diverse people accessing mental health services nationally.

The Trust will continue to work in partnership with local communities, service users, plus health and social care partners to address these inequalities in access and experience. Reducing healthcare inequalities is of great importance to the Trust, with our Board of Directors actively engaged with work both internally and across the System and Place on this area.

More information about some of the ongoing work on inequalities within our staff colleagues is reported within the 'Our Staff Report' section of this document.

Joint Forward Plans, and capital resources

Since the publication of the last plan in 2020, the West Yorkshire Integrated Care Board approach has evolved to adapt to the changing context. We are now faced with challenges such as living with COVID-19, widening health inequalities, and a cost-of-living crisis. Industrial Action continues to disrupt care for patients and the public. The new plan reflects this updated context, and it should be noted that some risks and uncertainties remain as we seek to address these issues effectively together as a partnership.

The West Yorkshire Integrated Care Board Joint Forward Plan 2023 sets out how the NHS West Yorkshire Integrated Care Board aims to deliver the NHS components of West Yorkshire Health and Care Partnership's integrated health and social care strategy. Both are important documents that serve each other and the subsequent work the partnership will do in our local places.

We will be held to account for delivery and progress and partners will also hold each other to account for mutual roles in delivery.

The development of the West Yorkshire Integrated Care Board strategy and plans in West Yorkshire has been a collaborative effort involving colleagues from all sectors. This had included engagement with Healthwatch, local involvement activities, and gathering insights from public meetings held by the local health and wellbeing boards, West Yorkshire Joint Health Overview and Scrutiny Committee, the NHS West Yorkshire Integrated Care Board (ICB), and the West Yorkshire Health and Care Partnership Board.

NHS West Yorkshire Integrated Care Board

Recent reports from Healthwatch and the Joint Forward Plan public consultation have emphasised the significance of ensuring access to care, including general practitioners (GPs) and NHS dentists, while also addressing health inequalities, improving coordination of care, enhancing workforce recruitment, and focusing on fundamental aspects of healthcare delivery. In West Yorkshire we are committed to delivering better outcomes and delivering joined up services, with faster access to care, both in the short and long term. These priorities remain at the forefront of our efforts as we work towards achieving our ambitions for West Yorkshire health and care services and importantly colleagues, people, and communities.

Alongside this, 2023/ 24 was a challenging year financially and the medium term will be no less challenging. The ICB submitted a balanced financial plan for this year, which was predicated on needing to deliver significant levels of efficiency. This is in addition to all five Places carrying a high level of unmitigated risk, for example where cost growth may end up being higher than levels assumed in plans. Local authority, voluntary and community sector and other partners also face significant levels of financial pressure. The West Yorkshire strategy and plan includes a focus on efficiency, effectiveness, and value for money. We will create a longer-term financial model that looks at the choices and opportunities for us to deliver plans over the next five-years. These choices will often require difficult judgements. Whilst challenges are significant, the belief is that working together at all levels is the most effective approach to take if we are deliver on these plans for people in uncertain times. Our Partnership's history demonstrates the benefits of collaboration.

Overall, the launch of these plans is a significant milestone for our West Yorkshire Health and Care Partnership, and it showcases our continued commitment to improving health and care services for staff and everyone we serve. Significant risks remain and the partnership will continue to work incredibly hard to ensure that we focus on implementation and delivery.

Digital Services Performance Overview and future plans

In harnessing national digital funding to optimise frontline systems from 2022/23 to 2024/25, the Trust has undertaken a multitude of initiatives aimed at enhancing operational services and improving patient care outcomes. This achievement owes much to the recruitment of dedicated staff, who have diligently supported the delivery programme alongside substantive resources and our clinical and operational teams.

A notable addition to our Trust framework has been the introduction of Digital Clinical Leads. These individuals serve as vital connectors, bridging the gap between our digital services department and frontline staff. Their commitment ensures the identification, prioritisation, and integration of digital technologies and innovations within patient-facing services. This is a supporting function to the Clinical Chief Information Officer that aims to support the embedding of digital initiative at a Trust wide level.

In tandem with our operational endeavours, Digital Services has invested in a series of improvement projects aligned with our strategic objectives. Noteworthy examples include the implementation of a service desk management tool for People Matters Operational Teams, streamlining processes such as colleague onboarding. The positive feedback received from new colleague members regarding their IT equipment provisioning and induction experience underscores the efficacy of these initiatives. Moreover, the introduction of a digital sign-in and out solution at our headquarters not only enhances efficiency but also aligns with our commitment to sustainability and fire safety.

Infrastructure enhancements have been another area of focus, with upgrades to data storage facilities and the rollout of a more secure connection solution for remote workers. These measures not only improve performance but also contribute to our ongoing efforts to uphold the highest standards of information security.

Progress within our mental health services has been notable, particularly in enhancing tasking functionality within our main clinical system.

Our commitment to information security remains unwavering, with investments in additional hardware and the facilitation of Information Asset Owners (IAOs) and Information Asset Assistants (IAAs) through web-based applications. These efforts ensure compliance with the Data Security and Protection Toolkit for 2023 and beyond.

Digital for Better Lives, our Digital Strategy, has laid the path to incremental changes within our ways of working, on getting the foundations right with the infrastructure changes mentioned, the digital workforce, digitally enabled care and a greater focus on data and insights, embedded within the Digital Strategy Roadmap. As we look towards 2024/25, our focus will be on furthering this strategy, with specific enhancements planned for our electronic patient record system such as a better user experience through visualisation, use of electronic devices to capture vital signs and the streamlining of electronic referrals. As we continue our journey of digital transformation, guided by our Digital Strategy, we remain dedicated to delivering tangible benefits to both colleagues and service users alike.

Advancements in the adoption of Artificial Intelligence (AI) are also underway, supported by the development of a Safe Use of AI Policy. These initiatives promise to revolutionise triage activities within services such as NHS Talking Services, with further developments anticipated soon.

The Digital Services team have been extending the training offer to widely used applications to enhance digital skills and overall confidence as well as supporting colleagues in line with other Trust strategic objectives and initiatives around neurodiversity, new induction processes, and the green and sustainability agenda, and these will continue further.

Moreover, our engagement with the Bradford District and Craven Health and Care Partnership through the Place Based Digital Programme Board, have enhanced ways of working. We have participated in shared care records, virtual wards, cyber / security and information governance joint-groups and infrastructure initiatives facilitating the delivery of safer and more efficient care to service users and carers.

Our year

The Trust's Quality Report provides a more extensive summary of service delivery during 2023/24. Summarised on the next few pages is a selection of other work that has taken place across the Trust during the year.

April 2023: Proactive Care Team celebration event. The Trust's pioneering collaborative approach to supporting people in Bradford, shared its successes at its celebration event. The multidisciplinary team focuses on understanding individual's needs and then providing tailored additional support.

May 2023: Bradford Brushathon. Families, care home residents and people using mental health services in Bradford and Airedale received expert advice from the Community Dental service to keep teeth and gums in tip-top condition.

June 2023: Carer confident accreditation. Our Trust become the second NHS trust in West Yorkshire to achieve level 2 Carer Confident accreditation. The accreditation from Employers for Carers (EfC) recognises we have an inclusive workplace where carers are recognised, respected and supported.

July 2023: NHS 75th Birthday. The Trust celebrated the 75th birthday of the NHS with staff celebrations across a range of services, staff stories and tea parties in local children's nurseries.

August 2023: New name and look for talking therapies. Our MyWellbeing IAPT service launched its new name of Bradford District and Craven Talking Therapies, and a tagline of 'for anxiety and depression'. The new name and refreshed service website aims to make it easier for people to understand what help and support the service offers.

September 2023 New sensory room opens. A sensory room aimed at improving hospital wards for dementia patients opened. Funded by the Trust's Better Lives Charity and the West Riding Masonic Community Fund, it enhances the healing environment for inpatients.

October 2023: Two wins at Helpforce Awards. The Trust's volunteer to career Programme and our Head of Charity and Volunteering, Catherine Jowitt, were both winners at the national Helpforce Champions Awards.

November 2023: New Chat Health service Parents, children and young people across Bradford District and Craven now have a simple, easy way to get in touch with a health visitor, breastfeeding support or a school nurse, by texting them using the new secure 'Chat Health' service.

December 2023: Charity festive cheer for inpatients The Trust's charity, Better Lives, spread some festive cheer across the Trust's mental health wards, supplying over 200 gifts to patients not well enough to be home. Helping to get everyone into the Christmas spirit, the gifts, wrapped and delivered with the support of generous volunteers, provided a real boost for patients.

January 2024: Improved recreation hall Lynfield Mount Patients at Lynfield Mount hospital are benefiting from new gym facilities to support their recovery and wellbeing, thanks to funding from Sport England and the Trust's Better Lives charity. Staff and patients were both involved in creating the new-look recreational hall.

February 2024: Greener future for patients. Patients at Lynfield Mount Hospital have a ‘greener’ future with the planting of 260 trees, as part of a wider initiative funded by Natural England, the public body that helps protect nature and landscapes. The innovative partnership aims to evidence the positive impact of green therapy on patient wellbeing, whilst supporting nature recovery.

March 2024: High scores in patient led assessments. The Trust exceeds the national average in the latest Patient-Led Scoring highly in assessments of the Care Environment (PLACE) results for inpatient services, in particular achieving an overall score of 99.22 per cent for cleanliness and 99.17 per cent for privacy, dignity and wellbeing.

…… Date: 26 June 2024

Therese Patten
Chief Executive

Our staff team

Introduction

The Trust's workforce accounts for over 75% of our expenditure, so it is important that we use our resources wisely and can recruit, retain and develop a high-quality and dedicated team. The behaviours, values, and skills of each colleague can have a direct impact on patient care, and it is therefore important that we provide the right environment to support individuals and teams, provide career development opportunities, access to flexible working, and provide good leadership and management across all of our services. During the year, we have worked hard to create a supportive environment for staff with a continued commitment to the Care Trust Way, Best Place to Work strategic theme and other local initiatives including and maintaining our enhanced reward and recognition schemes such as 'Thanks a Bunch' and 'Living Our Values', which enables the celebration of colleagues who go the extra mile to support each other, service users and carers and support the delivery of the best quality care.

Workforce Overview

We continued to maintain the successes of the ongoing people components of our Trust Strategy, which replicate the pillars of the NHS People Plan, and its associated People Promises. Our work continued to focus efforts on aligning people management and development activities within the context of the Long-Term Workforce Plan and the local and regional priorities of our health and care system partners, Bradford District and Craven Health and Care Partnership, West Yorkshire Integrated Care Board and provider collaborative efforts.

The key workforce challenges remain in relation to effectively planning for the future, with an emerging imperative to 'grow our own' and recruiting people into difficult to fill professions and then creating and sustaining an environment that supports personal and professional development. Wider system collaboration with our health and social care partners, further and higher education institutes, and local authorities around widening the available talent pool has furthered ambitions to deliver workforce growth where compatible with commissioner requirements and support the wider system priorities of reducing ill-health and inequality by creating opportunity.

We continue to promote and champion the benefits of working on our Staff Bank both as an entry into the organisation for people in training roles and for those seeking flexible working options. As well as growing our Bank worker numbers through forging closer links with local community projects and educational establishments, we have embarked on an ambitious provider collaborative Staff Bank for sharing mental health specialist nurses with our partners.

We established a Student Nurse career pathway on Staff Bank and are working with local universities to encourage students from years one to three to register, giving learners the opportunity to utilise their classroom knowledge, whilst gaining practical experience of working within services and within other health and care settings.

Not only is this integral to our key business aim to reduce spend on agency temporary workers, but also in supporting our commitment to recruiting student nurses as Band two Health Care Support Worker roles. When the students qualify, they then transition into substantive Band five positions with a full working knowledge of the Trust and its values as well as feeling a strong sense of belonging in the organisation.

In line with our commitment to developing new roles and new ways of working, we offered our incumbent COVID Bank workers the opportunity to remain on Staff Bank as NHS Reservists. This new role, which is promoted nationally, enabled us to retain these workers with the aim of creating resilience across the Mental Health In-Patients wards and Community Adult healthcare teams as required.

As part of our 'Looking After Our People' theme, a conscious effort was made to include Bank workers in as many engagement opportunities as possible. We implemented Career Conversations, Bank worker newsletters and are working towards re-instating information Drop-In sessions, to identify benefits and resources associated with being engaged with us. We have also updated our Bank Induction, which became integrated with the programme provided for substantive colleagues, so provides a consistently high-quality on-boarding for everyone entering into work with us. Through this increased engagement, we have built better relationships with our Bank colleagues and created more reliable data, insight and understanding of what is valued by them and how the Trust can realise their ambitions and potential.

As part of our 'Growing our Workforce' theme, a live recruitment events calendar was set up containing all careers events nationally and locally. We have secured dedicated individuals from across all our services that have committed to attending these events as 'Careers Ambassadors' with the aim of promoting the Trust, sharing our values, and interacting with candidates face to face, which has been increasingly more challenging as less people show interest in NHS jobs and careers each year.

These careers events have also been a good vehicle through which to promote better multi-team collaboration and engagement with colleagues across services, encouraging their interaction and connections and learning, and supporting their continued personal and professional development.

In developing and maintaining an inclusive and diverse culture, we continued to promote membership and belonging to the three Staff Networks: Rainbow Alliance, Beacon, and Aspiring Cultures, which enriched the experiences of our colleagues and promoted awareness of protected characteristics within their networks.

They also foster the concept of allies supporting the networks. We also ensured the profile of the networks was enhanced by identifying executive and Non-Executive Director sponsors for each of them. We also ensured the direct line of sight between the network members and the Board of Directors, with regular update reports feeding through the People and Culture Committee.

We maintained our delivery of a range of internally and externally provided development programmes to support continuing professional and leadership development. Our Trust has also demonstrated high levels of compliance with mandatory training whilst facing increasing demands in operational activity and increased colleague sickness and turnover. In a separate item dedicated to the Staff Survey below, there is a detailed analysis of our results and what they mean, but it is pertinent to note that overall, the Trust has maintained very good levels of and very meaningful and fruitful engagement with our workforce.

Workforce Planning

The 2023/24 NHS England planning round and implementation of its recommendations resulted in workforce plans being produced at Trust level over the previous and following twelve months. This then translated into service specific plans, based on the following principles:

- Workforce plans are triangulated with financial and operational activity information and linked to the Clinical Workforce Strategy, with oversight on progress of workforce plans at the Workforce Optimisation Accountability and Guidance Group (AGG) which reports to the People and Culture Committee and to Board.
- Workforce planning at service level is undertaken by analysing capacity and demand within these services and using professional judgement to set staffing levels. The outputs of the planning ensure recruitment and training plans are in place to deliver the safe staffing levels required.
- The e-Rostering system is fully utilised by the Acute Mental Health Inpatient service, including the use of MHOST (Mental Health Optimal Staffing Tool), to determine the safe staffing levels for each specialism within mental health. The system supports the calculation of baseline and short term (live) planning of staffing levels based on the acuity of patients.
- The e-Rostering system and an electronic job planning system has also been implemented across medical services and Allied Health Professional staffing groups, with plans to complete roll-out to remaining clinical services in the next twelve to eighteen months.
- The monitoring of staffing levels to Board is reported via the Safer Staffing Steering Group, which reviews staffing levels daily (as part of operational oversight meetings), weekly (as part of e-Rostering planning meetings), and reported monthly to the Compliance Group and Safer Staffing Steering Group as exception reporting on Care Hours Per Patient Day, unused contract hours, working time directive breaches and fill rates / staffing levels; and
- Over the last 12-months there have been projects in place to continuously improve the use of the e-Rostering system and these will continue over the next 12 to 18-months for fully rostered services. This included reviewing training gaps and providing refresher training to support to managers, as well as redesigning the monthly data reporting mechanism.

- A new model of Business Partnering commenced implementation during this year across our Performance and Finance teams, which aligns these roles with the existing HR Business Partners to provide a triumvirate of subject matter and advisory expertise into the Directorate and Operational teams.

Workforce Targets

We have several workforce targets, which are monitored by the Board to assess performance including mandatory training and appraisal rates. Performance compared to the previous year is shown below:

Internal Board indicators	2023/24 Target	2023/24 Performance	2022/23 Performance	Trust Position
Mandatory training (excluding information governance compliance)	80%	86.51%	93.46%	Achieved target
Information Governance training	95%	86.00%	91.86%	Not achieved
Staff receiving appraisal	80%	69.08%	62.17%	Not achieved
Labour turnover	10%	13.68%	15.32%	Not achieved

Table 2: Workforce performance targets

Workforce analysis

An analysis of average staff numbers in permanent roles and other staff is broken down by occupational group below:

Average number of employees	2023/24 Total Number	2023/24 Permanent Number	2023/24 Other Number
Medical and dental	110	80	30
Ambulance staff	0	0	0
Administration and estates	952	865	87
Healthcare assistants and other support staff	549	535	14
Nursing, midwifery and health visiting staff	1341	1304	38
Nursing, midwifery and health visiting learners	0	0	0
Scientific, therapeutic and technical staff	794	688	106
Healthcare science staff	0	0	0
Social care staff	0	0	0
Other	0	0	0
Total average numbers	**3746**	**3472**	**275**
Number of employees (WTE) engaged on capital projects			

Figures for Agency, Contract and Bank workers are reported within the Finance Performance section

Table 3: Staff breakdown by occupational group

A breakdown by gender of Directors, other senior employees employed by the Trust is set out below:

Category	Female	Male
Directors (voting members of the Board)	6	8
Other senior employees	81	26
Employees	2664	660
Total	2751	694

Table 4: Breakdown of Directors and senior employees by gender

Sickness absence

It is recognised that sickness absence can have a detrimental impact on the organisation from both a service quality and financial perspective. During the year the Board and Finance and Performance Committee regularly reviewed sickness performance against a target set at 4.00%. At the end of March 2024, we recorded an average sickness level of 6.61%. Sickness absence is discussed at Directorate quality and operational performance meetings, and we offer a wide range of support through our Wellbeing@Work programme.

Details of our sickness absence rates from previous years are shown below:

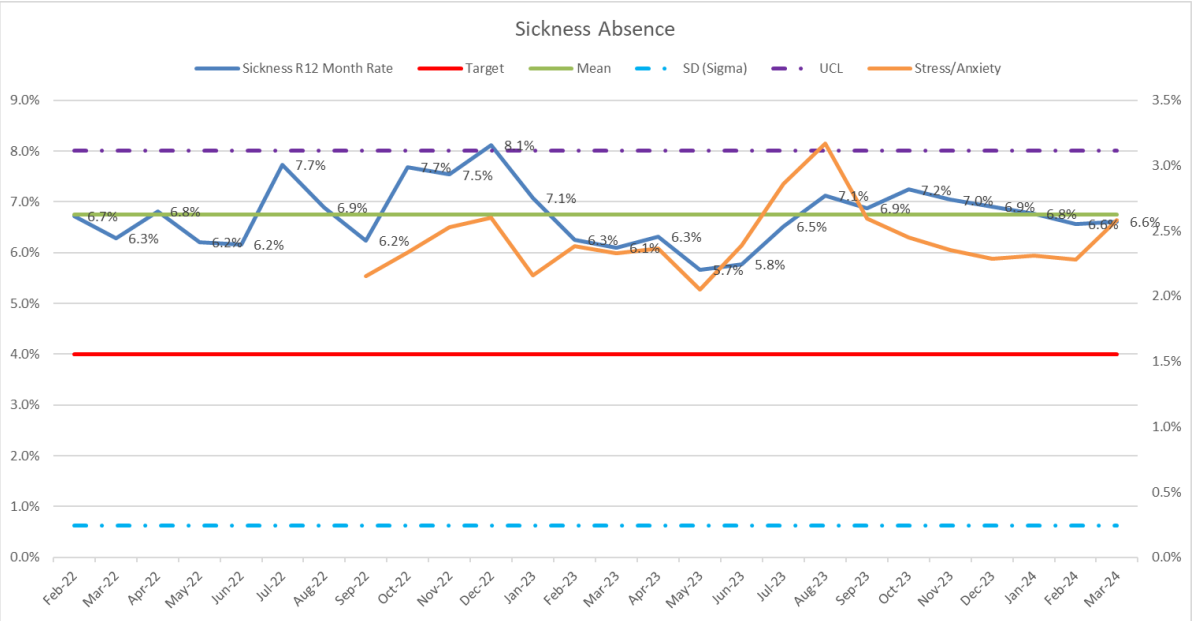


Diagram 1: Sickness absence data over last 2 years

Labour Turnover

Left unaddressed, we know that labour turnover can also have a detrimental impact on us from a business continuity, service quality and financial perspective. During the year the Board and Finance and Performance Committee, Quality and Safety Committee, and People and Culture Committee regularly reviewed turnover performance against a target set at 10%.

At the end of March 2024, we recorded an average turnover level of 13.68%. Labour turnover has been scrutinised at Directorate meetings and exception reports highlighting hotspot areas escalated to Compliance and Risk Group and Board.

Details of our labour turnover rates for 2023/24 are shown below:

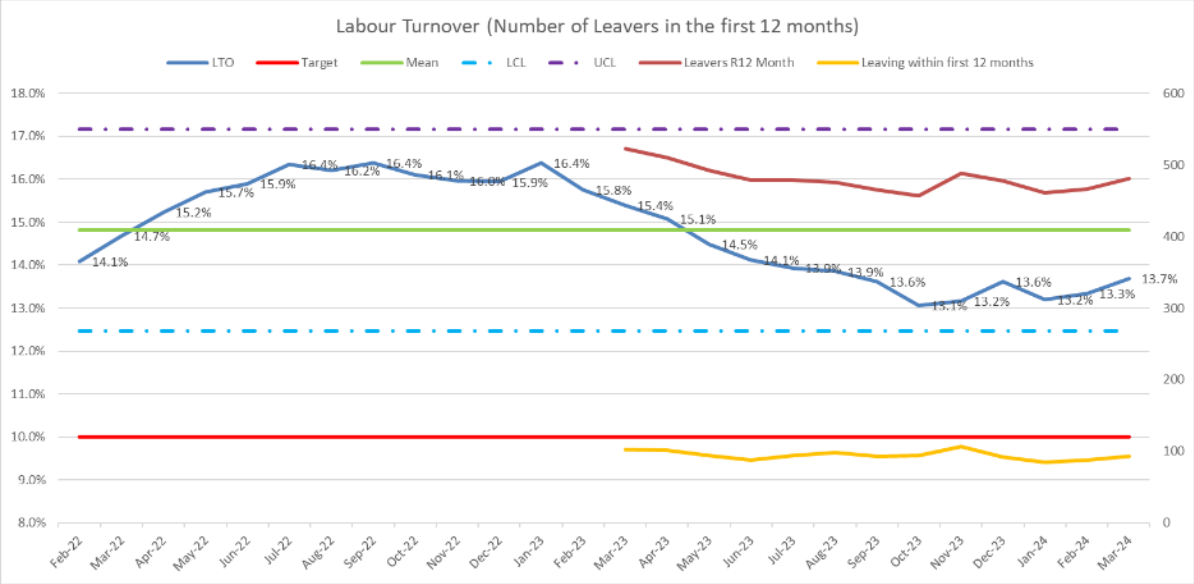


Diagram 2: Labour turnover data for 2022-24

Staff Policies and Activities

As an employer, the aim is to ensure that we are fully compliant with legal, statutory, regulatory, and moral obligations and the basis of that compliance is a commitment to constantly reviewing policies and procedures, which impact on our people. We review existing documentation and create new approaches in partnership and through consultation with key stakeholders, within and external to the organisation. Benchmarking also takes place with partners in Place, System and further, to ensure we are consistent in employment practices and at the forefront of legislative requirements and best practice.

Over the past year, there has been a continued review and refresh of policies, practice, and ways of working to continuously improve people services. This has included the implementation of new systems to provide and monitor data (Allocate Employee Relations tracker and Hornbill client relationship management tool) and the introduction of new policies such as the Menopause Policy, a refresh of the Supporting Attendance Policy and development of resources and a refresh of the Resourcing and Recruitment Strategy. In addition, the Trust was awarded the ‘Henpicked’ accreditation for the menopause support it provides to colleagues.

All the policy and procedural documentation is available via the intranet facility ‘Connect’ and document repository ‘SharePoint’ and advice, guidance and training on interpretation and implementation is provided through our People Services teams, which include Business Partnering, Payroll and Pensions, People Development, Resourcing and Workforce Intelligence, Systems, Planning and Analysis. Work has been undertaken over the last 12-months to increase the support offered to managers via a wide range of face-to-face and online training and learning resources to further develop management skills.

During the second half of the year a training needs analysis exercise was undertaken with 435 managers across all services, to establish their levels of skill and confidence in a range of people management processes and systems. The analysis outcomes were compared with workforce performance data to triangulate perceived levels of skill against actual impact of management behaviours and activities. The subsequent training package targeted at the areas of most need was commenced in January and will progress over the next 12-months.

Staff Health and Wellbeing

We have a comprehensive health and wellbeing offer available to all colleagues. This comprises an in-house Staff Support and Therapy Service which provides a range of diagnostic and talking therapies and workshops to support mental health; a dedicated physiotherapy service is commissioned; an Employee Assistance Programme which can provide support to staff in a broad range of areas, access to salary sacrifice schemes, financial planning workshops, staff discounts and schemes, childcare support, men's health initiative, carer's passport and a wellbeing room where staff can access health checks and useful resources. The Lively Up Yourself team also offer a range of relaxation and physical exercise activities to support health and wellbeing. Several face-to-face wellbeing and benefits roadshows have taken place across the district to promote the offers and resources available, including out of hours sessions directed at colleagues who work evenings, nights and weekends.

Partnership Working With Colleagues

We continue to enjoy a positive and harmonious relationship with our Staff Side representatives. The Staff Partnership Forum and its subsidiary groups, continue to meet regularly and have been actively engaged in all our transformational change processes, including large scale programmes such as Model Roster 3, Community Nursing reconfiguration and Smarter Spaces.

Staff Side representatives, who are accredited members of the recognised trade unions, are critical to the success of these change programmes and other ongoing projects and are key partners in health and safety activities. Staff side colleagues also have critical input to policy reviews and remain very supportive of the partnership approach to helping address colleagues concerns about environmental, economic and health inequality issues.

Close relationships with our union representatives have been integral to us maintaining essential services during periods of industrial action and ensuring no decline in the quality of care.

Trade Union Facility Time Publication Requirement (2017)

The Trust is compliant with the national requirement set out within Schedule two of the Trade Union Facility Time Publication Requirement, where an annual declaration is made by 31 July. The declaration can be found below:

Trade union representatives and full-time equivalents
Trade union representatives: 10
FTE trade union representatives: 9.6

Percentage of working hours spent on facility time
0% of working hours: 0 representatives
1 to 50% of working hours: 9 representatives
51 to 99% of working hours: 0 representatives
100% of working hours: 1 representatives

Total pay bill and facility time costs
Total pay bill: £146082000
Total cost of facility time: £62891.85
Percentage of pay spent on facility time: 0.04%

Paid trade union activities
Hours spent on paid facility time: 2560
Hours spent on paid trade union activities: 117
Percentage of total paid facility time hours spent on paid TU activities: 4.57%

Act as One Awards

This year our Bradford and Craven Health and Care Partnership held its first staff awards for all health, care and voluntary organisations. This now runs in alternate years to our Trust 'You're a Star' awards. The Celebrate as One awards event honoured the work across the NHS, local authorities, voluntary and community sector, and independent care sector.

Our Trust winners are outlined below:

Working in Partnership, Act as One – our Sensory Friendly Inpatient Environments were one of the winners. It recognised our work to ensure the acute ward environments at Lynfield Mount Hospital meet the needs of those staff and service users with sensory processing differences. Autistic people can be impacted by the sensory aspects including lighting and sound.

Team of the Year, delivering frontline services – our Proactive Care Team were amongst the winners for this award. The team brings together a range of disciplines to provide short-term care and support for vulnerable, frail adults, their carers and families, in central Bradford, so they can be cared for at home.

The Trust operates a 'Thanks A Bunch' award scheme which recognises and celebrates the hard work and dedication of individuals and teams who have gone above and beyond in their role to truly make a difference to colleagues, service users, patients, and their service area. Each month individuals and / or teams are nominated by colleagues. All nominations are considered by the Executive Team and ten awards are issued each month. In the last 12-months, 189 nominations were made with 108 awards issued. A sample of quotes from nominated staff are shown below:

"It makes you feel appreciated in your team. This makes you work harder and go the extra mile. As a nurse in the NHS you can often feel unseen.

"Being nominated/receiving the award I felt very honoured because it came from such a good, honest place and reflects the positive side of the NHS"

"It was a very nice surprise as I was unaware I was being put up for it. It made me valued and appreciated in what I do as normally we do not get positive feedback for our everyday working"

"It felt good to be acknowledged. It made me feel I was doing the right thing at work"

Long Service Award

The Trust recognises long service in the NHS of 25 and 40 years. In the last year 66 members of staff were eligible for a long service award. In total 50 staff had achieved 25 years' service and 16 staff had achieved 40 years' service. A sample of feedback from staff attending the event:

"It want to thank you and all the team for such a lovely day today. The food, the organization of the day and whole ambience made me feel really appreciated by the organization"

"I had a great day and I'm thankful for the award. It was very nice for the Trust to allow us to share with our family members too if we wished"

"It was lovely to be part of something which acknowledged the time spent with the Trust"

"I really enjoyed the day – it was great to be able to have some time out to meet with colleagues and find out more about their input into the Trust and services over the years. Having lunch was an added bonus and just so nice to get positive recognition for everyone's work over the year's"

Wider recognition of our staff

External recognition is also important, and we encourage our staff to benchmark themselves against other providers through regional and national external awards. Our winners are outlined below.

Fairer award for Diversity, Equity and Inclusion

This award was given for our work alongside the two other West Yorkshire mental health trusts – Leeds and York Partnership Foundation Trust, and South West Yorkshire Partnership NHS Foundation Trust – to trial new and innovate approaches to ensure that we have a diverse workforce reflective of the local communities we serve. Specifically, the work aimed to reduce barriers and increase awareness of job roles to diverse groups, recruiting locally and supporting the reduction of health inequalities.

Trainer of the Year award at the Yorkshire and Humber School of Psychiatry's conference

Deputy Medical Director, Dr Sarfaraz Shora has been awarded Trainer of the Year 2023 at the Yorkshire and Humber School of Psychiatry's conference.

Helpforce Champion Awards

Catherine Jowitt, our Head of Charity and Volunteering, was named the Volunteer Lead of the Year at the national Helpforce Champion Awards and our Volunteer to Career Programme was also awarded the Best Volunteer to Career Programme.

Youth Justice Service awarded trophy

The Youth Justice Service were awarded the Kathy Biggar trophy by the Butler Trust for their work with young people in Bradford raising awareness and working to prevent knife crime.

Internal communications with our colleagues

The Trust has a range of communication channels to gather staff views and more importantly, ensure two-way engagement, so that staff are actively involved in key developments and have direct communication routes to the Senior Leadership Team. Colleagues are now working in several ways and across a broad geographical area, so it is important that we offer a range of ways to connect, ensuring they are updated about Trust news.

We have a range of digital communication channels where staff can access information: our weekly e-bulletin, our intranet, teams chat (Viva Engage), outlook, and our weekly broadcast. We also have Trust-wide in-person meetings with our service leaders that focus on key operational areas / issues, providing an opportunity for service leads to shape and influence the Trust's approach.

This year we have revised our weekly broadcast following an audit with all colleagues on what is working well and areas we could develop further.

The broadcast is held live on Microsoft Teams, to give timely updates on key areas and hosted by members of the Trust's Executive Management Team (EMT), alongside subject-matter experts. They are an opportunity for staff to hear about a range of topics, including our strategic priorities, service transformation work, and staff wellbeing and support, and for staff to put their questions to EMT.

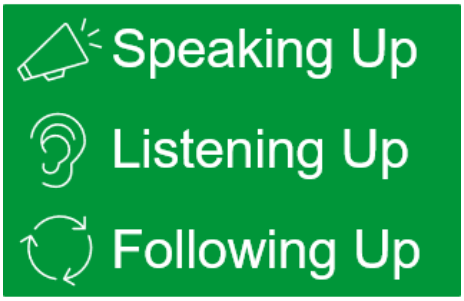
The audit found that feedback from colleagues about the broadcast was positive, but they asked for key changes to make it easier to attend. These included changing the name and providing a forward plan with more details on the topics, so they could plan. These changes have been introduced and we have since seen consistently higher attendance figures.

The Trust continues to prioritise staff wellbeing through the provision of monthly Schwartz Rounds with in-person events.

Research shows that regular attendance at Schwartz Rounds, a reflective forum open to both clinical and non-clinical colleagues throughout the Trust, improves patient care through improving staff morale, resilience and empathy and reducing staff turnover. The Schwartz community in the Trust is developing with an expansion of the Schwartz Steering Group to include staff from a wider range of teams, including student nurses, library, social work, junior doctors, and older people's representation.

Fundamental to making quality improvements is hearing what our staff have to tell us about the safety and quality of services.

Freedom to Speak Up (FTSU) is one element of a wider strategic approach to cultural transformation and improvement within the Trust. The principles that underpin it are mirrored in those of our values and behaviours and work around our fair and compassionate culture and 'Kind Life'. Our aim is to create an environment and culture in which speaking, listening and following up are all seen as 'business as usual', and where raising concerns results in improvement. Further information about FTSU Guardian developments is included in the Quality Account.



NHS Staff Survey 2023

Introduction

The Trust's staff survey showed a marked increase on the previous year's response rate, from 41% to 51%. All NHS People Promise and theme scores had no significant difference to sector's average scores and three were significantly higher than our results in 2022 (although one, 'We are Safe and Healthy', cannot be published due to a national data collection issue). 76% of individual questions score (Trust-wide) have no significant difference to sector, and 87% to last year. The Board, People and Culture Committee and senior leaders have discussed the results and are identifying responses and actions around staff concerns regarding perceptions of quality of care; addressing variances in results across different staff groups; and embedding the People Promise themes.

Colleague experience and engagement

Colleague satisfaction and engagement are key to delivering high quality, value-based care and are directly associated with patient experience and outcomes. The NHS People Plan states 'we each have a voice that counts', and the annual NHS Staff Survey is an important element in the Trust's multiple methods of engaging with staff towards being a 'Best Place to Work'. This blended approach to engagement includes Trust-wide conversations; learning weeks; the engagement of senior leadership with staff through workshops; vlogs, live broadcasts and question and answer sessions; engagement, wellbeing and People Matters roadshows; and quarterly engagement through the NHS Quarterly Staff Pulse Survey. In addition, staff networks, staff governors and Staff Side continue to provide support and avenues for two-way feedback.

Results of the varied elements of colleague engagement are monitored, triangulated, actioned, and fed back to colleagues by the Trust's senior leaders in a timely manner.

Staff Survey results in 2023/24

The NHS Staff Survey 2023 (NSS2023) ran from 25 September to 24 November 2023, accompanied by a comprehensive communications and targeted engagement strategy. NHS Quarterly Pulse Staff Surveys (QSS) were held in April and July 2023 and January 2024, which repeated the colleague engagement questions from the annual survey.
The delivery provider supporting the delivery of the mandated annual and quarterly surveys is Quality Health (IQVIA). For the first time, a mandated Bank Staff survey was delivered in parallel.

The NHS Staff Survey is conducted annually. The survey questions align to the seven elements of the NHS People Promise and retains the two previous themes of engagement and morale. All indicators are based on a score out of ten for specific questions with the indicator score being the average of those.

Response rate

- The Trust-wide response rate to NSS2022 was **51%** or 1678 staff. This was our highest response rate for six-years. In 2022 it was 41% (1336 staff). Response rates for all Trusts in our sector averaged 52%.
- The Bank Survey response rate was **24%** or 84 staff - compared to 19% average for all Trusts* and 22% for comparable Trusts* (* IQVIA figures; full national benchmarking not yet available).

Theme Scores

- For the third year, core questions and themes in the Survey align with the NHS People Promise, enabling direct comparisons with previous year's results. In addition, Staff Engagement and Morale themes have continued over several years.
- In 2023, all the themes remain largely consistent with both last year's scores and those of the sector, with three significantly higher than our results in 2022 (although one, 'We are Safe and Healthy', cannot be published due to a national data collection issue). Only the colleague engagement score was slightly reduced. Our Trust's strongest theme is 'we are compassionate and inclusive'; and the lowest is 'we are always learning' – although improving.
- The ranking of the People Promise / Theme scores for the 2023 NHS Bank Staff Survey for the Trust are largely in line with the substantive Trust scores.

Question Scores

- Of the 107 individual questions in NSS2023, 76% of scores (Trust-wide) have no significant difference to sector, and 87% to last year.
- Individual question scores to note are:

    - the slight downwards trajectories over three years and worse than sector on perceptions of care of service users as top priority, and in happiness with standard of care.
    - the upwards trajectories over three years and better than sector on reporting abuse and bullying; and on recognition and value for good work
    - the improvements since 2022 in perceptions of time pressures, staff numbers and levels of pay.
    - the slight reductions since 2022 in perceptions of kindness and respect
- For the bank Survey at question level, there are 23 scores which are significantly better than the substantive scores, and 24 which are significantly worse.

Free text comments

- Around 300 detailed comments were received from substantive colleagues, as well as 28 Bank Staff, as part of a 'free text' option at the end of the survey which have been shared with senior leaders, for consideration and response alongside the quantitative results.

Quarterly Survey

- The shorter quarterly pulse survey was made available to all colleagues in January 2024, returning a response from 372 colleagues. Results have been analysed against earlier QSS and Annual staff engagement scores.

Communications

- Summary Trust-wide results have been shared with all colleagues, including a dedicated Broadcast, e-Updates, detailed intranet page, and summary screensavers / posters of key results against the NHS People Promise themes.
- Local results have been shared across all services and teams as outlined below.
- The active Staff Networks for protected characteristics will work with the Equality and Inclusion Team to explore the Workforce Race and Disability scores and other diversity related results alongside the Belonging and Inclusion Plan (WRES and WDES scores will be explored in a future report to Board).

Directorate / Care Group, Service and Team level results of NHS Staff Survey 2023

The local results indicate the wide variance of staff experience and engagement across different work areas. The Trust is also able to explore the results via a variety of other categories, such as demographics or colleague group.

This more granular level reporting provides intelligence to senior leaders and corporate services in the Trust to enable comparisons, corporate response, and action planning at a Trust-wide level, such as in workforce planning, wellbeing support learning and development or raising concerns.

Local results have been shared via managers and ongoing roadshows from April 2024, building on the proactive engagement during the fieldwork period. Bespoke summary infographics and reports have been prepared in-house to enable effective

dissemination and discussion amongst colleagues and supported by detailed results tables for each service and team. All teams and services are encouraged to view their own results and explore together areas for improvement and celebration in their service. They are asked to identify and embed required actions into existing improvement work and new action plans if needed. Appropriate teams will be offered Organisational Development support, informed by the detailed results. The Board's People and Culture Committee and the Senior Leadership Team will monitor and track outcomes and actions.

Services and teams that have particularly positive scores are being identified and analysed as examples of good practice. For example, the Acute Mental Health Wards had all significantly higher theme scores than their previous year scores and Preventative / Anticipatory Adults Services significantly higher theme scores than the Trust average.

Corporate response to NSS2023 and QSS2023/4 results

There is ongoing consideration of the results by the Board, People and Culture Committee, Executive Management Team, and Senior Leadership Team, which will be supported by the detailed reviews with managers and staff and actions arising.

Actions and Priorities: The Trust continues to:

- express appreciation to all staff for their ongoing efforts under pressure, and for their willingness to participate in engagement activity such as the Staff Surveys;
- give support and feedback to addressing concerns regarding perceptions of quality of care and analyses and respond to the free text comments;
- build on measures to create a compassionate, inclusive, and kind culture amongst the workforce, alongside the ambitious action on health and wellbeing;
- investigate variable local results continue and support actions by appropriate teams, as outlined above (including WRES and WDES analysis);
- celebrate and learn from teams and services with positive results and significant improvements;
- cascade results, supported by an engagement roadshow and support action planning at the local level, gathering feedback from services by mid-June 2022;
- promote and deliver the Quarterly Staff Pulse Survey to enable ongoing monitoring of staff experience and feedback (particularly those questions with slightly reduced scores in 2023), the results being considered at a senior level and cascaded to all staff in a timely manner; and
- benchmark the Trust results with other Trusts across Place, System, and Yorkshire and Humber as these results become available.

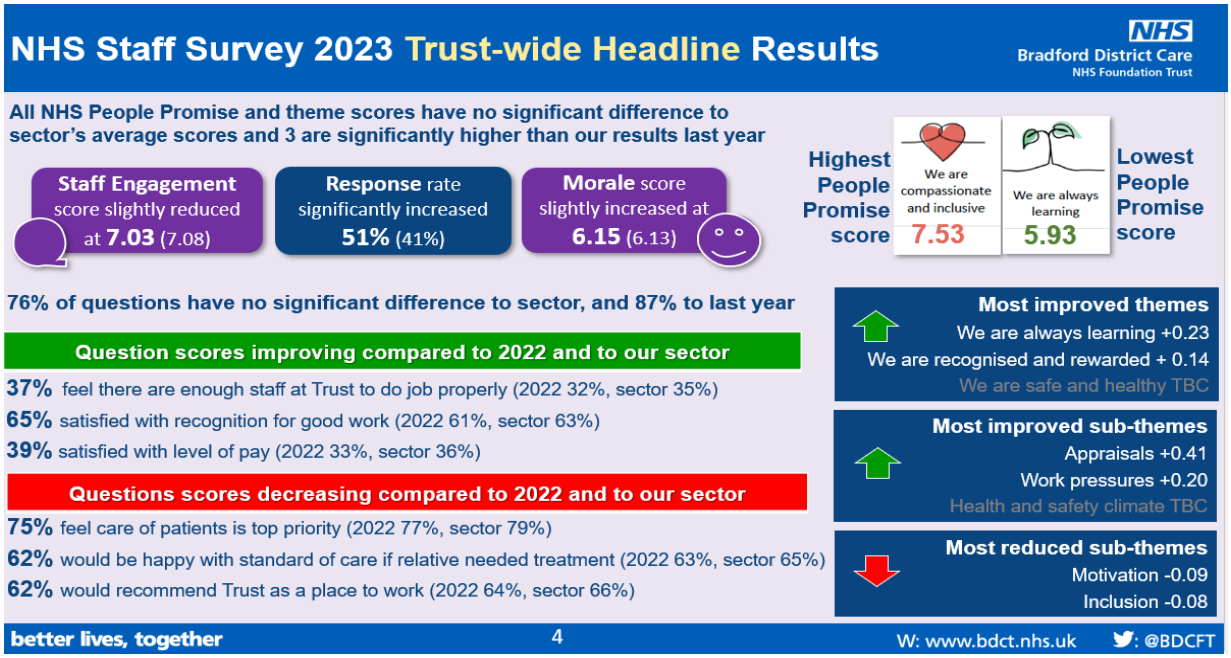
Staff Survey performance over last 3 years:

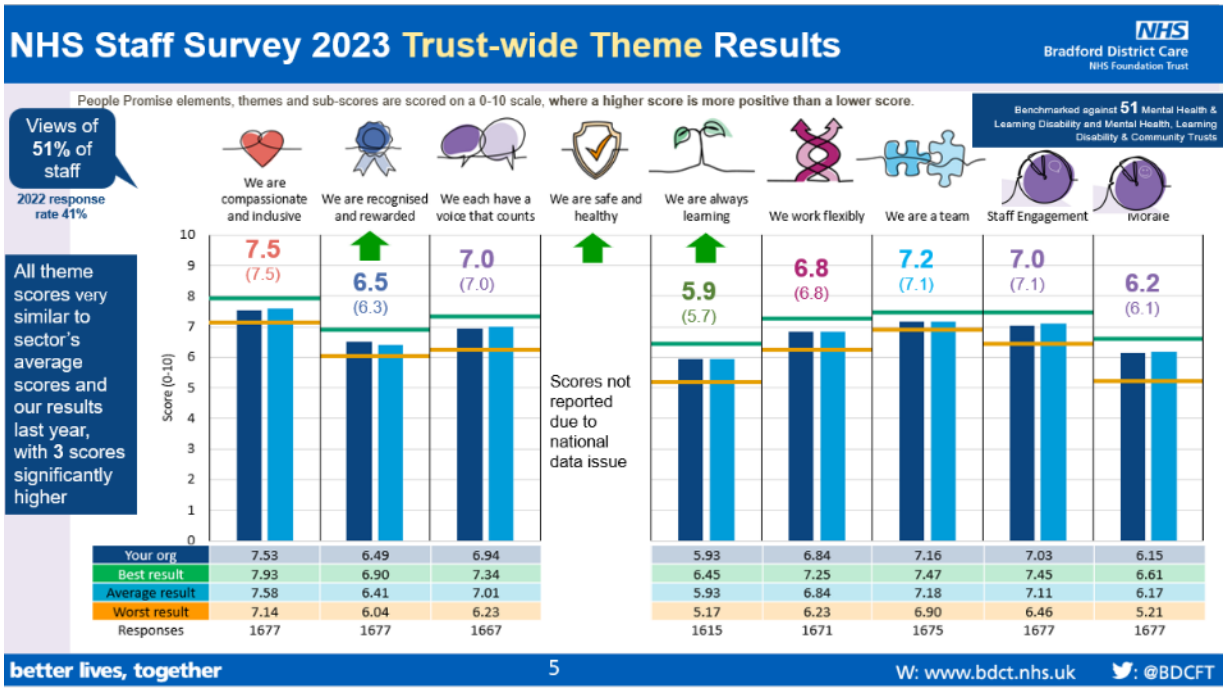
	2023/24		2022/23		2021/22	
THEME	**BDCFT**	Benchmark Group	**BDCFT**	Benchmark Group	**BDCFT**	Benchmark Group
We are compassionate and inclusive	**7.5**	7.6	**7.5**	7.5	**7.5**	7.5
We are recognised and rewarded	**6.5**	6.4	**6.3**	6.3	**6.4**	6.3
We each have a voice that counts	**7.0**	7.0	**7.0**	7.0	**7.0**	7.0
We are safe and healthy	Not reported due to national data collection issue		**6.3**	6.2	**6.2**	6.2
We are always learning	**5.9**	5.9	**5.7**	5.7	**5.7**	5.6
We work flexibly	**6.8**	6.8	**6.8**	6.7	**6.9**	6.7
We are team	**7.2**	7.2	**7.1**	7.1	**7.1**	7.1
Staff engagement	**7.0**	7.1	**7.1**	7.0	**7.1**	7.0
Morale	**6.1**	6.1	**6.1**	6.0	**6.1**	6.0

Staff engagement scores 2023/4 from annual and quarterly Staff Surveys

	NSS2021	NSS2022	*Q1 23/24*	*Q2 23/24*	NSS2023	*Q4 23/24*
Motivation	**7.3**	**7.2**	*7.0*	*6.9*	**7.1**	*7.2*
Involvement	**7.0**	**7.1**	*6.9*	*6.8*	**7.1**	*7.0*
Advocacy	**7.0**	**6.9**	*6.9*	*6.7*	**6.9**	*7.0*
Staff Engagement	**7.1**	**7.1**	***6.9***	***6.8***	**7.0**	***7.1***
response number	**1416**	**1336**	*298*	*370*	**1677**	*372*

NHS Staff Survey 2023 summary results – Trust-wide





Equality, Diversity, and Inclusion

The Trust has a set of equality objectives 2024 – 2028 which guide our EDI work over the next four years. They flow from our Ambition to action strategy, 2023-26 and enable us to fulfil our Public Sector Equality Duties (bdct.nhs.uk) and our NHS EDI requirements.

To be the best place to work for everyone;

- We will identify and address inequality of experience and under-representation within the workforce.
- We will identify, celebrate and spread good practice.
- We will engage with stakeholders in this work to inform and provide scrutiny of our performance.

To deliver the best quality services to all;

- We will identify and address inequalities of access, patient experience and health outcomes.
- We will identify, celebrate and spread good practice within and outside of the Trust. We will engage with stakeholders in this work to inform and provide scrutiny of our performance.

These equality objectives support the pledge to equality, diversity and inclusion made by the Chief Executive, Therese Patten, the three-point pledge is:

- To treat everyone as a unique individual, valuing the difference they bring.
- To continue with preparedness programmes ensuring everyone has the skills, experience and knowledge needed to take their next career step and to match that preparation with real opportunity.
- To have robust systems in place to ensure that the Trust measures success.

To support delivery of the pledge, the Belonging and Inclusion Plan 2021 – 2024 was launched after an extensive engagement process with colleagues, people using our services and our voluntary, community and faith sector partners (see Word Cloud results below).

The vision for the plan is threefold:

- To provide the best quality care and meet the individual needs of our service users.
- To have a workforce that fully reflects and understands the communities we serve and has a fair and compassionate culture where everyone feels that they belong, are included, valued, and respected and can progress as a unique individual.

A Trust that:

- Collectively, consistently, and actively works to dismantle inequality wherever it is found and in all its forms.
- Ensures that barriers to progression are identified and addressed.
- Is an example of best practice.

This plan also aligns to the Trust's values of we care, we listen, and we deliver. The Care Trust Way advocates making changes in locally owned work practice, leading to improvements for staff colleagues and improvement for service users and carers. The plan is being reviewed and will be relaunched in October 2024.

Diagram 3: Word cloud from staff engagement exercise

In the third year of the plan's delivery, the Trust has:

- Met NHS Workforce Equality Standard reporting requirements.
- Published Gender Pay Gap information and developed actions to address the Trust's 5.86% Gender Pay Gap.
- Published ethnicity and disability pay gap information.
- Reviewed equality, diversity and inclusion performance based on the NHS Equality Delivery System (EDS) 2022 scores receiving a score of 22 'achieving'.

- Developed an equality, diversity and inclusion calendar of events, celebrations and campaigns that promote the development and delivery of inclusive services and workplace cultures.
- Implemented a Kind Life programme of activity and resources that supports thriving and inclusive team development across the Trust.
- Agreed and developed an action plan which is 'going for gold' within the new NHS Rainbow Badge Phase two assessment.
- Established a further cohort of our Reciprocal Mentoring programme within the Trust to support staff growth and learning.
- Delivered an equality, diversity, and inclusion 'You're a Star' Award for staff to showcase good practice and breed innovation.
- Supported our Staff Networks to thrive and influence the way the organisation operates and meets the goal to be the best place to work for all.
- Launched a group of 'EDI Influencers' who are leading EDI changes within their operational and clinical services.
- Delivered an EDI training programme for our people to spread good practice across our Trust.

Over the last two-years the Trust has focused attention on improving outcomes and experiences for colleagues who have disabilities or long-term health conditions. The aim of this work was to increase the confidence and psychological safety of colleagues to share information about their conditions with their line manager and within the Electronic Staff Record (ESR) so that we can ensure we are meeting their needs and supporting them to feel valued colleagues.

We have developed a framework for managing racial and other types of abuse from patients, the public and carers to our people with a suite of resources that support consistent responses to abuse and support to all those affected.

Diversity and Inclusion Policies

The Trust has a range of policies and procedures in place to safeguard and promote equality, diversity and inclusion. These are developed in partnership with stakeholders and regularly reviewed, many have training associated with them. The policies include:

- Trans Equality Policy.
- Inpatients Standard Operating Procedure.
- Spiritual Care Policy.
- Interpreting and Translation Policy.
- Management of Racial and Other Forms of Discrimination and Harassment.
- Disability Policy.
- Flexible Working Policy.

…… Date: 26 June 2024

Therese Patten
Chief Executive

Our financial performance

The financial year ending on 31 March 2024 has been another challenging year for the Trust due to the continued impact of winter pressures, workforce supply shortages and elevated demand for inpatient mental health services. Despite this, the Trust has delivered its financial objectives for the year.

The financial highlights for 2023/24 include:

- delivering a revenue surplus of £1.215 million (m) before technical adjustments;
- continued investment in the Trust's estates and digital infrastructure that is critical in supporting service delivery;
- additional funding secured over a 3-year period to support the improvements for frontline digitisation of patient records;
- retaining a healthy cash balance of £21.2m;
- prompt payment of invoices resulting in 95% of non-NHS organisations and 92% of NHS organisations being paid within 30-days; and
- the Finance team achieved level 2 accreditation of the Future Focused Finance staff development programme during 2023/24.

All of this has been possible due to the contributions from all members of staff across the Trust, not least those in the Finance Team.

The Trust had turnover of £216.1million (m) in 2023/24 and, after expending £214.9m, generated a surplus excluding technical adjustments of £1.215m, or 0.06%.

Income and expenditure performance for the year ending 31 March 2024:

	2023/24 £000's
Income - Patient Care Activities	£202,153
Other Operating Income	£13,942
Total Income	**£216,095**
Operating Expenses	(£215,478)
Interest Paid and Received	£1,373
Public Dividend Capital	(£775)
Total expenditure (excl impairments)	**(£214,880)**
Surplus excluding technical adjustments	**£1,215**
Impairments/ Revaluations	(£1,812)
Deficit including technical adjustments	**(£597)**

Table 5: Income and expenditure summary

Income

Income from Patient Care Activities was £202.2m and represented 94% of total income, and Other Operating Income was £13.9m and represented 6% of total income. The table below summarises the source of the Trust's income:

Table 6: Income summary

Income Source		£000's	%
Integrated Care Board	Mental Health and Community Healthcare Contracts, Dental services	£169,331	78.4%
Local Authority	0-19 Service Contract	£12,830	5.9%
NHS England	Vaccination and Immunisation services to 31st August 2023, Child Health Informatics Service	£963	0.4%
NHS England	Increase of 6.3% employers pension contribution	£6,541	3.0%
NHS England	Pay award central funding	£43	0.0%
Locala Community Partnerships CIC	Vaccination and Immunisation services from 1st September 2023	£661	0.3%
Provider Collaborative	Adult Secure Service Contract	£8,045	3.7%
Provider Collaborative	Learning Disabilities Assessment & Treatment Contract	£1,622	0.8%
Other	Other patient care	£2,117	1.0%
Income from Patient Care Activities		**£202,153**	**93.5%**
Other Operating Income		£13,942	6.5%
Total income		**£216,095**	**100.0%**

Where each £1 comes from:

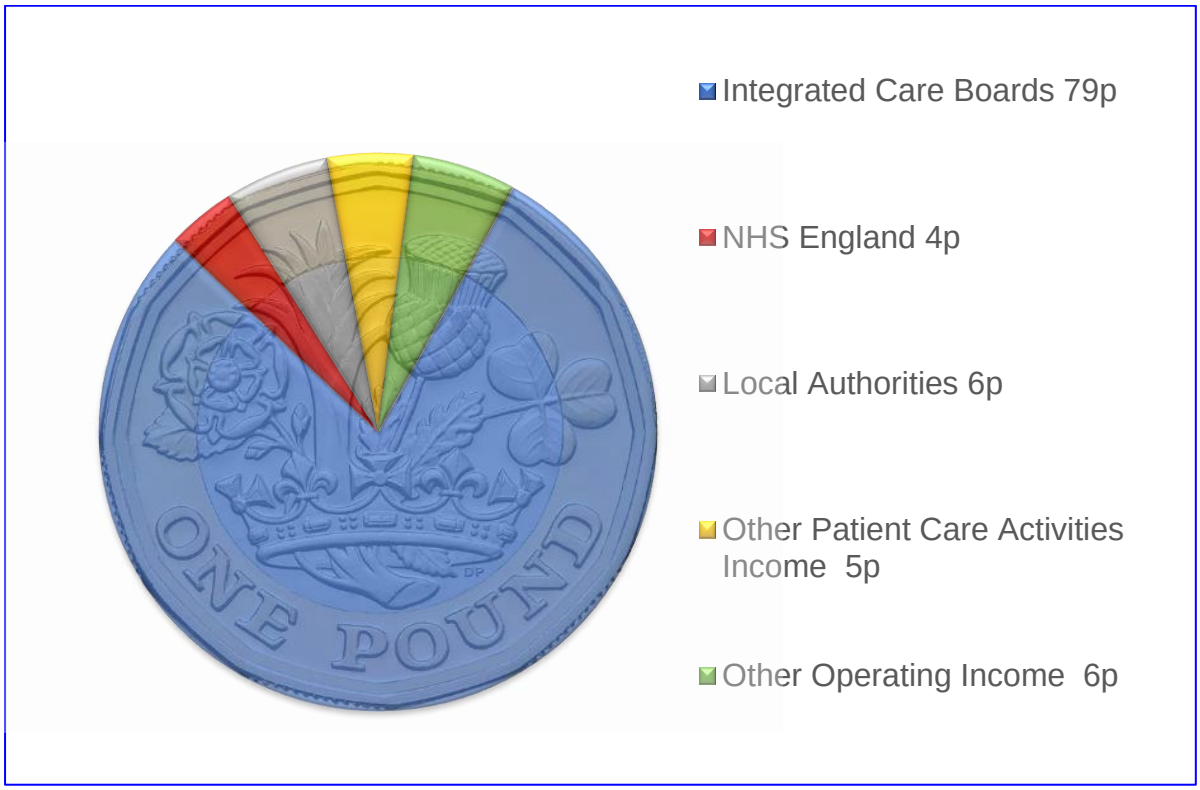


Diagram 3: Source of Trust income

Expenditure

Operating expenses, excluding finance costs, were £215.4m. Staffing costs were the largest driver of cost and represent £168.0m, or 78.0% of the Trust's Operating Expenditure.

Expenditure source	£000's	%
Staff Costs	£168,029	78.0%
Supplies and Services	£24,700	11.5%
Establishment & Premises	£11,215	5.2%
Depreciation & Amortisation	£6,097	2.8%
Other	£5,437	2.5%
Operating expenditure	**£215,478**	**100.0%**

Table 7: Expenditure summary

How each £1 is spent:

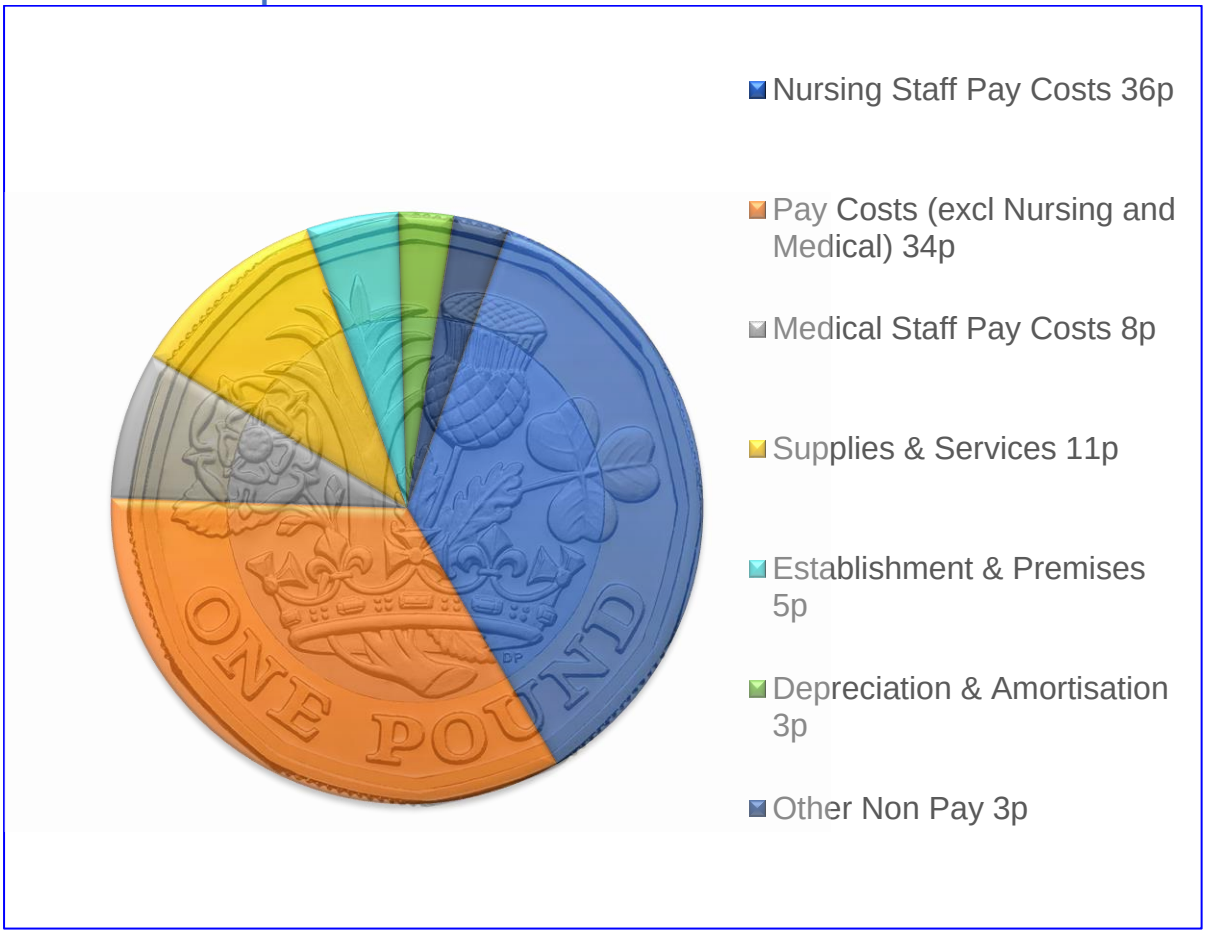


Diagram 4: Summary of Trust expenditure

Improving efficiency and ensuring value for money

During the year the Trust has continued to focus on value for money alongside delivering its service objectives. Savings and efficiency improvements have been delivered amounting to £9.4m that have contributed towards the Trust meeting its statutory financial duties.

Capital expenditure

Our operational capital budget, as agreed within the context of the West Yorkshire ICS capital allocation, for the year was £7.6m and has been invested in developing and maintaining the Trust's assets and infrastructure, with investments made on:

- £2.2m enabling works at Lynfield Mount Hospital to support future development on the site;
- £1.4m improving the inpatient estate;
- £1.2 has been invested across the wider Trust estate;
- £2.7m has been invested in Digital infrastructure; and
- £0.1m has been spent on equipment.

Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £21m as at 31st March 2024.

Auditor remuneration

External Auditor fees for 2023/24 were £178k (including VAT) and incorporate fees relating to the Trust's Annual Accounts and the additional responsibilities in assessing whether there are any significant weaknesses in the Trust's arrangements to secure value for money. The charitable fund accounts are not audited by the Trust's external audit and is a separate contractual arrangement.

Accounting information and Directors' Statement

The accounts are independently audited by KPMG LLP as external auditors in accordance with the National Health Service Act 2006 and the National Audit Office's Code of Audit Practice. As far as the Directors are aware, all relevant audit information has been fully disclosed to the auditor. No relevant audit information has been withheld or not made available and there have been no undisclosed post balance sheet events.

The Trust made no political or charitable donations during the year ending 31 March 2024.

Accounting for pensions and other retirement benefits are set out in Notes to the full annual accounts and details of senior managers' remuneration can be found on Page 94 of the Annual Report.

Better Payment Practice Code

The Better Payment Practice code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. Performance for the year to 31 March 2024 was as follows:

	No. of invoices	Value of invoices £000's
Non NHS		
Total bills paid in the year	16,070	£56,014
Total bills paid within target	15,218	£54,187
Percentage of bills paid within target	**94.7%**	**96.7%**
NHS		
Total bills paid in the year	638	£9,590
Total bills paid within target	588	£8,364
Percentage of bills paid within target	**92.2%**	**87.2%**

Table 8: Performance against the Better Payment Practice Code

Going concern disclosure

The Trust has delivered the agreed forecast for 2023/24, reporting a surplus of £1.2m. Through the financial statements and financial performance indicators, the Trust can demonstrate strong financial management and a clear understanding of its underlying financial position. The Trust's liquidity remains very strong with £21.2m cash balances at the year-end.

After consideration of the funding agreed through 2024/25 commissioning contracts, including investment in Mental Health services and the risk assessment of the efficiency programme, the directors have a reasonable expectation that the services provided by Bradford District Care NHS Foundation Trust will continue to be provided for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Financial outlook for 2024/25

The Trust Board has approved a break-even plan for 2024/25, in line with its statutory duties. However, there remains a significant level of uncertainty and risk in these plans, not least because of:

- increased demand and acuity in our services, and resultant backlogs and growth in waiting lists;
- continuing need to send service users "out of area" to Independent Sector providers;
- workforce availability and the resulting need to supplement with temporary staffing;
- high levels of staff absence and sickness;
- decaying Trust estate that is driving up maintenance costs and impacting on patient length of stays; and
- inflationary costs remain at higher than funded levels.

Our Trust has robust risk management arrangements in place and has identified mitigations in respect of the key financial risks. The Trust has developed a range of high priority programmes which will help to deliver its overall £14.2m efficiency target. The Trust's capital allocation for 2024/25 is £7m which provides limited funding to invest in bringing the estate up to the required standard. Plans to build a new hospital at Lynfield Mount in Bradford is still a major priority. The Trust submitted a £90m proposal in September 2021, but national decisions regarding the next stage of the government's New Hospital Programme have been delayed. Alternative options are still being explored to secure capital funding to develop the site.

In summary, the Trust has a strong history of effective financial management and is confident that financial risks will be managed, and statutory duties met within the plans set for 2024/25.

…… Date: 26 June 2024

Therese Patten
Chief Executive

How we are governed

Board of Directors

The Board is the body legally responsible for the day-to-day management of the Trust and is accountable for the operational delivery of services, targets and performance, as well as the definition and implementation of the Trust strategy. It has a duty to ensure the provision of safe and effective services for service users and carers. It does this by having in place effective governance structures and by:

- Establishing and upholding Trust values and culture.
- Setting the strategic direction.
- Ensuring the Trust provides high quality, safe and effective service user and carer focused services.
- Promoting effective dialogue with the Trust's local communities and partners.
- Monitoring performance against Trust objectives, targets, measures and standards.
- Providing effective financial stewardship.
- Ensuring high standards of governance are applied across the Trust.

The Chair of the Trust is responsible for ensuring that the Board of Directors focuses on the strategic development of the Trust and that robust governance and accountability arrangements are in place. The Chair is also the meeting Chair of both the Board of Directors as well as the Council of Governors ensuring there is effective communication between the two bodies and that, where necessary, the views of the Governors are considered by the Board.

Whilst the Executive and Associate Directors individually are accountable to the Chief Executive for the day-to-day operational management of the Trust, they, along with the Non-Executive Directors, are part of the unitary Board. They all share corporate responsibility and liability for ensuring that the Trust operates safely, effectively and economically. They do this by making objective decisions in the best interests of the Trust. The Non-Executive Directors will assure themselves of performance by holding the Executive Directors to account for the achievement of the agreed goals, objectives, targets and measures.

The Board sets out the Trust's vision, values and standards of conduct, whilst ensuring that its obligations to Trust members and the wider public are understood, clearly communicated and met. This is achieved by ensuring that the Board is made up of individuals who have the appropriate balance of skills, experience, independence and knowledge to enable the Board to discharge its duties and responsibilities effectively. The Board provides entrepreneurial leadership in a transparent manner, supports Trust colleagues in accordance with the Trust's values and accepted standards of behaviour in public life, including the Nolan Principles of:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

The composition of the Board is in accordance with the Trust's Constitution. During 2023/24 there were three changes to individual members of the Board, outlined as follows:

- Carole Panteli stood down from the Non-Executive Director, and Deputy Chair role August 2023 due to early retirement.
- Sally Napper was appointed as Non-Executive Director by the Council of Governors September 2023.
- Simon Lewis was appointed at Deputy Chair September 2023 in conjunction with the Council of Governors.

The Board comprises seven Non-Executive Directors (including the Chair of the Trust), one Associate Non-Executive Director, six Executive Directors (including the Chief Executive Officer) and one Associate Director (Chief Information Officer). Considering the wide experience of the whole Board, the Board believes that its membership is balanced, complete and appropriate and that no individual or group of individuals dominate the Board. Continuing in attendance at the Board is Iain MacBeath, Director of Integration (joint role introduced 2022 between the Trust and Bradford District Council).

Non-Executive Directors including the Chair of the Trust, are appointed by the Council of Governors. Where there is a vacancy, this would be filled through a full open advertisement process. Where there is an incumbent Non-Executive Director who is eligible for re-appointment by virtue of the number of years they have served and where they wish to be considered for re-appointment, this would be done based on a satisfactory appraisal and approval by the Council of Governors.

Should it be necessary to remove either the Chair of the Trust or any of the other Non-Executive Directors this would be done by the Council of Governors. A decision to remove the Chair of the Trust or another Non-Executive Director must be done in accordance with our Constitution.

The Board of Directors considers that it is balanced, complete and appropriate and this can be seen in the biographical details of Board members as set out in this Annual Report. All the Non-Executive Directors are independent in both judgement and character, and the Board has confirmed there are no relationships or circumstances which are likely to affect, or could appear to affect, judgment in this respect.

There is a clear division of responsibilities between the Chair of the Trust and Chief Executive which ensures a balance of power and authority. The Board has a wide range of skills and a significant number of members have a medical, nursing or other health professional background. Non-Executive Directors have wide-ranging expertise and experience with backgrounds in finance, audit and regulation, business and organisational development, healthcare, human resources, commercial, legal, and third sector.

Further details about the role and responsibilities of the Board are included in Annex seven of the Trust's Constitution (Standing Orders of the Board of Directors). All Non-Executive and Associate Non-Executive Directors are considered to be

independent (demonstrated through annual appraisals, declarations of interest and independence, and Board and Committee minutes).

Non-Executive Directors

Dr Linda Patterson OBE FRCP, Chair of the Trust
Dr Patterson has strong clinical leadership experience in both community and hospital settings, specialising in care for older people, and 25-years working in Board level roles.

Alongside her clinical practice, she has held NHS leadership positions at both a local and national level, including Medical Director at Burnley Health Care NHS Trust, Medical Director for the Commission for Health Improvement, now the Care Quality Commission, and Clinical Vice President of the Royal College of Physicians.

Dr Patterson's former roles include Non-Executive Director for the National Patient Safety Agency, with responsibilities including equality and diversity, and a Board member for the Healthcare Quality Improvement Partnership. She was also Chair of a national NHS England Patient Safety Expert Group. A former Trustee of the Alzheimer's Society charity, her experience includes Non-Executive Director of Calderdale and Huddersfield NHS Foundation Trust.

Alongside her Board role, Dr Patterson is doing clinical advisory work both in the UK and internationally, and is a commissioner for the independent think tank, the Health Devolution Commission, looking at ways to join up health and social care, whilst considering the social factors that impact on health.

Simon Lewis, Non-Executive Director, Chair of the Mental Health Legislation Committee, Senior Independent Director, and Deputy Chair from September 2023
Simon Lewis brings considerable legal and professional experience to the Board and is the Chair of the Mental Health Legislation Committee.

Simon is a barrister, whose areas of interest include employment issues, equality and anti-discrimination, safeguarding and mental health legislation. He is a part-time judge. He also brings experience from a number of other board-level roles in relevant sectors and from various independent regulatory roles within sport, healthcare and business.

Maz Ahmed, Non-Executive Director, Chair of the Finance and Performance Committee
Maz, who is a qualified chartered accountant, is currently Finance Director - Trading & Marketing for Morrisons Supermarkets plc. and has held several senior finance roles for the national retailer. Previously he was Finance Director responsible for leadership of the finance team, with financial accountability for Morrisons' 18 manufacturing sites, as well as the fresh trading division. Maz brings extensive commercial and financial experience to the role.

He has a strong track record of leading organisational change and wide-ranging improvement initiatives, to meet customer needs.

Maz started his career at Morrisons in 2008 as part of the newly formed internal audit function. He has led the implementation of a business-wide financial reporting system and strategic reviews of the manufacturing division, including the acquisition of new businesses. His leadership role includes building and promoting a culture of talent management, building capability and improving diversity. He is also the sponsor of Morrison's Black, Asian and Ethnic Minority programme, to improve diversity of staff from minority groups, and has recently been recognised in the 2020 Empower Ethnic Minority Role Model list. Prior to Morrisons, Maz worked in external audit with a national audit firm, supporting clients across a range of industries including the public sector.

Mark Rawcliffe, Non-Executive Director, Chair of the People and Culture Committee, and the Charitable Funds Committee
Mark has held senior roles in the financial sector for over 21-years and is currently responsible for building and delivering the Banking Digital Transformation Strategy for Lloyds Banking Group. His banking-based career quickly adapted from frontline posts in diverse communities, to more strategic roles including managing operations teams and leading large regulatory change programmes.

Mark has successfully created and led change strategies whilst managing budgets at times when cost savings have been key, but also being cognisant of

risks and complex regulation. The initiatives he has delivered have positively impacted millions of customers and he has been proactive in innovatively supporting vulnerable customers. His financial acumen and digital expertise broadens the Board's wealth of knowledge in these areas. He is also a member of various senior committees within the banking group.

Outside work, Mark is a family man and is passionate around supporting charities that have helped his family. He actively fundraises for them to make positive contributions to the lives of people in the community.

Alyson McGregor MBE, Non-Executive Director, Chair of the Quality and Safety Committee

Alyson has almost 40-years' experience working in a range of health roles in the public, private and voluntary sector as well as over nine years Board level experience with Bradford and Airedale Primary Care Trusts. Alyson started her working life in public health in Bradford and Airedale in 1983, managing health improvement services.

She has worked at district, regional and national levels and is the co-founder and National Director of Altogether Better, an NHS network organisation. She has many years' experience of using systems' approaches and working collaboratively across organisational boundaries with people, to codesign solutions to the challenges and problems that both the NHS and people in communities are facing. Alyson is a member of the NHS Leadership Academy faculty and part of NHS England's Personalised Care Leadership Programme team. She was a member of the Prime Minister's GP Challenge Advisory Group, is a founding member of the National Social Prescribing Network Steering Group and is currently a member of the Volunteering Taskforce set up by the Cabinet Office.

She was voted by the Health Service Journal as one of the top 50 inspirational women leaders in the NHS and was awarded an MBE for services to Collaborative Practice and service development in the NHS, in the 2021 New Year Honours list.

Chris Malish, Non-Executive Director, Chair of the Audit Committee

Chris Malish has extensive experience in the finance, education, audit and risk in the public sectors and was the Executive lead for both Finance and General Purposes Committee and Audit Committee within his role.

This follows eight years at the University of Bradford, as the Interim Director of Finance, after progressing through a range of senior finance roles within the education sector.

As a local resident, Chris has lived in Bradford for the last 17-years and is very passionate about supporting the local communities served by the Trust, in line with the Trust's values.

Sally Napper, Non-Executive Director

Sally has worked within the NHS for 37-years originally qualifying as a Children's and Adult nurse. She has worked in a wide range of acute and community services within Acute, Specialist and Children's Trusts. Sally was a director within the NHS for 20-years covering Chief Nurse and Chief Operating Officer roles before moving to NHS England as Director of Nursing for Lancashire and South Cumbria. Sally worked at Bradford Teaching Hospital Foundation Trust around 10 years ago and worked closely with the Trust during this time.

Since 2018, Sally has been Chief Executive of Rotherham Hospice leading the development of End-of-Life Services across South Yorkshire working closely with the Integrated Care System and other hospices. She is an attendee of the Board as a Non-Executive Director.

Executive and Associate Directors

Therese Patten, Chief Executive, Accountable Officer
Therese has extensive NHS Board level experience, working across community, mental health, acute and specialist healthcare in the NHS.

Therese joined the Trust from Southport and Ormskirk Hospital NHS Trust, where she was Deputy Chief Executive and Director of Strategy. In this role, Therese led both Trust and district-wide sustainability programmes, working closely with clinicians and key stakeholders. She was also Chair of a provider alliance of 15 health, care and voluntary organisations, working together to provide an integrated service and improve health outcomes for local people.

Therese joined Southport and Ormskirk from Alder Hey Children's NHS Foundation Trust in 2016, and previously worked at Five Boroughs Partnership NHS Foundation Trust, and Liverpool Community Health. She also spent a short period working in the private sector with GP provider companies. Before joining the NHS in 1999, Therese spent nine-years working in health development in Zimbabwe, Somaliland and Pakistan.

Kelly Barker, Chief Operating Officer
Kelly's career spans over 20-years with the NHS, starting as a Health Care Support Worker, before qualifying as a Mental Health Nurse, working clinically across the breadth of inpatient and community settings. She then moved into several senior operational roles, including Deputy Director of Operations at the Care Trust.

Kelly has worked in Bradford since 2004 and is passionate and committed to leading and delivering high quality services to our communities.

She has operationally led services spanning both community and mental health, with a strong focus on system and partnership working and has delivered several key service improvements and innovations.

Kelly is a values driven leader, committed to creating ‘Better Lives, Together’ by using the Care Trust Way, our continuous improvement methodology, and having co-production at the heart of everything the Trust does.

Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Director of Infection Prevention and Control and Deputy Chief Executive

Phil’s career spans 33-years across hospital, primary, mental health and community care settings. Since joining the Trust in 2012, she has held several senior roles and has a strong track record of leading large-scale service improvements, working with partners across the district.

Phil, who is a registered nurse, was instrumental in reshaping the Trust’s children’s service and also worked alongside primary care providers to establish new community partnerships, to better support local communities’ health and care needs. Previously, as a nurse consultant at Bradford and Airedale Community Health services, Phil was responsible for several initiatives including developing a specialist clinical service to support people with learning disabilities.

Bob Champion, Chief People Officer

Bob is a Chartered Fellow of the Chartered Institute for Personal Development and has worked in and around the NHS for around 49-years, starting as a hospital porter in Birmingham, before training as an operating department assistant working in theatres.

His extensive experience includes almost 20-years working across the West Midlands and North Yorkshire Ambulance Services, where he was one of the first operational paramedics.

Whilst there he went onto become Assistant Director of Personnel with the North Yorkshire Service, where Bob studied for his human resources degree.

Since the late 1990's, Bob has led human resources and organisational development functions at or around board level in a range of NHS organisations, in substantive, consultancy and interim roles.

Bob is passionate about employee engagement, health and wellbeing, and partnership working with staff side colleagues, alongside equality and diversity, having chaired the National Equalities Forum in a previous role.

Dr David Sims, Medical Director, Caldicott Guardian

David is a child and adolescent psychiatrist and has worked as a consultant for the Trust since 2002, initially in Airedale and then as an autism and intellectual disability specialist. He was quality lead for the development of a parent training programme about the Autistic Spectrum, which is now used internationally.

Following the development of new special schools, he supported the Care Trust's Child and Adolescent Mental Health Service to run consultation clinics with special school nurses and moved clinical work into special schools. He has had several education roles for doctors in training, including six-years as Training Programme Director for child and adolescent psychiatrists in Yorkshire. He was previously the Deputy Medical Director at the Trust, with responsibility for medical staffing, for several years.

David is Governor of a local special school for communication and interaction difficulties. He is a tutor for PRIME, a faith based medical education charity that aims to improve standards of health care education worldwide, and has made a number of short term visits to Nepal over the last ten years teaching mental health as part of multi-national teams.

Mike Woodhead, Chief Financial Officer
Mike is a highly experienced finance professional with a broad range of experience in the public sector, in senior leadership roles across health and care organisations.

Prior to joining our Trust, Mike was joint Chief Finance Officer (CFO) for Bury Clinical Commissioning Group and Bury Council, where he was also Vice-Chair of the Bury Strategic Estates Group. Mike has 17-years in consultancy roles including interim Deputy Chief Financial Officer for Bury Clinical Commissioning Group (CCG), where he led the outline financial case for Greater Manchester Devolution, working with providers, CCGs and national commissioners. His experience also includes leading the learning disability and mental health workstreams at Tameside and Glossop CCG, as part of a wider programme to establish an integrated care organisation.

Tim Rycroft, Chief Information Officer
Tim joined the organisation from Airedale NHS Foundation Trust, following seven-years as Head of Information Technology (IT) and Information Governance. During his time at Airedale, Tim managed the pilots and early implementation of the multi-agency telemedicine service for people with long term conditions. This was developed further by the ‘Airedale Hub’ that achieved national award recognition for its innovative work in supporting care homes.

Before joining Airedale, Tim was Head of Technology Business Solutions at the National Policing Improvements Agency where he led the IT delivery for a new state-of-the-art £12million forensic training centre and introduced a range of innovative technologies to support operational learning. Tim brings considerable information management and technology experience to the role, both within the NHS and national policing agencies. He is a non-voting member of the Board as an Associate Director.

Iain MacBeath, Director of Integration
Iain joined the Trust in 2022 as a joint role at Place between the Trust and Bradford District Council. He is the Director of Integration in the joint role, whilst still holding the post of Strategic Director of Health and Wellbeing for Bradford District Council. He has responsibility for adult social care, public health and is a system partner in the Bradford Integrated Care Partnership. Prior to this Iain was Director of Adult Care Services for Hertfordshire County Council.

Iain started work as a civil servant for the Benefits Agency (as was). He then worked for Social Services in his hometown of Barnsley in both Children's and Adult's Services. After moving to Hertfordshire in 1999, he spent 5 years working for the Probation Service, returned to Social Services for the London Borough of Barnet and became Assistant Director of Adult Care Services for Hertfordshire in 2008. He became Director in 2013.

Iain is a Trustee of the national Association of Directors of Adult Social Services as Honorary Treasurer and is Network Chair for Care Commissioning in the Yorkshire and Humber regional branch. He is in attendance at the Board.

Removal of a Non-Executive Director requires the approval of three quarters of the members of the Council of Governors at a general meeting as outlined in the Standing Orders (Annex 6 in the Trust Constitution).

The Board holds monthly private meetings and bi-monthly public meetings and discharges its day-to-day management of the Trust through the Chief Executive, individual Executive and Associate Directors and senior staff through a scheme of delegation which is approved by the Audit Committee. Attendance at Board meetings is outlined below.

Name	Number of business meetings attended	13 April 2023	11 May 2023	8 June 2023	22 June 2023***	13 July 2023	14 September	12 October 2023	9 November	14 December	11 January 2024	8 February 2024	14 March 2024
Non-Executive Directors													
Linda Patterson	11/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Maz Ahmed	5/12	✓	-	-	-	-	-	-	✓	✓	-	✓	✓
Simon Lewis	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alyson McGregor	11/12	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓
Chris Malish	11/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Mark Rawcliffe	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carole Panteli	4/5	✓	✓	✓	-	✓							
Sally Napper	11/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-
Executive and Associate Directors													
Therese Patten	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kelly Barker	11/12	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓
Bob Champion	10/12	✓	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Phil Hubbard	11/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓
Iain MacBeath	7/12	✓	✓		✓	✓	-	-	-	-	✓	✓	✓
Tim Rycroft	10/12	✓	✓	-	✓	✓	✓	✓	-	✓	✓	✓	✓
David Sims	11/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓
Mike Woodhead	9/12	-	✓	-	✓	✓	✓	✓	✓	✓	✓	-	✓

- indicates apologies

Table 9: Attendance of Board members at formal Board meetings

There is an opportunity for members of the public to raise questions with the Board. Board members can be contacted via the Trust Secretary, details of which are on the Trust website. Information about how members of the public can raise questions in advance of a Board meeting held in public can be found on the agenda for that meeting.

The Board receives a performance report at each public Board meeting measuring performance against national and local targets relating to finance, quality and governance indicators. Where there is any deviation from plan, exception reports are presented for consideration of any necessary remedial action. The report has, over the year, been refined to reflect new targets or other areas requested by the Board to ensure it monitors new areas of performance. The Board maintained a strong level of governance across the Trust. Areas of continuous improvement for key priority areas for the Trust and where developments continue to be made include:

- Well led and governance.
- Risk management.
- Improving oversight and assurance practices.
- Care Trust Way continuous improvement framework.

The Trust has robust processes in place for annual performance evaluation of the Board, its Directors, and Board Committees in relation to performance. The main components of this are:

- The Chair conducts individual performance evaluations of the Non-Executive Directors and the Chief Executive, which involves obtaining feedback from a variety of stakeholders.
- The Senior Independent Director conducts a performance evaluation of the Chair, which involves obtaining feedback from a variety of stakeholders.
- The Chief Executive conducts performance evaluations of the Executive and Associate Directors.
- The Board has an ongoing development programme in place and held five sessions during the year comprising of several different topics.
- The outcomes of the performance evaluation of the Chair and Non-Executive Directors is presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council in line with the process agreed by the Council.
- The outcomes of the performance evaluation of the Chief Executive, Executive and Associate Directors are presented to the Board of Directors' Nominations and Remuneration Committee.
- Annual effectiveness review looking at performance of the meetings.

Other governance activities

One Joint Committee was held during 2023/24, bringing together the Finance and Performance Committee, and the People and Culture Committee. The Committee Terms of Reference allow for this if it were deemed to be beneficial for more than one Committee to focus on a specific issue.

In January 2023, the Board of Directors at the Trust approved a development plan based on analysis conducted from October to December 2022. This plan aimed to enhance the Trust's governance, oversight, and accountability framework. The focus included targeted improvements to reporting systems, culture development plans, and the adoption of the Care Trust Way methodology. The iterative process involves regular effectiveness reviews and benchmarking.

Simultaneously, a review of the Board Assurance Framework (BAF) and Integrated Performance Report (IPR) occurred, aligning with the refreshed Trust Strategy, Better Lives, Together, approved in July 2023. The BAF and IPR review incorporated feedback, external benchmarking, and consultations with specialists. The transition was in support of moving from a 'risk based' Board Assurance Framework (BAF) which is the traditional format for a BAF, to an 'assurance based' BAF. The reason for this was to better align conversations at Board and Committees with the responsibilities of those groups in obtaining assurance as to delivery of the Trust's strategic priorities. The new BAF format was introduced in October 2023 and works in partnership with the Strategic Performance Report for Board and Committee's.

In 2023, the Board also approved the implementation of the 'Well Led Quality Assurance Framework'. This framework serves as an annual review mechanism, aiming to assess governance performance and effectiveness. It aligns with established standards such as the NHS Code of Governance, Care Quality Commission Well Led Framework, and The Healthy NHS Board. This was supported by a year-end effectiveness review that took place February 2024.

The desktop review considered:

- the governance changes made and how they compared to best practice;
- whether the changes made go far enough (or too far);
- the quality of information presented;
- how Committee's were working together;
- how the discussion on strategic risk can best be captured;
- how strategy is presented to the Board;
- how performance across all areas can be tracked; and
- whether there was duplication with operational meetings.

The review will recommend areas of focus for development over the coming year.

Board Committees

The Board discharges its responsibilities through seven Committees. The main duties of each Committee are set out below. To support effectiveness reviews, Committees undertake an annual evaluation and submit an Annual Report to the Board. These reports are considered by the Board as assurance against the wider context of the Annual Report. At each Board meeting following a Committee meeting, there is a report from Committee Chairs which takes the form of 'Alert, Advise, Assure and Decision' reporting. The framework has been recognised as good practice by partners across the West Yorkshire System, with the Trust's template being adopted by some partnership collaborations.

Information on the Nomination and Remuneration Committee is contained separately in the Remuneration Report. The Trust has not, during this reporting period, released any Executive Directors to serve in another role elsewhere.

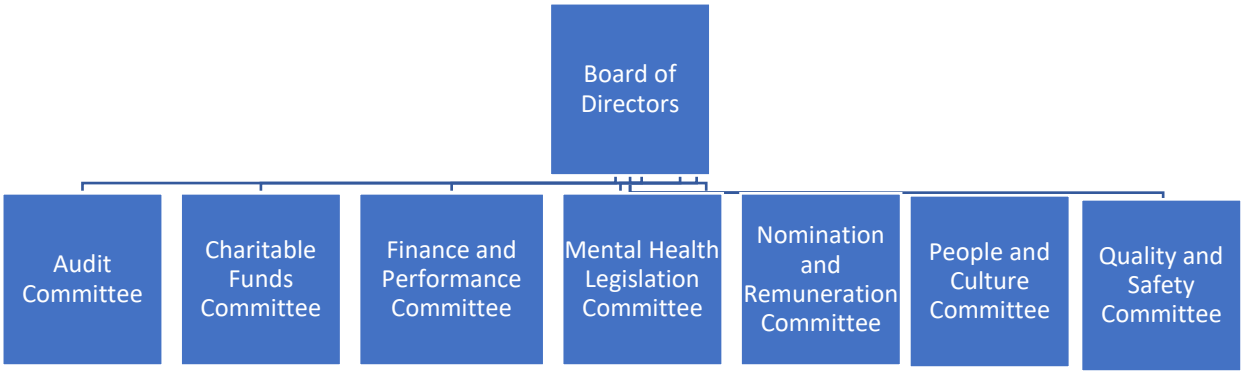


Diagram 5: Board Committees that support the Board of Directors

Audit Committee (Chair: Chris Malish)

The Audit Committee is responsible for monitoring and reporting on the Trust's systems of internal control and comprises solely of Non-Executive Directors, supported by the Trust Secretary and senior colleagues from the Finance Directorate. It provides the Board with an independent and objective review of financial and corporate governance, risk management, external and internal audit programmes. It is responsible for making sure the Trust is well governed. Taking a risk-based approach, the Committee has worked to an annual plan covering the main elements of the Assurance Framework.

The Committee validates the information it receives through the work of internal audit and external audit, again through reports and attendance by key personnel at its meetings to present papers on specific matters. Assurance is also brought to the Committee through the knowledge that Non-Executive Directors gain from other areas of their work, not least their own specialist areas of expertise, visiting services, and talking to colleagues and Governors.

The Audit Committee is authorised by the Board to investigate any activity within its terms of reference.
This includes:

- Reviewing the maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the objectives.
- Ensuring that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.
- Reviewing the work and findings of the external auditors and considering the implications and management's responses to their work.
- Satisfying itself that the Trust has adequate arrangements in place for countering fraud and shall review outcomes of counter fraud work.

The Committee has appointed internal auditors (Audit Yorkshire) and during the year they:

- Reviewed and approved the internal audit strategy, operational plan and more detailed programme of work.
- Considered the major findings of internal audit work (and management's response).
- Considered whether the internal audit function is adequately resourced/has the appropriate standing within the Trust.
- Considered the Head of Internal Audit Opinion on the overall adequacy and effectiveness of its system of internal controls.

KPMG LLP are the Trust's appointed external auditors.

The Committee has also:

- Received the audit of the Trust's financial statement and auditors' opinion.
- Received briefings and learning from Local Counter Fraud.
- Received technical updates from the external auditors on issues relevant to operating in a health and care environment.

The Audit Committee met six times in 2023/24 as outlined below:

Name	Number of business meetings attended	6 April 2023	15 June 2023	6 July 2023	26 October 2023	18 January 2024
Maz Ahmed	1/5		-	-	-	✓
Phil Hubbard	1/5	✓			-	-
Simon Lewis	4/5	✓	✓	-	✓	✓
Chris Malish	5/5	✓*	✓	✓*	✓*	✓*
Therese Patten	1/1		✓			
Mark Rawcliffe	3/3			✓	✓	✓
David Sims	1/1					✓
Tim Rycroft	2/2			✓	✓	
Mike Woodhead	1/5	-	✓	-	-	-

***** indicates Chair of the meeting
- indicates apologies at the meeting
Table 10: Attendance of members at the Audit Committee

Charitable Funds Committee (Chair: Mark Rawcliffe)
The Charitable Funds Committee oversees the Trust's charitable activities and ensures it is compliant with the law and regulations set by the Charity Commissioners for England and Wales. The Board is the Corporate Trustee, but this Committee looks in detail at charitable matters and works with the Charity Commissioners where necessary.

The Charitable Funds Committee met three times in 20232/24 as outlined below:

Name	Number of business meetings attended	11 July 2023	19 October 2023	1 February 2024
Kelly Barker	3/3	✓	✓	✓
Christopher Malish	2/2		✓	✓
Carole Panteli	0/1	-		
Mark Rawcliffe	3/3	✓*	✓*	✓*
Mike Woodhead	2/3	✓	✓	-

* indicates Chair of the meeting
Table 11: Attendance of members at the Charitable Funds Committee

Finance and Performance Committee (Chair: Maz Ahmed)
The Finance and Performance Committee has responsibility for monitoring financial performance of the Trust against plan (reporting any proposed remedial action to the Board as necessary), to consider the Trust's medium to longer term financial strategy and provide an oversight of the development and implementation of financial systems across the Trust. During the year, the Committee focused on the Trust's financial position; quarterly returns to NHS England, financial re-forecasting and control total discussions, health and safety, property disposals and the market development plan / bid and tender pipeline. There was also a strong focus on COVID

financial management and plans for the Lynfield Mount Hospital redevelopment.

The Finance and Performance Committee met nine times in 2023/24 as outlined below:

Name	Number of business meetings attended	25 May 2023	29 June 2023	27 July 2023	24 August 2023	26 October 2023	23 November 2023	25 January 2024	29 February 2024	28 March 2024
Maz Ahmed	7/9	✓*	-	-	✓*	✓*	✓*	✓*	✓*	✓*
Kelly Barker	8/9	✓	✓	-	✓	✓	✓	✓	✓	✓
Bob Champion	5/9	✓	-	✓	-	✓	-	-	✓	✓
Phil Hubbard	5/9	-	-	✓	✓	-	✓	✓	✓	✓
Iain McBeath			-	-	-	-	-	-	-	-
Sally Napper	5/9		-	-	-	✓	✓	✓	✓	✓
Carole Panteli	4/4	✓	✓	✓	✓					
Therese Patten	6/9	✓	✓	-	-	✓	-	✓	✓	✓
Mark Rawcliffe	7/9	✓	✓*	✓*	-	✓	-	✓	✓	✓
Tim Rycroft	8/9	✓	✓	✓	✓	-	✓	✓	✓	✓
David Sims	5/9	-	✓	-	✓	-	-	✓	✓	✓
Fran Stead	6/9	-	✓	✓	✓	✓	✓	✓	-	-
Mike Woodhead	7/9	-	✓	✓	✓	✓	-	✓	✓	✓

***** indicates Chair of the meeting
\- indicates apologies at the meeting

Table 12: Attendance of members at the Finance and Performance Committee

Mental Health Legislation Committee (Chair: Simon Lewis)

The Mental Health Legislation Committee has a wide cross section of attendance comprising Non-Executive and Executive Directors, an Associate Hospital Manager, senior clinicians and Involvement Partners. The Committee has responsibility to monitor, review and report to the Board on the adequacy of the Trust's processes relating to all mental health legislation. During the year the Committee focused its discussions on reports received on Mental Health Act visits by the CQC, reports from the Mental Health Legislation Forum and Associate Hospital Manager meetings, its performance dashboard and specific items such as a review of Community Treatment Orders and an update on blanket restrictions. In addition, it has been preparing for the Liberty Protection Safeguarding Code of Practice to be released and the Use of Force Bill.

The Mental Health Legislation Committee met six times in 2023/24 as outlined below:

Name	Number of business meetings attended	25 May 2023	27 July 2023	28 September 2023	30 November 2023	25 January 2024	28 March 2024
Kelly Barker	5/6	✓	-	✓	✓	✓	✓
Phil Hubbard	2/6	✓	-	-	-	-	✓
Simon Lewis	6/6	✓*	✓*	✓*	✓*	✓*	✓*
Alyson McGregor	5/6	-	✓	✓	✓	✓	✓
Sally Napper	2/3			✓	-	✓	
Carole Panteli	1/2	-	✓				
David Sims	5/6	-	✓	✓	✓	✓	✓

***** indicates Chair of the meeting
- indicates apologies at the meeting

Table 13: Attendance of members at the Mental Health Legislation Committee

Quality and Safety Committee (Chair: Alyson McGregor)
The Quality and Safety Committee has responsibility to monitor, review and report to the Board the adequacy of the Trust's processes in the areas of clinical governance and, where appropriate, facilitate and support existing systems operating across the Trust. This includes the monitoring of incidents and complaints, clinical policies, research and development, clinical audit and service improvements.

During the year, Committee business has included receiving feedback from Involvement Partners; updates from the Clinical Board, Compliance and Risk Group, Safer Staffing Group, Patient Safety and Learning Group and Participation and Involvement Group.

It also received updates from the Mental Health Care Group and the Adult and Children's Care Group; received the Board Assurance Framework and the Organisational Risk Register; received assurance on risk management and incident management; received assurance on the Medicines Management Strategy and supporting workstreams. In addition, it was provided with regular feedback from CQC visits and the CQC inspection reports.

The Quality and Safety Committee met 11 times in 2023/24 as outlined below:

Name	Number of business meetings attended	20 April 2023	18 May 2023	15 June 2023	20 July 2023	19 September 2023	19 October 2023	16 November 2023	21 December 2023	18 January 2024	15 February 2024	21 March 2024
Alyson McGregor	10/11	✓*	✓*	✓*	✓*	✓*	✓*	✓*	-	✓*	✓*	✓*
Kelly Barker	9/11	✓	✓	✓	✓	✓	✓	✓	-	✓	-	✓
Bob Champion	5/5							✓	✓	✓	✓	✓
Phil Hubbard	10/11	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Sally Napper	10/11	✓	-	✓	✓	✓	✓	✓	✓*	✓	✓	✓
Carole Panteli	4/4	✓	✓	✓	✓							
Therese Patten	1/1							✓				
David Sims	9/11	✓	-	✓	✓	✓	-	✓	✓	✓	✓	✓

***** indicates Chair of the meeting
- indicates apologies at the meeting

Table 14: Attendance of members at the Quality and Safety Committee

People and Culture Committee (Chair: Mark Rawcliffe)
During 2023/24 the Workforce and Equality Committee changed name to become the People and Culture Committee. It focused on workforce and equality topics for members of staff. The Committee is underpinned by the Trust's People Development Strategy, with the four key themes for the strategy forming the focus for the annual work plan for the relatively new Committee. They cover topics on looking after our people, belonging in the Trust, new ways of working and delivering care and growing for the future.

The People and Culture Committee met three times during 2023/24 as outlined below:

Name	Number of business meetings attended	27 April 2023	20 July 2023	26 October 2023
Mark Rawcliffe	3/3	✓*	✓*	✓*
Kelly Barker	1/3	-	✓	-
Bob Champion	3/3	✓	✓	✓
Phil Hubbard	1/3	✓	-	-
Simon Lewis	2/3	✓	-	✓
Alyson McGregor	2/3	-	✓	✓
Therese Patten	1/1			✓**
David Sims	2/3	-	✓	✓
Mike Woodhead	2/3	✓	-	✓

* indicates Chair of the meeting
** indicates attendance to observe the meeting
- indicates apologies at the meeting

Table 15: Attendance of members at the People and culture Committee

‘Go See’ visits during 2023/24

The Board has continued to undertake ‘Go See’ visits which incorporate quality and safety walkabouts. These visits, some virtual and some face to face, offer an opportunity for Board members to gain an overview of what is happening in the workplace, listen to colleagues and gain insights into potential improvement opportunities. Board members report back on their experiences at public Board meetings and identify any actions to be followed up with teams. More details of the ‘Go See’ Framework can be found in the 2023/24 Quality Report.

Division of responsibilities of Chair and Chief Executive

The Chair is responsible for the leadership of the Board and is pivotal in the creation of the conditions necessary for good governance and overall Board and individual Director effectiveness, both inside and outside of the boardroom. The Chief Executive is responsible for the day-to-day leadership and management of the Trust, in line with regulatory requirements and the strategy and objectives approved by the Board.

The Trust has a clear statement outlining the division of responsibilities between the Chair and the Chief Executive.

Each year a discussion takes place on the performance achieved on objectives and role delivery that is linked to agreeing future objectives to be achieved. For the Non-Executive Directors, including the Chair, this discussion includes the Lead Governor and Deputy Lead Governor, with the Chair discussion being facilitated by the Senior Independent Director. The objectives for the Chair were:

- Continue to provide leadership of the Board and Governors and to support the Executive Team, in delivering high quality accessible care to our users, ensuring good governance of the Trust.
- Continue to have a supportive and challenging relationship with the Chief Executive.
- Continue to support staff recruitment and retention, and the emphasis on staff wellbeing, making the Trust ‘a great place to work’.
- Ensure performance and delivery are well monitored in order to improve services and deliver financial targets.
- Work to embed the new strategy across the Trust.
- Participate in Go See visits and engagement opportunities with Trust colleagues.
- Continue to play a leading role with partners at Place and across West Yorkshire.
- To tackle inequality to support our Trust goals of being the best place to work and enabling people to be as healthy as possible.

Directors consider the Annual Report and Accounts, taken as a whole, to be a fair, balanced and understandable report which provides the information necessary for service users and carers, regulators and other stakeholders to assess the Trust’s performance, business model and strategy.

Register of Directors' Interests

Under the provisions of the Trust's Constitution, the Trust is required to have a register of interests to formally record any declarations of interests of members of the Board of Directors. The register includes details of all directorships and other relevant material interests, which Executive, Associate and Non-Executive Directors have declared.

On appointment and at least annually thereafter, members of the Board declare any interests, which might place, or be seen to place them in a potential conflict of interest between their personal or private interests and those arising from their membership of the Board. None of the interests declared, conflict with their role as a Director.

Directors are also offered the opportunity to make a declaration in respect of agenda items to be discussed during the formal meetings. The register of interests is maintained by the Corporate Governance team and is available for inspection on the Trust's website.

It is also reported that Dr Linda Patterson OBE FRCP, Chair of the Trust had no other significant commitments during the year that affected their ability to carry out the duties of the Chair role, and Dr Patterson was able to dedicate sufficient time to undertake the duties.

The Board has also demonstrated a clear balance in its membership through extensive development. All Directors have declared they meet the Fit and Proper Persons Test described in the NHS Provider License and aligned to the NHS England Guidance. With all Non-Executive Directors, including the Chair of the Trust, able to fulfil the role, and demonstrating independence.

Council of Governors

An integral part of the Trust is the Council of Governors who bring the views and interests of the public, service users, staff colleagues and other stakeholders into the heart of the Trust's governance framework.

This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments to help improve the quality of services and care for all our service users and carers. The Council of Governors is chaired by the Chair of the Trust, who ensures a link between the Council and the Board of Directors; the Deputy Chair of the Trust is also the Deputy Chair of the Council of Governors.

During 2023/24 there was no change to the composition of seats within our Council of Governors. The composition ensures the Council is representative of our members and the public. Table 16 shows the composition of seats within the Council of Governors.

	Constituency	Number of seats
Elected	Public: Bradford East	3
	Public: Bradford South	3
	Public: Bradford West	3
	Public: Craven	1
	Public: Keighley	2
	Public: Rest of England	1
	Public: Shipley	2
	Staff: Clinical	3
	Staff: Non-clinical	2
Appointed	Barnardo's	1
	Bradford Assembly	1
	Bradford Council	2
	Bradford University	1
	Craven Council	1
	Sharing Voices	1
	Total	**27**

Table 16: Composition of our Council of Governors

Governors are either elected or appointed to seats on the Council of Governors for a period of up to three-years. Elected governors consist of public and staff (clinical and non-clinical) Governors. Appointed governors are nominated individuals from partner organisations as outlined in the Trust's Constitution. Elected governors can stand to be re-elected for two terms of office holding a seat for up to a maximum of six-years. Elections are carried out in accordance with the election rules in Annex four of the Trust Constitution. Further details about the elections we have held during 2023/24 can be found below. Appointed Governors can be nominated by their partner organisation again as their representative and can serve a maximum of two-terms of three-years on the Council of Governors.

Elected governors

2023/24 saw the start of one election campaign taking place on behalf of the Council of Governors. This campaign will conclude in 2024/25 and will be reported on fully within the Annual Report 2024/25.

The election was called due to there being vacant seats on the Council caused by Governors stepping down early or because Governors had reached the end of their term of office.

The Trust would like to thank all outgoing Governors for their hard work and commitment to the Trust and welcome the new Governors that will join the Council during 2024/25.

Appointed governors

Appointed Governors are nominated by those organisations the Trust has identified as our partner organisations, for the purpose of the Council of Governors, and are set out in Table 17. During 2023/24 there were five changes to the Appointed Governors, as follows:

1. Councillor Wendy Hull stood down on 1 April as Appointed Governor – Craven Council.

2. Councillor Andy Brown commenced in post on 15 May as Appointed Governor – North Yorkshire Council (formerly Craven Council).
3. Ishtiak Ahmed stood down on 12 July as Appointed Governor – Sharing Voices, at the end of his second term of office.
4. Councillor Matthew Bibby stood down on 20 July as Appointed Governor – Bradford District Council.
5. Councillor Allison Coates 11 January as Appointed Governor – Bradford District Council.

The Trust would like to thank all the Appointed Governors it has worked with through the year for all their hard work, supporting the development of the services the Trust provides.

The Trust would like to welcome those newly appointed to the Council of Governors.

Role of the Council of Governors

Governors do not undertake operational management of the Trust - they challenge the Board. They help shape the Trust's future direction in a joint endeavor with the Board. The overriding responsibility of the Council is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and the wider public.

This includes scrutinising how well the Board is working, challenging the Board in respect of its effectiveness and asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust, questioning Non-Executive Directors about the performance of the Board and of the Trust, and to ensure that the interests of the Trust's members and public are represented. Governors on the Council meet the 'fit and proper persons test' described in the Trust's Provider License and outlined in the Trust Constitution.

The roles and responsibilities of the Council are set out in the Trust's Constitution. The Council's statutory responsibilities include:

- To appoint or remove the Chair and other Non-Executive Directors of the Trust.
- To decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and Non-Executive Directors.
- To approve the appointment by Non-Executive Directors of the Chief Executive.
- To appoint or remove the Trust's external auditor.
- To be consulted on and provide views to the Board in the preparation of the Trust's annual plan.
- To receive the Trust's Annual Report and Accounts, and the report of the auditor on them.
- To take decisions on significant transactions and on non-NHS income.
- To amend/approve amendments to the Trust's Constitution.

The Health and Social Care Act 2012 requires the Board of Directors to empower Governors by:

- Holding open Board meetings.
- Providing a copy of the agenda to the Council in advance of every Board meeting.
- Providing copies of the approved minutes to the Council as soon as practicable after holding a Board meeting.
- Ensuring that Governors are equipped with the skills and knowledge they need to undertake their role.

The Council of Governors is required to meet 'sufficiently regularly to discharge its duties effectively, but in any event, shall meet not less than four times each financial year'.

During 2023/24, the Council of Governors had four business meetings, all general business meetings.

All general Council meetings are held in public, although items which are of a confidential nature (as defined by pre-determined criteria and in accordance with the Constitution) will be taken in a private session. The table below shows attendance at those four meetings.

Notice of public Council of Governors' meetings along with the agenda and papers are published on the Trust's website. Governors also hold an Annual Members' Meeting, which took place on 21 September. It is a public meeting and members are encouraged to attend to hear more about the work of the Trust and the Council of Governors.

Table 19 shows those Governors who attended the Annual Members' Meeting.

Attendance to observe Board Committees has increased with Governors reporting that the opportunities were accessible. The Trust continues to maintain oversight of its work to ensure that accessibility to workstreams is maintained, with bespoke approaches taking place to support inclusion. Table 17 below, outlines the individuals fulfilling Governor roles as at 31 March 2024 across the elected, and appointed roles:

Elected

No. of seats	Constituency	Name	Date term of office end	No. of Terms
3	Public: Bradford East	Michael Frazer	01.05.2024	1st
		Vacancy		
		Mufeed Ansari	01.05.2024	1st
3	Public: Bradford South	Darren Beever	01.05.2024	1st
		Vacancy		
		Joyce Thackwray	07.06.2025	2nd
3	Public: Bradford West	Anne Graham	01.05.2024	1st
		Katie Massey	01.05.2024	1st
		Trevor Ramsay	07.06.2025	1st
1	Public: Craven	Helen Barker	01.05.2024	1st
2	Public: Keighley	James Vaughan	07.06.2025	1st
		Anne Scarborough	01.05.2024	1st
1	Public: Rest of England	Vacancy		
2	Public: Shipley	Sid Brown	01.05.2024	2nd
		Hannah Nutting	07.06.2025	1st
3	Staff: Clinical	Pamela Shaw	01.05.2024	2nd
		Vacancy		
		Linzi Maybin	06.09.2025	2nd
2	Staff: Non-clinical	Vacancy		
		Sue Francis	06.09.2025	1st

Appointed

No. of seats	Constituency	Name	Date term of office end	No. of Terms
1	Barnados	Deborah Buxton	06.09.2025	1st
1	Bradford Assembly	Tina Butler	01.05.2024	2nd
2	Bradford Council	Cllr Sabiya Khan	16.07.2024	1st
		Cllr Allison Coates	11.01.2027	1st
1	Bradford University	Zahir Irani	05.05.2025	1st
1	North Yorkshire Council	Cllr Andy Brown	17.05.2026	1st
1	Sharing Voices	Vacancy		

Table 17 list of seats and constituency areas within the Council of Governors, and those individuals in post.

Name	Appointed (A) or Elected (E)	Number of business meetings attended	4 May 2023	20 July 2023	21 September 2023 AMM	7 December 2023	1 February 2024
Ishtiaq Ahmed	A	0	-				
Mufeed Ansari	E	0	-	-	-	-	-
Helen Barker	E	1	-	✓	-	-	-
Darren Beever	E	0	-	-	-	-	-
Cllr Matthew Bibby	A	0	-				
Cllr Andy Brown	A	3		✓	-	✓	✓
Sid Brown	E	1	✓	-	-	-	-
Tina Butler	A	4	-	✓	✓	✓	✓
Deborah Buxton	A	2	-		✓	-	✓
Cllr Allison Coates	A	0				-	-
Sue Francis	E	4	✓	✓	✓	✓	-
Michael Frazer	E	3	✓	✓	✓	-	-
Roberto Giedrojt	A	1	✓				
Anne Graham	E	1	-	-	-	-	✓
Cllr Robert Hargreaves	A	0		-			
Cllr Wendy Hull	A	0	-				
Zahir Irani	A	2	-	-	-	✓	✓
Cllr Sabiya Khan	A	0	-	-	-	-	-
Katie Massey	E	0	Term Paused March 2023	Term Paused March 2023	-	-	-
Linzi Maybin ^	E	4	✓	✓	✓	✓	-
Hannah Nutting	E	2	✓	✓	-	-	✓
Trevor Ramsay	E	5	✓	✓	✓	✓	
Anne Scarborough *	E	4	✓	✓	-	✓	✓
Pamela Shaw	E	4	✓	✓	✓	-	✓
Joanne Squires	E	3	✓	✓	-	-	✓
Joyce Thackwray	E	0	-	-	-	-	-
James Vaughan	E	3	✓	✓	-	-	✓

Table 18: Attendance at formal Governor meetings - indicates apologies at the meeting; * indicates Lead Governor; ^ indicates Deputy Lead Governor

Working Together

The Chair of the Trust is responsible for the leadership of both the Council of Governors and the Board of Directors. The Chair has overall responsibility for ensuring that the views of the Council and Trust members are communicated to the Board as a whole and considered as part of decision-making processes and that the two bodies work effectively together. The respective powers and roles of the Board and Council are set out in their respective Standing orders within the Trust Constitution. The Chair works closely with the elected Lead Governor and Deputy Lead Governor.

The Executive and Non-Executive Directors regularly attend Council meetings, presenting agenda items as required and participating in open discussions that form part of each meeting.

The Senior Independent Director actively pursues an effective relationship between the Council and the Board, and regularly attends Council meetings. Governors can contact the Senior Independent Director if they have concerns regarding any issues which have not been addressed by the Chair, Chief Executive, or the Trust Secretary.

Governors continue to have an open invitation to attend all Board meetings held in public and can ask questions of the Board on matters relating to agenda items through pre-submitting questions. Prior to both Board and Council meetings held in public there is a chance for Board members and Governors to network. Governors are also invited to observe the Board Committee meetings. This provides further opportunity for Governors to witness the Non-Executive Directors holding the Executive Directors to account for the performance of the Trust.

The Board values the relationship it has with the Council and recognises that its work promotes the Trust's strategic objectives and assists in shaping the culture of the Trust. Both the Board and the Council are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible.

		Council of Governors' meeting				
Name	**Number of business meetings attended**	**4 May 2023**	**20 July 2023**	**7 December 2023**	**1 February 2024**	**AMM 21 September 2023**
Linda Patterson	5/5	✓	✓	✓	✓	✓
Maz Ahmed	2/5	✓	✓	-	-	-
Kelly Barker	5/5	✓	✓	✓	✓	✓
Bob Champion	5/5	✓	✓	✓	✓	✓
Phil Hubbard	5/5	✓	✓	✓	✓	✓
Simon Lewis	5/5	✓	✓	✓	✓	✓

Chris Malish	4/5	✓	✓	-	✓	✓
Alyson McGregor	3/5	✓	✓	-	✓	-
Sally Napper	5/5	✓	✓	✓	✓	✓
Carole Panteli	0/2	-	-			
Therese Patten	5/5	✓	✓	✓	✓	✓
Mark Rawcliffe	4/5	✓	✓	✓	✓	-
Tim Rycroft	5/5	✓	✓	✓	✓	✓
David Sims	4/5	-	✓	✓	✓	✓
Mike Woodhead	2/5	-	-	-	✓	✓

- indicates apologies at the meeting

Table 19: Board member attendance at formal Governor meetings

The Council of Governors has not, during the financial year, exercised its powers under paragraph 10C of Schedule seven of the NHS Act 2016 to require any Director to attend a Council of Governors meeting. The Chair leads Governor `Open House' meetings which enable engagement between Governors and Directors in between Council of Governor meetings.

Governor training and development

The Chair of the Trust ensures that there are effective and robust training and development arrangements in place to develop Governors' skills, knowledge and capabilities enabling them to be confident, effective, engaged and informed members of the Council. This is to ensure the Council as a body remains fit for purpose and is developed to deliver its responsibilities effectively.

During the year the Trust has hosted or provided Governors with access to a range of training and development opportunities with the purpose of enhancing their knowledge and understanding of the organisation. Governors undertake a comprehensive induction programme which is regularly reviewed and updated. Induction is mandatory for new Governors but is also made available as a refresher for more experienced Governors. New Governors are offered the opportunity to benefit from a buddying system whereby a named buddy will contact any new Governors, will meet them before their first Council meeting, and will also sit with them during the meeting to support them and introduce them to their fellow Governors and the Board members.

During 2023/24 there have been various opportunities for providing support to Governors with their training and development including:

- NHS Providers GovernWell conferences and training sessions.
- Attendance at West Yorkshire System training events facilitated by NHS Providers on the GovernWell programme.
- Attendance at West Yorkshire System Governor and Non-Executive Director engagement events for Mental Health, Learning Disability and Autism providers.
- Staff Governor meetings with the Chair and the Chief Executive.

- Lead Governor and Deputy Lead Governor meetings with the Chair.
- Ongoing opportunities to observe Board and Committee meetings as part of the Governor role, with many Governors highlighting how accessible they are delivered digitally.
- A series of visits to the Trust's services to enable Governors to achieve an overview of the breadth and depth of the services the Trust provides and have an opportunity to witness the performance of the Non-Executive Directors.

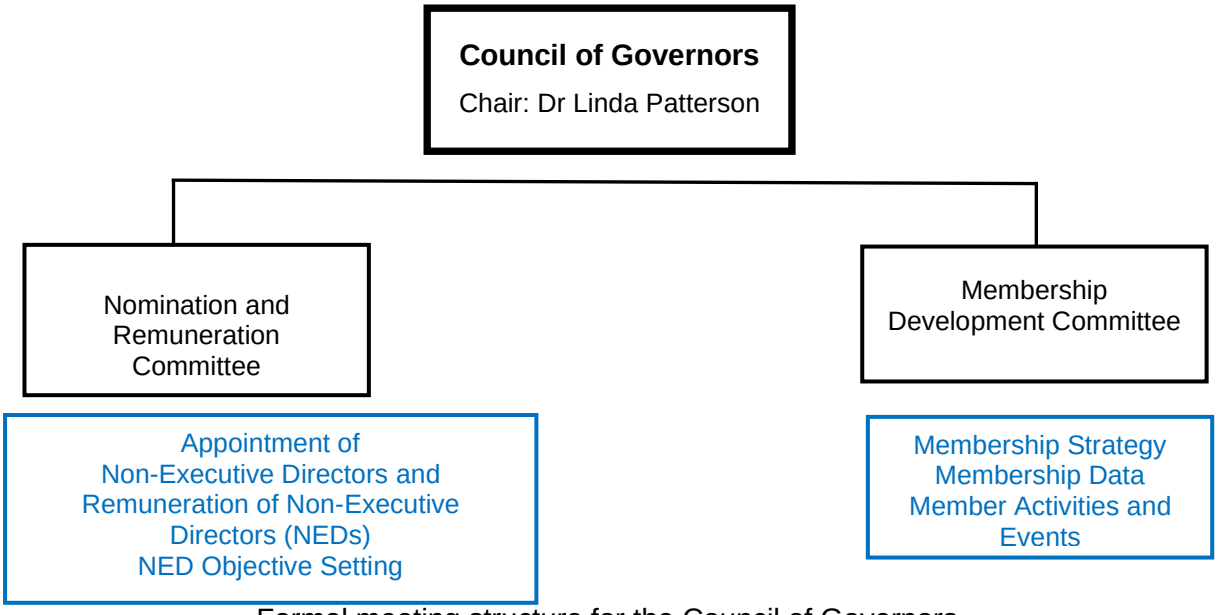
The Trust has also kept Governors informed of training and development workshops and conferences hosted by other organisations and encouraged all to utilise these development opportunities. Governors are encouraged to share their experiences of events attended through written feedback circulated to the wider Council. Governors are also kept regularly informed through regular emails with key information, details of regular meetings and other opportunities.

The Council of Governors' annual effectiveness review was carried out Summer 2023. The annual effectiveness process will be refreshed with Care Trust Way colleagues, aligned to work that has already taken place with the Care Trust Way to refresh Board effectiveness reviews. Due to half of the Council of Governors being new to post May 2024, it is proposed that an annual effectiveness review will take place December 2024, with the findings presented to the Council of Governors meeting in February 2025.

An effectiveness review for 2023/24 did take place, it was agreed that due to the Governor election concluding 30 April 2024 & the large amount of new Governors, the findings of the review would feature within the next review.

Council of Governors sub-committees

The Council of Governors has established two Committees to carry out its functions. The membership and terms of reference for each have been approved by the Council of Governors and are reviewed regularly.



Formal meeting structure for the Council of Governors

Governor Nomination and Remuneration Committee

The Nomination and Remuneration Committee is responsible for the process of appointing Non-Executive Directors (including the Chair) when a vacancy arises or the re-appointment of existing Directors once their term in office expires and for considering the remuneration and allowances set for the Chair and Non-Executive Directors of the Board.
The Nominations Committee met 2 times during 2023/24 as outlined below:

Name	Number of business meetings attended	12 April 2023	14 June 2023
Ishtiaq Ahmed	1/2	-	✓
Carole Panteli	1/2	✓	
Sid Brown	1/2	✓	-
Tina Butler	2/2	✓	✓
Bob Champion	1/2	✓	-
Susan Francis	2/2	✓	✓
Anne Graham	1/2	-	✓
Zahir Irani	2/2	✓	✓
Simon Lewis	2/2	✓	✓
Linzi Maybin	1/2	-	✓
Alyson McGregor	1/2	-	✓
Linda Patterson	2/2	✓*	✓*
Anne Scarborough	2/2	✓**	✓**

* indicates Chair of the meeting
** indicates Lead Governor

Table 20: Attendance at the Governor Nominations Committee

Membership Development Committee

This Committee is responsible for developing the membership of the Trust and considering how the interests of members might be better represented. The Committee did not meet during 2023/24. The Council of Governors had previously established the Membership Development Committee to ensure the Trust recruited a membership which was representative of the local community and offered opportunities for members to engage in the work of the Trust.

Resolution of disputes between the Council of Governors and the Board of Directors

The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved. This is included in Annex six of the Trust's Constitution (Standing Orders for the Council of Governors). If Governors have concerns, they wish to raise, they have been advised to contact the Chair, Senior Independent Director or Trust Secretary as appropriate.

Membership report

Foundation Trust membership is designed to offer local people, service users, carers and staff a greater influence on how the Trust's services are provided and

developed. The membership structure reflects this composition and is made up of three categories of membership:

- **Public:** All members of the public aged 14 years or older can join the Trust and fall within a constituency area based on their postal address.
  From the outset, the Trust made the conscious decision not to create separate membership categories for service users or carers. Both service users and carers are represented within the public membership group of the Council of Governors. The Trust's involvement and participation framework ensures that the voice of carers and service users is heard in other ways in the Trust.
- **Staff members:** All Trust staff are automatically part of the staff membership group provided they are on a permanent contract or on a fixed-term contract of at least 12-months' duration. Staff can opt out of membership if they wish, although few choose to do so.
- **Appointed:** As outlined in the Trust's Constitution, there are seven seats available on the Council of Governors for appointed representatives from a selection of our partner organisations. They cover the voluntary and community sector; education; and local authority, representing these key sectors.

Continually developing a representative membership

Working with the Governors, the Trust is responsible for ensuring that the membership is representative of our local people. The profile of the current membership in terms of ethnicity, gender and age continues to be broadly in line with that of the respective constituencies, although work is currently being undertaken to increase the numbers of younger members. A review of membership has been undertaken by the Trust and results from this confirmed that membership numbers are largely representative.

We value the contribution of our membership, and our focus will be on qualitative rather than quantitative membership levels and engagement. A focused approach to membership engagement and recruitment continues, this allows for campaigns to maintain a representative membership. We have a varied approach to facilitating engagement between Governors, members and the wider public. Each year we hold our Annual Members' Meeting. This not only incorporates the statutory annual meeting where the Council accounts for how it has carried out its duties on behalf of members, it also has an opportunity for engagement. The Trust continues to ensure that Governors are central to the event which allows them to engage with a diverse range of individuals whilst fulfilling their statutory duties.

Strategic vision

During 2023/24 the Trust has continued to put Governors and members at the heart of the Annual Members meeting in 2023 with the first in person event held since the Covid-19 pandemic. Governors were actively involved with the refresh of the Trust's overarching strategy, Better Lives, Together.

Public and staff membership data, and Public membership (as at 31 March 2023):

Demographic	Number of Members
Age:	
0-16	17
17-21	44
22+	8,712
Not Stated	526
Gender:	
Unspecified	153
Male	3,536
Female	5,610
Ethnicity:	
White	5,111
Mixed	219
Asian or Asian British	3,155
Black or Black British	427
Other	102
Not Stated	250
Total	

Table 21: Foundation Trust Public membership

Representativeness by constituency areas (as at 31 March 2023):

Constituency	Current Membership	Number of Governors
Bradford East	1,953	3
Bradford South	1,226	3
Bradford West	2,097	3
Shipley	1,085	2
Keighley	1,055	2
Craven	421	1
Rest of England	1,462	1
Total	**9299**	

Table 22: Representation by constituency area

Staff membership:

Constituency	Current Membership	Number of Governors
Clinical	2521	3
Non-Clinical	680	2
Total	**3201**	

Table 23: Foundation Trust Staff Membership

…… Date: 26 June 2024

Therese Patten
Chief Executive

Statement from Lead Governor, Anne Scarborough

NHS England requires each foundation trust to have a Lead Governor. Anne Scarborough (Public Governor for Keighley) was elected to the Lead Governor post on 4 November 2021 and is supported in the role by Linzi Maybin (Staff Governor), Deputy Lead Governor who started in the role on 18 October 2021.

The role of the Lead Governor is to:

- In exceptional circumstances when it is not appropriate for the Chair or another Non-Executive Director to do so, chair the formal Council of Governors and sub-committee meetings, this would be when there was a conflict of interest in a particular agenda item.
- In partnership with the Senior Independent Director, lead on the annual appraisal for the Chair of the Trust, and contribute with fellow Governors to the annual appraisal for all Non-Executive Directors.
- Present an account on the membership and work of the Council of Governors through the Annual Members' Meeting.
- Act as a point of contact and liaison for the Chair and Senior Independent Director.
- Raise issues with the Chair and Chief Executive on behalf of other Governors and act as a point of contact with NHS England or the CQC, where necessary.

Report from Lead Governor

On behalf of the Council of Governors I would like to thank all Governors for their continuing support, commitment and hard work in supporting and challenging the Trust to continue to deliver high quality services to our communities across Bradford and Craven. I especially want to recognise those Governors who have reached the end of their first or second term of office during 2023/24, and to thank them on behalf of the Trust's Council of Governors.

On behalf of the Governors, I would also like to thank Dr Linda Patterson OBE FRCP, the Chair of our Trust for her direction, guidance, tenacity and support for Governors both in and outside of Governors meetings. Linda has kept us focused on performance and finance this year and has ensured that Governors have received timely and meaningful reports. She has continued to ensure that the Trusts interests and views are represented at the Integrated Care Board for West Yorkshire and in the more local Place based Board. She has also maintained a working relationship with Bradford Council and Children's Trust to ensure quality and joined up services for Children and Young people in our area.

2023/24 has continued to be a time of consolidation after the pandemic and the development of integrated care. The Trust has maintained clear communication and engagement opportunities with Governors to support the continuation of the services delivered by the Trust. Governors have had opportunities to contribute the views of constituents and the wider public through their involvement in a variety of meetings and events. These activities enable Governors to develop their knowledge about the work of the Trust and provide them with opportunities to feedback on behalf the membership of the wider public.

It is unfortunate that the Council of Governors has not had the opportunity to meet in person and has continued to meet virtually. This has worked well but does not give Governors the opportunity to meet each other face to face. It is hoped that future meetings will enable a hybrid of virtual and face to face.

Governors have carried out their duties in many ways during 2023/24 these include; The strategic direction of the Trust, engaging with members and formally representing their constituents at the Council of Governors meetings, receiving the Annual Report and Accounts and Auditors Report at the Annual Members meeting, holding the Non-Executive Directors to account, contributing to the Chair 360 degree feedback process within the Annual Appraisal, agreeing re-numerate of Non-Executive Directors in line with NHS England Guidance and finally in engaging with their constituents and the wider public throughout the membership work stream.

Following the Lucy Letby conviction, the Trust reviewed internal processes on Freedom to Speak up, data monitoring of clinical care and Fit and Proper Persons Test. NHS England have circulated a letter and the Board received assurance on the Trust's work in this area.

Governors have had the opportunity to take part in national training for Governors and as Lead Governor I have kept abreast of NHS developments through the national Lead Governor network. There has also been the opportunity for Governors for to attend 'Go See' visits and observe Non-Executive Directors undertaking their role and statutory duties. Governors have also observed Board and Committee meetings. At the formal Council of Governors meetings Non-Executive Directors present a report from their Board reporting on areas of assurance and areas for further development or further scrutiny.

Engagement opportunities throughout 2023/24 have seen Governors attending the Annual Members Meeting, regional Governors and Non-Executive Directors event regarding the work of the West Yorkshire Integrated Care Board; West Yorkshire Mental Health Collaborative. Events have also been facilitated by NHS Providers. The Deputy Lead Governor and I have met regularly with the Chair of Governors over the past year. Governors have also maintained a focus on encouraging young people to take an interest in governance and our thanks go to Linzi Maybin, Deputy Lead Governor, for her continued activity and focus in this area.

Governors are encouraged to share and feedback their experiences. This is often shared on email to the wider Council or presented at the formal Council of Governors meetings. There has been no occasion during the year for the Council of Governors to contact either NHS England or CQC. The Council of Governors have been involved with a variety of activities and I hope that this report highlights how the Governors have been effectively carrying out their duties and how the Trust continues to benefit from their input.

This year I come to the end of my term both as Lead Governor and as elected Public Governor for Keighley. Reflecting on the last three-years is interesting. We have come through a pandemic which our Trust handled very well and vaccinated anything that moved. I met colleagues who were working in vaccine centres and was in awe of their professionalism and stamina.

Our colleagues are our most important resource, and we need to look after them. I was welcomed into the Trust by Cathy Elliott, former Chair, and Therese Patten, Chief Executive, whose energy, enthusiasm and passion for the Trust was inspiring. I was privileged to support the appointment of Linda and subsequently work closely with Linda through a time of extreme change and development for our Trust. Linda has brought her professional expertise and stability to the Trust. Keeping an eye on performance and on finance so that our communities get the best possible services at the time they need them is going to be paramount in the future.

I have been involved in the appointment of Non-Executive Directors to ensure continuity, leadership and challenge for the Trust. I have been supported by Fran Stead, Trust Secretary, and her team in all aspects of my role. Administrators work hard in the background but without them we would be lost so my thanks. I would like to say a big thank you to my Deputy Lead Governor Linzi, who has provided energy, enthusiasm and passion and has been a joy to work with.

And lastly thanks to all my fellow Governors and to my community who gave me the opportunity to take on this role. I wish the Trust all the best for the future.

Anne Scarborough
Lead Governor

Register of Governors' interests

All Governors are individually required to declare relevant interests as defined in the Trust's Constitution which may conflict with their appointment as a Governor of the Trust, including any related party transactions that occurred during the year. The Register of Governors' interests is available from the membership Office and can be found on the Trust's website. The Declarations of Interests Register can be found on page 185 within this report.

How to contact the Council of Governors

Governors can be contacted via email, post or telephone through the Membership Office.

Post: Membership Office
Trust Headquarters
New Mill
Victoria Road
Saltaire
West Yorkshire
BD18 3LD
Email: ft@bdct.nhs.uk
Phone: 01274 251313

Information on the constituencies and the Governors representing them can be found on the Trust's website. Details of the Council of Governors' meetings held in public are also published on the website. Please contact the Membership Office for further guidance.

Remuneration report

Nomination and Remuneration Committee

The Nomination and Remuneration Committee comprises exclusively of Non-Executive Directors and has delegated authority from the Board to decide appropriate remuneration and terms of service for the Chief Executive and Executive Directors, including all aspects of salary, provision for other benefits including pensions and cars, arrangements for termination of employment including redundancy and other contractual terms. It also agrees the recruitment strategy for recruitment to those roles, leads the recruitment process and selects candidates.

The Committee also has a key role in:

- Reviewing pay, terms and conditions for the most senior staff below Executive Director level.
- The applicability of any national agreements for staff on local terms and conditions or pay arrangements that are not determined nationally.
- Reviewing and approving all redundancy business cases and any proposed payments to staff that do not fall within contractual entitlements e.g. settlement agreements.
- Reviewing Trust strategies and proposals around pay and reward including Foundation Trust freedoms, flexibilities and options.
- Receiving assurance on compliance with the Fit and Proper Person requirements for NHS Board members.
- Agrees the recruitment strategy and appointment criteria for selected candidates,

Bob Champion provided advice and guidance to the Committee as Chief People Officer. The Trust Secretary also attends to provide advice and support. The Committee is provided with administrative support by the Corporate Governance team. The Chief Executive is in attendance when appropriate to provide advice. Executive Directors and the Chief Executive are remunerated on a spot salary in line with the benchmarking evidence referred to. No other external support or advice was sought by the Committee during 2023/24.

The Committee met five times in 2023/24, to consider the in-year performance and future objectives of the Chief Executive Officer and Executive Directors, an update on the National Pay Award for Very Senior Managers, Place roles for two Executive Directors, the substantive Chief Operation Officer appointment. Fit and Proper Person compliance, two interim changes to Executive Director roles to support business continuity arrangements.

Attendance is shown below.

Name	April 2023	May 2023	July 2023	August 2023	October 2023
Linda Patterson	✓*	✓*	✓*	✓*	✓*
Maz Ahmed	✓	-	-	✓	-
Bob Champion	✓^	✓^	✓^	✓^	✓^

Simon Lewis	✓	✓	✓	✓	✓
Chris Malish	✓	✓	-	✓	✓
Alyson McGregor	✓	-	✓	✓	✓
Sally Napper	✓^	-	✓^	✓	✓
Carole Panteli	✓	✓	-	✓	
Therese Patten	✓^	✓^	✓^	-	✓^
Mark Rawcliffe	-	✓	✓	✓	-

*indicates Chair of the meeting
- indicates not eligible to attend meeting
^ indicates attended as an attendee

Table 24: Attendance at the Board Nominations and Remuneration Committee

Expenses

The Trust is required to indicate in the annual report the expenses paid to Directors in the financial year and the sum paid in 2023/24 was £1,345 to three Directors and Non-Executive Directors (against a total of £434 in 2022/23 to two Directors and Non-Executive Directors).

There were no expenses paid to Governors in 2023/24 or 2022/23. As at 31 March 2024, the Trust had 27 seats, 21 in post and 6 vacancies.

Executive Director remuneration

Executive Directors and the Chief Executive are remunerated on a spot salary in line with the NHS England Pay Framework for Very Senior Managers (VSM) and benchmarking evidence provided by NHS England. Variations to the VSM pay, such as cost of living uplifts are subject to the recommendations of the Government Review Body on Senior Salaries and are subject to approval by the Nominations and Remuneration Committee.

There is one officer in the Trust at Executive level who is paid more than £150,000 following a benchmarking review of that role as part of the review of remuneration for that type of role in similar Trust's regionally and nationally. Pay for Executive Directors has been benchmarked in the past using nationally available data through e-Reward, NHS England and NHS Providers information. A revision of the VSM pay framework is still under development.

Service Contract Obligations

Following the introduction of the Fit and Proper Persons Requirements (FPPR) for Executive Directors and Non-Executive Directors, Regulation 5 of the Health and Social Care Act, the Trust continues to discharge its responsibility in ensuring that existing and new post holders are reviewed against the FPPR standards and has incorporated this following the initial self-declaration into the appraisal process, also ensuring inclusion in employment contracts. There were no issues of concern arising from the declarations within the year.

Senior Managers' Remuneration Policy/Pay Framework

The pay policy framework remains that the terms and conditions of service for senior staff broadly reflect nationally determined arrangements under Agenda for Change. For medical and dental staff, the Trust continues to operate the employer-based Clinical Excellence Award (CEA) scheme and has revised is policy in line with national guidance, which means awards made from 1 April 2018 are non-consolidated and non-pensionable and time limited. For 2023/24 the CEA budget was split equally amongst the eligible consultants in line with national guidance and consistent with Place and ICS neighbouring organisations.

Non-Executive Directors are appointed for a three-year term and can be re-appointed for a further term; any term beyond six-years (e.g. two, three-year terms) is subject to rigorous review. All Executive Directors are subject to a three-month notice period, no provision for compensation for early termination is included in employment contracts and any provision for compensation for termination would be considered on an individual basis by the Nominations and Remuneration Committee.

Apart from Non-Executive Directors who are appointed for a fixed-term, no other Directors of the Trust are appointed on fixed term contracts; therefore, there are no unexpired terms and contracts do not contain provision for early termination. The information contained below relating to the salary and pension entitlements of senior managers within the Trust is subject to audit and is taken from the Trust's accounts for 2023/24.

Remuneration information

Details about the remuneration levels for 2023/24 are provided below. Also included is information about the relationship between the highest paid Director of the Trust and the median remuneration of the organisation's workforce.

Remuneration Report for 2023/24

Name and Title	2023/24			
	Salary	**Expense payments (taxable) to nearest £100 ***	**All pension-related benefits****	**Total**
	(Bands of £5,000) £ 000	**Rounded to nearest £100**	**(Bands of £2,500) £ 000**	**(Bands of £5,000) £ 000**
L Patterson - Chair	40 - 45	0	0	40 - 45
C Panteli - Non-Executive Director (to 31st August 2023) (a)	5 - 10	0	0	5 - 10
S Lewis - Non-Executive Director	10 - 15	0	0	10 - 15
M Ahmed - Non-Executive Director	15 - 20	0	0	15 - 20
A McGregor - Non-Executive Director	10 - 15	0	0	10 - 15

M Rawcliffe - Non-Executive Director	10 - 15	0	0	10 - 15
C Malish - Non-Executive Director	10 - 15	0	0	10 - 15
S Napper - Non-Executive Director	10 - 15	0	0	10 - 15
T Patten - Chief Executive	170 - 175	1,100	0	175 - 180
P Hubbard - Director of Nursing, Professions & Care Standards, and Deputy Chief Executive	140 - 145	900	10 - 12.5	150 - 155
M Woodhead - Chief Finance Officer	140 - 145	0	37.5 - 40	175 - 180
B Champion - Chief People Officer (b)	120 - 125	0	0	120 - 125
T Rycroft - Chief Information Officer	115 - 120	0	67.5 - 70	185 - 190
D Sims - Medical Director	130 - 135	800	0	130 - 135
K Barker - Chief Operating Officer (c)	120 - 125	800	32.5 - 35	150 - 155

Remuneration Report for 2022/23

Name and Title	**2022/23**			
	Salary	**Expense payments (taxable) to nearest £100 ***	**All pension-related benefits****	**Total**
	(Bands of £5,000) £ 000	**Rounded to nearest £100**	**(Bands of £2,500) £ 000**	**(Bands of £5,000) £ 000**
C Panteli - Non-Executive Director and Interim Chair (to 30th June 2022)	25 - 30	0		25 - 30
L Patterson - Chair (from 1st July 2022)	30 - 35	0		30 - 35
A Chang - Non-Executive Director (to 31st December 2022)	10 - 15	0		10 - 15
S Lewis - Non-Executive Director	10 - 15	0		10 - 15
M Ahmed - Non-Executive Director	15 - 20	0		15 - 20
A McGregor - Non-Executive Director	10 - 15	0		10 - 15
M Rawcliffe - Non-Executive Director	10 - 15	0		10 - 15
C Malish - Non-Executive Director (from 3rd January 2023)	0 - 5	0		0 - 5
S Napper (Associate Non-Executive Director (from 19th September 2022)	0 - 5	0		0 - 5
T Patten - Chief Executive	165 - 170	1,000	102.5 - 105	270 - 275
P Hubbard - Director of Nursing, Professions & Care Standards, and Deputy Chief Executive	120 - 125	1,400	130 - 132.5	255 - 260
M Woodhead - Chief Finance Officer	130 - 135	0	32.5 - 35	165 - 170

B Champion - Chief People Officer	120 - 125	0	0	120 - 125
T Rycroft - Chief Information Officer	95 - 100	0	22.5 - 25	115 - 120
D Sims - Medical Director	125 - 130	800	25 - 27.5	150 - 155
P Hogg - Director of Corporate Affairs (to 3rd July 2022)	25 - 30	0	0	25 - 30
G George - Interim Director of Corporate Affairs (from 27th June to 31st October 2022)	35 - 40	0	37.5 - 40	75 - 80
T Mugwagwa - Interim Chief Operating Officer (to 30th September 2022)	60 - 65	0	0	60 - 65
K Barker - Interim Chief Operating Officer (from 1st October 2022)	55 - 60	600	7.5 - 10	65 - 70

Table 25: Remuneration information

NOTES

* Expense payments relate to taxable travel allowances and to benefits in kind relating to lease cars.

** Pension benefits only relate to Officer Scheme membership and do not include any practitioner i.e. GP pension benefits. This was only applicable to the Medical Director.

The Trust has made no payments (current or long term) for performance pay or bonuses.

(a) Carole Panteli left her role as Non-Executive Director on 31st August 2023.

(b) There are no pension related benefits for Bob Champion, as he is already drawing his NHS Pension.

(c) Kelly Barker was appointed as Chief Operating Officer in May 2023, having previously covered the role on an interim basis.

Iain MacBeath served as Director of Integration during 2023/24, in attendance at Board Meetings. This is a joint role between the Trust and Bradford District Council. All funding for this role sits with Bradford District Council. Iain received no remuneration from the Trust in 2023/24.

The Trust has one Executive for whom their total salary plus benefits is above £150,000. The value includes a salary sacrifice lease car within expenses. This has been reviewed by the Trust and deemed to be reasonable, including by reference to benchmarks for other similar organisations.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

In respect of pension related benefits, taking one year compared to the next, due to the number of factors affecting both the benefits accrued in-year and the movement in Cash Equivalent Transfer Value (CETV) it is not possible to define which factor has led to those changes. Factors that can affect the reported pension related benefits are relevant Total Pensionable Pay (TPP) which can be affected cost of living inflation or salary deductions via salary sacrifice schemes; length of service of a pensionable employee and whether they have reached the maximum permissible contributions; which of the two current schemes being operated within the NHS and the effect of the resulting protection arrangements employed by each scheme. Further details on the NHS Pension Scheme arrangements can be found at www.nhsbsa.nhs.uk/Pensions.

All pension related benefits in the table above are adjusted for inflation at the CPI rate of 10.10% in 2023/24 (3.10% in 2022/23).

Remuneration Report for 2023/24

Pension Benefits:

Name and title	Real increase in pension at pension age (Bands of £2,500)	Real increase in Pension Lump sum at pension age (Bands of £2,500)	Total accrued pension at pension age at 31 March 2024 (Bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (Bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024
	£000	£000	£000	£000	£000	£000	£000
T Patten - Chief Executive	0	40 - 42.5	50 - 55	130 - 135	887	195	1,195
P Hubbard - Director of Nursing, Professions & Care Standards and Deputy Chief Executive	0 - 2.5	5 - 7.5	65 - 70	180 - 185	1,284	172	1,605
M Woodhead – Chief Finance Officer	2.5 - 5	0	20 - 25	0	221	60	323
T Rycroft - Chief Information Officer	2.5 - 5	0	25 - 30	0	297	122	464
D Sims - Medical Director	0	0	60 - 65	165 - 170	1,334	68	1,554
K Barker - Chief Operating Officer	0 - 2.5	0 - 2.5	5 - 10	5 - 10	44	24	89

Table 26: Pension information

NOTES:

Where a Director was in post for less than the full year, Real Increase values shown in the table relate to the periods served as a Director as described below:

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

All the directors in the table above, with the exception of K Barker, are affected by the Public Service Pensions Remedy. Their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and 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. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023.

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. CPI inflation of 10.10% has been used in accordance with NHS Business Services Authority guidance in 2023/24 (3.10% in 2022/23).

No Director has a stakeholder pension.

Pension benefits only relate to Officer Scheme membership and do not include any practitioner i.e. GP pension benefits. This was only applicable to D Sims.

Fair Pay Disclosure

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid Director in the organisation in the financial year 2023-24 was £170,000 - £175,000 (2022-23 was £175,000 - £180,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of our Trust as a whole, the range of remuneration in 2023/24 was from £17,352 to £213,384 (2022/23 £18,045 to £224,304). Six employees received remuneration in excess of the highest-paid Director in 2023/24.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2023-24	25th percentile	Median	75th percentile
Total remuneration (£)	26,876	34,718	45,648
Salary component of total remuneration (£)	26,876	34,718	45,648
Pay ratio information	6.5	5.0	3.8
2022-23	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	23,177	32,934	40,681
Salary component of total remuneration (£)	23,177	32,934	40,588
Pay ratio information	7.7	5.4	4.4

Table 27: Median salary costs

The median, 25th percentile and 75th percentile salaries have been calculated by using the salary costs for all employees as at 31 March 2024. Where employees work part time, the salary cost has been grossed up to the full-time equivalent salary. The calculations include bank and agency staff.

Other remuneration information

The Trust is required to report on other remuneration related information. Exit packages for 2023/24 and 2022/23, and off payroll expenditure are shown in the note below. Expenditure on consultancy costs in 2023/24 was £379,628.

Exit Packages

Exit costs in this section would be accounted for in full. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in this section of the Annual Report. The disclosure must report the number and value of exit packages agreed in the year.

Exit Packages 2023/24

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	2	2	4
£10,001 - £25,000	0	1	1
£25,001 - £50,000	1	0	1
£50,001 - £100,000	0	0	0
£100,001 - £150,000	1	0	1
£150,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	**4**	**3**	**7**
Total resource cost	**£171,262**	**£23,031**	**£194,293**

Exit costs in this note are accounted for in full. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table. This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Exit packages: non-compulsory departure payments 2023/24

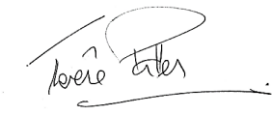
	Agreements (number)	Total Value of Agreements
Contractual payment in lieu of notice	1	£13,519
Exit payments following employment tribunals or court orders	2	£9,512
Total	**3**	**£23,031**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in the Exit Packages table above which will be the number of individuals.

The Trust had no exit packages in 2022/23.

Off Payroll Engagements

In 2023/24, the trust had no off-payroll engagements. The Trust also had no off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024.



…….. Date: 26 June 2024

Therese Patten
Chief Executive

Modern Day Slavery and Human Trafficking Act Annual Statement 2023/24

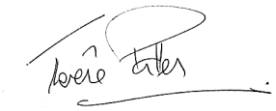
Bradford District Care NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

The Trust recognises its responsibilities to comply with the UK Modern Slavery Act 2015 and implement a strategic approach to managing business risk in relation to human rights and slavery breaches that the legislation seeks to protect. The Trust conforms to the NHS Employment Check Standards within its workforce recruitment and selection practices and national procurement frameworks for temporary resourcing requirements with its Managed Service Provider contract arrangements. The strategic approach incorporates work to analyse the Trust's supply chains and its partners to assess risk exposure and management on modern slavery.

……
Date: 26 June 2024

Dr Linda Patterson OBE FRCP
Chair of the Trust



……
Date: 26 June 2024

Therese Patten
Chief Executive

Our Chief Executive's Statement of responsibilities as the Bradford District Care NHS Foundation Trust Accounting Officer

The NHS Act 2006 states that the chief executive is the Accounting Officer of the NHS foundation trust, including undertaking all relevant duties and responsibilities as set out in legislation.

NHS England, in exercise of the powers conferred by the NHS Act 2006, has given Accounts Directions which require our Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, 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 Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess our Trust's performance, business model and strategy.
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

As far as I am aware, there is no relevant audit information of which our Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

…… Date: 26 June 2024

Therese Patten
Chief Executive

Our Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control. Our system supports the achievement of policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible. I am also responsible for ensuring that our Trust is administered effectively and economically, which I do whilst acknowledging my responsibilities as set out in the NHS Foundation Trust Accountable Officer Memorandum.

The purpose of the system of internal control

Our 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. Our system is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the potential impact, also, to manage them efficiently, effectively and economically. Our system has been in place for the year ended 31 March 2024 and remains in place up to the date of approval of the annual report and accounts.

Leadership

The Trust's Board of Directors has overall responsibility for the governance and provides high level leadership for risk management. The Directors (both Executive and Non-Executive) have appropriate skills and experience to carry out this function effectively. Each member of the Board has corporate and joint responsibility for the management of risk; to mitigate, reduce, eliminate risk to create safer services and resilience, to protect the reputation of the Trust and to ensure an open and honest culture is developed where mistakes, errors and incidents are identified quickly and dealt with in a positive and constructive way. Non-Executive Directors provide an independent judgement in relation to the working of the Trusts risk management programme.

The Board is responsible for reviewing the effectiveness of the system of internal control, including systems and resources for managing all types of risk. The cycle of Board meetings continues to ensure that it devotes sufficient time to setting and monitoring strategy and having oversight of the key risks to achieving the strategic objectives. The Board also monitors performance against key targets and measures and considers any risks to achieving these.

As Chief Executive, I have delegated responsibility for implementation of risk management and the overall coordination of risk management to the Director of Nursing, Professionsand Care Standards. The table below summarises where members of the Executive Management Team have a lead for specific areas of risk:

Lead Director role	Area of responsibility
Medical Director	Leads on medicines management, safe standards of medical practice, learning from deaths and continuous improvement, is the Trust's Caldicott Guardian and has joint responsibility with the Director of Nursing, Professions and Care Standards for quality and patient safety.
Director of Nursing, Professions andCare Standards	Has delegated responsibility for management of the risk management operational processes and has joint responsibility with the Medical Director for quality and patient safety. In 2023/24 continued to have oversight of the Board Assurance Framework and took on the leadership of patient experience and involvement.
Chief Operating Officer	Has responsibility for ensuring that effective operational arrangements are in place throughout the Trust and across all sites, this includes the management of operational risks including those associated with the implementation and operation of the Mental Health Act.
Chief Finance Officer	Leads on financial risk and manages risk in relation to the development, management and maintenance of the Trust estate, procurement and matters relating to fire safety.
Chief People Officer	Leads on workforce capacity, retention of staff, absence management, business development and equality and diversity, as well as communications.
Chief Information Officer	Leads on informatics and information governance risks and is the Trust's Senior Information Risk Owner (SIRO).
Trust Secretary	Leads on corporate governance risks.

Table 28: Director responsibilities for risk areas

Each 'operational' Care Group unit has a Quality and Operations Group in place which is responsible for obtaining evidence of assurance on the adequacy of the Quality and Safety and Risk processes within each of our Care Group's.

Deputy Directors have specific responsibilities to review locality risks and ensure the high quality of risk registers. They ensure that risk management processes are implemented and functional within their respective services.

Heads of Services are responsible for the effective application of all risk management procedural documents, maintaining their service risk registers, implementing action plans and ensuring systems are in place to identify, analyse, evaluate, treat and reduce risks. They ensure risk registers are used as a live dynamic process across all their services / wards and departments and review risks to the achievement of objectives and delivery of services.

Senior Managers / Ward Managers have a responsibility to develop and apply risk management processes in line with the overall strategy for the Trust.

The risk registers feature as a regular agenda item in appropriate meetings, risk registers are reviewed routinely, with risks being escalated as required.

Risk guardians are responsible for the logging of risks and the maintenance of their relevant risk register. They ensure the risk register is reviewed and updated by an appropriate group.

Risk management training

Colleagues at the Trust have a responsibility for the delivery of high quality,safe care and we ensure there are high quality risk training packages in place to support staff in this responsibility. Experienced staff specialising in risk management develop, coordinate, and deliver a variety of risk management training packages. All colleagues are required to attend a corporate induction on commencing workwithin the Trust and complete refresher training on risk management on a five-yearly basis.

Specialist training is required, where appropriate, for specific roles such as risk guardians and incident managers. This is delivered upon commencement within the role of a risk guardian, then refresher training is offered on a quarterly basis. Our risk management team are available to answer queries or support any training needs at any point between the refresher training dates. We also have in place an e-learning package for the completion and management of electronic incident reports (IR-es). Quarterly incident manager training is also offered to all incident managers. This helps support these staff in how to accurately complete IR-es but also reinforces the need to report all incidents and how this contributes to an overall safer environment for both staff and service users.

Training is available as e-learning, but the risk management team also offer face to face training if this is preferred. Over the past six months, the risk management team have visited various teams across the Trust to highlight the transition to Learning from Patient Safety Events (LFPSE) which has impacted the way in which the incident report form is configured, and the changes this means for staff.

The risk and control framework

The Trust's Risk Management Strategy was approved by the Board in September 2020. The Strategy was developed in conjunction with colleagues by using our *i*Care crowdsourcing platform to enable staff to put forward ideas about the current risk management approach. The ideas were used to shape the approach to the Strategy and to develop a sense of ownership. Work is ongoing to strengthen our Trust's approach to risk appetite and risk tolerance. To aid with determining risk appetite, our Board uses an amended version of the Good Governance Institute matrix.

The Risk Management Policy and Procedure was ratified by the Quality and Safety Committee in June 2023. It sets out the structures and processes to systematically identify, manage, monitor and review risk and put in place robust plans for mitigation.

Risk management process

The Trust uses several different risk assessment tools additional to the five by five risk matrix.

Examples include clinical risk assessments, equality and quality impact assessments, Control of Substances Hazardous to Health (COSHH) assessments and falls assessments. Risks are identified, assessed and logged on a risk register and the Trust seeks to anticipate potential risks by proactively putting controls and mitigating actions in place to prevent the risk materialising where possible.

Additional sources for identifying risks are varied and can include, but are not limited to:

- Incident reports
- Coroner reports
- Patient and staff surveys
- Multi-disciplinary reviews
- Safety Huddles
- Service reviews
- Audits (clinical and non-clinical)
- Quality and Operational Care Group meetings
- Patient safety incidents
- Quality and Safety visits
- Complaints and Patient Experience
- Freedom to Speak Up cases
- Health and Safety Assessments
- Fire Assessments
- National guidance and reports
- Trust ‘Go See’ Visits
- Deep Dive reviews
- Activation of Business ContinuityPlans
- Validation Exercise of MajorIncident Plans
- Care Trust Way methodology

Each service in the Trust has risk guardians with responsibility for maintaining their risk registers. All risk registers are held on the Safeguard Risk Management System, maintained on our intranet (Connect) which can be accessed for viewing by all staff.

Each risk has a target risk rating and mitigating actions identified. Closed risks are reviewed periodically to confirm they are still under control.If not fully mitigated, they can be reopened, if they have been satisfactorily mitigated,then they can be archived. All archived risks can be accessed at any point and reopened, should this be required.

The Audit Committee monitor, review and report to the Board on internal control and risk management processes ensuring they are efficient and effective. Individual Directors have responsibility for ensuring the Trust’s services continue to deliver efficient and effective care and compassion in a safe environment. Directorates, services and local teams review their risk registers routinely in their Quality and Safety meetings and / or local team meeting. The Quality and Safety Committee has responsibility for oversight of the Risk Management Policy.

As a learning organisation, the reporting of incidents is actively encouraged in the Trust. This is covered at Induction and the discussion of incident data is routinely embedded in Care Group governance processes.

Board Assurance Framework and Organisational Risk Register

The Board Assurance Framework (BAF) is a key document for the Board, it enables the Board to track its progress in achieving its strategic priorities by monitoring the risks to progress and the mitigation.

The Audit Committee has overall responsibility for the process, creating and managing the BAF on behalf of the Board.

Between April 2023 and September 2023, the Board used a traditional BAF structure, which was based on a risk management approach to understanding progress made against the trust's strategic priorities. The priorities are described below and aligned to the priorities carried forward from 2022/23.

In September 2023, the Board took the decision to trial a new way of understanding its BAF, based on assurance levels rather than risk ratings. This new way of working was tested with the Good Governance Institute for validity and trailed in a 'PDSA' approach between September and the end of the financial year.

The new BAF is aligned to the strategic priorities described in the refreshed Trust Strategy, better lives, together, and a process of 'close down' of the old BAF was undertaken, which mapped the two sets of priorities and the actions underway to mitigate risk to ensure nothing was lost.

The strategic risks in the 2023/24 BAF at the point of close down (August BAF discussed in September meetings) and their alignment to the new BAF are described below:

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
Strategic Objective 1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery			
1.1 We will have an increased focus on embedding a curious practice in relation to lived experience and proactively seek out opportunities to make it easier for under-represented groups to influence decisions across our organisation, aligned to place and ICS involvement objectives	There is a risk that Your Voice Matters does not adequately respond to our post-COVID learning and digital ambitions, and is not enacted in a timely manner	The overall risk score has remained relatively stable at 12 versus a target score of 3.	This will continue to be monitored under Best Quality Services Theme 3 – Improving the experience of people using our services

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
1.2 We will create a variety of roles for people with lived experience (including young people) at all levels within the trust ensuring this important voice is considered in areas such as recruitment, transformation, service redesign and delivery, and quality improvement. We will play an active role in wider service user and Carer involvement plans across place/ICS.	There is a risk that we can only demonstrate a limited impact in achieving our ambitions.	The overall risk score has remained static at 12 versus a target score of 3	This will continue to be monitored under Best Quality Services Theme 3 – Improving the experience of people using our services
1.3 We will increase the number of volunteers and the diversity of their roles across the organisation. We will do this by making volunteering opportunities more accessible and attractive, including by developing pathways leading from volunteering and peer support roles to paid employment and opportunities to engage in professional career pathways.	There is a risk that we will not have the capacity to deliver the key objectives of the volunteering strategy.	The overall risk score has decreased to match its target score of 3	All actions are closed and the focus has now shifted to exploring partnership working and so will be monitored under Best Partner
1.4 We will continue to focus on supporting patients and carers to be equal partners in their own care, focusing on areas such as patient-led care planning and shared decision making. We will ensure all parties to decisions have the right information on which to base those decisions and that our clinical systems and processes support our staff to embed this approach.	There is a risk that we fail to maximise the relationship between professionals and people we are working with resulting in patients and carers not being involved in their own care.	The overall risk score has remained static at 12 versus a target score of 3	This will continue to be monitored under Best Quality Services Theme 3 – Improving the experience of people using our services

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
Strategic Objective 2: Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive			
2.1 We will focus on embedding a compassionate and inclusive culture with accessible staff development programmes, a focus on talent management and ensuring staff are appropriately skilled and empowered to make decisions	If we don't embed a compassionate and inclusive culture, we may experience higher levels of staff disengagement, which may lead to increased turnover.	The overall risk score has remained static at 9 versus a target score of 4	This has been superseded by Best Place to Work Theme 1 – Looking after our people
2.2 We will continue to ensure staff are recognised and rewarded, sharing learning, celebrating success and supporting staff to share best practice	If we do not acknowledge, reward and celebrate achievements, we may see a subsequent reduction in morale and a negative impact on discretionary effort and increased turnover.	The overall risk score has remained static at 9 versus a target score of 4	This has been superseded by Best Place to Work Theme 1 – Looking after our people
2.3 We will continue to ensure staff have a voice that counts, and feel part of a team supporting people to be leaders in their own sphere through embedding of the Care Trust Way, encouraging engagement in formal and informal networks and strengthening our engagement between front line delivery of services and Board	If we do not support speaking out and inclusion, we will not have thriving staff networks and the Trust will not be able to demonstrate compliance with WRES and WDES standards.	The overall risk score has remained static at 9 versus a target score of 4	This ambition has been separated out and different elements are reflected in Best Place to Work Theme 1 – Looking after our people and Best Quality Services Theme 2: Learning for Improvement
2.4 We will ensure our staff are safe and healthy, by continuing to	If we do not support our staff to be safe and	The overall risk score has remained static	This ambition has been separated out

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
strengthen our staff wellbeing offer, ensuring we provide and maintain safe working environments and that staff have the appropriate skills and training to work safely and effectively in a complex care environment.	healthy, we may suffer from increased staff sickness absence and the negative impact that will have on service user care.	at 9 versus a target score of 4	and different elements are reflected in This has been superseded by Best Place to Work Theme 1 – Looking after our people; Theme 3 – New ways of working and delivering care and Theme 4 – Growing for the future
Strategic Objective 3: Maximising the potential of services to deliver outstanding care to our communities			
3.1 We will continue to focus on innovation to improve our services where this is the right thing to do. Using the techniques and approaches of the Care Trust Way, we will facilitate every part of the organisation to move towards its own excellence, ensuring that we develop 'communities of care' around services on their improvement journey	There is a risk that targets are not sufficiently sensitive to recognise the progress made by individual services recognising their capacity to deliver change	The overall risk score has remained static at 9 versus a target score of 6	This will continue to be monitored under Best Quality Services Theme 2: Learning for Improvement
3.2 We will continue to focus on enhancing our approach to organisational learning, maximising our utilisation of data and intelligence, including staff and service user feedback, external (e.g. regulatory) feedback, learning from national guidance and enquiries, patient safety information, clinical outcomes and population	There is a risk that the data quality and maturity is insufficient to provide meaningful intelligence to support organisational learning	The overall risk score has decreased from a score of 12 to met its target score of 6	This will continue to be monitored under Best Quality Services Theme 2: Learning for Improvement and also by Audit Committee under Good Governance

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
health metrics to support decision making and shared learning			
3.3 We will continue to maximise opportunities to learn from and embed best practice, including benchmarking ourselves against other high performing organisations, maximising opportunities to undertake research and put this into practice and engaging in local and national collaboratives with the intention of improving the care we deliver.	There is a risk that operational pressures result in a lack of capacity to engage in and embed a culture of proactive learning across services	The overall risk score has remained static at 12 versus a target score of 6	This will continue to be monitored under Best Quality Services Theme 2: Learning for Improvement
3.4 Recognising the increased demand for services, we will work with our communities to understand the support people need to prevent further harm whilst waiting for services and to deliver this in partnership with organisations across 'place'.	There is a risk that there is an insufficient offer across place to prevent harm for people waiting for services	The overall risk score has remained static at 16 versus a target score of 12	This will continue to be monitored under Best Quality Services Theme 1: Access and Flow as well as under Best Partner
Strategic Objective 4: Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions	Effective partnerships founded on strong relationships are the key to successful collaboration. There is a risk that without sufficient capacity to develop strong relationships, differences in the maturity of partnerships	The overall risk score has remained static at 9 versus a target score of 6	This will continued to be monitored under Best Partner

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
	may result in lack of shared purpose, lack of clarity of communication and a misalignment of priorities.		
Strategic Objective 5: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient			
5.1 We will maximise our internal and external opportunities for efficiency through transformation and reduction of waste to deliver against our in-year and longer term financial plans; working with operational services to manage and contain cost pressures and demand; working alongside partners across system and place to ensure delivery of services that are value for money and make best use of the 'ICS pound'	If we do not maximise our opportunities to make effective use of our resources this may result in regulatory interventions, reputational damage and impacts on quality of services	The overall risk score has remained static at 20 versus a target score of 12	This has been superseded by Best Use of Resources - Theme 1: Financial sustainability
5.2 We will embed environmental sustainability in everything we do to support the delivery of our Green Plan targets and ultimate ambition to be a carbon net zero organisation	If we do not maximise our opportunities to make effective use of our resources this may result in significant negative impact on our finances, quality of estates, wellbeing of our population and workforce and reputational damage	The overall risk score has remained static at 20 versus a target score of 4	This has been superseded by Best Use of Resources – Theme 2: Our Environment and Workspaces
Strategic Objective 6: To make progress in implementing our digital strategy to			

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
support our ambition to become a digital leader in the NHS			
6.1 Data & Analytics: 1. To provide high quality data that is understood and can be confidently used and shared to support care delivery across our Place and the West Yorkshire Region. 2. Use the same high-quality data to deliver self-service analytics and capabilities that are tailored to user roles and support decision making, performance management, quality improvement and a better understanding of our population.	Data quality is a key enabler to support the Trust towards improved decision making, performance management and quality improvement. The primary risk for data and analytics services is to ensure that the continued collaboration with the Trusts clinical and business stakeholders is maintained to drive effective and scalable data quality initiatives forward. There is also a degree of dependency in relation to SO6:6.2 Clinical systems Transformation	The overall risk score has remained static at 12 versus a target score of 8	This is incorporated within Best Partner – using data to measure improvement and Best Quality Services – Theme 1: Access and Flow
6.2 Clinical Systems Transformation: 1. To improve the overall user experience and maturity of the Trusts primary clinical information system (SystmOne) 2. To achieve the minimum digital foundations (MDF) as set out by the national	Absence of a strategic and operational vision for SystmOne architecture design across care groups and services. Agreeing a framework for	The overall risk score has remained static at 12 versus a target score of 8	This is incorporated within Best Use of Resources – Theme 2: Our Environment and Workspaces

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
standards for EPR maturity.	prioritisation and oversight (clinically led) Ongoing investment		
6.3 Patient Engagement & Digitally Enabled Care: To introduce inclusive digital solutions that empower people who use our services to care for themselves and to prevent ill health. Develop a digital service offer where virtual care solutions operate seamlessly with face-to-face care in a way that is appropriate to the needs of people who use our services.	Failure to engage with services and service users in the design and adoption of potential digital service offers which may lead to increased health inequalities caused by inequity of access	The overall risk score has remained static at 12 versus a target score of 8	This is incorporated within Best Use of Resources – Theme 2: Our Environment and Workspaces and Best Quality Services – Theme 1: Access and Flow
6.4 Digital Workforce/Workplace: (Employee Experience) a) To create a competent digital workforce (organisational level) by developing digital skills training, embedding the use of digital champions, and planning long term education strategies, such as Topol Review and supporting the Workforce strategy b) To provide the tools and capabilities to support a digital workplace and workforce requirements c) To harness develop and retain a digital and data workforce to support the organisation	Failure to engage with staff may result in the training and education needs or the workforce being misunderstood, leading to barriers to digital literacy and capability. Absence of sufficient financial investment to support our digital workforce, workplace ambitions.	The overall risk score has remained static at 12 versus a target score of 8	This has been superseded by Best Place to Work – Theme 3: New Ways of Working
6.5 Digital Infrastructure and Security: We will strengthen our digital foundations by	Ongoing investment / Infrastructure, tools and	The overall risk score has remained static at 12 versus a	This has been superseded by Best Use of Resources –

Strategic Objective	Strategic Risk	Management of Strategic Risk at point of transfer	Alignment to new BAF
optimising and maintaining our digital infrastructure and security	capabilities and people.	target score of 8	Theme 2: Our Environment and Workspaces

Table 29: Strategic risks in the BAF April – August 2023

In the new version of the BAF, in a change from the previous objectives, accountability for seeking assurance for the delivery of these objectives has been delegated to responsible Board committees as described below:

Committee	Strategic Priority	Theme
Finance and Performance Committee	**Best Use of Resources**	**Theme 1**: Financial sustainability
		Theme 2: Our environment and workspaces
		Theme 3: Giving back to our communities
	Best Quality Services	**Theme 1** - Access & flow (performance perspective)
Quality and Safety Committee	**Best Quality Services**	**Theme 1** - Access & flow (quality perspective)
		Theme 2 – Learning for improvement
		Theme 3 – Improving the experience of people using our services
Workforce and Equality Committee	**Best Place to Work**	**Theme 1** – Looking after our people
		Theme 2 – Belonging in our organisation
		Theme 3 – New ways of working and delivering care
		Theme 4 – Growing for the future
Mental Health Legislation Committee	**Best Quality Services**	**Theme 3** – Improving the experience of people using our services (specifically in relation to restrictive practices)
Board / All	**Best Partner**	Partnership
Audit Committee	**Good Governance**	Governance, accountability and effective oversight

As well as changing the BAF so that it aligns to the new priorities and the themes identified within them, the Board has moved away from a risk-based approach to managing the delivery of the BAF objectives, to a more positive-assurance based approach.

In order to promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust is trialling the use of the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities.

Assurance Level	Definition
High (Strong)	High assurance can be given that there is strong evidence that this ambition is being achieved and is embedded within usual practice. There are examples of outstanding practice and/or innovation in this area which can be evidenced.
Significant (Good)	Significant assurance can be given that there is good evidence that this standard is this ambition is being achieved across the majority of areas / reviews undertaken. Whilst there may be some gaps, these are infrequent and there is evidence these are mitigated / responded to rapidly and appropriately.
Limited (Improvement Required)	Limited assurance can be given as whilst there is evidence that some elements of the ambition are being achieved across some areas, there are areas that require improvement in order to bring them up to the required standard.
Low (Weak)	Low assurance can be given as there is weak or no evidence that the ambitions are being achieved. There are significant gaps with little evidence of effective plans to address and significant works needs to be undertaken to bring these areas up to standard.

What this means in practice is that each Committee receives a number of key documents which include an Integrated Strategic Performance Report and Strategic Narrative Report which directly align to those priority areas delegated to each Committee. Within these reports, informed by Executive oversight of operational grip and control systems, is a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the chair makes a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

In terms of papers to be received by Board, the revised BAF forms part of a refreshed Integrated Strategic Performance Report and BAF. As well as demonstrating performance against the strategic metrics aligned to each priority, the integrated report includes the ratified assurance level. This is supported by the identification of the top three strategic risks and supporting narrative within each Committee's AAA+D report.

Whilst the specific focus of the risks articulated in the Committee AAA+D reports varies due to the nature of the work of the committee, it is possible to distil these down to three strategic risks to the organisation:

1. There is a risk that the inability to recruit and retain an appropriately skilled substantive workforce will continue to negatively impact on the trust's financial sustainability; the safety and experience of people who use our services and on the morale and experience of colleagues.

Potential organisational consequences of this risk include:

- Regulatory intervention due to financial or quality breaches.
- Reputational damage associated with poor financial controls / poor quality of patient experience.

2. There is a risk that continued increase in demand across many of our services will continue to negatively impact on the quality of services we can offer, including maintaining unacceptable waits for treatment, safety concerns and potential impacts on outcome; that this will continue to negatively impact on the financial sustainability by driving the need for additional staffing related to additional activity and acuity of patients relating to the impact of waiting for treatment and that this will impact on staff experience due to increased workload and associated pressures as well as a lack of time to invest in development and support.

Potential organisational consequences of this risk include:

- Regulatory intervention due to financial or quality breaches.
- Reputational damage associated with poor financial controls / poor quality of patient experience and outcomes.
- Breach / withdrawal of contracts due to inability to maintain agreed performance.

3. There is a risk that the continued lack of available capital to invest across the estate will lead to patient and colleagues' safety incidents as well as continued poor experiences for patients and staff relating to an aging and inappropriate environment.

Potential organisational consequences of this risk include:

- Regulatory intervention due to health and safety or quality breaches due to poor quality of estates.
- Reputational damage associated with poor patient and staff experiences.

Equality and Quality Impact Assessments

An impact assessment is a continuous process to ensure that possible or actual business and transformational plans are assessed, the potential consequences are considered, and any necessary mitigating actions are outlined in a consistent way. A revised Equality and Quality Impact Assessment (EQIA) Framework was approved in December 2020. This framework sets out an impact assessment process which considers both quality impacts and impacts on equality, diversity and inclusion. In line with the Trust's strategic priorities, all business cases, service changes and transformational plans have their impact assessed at the very earliest stage of the development process. This ensures that business cases are developed that reflect appropriate mitigations of any risks identified and reduces the likelihood of adverse impacts on quality or equality.

Well Led

The Board has overall responsibility for the administration of sound corporate governance throughout the organisation. The NHS Trust Code of Governance (the Code) is published by NHS England (previously Monitor). The purpose of the Code is to assist with ensuring good governance, and to bring together best practice from public and private sector corporate governance.
The Code is issued as best practice, but also contains several main principles, supporting principles and code provisions on a 'comply or explain' basis.

The Trust has applied the principles of the NHS Code on a 'comply or explain' basis, and carried out a self-assessment which confirmed the Trust continues to comply with the principles of the Code. The Board is responsible for all aspects of the leadership of our Trust. The Board has a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that the Trust is providing high quality, sustainable care.

With due regard to the positive duty, BDCFT has to meet the NHS' triple aim of improving the quality of healthcare; improving the health of the population, and achieving value and financial sustainability, the Board is committed to continually review its effectiveness. Building on its ambition to embed a culture of continuous learning and improvement across the organisation, the Board has approved a framework, which will allow it to regularly review its activity, makes changes to support improvement and continually assess its effectiveness.

In order to provide a consistent means of understanding the structure of the framework, the Trust has decided to align it with the quality statements described within the CQC's key questions relating to the well-led aspect of their framework. The Trust has then aligned the expectations of the NHS Foundation Trust Code of Governance with those statements, to help in identifying the specific behaviours and activities that the Board must enact in order to demonstrate effectiveness in this area.

The new Well Led internal audit has been commissioned, with the first taking place Autum 2023. The internal audit is based on three national frameworks and is in place to test assurance levels across eight categories on a annual basis. The three frameworks are: CQC Wel Led; The Healthy NHS Board; and the NHS Trust Code of Governance. The eight categories are:

- shared direction and culture
- capable, compassionate and inclusive leaders
- Freedom to Speak Up
- workforce equality, diversity and inclusion
- governance, management and sustainability
- partnerships and communities
- learning, improvement and innovation
- environmental sustainability – sustainable development

Workforce strategy and safer staffing

The Trust has a Workforce Strategy in place, with the People and Culture Committee providing oversight of workforce development, workforce performance and planning. This is as well as the governance and monitoring of progress on the implementation of the Trust's People Development Strategy.

Services are also developing local workforce plans aligning to and in collaboration with the Integrated Care System planning activity. Oversight has been maintained at the Board, and Quality and Safety Committee regarding nursing and midwifery staffing.

The reports included analysis of wider workforce plans to provide assurance that the standards required to deliver safe and effective care are being met.

Compliance with Care Quality Commission (CQC) requirements

The Trust is fully compliant with the registration requirements of the CQC, and its current registration status is Requires Improvement. The CQC has not taken enforcement action against the Trust during 2023/24. During this period the trust has made no changes to its registration status with the CQC.

Conflicts of Interest management

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with referenceto the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance. All decision-making meetings within the Trust have a standing agenda item at the start of the meeting for anyone to make a new declaration.

Membership of the NHS Pension Scheme

As an employer with colleagues 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 into 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.

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the Trust's obligations underequality, diversity and human rights legislation are complied with, which are captured accordingly in policies and procedures. The Workforce and Equality Committee, with the Board, receive oversight and assurance on equality and diversity.

Delivering a Net Zero Health Service

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with, the Finance, Business and Investment Committee, and the Board receive oversight and assurance on sustainability.

Review of the effective use of resources

The Trust's resources are managed within an approved framework set by the Board, which includes Standing Financial Instructions, with an annual review and any subsequent updates reviewed in detail by the Audit Committee.

Financial governance arrangements were supported by internal and external audit to ensure economic, efficient and effective use of resources.

The Senior Leadership Team (SLT), comprising Directors, Deputy Directors and Heads of Professions meets weekly to oversee strategy, business delivery and quality and performance issues. During the year, SLT meetings continued to operate a themed approach with meetings covering the following areas during each calendar month: Business Plan and Performance; Quality, Safety and Governance; People Plan and Innovation; and System and Trust Strategy. Supported by Care Trust Way methodology, the meetings are chaired by lead Directors, with an assurance and escalation route as appropriate to the Board Committees.

Internal Audit and Counter Fraud

Internal Audit undertakes a review and reports on the risk management processes annually, reporting to the Audit Committee. This Committee has a timely reporting process in place to ensure that identified actions from audit reports are progressed to satisfactory conclusion through the implementation of the agreed recommendations. Internal Audit's opinion for 2023/24 (based upon and limited to the work performed) was that significant assurance would be given that there is a generally sound system of internal control, designed to meet the Trust's objectives, and that controls are generally being applied consistently.

In terms of deterrents against fraud, the Trust has a very proactive nominated Local Counter Fraud Specialist provided via Audit Yorkshire, who is fully accredited by the NHS Counter Fraud and Security Management Service. The Audit Committee approved the Annual Counter Fraud Plan and received regular updates on progress of counter fraud work during the year.

Information governance

Any incidents and near misses are reported internally through the web-based incident reporting system and notified immediately to the Data Protection Officer. Incidents are logged on the 'Serious Incidents Requiring Investigation' section of the Data Security and Protection Toolkit and, if appropriate, with the Serious Incident Lead. Incident data is regularly reported to, and monitored by, the Information Governance Group, investigated and lessons learned shared. There were no incidents reported to the Information Commissioner's Office (ICO) and Department of Health and Social Care (DHSC) during 2023/24.

Data quality, governance and data security

We are committed to making sure that the data we use to deliver effective patient care is accurate and used in the same way across the Trust. Improving the quality of the data we use improves patient care.

We currently have three key electronic clinical record systems:

- SystmOne (community services, mental health and learning disability services).
- PCMIS (NHS Talking Therapies).
- R4 (community dental service).

The Trust's Data Quality Policy provides the framework to ensure that high standards of data quality are clearly set, achieved and maintained for clinical and non-clinical information. The key elements of the approach are:

- Establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical records.
- Undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times.
- Setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows.
- Providing tools to monitor data quality and data quality compliance to agreed standards.
- Ensuring managers take ownership of, and seek to improve, the quality of data within their services.
- Wherever possible, assuring data quality at the point of entry, and / or at each interaction with the data to address issues as close as possible to the point of entry.
- Promoting data quality through regular reviews, procedures / user manuals and training.

The Trust's data quality is formally managed through the re-established Data Quality Steering Group in January 2024 and also managed via regular service reviews and local assessments. Any data quality issues identified are recorded and the Business Support / Partners addressed them with the front-line teams to be dealt with at source. Additional system training is also provided wherever identified and escalation mechanisms were also set up through service and operational meetings.

The Trust recognises that our approach to information security requires both a technical and organisational approach and has a highly developed and mature approach to information governance. This includes compliance with staff Information Governance (IG) training and a comprehensive suite of IG-related procedural documents, giving instruction and regulation to our staff.

Statement as to disclosure to auditors

In the case of each of the persons who are Directors at the time the report is approved:

- So far as each Director is aware, there is no relevant audit information of which the Trust's auditor is unaware.
- Each Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the company's auditor is aware of that information.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, clinical audit, managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. Any findings are reported to me, where I will seek assurance to ensure that lessons are learnt, and a plan to address weaknesses is in place, to ensure continuous improvement.

My review is informed in several other ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of the internal audit work. A significant assurance opinion has been given for 2023/24. There were 2 high assurance, 11 significant assurance, 4 limited assurance report and 2 low assurance and 1 'no opinion' reports. The 'no opinion' report was due to alignment to national framework and reporting criteria of the language used and rating system. With all the recommended actions within this report accepted and agreed with senior management.

Executive and Associate Directors who have responsibility for the development and maintenance of the system of internal control, also provide me with assurance. The Trust's BAF provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its strategic intents have been reviewed.

The Trust has established a governance, accountability, assurance and performance framework which sets out the Trust's overarching principles and approach to delivering a quality service. As a learning organisation, regular review of effectiveness takes place. The framework aims to ensure the Trust successfully delivers national standards for governance and performance through clear lines of accountability. The framework describes how the Trust will use information, alongside clear governance and accountability to deliver better performance and make decisions. The review, which has been approved by the Board, supports several actions taking place over the next year to introduce of a tiered performance management process which demonstrates rigour, support, challenge, timely escalation and a consistent approach at all levels of the organisation.

Supporting this workstream, the Trust has developed a Well Led quality assurance framework, which was approved by the Board. The framework will support the Trust to undertake an annual review, supported by the Internal Audit function, which will be commenced during 2023/24.
This work will be complemented by the CQC Well Led reviews, internal effectiveness reviews and governance developments, and the requirement to undertake an external Well Led review every three-years,

The Trust involves stakeholders and partners in identifying and managing risks to its strategic objectives, including:

- Working in partnership to develop system-wide plans with stakeholders across both the Bradford and Craven District (Place), and the wider West Yorkshire System.
- Working in partnership to in the Mental Health Learning Disability and Autism Collaborative Committee in Common.
- Working in partnership to in the Community Collaborative Committee in Common.

- Working with partners in health and social care services in developing and considering business and service change. The Trust has a framework for managing change to services agreed as part of its contracts with its main commissioners. The Trust also has good relationships with Overview and Scrutiny Committees.
- Active relationships with Healthwatch and service user and carer groups, working with these groups on the management of service risks and change.
- Active engagement with Governors on strategic, service, and quality risks and changes including the setting of strategic priorities.

In summary, the Trust has a sound system of internal control in place. The systems of internal control are designed to ensure delivery of the Trust's goals and strategic objectives and to manage and minimise exposure to risks and no significant internal control issues have been identified. I am satisfied that the process for identifying and managing risks is robust and dynamic, I am also satisfied that the Trust is doing all it can to mitigate the risks that have been identified and has in place a sufficient system of internal control to manage the strategic and other organisational risks.

…… Date: 26 June 2024

Therese Patten
Chief Executive

Our Sustainability report

Task force on climate-related financial disclosures (TCFD)

NHS England's NHS Foundation Trust Annual Reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope one, two and three greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

Climate Change risks

BDCFT have assessed high level climate change risks, of which flooding and heat are most significant. The risks are long-term and are not included in the Trust risk register but have been considered within the Board Assurance Framework and climate change is included in the ICS risk register.

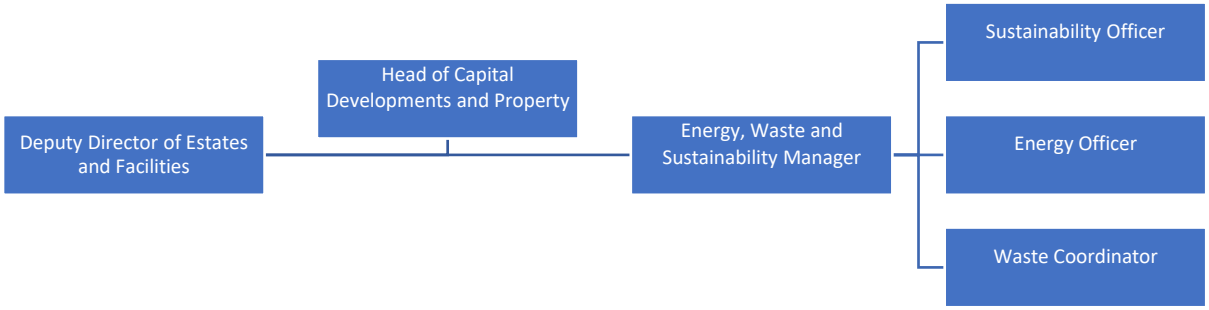
Using the Local Climate Adaptation Tool[1] at local authority level for Bradford and Craven, the following health impacts have been identified and RAG rated. Further analysis in 2024 will help identify the local impacts on our estate, staff, patients and the goods and services we depend on.

Health impact	Bradford and Craven	
Cold related deaths	Decreasing	
Cardiovascular deaths	Increasing	
Cerebrovascular deaths	Increasing	
Cognitive performance and the ability to learn	Decreasing	
Sleep disruption & disorders	Increasing	
Cold related morbidity	Decreasing	
Respiratory deaths	Increasing	

Within our Climate Change Adaptation Plan, the Trust has considered different impacts, our past exposure to them, expectations in the future and how we may adapt to them. The Sustainability team will continue to address Adaptation, discussing actions with Estates, Corporate and Clinical colleagues as needed, and informing senior managers and Board when appropriate.

[1] Local Climate Adaptation Tool (lcat.uk).

Management of climate-related issues
In 2023-24 the Energy, Waste and Sustainability Team (EWS) expanded, adding a new role of Sustainability Officer to support engagement and behaviour change within our Trust. The team continue to offer Carbon Literacy training internally and across the Integrated Care System, as well as promoting sustainability at clinical and corporate team meetings and new starter inductions. The team also includes an Energy Officer and Waste Coordinator, reporting to the Head of Capital, Deputy Director of Estates and Facilities and ultimately, the Chief Finance Officer as Board lead for sustainability.



Work centres on carbon mitigation activities, in particular delivery of the Green Plan (further details below), but the team do consider climate change risks and adaptation requirements.

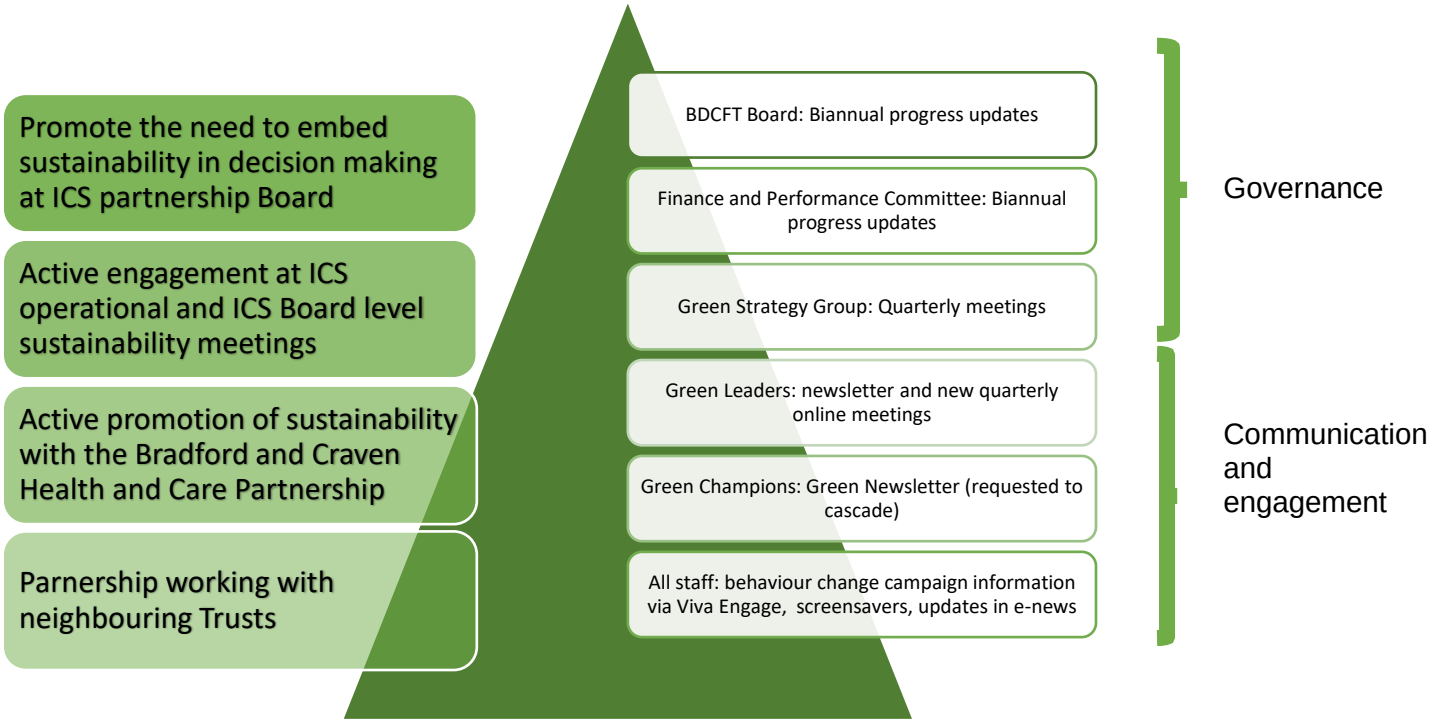
The Energy, Waste and Sustainability Manager takes a lead on addressing climate related issues with the support of the team and individuals within the wider Trust. For example, Estates Maintenance colleagues are integral in addressing heat decarbonisation and energy efficiency, capital colleagues are involved in large scale projects such as installation of solar power generation.

Governance pillar

Board oversight of climate related issues
The Board does receive climate related information for monitoring performance of the Trust, this includes quarterly key performance indicators and key Green Plan progress. Additional and more detailed information is available if required. The Board does not currently consider climate-related issues when reviewing organisational plans or as part of decision making. As further work is undertaken on Climate Change Adaptation, and the Trust develops a greater understanding of capital costs for decarbonisation, the Board will receive information to take into account in future. For example, in 24-25, the team will be reviewing site and demographic vulnerabilities to overheating and flooding (the two main climate risks affecting Bradford and Craven) and if data suggests buildings, staff or patient cohorts will be impacted, this information will be provided to management.

Management's role in assessing and managing climate-related issues
Assessing and managing climate change (mitigation and adaptation) issues are devolved from senior management to the team who work with clinical, corporate, estates and facilities colleagues to address areas of concern. In particular, to meet the requirements from NHS England regarding carbon reduction. Senior management have a number of opportunities within the governance and reporting framework illustrated below to receive sustainability information, with additional ad hoc papers presented to the senior leadership team when necessary or on request.

All Trust senior leaders continue to have oversight and remain informed about climate related issues through several routes; Green Plan progress and important updates are provided to the Green Strategy Group (quarterly), the Finance and Performance Committee and the Board, twice per year. The Trust also completes an annual climate-related financial disclosure questionnaire for internal audit. Quarterly key performance indicators information is provided through these routes and to all staff via the electronic green newsletter. Governance and communications internally, and partnership working regionally, is illustrated below.



Our Green Plan

2021-24 Green Plan

2023-24 was the final year of the Trust's 2021-24 Green Plan. Progress against the targets can be seen below. There are areas where the Trust was too ambitious (based on the size of the team), for example, reviewing the sustainability activity of ten suppliers per annum. However, the national Greener NHS team's activity to promote sustainable procurement and the Evergreen Framework[2] means that whilst the Trust has not achieved this target, we are benefiting from national activity.

Other targets have been a challenge to accurately report, for example biodiversity gain. The Trust planted circa 300 whips (small trees) as hedgerow in March 2024 but have not yet calculated the percentage biodiversity gain. Regarding training, sustainability is included in the Trust induction but there is no mandatory training in this area.

[2] NHS England » Evergreen Sustainable Supplier Assessment

2024-27 Green Plan

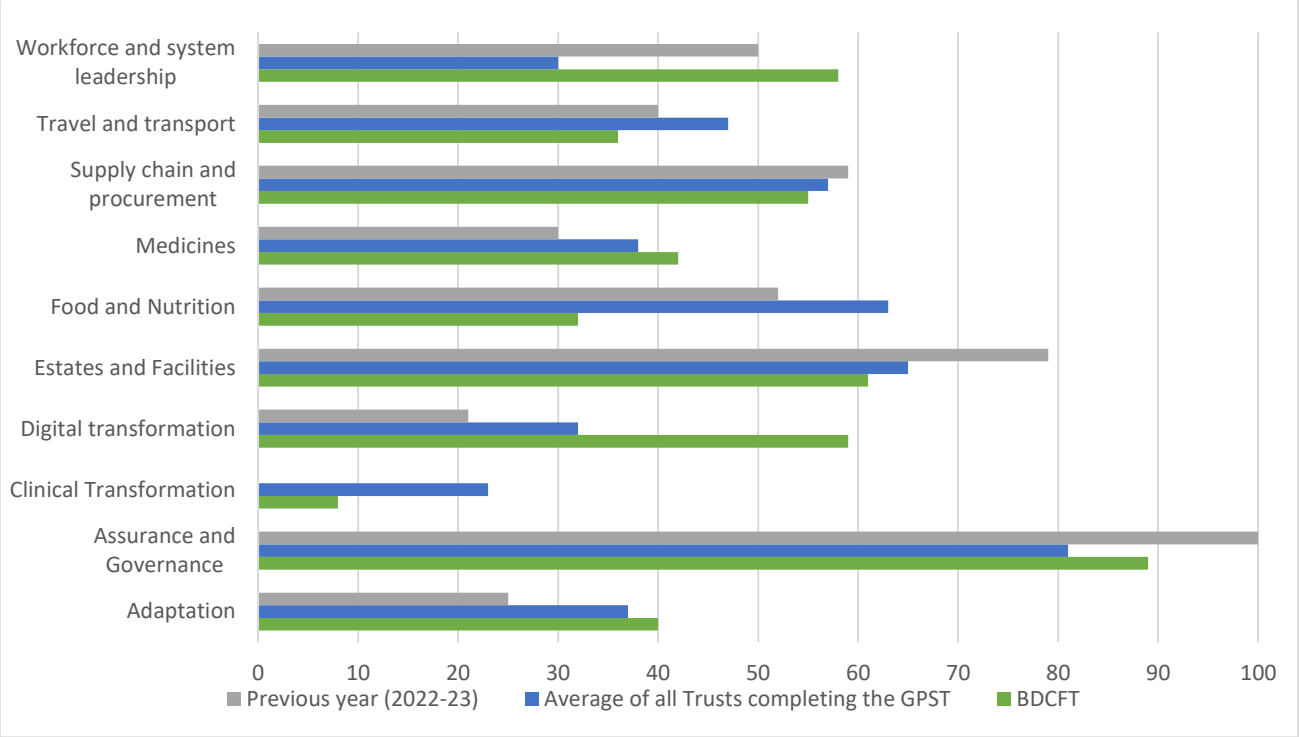
Our second Green Plan for financial years 2024-2 previous Plan, but also changes to better reflect o takes account of the activity elsewhere, e.g. via N recent years. Our ambition remains to be recognised as a leader in sustainability and environmental improvements within the NHS and our local community which will be achieved through five overarching objectives:

1. Embed a Trust-wide approach to sustainability.
2. Consider the environmental impacts of everything we do.
3. Reduce carbon emissions.
4. Reduce consumption and waste.
5. Make a positive impact on our people and communities

The Trust has co-created the targets with clinical and corporate colleagues and has deliberately ensured targets for 2024-27 match priorities elsewhere in the Trust and requirements in the NHS long-term plan. From this, specific, achievable actions for each year of the Plan have and will continue to be developed.

Green Plan Support Tool

For the second year running, our Trust completed the Greener NHS Green Plan Support Tool. In general, the Trust continued to score favorably compared with other pilot organisations. However, there are areas to focus on, specifically clinical transformation, food and nutrition and travel and transport are all areas to improve.



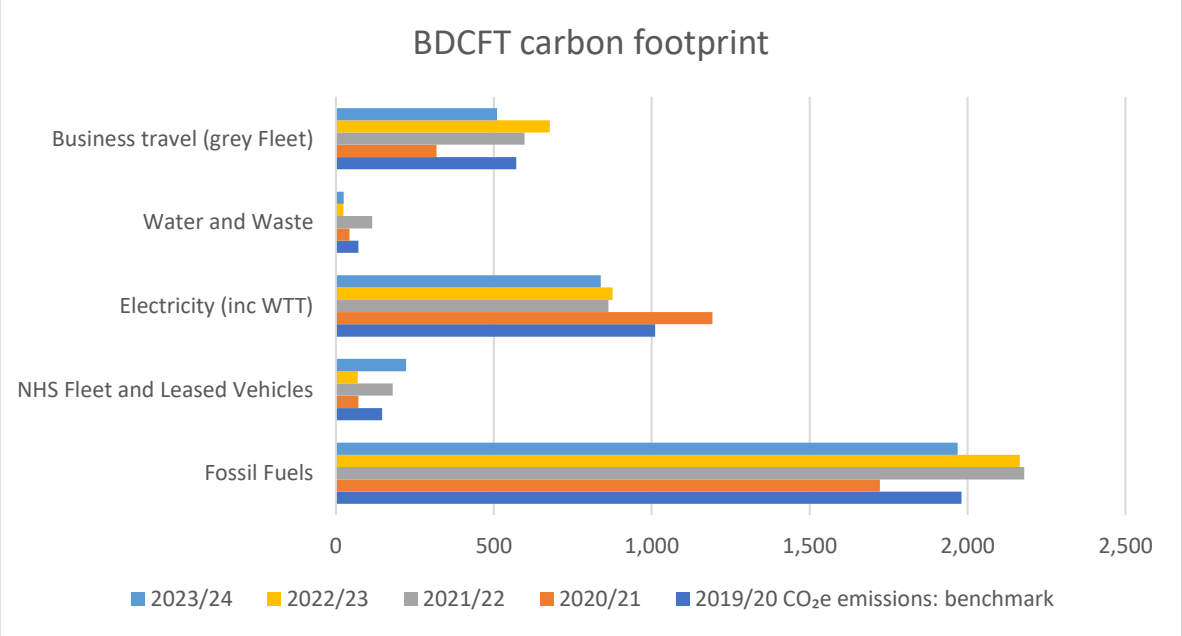
Carbon emissions

Our actual carbon emissions for 2023/24 have increased compared to the previous year at a total of 14,330 tonnes CO2 equivalent (t/CO2e), but they are 19% lower than our baseline year of 2019-20. The emissions that we control, were 3,590 t/CO2e. Our procurement emissions factors calculations take account of inflation and this year use emissions factors from Defra rather than the NHS Sustainable Development Unit[3] to be more in line with Greener NHS methodology.

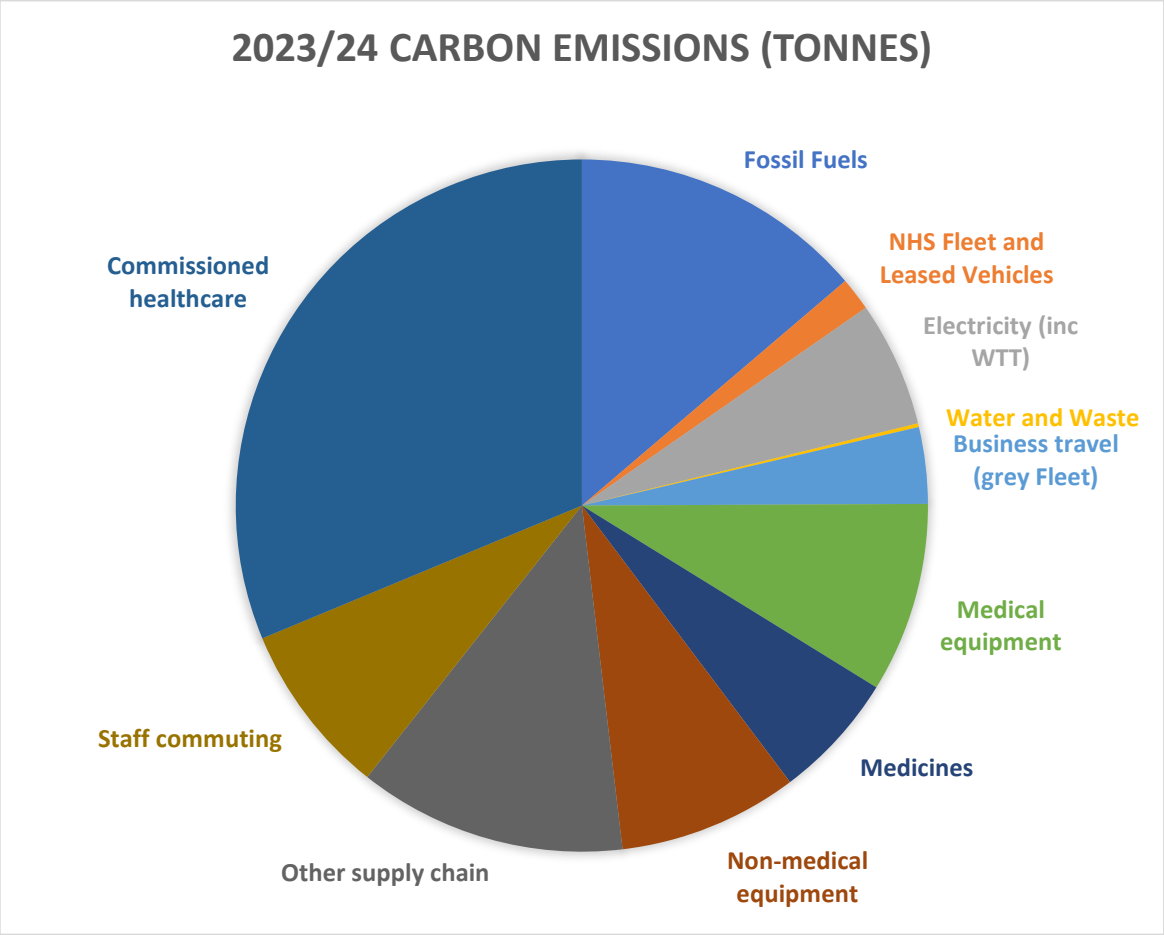
Despite making progress, there are still areas of concern, for example, both fleet and business travel emissions remain high. Gas emissions are also a priority, with a focus on heat decarbonisation in the coming year.

[3] https://www.gov.uk/government/statistics/uks-carbon-footprint

Within our carbon footprint plus, medicines emissions have increased and will be further investigated but emissions associated with purchase of equipment and other supply chain have fallen. This may be the result of lower spend / activity post-pandemic. Clinical and financial priorities such as reducing out of area beds will help to reduce emissions, as commissioned healthcare is a large contributor to our footprint.



BDCFT total carbon emissions are equivalent to every employee flying to New York and back six times!



Heat decarbonisation

Heat decarbonisation is a priority for the Trust. We invested in the Building Management System in 2023-24 however the focus in 2024-25 will be to combine sustainability with heating resilience and backlog maintenance. We aim to create a robust asset management plan and take account of a new six-facet building survey to identify how and when to improve the efficiency of existing systems. We will identify what activity is needed to ensure we have a clear, planned and costed understanding of when and where to remove gas boilers, taking account of patient need and energy resilience. In the interim, our aim is to improve the efficiency of our fossil fuel systems.

Onsite energy generation

Additional solar panels installed at Airedale Centre for Mental Health were commissioned in 2023-24 increasing our potential generating capacity. However, there were lower sunshine hours in 2023-24 compared to the previous year, and therefore output was lower.

At Lynfield Mount Hospital, 45,358kWh (2.8% of site electricity needs) and at Airedale Centre for Mental Health 18,899kWh (5.9% of site electricity) was generated. The Trust is reviewing options to increase solar generation at Lynfield Mount in 2024-25 (Capital funding permitting).

Display Energy Certificate Performance

The Trust has six properties over 1,000m^2 requiring annual Display Energy Certificate (DECs). A performance rating of 100 (grade D) is typical performance compared with other buildings of the same type and use. All six have either a C or D rating. Other buildings which require a DEC (albeit less frequently), are also grade D. As previously, small improvements have been made in performance, but this has not changed the overall rating.

Waste and resources

The Trust continues to promote reuse via Warp-it, an online reuse platform. In 2023-24, the Trust saved over £117,000 and 41 tonnes CO2e by sharing items between teams and donating surplus items to local charities. This is the carbon equivalent of taking 20 cars off the road. In addition, Admin colleagues are supporting reuse by creating a 'uniform bank' to reuse surplus items. This will be expanded and promoted more in 2024-25.

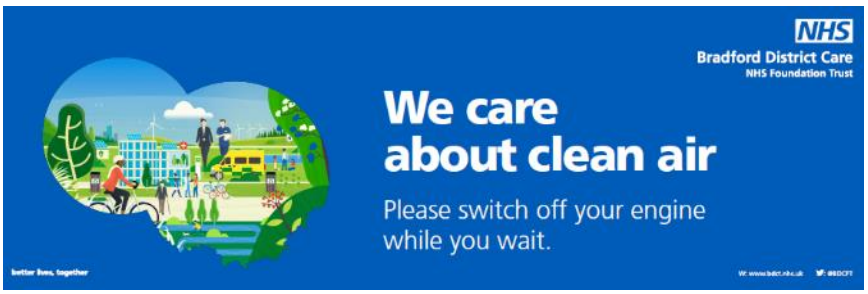
Following a successful trial in Summer 2023, the Trust introduced reusable waste medicine containers. The contents are securely disposed of as normal, but the containers are washed and reused rather than incinerated which reduce single use plastic.

Trust recycling rate is only 29% however this masks significant variation with Lynfield Mount Hospital being only 16%. Overall general waste arisings did reduce in 23/24 but it's believed this is the result of more accurate data collection than behaviour change leading to lower volumes of waste being produced. Work will continue in 24/25 to increase recycling and reduce overall arisings.

Our Trust continues to monitor food waste in the production kitchen and has extended this to wards. 11.8 tonnes of food waste was generated in 23-24 (circa 32kg per day). Inpatient wards contribute 71% of food waste produced. The Food Services and Waste teams will work with wards in 2024-25 to identify opportunities to reduce ward food waste.

Air Quality Monitoring

Since June 2023, the Trust has been monitoring the air quality at two sensors at the Lynfield Mount Hospital, with data suggesting the air quality is 'good' (PM10, PM2.5 and NO_2, air quality is within Defra and World Health Organisation limits). There are pollution spikes, but the predominant cause is vehicles outside of the hospital grounds To help influence change onsite, the Trust will display a 'Clean Air' banner at the hospital in 2024. Further analysis of the data and how this contributes to our Clean Air Hospital Framework action plan activities will continue in 2024-25.



Green therapy

The use of nature-based activity or therapy to improve physical and mental health is well documented. Within our Trust, opportunities to engage with nature are not equitable across the Trust but the opportunity for patients to benefit from a low-carbon model of care as well as biodiversity and other environmental benefits, could be significant. The Trust worked with Natural England to assess the use of green therapy within mental health services. Patient interventions including an innovative approach using virtual reality as well as engagement with occupational therapists and training of doctors demonstrated there is support for expansion of this approach. Work will continue into 2024-25 with a view to cementing knowledge and embedding this within care plans.

Climate Change Adaptation

The Trust has continued to work with neighbouring trust Adaptation Leads to promote the need for action within the Bradford and Craven Health and Care Partnership. Overheating and flooding are the two main climate change issues to address in our area. In 2023, the flood defenses at New Mill were only deployed once, however there were seven flood incidents reported. This is suggesting the risks to our Trust infrastructure is greatest from heavy rainfall rather than river flooding. There were also eight overheating incidents reported. The team will work with Estates compliance, risk management and People Matters to understand the true impact of extreme weather on our patients, colleagues and buildings in the coming years.

The Trust commissioned consultants to review one of our buildings (Horton Park Health Centre) which is particularly susceptible to heat. Recommendations from this work will be actioned in 2024-25. The team will also assess climate change risks and adaptation capability maturity during the year to help the Trust understand adaptation activity priorities.

Partnership working

The team continues to collaborate locally and nationally. The Trust chaired a Green Minds webinar and contributed to the Expert Reference Group of the National Collaborating Centre for Mental Health (NCCMH) and the Royal College of Psychiatrists (RCPsych) to develop a report and educational resources on delivering net zero mental health care.

Future priorities

The Trust focus in the next financial year is planning for heat decarbonisation at the three largest sites, promoting and embedding the concept of sustainable models of care with clinical teams and increasing electric vehicle charging infrastructure.

Annual Accounts – summary of financial statements

Foreword to the accounts for Bradford District Care NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by Bradford District Care NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

…… Date: 26 June 2024

Therese Patten
Chief Executive

Statement of Comprehensive Income

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	3	202,153	198,098
Other operating income	4	13,942	12,556
Operating expenses	5, 7	(215,478)	(210,476)
Operating surplus/(deficit) from continuing operations		**617**	**178**
Finance income	9	1,533	714
Finance expenses	9	(160)	(170)
PDC dividends payable		(775)	(680)
Net finance costs		**598**	**(136)**
Surplus for the year before impairment accounted for through statement of comprehensive income		**1,215**	**42**
Impairments charged to statement of comprehensive income		(1,812)	395
Surplus / (deficit) for the year		**(597)**	**437**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(667)	(876)
Revaluations	13	98	344
Total comprehensive income / (expense) for the period		**(1,166)**	**(95)**

The accompanying notes form part of these financial statements

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	10	-	115
Property, plant and equipment	11	49,116	46,756
Right of use assets	14	10,569	11,626
Receivables	16	43	55
Total non-current assets		**59,728**	**58,552**
Current assets			
Inventories	15	88	81
Receivables	16	7,745	11,434
Cash and cash equivalents	18	21,158	30,007
Total current assets		**28,991**	**41,522**
Current liabilities			
Trade and other payables	19	(20,081)	(29,172)
Borrowings	20	(3,693)	(3,074)
Provisions	21	(629)	(1,232)
Total current liabilities		**(24,403)**	**(33,478)**
Total assets less current liabilities		**64,316**	**66,596**
Non-current liabilities			
Borrowings	20	(7,461)	(9,450)
Provisions	21	(542)	(565)
Total non-current liabilities		**(8,003)**	**(10,015)**
Total assets employed		**56,313**	**56,580**
Financed by			
Public dividend capital		38,273	37,374
Revaluation reserve		6,757	7,326
Other reserves		10,196	10,196
Income and expenditure reserve		1,087	1,684
Total taxpayers' equity		**56,313**	**56,580**

The accompanying notes form part of these financial statements

Name	Therese Patten
Position	Chief Executive Officer
Date	26th June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**37,374**	**7,326**	**10,196**	**1,684**	**56,580**
Surplus/(deficit) for the year	-	-	-	(597)	**(597)**
Impairments	-	(667)	-	-	**(667)**
Revaluations	-	98	-	-	**98**
Public dividend capital received	899	-	-	-	**899**
Taxpayers' and others' equity at 31 March 2024	**38,273**	**6,757**	**10,196**	**1,087**	**56,313**

The accompanying notes form part of these financial statements

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**37,072**	**7,858**	**10,196**	**1,247**	**56,373**
Surplus/(deficit) for the year	-	-	-	437	**437**
Impairments	-	(876)	-	-	**(876)**
Revaluations	-	344	-	-	**344**
Public dividend capital received	302	-	-	-	**302**
Taxpayers' and others' equity at 31 March 2023	**37,374**	**7,326**	**10,196**	**1,684**	**56,580**

The accompanying notes form part of these financial statements

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 predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves
Other reserves of £10.196 million represent the value of assets from the former Bradford Community Health NHS Trust (which dissolved and became Bradford District Care NHS Foundation Trust). The assets were excluded from the initial PDC for the Trust and therefore need to be shown as 'Other reserves'.

Income and expenditure reserve
The balance of this reserve is the accumulated surplus of the Trust.

Statement of Cash Flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(1,195)	573
Non-cash income and expense:			
Depreciation and amortisation	5	6,211	5,704
Net impairments	6	1,812	(395)
(Increase) / decrease in receivables and other assets		3,701	(6,427)
(Increase) / decrease in inventories		(7)	41
Increase / (decrease) in payables and other liabilities		(9,579)	4,339
Increase / (decrease) in provisions		(626)	(389)
Net cash flows from / (used in) operating activities		**317**	**3,446**
Cash flows from investing activities			
Interest received		1,533	714
Purchase of PPE and investment property		(7,242)	(5,336)
Net cash flows from / (used in) investing activities		**(5,709)**	**(4,622)**
Cash flows from financing activities			
Public dividend capital received		899	302
Capital element of finance lease rental payments		(3,276)	(2,825)
Capital element of PFI, LIFT and other service concession payments		(367)	(352)
Interest paid on PFI, LIFT and other service concession obligations		(33)	(47)
PDC dividend (paid) / refunded		(680)	(554)
Net cash flows from / (used in) financing activities		**(3,457)**	**(3,476)**
Increase / (decrease) in cash and cash equivalents		**(8,849)**	**(4,652)**
Cash and cash equivalents at 1 April - brought forward		30,007	34,659
Cash and cash equivalents at 31 March	18	**21,158**	**30,007**

The accompanying notes form part of these financial statements

Notes to the Accounts

1 Note 1 Accounting policies and other information

1 Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These 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 property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. After making enquiries, the directors have a reasonable expectation that the services provided by Bradford District Care NHS Foundation Trust will continue to be provided for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

The Trust has delivered the agreed forecast for 2023/24, reporting a surplus of £1.2 million. Through the financial statements and financial performance indicators, the Trust can demonstrate strong financial management and a clear understanding of its underlying financial position. The Trust's liquidity remains very strong with £21.2 million cash balances at the year-end.

After consideration of the funding agreed through 2024/25 commissioning contracts, including investment in Mental Health services and the risk assessment of the efficiency programme the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, these accounts have been prepared on a going concern basis.

Note 1.3 Interests in other entities

The Trust does not hold any interest in other entities, associates, joint ventures or joint operations.

From 2013/14 NHS Trusts were required to consolidate the results of Charitable Funds over which they considered they had the power to exercise control in accordance with International Accounting Standards (IAS) 27 requirements. The Trust is not required to consolidate as the value of the Bradford District Care Foundation Trust Charitable Fund is not material.
The Trust is the Corporate Trustee of the Charity and is governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 1993, as amended by the Charities Act 2011. The Trust Board of Directors has devolved responsibility for the ongoing management of the funds to the Charitable Funds Committee, which administers the funds on behalf of the Corporate Trustees.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).
Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.
The timing of the satisfaction of performance obligations relates to the typical timing of payment (i.e. credit terms). Due to the nature of the Trust's block contract arrangement with commissioners, there is no impact to revenue recognition under IFRS 15.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is in the form of block contract arrangements. The Trust also receives additional income outside of the block payments to reimburse specific costs incurred to support the delivery of services.
The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) scheme. Delivery under these schemes is part of how care is provided to patients. As such CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2023/24 payment for these schemes are included in fixed payments from commissioners based on assumed achievement of criteria.
Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.
Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably;
• the item has cost of at least £5,000; or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.
Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement
Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front

line services or back office functions) are measured at their current value in existing use.

Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

For non-specialised assets, current value in existing use must be interpreted as market value in existing use which is defined in the Royal Institution of Chartered Surveyors (RICS) Red Book as Existing Use Value (EUV).

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use;
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust’s Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/ grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.9 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury’s *FReM*, are accounted for as ‘on-Statement of Financial Position’ by the Trust. In accordance with HM Treasury’s FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. If adopting the change in the accounting policy, the change in measurement basis is applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

The Trust has one PFI scheme that is included on the Statement of Financial Position relating to the Horton Park Centre. The Horton Park lease has been in operation since 2000/01 and was for a period of 25 years, to end in June 2025. The lease includes a unitary payment for the provision of building maintenance, facilities management, services and insurance. The building does not transfer to the Trust at the end of the contract term.

The property is treated as an asset of the Trust and has been subject to revaluations and depreciation in accordance with Trust policies. Horton Park is accounted for under the IFRIC12 arrangements, and initially fell into the IFRS 16 measurement principles to PFI liabilities.

As the Trusts PFI scheme is nearing the end of the contract and the liability is not material, the application of IFRS 16 measurement principles to PFI liabilities has not been adopted. For those NHS organisations who chose this route, there is still a requirement to continue to report under the existing IFRIC 12 arrangements, ensuring the accounts still reflect the remaining liability.

Note 24 of the annual accounts reflects the position for Horton Park, in relation to the unitary payment, liability and future obligations.

Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Buildings, excluding dwellings	5	49
Plant & machinery	5	20
Transport equipment	7	10
Information technology	2	5
Furniture & fittings	1	7

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets
Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Software
Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.
Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Information technology	5	5
Software licences	2	2

Note 1.11 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation of the fair value due to the low levels and turnover of stocks.
The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. Cash balances are recorded at current values.

Cash balances exclude monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest.
This has been excluded from the cash and cash equivalents figure reported in the accounts. Note 18.1 provides additional detail.

Note 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.
Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.
Financial assets and liabilities are classified as subsequently measured at amortised cost, through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases
A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Initial application of IFRS 16 in 2022/23
IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases and IFRIC 4, determining whether an arrangement contains a lease and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provision of IFRS 16 was only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts have been assessed as not to contain a lease, these assessments have not been revisited.

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset has been created equal to the lease liability, adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.
The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% is applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirement to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases
Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources 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 rates effective from 31 March 2024.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 21.1 but is not recognised in the Trust's accounts.
The 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 NHS Resolution 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.

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 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.

Note 1.17 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 predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax
Most of the activities of the Trust are outside the scope of 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.

Note 1.19 Corporation tax
The Trust is not within the scope of Corporation Tax.

Note 1.20 Climate change levy
The Trust has not incurred expenditure on the climate change levy in 2023/24.

Note 1.21 Foreign exchange
The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date monetary items are translated at the spot exchange rate on 31 March.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Note 1.22 Third party assets
Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.23 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted
The following table presents a list of recently issued IFRS Standards and amendments that have not yet been adopted within the FReM, and are therefore not applicable to DHSC group accounts in 2023/24.

Standards issued or amended but not yet adopted in FReM	
IFRS 14 Regulatory Deferral Accounts	Not EU-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2023. Standard is not yet adopted by the FReM which is expected to be from April 2025: early adoption is not permitted.
IFRS 18 Presentation and Discloure in Financial Statements	Issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FREM and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

Note 1.27 Sources of estimation uncertainty
In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. These estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates as the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised.

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:
The asset valuation exercise was carried out in March 2024 with a valuation date of 31 March 2024. The valuation has been prepared in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation – Global Standards, which incorporate the International Valuation Standards ("IVS") and the RICS UK National Supplement (the "RICS Red Book"), edition current at the Valuation Date. It follows that the valuation is compliant with IVS.

Significant inflationary pressures have impacted the UK economy over the last two years and led the Bank of England to raise interest rates for a number of consecutive months, although rates have been held since August 2023. The most recent inflation figures indicate that inflation has levelled at around 4% CPI but remains well above the Bank's 2% target. The market is suggesting that interest rates have now reached their peak, with expectations that we could see rates reducing towards the middle of 2024. In recognition of the potential for market conditions to move rapidly in response to wider political and economic changes, we highlight the importance of the Valuation Date as it is important to understand the market context under which the valuation opinion was prepared.

Note 2 Operating Segments
Under IFRS 8, the Trust is required to disclose financial information across significant Operating Segments, which reflect the way management runs the organisation.

A significant Segment is one which:-
- Represents 10% or more of the income or expenditure of the entity; or
- Has a surplus or deficit which is 10% or more of the greater, in absolute amount, of the combined surplus of all Segments reporting a surplus, or the combined deficit of all Segments reporting a deficit; or
- Has assets of 10% or more of the combined assets of all Operating Segments.

In respect of the Trust's activities, there are no significant operations generating turnover greater than 10%, or having assets of 10% or more of the total assets. The Trust therefore considers itself to operate with one segment, being the provision of healthcare services.

The Board of Directors primarily considers financial matters at a Trust wide level.

Note 3 Operating income from patient care activities
All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

Note 3.1 Income from patient care activities (by nature)	**2023/24**		**2022/23**
	£000		**£000**
Mental health services			
Income from commissioners under API contracts[1]	118,575		110,744
Services delivered under a mental health collaborative	8,045		6,489
Other clinical income from mandatory services	3,114		2,392
Community services			
Income from commissioners under API contracts[1]	46,967		49,134
Income from other sources (e.g. local authorities) [2]	18,868		16,946
All services			
National pay award central funding [3]	43		6,293
Additional pension contribution central funding [4]	6,541		6,100

Total income from activities	**202,153**		**198,098**

[1] Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners.

The main source of movement for API contracts relates to:
- Annual net tariff uplift of £6.3m for 2023/24, of which £5.6m relates to funding of the consolidated pay inflation;
- Income deferred from 2022/23 to 2023/24 of (£1.45m);
- National funding to support COVID costs in 2022/23 of (£3.6m) which was non recurrent;
- Additional investment which has been made in line with the Mental Health Investment Standard of £5.3m; and
- Other developments of £1.3m from our main commissioner WY ICB.

[2] The movement on Income from other sources of £1.9m is mainly due to:-
- Wakefield Public Health 0-19 services were de-commissioned from 1st October 2022, reducing income by (£3.8m) for the full year effect of the de-commissioned contract;
- Change in commissioning arrangement from NHS England to West Yorkshire Integrated Care Board (WY ICB) for Community Dental services - this has been reclassified as Income from all other sources £5.2m; and
- Pay award inflation from Bradford Metropolitan District Council (BMDC) of £0.6m.

[3] Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.
[4] The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)			
	2023/24		**2022/23**
Income from patient care activities received from:	**£000**		**£000**
NHS England [1, 5]	7,616		19,208
Clinical commissioning groups [2]	-		39,765
Integrated care boards [2]	169,331		113,571
Other NHS providers [3]	9,805		7,959
Local authorities [4]	13,340		16,492
Non-NHS: overseas patients (chargeable to patient)	44		17
Non NHS: other [5]	2,017		1,086
Total income from activities	**202,153**		**198,098**
Of which:			
Related to continuing operations	202,153		198,098

[1] Commissioning responsibilities for NHS dental care transferred from NHS England to Integrated care boards on 1st April 2023 (£5.2m). In 2022/23 NHS England also provided funding for the consolidated pay award which was non recurrent (£6.3m).
[2] Clinical commissioning groups (CCGs) ceased to exist as statutory organisations in July 2022. The commissioning responsibilities of the former CCGs have transferred to Integrated care boards (ICB). The main increases in ICB income relate to net inflation uplift of £6.3m, Covid funding reduction of (£3.6m), other investments of £1.3m, deferred income in 2022/23 of (£1.45m), Mental Health Investment Standard of £5.3m and Community Dental services of £5.2m.
[3] Other NHS providers includes West Yorkshire Provider Collaborative arrangements. Additional investment has been secured of £1.8m for low secure services in 2023/24.
[4] Local authority income in 2022/23 includes the provision of Wakefield 0-19 services (£3.8m), which were de-commissioned from 1st October 2022. This is offset by additional pay award funding of £0.6m from BMDC.
[5] Non NHS other income has increased reflective of the transfer of commissioning arrangements from NHS England to Locala CIC for Vaccinations and Immunisation services from 1st September 2023 of £0.7m.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)			
	2023/24	**2022/23**	
	£000	**£000**	
Income recognised this year	44	17	
Cash payments received in-year	45	4	

Note 4 Other operating income	**2023/24**				**2022/23**		
	Contract income	**Non-contract income**	**Total**		**Contract income**	**Non-contract income**	**Total**
	£000	**£000**	**£000**		**£000**	**£000**	**£000**
Research and development	1,052	-	**1,052**		1,076	-	**1,076**
Education and training	5,260	550	**5,810**		4,755	479	**5,234**
Non-patient care services to other bodies	5,378	-	**5,378**		4,123	-	**4,123**
Reimbursement and top up funding	-	-	**-**		533	-	**533**
Charitable and other contributions to expenditure [1]	-	309	**309**		-	230	**230**
Other income	1,393	-	**1,393**		1,360	-	**1,360**
Total other operating income	**13,083**	**859**	**13,942**		**11,847**	**709**	**12,556**
Of which:							
Related to continuing operations			13,942				12,556

[1] £309k relates to a non-cash gain in income for centrally procured consumables, including personal protective equipment (PPE). PPE and consumable items received by Trusts are considered a transfer of resources akin to a 'government grant relating to income' in IAS 20. After recognising the items in inventory, the Trust records a charge to operating expenditure when items are utilised. For centrally-procured inventory items as part of the pandemic

response, the charge to national revenue budgets will be recognised by the Department upon purchase.

Note 4.1 Profits and losses on disposal of property, plant and equipment

The Trust had no asset disposals during 2023/24.

Note 5 Operating expenses			
	2023/24		**2022/23**
	£000		**£000**
Purchase of healthcare from NHS and DHSC bodies	2,948		2,789
Purchase of healthcare from non-NHS and non-DHSC bodies [1]	12,717		8,428
Staff and executive directors costs [2]	167,440		168,433
Research and development - staff costs [2]	585		638
Redundancy [2]	4		167
Remuneration of non-executive directors	141		142
Supplies and services - clinical (excluding drugs costs)	5,820		5,649
Supplies and services - general [3]	1,766		1,441
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,308		1,828
Consultancy costs	379		858
Establishment	3,232		3,723
Premises [4]	7,044		4,823
Transport (including patient travel)	762		623
Depreciation on property, plant and equipment	6,096		5,448
Amortisation on intangible assets	115		256
Net impairments	1,812		(395)
Movement in credit loss allowance: all other receivables and investments	19		4
Change in provisions discount rate(s)	(8)		(173)
Fees payable to the external auditor			
audit services- statutory audit	178		118
Internal audit costs	113		104
Clinical negligence	636		456
Legal fees [5]	55		388
Insurance	198		240
Research and development - non-staff	636		627
Education and training	2,450		2,390
Expenditure on short term leases	2		30
Variable lease payments not included in the liability	6		38
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	518		406
Hospitality	1		-
Losses, ex gratia & special payments	34		220
Other	283		382
Total	**217,290**		**210,081**
Of which:			
Related to continuing operations	217,290		210,081

[1] The demand for mental health inpatient services increased during 2023/24, resulting in additional costs incurred for out of area placements of £5m.
[2] Total Staff costs amount to £168.03m an explanation of headline changes is provided at Note 7 Employee benefits.
[3] Supplies and services costs have increased due to higher inflationary costs in 2023/24.
[4] Premises costs have increased in 2023/24 due to the price increase in utility costs of £1.02m and the increased costs of maintaining the Trusts ageing estate of £0.5m.
[5] Legal fees have decreased reflective of legal service now being provided in house and the reversal of a provision relating to a local legal case, that was no longer required.

Note 5.1 Other auditor remuneration
There is no other auditor remuneration paid to auditors during 2023/24.

Note 5.2 Limitation on auditor's liability
The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 6 Impairment of assets

	2023/24		**2022/23**		
	£000		**£000**		
Net impairments charged to operating surplus / deficit resulting from:					
Changes in market price	1,812		(395)		
Total net impairments charged to operating surplus / deficit	**1,812**		**(395)**		
Impairments charged to the revaluation reserve	667		876		
Total net impairments	**2,479**		**481**		

Accounting policy 1.8 provides reference to the accounting treatment of impairment to assets within the financial statements. The table below illustrates the key impacts on asset values arising from impairments following the 2023/24 revaluation exercise and revised approach as described above.

Property, Plant & Equipment	**Impairments**		**Reversal of Previous Impairments**		**Total**
Buildings excluding dwellings:	**£000**		**£000**		**£000**
Airedale Centre for Mental Health	391		-		**391**
Lynfield Mount Hospital - Whole site	1,094		(206)		**888**
New Mill, Saltaire	572		-		**572**
Others	56		(38)		**18**
Land					
Airedale Centre for Mental Health	100		-		**100**
Lynfield Mount Hospital - Whole site	400		-		**400**
Others	110		-		**110**
Total	**2,723**		**(244)**		**2,479**

Note 7 Employee benefits			
	2023/24		**2022/23**
	Total		**Total**
	£000		**£000**
Salaries and wages	122,868		122,782
Social security costs	13,369		13,018
Apprenticeship levy [1]	634		596
Employer's contributions to NHS pensions	21,474		20,088
Temporary staff (including agency) [2]	10,314		13,608
Total staff costs	**168,659**		**170,092**
Costs capitalised as part of assets	630		854
Total staffing costs in Operating Expenditure - note 5	**168,029**		**169,238**

The Trust salaries and wages costs include £731k relating to permanent staff who are on secondment to other external organisations (£548k in 2022/23).

[1] The Apprenticeship Levy scheme was introduced by the UK Government on 6 April 2017 and requires all employers operating in the UK with an annual pay bill of more than £3 million to invest in apprenticeships via the Levy. The levy represents 0.5% of the Trust's total pay bill.

[2] Temporary staff costs have reduced aligned to targeted recruitment activity particularly for unqualified nurses.

Note 7.1 Retirements due to ill-health

During 2023/24 there were 11 early retirements from the trust agreed on the grounds of ill-health (7 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £982k (£425k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8
Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.
The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.
The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Auto-enrolment / National Employment Savings Trust (NEST) Pension Scheme
From July 2013, the Trust offers an alternative pension scheme to all employees who are not eligible to be members of the NHS pension scheme. This includes employees who are members of the NHS pension scheme through another role outside of the Trust and those that are not eligible to join the NHS pension scheme.

The auto-enrolment was carried out in July 2016. Every three years all eligible employees are auto-enrolled in either the NHS or alternative pension scheme. The auto-enrolment exercise was carried out in July 2019 and in July 2022, following this process, all employees who meet the criteria for the alternative pension scheme are enrolled each month on a continuous basis, unless they specifically opt out. The next auto enrolment takes place in July 2025.
The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined rate of 8% (with a minimum 3% being contributed by the Trust).
In the period to 31 March 2024, the Trust made contributions totalling £45,154 into the NEST fund (£81,139 in 2022/23).

Note 9 Finance income			
Finance income represents interest received on assets and investments in the period.			
	2023/24		**2022/23**
	£000		**£000**

Interest on bank accounts	1,533		714
Total finance income	**1,533**		**714**
Note 9.1 Finance expenditure			
Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.			
	2023/24		**2022/23**
	£000		**£000**
Interest expense:			
Interest on lease obligations [1]	127		123
Finance costs on PFI, LIFT and other service concession arrangements:			
Main finance costs	33		47
Total interest expense	**160**		**170**
[1] Interest on the lease obligation, relates to those leases now accounted for under IFRS16. Adapted and interpreted for the public sector by HM Treasury and has been applied to these financial statements with an initial application date of 1 April 2022.			
Note 9.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015			
The Trust incurred no interest or other payments relating to the late payment of commercial debts.			
Note 9.3 Other gains / (losses)			
There were no disposal of assets in 2023/24.			

Note 10 Intangible assets - 2023/24			
	Software licences	**Internally generated information technology**	**Total**
	£000	**£000**	**£000**
Valuation / gross cost at 1 April 2023 - brought forward	**208**	**769**	**977**
Valuation / gross cost at 31 March 2024	**208**	**769**	**977**
Amortisation at 1 April 2023 - brought forward	**208**	**654**	**862**
Provided during the year	-	115	**115**
Amortisation at 31 March 2024	**208**	**769**	**977**
Net book value at 31 March 2024	**-**	**-**	**-**
Net book value at 1 April 2023	**-**	**115**	**115**

Note 10.1 Intangible assets - 2022/23			
	Software licences	**Internally generated information technology**	**Total**
	£000	**£000**	**£000**
Valuation / gross cost at 1 April 2022 - as previously stated	**208**	**769**	**977**
Valuation / gross cost at 31 March 2023	**208**	**769**	**977**
Amortisation at 1 April 2022 - as previously stated	**104**	**502**	**606**
Provided during the year	104	152	**256**
Amortisation at 31 March 2023	**208**	**654**	**862**
Net book value at 31 March 2023	**-**	**115**	**115**
Net book value at 1 April 2022	**104**	**267**	**371**

Note 11 Property, plant and equipment - 2023/24								
	Land	**Buildings excluding dwellings**	**Assets under construction**	**Plant & machinery**	**Transport equipment**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Valuation/gross cost at 1 April 2023 - brought forward	**5,646**	**35,473**	**-**	**2,561**	**350**	**22,291**	**1,739**	**68,060**
Additions	-	2,345	2,323	129	-	2,730	107	**7,634**
Impairments	(610)	(2,113)	-	-	-	-	-	**(2,723)**
Reversals of impairments	-	244	-	-	-	-	-	**244**
Revaluations	5	(1,062)	-	-	-	-	-	**(1,057)**
Valuation/gross cost at 31 March 2024	**5,041**	**34,887**	**2,323**	**2,690**	**350**	**25,021**	**1,846**	**72,158**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**-**	**-**	**1,565**	**289**	**17,794**	**1,656**	**21,304**
Provided during the year	-	1,155	-	201	6	1,485	46	**2,893**
Revaluations	-	(1,155)	-	-	-	-	-	**(1,155)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**1,766**	**295**	**19,279**	**1,702**	**23,042**

Net book value at 31 March 2024	**5,041**	**34,887**	**2,323**	**924**	**55**	**5,742**	**144**	**49,116**
Net book value at 1 April 2023	**5,646**	**35,473**	**-**	**996**	**61**	**4,497**	**83**	**46,756**
Note 11.1 Property, plant and equipment - 2022/23								
	Land	**Buildings excluding dwellings**	**Assets under construction**	**Plant & machinery**	**Transport equipment**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Valuation / gross cost at 1 April 2022 - as previously stated	**6,394**	**32,947**	**-**	**2,351**	**289**	**20,142**	**1,739**	**63,862**
Additions	-	2,944	-	210	61	2,149	-	**5,364**
Impairments	(748)	(674)	-	-	-	-	-	**(1,422)**
Reversals of impairments	-	941	-	-	-	-	-	**941**
Revaluations	-	(685)	-	-	-	-	-	**(685)**
Valuation/gross cost at 31 March 2023	**5,646**	**35,473**	**-**	**2,561**	**350**	**22,291**	**1,739**	**68,060**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**-**	**-**	**1,386**	**289**	**16,507**	**1,459**	**19,641**
Provided during the year	-	1,029	-	179	-	1,287	197	**2,692**
Revaluations	-	(1,029)	-	-	-	-	-	**(1,029)**

Accumulated depreciation at 31 March 2023	**-**	**-**	**-**	**1,565**	**289**	**17,794**	**1,656**	**21,304**
Net book value at 31 March 2023	**5,646**	**35,473**	**-**	**996**	**61**	**4,497**	**83**	**46,756**
Net book value at 1 April 2022	**6,394**	**32,947**	**-**	**965**	**-**	**3,635**	**280**	**44,221**

Note 11.2 Property, plant and equipment financing - 31 March 2024								
	Land	**Buildings excluding dwellings**	**Assets under construction**	**Plant & machinery**	**Transport equipment**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Owned - purchased	4,291	34,594	2,323	924	55	5,742	144	**48,073**
On-SoFP PFI contracts and other service concession arrangements	750	293	-	-	-	-	-	**1,043**
Total net book value at 31 March 2024	**5,041**	**34,887**	**2,323**	**924**	**55**	**5,742**	**144**	**49,116**
Note 11.3 Property, plant and equipment financing - 31 March 2023								
	Land	**Buildings excluding dwellings**	**Assets under construction**	**Plant & machinery**	**Transport equipment**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Owned - purchased	4,821	35,018	-	996	61	4,497	83	**45,476**
On-SoFP PFI contracts and other service concession arrangements	825	455	-	-	-	-	-	**1,280**
Total net book value at 31 March 2023	**5,646**	**35,473**	**-**	**996**	**61**	**4,497**	**83**	**46,756**

Note 12 Donations of property, plant and equipment

The Trust has not received any donated property, plant or equipment during the year.

Note 13 Revaluations of property, plant and equipment

All land and buildings were revalued for the first time on a Modern Equivalent Asset basis in 2009/10; using valuations provided by the District Valuer.

In 2016/17 the Trust moved to an alternative asset valuation method, informed by an external property advisors and valuers, Cushman & Wakefield. This involved a review of all land and buildings (at component level) in the Trusts portfolio, including the remaining economic life of each asset. The revaluation exercise is performed annually.
Cushman & Wakefield have sufficient current knowledge of the relevant markets, and have the skills and understanding to undertake the valuation competently. As partners, Cushman & Wakefield has overall responsibility for the valuation. They are in a position to provide an objective and unbiased valuation and are competent to undertake the valuation and have undertaken the valuation acting as an External Valuer, as defined in the RICS Red Book.
Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. HM Treasury agreed that NHS Trusts must apply the new valuation requirements by 1 April 2010 at the latest. The Trust first applied these requirements during 2009/10, using valuations provided by the District Valuer.
The asset revaluation exercise conducted during 2023/24 provided asset valuations effective as at 31st March 2024. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate decrease of £2.382m; of which £0.570m was charged to the Revaluation Reserve, and £1.812m was charged to the Statement of Comprehensive Income.
There is no change to the accounting policy for specialised assets as depreciated replacement cost (DRC) valuations based on modern equivalent assets, and the Trust's application of the policy in the 2023/24 accounts is consistent with that used in 2022/23.

	TOTAL		**Charged to Statement of Comprehensive Income**		**Charged to Revaluation Reserve**
Asset Revaluation Exercise	**March 2024**		**March 2024**		**March 2024**
	£000		**£000**		**£000**
Buildings excluding dwellings:					
Airedale Centre for Mental Health	(388)		(391)		3
Lynfield Mount Hospital - Whole site	(860)		(542)		(318)
New Mill, Saltaire	(572)		(572)		-
Others	43		38		5
Land	-				
Airedale Centre for Mental Health	(100)		-		(100)

Lynfield Mount Hospital - Whole site	(400)		(345)		(55)
Others	(105)		-		(105)
SUBTOTAL (Impairment) / Valuation Increase	**(2,382)**		**(1,812)**		**(570)**
Comprising:					
Impairment charged to I&E	(1,812)				
Impairment to Revaluation Reserve	(570)				
TOTAL (Impairment) / Valuation Increase	**(2,382)**				
Revaluation Reserve					
The Trust's Revaluation Reserve decreased by £570k during 2023/24 as a result of the March 2024 asset revaluation exercise. The movements in the Revaluation Reserve are shown in the table below:					
					£000
Revaluation Reserve 01/04/2023					**7,326**
Asset Revaluation 31/03/2024 - Impairments					(667)
Asset Revaluation 31/03/2024 - Increases					98
Revaluation Reserve 31/03/2024					**6,757**

Note 14 Right of use assets - 2023/24					
Revaluations of right of use assets					
Right of use assets are measured at current value in existing use.					
Note 14.1 Right of use assets - 2023/24					
	Property (land and buildings)	**Transport equipment**	**Total**		**Of which: leased from DHSC group bodies**
	£000	**£000**	**£000**		**£000**
Valuation / gross cost at 1 April 2023 - brought forward	**14,290**	**92**	**14,382**		**12,107**
Additions	232	292	**524**		-
Remeasurements of the lease liability	1,622	-	**1,622**		1,579
Valuation/gross cost at 31 March 2024	**16,144**	**384**	**16,528**		**13,686**
Accumulated depreciation at 1 April 2023 - brought forward	**2,696**	**60**	**2,756**		**2,137**

Provided during the year	3,139	64	**3,203**		2,519
Accumulated depreciation at 31 March 2024	**5,835**	**124**	**5,959**		**4,656**
Net book value at 31 March 2024	**10,309**	**260**	**10,569**		**9,030**
Net book value at 1 April 2023	**11,594**	**32**	**11,626**		**9,970**
Net book value of right of use assets leased from other DHSC group bodies					**9,030**
Note 14.2 Right of use assets - 2022/23					
	Property (land and buildings)	**Transport equipment**	**Total**		**Of which: leased from DHSC group bodies**
	£000	**£000**	**£000**		**£000**
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**		**-**
IFRS 16 implementation - adjustments for existing operating leases / subleases	14,182	92	**14,274**		11,959
Additions	148	-	**148**		148
Disposals / derecognition	(40)	-	**(40)**		-
Valuation/gross cost at 31 March 2023	**14,290**	**92**	**14,382**		**12,107**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	**-**		-
Provided during the year	2,696	60	**2,756**		2,137
Accumulated depreciation at 31 March 2023	**2,696**	**60**	**2,756**		**2,137**
Net book value at 31 March 2023	**11,594**	**32**	**11,626**		**9,970**
Net book value at 1 April 2022	**-**	**-**	**-**		**-**
Net book value of right of use assets leased from other DHSC group bodies					**9,970**

Note 14.3 Reconciliation of the carrying value of lease liabilities							
Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in Note 20.							
					2023/24		**2022/23**
					£000		**£000**
Carrying value at 31 March					**11,680**		**-**
IFRS 16 implementation - adjustments for existing operating leases					-		14,274
Lease additions					524		148
Lease liability remeasurements [1]					1,622		-
Interest charge arising in year					127		123
Early terminations					-		(40)
Lease payments (cash outflows)					(3,276)		(2,825)
Carrying value at 31 March					**10,677**		**11,680**

[1] In accordance with note 1.14 of our accounting policies, The Trust has remeasured the liability for it's IFRS 16 leases, based on increased lease payments and with effect from 1st April 2023. The total increase to lease liabilities was £1.62m. Of this, £1.58m relates to leases with NHS Property Services and Community Health Partnerships. The remaining £0.043m relates to leases with commercial landlords.

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 5. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 14.4 Maturity analysis of future lease payments							
	Total		**Of which leased from DHSC group bodies:**		**Total**		**Of which leased from DHSC group bodies:**
	31 March 2024		**31 March 2024**		**31 March 2023**		**31 March 2023**
	£000		**£000**		**£000**		**£000**
Undiscounted future lease payments payable in:							
- not later than one year;	3,312		2,509		2,707		2,135
- later than one year and not later than five years;	7,365		6,610		8,973		7,881
Total gross future lease payments	**10,677**		**9,119**		**11,680**		**10,016**
Of which:							
Leased from other DHSC group bodies			9,119				10,016

Note 15 Inventories			
	31 March 2024		**31 March 2023**
	£000		**£000**
Drugs	78		71
Energy	10		10
Total inventories	**88**		**81**

Inventories recognised in expenses for the year were £309k (2022/23: £271k). Write-down of inventories recognised as expenses for the year.

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £309k of items purchased by DHSC (2022/23: £230k).
These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 16 Receivables			
	31 March 2024		**31 March 2023**
	£000		**£000**
Current			
Contract receivables [1]	5,250		9,517
Allowance for other impaired receivables	(116)		(97)
Prepayments (non-PFI) [2]	2,016		1,074
VAT receivable	480		833
Other receivables	115		107
Total current receivables	**7,745**		**11,434**
Non-current			
Other receivables	43		55
Total non-current receivables	**43**		**55**
Of which receivable from NHS and DHSC group bodies:			
Current	3,246		8,406
Non-current	43		55

[1] Contract receivables in 2022/23 include the nationally calculated funding relating to the non-consolidated pay offer for 2022/23 made by the Government in March 2023 of £6.3m. Payment was received from NHS England in June 2024.
[2] The increase in prepayments, mainly relates to the processing of the 2024/25 contract invoices within Estates and Digital services. These invoices were processed for payment in March 2024 and relate to the 2024/25 financial year.

Note 16.1 Allowances for credit losses					
	2023/24		**2022/23**		
	All other receivables		**All other receivables**		
	£000		**£000**		
Allowances as at 1 April - brought forward	**4**		**93**		
New allowances arising	12		-		
Changes in existing allowances	7		4		
Allowances as at 31 Mar 2024	**19**		**4**		
Note 16.2 Exposure to credit risk					
The Trust receives the majority of it's income from Integrated Care Boards (ICBs), Local Authority, NHS England and statutory bodies and therefore the credit risk is negligible.					
Note 17 Non-current assets held for sale and assets in disposal groups					
There were no disposal of non-current assets during 2023/24.					

Note 18 Cash and cash equivalents movements			
Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.			
	2023/24		**2022/23**
	£000		**£000**
At 1 April	**30,007**		**34,659**
Net change in year	(8,849)		(4,652)
At 31 March	**21,158**		**30,007**
Broken down into:			
Cash at commercial banks and in hand	95		146
Cash with the Government Banking Service	21,063		29,861
Total cash and cash equivalents as in SoFP	**21,158**		**30,007**
Total cash and cash equivalents as in SoCF	**21,158**		**30,007**
Note 18.1 Third party assets held by the trust			
Bradford District Care NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.			
	31 March 2024		**31 March 2023**
	£000		**£000**
Bank balances	89		75
Total third party assets	**89**		**75**

Note 19 Trade and other payables						
				31 March 2024		**31 March 2023**
				£000		**£000**
Current						
Trade payables				5,346		5,780
Capital payables				772		380
Accruals [1]				7,137		15,090
Receipts in advance and payments on account [2]				178		1,864
Social security costs				1,669		1,613
Other taxes payable				1,616		1,364
PDC dividend payable				118		23
Pension contributions payable				2,075		1,880
Other payables				1,170		1,178
Total current trade and other payables				**20,081**		**29,172**
Of which payables from NHS and DHSC group bodies:						
Current				1,962		2,178

[1] The main movement in Accruals relates to:
- Agenda for Change non-consolidated pay costs of £6.7m in 2022/23; and
- A reduction in the value of annual leave carried forward in 2023/24 of £1.3m.

[2] Receipts in advance in 2022/23 relate to income received where a performance obligation exists beyond 2022/23 with West Yorkshire ICB of £1.45m.

Note 20 Borrowings			
	31 March 2024		**31 March 2023**
	£000		**£000**
Current			
Lease liabilities	3,312		2,707
Obligations under PFI, LIFT or other service concession contracts	381		367
Total current borrowings	**3,693**		**3,074**
Non-current			
Lease liabilities	7,365		8,973
Obligations under PFI, LIFT or other service concession contracts	96		477
Total non-current borrowings	**7,461**		**9,450**

Note 21.1 Clinical negligence liabilities
At 31 March 2024, £4,485k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2023: £4,960k).

Note 22 Contingent assets and liabilities			
	31 March 2024		**31 March 2023**
	£000		**£000**
Value of contingent liabilities			
NHS Resolution legal claims[1]	(46)		(20)
Total value of contingent liabilities	**(46)**		**(20)**
[1] The £46k NHS Resolution contingent liability shown above is the calculated member liability for third party insurance claims.			

Note 23 Contractual capital commitments			
	31 March 2024		**31 March 2023**
	£000		**£000**
Property, plant and equipment	772		380
Total	**772**		**380**

Note 21 Provisions for liabilities and charges analysis					
	Pensions: injury benefits [1]	**Legal claims [2]**	**Redundancy [3]**	**Other [4]**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**
At 1 April 2023	**556**	**465**	**598**	**178**	**1,797**
Change in the discount rate	(8)	-	-	(9)	**(17)**
Arising during the year	49	33	405	-	**487**
Utilised during the year	(49)	-	(168)	(17)	**(234)**
Reversed unused	-	(430)	(430)	(5)	**(865)**
Unwinding of discount	-	-	-	3	**3**
At 31 March 2024	**548**	**68**	**405**	**150**	**1,171**
Expected timing of cash flows:					
- not later than one year;	49	68	405	107	**629**
- later than one year and not later than five years;	196	-	-	2	**198**
- later than five years.	303	-	-	41	**344**
Total	**548**	**68**	**405**	**150**	**1,171**

[1] Injury Benefits provisions of £548k (previous year £556k) reflect an estimated liability for 4 individuals based on information provided by the NHS Pensions Agency. The discount rate used in the calculation of the above provisions changed during 2023/24, from 1.70% as at March 2023 to 2.45% as at March 2024.

[2] Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by NHS Resolution equivalent to £68k (previous year £61k).

[3] Redundancy provision of £405k relates to the provision associated with fixed term contracts.

[4] Other provisions relate to clinicians who are members of the NHS Pension Scheme and who, as a result of work undertaken in the tax year 2019/20 (only), face a tax charge in respect of growth in their NHS pension benefits above the annual allowance for pensions, and who will be eligible to have this charge paid by the NHS Pension Scheme.

Since implementation of this 2019/20 scheme, NHS bodies have used their own estimate of take up of the scheme together with a discounted 'average value per nomination' provided centrally by NHS England. NHS England now has information on actual take-up (provided by NHSBSA) of the scheme, including financial values, allowing more accurate estimates of provision liabilities to be calculated.

It continues to be the case that NHS providers will have a matching receivable for the provision, and providers should continue to net off the income and expenditure transactions associated with changes in the provision and matching receivable as permitted by IAS 37.
Other provisions also reflects a reimbursement for the recovery of VAT relating to the salary sacrifice lease car scheme. Approval of the special payment has been obtained nationally, the Trust has taken reasonable steps to pass the VAT refund back to staff leavers, with refunds made of £16k during 2023/24 (£229k in 2022/23).

Note 21.1 Clinical negligence liabilities			
At 31 March 2024, £4,485k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2023: £4,960k).			
Note 22 Contingent assets and liabilities			
	31 March 2024		**31 March 2023**
	£000		**£000**
Value of contingent liabilities			
NHS Resolution legal claims[1]	(46)		(20)
Total value of contingent liabilities	**(46)**		**(20)**
[1] The £46k NHS Resolution contingent liability shown above is the calculated member liability for third party insurance claims.			
Note 23 Contractual capital commitments			

	31 March 2024		31 March 2023
	£000		**£000**
Property, plant and equipment	772		380
Total	**772**		**380**

Note 24 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has one remaining PFI scheme that is included on the Statement of Financial Position relating to the Horton Park Centre.

The Horton Park lease has been in operation since 2000/01 and was for a period of 25 years until 2025/26. The lease includes a unitary payment for the provision of building maintenance, facilities management, services and insurance.

The property is treated as an asset of the Trust and has been subject to revaluations and depreciation in accordance with Trust policies. The current net book value for Horton Park Health Centre (land and buildings) is £1,043k. The Trust has the option to purchase Horton Park Centre at the end of the lease.

Note 24.1 On-SoFP PFI, LIFT or other service concession arrangement obligations			
The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:			
	31 March 2024		**31 March 2023**
	£000		**£000**
Gross PFI, LIFT or other service concession liabilities	**499**		**898**
Of which liabilities are due			
- not later than one year;	399		399
- later than one year and not later than five years;	100		499
Finance charges allocated to future periods	(22)		(54)
Net PFI, LIFT or other service concession arrangement obligation	**477**		**844**
- not later than one year;	381		367
- later than one year and not later than five years;	96		477

Note 24.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments			
Total future commitments under these on-SoFP schemes are as follows:			
	31 March 2024		**31 March 2023**
	£000		**£000**

Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,146**		**1,811**
Of which payments are due:			
- not later than one year;	917		805
- later than one year and not later than five years;	229		1,006
Note 24.3 Analysis of amounts payable to service concession operator			
This note provides an analysis of the unitary payments made to the service concession operator:			
	2023/24		**2022/23**
	£000		**£000**
Unitary payment payable to service concession operator	**917**		**805**
Consisting of:			
- Interest charge	33		47
- Repayment of balance sheet obligation	366		352
- Service element and other charges to operating expenditure	518		406
Total amount paid to service concession operator	**917**		**805**

Note 25 Financial instruments

Note 25.1 Financial risk management

IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Trust actively seeks to minimise its financial risks. In line with this policy, the Trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Credit risk

The Trust receives the majority of its income from ICBs, Local Authority, NHS England, and statutory bodies therefore credit risk is negligible.

Surplus cash is generally held in a Government Banking Service (GBS) account. Dependant on interest rates, surplus cash balances may be invested with the National Loans Fund (NLF) as permitted by HM Treasury. The Trust mitigates the risks surrounding treasury management by investing in low risk banks/ government backed investors.

Liquidity risk

The Trust's net operating costs are incurred under purchase contracts with local Integrated Care Boards, NHS England and Local Authority commissioners which are financed from resources voted annually by Parliament.

The Trust receives contract income via block contract arrangements, which is intended to match the income received in year to the activity delivered in that year. The Trust receives cash each month based on annually agreed contract values.

The Trust mainly finances its capital expenditure from internally generated funds of depreciation and cash.

Interest rate risk
With the exception of cash balances, the Trust's financial assets and financial liabilities carry nil or fixed rates of interest. The Trust monitors the risk but does not consider it appropriate to purchase protection against it. The Trust is not exposed to significant liquidity risk.

Price risk
The Trust is not materially exposed to any price risks through contractual arrangements.

Foreign currency risk
The Trust does not hold any foreign currency income, expenditure, assets or liabilities.

Note 25.2 Carrying values of financial assets			
Carrying values of financial assets as at 31 March 2024		**Held at amortised cost**	**Total book value**
		£000	**£000**
Trade and other receivables excluding non financial assets		5,251	**5,251**
Cash and cash equivalents		21,158	**21,158**
Total at 31 March 2024		**26,409**	**26,409**
Carrying values of financial assets as at 31 March 2023		**Held at amortise d cost**	**Total book value**
		£000	**£000**
Trade and other receivables excluding non financial assets		9,526	**9,526**
Cash and cash equivalents		30,007	**30,007**
Total at 31 March 2023		**39,533**	**39,533**
Note 25.3 Carrying values of financial liabilities			
Carrying values of financial liabilities as at 31 March 2024		**Held at amortise d cost**	**Total book value**
		£000	**£000**
Obligations under leases		10,677	**10,677**
Obligations under PFI, LIFT and other service concession contracts		477	**477**

Trade and other payables excluding non financial liabilities		14,425	**14,425**
Total at 31 March 2024		**25,579**	**25,579**
Carrying values of financial liabilities as at 31 March 2023		**Held at amortised cost**	**Total book value**
		£000	**£000**
Obligations under leases		11,680	**11,680**
Obligations under PFI, LIFT and other service concession contracts		844	**844**
Trade and other payables excluding non financial liabilities		22,427	**22,427**
Total at 31 March 2023		**34,951**	**34,951**

Note 25.4 Maturity of financial liabilities			
The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.			
	31 March 2024		**31 March 2023**
	£000		**£000**
In one year or less [1]	18,136		25,533
In more than one year but not more than five years	7,465		9,472
Total	**25,601**		**35,005**
[1] Change in the maturity of financial liabilities in 2023/24 mainly reflects the reduction in accruals in 2023/24. The detail relating to the movement in accruals, is provided in Note 19 of the accounts.			
Note 25.5 Fair values of financial assets and liabilities			
Due to the nature of the Trusts financial assets and liabilities (mainly payables, receivables and cash), book value is considered a reasonable approximation of fair value.			

Note 26 Losses and special payments					
	2023/24			**2022/23**	
	Total number of cases	**Total value of cases**		**Total number of cases**	**Total value of cases**
	Number	**£000**		**Number**	**£000**
Special payments					
Compensation under court order or legally binding arbitration award	5	28		4	25

Ex-gratia payments [1]	25	22		23	424
Total special payments	**30**	**50**		**27**	**449**
Total losses and special payments	**30**	**50**		**27**	**449**

[1] In 2022/23 the value included payments made under Ex-gratia payments includes £229k reimbursement made to staff in relation to recovery of VAT on the salary sacrifice lease car scheme. Approval of the special payment was obtained nationally. The aggregate of all payments made in year was disclosed as a single case. This is a pass through cost for the Trust and has no impact on the financial position. In 2023/24, reimbursements were made to staff of £16k.

Note 27 Gifts

The Trust has received no gifts exceeding £300,000 in 2023/24.

Note 28 Related parties

The Trust is a Foundation Trust, a public interest body authorised by NHS Improvement, the Independent Regulator for NHS Foundation Trusts.

During the year none of the Board members nor members of the key management staff, nor parties related to them, has undertaken any material transactions with the Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. The entities with which there were material transactions are listed below.

The Trust manages charitable funds on behalf of the Bradford District Care Trust Charitable Fund whose accounts are published on the Charity Commission website. An administration charge of £50k in 2023/24 was levied on the charity for services provided by the Trust.

All transactions below are with the Trust's main providers and commissioners and are for the provision of healthcare services, with the exception of NHS Resolution who supplied legal services.

		Receivables 31 March 2024 £000		**Payables 31 March 2024 £000**
NHS West Yorkshire Integrated Care Board (ICB)		1,240		33
NHS England (includes education and training income reported under Health Education England in previous years)		497		-
Airedale NHS Foundation Trust (including AGH Solutions)		52		337
Bradford Teaching Hospitals NHS Foundation Trust		747		1,011
Leeds and York Partnership NHS Foundation Trust		643		199
South West Yorkshire Partnership NHS Foundation Trust		8		-

Bradford City Council		1,094		35
Wakefield City Council		94		-
		4,375		**1,615**
		Income		**Expenditure**
		2023/24		**2023/24**
		£000		**£000**
NHS West Yorkshire Integrated Care Board (ICB)		170,055		64
NHS England (includes education and training income reported under Health Education England in previous years)		6,263		5
Airedale NHS Foundation Trust (including AGH Solutions)		94		1,851
Bradford Teaching Hospitals NHS Foundation Trust		1,061		1,764
Leeds and York Partnership NHS Foundation Trust		1,923		285
South West Yorkshire Partnership NHS Foundation Trust		8,120		223
Bradford City Council		14,843		264
Wakefield City Council		157		-
NHS Resolution		-		735
		202,516		**5,191**

Note 29 Prior period adjustments
There are no prior period adjustments.

Note 30 Events after the reporting date
There are no events that have occurred after the reporting period which have a material impact on these financial statements.

Auditors Statement

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRADFORD DISTRICT CARE NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Bradford District Care NHS Foundation Trust ("the Trust") for the year ended 31 March 2024 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.
Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

• Enquiring of management, the Audit Committee and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.

• Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England.

• Reading Board and Audit Committee minutes.

• Using analytical procedures to identify any unusual or unexpected relationships.

• Reading the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We have identified a fraud risk related to completeness of expenditure recognition and we consider this would be most likely to occur through understating accruals and pushing back expenditure to 2024-25. We performed procedures including:

• Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals debiting accruals at the end of the year, unusual cash combinations and journal entries posted by senior finance staff.

• We inspected a sample of invoices of expenditure, in the period after 31 March 2024, to determine whether expenditure has been recognised in the correct accounting period.

• We performed a year-on-year comparison of accrual categories in the prior year and current year and challenged management where the movement was not in line with our understanding of the entity.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.
Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation
Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report
The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:
• we have not identified material misstatements in the other information; and
• in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement
We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24. We have nothing to report in this respect.

Remuneration and Staff Reports
In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2023/24.

Accounting Officer's responsibilities
As explained more fully in the statement set out on page 101, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS
Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources
Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources
As explained more fully in the statement set out on page 101, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

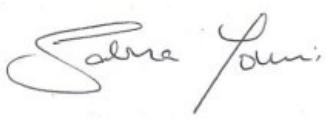
We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters
We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES
This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT
We certify that we have completed the audit of the accounts of Bradford District Care NHS Foundation Trust for the year ended 31 March 2024 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



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Salma Younis
for and on behalf of KPMG LLP
Chartered Accountants
Leeds

27 June 2024

Appendix 1: Information about Board of Directors as at 31 March 2024

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Non-Executive Directors								
Linda Patterson	Nil	Nil	Nil	Nil	Nil	Nil	Independent Governor London Metropolitan University Trustee Royal Society of Medicine Fellow of Royal College of Physicians of Edinburgh and London Registered with General Medical Council	Nil
Maz Ahmed	M&M Property (Stoke) Ltd: Director Advantage Advisory Ltd: Director Director of following subsidiaries of Wm	Nil	Nil	Nil	Nil	NHS Professionals Ltd: Non-Executive Director	Operations Director: Wm Morrison Supermarkets PLC	Nil

	Morrison Supermarkets PLC: • Wm Morrison Produce Ltd • Lowlands Nurseries Ltd • Falfish Limited • Falfish (Holdings) Limited • Farmers Boy Limited • Farmers Boy (Deeside) Limited • International Seafoods Limited • Neerock Limited • Rathbone Kear Limited • Safeway Wholesale Limited Wm Morrison At Source Limited					Bradford District & Craven Finance Committee		
Chris Malish	Bradford College: Vice Principal Finance & Corporate Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Simon Lewis	Nil	Nil	Nil	ASDA Foundation: trustee/non-Executive Director	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities) ASDA	Independent Member of the ACAS Council (i.e. the Advisory, Conciliation and Arbitration Service: a non-departmental public body of the Department for Business, Energy and Industrial Strategy (BEIS)). Board member of the Bar Standards Board (i.e. the regulatory body for	Burley Oaks Primary School: employee

					organisations, including relevant local authorities). This also includes acting on behalf of the General Medical Council.	Foundation: trustee/non-executive director.	barristers and some others in the legal services market). Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc). Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly: I would not sit on cases involving applications from service users at BDCT. Court Examiner. Junior Counsel to the Crown. England and Wales Cricket Board: chair of national safeguarding panel. The Football Association: independent chair of disciplinary/regulatory panels. British Cycling: independent chair of disciplinary/regulatory panels.	

							England Boxing: independent chair/member of disciplinary panel. ACCA (the global accountancy body): independent member of disciplinary/regulatory panels. General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases. Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel University of Bradford – Lay Member of Council Premier League Independent Oversight Panel	
Alyson McGregor	Nil	Nil	Nil	Altogether Better (NHS hosted organisation): Director Health Foundation Common Ambition	Nil	Nil	Nil	Nil

				Programme Advisory Group: Expert Advisor				
Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sally Napper	Nil	Nil	Nil	Nil	Consultancy work within Hospice Sector	Bradford District & Craven Quality Committee	Nil	Nil
Executive and Associate Directors								
Therese Patten	Nil	Nil	Nil	NHS Providers: Trustee		Nil	Nil	North Yorkshire County Council: employee
Kelly Barker	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee Bradford District & Craven Finance Committee	Nil	BDCFT: employee
Bob Champion	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven People Committee West Yorkshire Integrated Care Board, People Board	Nil	Nil
Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee	Place based lead as part of the Place based system as Director of Nursing and Quality distributed leadership team	Langtry Langtons: Employee
Iain MacBeath	Nil	Nil	Nil	Nil	Nil	Bradford District Council	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

David Sims	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee	Nil	Nil
Mike Woodhead	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Finance Committee	Place based lead as part of the Place based system as Director of Finance	Nil

Appendix 2: Information about Council of Governors as at 31 March 2024

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Mufeed Ansari	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Helen Barker	Nil	Nil	Nil	Nil	Cellar Trust	Nil	Nil	Nil
Darren Beever	Awaiting submission							
Dr Sid Brown	Nil	Nil	Nil	Nil	Prosper Research Group: Researcher	Nil	Nil	Nil
Susan Francis	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Michael Frazer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Anne Graham	Nil	Nil	Nil	Nil	Vice Chair of the Bradford Diabetes UK support group	Nil	Nil	Diabetes UK
Katie Massey	Awaiting submission							
Linzi Maybin	Nil	Nil	Nil	Lead and founder of Happy Teeth Outreach	Health Education England: Trainee Dentist Leader	Nil	Nil	Nil

				Lead dentist for VITA				
Hannah Nutting	Nil	Nil	Nil	Nil	Nil	Nil	Research Fellow - Born in Bradford (Bradford Teaching Hospitals NHS Foundation Trust) Involvement Partner – Bradford District Care Trust	Nil
Trevor Ramsay	Nil	Nil	Nil	Nil	Trustee of Vital (User-led Mental Health Advocacy Charity) Member of Disabled People's Action Group-Equality Together		Involvement Partner-Bradford District Care Trust Co-optee of Health & Social Care Overview and Scrutiny Committee	
Anne Scarborough	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Joyce Thackwray	Thackwray Building Contractors: Partner	Nil	Nil		Nil	Nil	Nil	Nil
James Vaughan	Nil	Nil	Nil	Missing Peace Wellbeing and Support – Volunteer Facilitator	Nil	Nil	Volunteer with West Yorkshire Police Work at University of Bradford	Nil
Appointed Governors								
Tina Butler	Nil	Nil	Nil	Relate Bradford & Leeds: Chief Executive	Relate Bradford & Leeds: Chief Executive	Nil	Nil	VTK Investments: Managing Director

					Trustee of Safety First			
Deborah Buxton	Barnado's Assistant Director Children's Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Councillor Andy Brown	Councillor Aire Valley Ward North Yorkshire Council	Nil	Nil	Nil	Nil	Nil	Green Party member and Councillor for the Aire Valley Ward North Yorkshire Council	Nil
Councillor Allison Coates	Councillor Baildon Ward Bradford Metropolitan District Council	Nil	Nil	Nil	Nil	Nil	Conservative member and Councillor for the Baildon Ward Bradford Metropolitan District Council	Nil
Professor Zahir Irani	Bradford University Deputy Vice-Chancellor Director ISEing Ltd Board Member – Pain Association (Scotland)	Nil	Nil	Pain Association (Scotland) – Board Member	Nil	Bradford University - Deputy Vice-Chancellor		Nil
Councillor Sabiya Khan	Councillor Wibsey Ward BMDC	Nil	Nil		Nil		Labour member and Cllr for the Wibsey Ward	Abu Bakr Masjid Trustee Council for Mosques Bereavements Services Director Health4All Trustee

Appendix 3: Feedback on our Annual Report

It is important our Annual Report is easy to read and understand and is available in avariety of versions including other languages and large print. We would value your feedback on this year's report. Please complete the feedback form below and post the page to the address shown below. Alternatively, you may email your comments to corporate.governance@bdct.nhs.uk

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information in this report was easy to understand					
There was enough information about the Trust and its services					
There was enough information about the Trust and its achievements					
There was enough information about the Trust's finances The layout of the document was clear					

Please provide any feedback to:
Corporate Governance Team
Bradford District Care Trust
New Mill
Victoria Road, Saltaire
BD18 3LD

corporate.governance@bdct.nhs.uk
Tel: 01274 251313