# Bradford District Care NHS Foundation Trust

# Annual Report and Accounts

# 1 April 2024 to 31 March 2025

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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 2024/25. 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. 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 continue to deliver services despite the continued financial and workforce challenges that face not just the Trust but the wider NHS. The current financial pressures, along with national challenges, mean that maintaining safe and accessible services, whilst delivering care to an ageing and growing population, is a real and increasing challenge.

This is set against a background of widening health inequalities, which strengthens our resolve to continue to improve the experience of people using our services. We are now working to deliver our refreshed Trust strategy, Creating better lives, together: from ambition to action. The strategy that was formally launched at our Annual Members' Meeting in September 2023. We do this through our Care Trust Way improvement approach, and as a learning organisation, we are committed to co-production, and working together allows us to keep our communities at the centre of everything we do.

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 the final quarter of the year the Secretary of State for Health and Care announced significant changes to NHS England and Integrated Care Boards. We are working closely with partners to ensure that the good work we do with them is not lost in this reorganisation and that we keep focused on supporting our patients and service users. We are also mindful of the impact the changes are having on colleagues and continue to reach out to support them during these uncertain times.

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. Ensuring we have estate that is fit for purpose remains a high priority for our Trust, and we are delighted to now have the resources to undertake a significant rebuild and refurbishment at Lynfield Mount. This work will significantly improve the experience of our service users while they receive care from us, and for our staff.

Last year our Board agreed the need to become a Trauma Informed organisation and we continue to strive to realise this ambition in all the work we do. This means we must all adapt our behaviour and approach to take account of people's lived experience, as 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. Charity funding continues to support a range of projects and interventions within the Trust that enhances the care we provide.

In June 2024, at the annual volunteer celebration event the Trust officially received the 'Investing in Volunteers' award which is a UK standard for good practice in volunteer management. The Trust received an overwhelmingly positive report within which the Trust values shone through. Volunteering in the Trust is delivered by two services, the Volunteer Service who provide volunteers to our Trust services, and Well Together who provide volunteer led health and wellbeing activities in the community. Both services continue to innovate in the delivery of volunteer led activity.

In 2024/25 248 people have volunteered for the Trust, gifting 8620 hours of their time. We would like to express our heartfelt thanks to all volunteers who have such a significant positive impact on the health and wellbeing of the people who access our services and our staff.

Our people are the core of what we do and without them we would not be able to deliver services. The new Trust Welcome continues to go from strength to strength as part of our 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 stalls about other colleagues and teams around our Trust, and we are receiving excellent feedback about the events.

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. The Trust alongside Bradford Council, Bradford District and Craven Health and Care Partnership

and The Broadway Centre worked together on a project to create a Sensory Room within the Broadway shopping Centre. This was designed to make the shopping centre more inclusive and meet the needs of autistic and neurodivergent people in Bradford. The design of the room was supported by people with lived experience and the room offers a tranquil, calming environment and includes state-of-the-art equipment such as Vibrating Acoustic Bed surrounded by Fibre Optic Carpet, Musical Hand Wall, Musical Touch Wall, LED Mood Lighting, Bright Sparks Sound Reactive Panel, Bubble Tube Light, LED Rainbow Lighting, Tactile Panel, Manual Hoist, UV Carpet, Bean Bags and a sofa.

The sensory room was officially opened on the 22nd May 2024 by the Lord Mayor of Bradford. Since its opening, it has received an overwhelming positive response. In the first 6 months of operation, it was visited 1,728 times and 75% of people used the room regularly. 35% of users had not visited the Broadway previously before using the sensory room. The Sensory Room Project was awarded ‘Customer Care’ award and ‘Charitable Giving’ award for “Championing Social Value and Inclusivity through Corporate Social Responsibility (CRS) in 2025” by The International CSR Excellence Awards 2025.

Our Trust is privileged to deliver services that touch people’s lives from before they are born, to the end of their lives. This means we have multiple opportunities to support people to gain the skills and knowledge, and where needed, access interventions and treatment, to enable them to live lives that are as healthy and happy as possible. We will continue to work with our partners across health and social care, and more widely, to strive to deliver services that are of good quality provided by the skilled and committed people.

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 2025
Dr Linda Patterson OBE FRCP
Chair of the Trust

……
Date: 26 June 2025
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.

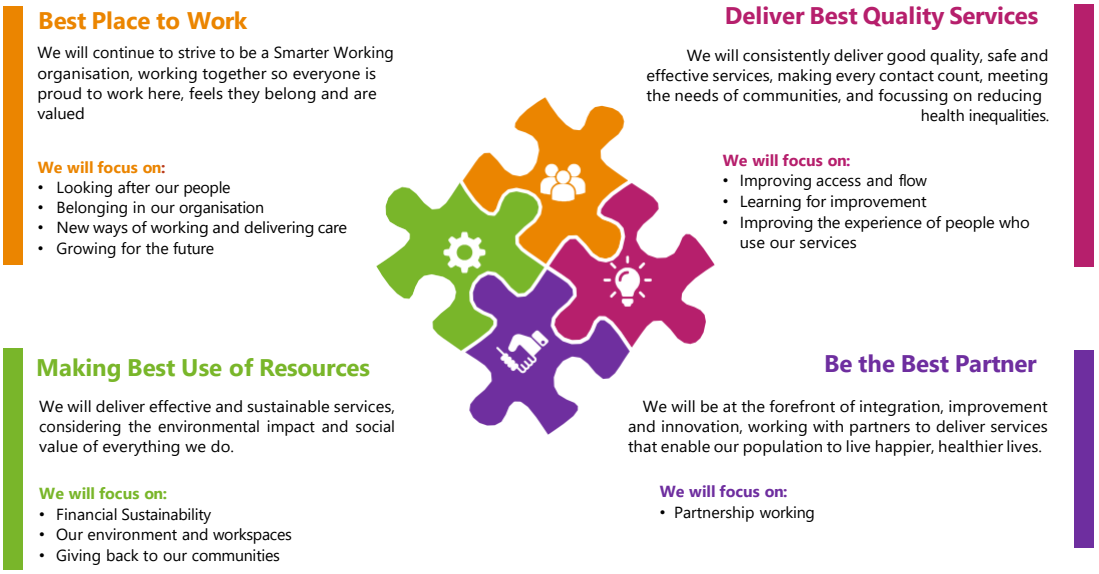
Bradford District and Craven stretches from Bradford city center, past Keighley in the Aire Valley, through the large market towns of Ilkley and Skipton, to Ingleton in the Craven basin. Our community has a population of over 659,000 people in a mixed urban and rural area, covering 595 square miles.

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 27.9% of the population are aged under 20 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 are included in the Quality Account 2024/25.

## Creating better lives, together: From Ambition to Action – 2023-26

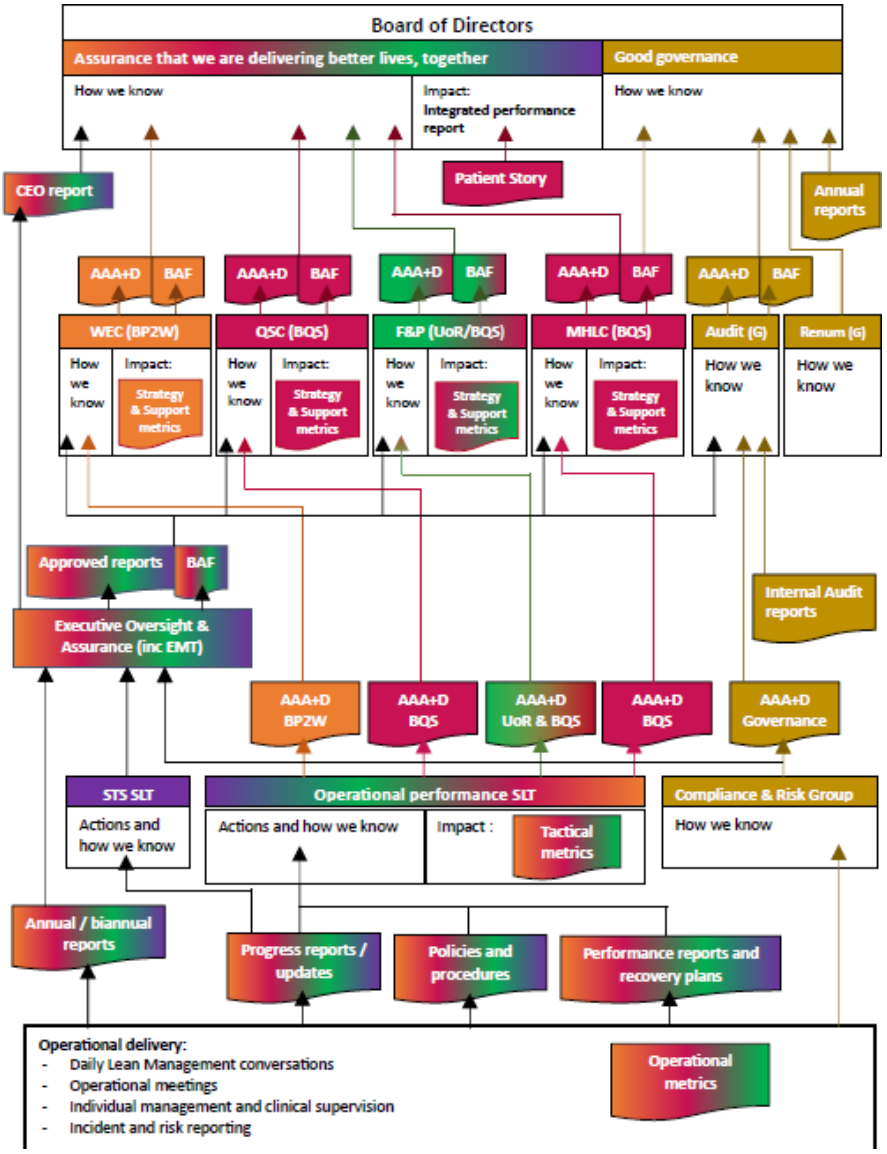



The Trust strategy for 2023-2026 has included an increased focus on reducing inequalities – both in terms of health inequalities and discrimination across our workforce; a clearer understanding of our position in the various systems and partnerships. This has included focused sessions within board on population health and the impact our service user and how we can focus our priorities and efforts; to support improvements on sustainability (both financial and environmental) as we move into this next phase of our journey.

<u>Assurance of delivery of the strategy and strategy deployment</u>

The Board and the Committees continue to align to the priorities and support these groups in obtaining the assurances they are required to seek.

For the strategy to have the continuous impact it is vital that the intent and ambitions are successfully deployed through the organisation. This is supported by a clear understanding, and 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. This has been reviewed by our internal audit process, with significant assurance rating awarded.




## 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 reduce 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.

In West Yorkshire the system is called the West Yorkshire Health and Care Partnership. Their work focuses on four main areas:

- Improving health and care outcomes for people
- Addressing health inequalities
- Increasing productivity and efficiency
- Supporting broader social and economic development.

Here in West Yorkshire, our ICB has five Places:

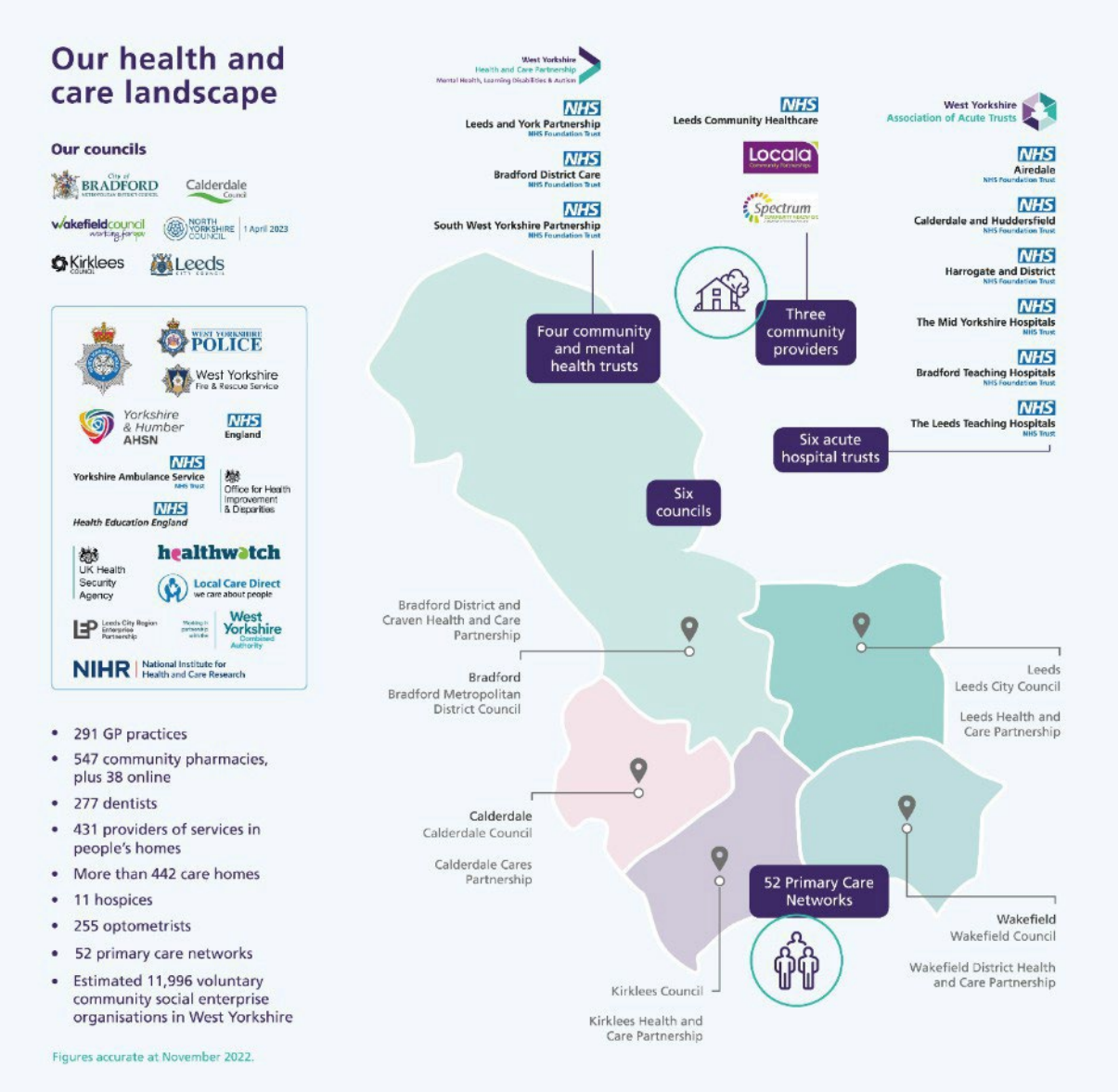
- Bradford and Craven
- Calderdale
- Kirklees
- Leeds
- Wakefield

Elected members, partner executives, and non-executives are brought together in one decision-making process. Our Chief Executive, Therese Patten is a Board member.

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

2. We will increase our early diagnosis rates for cancer

3. We will reduce suicide rates

4. We will reduce antimicrobial resistant infections

5. We will reduce stillbirths, neonatal deaths, brain injuries and maternal mortality

6. We will reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population

7. We will address the health inequality gap for children living in households with the lowest incomes

8. We will have a more diverse leadership

9. We will tackle climate change

10. We will strengthen the local economy

### 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 way 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 do 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 space and elbow room to act.

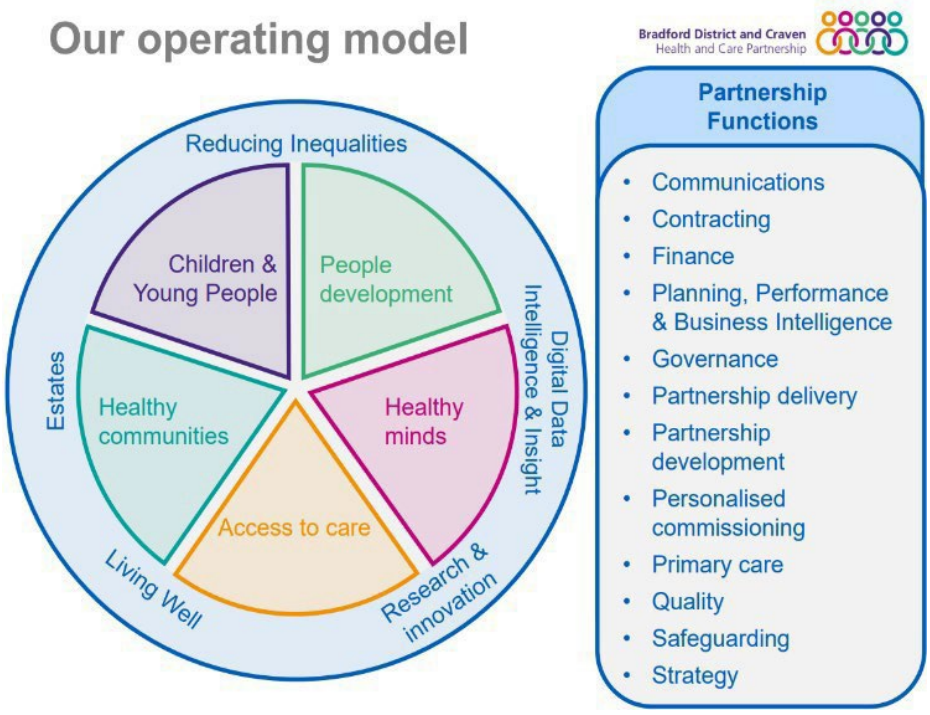
Our four primary purposes are:

- 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.

Looking back on the past year, we acknowledge the dedication and collaboration across our organisation that has driven our progress and set the ambitions for the future.

In our 2023/24 report, we emphasised our commitment to delivering high-quality services through established improvement methods, including the Care Trust Way. We also highlighted our alignment with NHS Impact, positioning ourselves strongly within the national improvement framework. These principles continue to guide us through challenges such as financial pressures, staffing constraints, and operational demands.

As we move into 2024/25, we recognise the need to evolve and enhance our approach. Building on the successes and learning from previous years, we are introducing new methods to drive quality improvement further, with the introduction of a Quality management System and the launch of value streams across the care groups.

This report provides an account of our achievements, challenges, and milestones, offering insight into the ongoing evolution of our quality improvement journey. Our staff continue to play a vital role in this progress, actively engaging in training, coaching, and new improvement initiatives.

We extend our sincere gratitude to our staff, partners, and stakeholders for their dedication and invaluable contributions, especially during these challenging times. As we look ahead, we remain committed to embedding a culture of innovation, learning, and collaboration. With these new strategies in place, we are confident in our ability to build on our achievements and navigate future challenges with resilience and determination.

Over the past 12 months our team has focused on continuous improvement across the organisation, working with teams from mental health, physical health and corporate services. Below we showcase a number of those improvements where new approaches have been embraced and challenges have been overcome together.

## Best Place to Work – Improving Absence

### Identifying the Challenge

Effective absence management is crucial to maintaining a supportive and productive workplace. Our goal was to refine our approach to absence management by enhancing policies, processes, and managerial support, ensuring employees receive the assistance they need while promoting attendance and well-being.

### Key Actions Taken

Through a series of solution-focused discussions and collaborative efforts, we implemented several key improvements:

- **Policy Review & Update** – Ensured policies remain relevant and effective in addressing absence management.
- **Enhanced Return to Work (RTW) Processes** – Introduced an updated RTW form to streamline reintegration.
- **Refined Stress Risk Assessment** – Improved tools to better support employee well-being.
- **Manager Case Review Process** – Established a structured approach for handling absence cases.
- **Proposed KPIs** – Developed metrics to monitor RTW interview completion and Attendance Management Training uptake.
- **Expanded Training** – Increased Attendance Management Training sessions to enhance managerial capability.
- **Streamlined Access to Resources** – Added quick links on desktops and Connect's front page for easy navigation.

### Outcomes and Next Steps

These actions have laid the foundation for a more structured and supportive absence management approach. Moving forward, we will monitor the effectiveness of these changes, ensure ongoing training, and continue refining our processes to maintain a positive and productive workplace, we will also be exploring how we can make best use of new technologies like Artificial intelligence (Ai) and automation to support staff better.

## Memory Assessment Treatment Service (MATS) – Older People's Mental Health (OPMH)

### Identifying the Challenge

Building on continuous improvements from 2022 and 2023, the focus for the past year has been to enhance the care pathway for patients with dementia, Alzheimer's, and other severe memory problems. With the successful implementation of a new triage process in 2023, the team trialed three new **PDSA (Plan-Do-**

**Study-Act) tests** to further improve patient care and support.

### Key Actions Taken
Over the last 12 months, the following initiatives were introduced and tested:

1. **Post-Diagnostic Pathway Development** – Established a nurse-led system to ensure patients receive timely and effective post-diagnosis care. This includes a structured approach to medication management and collaboration with the voluntary sector to reduce stress and anxiety after diagnosis.
2. **Volunteer Recruitment** – Welcomed three volunteers to enhance the experience of patients awaiting Memory Services, providing additional support and engagement.
3. **Expansion of Admiral Nurse Provision** – Extended specialist dementia care support across all four OPMH Community Mental Health Teams (CMHTs), increasing access to expert guidance for complex dementia cases.

### Outcomes and Next Steps
These initiatives mark a significant step in improving dementia care within OPMH. Moving forward, the focus will be on evaluating the impact of these changes, refining processes based on patient and staff feedback, and continuing to enhance support for individuals and families navigating memory-related conditions.

## Sponsor Development Session – e-referral

### Identifying the Challenge
As part of our commitment to modernising clinical systems and improving patient access, a trustwide review of the **E-Referral system** was conducted. The focus was on enhancing the **Consent to Share Records** process and streamlining referrals, ensuring that our services align with patient needs and expectations.

### Key Actions Taken
During the review, discussions centered on:

- **Improving Consent to Share Records** – Exploring ways to modernise our clinical systems to give patients greater control over their information while ensuring seamless communication between services.
- **Enhancing Referral Processes for Podiatry** – Introducing an easy-to- use **self-referral system** to improve access to this high-quality service and reduce barriers to care.

### Outcomes and Next Steps
These improvements represent a step toward a more **patient-centered and accessible** referral system. The next phase will focus on expanding these improvements across the organisation, with a vision to continue refining the process into 2026 and beyond.

## PIPA Kaizen Event

### Identifying the Challenge

The **PIPA initiative** has faced several challenges in the past, including limited engagement from key stakeholders in particular medics and inconsistent follow-up on actions. These barriers hindered the initiative's effectiveness and slowed progress. However, the latest **Kaizen Event** marked a turning point, with full engagement from all attendees, including medics involved from the planning stages. Crucially, this time, there has been clear follow-up on actions and a focused plan for next steps.

### Key Actions Taken

The workshop led to several significant improvements:

- **Enhanced Patient Discharge Planning** – Increased the number of patients with an **Estimated Date of Discharge (EDD)** to improve flow and planning.
- **Improved Standardisation** – Implemented **consistent practices** to streamline processes across teams.
- **Utilised Visual Controls** – Introduced **visual tools** for real-time visibility of key patient metrics, allowing teams to respond quickly.
- **Implemented Clear Guidance** – Developed structured guidance to support **clinical staff in PIPA meetings**, including formalised training where none existed before.

### Outcomes and Next Steps

A significant shift in staff feedback highlights the growing recognition of **PIPA's value**. Initially, inpatient staff resisted time-out sessions, but post-event feedback revealed a **desire for more dedicated time** for these discussions. Moving forward, we will build on this momentum by embedding these improvements, ensuring sustained engagement, and refining processes to enhance patient care.

## Moving on into 2025/26

This year we will continue to drive meaningful change by introducing a **Quality Management System (QMS)**.

By integrating QMS principles into our daily operations, we aim to strengthen governance, improve data-driven decision-making, and ensure that best practices are consistently applied. This aligns with our commitment to delivering high-quality, patient-centred care and will support ongoing projects focused on efficiency, safety, and staff engagement**.**

A Quality Management System (QMS) is a structured framework designed to consistently ensure that an organisation's products or services meet defined quality standards and regulatory requirements. It involves the creation of processes, procedures, and responsibilities that collectively guide the planning, execution, and monitoring of quality throughout an organisation. A QMS aims to improveefficiency, reduce risks, and enhance customer satisfaction by promoting continuous improvement. It typically includes components such as quality planning, quality control, quality assurance, and quality improvement practices, all of which work together to ensure that every aspect of the organisation's operations is aligned with its quality goals. By focusing on process optimisation and accountability, a QMS fosters a culture of excellence, enabling organisations to deliver consistent, high-quality outcomes.

### Quality Planning

*Understand the priorities for the organisation and the people we serve*

- Understand the needs of the population we serve and understand the gaps
- Understand and mitigate the impacts, risks, and concerns
- Set clear quality priorities and goals for improvement. Focus on areas that will have the biggest impact and link to the trust strategy/vision/
- Design structures and processes to meet the need

### Quality Assurance

*Independently check the quality*

- Internal and external processes to check quality
- Ensure we are meeting and exceeding the set standards of care, identifying gaps, and re-checking for compliance

### Quality Control

*Maintain quality and know when it slips away*

- Real-time reporting, making data count
- Embed DLM mechanisms into teams so they can effectively:
  ***Know their business***
  ***Run their business***
  ***Improve their business***

### Quality Improvement

*Deliver the improvement*

Ensure staff have capacity and capability to improve what is in their control and escalate those that aren't.

Systems and culture to allow test and learn improvement cycles and Creative Problem Solving (CPS)

Systems for spreading learning that enables adaptation for local context

## Launching value streams in care groups

A value stream represents the patient or customer pathway identified as a strategic priority for improvement. It encompasses all the steps—both value-adding and non-value-adding—in delivering outcomes that matter. The goal is to optimise these pathways, reduce waste, and add value at every stage.

Key characteristics of a value stream:

- **Strategic Priority:** Focused on areas with the greatest potential impact.
- **End-to-End Journey:** Covers the entire process from the patient's or customer's perspective.
- **Dynamic Focus:** Not just process maps, but continuous assessment and improvement over time.

Over the next 12 months, we will focus on launching these value stream programmes across our care groups, ensuring that each pathway is strategically aligned to deliver the greatest impact. By embedding this approach, we aim to drive continuous improvement, streamline processes, and enhance outcomes for patients and staff alike. This initiative will serve as a foundation for long-term transformation, developing a culture of efficiency, collaboration, and value-driven care.

## Innovation – Embracing Ai and Automation and digital ways of working

As part of our commitment to high-quality, efficient, and person-centred care, 2025 and onwards we will be embracing the opportunities offered by artificial intelligence (AI), automation, and digital transformation. This approach aligns with the ambitions set out in the **new NHS 10-Year Plan**, which calls for the adoption of smart technologies to reduce administrative burden, support staff, and unlock productivity across the health and care system.

In 2024/25, we began laying the foundations for innovation by exploring the potential of tools like **Microsoft Copilot**. A business case has been approved to pilot Copilot across a range of teams, focusing on use cases such as summarising documents, drafting emails, and automating meeting notes. This will be evaluated for impact on productivity, administrative time savings, and overall staff experience—helping us understand where AI can have the most meaningful impact.

We are also identifying areas where **automation** can release capacity in high-demand services, such as HR, estates, and facilities. These efforts are closely aligned with our quality improvement strategy and value stream approach—ensuring digital innovations contribute directly to better outcomes and reduced variation.
Our innovation efforts are guided by the principle of **"digital by design"**, ensuring that any new technologies we adopt are user-friendly, inclusive, and sustainable. As we look ahead to 2025/26, we will continue co-designing solutions with our staff, scaling what works, and evaluating progress transparently. This will help us meet our ambition: to finish work on time, reduce unnecessary admin, and focus on what matters most—delivering safe, effective care for our communities

## 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 2024/25 is in line with the framework used in 2023/24 following a full refresh in July 2023.

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 2024/25, performance has been affected by the combined impact of:

- High service demands and increased acuity and complexity.

- Workforce challenges, with high turnover and 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% | 90%* | 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% | 67.3%** | Target not met | The increased complexity of patients accessing dental service has increased the numbers requiring a general anesthetic (GA) for their care.<br><br>The service has seen an improvement in performance in recent months following the short-term impact of strike action.<br><br>Targeted waiting list initiatives are in place. |
| **Community dental service** – number of patients waiting over 52 weeks to commence dental treatment under general anesthesia. | 0 | 11** | Target not met | Improved position at the end of the year with an average of 14 per month.<br><br>Targeted waiting list initiatives are in place. |
| **Improving Access to NHS Talking Therapies** - % of people reaching reliable recovery | 48% | 49% (average monthly performance) | Achieved target | Targets are being routinely met despite a national shortage of qualified practitioners and service users with increased complexities. |
| **Improving Access to NHS Talking Therapies** - % of people reaching reliable improvement | 67% | 69% (average monthly performance) | Achieved target | Targets are being routinely met despite a national shortage of qualified practitioners and service users with increased complexities. |
| **Inappropriate out of area placements for adult mental health services** – total number of bed days patients have spent out of area. | | 4,186*** bed days | Target not met | Impacted by acuity of service user. Reduced by over 1100 bed days from last year. |

Table 1: Performance against national metrics

* December 2024 data
** February 2025 data
*** Includes data form April 2024 to February 2025

## Addressing inequalities and our commitment to partnership working

Reducing health inequalities continues to be of core significance for our Trust, embedded within our strategic priority to deliver best quality services within our Ambition to Action Strategy. Over the last financial year, we have taken significant steps to strengthen our approach to identifying, addressing and monitoring health inequalities - both within our services and across our wider partnerships.

In 2024 we have increased our investment in health inequalities work through the recruitment of a dedicated Health Inequalities Lead and an Advisor, enabling greater focus and coordination across the organisation. We have also refreshed our Belonging and Inclusion Plan. This includes our commitment to equitable service delivery and sets out clear actions to reduce disparities in access, experience, and outcomes.

We have been developing a strategic approach to health equity, including completion of a Board-level self-assessment and delivery of tailored development sessions to support inclusive leadership at the highest level. We have produced our annual Public Sector Equality Duty report which includes examples of our Trusts work to address health inequalities.

We are continuously enhancing our ability to monitor, report, and act on disparities across our services. Our internal Business Intelligence dashboards enable the majority of our mental health services to view live caseload data disaggregated by age, ethnicity, sex and multiple deprivation. There are plans in place to expand this capability across additional services within the Trust.

As part of our commitment to the NHS England Statement on Health Inequalities, which outlines the requirement for NHS organisations to systematically identify, address and report on health inequalities, we aim to produce routine transparent reporting in line with the requirements of the statement. A summary of our compliance is included below.

We meet the requirement to disaggregate Mental Health Act detention data by ethnicity, deprivation level, gender, and age. This information is readily accessible for staff through our internal dashboard. We partially fulfil the reporting requirement for restrictive interventions, we are not yet able to disaggregate this data by deprivation level. Work is in progress to develop an interoperable digital solution to enable this level of reporting in the future. This will improve data accuracy and completeness.

We can analyse snapshots of Child and Adolescent Mental Health Service access data by the same demographic indicators, this partially meets the statement requirements. Work is underway to ensure live reporting by demographic group is incorporated into future health equity reporting. This data will sit alongside Talking Therapies (IAPT) recovery metrics and smoking cessation support for inpatients. This will make the Trust fully consistent with the statement. Work is ongoing across the trust to drive reduction of health inequalities in each of these priority areas such as the CAMHS equality work detailed below, implementation of the Black, Asian and

Minority Ethnic (BAME) Positive Practice Guide in Talking Therapies and the relaunch of our Smoke Free Policy, which includes a commitment to ensuring that all inpatients are offered smoking cessation support within 30 minutes of admission.

As our reporting capabilities continue to evolve, available metrics can be accessed here: Equality and diversity reports.

Over the last year, six of our services have been supported through the NHS Equality Delivery System 22 (EDS22) process. CAMHS, School Nursing and the Perinatal Mental Health teams have delivered against their EDS22 action plans over the last financial year. Highlights include:

- CAMHS establishing a steering group for improving access, patient experience and health outcomes for ethnically diverse patients. This has led to an improvement in caseload representation of ethnically diverse service users.
- Perinatal Mental Health working collaboratively within the provider collaborative to address underrepresentation of South Asian women in their caseloads.
- School Nursing leading the rollout of One Stop Health Shops, providing joined-up health services directly within schools, improving access for pupils and their families.

Towards the end of the year, our Intensive Home Treatment, Physical Health and Wellbeing and Palliative Care teams completed their EDS22 assessments, which were consulted on during our annual system-wide community engagement event. Implementation of their action plans will continue into the next financial year. You can view the performance reports here Equality and diversity reports.

We have made further progress to ensure inclusive and responsive services, including:

- Ongoing compliance work with the Accessible Information Standard.
- Updates to our patient record systems to enable compliance with the Sexual Orientation Monitoring Standard.
- Development of a new Spiritual and Pastoral Care Policy, to be launched in the coming year, supporting the spiritual wellbeing of both service users and staff.
- Completion of a research project exploring the use of interpreters within psychological therapy settings. This will inform wider work to review access and experience of interpreting services across the organisation.
- Commitment to developing neuro-affirmative practice to support improved access, experiences and outcomes for neurodiverse service users.
- Creation of a toolkit for our staff to support the identification and reduction of inequalities within services.
- Identification of best practice through our network of EDI influencers and creation of case studies for dissemination across the organisation.

We are delivering against the NHS Patient and Carer Race Equality Framework (PCREF). We are currently compliant with six of the framework's requirements and have refreshed our governance structures to support ongoing implementation. Our

PCREF programme plan has been developed in partnership with staff and community members, ensuring co-production and meaningful involvement.

We are also proud to have developed our partnership with Hope and Light, a voluntary and community sector-led programme delivering culturally-adapted mental health support for people from ethnically diverse communities within Bradford District and Craven. This collaboration is supporting implementation of PCREF and strengthening approaches to reciprocal mentoring, co-production, and inclusive practice.

A summary of this is provided in the Patient and Carer Race Equality Framework Annual Report.

### Joint Forward Plans, and capital resources

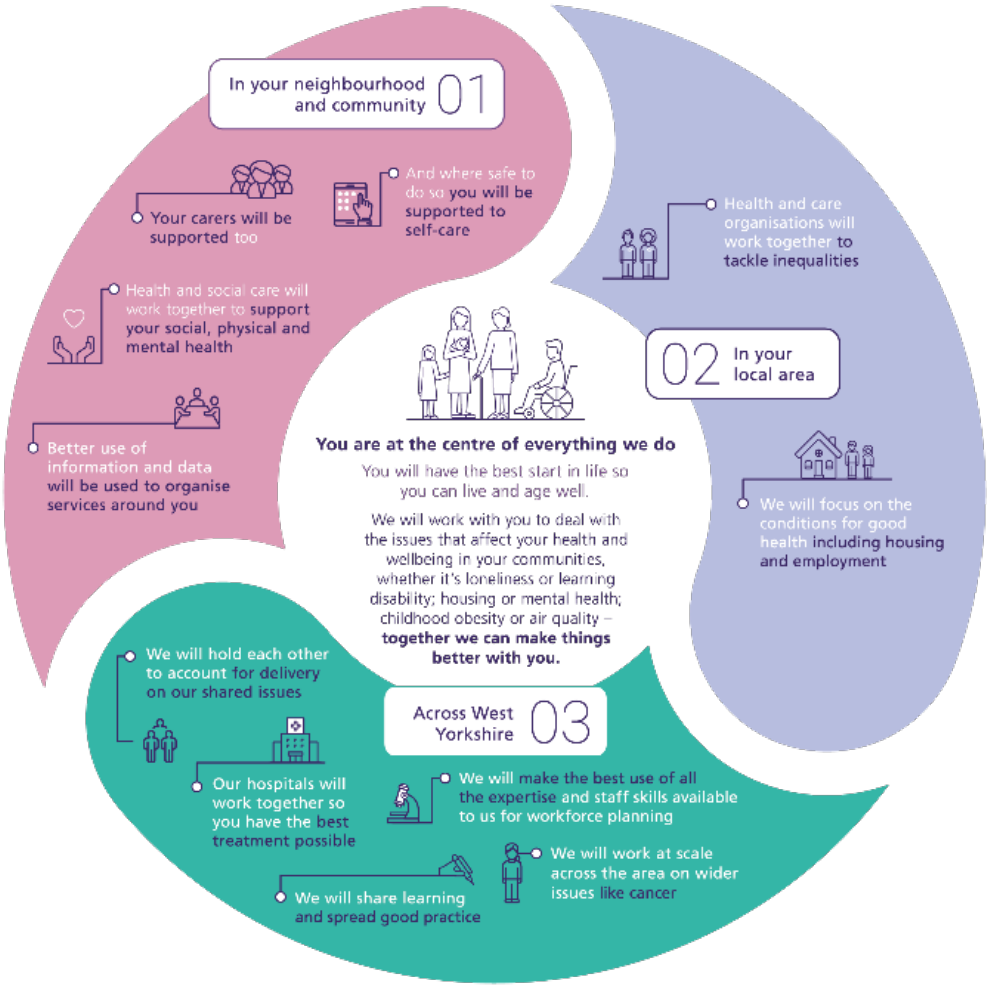
Working together provides greater opportunities to deliver the West Yorkshire Integrated Care Strategy and Joint Forward Plan - which aims to make sure that **all** people are given the best start in life, and are able to remain healthy and age well.

NHS West Yorkshire Integrated Care Board

2024/25 has been another very challenging year for our system and also one where progress continues to be made. As well as focusing on national standard and targets, the system does the right thing for local people. An ambition is shared to be trauma informed by 2030; and the system was the first Partnership of Sanctuary in the country; and first integrated care system to commit to Keep it Local, a national movement that supports local organisations to be strong and successful.

Alongside this there are developments such as the West Yorkshire Inclusion Health Unit, which brings organisations together to work on improving outcomes for some of our region's most vulnerable people; our collaborative learning programme to address health inequalities and meet the ambitions of Core20Plus5 and the NHS England Inclusion Health framework; a digital resource for carers platform provided by Carers UK, as well as a hospital discharge toolkit to better support carers when those they care for are being discharged from hospital; our West Yorkshire Healthier Together website, including information on the RSV vaccine in pregnancy, gender incongruence and children's oral health that has supported tens of thousands of people.

A report by the Mental Health Foundation identified our partnership as "one of the best in the country" when it comes to planning to prevent poor mental health. Work has also continued with Project Hope, with organisations across the health and care, VCSE and commercial sector having offered care-experienced young people opportunities for jobs across West Yorkshire over the last year; and the partnership launched a six-month pilot of an out-of-hours advice line, providing vital support for families and professionals caring for children and young people with life-threatening and life-limiting health conditions.




The partnership understands the wider determinants of health, and works beyond traditional health and care boundaries to help create the conditions where people can thrive – something recognised by the announcement that West Yorkshire has been selected as part of a national drive to help improve the health of the population and increase economic growth by providing support to reduce the number of people who cannot work because of ill health.

## Digital Services Performance Overview and future plans

Digital Services continues to play a pivotal role in supporting frontline care delivery across the Trust, underpinned by national digital investment. Over the past year, we have achieved significant enhancements in the functionality and use of our clinical systems. Notably, we have led the development of an e-Health Passport, co-designed with patients, that places person-centred care at its core. This innovative initiative has been shortlisted for the prestigious *Health Service Journal (HSJ) Award*, recognising our leadership in patient-led digital transformation.


In addition to this, we have advanced a wide range of digital initiatives, including:

- Visualisation of care pathways to support clinical decision-making
- Digitisation of clinical correspondence, streamlining administrative workflows

- Deployment of electronic task management tools within mental health services
- Introduction of e-referrals in select community service pathways

## Embedding Clinical Safety and Governance

We have taken a major step forward in embedding clinical safety by introducing a new Chief Nursing Information Officer / Clinical Safety Officer (CNIO/CSO) role. This role spans all clinical services and is fully aligned with the Trust's Patient Safety function and the Clinical Chief Information Officer. Together, they are strengthening our "safety by design" approach across all digital implementations, ensuring digital change improves care quality while managing risk appropriately.

## Infrastructure, Security, and Resilience

In line with our strategic objectives, Digital Services has delivered major infrastructure improvements, including the rollout of Software-Defined Wide Area Network (SD-WAN) technology across 20 sites. This ensures faster, more reliable, and more secure connectivity to both internal and cloud-based services.
Cybersecurity has also been strengthened significantly. With funding support from NHS England, we have deployed enhanced security tools that provide real-time insights into the health of our IT estate. These systems allow us to proactively detect and respond to emerging threats, bolstering our digital resilience and maintaining the highest standards in data protection.
Complementing these technical upgrades, we continue to invest in staff training and awareness to ensure personal and patient information is managed securely and confidently. These efforts underpin our compliance with the Data Security and Protection Toolkit, now and into 2024/25.

## Looking Ahead: 2025/26 and Beyond

Our future digital plans are guided by our *Digital for Better Lives* strategy, which will accelerate the adoption of:

- Artificial Intelligence (AI) to support clinical decision-making and demand management
- Automation to reduce administrative burden and increase workforce capacity
- Data and analytics to drive insight-led service improvement

We are also scaling up the rollout of a Patient Engagement Platform to enhance how we communicate and collaborate with patients, providing both digital and non-digital options to support inclusivity across our diverse local population.

Together, these efforts will enable safer, more personalised, and more efficient care while supporting the Trust's broader strategic priorities around sustainability, equity,

and workforce wellbeing.

## Our year

The Trust's Quality Report provides a more extensive summary of service delivery during 2024/25. See a selection of the work that has taken place across the Trust during the year.

**April 2024: Maternal Mental Health Awareness Week.** Mum of two, Katie, urges others to seek support. She credits the care she received from the Trust's Specialist Mother and Baby Mental Health service (SMABS), with making a real difference to her emotional wellbeing.

**May 2024: Celebration event for volunteers.** Over two hundred volunteers from across the Trust's services came together for a celebratory afternoon tea during volunteers' week. The annual event recognises all the hard work of those who give up their time to volunteer across our services.

**June 2024: Pride month.** In recognition of the unique challenges faced by the LGBTQ+ community, Bradford and Craven Talking Therapies reiterated its commitment to providing inclusive, compassionate, and professional mental health support tailored to individual needs.


**July 2024: Annual charity golf day.** The Trust's Better Lives charity, invites local people and organisations to sign-up to its annual golf day. The fundraising event supported additional activities for patients and carers across the Trust's hospital and community services, beyond the core NHS provision.

**August 2024: Funding to redevelop Lynfield Mount**. The Trust secured £50 million in funding from the Department of Health and Social Care, to redevelop Lynfield Mount Hospital's central block. Co-created with staff, service users, families, and stakeholders, the development will create a therapeutic and recovery-focused environment for patients across Bradford and Craven.


**September 2024: Falls team offers advice to prevent falls.** To help local people understand how to reduce the risk of falling and what to do if they have a fall, the Trust's Falls Prevention Team was out in local shopping centres, giving tips and advice.

**October 2024: Shining stars recognised at awards event**. Individuals and teams delivering outstanding work, were recognised at the Trust's You're a Star Awards event. The awards recognised clinical and non-clinical staff, service users, carers and volunteers who had all demonstrated outstanding care and innovative improvements over the last 12 months.

**November 2024: Tips to boost mental wellbeing in winter**. Talking Therapies encouraged local residents to focus on their mental health during winter. The NHS service that provides support for those experiencing stress, low mood, and other mental health challenges, shared valuable tips to help everyone care for their mental wellbeing.

**December 2024: Nurse recognised in New Year Honours.** Care Trust nurse Kate Dale was recognised in the Honours List 2025 with a British Empire Medal (BEM), for her outstanding services to people with severe mental illness. A mental health nurse with the Trust, Kate has been a driving force behind improving the physical health outcomes of individuals with severe mental health conditions.

**January 2025: New talking therapies support service.** The launch of a new initiative in partnership with the Cellar Trust, to help individuals with mental health conditions to find and maintain employment. The tailored support ensures a holistic approach to mental health care and workplace well-being, including helping those on sick leave to return to work, or stay in their current roles.

NHS
Bradford District and Craven
Talking Therapies

**February 2025: Care Trust's IPS service achieves exemplary status.** The Individual Placement and Support (IPS) Employment Service, known as 'Making Work Work', achieved the highest possible rating of 'exemplary' following its latest fidelity review, maintaining its IPS Quality Kitemark. The award recognises IPS's support for those with enduring mental health needs in securing and sustaining paid employment.

**March 2025: High scores in patient led assessments.** The Care Trust exceeded the national average in the latest Patient-Led Assessments of the Care Environment (PLACE) results for inpatient services. The Trust scored

highly across all areas, in particular achieving an overall score of 98.77 per cent for cleanliness, and 98.60 per cent for privacy, dignity, and wellbeing for its two mental health hospitals.

## Community Dental Service

Over the past year, our Community Dental Service has achieved significant milestones that reflect our dedication to providing outstanding care and supporting our communities. One of the highlights was the successful ministerial visit by Stephen Kinnock to Horton Park Health Centre, which showcased the incredible work of our team and reinforced our commitment to accessible and inclusive dental care. Additionally, we were honoured to be awarded Lead Provider status for the West Yorkshire Community Dental Service Provider Collaborative—a testament to our leadership and expertise in delivering high-quality services across the region.


Our team has also made remarkable progress in reducing waiting lists through targeted initiatives, ensuring timely care for those who need it most. We have embedded oral health training in care homes, early years settings, and schools, empowering caregivers and educators to support better oral health for all. Our involvement in dental research demonstrates our commitment to evidence-based practice, and the excellent feedback we have received from patients highlights the compassion, professionalism, and dedication of our staff. These achievements are a reflection of the hard work, passion, and commitment of every member of our dental team.

## Research and Knowledge Services

During November we held our Collaborative Learning Through Education and Research conference, with a focus on "the Power of Evidence: Advancing Equity in access to healthcare". Sue Lacey Bryant, Former Chief Knowledge Officer for NHS England, gave a tone setting keynote speech on the importance of health literacy. 130 delegates from across the regions NHS Trusts, Academic Institutions, Public Health and patient / public came together to explore how BDCFT's collaborative clinical research is making an impact on our knowledge & understanding of this area, for the improvement of service delivery for our communities.


## General Adult Community Consultant Group Report

We are pleased to share the progress and achievements of the General Adult Community Mental Health Consultant Group over the past year. This report celebrates the collaborative work of our clinical teams, the support of our wider workforce and the meaningful impact we are making in the lives of our service users, their carers, and our communities.

### 1. Strengthening Clinical Pathways and Patient Safety

Following insights from a number of Serious Incidents, our team worked collaboratively with administrative and operational colleagues to develop a Service Level Agreement (SLA) that ensures follow-up care is never missed. Community consultants actively engaged in this co-design process, resulting in:

- Mandatory documentation of all clinical appointment outcomes.
- A structured communication protocol between clinical and administrative teams for managing follow-ups and waiting lists. A waiting list function was set up in the electronic records (System1) which ensured all service users under the medic caseload had an appointment booked. This has minimised the risk of lost to follow ups.

This initiative has reduced risk, improved continuity of care, and strengthened our commitment to patient safety.

### 2. Promoting Transparency Through Correspondence

We have reinforced the practice of copying clinic letters to patients—a key step toward shared understanding and empowerment. While this initiative began in the previous year, we identified pockets of inconsistency and responded with renewed emphasis and education.

This small but significant change has made a meaningful difference, especially for patients and carers navigating systems such as the DWP or local transport authorities. It ensures they have timely access to key clinical information, which many have told

us they find empowering and supportive.

### 3. Fostering Inclusive Governance and Innovation

Our governance meetings remain a vibrant forum for interdisciplinary collaboration and innovation. Notable developments include:

- Pharmacy colleagues sharing updates and shaping shared care protocols.
- Psychology teams presenting the design of transdiagnostic pathways.
- Dr. Dixon's development of a new risk assessment tool, which progressed from internal presentation to QUOPS and the Clinical Board and is now under consideration for wider use.

These meetings exemplify how our consultant voice and professional expertise come together to improve the quality and safety of our services.

### 4. Building Stronger Interfaces for Seamless Care

To improve transitions and avoid duplication of care, we have established regular interface meetings with:

- Intensive Home Treatment Teams (IHTT) Dr Phalaksh W
- Perinatal Psychiatry Dr Lian C
- Inpatient Services Dr Suresh Bhoskar

These meetings ensured care episodes are effectively coordinated, resources are used efficiently, and patients experience becomes smoother while transitioning between services. This is particularly vital in avoiding unnecessary admissions and supporting timely discharges. In the context of perinatal psychiatry, we reinforced the need to avoid any duplication and support episodic care.

### 5. Flow Management and Admission Prevention

Our consultants have worked closely with inpatient and operational colleagues to manage patient flow and reduce pressure on beds. We have:

- Proactively supported early intervention from community teams in times of crisis.
- Advised community colleagues to assist inpatient colleagues with discharge planning and community reintegration.
- Contributed to reducing out-of-area placements and improving system capacity.

This collaboration has had a direct impact on service users by providing care in the least restrictive environment, closer to their support networks.

### 6. Strengthening and Expanding Our Workforce

To sustain and grow our service delivery, we have expanded our consultant body and supported international recruitment:

- Two new consultants have joined our team, enhancing leadership and clinical capacity.
- Senior colleagues undertook international recruitment in India, securing a specialty doctor who will contribute to the adult workforce.
- Two long-standing locum consultants have now transitioned to Trust roles, further stabilising our workforce.

We are grateful to all involved in these efforts, which will have lasting impact on our ability to deliver consistent, high-quality care.

## 7. Advancing Community Mental Health Transformation

Our consultant group continues to play an active role in the region's transformation agenda. Highlights include:

- Voluntary, Community and Social Enterprise (VCSE) professionals are now embedded in CMHTs, particularly in North locality, supporting step-down care and holistic signposting.
- Dr. Mundra contributes to the Rehabilitation Transformation Workstream.
- Dr. McKie serves as Deputy Chair for the Pharmacy Workstream.
- Dr. Smith, in her capacity as Chief Clinical Information Officer (CCIO), leads efforts to improve digital systems, task management, referrals, and clinical documentation.
- Dr Mukundan as ADHD lead -service development of Neurodiversity services.
- Dr Garg in his AMD Transformation role chairs system clinical meeting with PCN leads & voluntary care sector leads to bring engagement. Supervises Eating disorder pathway within BDCFT and is SRO for the West Yorkshire Eating Disorder Partnership Group meeting at the ICS.

These contributions are helping us reimagine care delivery, making services more connected, efficient, and person- centred. Besides named contributions there are a lot of unnamed contributions from colleagues of all disciplines and at all levels which we are very grateful.

## Closing Reflections

This year has been marked by innovation, teamwork, and compassion. We are proud of what has been achieved through the dedication of our colleagues, the support of our partners, and the meaningful involvement of all disciplines. Our collective efforts are improving lives and ensuring that care is delivered with empathy, clarity, and continuity.

We extend our thanks to every individual—staff, partners, volunteers, and carers—who have played a part in our journey. We look forward to building on this strong foundation in the coming year.

## Lynfield Mount Redevelopment

The Trust's long-term ambition remains to redevelop the Lynfield Mount Hospital site into a best-in-class inpatient facility with a phased development over a potential 4-year period.

The Trust submitted a bid to the National 'New Hospitals Programme' in 2021 which was unsuccessful. However, in August 2024, the Department of Health and Social Care (DHSC) made an offer to the Trust of £49.5m public dividend capital funding over the next 3.5 years. This offer was accepted, and work has progressed to develop a

revised, if reduced, design solution which falls within the financial envelope and timescales proposed. The scope of work will comprise the following:

- A spacious new build ward block with two 18-bed in-patient wards
- A new main entrance with refurbishment programme of the main building, including a new tribunal suite, pharmacy, shared café space service user gym and an additional S136 Place of Safety
- Refurbishment of 2 existing wards to create 18-bed single rooms with en-suite facilities.

The transformative redevelopment of Lynfield Mount Hospital will provide a place where recovery from an acute mental episode can take place in therapeutic, well-designed environments that are able to support modern day quality of care. It will further provide an environment where staff are proud to work

The Trust submitted an Outline Business Case (OBC) to NHS England and the DHSC in October 2024 following full support from the Trust Board and letters of support from the West Yorkshire Integrated Care Board (ICB).

A full design team has been appointed alongside the Trust's project team to develop an affordable scheme. The design will be co-produced with service users, carers, staff, stakeholders, and award-winning experts in mental health design.

Successful stakeholder engagement has taken place to inform the design of the proposed new building. Further work will continue to ensure feedback is incorporated into the design process.

Approval of the OBC was received in February 2025 with the Full Business Case (FBC) currently under development for submission in Q3 2025/26, with an anticipated overall completion of the scheme in Q3 2028.

### Student & Newly Qualified Inpatient Nurse Recruitment

Over the last eight months our recruitment team have been working with the Head of Nursing, Debbie Cromack (Operational Manager) and her preceptorship support team to develop a new streamlined way of onboarding preceptees. Initially there was a structured monthly 2-week induction for nursing preceptees which included a welcome at New Mill, Trust orientation, eLearning, and ward preparation. The initial process proved to be unsuccessful due to inconsistent starter numbers which placed strain on

ward resources. It was therefore decided that a single monthly start date with a shortened, tailored induction would be the better choice. This therefore meant that the wards were able to plan rota's and staff resources more effectively.

The Trust's recruitment team and the preceptorship team worked well together to provide accurate and timely reports of newly qualified and student nurses in the pipeline, ensuring they are provided with their preceptorship welcome letter and booklet as soon as they are issued their conditional offers. Weekly updates are also being provided to the Clinical and Ward Managers at E-roster meetings, alongside monthly recruitment catch up meetings with the Service Managers.

### Sponsorship and the Right to Work Updates

During 2024/25, the Trust created a new Right to Work Policy. Alongside this Visa compliance training sessions had been written and delivered specifically tailored for People Services and Recruitment teams to upskill. To better support our workers on visas, a Right to Work correspondence has been created which will be distributed every three months via email to those employees on a visa type. This will confirm their visa type, if they are sponsored and whether their post is eligible for future sponsorship, given the frequently changing sponsorship rules. Finally, Visa Compliance Training has been created for all Line Managers. These will be two hour Teams sessions available to book via ESR, detailing responsibilities of managers, Sponsorship Eligibility and the Fee's associated with it, Compliance and reporting, andhow they can best support workers on visas. Within the 2025/26 further work on the sponsorship requirements will be progressed.

….....Date: 26 June 2025
Therese Patten
Chief Executive

## Our staff team

### Introduction

This year has seen a number of remarkable improvements and innovations under the umbrella of “people matters”, as well as some major inroads in relation to workforce productivity, that reinforce the strategic theme of being the “Best Place to Work”. Our people are our most valuable, valued and costly assets and therefore it is so important to ensure that we have a workforce of the right numbers, with the right skills and values and representative of the populations that we serve. We take great pride in providing an employee life cycle that ensures a high quality experience from start to finish and a relationship between us and our colleagues that reflects our Trust values.

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”, “Living Our Values” and “You’re a Star” awards, 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

Starting with reaching out into our communities and beyond, we are committed to collaborating with our Place partners to provide entry level job, training and career opportunities by working closely with our education and local authority partners to identify roles for young and workless people to join the health and social care workforce family. Our recruitment performance outstrips expectations as far as the timescales over which aspirant employees are attracted, interviewed, screened and on-boarded. The average time to fill, which is the time from job advert being published, to an unconditional offer of employment being confirmed, was 25 days against a 65 day target. By swiftly moving job applicants through the process, we ensure that we don’t lose anyone with the enthusiasm to come and work with us through complex and laborious processes.

We continued 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 2 Health Care Support Worker roles. When the students qualify, they then transition

into substantive Band 2 positions with a full working knowledge of the Trust and its values as well as feeling a strong sense of belonging in the organisation.

We have introduced a “Streamlined Preceptorship Onboarding” initiative, a monthly induction model for newly qualified nurses. Recruitment worked closely with clinical teams to align start dates and induction which eliminated delays between offer and start of care delivery.

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.

This year saw the second year of our “New In” monthly welcome days for new starters, a vital component of the effective onboarding and setting the right tone for the start of their employment journey with us. Averaging 35 attendees per month, our new colleagues are introduced to Trust Board and Executive Management Team members, undertake some workshop sessions relating to the Trust Values and Staff Charter and are provided with a wealth of information about how we will look after and grow people who work with us. Feedback from new starters is overwhelmingly positive and together with a 30, 60 and 90 day follow up to see how people are getting on, has reduced turnover of staff with less than two years’ service from 50% to less than 20%. We also follow up with colleagues on the first and second anniversaries of their appointment with a check in and an offer of career advisory support if desired.

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 2024/25 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. Our main focus over the past months has been with Inpatients and CAMHS to better align with our strategic priorities that were outlined in the Annual Planning submission
- 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 planning of staffing levels based on the acuity of patients. This has been expanded to help with establishment reviews, two audits have taken place to enable this.
- The e-Rostering system and an electronic job planning and resource deployment 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 next few months, estimated costs (calculated at bottom of Band) will be reportable for Substantive and Temporary staffing including Agency.
- 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. As well as constantly exploring new ways of working and improvements to Clinical/end users experience

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

## Workforce Targets

Our efforts to drive up the quality of the care we deliver through more efficient and effective use of our people has seen some major progress, particularly in how we commission and deploy temporary staffing. Across our rostered services which include Mental Health in patients areas, we are consistently fulfilling 90% of the demand for temporary staff, of which 90% are Bank Workers and 10% Agency Workers. This enables us to have more control over the quality and regularity of training the workers receive and through the appointment of a dedicated role; better oversee the supervision of temporary workers from a clinical professional perspective.

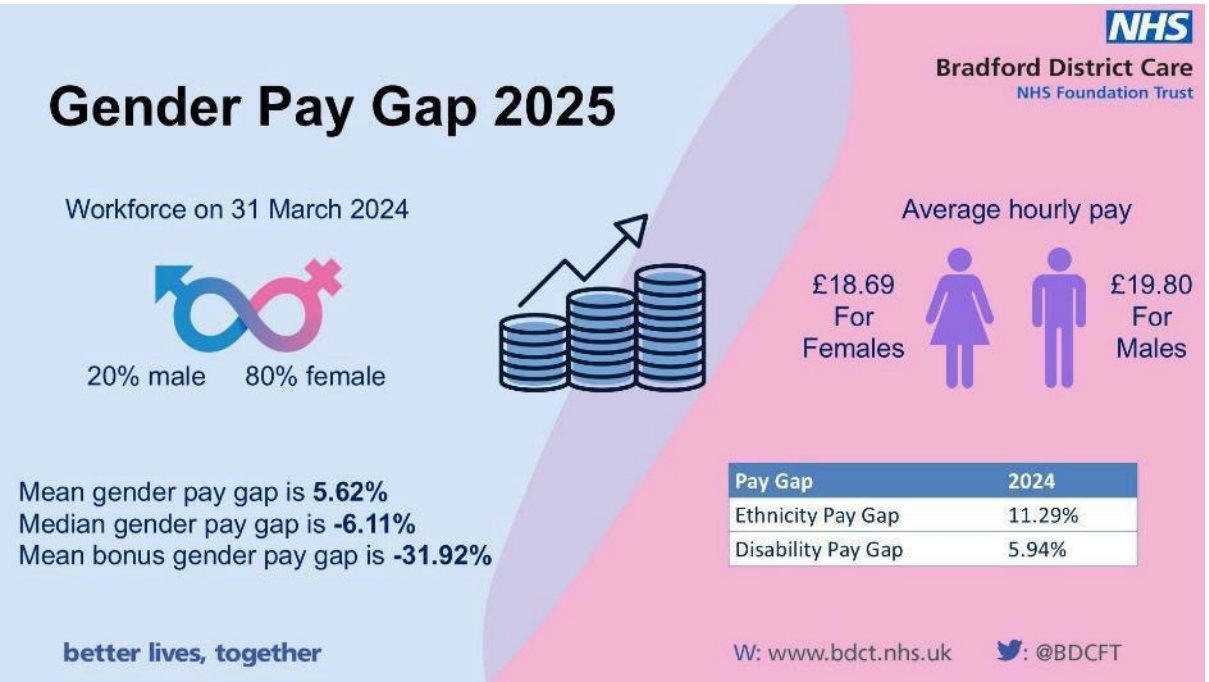
We have several workforce targets, which are monitored by the Board of Directors to scrutinise performance including mandatory training and appraisal rates. Performance compared to the previous year is shown below:

| Internal Board indicators | 2024/25 | 2024/25 | 2023/24 | Trust Position |
|---|---|---|---|---|
| | Target | Performance | Performance | |
| Mandatory training (excluding information governance compliance) | 80% | 93.59% | 86.51% | Achieved target |
| Information Governance training | 95% | 93.58% | 86.00% | Not achieved |
| Staff receiving appraisal | 80% | 73.81% | 69.08% | Not achieved |
| Labour turnover | 10% | 11.21% | 13.68% | Not achieved |

Table 2: Workforce performance targets

## Gender Pay Gap Information

We monitor our pay gaps annually publishing the information on the cabinet office website here Gender pay gap reports for Bradford District Care Foundation Trust - Gender pay gap service. Our mean pay gap on 31st March 2024 was 5.62%. This means that women earned £1.06 for every £1 that men earned (comparing median hourly pay). The Trust also monitors the ethnicity and disability pay gaps of our workforce and our most recent detailed reports are available here Equality and diversity reports - Bradford District Care NHS Foundation Trust.




## 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 | 2024/25 Total Number | 2024/25 Permanent Number | 2024/25 Other Number |
|---|---|---|---|
| Medical and dental | 126 | 91 | 35 |
| Ambulance staff | 0 | | |
| Administration and estates | 908 | 850 | 58 |
| Healthcare assistants and other support staff | 547 | 519 | 28 |
| Nursing, midwifery and health visiting staff | 1157 | 1113 | 44 |
| Nursing, midwifery and health visiting learners | 0 | | |
| Scientific, therapeutic and technical staff | 777 | 703 | 75 |
| Healthcare science staff | 0 | | |
| Social care staff | 0 | | |
| Other | 0 | | |
| **Total average numbers** | **3515** | **3276** | **239** |
| Number of employees (WTE) engaged on capital projects | 0 | | |

Table 3: Staff breakdown by occupational group

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

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 | 83 | 27 |
| Employees | 2665 | 688 |
| Total | 2754 | 723 |

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 2025, we recorded an average sickness level of 5.78%. Sickness absence is discussed at people & Culture Committee and operational 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:

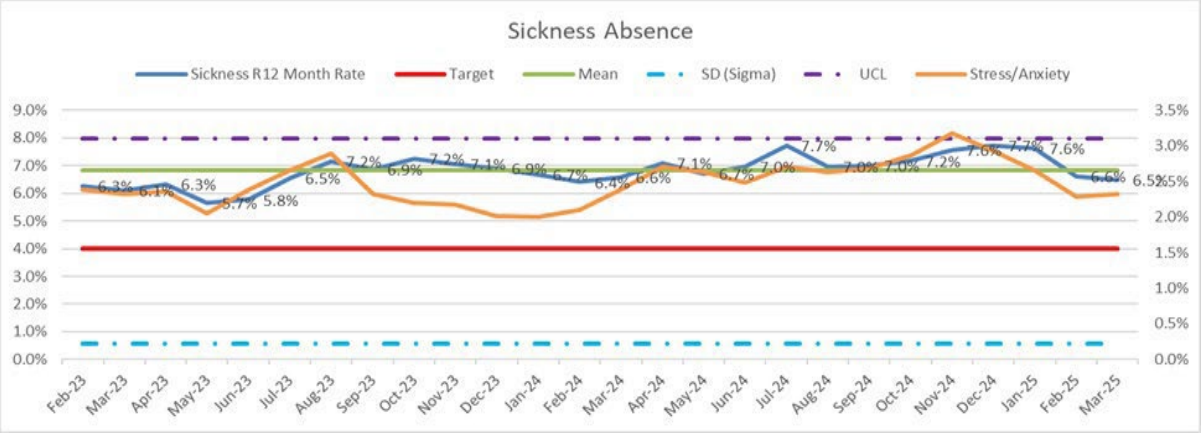



Diagram 1: Sickness absence data over last 2 years 2023/24 to 2024/25

## 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 2025, we recorded an average turnover level of 11.44%. Labour turnover has been scrutinised at People & Culture Committee and operational quality and operational performance meetings and exception reports highlighting hotspot areas escalated to Compliance and Risk Group and Board of Directors.

Details of our labour turnover rates for 2024/25 are shown below:

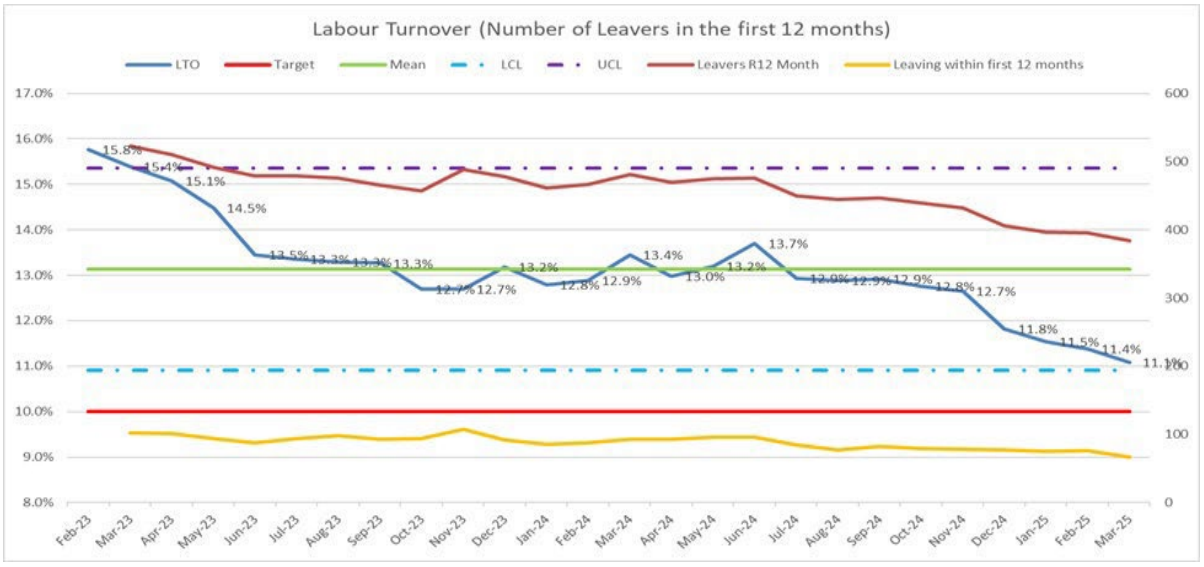



Diagram 2: Labour turnover data for 2023/24 to 2024/25

## Staff Policies and Procedures

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 the Community Nursing reconfiguration, the Children & Young Peoples leadership reconfiguration and Smarter Spaces.

With a workforce the shape and size of ours and the volume and complexity of the work that many of us undertake, it's inevitable that there will be some dissatisfaction or behavioural concerns amongst our colleagues. Our approach to employee relations activities, particularly disciplinary and grievance cases, has been revolutionised over this year, with live cases being reduced by over a half. This has been achieved through effective partnership working with our Staff Side colleagues and introducing a more comprehensive fact finding and triage process to establish the right pathway to follow and intensive training for our managers in people management practices and investigatory methods, where they are indicated. Not only are we reducing the overall numbers of cases through better and more compassionate decision making, but we are also radically reducing the time taken to investigate and complete cases, so important in maintaining peoples' wellbeing and reducing disruption to services.

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.

Partnership working with our staff side colleagues is a vital component in the Trust's job evaluation processes. Our collaborative approach has ensured that recently more of our staff side colleagues have volunteered to be trained in job matching and consistency checking, both of which are fundamental in assuring our approach to job evaluation.

## 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: 12
FTE trade union representatives: 9.97

### 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: ££166,418,000.00
Total cost of facility time: £ £63,868.82
Percentage of pay spent on facility time: 0.04%

### Paid trade union activities

Hours spent on paid facility time: 2713
Hours spent on paid trade union activities: 117
Percentage of total paid facility time hours spent on paid TU activities: 4.31%

## You're a Star Awards

Our You're a Star Awards (YASA) celebrate the work of clinical and non-clinical staff, service users, carers and volunteers who have made an outstanding contribution to Trust work and services over the last twelve months.

Any colleague can nominate an individual or team who they feel deserves recognition. This year, following staff feedback, we introduced more awards at care group and directorate level, alongside two Trust-wide awards, and also recognised the overall winners for our monthly Living our Values awards (see further below).

The 18 awards were presented at a YASA event, thanks to our sponsor partners. Post-event feedback evidences the value of staff recognition with 98 per cent of respondents rating the awards event 'excellent' or 'good', 76 per cent feeling valued, and 83 per cent more likely to recognise/ nominate the work of others in future YASA awards.

Our 2024/25 winners are below:

| **Care group/ directorate awards** | **Team of the Year** | **Teammate of the Year** | **Unsung Hero** |
|---|---|---|---|
| Children's | Paediatric Speech and Language Therapy team | Claire Krajynk | Jess Green |
| Mental health | Najurally Centre | Lucy Holt | Zafar Iqbal |
| Community health services | Proactive Care team | Yvonne Jaimeson | Patsy Bamber |
| Corporate | Energy Waste and Sustainability | Roberto Giedrojt | Albert Domosud |

| **Trust-wide awards** | Working together | **Service user, carer and volunteer contribution** | **Living our Values** |
|---|---|---|---|
| | Sharon Walker | Chris Rollings | • **We care** - Annmarie Lobley and Kelly Kerin<br>• **We listen** - Dawn Storey<br>• **We deliver** - Rebekah Blundell |

## Trust-wide awards

The Thanks A Bunch scheme recognises colleagues who have gone above and beyond in their current role and made a positive impact. The scheme enables colleagues to nominate their colleagues for a Thanks A Bunch award. Nominations are considered every month by the Executive Management Team and up to ten awards are made. During 2024/25 122 awards were made to individual staff and teams.

## Living our Values

Our Trust values of we care, we listen, and we deliver, run through everything that we do. They shape how we behave with each other and the people we serve and work with. Every month, colleagues submit nominations that are reviewed by our Chief Executive, and certificates are then awarded to the three winners – one for each of the values.

## Long Service Award

The Trust recognises colleagues for their long-term commitment to NHS health care services. In this last year 33 colleagues had achieved 25 years' service and 12 had achieved 40 years' service which was recognised and celebrated at a Long Service Event. Podiatrists, community and mental health nurses, palliative care specialists, and corporate and administrative colleagues were amongst those recognised as were the Trust's Chair and Chief People Officer who marked over 40 years.

## 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.

### Leeds Trinity University Guiding Light Award

Our Community Staff Nurse, Lyndsey O'Neill, received a Guiding Light award from Leeds Trinity University, for the support she gave to a student who's been with her service out in practice. Lindsey was nominated for going 'above and beyond' in supporting her student whilst she was with the Holyfield District Nursing team.

### NHS Parliamentary Awards

Our Proactive Care Team was awarded the Excellence in Primary Care and Community Care Award at the Parliamentary Awards, after achieving a 41 per cent reduction in A&E visits for their patients. The team works with partners across a range of disciplines to keep people well at home.

### Health Service Journal Awards

Our Learning Disability Health Support team was awarded Learning Disabilities Initiative of the Year at the HSJ Patient Safety Awards. The team developed the Keeping My Chest Healthy project, which is a multidisciplinary respiratory pathway and online digital hub designed to improve the respiratory health of people with a learning disability.

### Health Estates and Facilities' Management Association

Our Estates and Facilities' Business Manager Liza Pyrah won the People Development Award at the Health Estates and Facilities' Management Association (HEFMA) National Awards. Liza leads on the training and development strategy for Estates and Facilities. The People Development award recognises her work in supporting service managers to recruit six apprentices and use apprenticeships to upskill existing staff.

## Internal communications with our colleagues

The Trust has a range of communication channels to update colleagues, gather their views and ensure two-way engagement, so staff are involved in key developments and have direct communication routes to the Senior Leadership Team.

This ensures that all staff who are working in different ways and across a broad geographical area, have an opportunity to connect and hear Trust news.

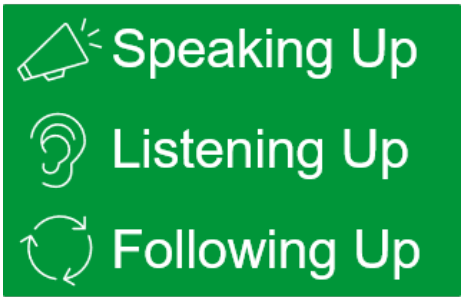
We have a range of digital communication channels where staff can access information: our weekly e-bulletin, our staff intranet, the Chief Executive's weekly vlog, Teams chat (Viva Engage), outlook (global emails), and our weekly staff broadcast that is hosted by an Executive lead and covers key operational issues, with an open Q&A .

## Schwartz Rounds

The Trust continues to prioritise staff wellbeing through the provision of monthly Schwartz Rounds with in-person events and via MS teams. Research shows that regular attendance at Schwartz Rounds, a reflective forum open to both clinical and non-clinical staff 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.

Since Schwartz Rounds began in 2018 the Trust has held 73 Rounds with an average staff attendance of 30 people. Schwartz Round themes have included 'Removing the barriers,' 'the power of gratitude' and 'What, you too? I thought I was the only one!' 'COVID the Ripples 5 years on'. The Trust has also facilitated two time-out sessions for Child and Adolescent Mental Health Services, and a Round for the Senior Leadership team with a further Team Time Round arranged for July. Most recently, members of the Schwartz Steering Group are planning to put, together an anthology of previous stories with members of the Lynfield Mount Hospital Library Team to mark Bradford City of Culture. The Schwartz steering group continue to attend the monthly Trust inductions to introduce Schwartz Rounds to new starters and a job advertisement for a facilitator will be going out shortly.

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 is part of a wider strategic approach to positive cultural transformation and improvement and we want to create a culture of listening, where all staff feel safe and able to speak up about any obstacles to delivering high quality care. Our Freedom to Speak Up Guardian (FTSUG) and Deputy Guardian are independent, impartial and work alongside the SLT to ensure concerns are addressed promptly and effectively; all staff can speak to them in confidence. During the year, 112 cases were raised through the FTSUG route (an increase of 43 cases compared to 2023/24). These are all opportunities for us to learn and improve. Further information about FTSU is included in the Trust's Quality Report.

## NHS Staff Survey 2024

### Introduction

The Trust's NHS Staff Survey response of 53% for 2024 built upon the previous year's significant improvement from 41% to 51%.

All NHS People Promise and themes are slightly **higher** than both last year's scores and those of the sector, with two significantly higher than the sector ('We work flexibly' and 'We are recognised and rewarded'), 'We work flexibly' is also significantly higher than 2023. This improvement across all themes is recognised by NHS England as a significant achievement, for which the Trust received a certificate of recognition. The Board, People and Culture Committee and senior leaders have

discussed the results and are identifying responses and actions and 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 one important element in our many methods of engaging with colleagues towards being the 'Best Place to Work'. This blended approach to engagement includes Trust-wide conversations; learning weeks; the engagement of senior leadership with colleagues through workshops; vlogs, live broadcasts and question and answer sessions; engagement, wellbeing and topic related roadshows (such as Smarter Spaces); 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 our senior leaders in a timely manner.

## Staff Survey results in 2024/25

The NHS Staff Survey 2024 (NSS2024) took place from 23 September to 29 November 2024, along with a comprehensive, effective and targeted engagement and programme, amongst substantive staff and Bank workers. Quarterly Pulse Staff Surveys (QSS) were also held in April and July 2024 and January 2025, which repeated the staff engagement questions from the annual survey.

The NHS Staff Survey is conducted annually. The survey questions align to the seven elements of the NHS People Promise and with the two themes of engagement and morale. All themes are based on a score out of ten. Beneath the nine themes lie 21 sub-themes and over 100 questions.

Response rate

- The Trust-wide response rate to NSS2024 was **53%** or 1,766 staff. This represented a further increase on the significantly improved results of 2023. (In 2023 it was 51% and 2022 it was 41%). Response rates for all Trusts in our sector averaged 54%*.
- The Bank Survey response rate was **34%** or 149 staff – representing a significant increase on the 2023 response of 24% and the 22% average for all for comparable Trusts*

* 50 Mental Health Learning Disability Community Trusts in benchmark group nationally

Theme Scores

- In 2024, all the People Promise, and theme scores were slightly **higher** than both the previous year's scores and those of the sector, with 2 significantly higher than the sector* ('We work flexibly' and 'We are recognised and rewarded'), 'We work flexibly' is also significantly higher than 2023. This improvement across all

themes is recognised by NHS England as a significant achievement, for which the Trust received a certificate of recognition.

- For Bank workers*, seven of the theme scores were **lower** than those for substantive staff, and one was higher. Five of the theme scores were worse than 2023, the remainder similar to 2023. Most of the Bank theme scores are lower than the benchmark group Bank average.

  *Bank scores are based on early indicative scores and not on final published scores, as these have only just been released at the time of preparing the Annual Report. The following results relate to substantive staff scores only.

Question Scores

- Of the 108 individual questions in NSS2024, **82%** of scores (Trust-wide) had no significant difference to sector, with 15% significantly better and 3% significantly worse. **94%** had no significant difference to last year, with 6% significantly better and none significantly worse.
- There were improvements from both the 2023 and sector scores to delivering reasonable adjustments, respecting individual difference, achieving work-life balance and taking positive action on health and well-being.
- The scores showed an increase in discrimination based on religion and reduction in the perception of career development opportunities. Corporate actions in relation to these two areas are already underway.

Free text comments

- Around 300 detailed comments were received from staff as part of a 'free text' option at the end of the survey. The predominant themes arising were around management / leadership and recognition / reward. The comments have been shared with senior leaders, for consideration and response alongside the quantitative results. Detailed analysis and response are ongoing.

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.
- Local results have been shared across all services and teams.
- Our Staff Networks for protected characteristics are working 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

Service and Team level results

- The local results indicated a wide variance of experience and engagement across different work areas and other categories, such as demographics or colleague group.
- This granular level reporting provided intelligence to senior leaders and corporate services 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. It also enabled triangulation with other data,

such as management skills analysis or records of services impacted by employee relation cases.

- Local results were shared with the Senior Leadership Team and via distribution to managers and publication on SharePoint. Bespoke infographics and reports of summary scores were prepared in-house for each service area and team grouping. These were supported by detailed results tables to enable effective discussion amongst staff.

Action planning

- Building on the proactive engagement during the fieldwork period, manager coaching drop-ins, and team support sessions are underway and/or planned for April-June 2025.
- With detailed guidance, all teams and services are encouraged to view their results and explore together areas for improvement and celebration in their service. They have been asked to identify and embed required actions into existing improvement work and new action plans if needed.
- Services and teams that have particularly positive scores are being identified and analysed as examples of good practice.
- Trust senior leaders give support and feedback to address issues arising from notable scores; and themes arising from the analyses of free text comments.
- We are building on measures to consolidate a compassionate, inclusive, and kind culture amongst the workforce, alongside the ambitious action on health and wellbeing

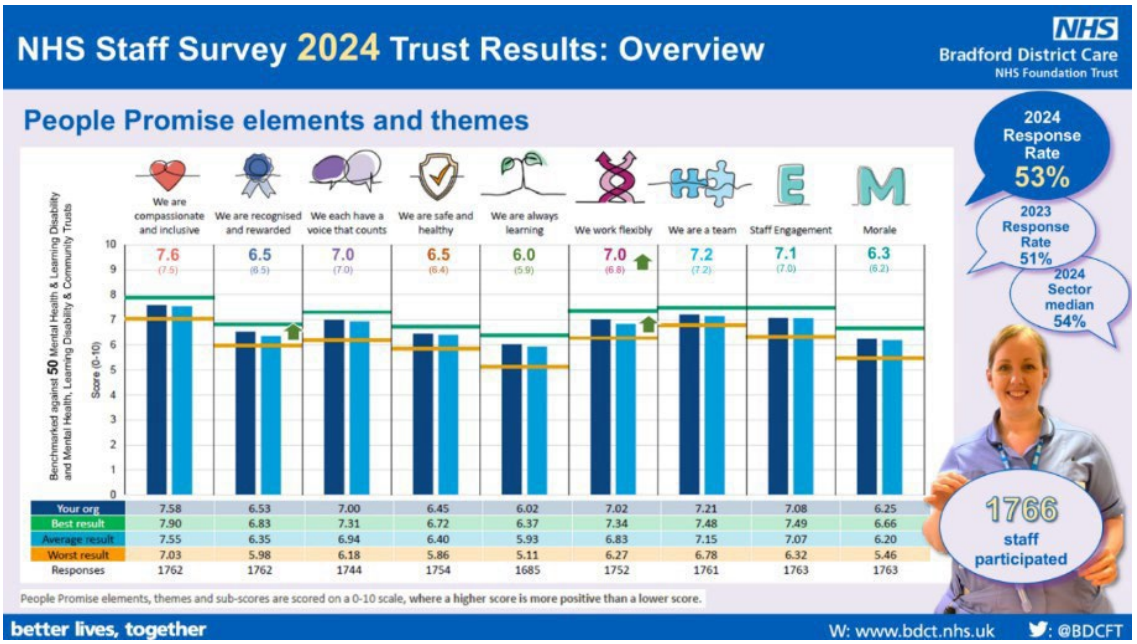
Next steps, monitoring and future developments

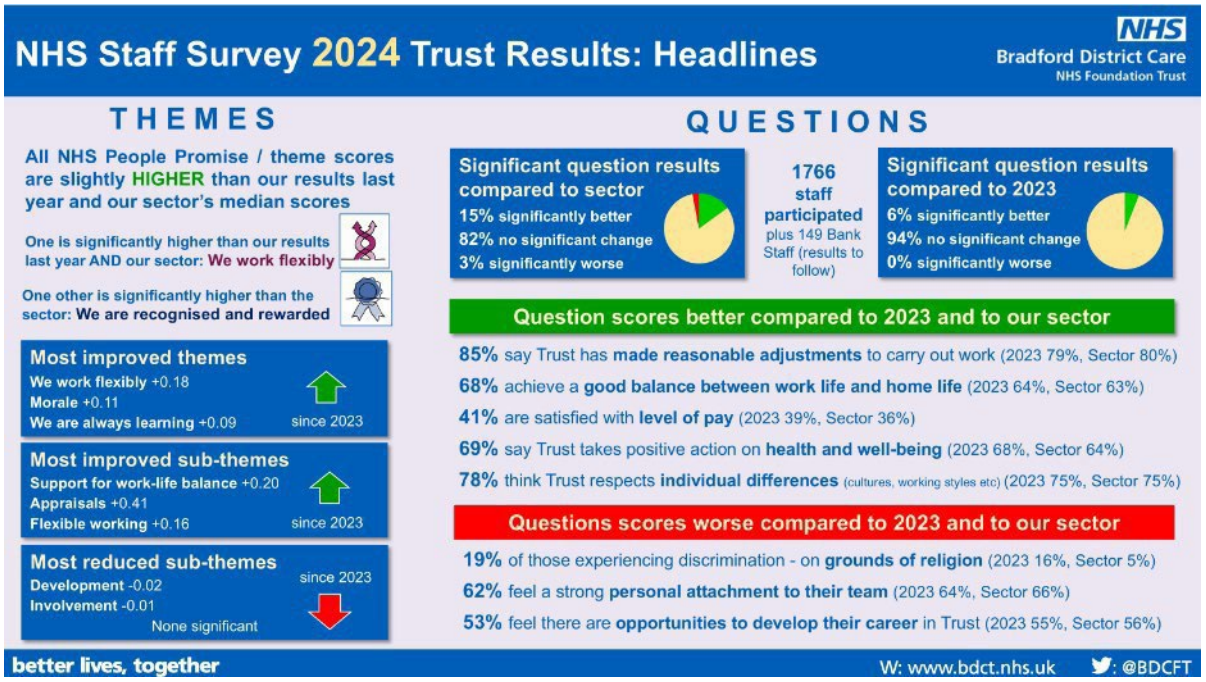
- There is ongoing consideration of the results by the Board, People and Culture Committee, Executive Management Team, and Senior Leadership Team. This supports the detailed reviews with managers and staff, the benchmarking of results against Place and ICB scores, and the review of Bank worker scores. It will be informed by additional engagement activity such as the Quarterly pulse surveys.
- Development of an in-house interactive results portal / dashboard to enable smarter data triangulation, results dissemination and sharing of feedback and actions across all levels of the Trust, is under development for the 2025 Staff Survey.
- The Board's People and Culture Committee and the Senior Leadership Team will monitor and track outcomes and actions arising from the 2024 Staff Survey, feed these back to staff, and roll these into preparation for the 2025 Staff Survey, as part of a continuum of engagement.

## Staff Survey performance over last 3 years:

| | 2024/5 | | 2023/24 | | 2022/23 | |
|---|---|---|---|---|---|---|
| **THEME** | **BDCFT** | Benchmark Group | **BDCFT** | Benchmark Group | **BDCFT** | Benchmark Group |
| PP1: We are compassionate and inclusive | **7.58** | 7.55 | **7.5** | 7.6 | **7.5** | 7.5 |
| PP2: We are recognised and rewarded | **6.53** | 6.35 | **6.5** | 6.4 | **6.3** | 6.3 |
| PP3: We each have a voice that counts | **7.00** | 6.94 | **7.0** | 7.0 | **7.0** | 7.0 |
| PP4: We are safe and healthy | **6.45** | 6.40 | **6.4** | 6.3 | **6.3** | 6.2 |
| PP5: We are always learning | **6.02** | 5.93 | **5.9** | 5.9 | **5.7** | 5.7 |
| PP6: We work flexibly | **7.02** | 6.83 | **6.8** | 6.8 | **6.8** | 6.7 |
| PP7: We are team | **7.21** | 7.15 | **7.2** | 7.2 | **7.1** | 7.1 |
| Staff engagement | **7.08** | 7.07 | **7.0** | 7.1 | **7.1** | 7.0 |
| Morale | **6.25** | 6.20 | **6.1** | 6.1 | **6.1** | 6.0 |

## NHS Staff Survey 2024 summary results – Trust-wide






'I am delighted to get in touch following the publication of the 2024 NHS Staff Survey results which show your trust as improving across all seven elements of the People Promise and the themes of Staff Engagement and Morale.

The NHS is operating in a challenging environment and improving staff experience in these circumstances should be recognised as a real achievement. I would like to thank you and your team for all your hard work in leading and delivering improvements for our NHS people. This truly matters to the care we deliver for our patients and service users.'

Em Wilkinson-Brice | Director for Staff Experience & Leadership Development, NHS England, April 2025

## Equality, Diversity, and Inclusion

The Trust has a set of Equality Objectives which run from 2024 – 2028, they guide our EDI work. The objectives flow from our Ambition to action strategy, 2023-26 and enable us to fulfil our Public Sector Equality Duties and our NHS EDI standard contract requirements. The equality objectives are:

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 our 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 these ambitions our EDI Strategy, the Belonging and Inclusion Plan was reviewed, refreshed and relaunched in 2025. The plan summarises the progress we have made since 2021 and our plans for making further workplace equality improvements.

The vision for the plan is threefold:

- **Deliver the Best Quality Services:** To provide the best quality care which is trauma informed and meets the individual needs of our service users. This will include developing a separate Health Equity Approach which embeds a commitment to reducing health inequalities across the Trust at every level. This is currently in development, with plans to launch in Summer 2025.

- **An Inclusive and Representative Workforce:** To have a workforce that fully reflects and understands the communities we serve, fostering a fair and compassionate culture where everyone feels that they belong, are included, valued and respected and can progress as a unique individual.

  A happy, valued, and healthy workforce is essential for delivering high quality care. By addressing health inequalities, we not only improve care for our communities but also support our workforce - 65% of whom live locally.

- **Commitment to Lead and Act:** to collectively, consistently, and actively work to dismantle inequality wherever it is found at all levels and in all its forms, including identifying and addressing barriers to progression. Through this commitment, we will strive to be a leader in the field nationally.

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 people using our services and carers.


Diagram 3: Word cloud from staff engagement exercise

In the last year as part of the plans delivery, the Trust has:

***Statutory reporting requirements***

- Met all our equality workforce assessment, reporting and publication requirements. Information about these reports is available here Equality and diversity reports.
- Delivered on new requirements like the NHS EDI Improvement Plan and the West Yorkshire Integrated Care Boards Fairness and Equity Strategy.

***Increasing staff capability and awareness of EDI***

- Developed an online resource bank and trained 300 managers through our EDI training offer. As a result of delivering training on our EDI policies, we are seeing impressive improvements in our staff survey scores around reasonable adjustments, a decrease in the number of disabled and ethnically diverse staff saying they have experienced harassment and abuse from patients and colleagues.
- Coordinated an EDI Calendar which marks and celebrates key events and campaigns throughout the year. These dates provide an opportunity for staff to learn about things that matter to our diverse Bradford, Airedale and Craven communities ensuring that we can better meet their needs.
- Created a network of 'EDI Influencers' to deliver on our Belonging and Inclusion Plan priorities across our clinical teams.

***Improved representation and ensured that everyone has a voice that counts***

- Increased the number of staff sharing information about their long-term health conditions from 3% to 14% which enables us to better support our workforce to stay healthy and happy at work.
- We ran a third successful reciprocal mentoring programme aimed at supporting ethnically diverse staff in bands 5 and 6 to progress in their careers and ensure

our senior managers have an opportunity to connect with and support ethnically diverse colleagues in their career journey, learning from their lived experiences.
- Increased ethnically and culturally diverse (ECD) leadership in bands 8a and above to be equal to the whole organisation's ECD representation.
- Decreased the percentage of staff who have said they would 'prefer not to say' what their Sexual Orientation is from 19% to 14% between 2022 and 2024 enabling better analysis of representation within the workforce.
- Supported 15% of our workforce to be a member of our three staff networks. The Rainbow Alliance, Aspiring Cultures Staff Network and Beacon Networks offer support, mentoring and ensure that all staff have a voice that counts. The networks feed into our governance processes directly through representation and a bi-monthly network report. Our Trust Board members sponsor the networks regularly attending and supporting delivery of their objectives.

***Developed and implemented effective policies and procedures***

- Implemented a See it, Say it, Stop it campaign to reduce abuse to our staff from patients and the public. We have monitored reports of abuse from our staff on a weekly basis and targeting training, wellbeing support and positive and proactive care interventions into hotspot areas.
- Reduced the length of time that disciplinary processes take to complete significantly and developed new information about wellbeing support for colleagues within the process.

We have sought to collaborate and work in partnership within the Bradford, Airedale and Craven Health and Care Partnership, the NHS West Yorkshire Integrated Care System, the West Yorkshire Mental Health Collaborative and with our EDI colleagues across the country to share resources, develop evidence-based practice and work effectively.

## 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 and evaluations associated with them. The policies include:

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

… .....Date: 26 June 2025
Therese Patten
Chief Executive

## Our financial performance

The financial year ending on 31 March 2025 has been another challenging year for the Trust due to the continued service demand and acuity pressures and workforce supply shortages. Despite this, the Trust has delivered its financial objectives for the year.

The financial highlights for 2024/25 include:

- delivering an adjusted surplus, after technical adjustments, of £179k;
- continued investment in the Trust's estates and digital infrastructure that is critical in supporting service delivery;
- additional capital funding secured to start enabling works at Lynfield Mount, and invest in environmental enhancements;
- retaining a healthy cash balance of £18.4m;
- prompt payment of invoices resulting in 96% of non-NHS organisations and 95% of NHS organisations being paid within 30 days; and
- the Trusts procurement provider received accreditation in the Commercial Continuous Improvement Assessment Framework.

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 £233.3million (m) in 2024/25 and after expending £233.1m, generated a surplus excluding technical adjustments of £179k, or 0.08%.

Income and expenditure performance for the year ending 31 March 2025:

| | **2024/25 £000's** |
|---|---|
| Income - Patient Care Activities | £220,320 |
| Other Operating Income | £12,934 |
| **Total Income** | **£233,254** |
| Operating Expenses | (£242,326) |
| Interest Paid and Received | £1,329 |
| Public Dividend Capital | (£831) |
| **Total expenditure (incl. technical adjustments)** | **(£241,828)** |
| Technical adjustment: Impairments charged to statement of comprehensive income | £8,890 |
| Technical adjustment: Movement in PFI revenue costs on a IFRS 16 basis versus a UK GAAP basis | (£137) |
| **Total expenditure (excl. technical adjustments)** | **(£233,075)** |
| **Adjusted financial performance surplus/(deficit) for the year** | **£179** |

Table 5: Income and expenditure summary

### Income

Income from Patient Care Activities was £220.3m and represented 94% of total income, and Other Operating Income was £12.9m and represented 6% of total income. The table below summarises the source of the Trust's income:

| Income Source | | £000's | % |
|---|---|---|---|
| Integrated Care Board | Mental Health and Community Healthcare Contracts, Dental services | £181,144 | 77.7% |
| Local Authority | 0-19 Service Contract | £12,934 | 5.5% |
| NHS England | NHSE centrally funded pension contributions; Child Health Informatics Service; and pay award centrally funded | £11,112 | 4.8% |
| Locala Community Partnerships CIC | Vaccination and Immunisation services | £1,102 | 0.5% |
| Provider Collaborative | Adult Secure Service Contract | £7,738 | 3.3% |
| Provider Collaborative | Learning Disabilities Assessment & Treatment Contract | £1,930 | 0.8% |
| Other | Other patient care | £4,360 | 1.9% |
| **Income from Patient Care Activities** | | **£220,320** | **94.5%** |
| Other Operating Income | | £12,934 | 5.5% |
| **Total income** | | **£233,254** | **100.0%** |

Table 6: Income summary

## Where each £1 comes from:

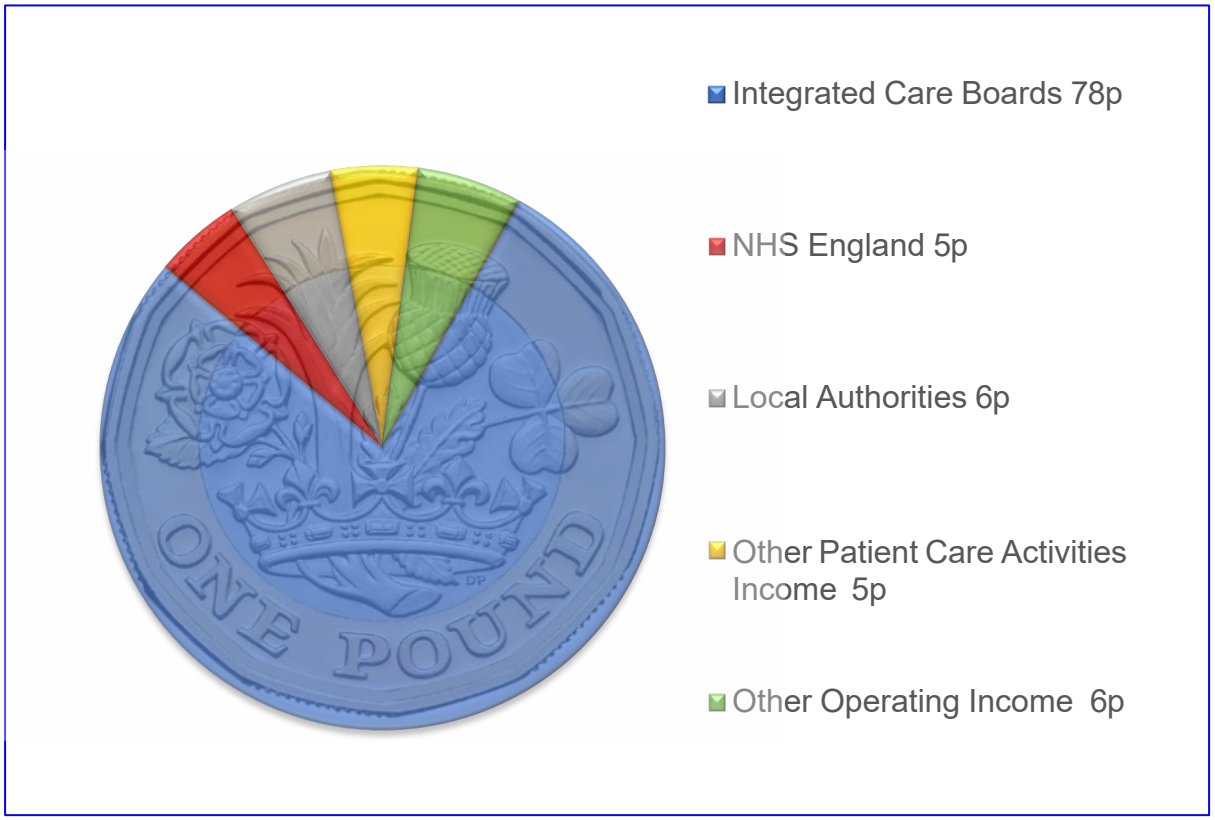



Diagram 4: Source of Trust income

## Expenditure

Operating expenses, including finance costs and technical adjustments, were £233.1m. Staffing costs were the largest driver of cost and represent £181.8m, or 78% of the Trust's Operating Expenditure.

| Expenditure source | £000's | % |
|---|---|---|
| Staff Costs | £181,765 | 78.0% |
| Supplies and Services | £29,371 | 12.6% |
| Establishment & Premises | £10,828 | 4.6% |
| Depreciation & Amortisation | £6,420 | 2.8% |
| Other | £5,052 | 2.2% |
| Financing Costs | (£498) | -0.2% |
| Technical Adjustment | £137 | 0.1% |
| **Operating expenditure** | **£233,075** | **100.0%** |

Table 7: Expenditure summary

## How each £1 is spent:

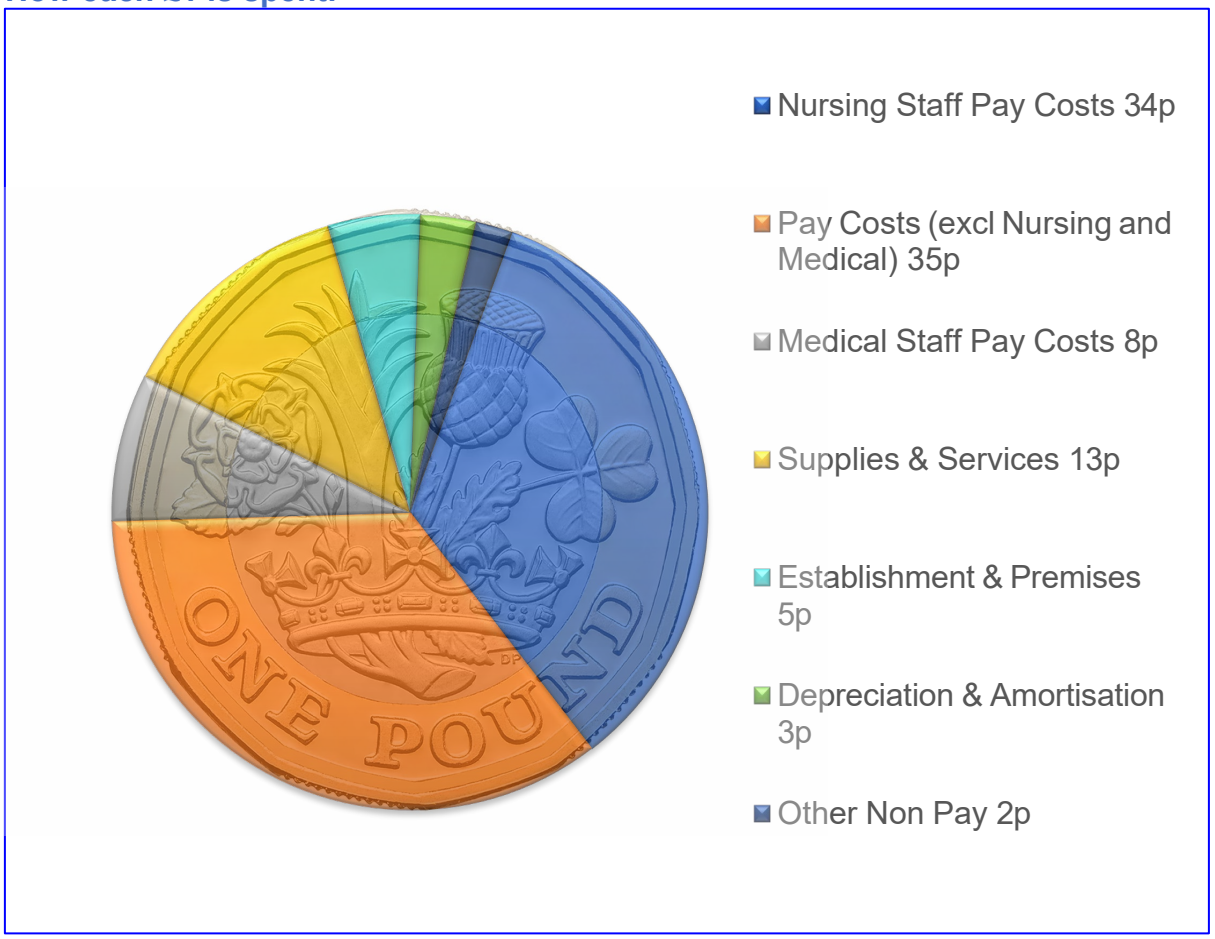



Diagram 5: Summary of Trust expenditure

## 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 £6.2m, which have been further supplemented by £8.5m of other one-off measures that have contributed towards the Trust meeting its statutory financial duties.

## Capital expenditure

The Trust has secured capital funding totaling £11m for the year through a number of

routes, including operational capital from the West Yorkshire central allocation; capital funding for lease costs; and additional in year national capital funding.

Our capital allocation has been invested in developing and maintaining the Trust's assets and infrastructure, with the following investments made:

- £3.9m enabling works at Lynfield Mount Hospital to support future development on the site;
- £2.6m improving our inpatient estate;
- £1.8m has been invested across the wider Trust estate, including leases;
- £1.8m has been invested in our Digital infrastructure;
- £0.7m has been invested on environmental enhancements; and
- £0.2m has been spent on equipment.

## Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £18.4m as at 31st March 2025.

## Auditor remuneration

External Auditor fees for 2024/25 were £182k (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 2025.

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 108 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 2025 was as follows:

| | No. of invoices | Value of invoices £000's |
|---|---|---|
| **Non NHS** | | |
| Total bills paid in the year | 15,380 | £55,613 |
| Total bills paid within target | 14,827 | £52,544 |
| **Percentage of bills paid within target** | **96.4%** | **94.5%** |
| | | |
| **NHS** | | |
| Total bills paid in the year | 970 | £11,988 |
| Total bills paid within target | 924 | £10,995 |
| **Percentage of bills paid within target** | **95.3%** | **91.7%** |

Table 8: Performance against the Better Payment Practice Code

## Going concern disclosure

The Trust has delivered the agreed forecast for 2024/25, reporting an adjusted surplus of £179k. 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 £18.4m cash balances at the year-end.

After consideration of the funding agreed through 2025/26 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.

## Financial outlook for 2025/26

The Trust Board has approved a break-even plan for 2025/26, 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 need to increase staffing to deliver safe care;
- 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;
- pay inflationary costs remain higher than funded levels;
- national targets to reduce spend in core support services, with the potential to delay or disrupt Trust plans; and
- system wide NHS reorganisation and staffing cuts, with the potential to delay or disrupt Trust plans.

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 strategic programmes which will help to deliver its overall £16.3m efficiency target.

The Trust's capital allocation for 2025/26 is £11.5m which includes funding for lease renewals in year of £5.3m; a £3m contribution to support the development of Lynfield Mount from the West Yorkshire operational capital allocation; and £3.2m for routine operational capital priorities.

The Trust is continuing to develop the Full Business Case to secure £50m national capital funding to develop the hospital site at Lynfield Mount in Bradford. It is expected that approvals will be granted during 2025/26 to allow work to commence during the year, and conclude over a c3 year time period.

In summary, the Trust has a strong history of effective financial management but recognises that there are significant risks to the achievement of our statutory duties in 2025/26.

Provider Selection Regime – Annual Summary

In accordance with Regulation 25 of the Health Care Services (Provider Selection Regime) Regulations 2023, BDCFT are required to produce an annual summary of our contracting activity for the provision of relevant health care services.
The relevant information is provided below;

| **Provider Selection Regime Annual Summary of contracting activity for the Provision of Relevant Health Care Services.**<br>01 January 2024 - 31 March 2025 | |
|---|---|
| (a)the number of contracts awarded in the year to which the summary relates where Direct Award Process A, Direct Award Process B or Direct Award Process C was followed; | Direct Award Process A: 0<br>Direct Award Process B: 0<br>Direct Award Process C: 2 (**Provision of Sterile Services for Dental & Podiatry** and **Provision of Physiotherapy Services**) |
| (b)the number of contracts awarded in the year to which the summary relates where the Most Suitable Provider Process was followed; | 0 |
| (c)the number of contracts awarded in the year to which the summary relates where the Competitive Process was followed; | 0 |
| (d)the number of framework agreements concluded in the year to which the summary | 0 |

| | |
|---|---|
| relates; | |
| (e)the number of contracts awarded based on a framework agreement in the year to which the summary relates; | 2 (C118624: Clozapine Levels Testing, C118681: Provision of Dental Laboratory Services) |
| (f)the number of contracts awarded and modifications made in reliance on regulation 14 (urgent award or modification) in the year to which the summary relates; | 0 |
| (g)the number of new providers to whom a contract was awarded in the year to which the summary relates; | 0 |
| (h)the number of providers who held a contract in the previous year but no longer hold any contracts in the year to which the summary relates; | 0 |
| (i)the number of written representations made in accordance with regulation 12(3) and received during standstill periods which ended in the year to which the summary relates and a summary of the nature and impact of those representations. | 0 |

Table 9: Provider Selection Regime Annual Summary of contracting activity for the Provision of Relevant Health Care Services.

….....Date: 26 June 2025
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 2024/25 there were five changes to individual members of the Board, outlined as follows:

- Sally Napper was appointed as Senior Independent Director from 1 May 2024.
- Simon Lewis was appointed for one additional year commencing 19 November 2024 to 18 November 2025 as a Non Executive Director and Deputy Chair of the Trust.
- Alyson McGregor was re-appointed for a second term of office starting 28 February 2025 for three years.
- Mark Rawcliffe was re-appointed for a second term of office starting 28 February 2025 for three years.
- Farhan Rafiq was appointed through a competitive recruitment process as Director of Transformation, Improvement and Productivity on 14 February 2024, starting in post May 2025.

The Board comprises seven Non-Executive Directors (including the Chair of the Trust), six Executive Directors (including the Chief Executive Officer) and two Associate Director (Chief Information Officer and Director of Transformation, Improvement and Productivity). 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 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, 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 and Senior Independent 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 39-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.

**Farhan Rafiq, Director of Transformation, Improvement and Productivity**
Farhan Rafiq is an accomplished leader with a passion for driving transformation, innovation, and improvement within the healthcare sector.

As our Director of Transformation, Productivity and Improvement, Farhan brings a wealth of experience in leading cross-functional teams to deliver impactful, outcome-driven results. With a background spanning business development, programme implementation, and strategic partnership building, he has successfully secured significant funding and

led initiatives that have transformed services across community health and care.

Farhan is committed to fostering collaboration, developing innovative solutions, and ensuring the efficient delivery of services that align with local priorities.

His leadership in the establishment of the Innovation Hub for Bradford District and Craven, exemplifies his dedication to accelerating healthcare advancements. This is complemented by transformational experience of leading and managing a multi-million-pound private sector training business in the further education and apprenticeships sector.

Outside of work, Farhan is a devoted family man, committed to his faith, and is very involved in community and voluntary activities, including his role as a Parent Governor at a further education college in Leeds, and a volunteer caseworker for a charity, all demonstrating his commitment to social impact and public service.

He is a non-voting member of the Board as an Associate Director.

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 | 24 April 2024 | 29 May 2024 | 26June 2024 | 17July 2024 | 25 September 2024 | 23 October 2024 | 27 November 2024 | 18 December 2024 | 29 January 2025 | 26 February 2025 | 26 March 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Linda Patterson | 11/11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Maz Ahmed | 7/11 | ✓ | ✓ | - | - | ✓ | ✓ | - | ✓ | ✓ | - | ✓ |
| Simon Lewis | 9/11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ | - |
| Alyson McGregor | 10/11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ |
| Chris Malish | 5/11 | ✓ | - | ✓ | ✓ | - | ✓ | - | - | - | ✓ | - |
| Mark Rawcliffe | 10/11 | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sally Napper | 11/11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Executive and Associate Directors** | | | | | | | | | | | | |
| Therese Patten | 11/11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kelly Barker | 11/11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bob Champion | 7/11 | ✓ | ✓ | ✓ | - | - | ✓ | - | - | ✓ | ✓ | ✓ |
| Phil Hubbard | 10/11 | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Iain MacBeath | 1/11 | ✓ | - | - | - | - | - | - | - | - | - | - |
| Tim Rycroft | 10/11 | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| David Sims | 9/11 | - | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mike Woodhead | 10/11 | - | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

- indicates apologies

Table 10: 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 an integrated 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

During 2024/25, four Joint Committees were held, bringing together the Quality and Safety Committee, Mental Health Legislation Committee, 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.

The Trust introduced Joint Committee sessions a few years ago. They were originally set up to bring together two Committee's to discuss a specific topic that covered both areas. The model has evolved over the last few years due to the Trust being a learning organisation and ensuring that effectiveness reviews take place supported by opportunity to capture people's experience.

Over the last couple of years, the remit of the Joint Committee's has broadened out to include opportunity for all Committee's to be involved with the discussion. Work has also taken place to create a forward plan for these learning sessions, aligned to the Trust's strategy. A deep dive takes place within each session, which allows a rounded conversation to take place. Work is now taking place to understand how benchmarking and external learning can feature within these learning sessions. The joint committees discussed the following topics during 2024/25:

- Edenfield Centre at Greater Manchester Mental Health NHS Foundation Trust Report
- Trust learning from the Nottingham attack & CQC findings
- Risk Reporting

- Inpatient Safer Staffing
- Care Closer to Home
- Good Governance: Case Study
- West Yorkshire Community Dental Service Contract

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 Integrated Strategic Performance Report for Board and Committee's.

In 2023, the Board 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. A second iteration of this audit took place in October 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 'Effective Oversight: Escalation and Assurance. 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. In January 2025, changes were made to the templates of the 'Effective Oversight: Escalation and Assurance reports'. This streamlined the process, with an additional box added for feedback from the Board. The reports were also reported back into the next sub-committee with the feedback from the Board, which closes the loop of feedback back down to the sub-committee, strengthening triangulation.

Information on the Nomination and Remuneration Committee is contained separately in the Remuneration Report. In May 2024, Therese Patten, Chief Executive, took over as Place Lead for Bradford District and Craven Health and Care Partnership. This was approved and supported at Board level. Also in September 2024, Therese Patten was appointed as National Director for Place Development.

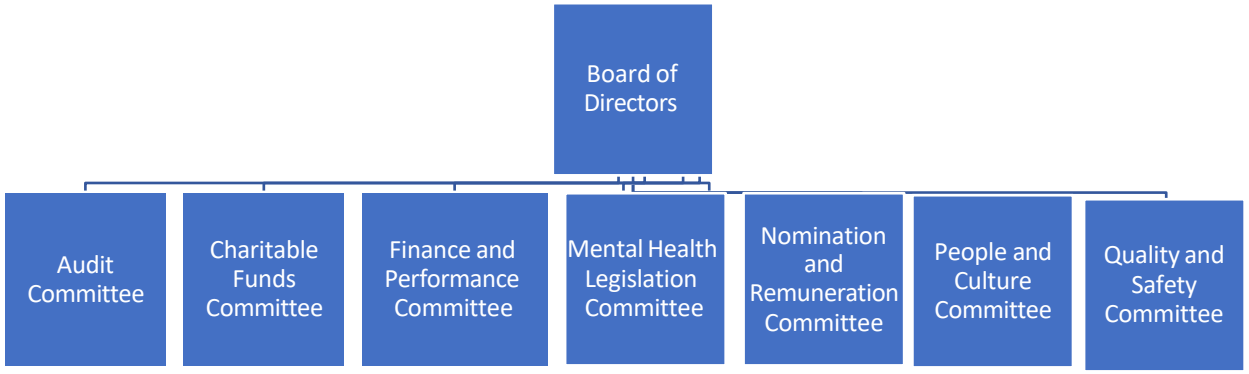



Diagram 6: Board Committees that support the Board of Directors

**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.

During 2024/25, the Audit Committee underwent a self-review exercise, & comparison (which included benchmarking) of the terms of reference. The findings will be considered alongside consideration to the Audit Committees role in reviewing the establishment & maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust, that supports the achievement of the Trust's strategic objectives in the next financial year.

The Audit Committee met six times in 2024/25 as outlined below:

| Name | Number of business meetings attended | 8 May 2024 | 19 June 2024 | 10 July 2024 | 11 September 2024 | 15 January 2025 | 12 March 2025 |
|---|---|---|---|---|---|---|---|
| Bob Champion | 2/6 | | | ✓ | | ✓ | |
| Phillipa Hubbard | 2/6 | | | ✓ | | | ✓ |
| Simon Lewis | 5/6 | - | ✓ | ✓ | ✓ | ✓* | ✓ |
| Chris Malish | 5/6 | ✓* | ✓* | ✓* | ✓* | - | ✓* |
| Sally Napper | 2/6 | | | | | ✓ | ✓ |
| Tim Rycroft | 2/6 | ✓ | | | | ✓ | |
| Mike Woodhead | 1/6 | | | | | | ✓ |

* indicates Chair of the meeting
- indicates apologies at the meeting
Table 11: 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 four times in 2024/25 as outlined below:

| Name | Number of business meetings attended | 16 May 2025 | 24 July 2024 | 19 October 2024 | 26 March 2024 |
|---|---|---|---|---|---|
| Maz Ahmed | **0/1** | | | | - |
| Kelly Barker | **4/4** | ✓ | ✓ | ✓ | ✓ |
| Sally Napper | **2/3** | ✓* | ✓ | - | |
| Mark Rawcliffe | **3/4** | - | ✓* | ✓* | ✓* |
| Mike Woodhead | 4/4 | ✓ | ✓ | ✓ | ✓ |

* indicates Chair of the meeting
- indicates apologies at the meeting
Table 12: 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 costing transformation program, reduction in out of area placements and plans for the Lynfield Mount Hospital redevelopment.

The Finance and Performance Committee met seven times in 2024/25 which included one extraordinary meeting as outlined below:

| Name | Number of business meetings attended | 09 May 2024 | 11 July 2024 | 12 September 2024 | 20 November 2024 | 23 January 2025 | 19 February 2025 – Extraordinary Meeting | 20 March 2025 |
|---|---|---|---|---|---|---|---|---|
| Maz Ahmed | 7/7 | ✓* | ✓* | ✓* | ✓* | ✓* | ✓* | ✓* |
| Kelly Barker | 6/7 | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ |
| Bob Champion | 4/7 | ✓ | ✓ | - | - | ✓ | ✓ | - |
| Phil Hubbard | 2/7 | - | ✓ | - | ✓ | - | - | - |
| Therese Patten | 5/7 | ✓ | ✓ | - | - | ✓ | ✓ | ✓ |
| Mark Rawcliffe | 5/7 | ✓ | ✓ | ✓ | ✓ | ✓ | - | - |
| Tim Rycroft | 7/7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| David Sims | 5/7 | ✓ | ✓ | ✓ | ✓ | - | ✓ | - |
| Mike Woodhead | 7/7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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

Table 13: 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 integrated strategic performance report and specific items such as a review of Community Treatment Orders, updates on blanket restrictions, sexual safety and ligature risk assessments. In addition, the committee has a standing item preparing for the Mental Health Act reforms currently going through parliament.

The Mental Health Legislation Committee met six times in 2024/25 as outlined below:

| Name | Number of business meetings attended | 09 May 2024 | 11 July 2024 | 12 September 2024 | 14 November 2024 | 16 January 2025 | 13 March 2025 |
|---|---|---|---|---|---|---|---|
| Kelly Barker | 3/6 | ✓ | - | ✓ | ✓ | - | - |
| Phil Hubbard | 0/6 | - | - | - | - | - | - |
| Simon Lewis | 5/6 | ✓* | - | ✓* | ✓* | ✓* | ✓* |
| Alyson McGregor | 4/6 | - | ✓* | ✓ | ✓ | ✓ | - |
| David Sims | 6/6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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

Table 14: 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, research and development, and service improvements.

During the year, Committee business has included receiving feedback from Involvement Partners; updates from the Clinical Board, Safer Staffing Group, Patient Safety and Learning Group, Involvement and Participation Strategic Group, Allied Health Professionals, System Quality Committee and Patient and Carer Involvement, and Volunteering.

It also received assurance on the Quality Assurance Framework, Equality Impact Assessments and quarterly patient safety, incidents and experience and feedback. Further assurance was received in relation to 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 seven times in 2024/25 as outlined below:

| Name | Number of business meetings attended | 08 May 2024 | 12 June 2024 | 10 July 2024 | 11 September 2024 | 13 November 2024 | 15 January 2025 | 12 March 2025 |
|---|---|---|---|---|---|---|---|---|
| Alyson McGregor | 6/7 | - | ✓* | ✓* | ✓* | ✓* | ✓* | ✓* |
| Kelly Barker | 6/7 | ✓ | ✓ | ✓ | ✓ | - | ✓ | ✓ |
| Bob Champion | 4/7 | ✓ | ✓ | - | - | - | ✓ | ✓ |
| Phil Hubbard | 7/7 | ✓ | ✓ | ✓ | ✓ | ✓ | - | ✓ |
| Christopher Malish | 1/1 | | | | ✓** | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Sally Napper | 5/7 | ✓ | - | ✓ | - | ✓ | ✓ | ✓ |
| David Sims | 5/7 | ✓ | - | ✓ | ✓ | ✓ | ✓ | - |

* indicates Chair of the meeting
** indicates attendance for Quoracy Purposes
- indicates apologies at the meeting

Table 15: Attendance of members at the Quality and Safety Committee

**People and Culture Committee** (Chair: Mark Rawcliffe)

During 2024/25 , the People and Culture Committee focused on workforce and equality topics for members of staff. The purpose of the Committee is defined as providing oversight of significant workforce and equality matters. The Committee is an assurance receiver on behalf of the Board of Directors, the Committee monitors key workforce performance metrics, risks and mitigations, and delivery of the Trust's People Development Strategy with supporting workforce plans and underpinning strategies.

The People and Culture Committee met six times during 2024/25 as outlined below:

| Name | Number of business meetings attended | 09 May 2024 | 11 July 2024 | 12 September 2024 | 14 November 2024 | 16 January 2025 | 13 March 2025 |
|---|---|---|---|---|---|---|---|
| Mark Rawcliffe | 5/6 | ✓* | ✓* | ✓* | ✓* | ✓* | - |
| Kelly Barker | 46 | ✓ | ✓ | ✓ | - | - | ✓ |
| Bob Champion | 6/6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Phil Hubbard | 0/6 | - | - | - | - | - | - |
| Sally Napper | 4/6 | - | ✓ | - | ✓ | ✓ | ✓* |
| Therese Patten | 2/2 | | ✓ | | | | ✓ |
| Tim Rycroft | 2/2 | | ✓ | ✓ | | | |
| David Sims | 4/6 | - | ✓ | ✓ | ✓ | ✓ | - |
| Mike Woodhead | 4/6 | - | ✓ | ✓ | ✓ | ✓ | - |

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

Table 16: Attendance of members at the People and culture Committee

**'Go See' visits during 2024/25**

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 2024/25 Quality Report.

During 2024/25, there were 52 'Go See' Visits to a variety of the Trust's services.

Table 17 reflects the services and details which Non-Executives and Executives attended each visit. In January 2025, the 'Go See' invitation was extended to the Governors of the Trust. The response rate for this extension was positive.

| Service/Department | Date of Visit | Exec | NED |
|---|---|---|---|
| District Nurses - Unplanned Care Meridan House | 12/04/2024 | Philippa Hubbard | |
| CMHT & Psychology Craven Centre Manor House | 15/04/2024 | Kelly Barker | Alyson McGregor |
| School Nursing Special needs | 17/04/2024 | Mike Woodhead | |
| A&E Mental Health Liaison Team (Bradford) | 18/04/2024 | Bob Champion | Alyson McGregor |
| Ashbrook Ward LMH | 07/06/2024 | Fran Stead | |
| Heather Ward Airedale | 10/06/2024 | Philippa Hubbard | Alyson McGregor |
| Compliance and Governance Team | 17/06/2024 | Kelly Barker | |
| Bradford IOT | 25/06/2024 | Bob Champion | |
| Clover Ward LMH | 27/06/2024 | Bob Champion | |
| Aire Wharfe Community Mental Health Team | 04/07/2024 | Bob Champion | Linda Patterson (Chair) |
| Oakburn LMH | 15/07/2024 | Tim Rycroft | |
| District Nurses | 16/07/2024 | Philippa Hubbard | |
| Intensive Home Treatment Team (Bradford) | 19/07/2024 | Fran Stead | |
| Najurally | 24/07/2024 | David Sims | |
| Community Older People Mental Health Team & Memory Service (Aire Wharfe) | 01/08/2024 | Tim Rycroft | |
| Long Stay Rehabilitation ward for adults of working age - Step Forward Centre | 03/09/2024 | Tim Rycroft | Chris Malish |
| CAMHS FIELDHEAD | 19/09/2024 | David Sims | Chris Malish |
| EIP Risk Cluster | 30/09/2024 | Therese Patten | Linda Patterson (Chair) |
| Forensic Transition Team | 02/10/2024 | Philippa Hubbard | Sally Napper |
| Library Team - LMH | 21/10/2024 | Tim Rycroft | |
| Horton Park Centre - Community Older People Mental Health Team & MATS (South and West) | 31/10/2024 | Bob Champion | |
| Research Team | 04/11/2024 | Tim Rycroft | |
| Patient Safety Team | 07/11/2024 | Bob Champion | |
| Workforce Intelligence, | 15/11/2024 | Therese Patten | |

| Service/Department | Date of Visit | Exec | NED |
|---|---|---|---|
| Systems, Planning & Analysis (WISPA) | | | |
| People Services Team | 19/11/2024 | Philippa Hubbard | |
| Looked after Children, Youth Offending and Care leavers | 05/12/2024 | Fran Stead | |
| Emergency Planning Team | 02/12/2024 | Phil Hubbard | |
| Older Peoples Acute Home Liaison | 06/12/2024 | Therese Patten | |
| Equality, Diversity & Inclusion | 10/12/2024 | Therese Patten | Alyson McGregor |
| BCaN (Bradford City North) Manningham Practice-Community Older People Mental Health Team and Recovery Service | 16.12.2024 | Fran Stead | |
| Willow Ward | 13.01.2025 | Therese Patten | |
| Children & Young People Eating Disorders | 22.01.2025 | Tim Rycroft | |
| Admin Quality Team | 30.01.2025 | Bob Champion | |
| Community Planned Care Airedale Wharfe | 31.01.2025 | Phil Hubbard | |
| Vulnerable Children Information Team | 31.01.2025 | Kelly Barker | Mike Lodge (Governor) |
| Risk Management Team<br>Pharmacy Team | 07.02.2025 | Kelly Barker | Christopher Malish |
| Project Management Office Team | 12.02.2025 | Fran Stead | Mark Rawcliffe |
| 0-19 Children's Services East | 17.02.2025 | Tim Rycroft | Christopher Malish |
| Patient Experience Team | 27.02.2025 | David Sims | |
| Trust wide Estates Management | 20.02.2025 | Bob Champion | Sally Napper |
| Pharmacy Team | 24.02.2025 | Therese Patten | Mark Rawcliffe |
| DN Team | 20.03.2025 | Bob Champion | |
| Autism Project | 24.03.2025 | Therese Patten | |
| Falls Team | 31.03.2025 | David Sims | Linda Patterson (Chair) |

Table 17: Go See Visits 2024/25

## 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”.
- Work to embed the new strategy across the organisation.

To focus on the following 5 areas in particular:

- Work on developing Place strategy for transforming services.
- Review how we obtain and use patient and service user feedback.
- Push digital transformation.
- Ensure good induction of the new governors and develop relationship with the new Lead Governor.
- Review our work on health inequalities and population health to ensure we are “closing the gap”.

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 2024/25 there was one change to the composition of seats within our Council of Governors. The amendment related to one of the seven appointed governor seats. The change to the makeup of the Council of Governors and thus the Trust Constitution was agreed formally at the 19 September 2024 Council of Governors meeting. The change involved replacing the Appointed Governor: Sharing Voices seat with a new position from the Noor Service. The composition ensures the Council is representative of our members and the public. Table 18 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 |
| | Noor Service | 1 |
| | **Total** | **27** |

Table 18: 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 2024/25 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

During 2024/25, an election campaign taking place on behalf of the Council of Governors was concluded on 30 April 2024 which included a digital campaign with Civica Election Services.

The elections resulted in the re-election of two Public Governors and welcoming seven new Public Governors and three new Staff Governors. The seats were filled as outlined below:

| Constituency | Result | Number of seats included in the election |
|---|---|---|
| Public: Bradford East | Mufeed Ansari<br>Michael Frazer<br>Aurangzeb Khan | 3 |
| Public: Bradford South | Umar Ghafoor | 2 |
| Public: Bradford West | Imran Khan<br>Emmerson Walgrove | 2 |
| Public: Craven | No Candidates | 1 |
| Public Keighley | Connor Brett | 1 |
| Public: Rest of England | Michael Lodge | 1 |

| | | |
|---|---|---|
| Public: Shipley | Paul Hodgson | 1 |
| Staff: Clinical | Arshad Ali<br>Tabaro Rwegema | 2 |
| Staff: Non-Clinical | Terry Henry | 1 |

Table 19: Results of the 2024/25 Election Campaign

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.

One Governor resigned from their role in January 2025, which resulted in a vacant seat for Public: Keighley.

### Lead Governor Elections

In October 2024, there was an election campaign for the role of lead Governor. This role represents the Governors as a collective and does not present any additional responsibility or powers on the individual Governor fulfilling the role. The Lead Governor works closely with the Deputy Lead Governor and informs the Deputy Lead Governor of the occasions when they cannot fulfil the Lead Governor role due to a conflict or unavailability. The Lead Governor role will be for a maximum of two years and Governors can be re-elected to the role after their term ends.

The process for the election of the Lead Governor began on 8 October 2024, where Governors were asked to nominate themselves for the role. Only one Governor nominated themselves. The rest of the Council of Governors were then asked to approve the appointment of the nominated Governor, via Microsoft Forms. 17 Governors responded, with only one Governor disagreeing with the outcome. As such Mike Lodge was then appointed a Lead Governor on 4 November 2024.

### 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 18. During 2024/25 there were five changes to the Appointed Governors, as follows:

- Tina Butler stood down on 1 May 2024 as Appointed Governor- Bradford Assembly
- Zahir Irani stood down on 3 August 2024 as Appointed Governor – Bradford University
- Robert James commenced in post on 14 as Appointed Governor – Bradford University
- Sharing Voices, the appointed Governor constituency would no longer be a part of the Council of Governors
- Noor Project became a part of the Governor constituency in September 2024.

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 2024/25, 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 19 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 21 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 20 below, outlines the individuals fulfilling Governor roles as at 31 March 2024 across the elected, and appointed roles:

**Elected**

| No. of seats | Constituency | Name | Filled | Date term of office end | No. of Terms |
|---|---|---|---|---|---|
| 3 | Public: Bradford East | Michael Frazer | Yes | 02.05.2027 | 2nd |
| | | Aurangzeb Khan | Yes | 02.05.2027 | 1st |
| | | Mufeed Ansari | Yes | 02.05.2027 | 2nd |
| 3 | Public: Bradford South | Umar Ghafoor | Yes | 02.05.2027 | 1st |
| | | Vacancy | No | | |
| | | Joyce Thackwray | Yes | 07.06.2025 | 2nd |
| 3 | Public: Bradford West | Imran Khan | Yes | 02.05.2027 | 1st |
| | | Emmerson Walgrove | Yes | 02.05.2027 | 1st |
| | | Trevor Ramsay | Yes | 07.06.2025 | 1st |
| 1 | Public: Craven | Vacancy | No | | |
| 2 | Public: Keighley | Vacancy | No | | |
| | | Connor Brett | Yes | 02.05.2027 | 1st |
| 1 | Public: Rest of England | Michael Lodge | Yes | 02.05.2027 | 1st |
| 2 | Public: Shipley | Paul Hodgson | Yes | 02.05.2027 | 1st |
| | | Hannah Nutting | Yes | 07.06.2025 | 1st |
| 3 | Staff: Clinical | Arshad Ali | Yes | 02.05.2027 | 1st |
| | | Tabaro Rwegema | Yes | 02.05.2027 | 1st |
| | | Linzi Maybin | Yes | 06.09.2025 | 2nd |
| 2 | Staff: Non-clinical | Terry Henry | Yes | 02.05.2027 | 1st |
| | | Sue Francis | Yes | 06.09.2025 | 1st |

**Appointed**

| No. of seats | Constituency | Name | Filled | Date term of office end | No. of Terms |
|---|---|---|---|---|---|
| 1 | Barnados | Deborah Buxton | Yes | 06.09.2025 | 1st |
| 1 | Bradford Assembly | Vacancy | No | | |
| 2 | Bradford Council | Cllr Sabiya Khan | Yes | 16.07.2024 | 1st |
| | | Cllr Allison Coates | Yes | 11.01.2027 | 1st |
| 1 | Bradford University | Robert James | Yes | | |
| 1 | North Yorkshire Council | Cllr Andy Brown | Yes | 17.05.2026 | 1st |
| 1 | Noor Service | Vacancy | No | | |
| **Total Appointed Governors = 7** | | | | | |

Table 20 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 | 16 May 2024 | 18 July 2024 | 19 September 2024 - AMM | 21 November 2024 | 22 January 2025 |
|---|---|---|---|---|---|---|---|
| Arshad Ali | E | 2/5 | ✓ | - | - | - | ✓ |
| Mufeed Ansari | E | 5/5 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Connor Brett | E | 3/5 | ✓ | ✓ | - | - | ✓ |
| Deborah Buxton | A | 2/5 | - | ✓ | ✓ | - | - |
| Cllr Andy Brown | A | 3/5 | ✓ | ✓ | - | - | ✓ |
| Cllr Alison Coates | A | 3/5 | ✓ | ✓ | - | ✓ | - |
| Sue Francis | E | 3/5 | ✓ | - | -- | ✓ | ✓ |
| Michael Frazer | E | 1/5 | - | - | ✓ | - | - |
| Umar Ghafoor | E | 4/5 | ✓ | ✓ | - | ✓ | ✓ |
| Terry Henry | E | 5/5 | ✓ | ✓ | ✓ | ✓ | - |
| Paul Hodgson | E | 4/5 | ✓ | - | ✓ | ✓ | ✓ |
| Zahir Irani | A | 0/2 | - | - | | | |
| Robert James | E | 0/3 | | | - | - | - |
| Aurangzeb Khan | E | 1/5 | - | ✓ | - | - | - |
| Imran Khan | E | 0/5 | - | - | - | - | - |
| Cllr Sabiya Khan | A | 3/5 | ✓ | ✓ | ✓ | - | - |
| Mike Lodge | E | 5/5 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Linzi Maybin | E | 3/5 | ✓** | ✓** | ✓** | - | - |
| Hannah Nutting | E | 2/5 | - | ✓ | - | ✓ | - |
| Trevor Ramsay | E | 5/5 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tabaro Rwegema | E | 1/5 | - | ✓ | - | - | - |
| Joyce Thackwray | E | 0/5 | - | - | - | - | - |
| James Vaughan | E | 0/5 | - | - | - | - | - |
| Emmerson Walgrove | E | 4/5 | ✓ | ✓ | ✓ | - | ✓ |

Table 21: Attendance at formal Governor meetings - indicates apologies at the meeting; * indicates Lead Governor; **indicates Interim Lead Governor, ^ indicates Deputy Lead Gov

## 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** | **16 May 2024** | **18 July 2024** | **19 September 2024 - AMM** | **21 November 2024** | **22 January 2025** |
| Linda Patterson | 4/5 | - | ✓ | ✓ | ✓ | ✓ |
| Maz Ahmed | 2/5 | ✓ | - | - | - | ✓ |
| Kelly Barker | 3/5 | ✓ | - | ✓ | ✓ | - |
| Bob Champion | 3/5 | ✓ | - | ✓ | - | ✓ |
| Phil Hubbard | 4/5 | ✓ | ✓ | ✓ | ✓ | - |
| Simon Lewis | 4/5 | ✓ | ✓ | ✓ | - | ✓ |

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

- indicates apologies at the meeting

Table 22: 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.

## 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.

During 2024/25 there have been various opportunities for providing support to Governors with their training and development including:

- NHS Providers GovernWell conferences and training sessions.
- 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.

Due to half of the Council of Governors being new to post in May 2024, it is proposed that an annual effectiveness review will take place in May 2025, with the findings presented to the Council of Governors meeting in June 2025.

## 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.

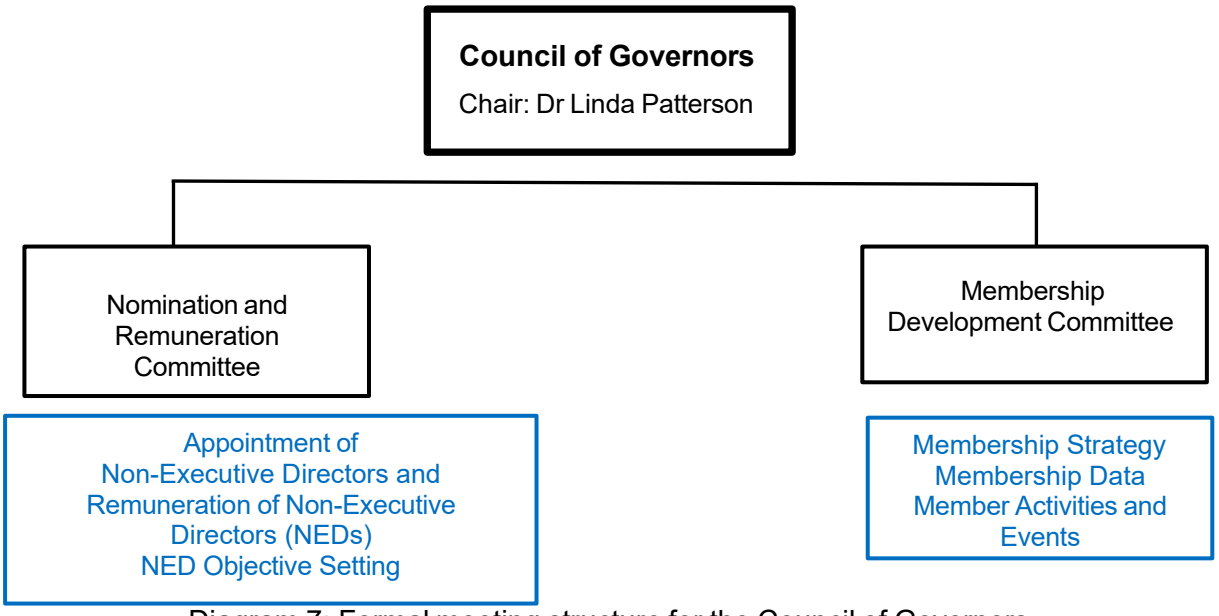



Diagram 7: Formal meeting structure for the Council of Governors

## Governor Nomination and Remuneration Committee

The Governor 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 Non-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 Governor Nominations Committee did not meet during 2024/25.

## 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 2024/25. 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 2024/25 the Trust has continued to put Governors and members at the heart

of the Annual Members meeting in 2024 with an interactive session taking place on 19 September 2024. Governors were actively involved with the refresh of the Trust's refreshed involvement and engagement strategy.

Public and staff membership data, and Public membership (as at 31 March 2025):

| Demographic | Number of Members |
|---|---|
| **Age:** | |
| 0-16 | 4 |
| 17-21 | 24 |
| 22+ | 1,501 |
| Not Stated | 21 |
| **Gender:** | |
| Unspecified | 57 |
| Male | 397 |
| Female | 1,096 |
| **Ethnicity:** | |
| White | 891 |
| Mixed | 55 |
| Asian or Asian British | 459 |
| Black or Black British | 101 |
| Other | 16 |
| Not Stated | 28 |
| **Total** | **1,550** |

Table 23: Foundation Trust Public membership

Representativeness by constituency areas (as at 31 March 2025):

| Constituency | Current Membership | Number of Governors |
|---|---|---|
| Bradford East | 1,951 | 3 |
| Bradford South | 1,220 | 3 |
| Bradford West | 2,071 | 3 |
| Shipley | 1,075 | 2 |
| Keighley | 1,050 | 2 |
| Craven | 419 | 1 |
| Rest of England | 1,425 | 1 |
| **Total** | **9234** | |

Table 24: Representation by constituency area

Staff membership:

| Constituency | Current Membership | Number of Governors |
|---|---|---|
| Clinical | 2564 | 3 |
| Non-Clinical | 893 | 2 |
| **Total** | **3,457** | |

Table 25: Foundation Trust Staff Membership

…..... Date: 26 June 2025
Therese Patten
Chief Executive

## Statement from Lead Governor, Mike Lodge

NHS England requires each foundation trust to have a Lead Governor. Mike Lodge (Public Governor for the Rest of England) was elected to the Lead Governor post in November 2024. Anne Scarborough stepped down from the role in April 2024 and Linzi Maybin (Staff Governor), Deputy Lead Governor covered the role between April and November 2024.

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. Several new Governors joined the Council of Governors in April 2024 and have made a strong contribution to the work of the Council of Governors.

Anne Scarborough's term of office finished in April 2024 and so stepped down as Lead Governor. Linzi Maybin, the Deputy Lead Governor covered the role of Lead Governor until I was appointed Lead Governor in November 2024. I would like to thank Anne for all her work and commitment as Lead Governor over a number of years. I would also like to thank Linzi for covering the role so effectively after Anne left.

On behalf of the Governors, I would also like to thank Dr Linda Patterson OBE FRCP, the Chair of our Trust, for her support for Governors both as chair of our formal meetings and throughout other Governor activities. Her work on a national and regional level as Board chair means that she always brings us an informed and thoughtful perspective on all matters NHS. A theme throughout the year has been the financial challenges that the Trust, along with the whole NHS, continues to face. It is clear that Linda has led on ensuring that the Trust has been successful in addressing those challenges, whilst still keeping a clear focus on patient safety and the quality of service delivery.

Following a period of time when – because of the pandemic – formal meetings were held virtually, formal Council of Governor meetings have been a mixture of virtual and in-person meetings. It is my view that our formal meetings are better when they are in-person, although virtual meetings remain a very efficient way of holding the business meetings that need to take place outside the formal work of the Council of Governors. 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.

Governors have carried out their duties in many ways during 2023/24 including; 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, agreeing the renumeration 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. 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.

Two of the Council of Governor meetings have been inquorate, and I have written to all Governors asking whether there is anything in the way that we arrange our meetings that makes it difficult for them to attend. The Trust's Governance Team plan to undertake an "effectiveness review" of the Council of Governors which will be reported at a meeting in the summer or autumn of 2025. The suggestions I have received from Governors will be fed into the review, will inform its conclusions and hopefully attendance at our meetings will improve.

The Trust's Governance Team have arranged an extensive programme of "Go See" visits where Governors can meet the people who provide the Trust's extensive range of services and learn about their successes and the challenges they face. I have found these a great experience. The programme will continue throughout 2025 and I encourage all Governors to attend them.

Governors have had the opportunity to take part in national training for Governors and I have attended several of these training events. As well as being a good learning experience, they are a great opportunity to talk with Governors from other

Trusts and share experiences. Governors have also observed Board and Committee meetings. I have observed a meeting of the Leeds and York Partnership NHS Foundation Trust, and I can report that they face many similar issues to us. I will feed my observations from this visit into the effectiveness review, although it is my judgment that they have as much to learn from us as we from them!

In addition to the normal work of the Governors, the Council of Governors appointed the Trust's external auditors at our meeting in January 2025. Paul Hodgson and I participated on behalf of the Governors in assessing the bids from five organisations and deciding which bid to recommend to the Council of Governors. This was a detailed and rigorous process and I would like to thank Paul, in particular, for his work on this procurement exercise.

I have met regularly with the Chair of the Board since I became Lead Governor. There has been no occasion during the year for the Council of Governors to contact either NHS England or CQC.

In January 2025 we learnt of the Government's decision to undertake a major restructure of the NHS and of the requirement nationally, regionally and at Trust level to find very significant "back-office" financial savings. The Council of Governors needs to discuss the implementation and the impact of these decisions with non-executive directors at all its meetings. There will be some difficult times for the Trust and all the people who work in the Trust and the Council of Governors needs to support – and challenge – the non-executive directors in their work on leading us through it. The shared priority must of course be to ensure the provision of high quality, effective and safe services to the people of Bradford and Craven. Too often in the past services to people with mental ill health have become "Cinderella" services and we all need to work together to prevent this happening again. Effective preventive services are an important way of improving outcomes for people in our district and the Council of Governors should discuss with non-executive directors how they ensure effective partnership working with colleagues in the acute sector and primary care, local authorities and the community sector to improve prevention.

This report describes a number of the activities the Council of Governors have been involved in and I hope that it demonstrates how the Governors have been effectively carrying out their duties and how the Trust continues to benefit from their input.

**Mike Lodge, Lead**
**Governor**
**April 2025**

## 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 201 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 2024/25.

The Committee met three times in 2024/25, 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, Fit and Proper Person compliance, succession planning and the appointment the Director of Transformation, Improvement and Productivity.

Attendance is shown below:

| Name | June 2024 | September 2024 | February 2025 |
|---|---|---|---|
| Linda Patterson | ✓* | ✓* | ✓* |
| Maz Ahmed | . | . | . |
| Bob | ✓^ | ✓^ | ✓^ |

| | | | |
|---|---|---|---|
| Champion | | | |
| Simon Lewis | ✓ | ✓ | . |
| Chris Malish | ✓ | ✓ | . |
| Alyson McGregor | ✓ | ✓ | ✓ |
| Sally Napper | ✓ | ✓ | ✓ |
| Therese Patten | ✓^ | ✓^ | ✓^ |
| Mark Rawcliffe | . | . | . |

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

Table 26: 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 2024/25 was £1,955 to 2 Directors and Non-Executive Directors (against a total of £1,345 in 2023/24 to 3 Directors and Non-Executive Directors).

There were no expenses paid to Governors in 2024/25 or 2023/24. As at 31 March 2025, the Trust had 27 seats, 22 in post and 5 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 and NHS Providers. 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 remains 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 2024/25 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 2024/25.

## Remuneration information

Details about the remuneration levels for 2024/25 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 2024/25**

| Name and Title | 2024/25 | | | |
|---|---|---|---|---|
| | 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 |
| 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 | 15 - 20 | 0 | 0 | 15 - 20 |
| S Napper - Non Executive Director | 10 - 15 | 0 | 0 | 10 - 15 |
| | | | | |
| T Patten - Chief Executive | 180 - 185 | 1,100 | 22.5 - 25 | 205 - 210 |
| P Hubbard - Director of Nursing, Professions & Care Standards, and Deputy Chief Executive | 140 - 145 | 0 | 0 | 140 - 145 |
| M Woodhead - Chief Finance Officer | 145 - 150 | 0 | 42.5 - 45 | 190 - 195 |

| | | | | |
|---|---|---|---|---|
| B Champion - Chief People Officer (a) | 130 - 135 | 0 | 0 | 130 - 135 |
| T Rycroft - Chief Information Officer | 115 - 120 | 800 | 2.5 - 5 | 115 - 120 |
| D Sims - Medical Director | 130 - 135 | 900 | 0 | 135 - 140 |
| K Barker - Chief Operating Officer | 125 - 130 | 1,100 | 30 - 32.5 | 155 - 160 |

**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 |

Table 27: 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) There are no pension related benefits for B Champion, as he is already drawing his NHS Pension.

Iain MacBeath served as Director of Integration during 2024/25, 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 2024/25.

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 6.70% in 2024/25 (10.10% in 2023/24).

**Remuneration Report for 2024/25**

**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 2025 (Bands of £5,000) | Lump sum at pension age related to accrued pension at 31 March 2025 (Bands of £5,000) | Cash Equivalent Transfer Value at 01 April 2024 | Real Increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer Value at 31 March 2025 |
|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| T Patten - Chief Executive | 2.5 - 5 | 0 | 55 - 60 | 135 - 140 | 1,195 | 29 | 1,327 |
| P Hubbard - Director of Nursing, Professions & Care Standards and Deputy Chief Executive | 0 | 0 | 65 - 70 | 175 - 180 | 1,605 | 0 | 129 |
| M Woodhead – Chief Finance Officer | 2.5 - 5 | 0 | 25 - 30 | 0 | 323 | 34 | 397 |
| T Rycroft - Chief Information Officer | 0 - 2.5 | 0 | 30 - 35 | 0 | 464 | 4 | 514 |
| D Sims - Medical Director | 0 - 2.5 | 0 | 65 - 70 | 170 - 175 | 1,554 | 0 | 131 |
| K Barker - Chief Operating Officer | 0 - 2.5 | 0 | 5 - 10 | 5 - 10 | 89 | 17 | 128 |

Table 28: Pension information

**NOTES:**

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

(a) The March 2025 CETV value shown for P Hubbard relates to the 2015 Pension Scheme only. P Hubbard claimed her Pension Benefits relating to the 1995/2008 Pension scheme in January 2025.

(b) The March 2025 CETV value shown for D Sims relates to the 2015 Pension Scheme only. This is because D Sims reached the Normal

Retiring Age for the 1995/2008 Pension Scheme during the year.

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 2025.

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 6.70% has been used in accordance with NHS Business Services Authority guidance in 2024/25 (10.10% in 2023/24).

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 2024/25 was £180,000 - £185,000 (2023/24 was £170,000 - £175,000). This is a change between years of 4.4% (The comparative change between 2022/23 and 2023/24 was 2.86%). 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 the Trust as a whole, the range of remuneration in 2024/25 was from £18,120 to £283,703 (2023/24 £17,352 to £213,384). The percentage change in average employee remuneration (based on total for all employees) between years is 10.81% (The comparative change between 2022/23 and 2023/24 was 0.07%). Thirteen employees received remuneration in excess of the highest-paid Director in 2024/25 (2023/24 6 employees).

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.

| **2024-25** | **25th percentile** | **Median** | **75th percentile** |
|---|---|---|---|
| Total remuneration (£) | 26,530 | 35,090 | 46,356 |
| Salary component of total remuneration (£) | 26,530 | 35,090 | 46,356 |
| Pay ratio information | 6.9 | 5.2 | 3.9 |
| | | | |
| **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 |

Table 29: 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 2025. 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 2024/25 and 2023/24, and off payroll expenditure are shown in the note below. Expenditure on consultancy costs in 2024/25 was £533K.

## 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 2024/25**

| Exit package cost band | Number of compulsory redundancies | Cost of compulsory redundancies (£000) | Number of other departures agreed | Cost of other departures agreed (£000) |
|---|---|---|---|---|
| <£10,000 | 1 | 8 | | |
| £10,001 - £25,000 | | | | |
| £25,001 - £50,000 | | | | |
| £50,001 - £100,000 | | | | |
| £100,001 - £150,000 | 1 | 137 | | |
| £150,001 - £200,000 | | | | |
| >£200,000 | | | | |
| **Total number of exit packages by type** | **2** | **145** | | |

**Exit Packages 2023/24**

| Exit package cost band | Number of compulsory redundancies | Cost of compulsory redundancies (£000) | Number of other departures agreed | Cost of other departures agreed (£000) |
|---|---|---|---|---|
| <£10,000 | 2 | 12 | 2 | 9 |
| £10,001 - £25,000 | | | 1 | 14 |
| £25,001 - £50,000 | 1 | 45 | | |
| £50,001 - £100,000 | | | | |
| £100,001 - £150,000 | 1 | 114 | | |
| £150,001 - £200,000 | | | | |
| >£200,000 | | | | |
| **Total number of exit packages by type** | **3** | **171** | **3** | **25** |

Table 30: Exit Packages

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: Other non-compulsory departure payments 2024/25***
There were no other non-compulsory departure payments made in 2024/25

***Exit packages: Other non-compulsory departure payments 2023/25***

| | Agreements (number) | Total Value of Agreements (£000) |
|---|---|---|
| Contractual payment in lieu of notice | 1 | 14 |
| Exit payments following employment tribunals or court orders | 2 | 9 |
| **Total** | **3** | **23** |

Table 31: Exit packages: **Other non-compulsory departure payments 2023/25**

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.

## Off Payroll Engagements

In 2024/25, 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 2024 and 31 March 2025.

…..... Date: 26 June 2025
Therese Patten
Chief Executive

## Modern Day Slavery and Human Trafficking Act Annual Statement 2024/25

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.

The Trust has policies and procedures in place, for example the Domestic Abuse and Safeguarding Policies. Training is available to ensure staff are aware of policies, the associated risks and how to act when risk is identified.

A Risk Management Policy and system enables staff to report and collate incidents and risk in real time.

Regular risk management, safeguarding reports and policy updates are shared within our governance structures to assess performance and agree appropriate organisational response. The Trust works with multiagency partners sharing information and collaborating on these matters.

……
Date: 26 June 2025
Dr Linda Patterson OBE FRCP
Chair of the Trust

……
Date: 26 June 2025
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 2025
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 2025 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. Has continued oversight of the Board Assurance Framework and 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 32: 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.

### The risk and control framework

The Trust's Risk Management Strategy is in the process of being updated and will be completed in the first half of 25/26. 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.

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 |

In 2023/24, the Board moved away from a risk-based approach to managing the delivery of the BAF objectives, to a more positive-assurance based approach and introduced 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 a Strategic Narrative Report, Strategic Performance Report and Strategic Risk 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. There is also opportunity for the Committee to raise any new risks that arose during the discussion. This is supported by the identification of the top three strategic risks and supporting narrative within each Committee's AAA+D report.

All Committee identified strategic risks are then reported within the Board Strategic Risk Assurance Report to show the full picture of strategic risk associated with delivery of the Better Lives, Together strategy. This report provides an update in support of ensuring dynamic governance. Within this report, each strategic risk has a Committee approved 'assurance rating', which is aligned to the internal audit assurance for consistency.


As a learning organisation, benchmarking and self-reflection has taken place in support of developing this report to ensure it is robust, and can be used as a tool for Board and Committee, to help action management. A new template for this Strategic Risk Assurance Report was introduced in January 2025.

Consideration has been made to how the AAAD reports flow up from Committee to Board, with feedback gathered at Board then reporting back into Committee as an ongoing cycle. The feedback gathered at Board has been fed back in the meetings via the AAAD from March 2025 and initial feedback has been positive on the triangulation this reporting brings between Board and its Committees.

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. The Trust's Equality and Quality Impact Assessment (EQIA) Framework was approved inDecember 2020 and is currently being reviewed and refreshed. 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 should 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.

In Quarter 4 2024-25 EQIA formed part of an internal audit and recommendations arising from this are being integrated into the review of the existing framework.

### 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 first Well Led internal audit took place in Autum 2023 with a further commenced in Autumn 2024. Another was approved in early 2025 and commenced in April 2025; this will continue up to June.

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

Within the refreshed Trust Strategy (Ambition to Action 2023 – 26) our strategic priorities in relation to our workforce, are clearly articulated in the theme of being the "Best Place to Work".

The delivery of the four sub-themes of: Looking After our People; Belonging & Inclusion; Growing our Workforce and New Ways of Working & Delivering Care is scrutinised via the People and Culture Committee provides the necessary oversight and governance, of workforce planning, development, deployment and performance.

This is as well as the monitoring of progress on the implementation of the Trust's People Plan and People Promise aspirations through the Senior Leadership Team – People Plan & Innovation (SLT PPI).

Trust Services, clinical and non-clinical are facilitated to develop local workforce plans aligning to and in collaboration with the Bradford District & Craven Place, MHLDA Provider Collaborative and West Yorkshire Integrated Care System workforce planning activity. Oversight of this from a safe staffing perspective is also maintained at Board, through the Quality and Safety Committee.

The reports to Board via Committees, include details of staffing levels in care environments and analysis of wider workforce plans and actions, to provide assurance that the standards required to deliver safe and effective care are being met.

## Compliance with Care Quality Commission (CQC) requirements

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and our current rating is 'Good'.

The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2024/25.

The CQC have not undertaken any investigations into Bradford District Care NHS Foundation Trust in 2024/25.

During this period the Trust has made one change to its registration status with the CQC. An update was made to our Statement of Purpose reflecting a temporary change of location from Fern to Willow and a change of description for both Lynfield Mount and Airedale Centre for Mental Health.

### 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 are 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.

During 2024/25 enhanced governance was introduced by establishing the Organisational Sustainability Programme Board (OSPB) which meets fortnightly to oversee delivery of the Trusts Strategic Programmes. Membership of the group includes Directors, relevant Deputy Directors, PMO and finance. The meeting is chaired by the Chief Executive and formally reports to the Finance and Performance Committee.

### 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 2024/25 (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 Incidents – 2024/25

All incidents and near misses are reported internally through the Trust's web-based incident reporting system and notified immediately to the Data Protection Officer. Relevant incidents are also logged on the 'Serious Incidents Requiring Investigation' section of the Data Security and Protection (DSP) Toolkit and, where necessary, escalated to the Trust's Serious Incident Lead. The Information Governance Group receives regular reports on incidents, oversees investigations, and ensures learning is shared.

During 2024/25, three incidents were reported to the Information Commissioner's Office (ICO) and the Department of Health and Social Care (DHSC). The ICO has closed two of these cases without further action, while one remains under review.

- One incident involved the unauthorised disclosure of sensitive personal information. This case remains under review by the Information Commissioner's Office (ICO).

- Another incident concerned inappropriate access to patient records by a member of staff. The ICO reviewed the matter and closed the case with no further action.

- A third incident involved the unintended sharing of information with the wrong party. The ICO has also closed this case with no further action.

While the number of individuals affected varied, in all cases the Trust took swift action to investigate and mitigate risk.

## Summary of Reported Incidents

| Date (Month) | Description | Individuals Affected | Patient Informed | Lessons Learned |
|---|---|---|---|---|
| February 2025 | Incident involving unauthorised disclosure of personal information. | 1 | Via complaint | Reinforced staff obligations around confidentiality and the need for vigilance when sharing information. |
| February 2025 | Inappropriate system access identified during staff absence. | 95 | No release of confidential information identified. | Initiated review of processes around system access during extended leave periods. |
| February 2025 | Disclosure error involving incorrect recipient. | 1 | Clinical staff informed the patient | Emphasised the importance of data quality and staff awareness in handling sensitive situations. |

Table 33: Summary of reported incidents.

In response to all three incidents, the Trust has delivered additional training and issued an executive broadcast highlighting the importance of data protection. Specifically, following the first incident, a Trust-wide communication was issued to remind all staff to share only essential information, in line with data protection principles. Targeted training was also provided to the relevant team.
In response to the second incident, a dedicated working group has been established to review and enhance data security processes for staff on long-term sickness absence.

This includes reviewing access to systems and the allocation of Trust-issued laptops. Protecting personal data remains a top priority for the Trust. These incidents highlight the importance of maintaining high standards in information handling and the value of continuous learning and system improvement.

### 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 Data Quality Steering Group 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 data security requires both a technical and organisational approach.

Information security, or cyber security, posture of the organisation has again been put at test with numerous threat actors, mainly from foreign sources, targeting public services. As a trust we have continued to deploy new controls to reduce our level of exposure to threat and have continued to work closely with the national cyber teams to onboard new practices and maintain our level of risks to manageable levels.

Our strategy to secure staff and patient information includes regular staff awareness communications, new security features and monitoring tools; and rapidly reacting to new and emerging risks and vulnerabilities.

### 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 2024/25. There were 3 high assurance, 13 significant assurance, 5 limited assurance report and no low assurance and 'no opinion' reports.

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. The second iteration of this work took place in 2024/25,

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 2025
Therese Patten
Chief Executive

## Our Sustainability report

## Task force on climate-related financial disclosures

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 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. However, for many years BDCFT has calculated carbon emissions associated with our activities, and continues to do so as detailed in the sustainability section of our annual reports.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

### Governance pillar

**Board oversight of climate related issues**
The Board receives climate related information, including quarterly KPI and Green Plan progress and more detailed information is available if required. This includes progress towards targets. The Board does not currently consider climate-related issues when reviewing organisational plans or as part of decision making.

**Management's role in assessing and managing climate-related issues**
NHS foundation trusts have a duty as per section 63B of the National Health Service Act 2006 to contribute to the governments statutory environmental targets, and adapt to any current or predicted impacts of climate change. Work centres on carbon mitigation activities, in particular delivery of the Green Plan (further details in the Sustainability section of the annual report), and the team consider climate change risks and adaptation requirements.

Assessing and managing climate change (mitigation and adaptation) issues are devolved from Board to the Energy, Waste and Sustainability 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 and review sustainability information, with additional ad hoc papers presented to the senior leadership team when necessary or on request.

All BDCFT 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 KPI 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.

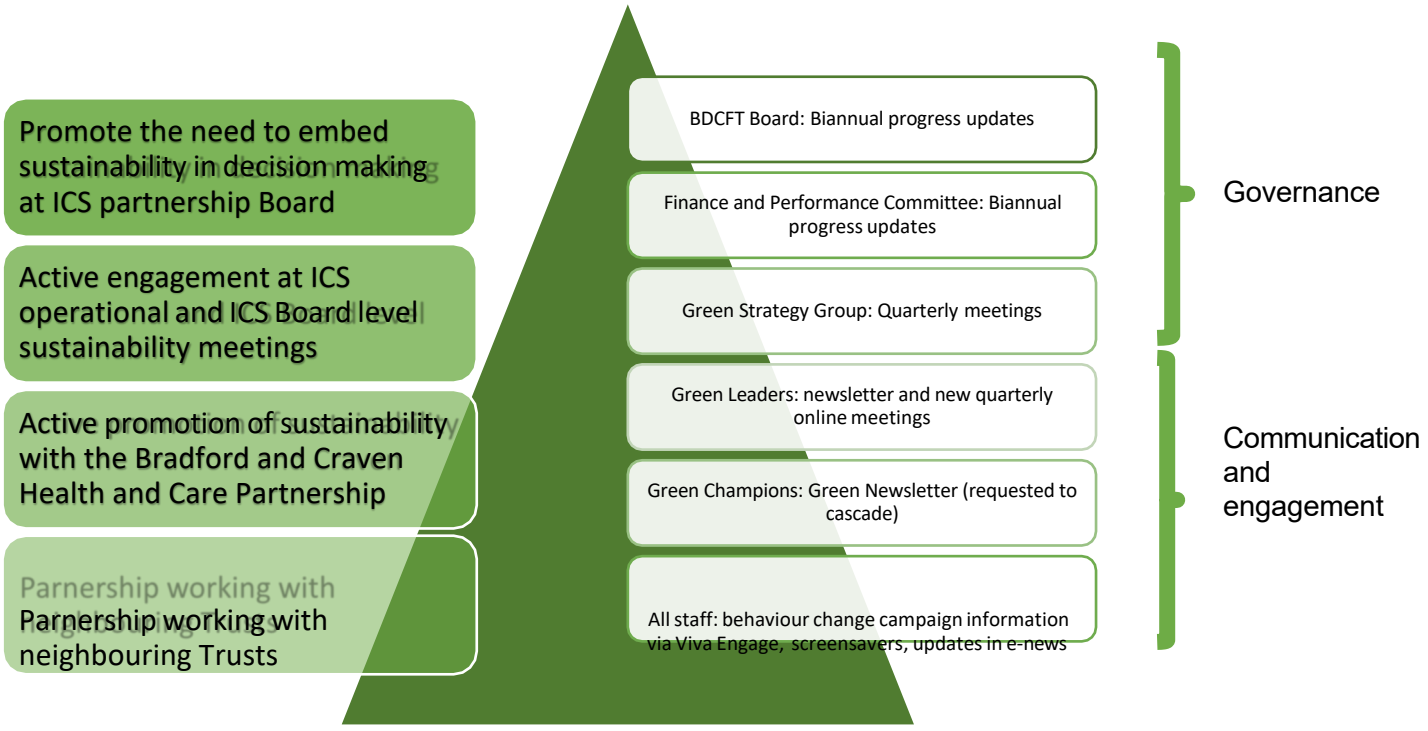



Diagram 8: Governance and Communications diagram

## Risk Management pillar

Climate related issues are not currently identified as a principal risk for the Trust. Climate change risks are long term and as such are not included in the Trust's risk register. Further work is needed to assess and prioritise risks and judge materiality. The Trust will complete the Adapt to Survive risk assessment in 2025.

The Trust has severe weather plans and business continuity plans for all services, and often has to implement some aspects of these, primarily due to travel & transport restrictions. The Trust is also affected by staff having to take time off e.g. when schools close, which can lead to postponed or cancelled clinics and routine services, additional support to staffing needs e.g. use of BDCFT vehicles for commuting. However, the impacts are not collectively reported and therefore it is not possible to quantify the full impact of climate change on our services. The Trust will need to identify, assess and manage climate change risks more comprehensively in future and consider how it will make decisions to mitigate, transfer, accept or control the risks.

The table below shows some of the additional risks to consider.

| Climate related risks | BDCFT impacts |
|---|---|

| | |
|---|---|
| Policy and Legal | Potential increased cost of insurance, e.g. of buildings in flood risk areas<br>Changes in the valuation of buildings/ Trust assets<br>Potential increased operating costs during periods of extreme weather |

| | |
|---|---|
| Technology | Increased cost of estates assets to achieve decarbonisation and cool buildings. |
| Market | Increased costs for goods e.g. food.<br>Increased utility costs |
| Reputation | Lack of investment in buildings leading to negative feedback from staff and service users e.g. if buildings overheat or (quality) services cannot be delivered due to extreme weather. |
| Acute physical risks | Increased costs due to supply chain interruptions/ service continuity.<br>Higher costs from negative impacts on workforce (e.g., health, safety, absenteeism)<br>Write-offs and early retirement of existing assets (e.g. damage to property and assets in “high-risk” locations) |
| Chronic | Changes in precipitation patterns and extreme variability in weather patterns and rising temperatures leading to increased operating concerns and therefore costs e.g. inadequate water supply. |

Table 34: Additional Risks

When conducting incident reports, it is now possible to choose environmental factors as a secondary cause.

### Metrics and targets pillar

NHS foundation trusts are not required to disclose or develop processes to disclose scope 1, 2 and 3 emissions under the ‘metrics and targets pillar’ in the HM Treasury guidance. However, for many years BDCFT has calculated carbon emissions associated with our activities as detailed in the sustainability section of our annual reports. This is our key metric to measure our impact on the environment. The Trust currently only reports flooding and overheating climate related risks through incident reporting.

## Our standard sustainability section.

## Our Sustainability report

In 2024-25 the Energy, Waste and Sustainability team won ‘Team of the Year’ at the Trust You’re A Star Awards. This was in recognition of the work the team is doing to help reduce the environmental impact of the Trust.

### 2024-27 Green Plan

Our second Green Plan for 2024-27 was ratified by our Board in 2024 and has been reviewed in 2025. Our ambition remains to be recognised as a leader in sustainability and environmental improvements within the NHS and our local community. The Trust monitors progress against targets within each of the 10 core areas.

### Green Plan Support Tool

In previous annual reports the Trust showed progress against the Green Plan Support Tool, however this is no longer supported by Greener NHS and therefore the Trust has not completed it for 2024-25. We will make use of any replacement tool, if and when it becomes available.

### Carbon emissions

BDCFT continues to generate more carbon emissions than our target but following an increase during the pandemic, we are seeing a downward trend with a reduction of 2,234 tonnes CO2e compared to the previous financial year. It is also significantly lower than our baseline year but we know we need to continue to work hard, particularly on areas within our control including our use of gas, electricity, fleet and business miles.

| | Baseline | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|---|---|---|---|---|---|---|
| **Total target** | | 15,680 | 13,952 | 12,420 | 11,062 | 9,857 |
| **Total actual** | 17,633 | 18,912 | 16,439 | 13,806 | 14,305 | 12,071 |
| **Difference from target** | | 3,232 | 2,487 | 1,386 | 3,243 | 2,214 |
| **Difference from previous year** | | 1,279 | -2,473 | -2,633 | 499 | -2,234 |

Table 35: carbon emissions

Further analysis of the data in 2025 will help us to target activity and improve accuracy and robustness of our reporting.

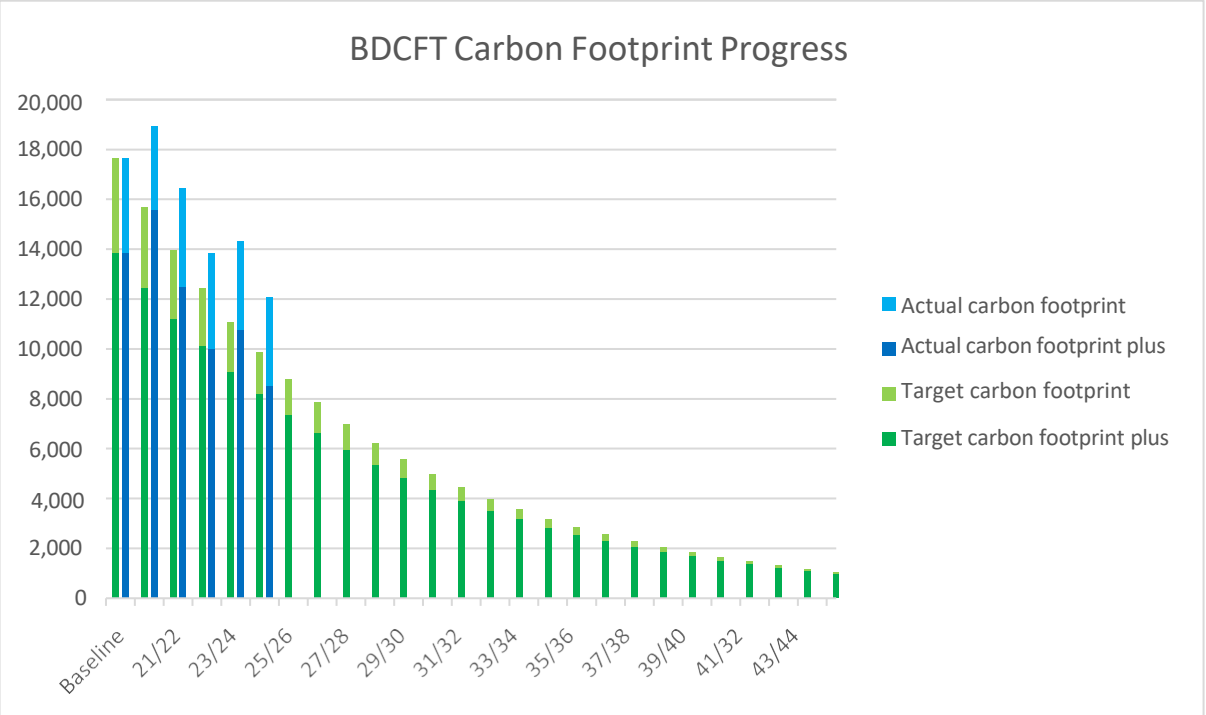



Diagram 8: Carbon Footprint Progress

## Energy efficiency

BDCFT was successful in 2024-25 in receiving external funding from the NHS National Energy Efficiency Fund. This included over £55,000 to improve the building management system at New Mill and over £700,000 to install LED lighting throughout the whole of Airedale Centre for Mental Health. Both will help to reduce electricity bills in 2025-26 and beyond.

## Heat decarbonisation

As well as the above funding, BDCFT secured a £48,000 award of Crown Commercial Services NHSE Energy Funding to install sub-metering at Lynfield Mount Hospital because heat decarbonisation remains a priority for the Trust.

To ensure capital and maintenance efficiency, we aim to combine carbon reduction with heating resilience and backlog maintenance. Work continues to develop an asset management plan which will feed into a new five-year estates strategy. In the meantime, more work is underway on energy reduction, particularly using data from our building management system to help drive down costs and carbon. At New Mill, the external funding is supplemented with internal investment for new boiler pumps and pipework to improve the heating which will reduce overheating and colder areas and includes boiler pumps and more controls to improve efficiency.

## Onsite energy generation

At Lynfield Mount Hospital 39,003kWh (2.51% of site electricity needs) and at Airedale Centre for Mental Health 46,458kWh (16% of site electricity) was generated in 24-25, this is despite nearly 20% lower sunshine hours than the year before. Capital or external funding was not available in 2024-25 to increase solar generation but the Trust continues to explore options for this financial year.

## Electrification of fleet

The Trust has more electric and hybrid vehicles now than ever before and our total

consumption of fuel reduced in 2024-25 by 17% compared to the previous year. Electric cars are now an affordable option with a range suitable for many of our teams. We will continue to invest in our infrastructure, work with landlords to introduce charging facilities at their sites and expand the electric fleet in 2025-26.

In 2025-26 the Trust is trialing Hiyacar, a digital platform which will enable fleet to be shared amongst Estates teams. The aim is to reduce mileage claims and switch travel to 'cleaner' vehicles to reduce carbon.

### 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.

### Waste and resources

The Trust continues to reuse within the Trust and donate surplus items to charity. New partnerships were established in 2024 with Over2Hills and a Trust volunteer that provides aid to Ukraine. In total, nearly £9,000 of items were reused or donated saving almost 3 tonnes of CO2e.

The Trust Admin team continued to reuse surplus uniform, and it has now been expanded to more professions. Since July 2024, as well as saving £3,108 it has also saved 2.04 t/CO2e. It is expected to continue to grow to include more staff groups, saving the Trust even more money and carbon in 2025.

Overall, clinical waste arisings dropped by 12% (over 3,500 tonnes) compared to the year before and there was continued efforts to improve segregation. The Trust now generates more than 50% offensive waste however in 2025 we hope this will increase to above 60% in line with national clinical waste targets.

The Trust recycling rate has increased around 4% compared to the previous year, and there has been an impressive 13.5% reduction in waste volumes. Work will continue to reduce, reuse and recycle our waste. We anticipate an increase in food waste alongside a comparable reduction in general waste as we introduce separate food waste collections to respond to new government regulations.

BDCFT continues to monitor food waste in the production kitchen and wards; unfortunately the volume of food waste increased last year compared to the year before with nearly 25 tonnes being sent to anerobic digestion. Some of this is unavoidable waste but in 2025-26 the waste and food services teams will collaborate to try to reduce this.

### Clean Air

Previous air quality monitoring at Lynfield Mount highlighted that pollution spikes are predominantly the result of vehicles outside of the hospital grounds. Monitoring was therefore discontinued but we continue to action the Clean Air Hospital Framework by monitoring fleet miles and vehicle types and communicating with suppliers about their impact.

### Biodiversity and Green therapy

The landscaping of the new Lynfield Mount car park and planting of fruit trees are helping to increase local biodiversity. This is predominantly Estates led, but the team continues

to work with the Green Therapy Development Officer to explore opportunities to increase biodiversity whilst providing nature-based patient interventions. The Trust continued to partner with Natural England and this video shows the great success the work has.

We hope to continue into and beyond 2025, with existing partners and working with Mind in Bradford, to demonstrate that green therapy is a low carbon model of care that could be embedded in care pathways whilst providing biodiversity and climate change adaptation benefits (e.g. through tree planting and flood management).

### Climate Change Adaptation

The Trust invested in solar shading at Horton Park which has helped to reduce overheating in this building. Flood risk and overheating continue to be the two main climate change risks with one flooding incident and three overheating incidents in 2024-25. The flooding was weather related at an inpatient ward and the overheating were at non-Trust sites but did impact services users and clinic sessions. Cold continues to be reported more frequently but this is usually mechanical issues rather than climate change. To help further our TCFD obligations, in 2025 the Trust will assess and quantify climate change risk.

### Lynfield Mount Redevelopment

The new building at Lynfield Mount Hospital will be 100% electric, with heating provided via heat pumps. The Trust is working with the design team to achieve BREEAM rating ‘excellent’ with a stretch target of ‘outstanding’. This takes account of a variety of environmental topics including building fabric and operational energy use. In addition, Biodiversity Net Gain is not mandatory on this project but the Trust is striving to improve the outside space across the site.

# Annual Accounts – summary of financial statements

**Foreword to the accounts**

**Bradford District Care NHS Foundation Trust**

These accounts, for the year ended 31 March 2025, have been prepared by Bradford District Care NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

**Signed** ……..

**Name** **Therese Patten**
**Job title** **Chief Executive Officer**
**Date** **26 June 2025**

## Statement of Comprehensive Income

| | Note | 2024/25 £000 | 2023/24 £000 |
|---|---|---|---|
| Operating income from patient care activities | 3 | 220,320 | 202,153 |
| Other operating income | 4 | 12,934 | 13,942 |
| Operating expenses | 5,7 | (242,326) | (217,290) |
| **Operating surplus/(deficit) from continuing operations** | | **(9,072)** | **(1,195)** |
| Finance income | 9 | 1,457 | 1,533 |
| Finance expenses | 9 | (128) | (160) |
| PDC dividends payable | | (831) | (775) |
| **Net finance costs** | | **498** | **598** |
| **Surplus / (deficit) for the year** | | **(8,574)** | **(597)** |
| Impairments charged to statement of comprehensive income | 5 | 8,890 | 1,812 |
| **Surplus for the year before impairment accounted for through statement of comprehensive income** | | **316** | **1,215** |
| Technical adjustment for reporting the movement in PFI revenue costs on a IFRS 16 basis versus a UK GAAP basis | | (137) | 0 |
| **Adjusted financial performance surplus/(deficit) for the year** | | **179** | **1,215** |

## Statement of Financial Position

| | Note | 31 March 2025 £000 | 31 March 2024 £000 |
|---|---|---|---|
| **Non-current assets** | | | |
| Property, plant and equipment | 12 | 48,159 | 49,116 |
| Right of use assets | 15 | 7,025 | 10,569 |
| Receivables | 17 | 45 | 43 |
| **Total non-current assets** | | **55,229** | **59,728** |
| **Current assets** | | | |
| Inventories | 16 | 120 | 88 |
| Receivables | 17 | 6,495 | 7,745 |
| Cash and cash equivalents | 19 | 18,392 | 21,158 |
| **Total current assets** | | **25,007** | **28,991** |
| **Current liabilities** | | | |
| Trade and other payables | 20 | (21,193) | (20,081) |
| Borrowings | 21 | (2,510) | (3,693) |
| Provisions | 22 | (1,403) | (629) |
| **Total current liabilities** | | **(25,106)** | **(24,403)** |
| **Total assets less current liabilities** | | **55,130** | **64,316** |
| **Non-current liabilities** | | | |
| Borrowings | 21 | (4,742) | (7,461) |
| Provisions | 22 | (560) | (542) |
| **Total non-current liabilities** | | **(5,302)** | **(8,003)** |
| **Total assets employed** | | **49,828** | **56,313** |
| **Financed by** | | | |
| Public dividend capital | | 40,562 | 38,273 |
| Revaluation reserve | | 6,557 | 6,757 |
| Other reserves | | 10,196 | 10,196 |
| Income and expenditure reserve | | (7,487) | 1,087 |
| **Total taxpayers' equity** | | **49,828** | **56,313** |

**The accompanying notes form part of these financial statements**

Name Therese Patten
Position Chief Executive Officer
Date 26 June 2025

## Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

| | Public dividend capital | Revaluation reserve | Other reserves | Income and expenditure reserve | Total |
|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 |
| **forward** | **38,273** | **6,757** | **10,196** | **1,087** | **56,313** |
| Surplus/(deficit) for the year | - | - | - | (8,574) | **(8,574)** |
| Impairments | - | (380) | - | - | **(380)** |
| Revaluations | - | 180 | - | - | **180** |
| Public dividend capital received | 2,289 | - | - | - | **2,289** |
| **Taxpayers' and others' equity at 31 March 2025** | **40,562** | **6,557** | **10,196** | **(7,487)** | **49,828** |

## Statement of Changes in Taxpayers 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**

**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 | 2024/25 £000 | 2023/24 £000 |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Operating surplus / (deficit) | | (9,072) | (1,195) |
| **Non-cash income and expense:** | | | |
| Depreciation and amortisation | 5 | 6,418 | 6,211 |
| Net impairments | 6 | 8,890 | 1,812 |
| (Increase) / decrease in receivables and other assets | | 1,267 | 3,701 |
| (Increase) / decrease in inventories | | (32) | (7) |
| Increase / (decrease) in payables and other liabilities | | 824 | (9,579) |
| Increase / (decrease) in provisions | | 792 | (626) |
| **Net cash flows from / (used in) operating activities** | | **9,087** | **317** |
| **Cash flows from investing activities** | | | |
| Interest received | | 1,457 | 1,533 |
| Purchase of PPE and investment property | | (11,084) | (7,242) |
| **Net cash flows from / (used in) investing activities** | | **(9,627)** | **(5,709)** |
| **Cash flows from financing activities** | | | |
| Public dividend capital received | | 2,289 | 899 |
| Capital element of lease rental payments | | (3,148) | (3,276) |
| Capital element of PFI, LIFT and other service concession payments | | (381) | (367) |
| Interest paid on PFI, LIFT and other service concession obligations | | (18) | (33) |
| PDC dividend (paid) / refunded | | (968) | (680) |
| **Net cash flows from / (used in) financing activities** | | **(2,226)** | **(3,457)** |
| | | | |
| **Increase / (decrease) in cash and cash equivalents** | | **(2,766)** | **(8,849)** |
| Cash and cash equivalents at 1 April - brought forward | | 21,158 | 30,007 |
| **Cash and cash equivalents at 31 March** | 19 | **18,392** | **21,158** |

## Notes to the Accounts

### Note 1 Accounting policies and other information

#### 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 2024/25 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 2024/25, reporting a surplus of £0.2 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 £18.4m million cash balances at the year-end.

After consideration of the funding agreed through 2025/26 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 closing balance of the Charitable Fund at 31st March 2025 was £332k (£179k at 31st March 2024).

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 2011, as amended by the Charities Act 2022. 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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

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 2024/25 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.

**Mental health provider collaboratives**

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. BDCFT do not act as lead provider for NHS England commissioned services, however are party to the agreements with West Yorkshire lead providers. The provider collaboratives in place during 2024/25 include Adult Secure Services, Adult Eating Disorders and Children and Young People inpatient services.

**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.

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.

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.

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. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

***Initial recognition***
In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

***Subsequent measurement***
Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

**Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities in 2023/24**
IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was 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 25 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<br>Years | Max life<br>Years |
|---|---|---|
| Buildings, excluding dwellings | 5 | 49 |
| Plant & machinery | 5 | 20 |
| Transport equipment | 7 | 10 |
| Information technology | 2 | 5 |
| Furniture & fittings | 1 | 7 |

**Note 1.10 Intangible assets**

**Recognition**

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets 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 where it meets recognition criteria.

**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** | **Max life** |
|---|---|---|
| | **Years** | **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.

Between 2020/21 and 2023/24 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. Distribution of inventories by the Department ceased in March 2024.

**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 19 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 and 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 term 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**

**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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements 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 2025:

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

**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 22.1 but is not recognised in the Trust's accounts.

**Non-clinical risk pooling**

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.

**Note 1.16 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 23 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 23, 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 2024/25.

**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;
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

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. Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

**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.

The Trust has received no gifts exceeding £300,000 in 2024/25.

**Note 1.25 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

**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 2024/25.

| **Standards, amendments and interpretations in issue but not yet effective or adopted** | |
|---|---|
| IFRS 14 Regulatory Deferral Accounts | Not EU-endorsed.<br>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. The Standard revises the accounting for insurance contracts for the issuers of insurance.<br>Application of this standard from 2025/26 is not expected to have a material impact on the financial statements. The Trust has not identified any contracts that are impacted by this standard. |
| IFRS 18 Presentation and Disclosure in Financial Statements | Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK- endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed. |
| IFRS 19 Subsidiaries without Public Accountability: Disclosures | Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK- endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed. |
| Changes to non-investment asset valuation | Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline. |
| | Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:<br>·Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.<br>·Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity. |
| | Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:<br>·A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.<br>·Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.<br>The impact of applying these changes in future periods has not yet been assessed. |

**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 is an assumption 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 2025 with a valuation date of 31 March 2025. 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.

**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) | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| **Mental health services** | | |
| Income from commissioners under API contracts[1] | 128,902 | 118,575 |
| Services delivered under a mental health collaborative | 7,738 | 8,045 |
| Other clinical income from mandatory services [3] | 3,896 | 3,114 |
| **Community services** | | |
| Income from commissioners under API contracts[1] | 49,703 | 46,967 |
| Income from other sources (e.g. local authorities) [2] | 19,503 | 18,868 |
| **All services** | | |
| National pay award central funding[4] | 83 | 43 |
| Additional pension contribution central funding[5] | 10,495 | 6,541 |
| **Total income from activities** | **220,320** | **202,153** |

[1] Aligned payment and incentive contracts (API) 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 £9.0m for 2024/25, of which £8.6m relates to funding of the consolidated pay inflation;
- Additional investment which has been made in line with the Mental Health Investment Standard of £3.0m; and
- Other developments of £1.1m from our main commissioner NHS West Yorkshire Integrated Care Board (WY ICB).

[2] The movement on Income from other sources of £0.6m is mainly due to pay award uplift from Bradford Metropolitan District Council (BMDC).

[3] The increase in income on Other Clinical Income from Mandatory Services is due to additional non recurrent income that offsets expenditure including income for the Assessment & Treatment Unit.

[4]Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

[5] Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7% in 2024/25 and 20.6% in 2023/24) and related NHS England funding (9.4% in 2024/25 and 6.3% in 2023/24) have been recognised in these accounts.

**Note 3.2 Income from patient care activities (by source)**

| | 2024/25 | 2023/24 |
|---|---|---|
| **Income from patient care activities received from:** | **£000** | **£000** |
| NHS England [1] | 11,509 | 7,616 |
| Integrated care boards [2] | 182,503 | 169,331 |
| Other NHS providers [3] | 9,946 | 9,805 |
| Local authorities [4] | 13,960 | 13,340 |
| Non-NHS: overseas patients (chargeable to patient) | 18 | 44 |
| Non NHS: other [5] | 2,384 | 2,017 |
| **Total income from activities** | **220,320** | **202,153** |
| **Of which:** | | |
| Related to continuing operations | 220,320 | 202,153 |

[1] Income from NHS England includes funding to cover the increase in cost of employers contributions to the NHS Pension Scheme, with the increase in funding reflecting the centrally funded contribution rate increase from 6.3% in 2023/24 to 9.4% in 2024/25.

[2] The main increases in Integrated Care Board income relate to net inflation uplift of £9.0m, other investments of £1.1m, Mental Health Investment Standard of £3.0m.

[3] Other NHS providers includes West Yorkshire Provider Collaborative arrangements.

[4] The increase in Local authority income relates to pay award funding of £0.6m from BMDC.

[5] Non NHS other income has decreased due to reductions in Speech and Language income from schools of £0.2m. This is offset by the full year effect of the transfer of the Vaccination/Immunisations contract from NHS England to Locala CIC of £0.4m.

**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| Income recognised this year | 18 | 44 |
| Cash payments received in-year | 18 | 45 |

**Note 4 Other operating income**

| | 2024/25 | | | 2023/24 | | |
|---|---|---|---|---|---|---|
| | Contract income | Non-contract income | Total | Contract income | Non-contract income | Total |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Research and development | 1,194 | - | **1,194** | 1,052 | - | **1,052** |
| Education and training | 4,791 | 557 | **5,348** | 5,260 | 550 | **5,810** |
| Non-patient care services to other bodies | 5,162 | | **5,162** | 5,378 | | **5,378** |
| Charitable and other contributions to expenditure[1] | | - | **-** | | 309 | **309** |
| Other income | 1,230 | - | **1,230** | 1,393 | - | **1,393** |
| **Total other operating income** | **12,377** | **557** | **12,934** | **13,083** | **859** | **13,942** |
| **Of which:** | | | | | | |
| Related to continuing operations | | | 12,934 | | | 13,942 |

[1]£309k in 2023/24, related 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 was recognised by the Department upon purchase. Centrally-procured inventory items as part of the pandemic response, ceased from April 2024 onwards.

**Note 4.1 Profits and losses on disposal of property, plant and equipment**

The Trust had no asset disposals during 2024/25.

**Note 5 Operating expenses**

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| Purchase of healthcare from NHS and DHSC bodies[1] | 4,687 | 2,948 |
| Purchase of healthcare from non-NHS and non-DHSC bodies[2] | 15,148 | 12,717 |
| Staff and executive directors costs[3] | 180,953 | 167,440 |
| Research and development - staff costs[3] | 667 | 585 |
| Remuneration of non-executive directors | 139 | 141 |
| Supplies and services - clinical (excluding drugs costs)[4] | 6,475 | 5,820 |
| Supplies and services - general | 1,460 | 1,766 |
| Drug costs (drugs inventory consumed and purchase of non-inventory drugs) | 1,462 | 1,308 |
| Consultancy costs | 533 | 379 |
| Establishment | 3,147 | 3,232 |
| Premises | 6,746 | 7,044 |
| Transport (including patient travel) | 755 | 762 |
| Depreciation on property, plant and equipment | 6,418 | 6,096 |
| Amortisation on intangible assets | - | 115 |
| Net impairments[5] | 8,890 | 1,812 |
| Movement in credit loss allowance: all other receivables and investments | 83 | 19 |
| Change in provisions discount rate(s) | 19 | (8) |
| *Fees payable to the external auditor* | | |
| audit services- statutory audit | 182 | 178 |
| Internal audit costs | 116 | 113 |
| Clinical negligence | 803 | 636 |
| Legal fees | 78 | 55 |
| Insurance | 267 | 198 |
| Research and development - non-staff | 763 | 636 |
| Education and training[6] | 1,436 | 2,450 |
| Expenditure on short term leases | 5 | 2 |
| Variable lease payments not included in the liability | 3 | 6 |
| Redundancy[3] | 145 | 4 |
| Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) | 559 | 518 |
| Hospitality | 3 | 1 |
| Losses, ex gratia & special payments | 40 | 34 |
| Other | 344 | 283 |
| **Total** | **242,326** | **217,290** |
| **Of which:** | | |
| Related to continuing operations | 242,326 | 217,290 |

[1] The main area of movement relates to the risk share contributions for the Mental Health Provider Collaborative arrangements and the full year effect of hosting the West Yorkshire Mental Health Well Being Hub.

[2] The demand for mental health inpatient services continues to remain high during 2024/25 resulting in additional costs incurred for out of area placements of £0.8m. In addition, costs have increased aligned to new services commissioned during 2024/25 by £1.5m.

[3] Total Staff costs amount to £181.77m an explanation of headline changes is provided at Note 7 Employee benefits.

[4] Supplies and services costs have increased due to higher inflationary costs in 2024/25 and outsourcing activity.

[5] Net impairments, relate to the asset revaluation exercise conducted during 2024/25, providing asset valuations effective as at 31st March 2025. Key impacts arising from the revaluation are summarised further in Note 14.

[6] Education and training costs have reduced in line with the reduction in income received.

**Note 5.1 Other auditor remuneration**

There is no other auditor remuneration paid to auditors during 2024/25.

**Note 5.2 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £1,000k (2023/24: £1,000k).

**Note 6 Impairment of assets**

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| **Net impairments charged to operating surplus / deficit resulting from:** | | |
| Changes in market price | 8,890 | 1,812 |
| Impairments charged to the revaluation reserve | 380 | 667 |
| **Total net impairments** | **9,270** | **2,479** |

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 2024/25 revaluation exercise and revised approach as described above.

| **Property, Plant & Equipment** | **Impairments** | **Reversal of Previous Impairments** | **Total** |
|---|---|---|---|
| Buildings excluding dwellings: | **£000** | **£000** | **£000** |
| Lynfield Mount Hospital - Whole site | 5,925 | (120) | **5,805** |
| New Mill, Saltaire | 1,723 | 0 | **1,723** |
| Airedale Centre for Mental Health | 1,275 | - | **1,275** |
| Others | 22 | (10) | **12** |
| Land | | | |
| Lynfield Mount Hospital - Whole site | 120 | | **120** |
| Airedale Centre for Mental Health | 90 | | **90** |
| Others | 245 | | **245** |
| **Total** | **9,400** | **(130)** | **9,270** |

**Note 7 Employee benefits**

| | 2024/25 Total £000 | 2023/24 Total £000 |
|---|---|---|
| Salaries and wages[1] | 136,138 | 122,868 |
| Social security costs | 13,692 | 13,369 |
| Apprenticeship levy[2] | 647 | 634 |
| Employer's contributions to NHS pensions | 26,436 | 21,474 |
| Temporary staff (including agency)[3] | 6,041 | 10,314 |
| **Total staff costs** | **182,954** | **168,659** |
| *less*: Costs capitalised as part of assets | 1,189 | 630 |
| **Total staffing costs in Operating Expenditure - note 5** | **181,765** | **168,029** |

[1]The Trust salaries and wages costs include £734k relating to permanent staff who are on secondment to other external organisations (£731k in 2023/24).

[1]Salaries and wages costs have increased by £10.4m reflective of the pay settlement for 2024/25. In addition, recruitment to substantive posts previously covered by temporary staffing and additional staffing for funded service growth has seen costs increase by c£3m.

[2] 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.

[3] Temporary staff costs have reduced aligned to targeted recruitment activity particularly for unqualified nurses.

**Note 7.1 Retirements due to ill-health**

During 2024/25 there were 4 early retirements from the trust agreed on the grounds of ill-health (11 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £475k (£982k in 2023/24).

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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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 1 April 2024 to 23.7% of pensionable pay. 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.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

**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 2025, the Trust made contributions totalling £63,223 into the NEST fund (£45,154 in 2023/24).

**Note 9 Finance income**

Finance income represents interest received on assets and investments in the period.

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| Interest on bank accounts | 1,457 | 1,533 |
| **Total finance income** | **1,457** | **1,533** |

**Note 9.1 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| **Interest expense:** | | |
| Interest on lease obligations[1] | 110 | 127 |
| **Finance costs on PFI, LIFT and other service concession arrangements:** | | |
| Main finance costs | 18 | 33 |
| **Total finance costs** | **128** | **160** |

[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**

The Trust incurred no interest or other payments relating to the late payment of commercial debts.

**Note 10 Other gains / (losses)**

There were no disposal of assets in 2024/25.

**Note 11 Intangible assets - 2024/25**

The Trust has no intangible assets in 2024/25.

**Note 11.1 Intangible assets - 2023/24**

Intangibles in 2023/24 were fully depreciated.

| | Software licences | Internally generated information technology | Total |
|---|---|---|---|
| | £000 | £000 | £000 |
| **Valuation / gross cost at 1 April 2023 - as previously stated** | **208** | **769** | **977** |
| **Valuation / gross cost at 31 March 2024** | **208** | **769** | **977** |
| **Amortisation at 1 April 2023 - as previously stated** | **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 12 Property, plant and equipment - 2024/25**

| | 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 2024 - brought forward** | **5,041** | **34,887** | **2,323** | **2,690** | **350** | **25,021** | **1,846** | **72,158** |
| Additions | - | 7,358 | 2,145 | 44 | 65 | 1,860 | 18 | **11,490** |
| Impairments | (455) | (8,945) | - | - | - | - | - | **(9,400)** |
| Reversals of impairments | - | 130 | - | - | - | - | - | **130** |
| Revaluations | 50 | (1,062) | - | - | - | - | - | **(1,012)** |
| Reclassifications | - | 2,323 | (2,323) | - | - | - | - | **-** |
| **Valuation/gross cost at 31 March 2025** | **4,636** | **34,691** | **2,145** | **2,734** | **415** | **26,881** | **1,864** | **73,366** |
| **Accumulated depreciation at 1 April 2024 - brought forward** | **-** | **-** | **-** | **1,766** | **295** | **19,279** | **1,702** | **23,042** |
| Provided during the year | - | 1,192 | - | 206 | 6 | 1,889 | 64 | **3,357** |
| Revaluations | - | (1,192) | - | - | - | - | - | **(1,192)** |
| **Accumulated depreciation at 31 March 2025** | **-** | **-** | **-** | **1,972** | **301** | **21,168** | **1,766** | **25,207** |
| **Net book value at 31 March 2025** | **4,636** | **34,691** | **2,145** | **762** | **114** | **5,713** | **98** | **48,159** |
| **Net book value at 1 April 2024** | **5,041** | **34,887** | **2,323** | **924** | **55** | **5,742** | **144** | **49,116** |

**Note 12.1 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 - as previously stated** | **5,646** | **35,473** | **-** | **2,561** | **350** | **22,291** | **1,739** | **68,060** |
| Prior period adjustments | - | - | - | - | - | - | - | **-** |
| 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 - as previously stated** | **-** | **-** | **-** | **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 12.2 Property, plant and equipment financing - 31 March 2025**

| | 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 | 3,996 | 34,617 | 2,145 | 762 | 114 | 5,713 | 98 | **47,445** |
| On-SoFP PFI contracts and other service concession arrangements | 640 | 74 | - | - | - | - | - | **714** |
| **Total net book value at 31 March 2025** | **4,636** | **34,691** | **2,145** | **762** | **114** | **5,713** | **98** | **48,159** |

**Note 12.3 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 13 Donations of property, plant and equipment**

The Trust has not received any donated property, plant or equipment during the year.

**Note 14 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 2024/25 provided asset valuations effective as at 31st March 2025. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate decrease of £9.091m; of which £0.201m was charged to the Revaluation Reserve, and £8.890m 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 2024/25 accounts is consistent with that used in 2023/24.

| Asset Revaluation Exercise | TOTAL<br>March 2025<br>£000 | Charged to Statement of Comprehensive Income<br>March 2025<br>£000 | Charged to Revaluation Reserve<br>March 2025<br>£000 |
|---|---|---|---|
| **Buildings excluding dwellings:** | | | |
| Airedale Centre for Mental Health | (1,266) | (1,275) | 9 |
| Lynfield Mount Hospital - Whole site | (5,715) | (5,782) | 67 |
| New Mill, Saltaire | (1,723) | (1,723) | - |
| Others | 18 | 10 | 8 |
| **Land** | | | |
| Airedale Centre for Mental Health | (90) | - | (90) |
| Lynfield Mount Hospital - Whole site | (120) | (120) | - |
| New Mill, Saltaire | 25 | - | 25 |
| Others | (220) | - | (220) |
| **SUBTOTAL (Impairment) / Valuation Increase** | **(9,091)** | **(8,890)** | **(201)** |
| **Comprising:** | | | |
| Impairment charged to I&E | (8,890) | | |
| Impairment to Revaluation Reserve | (201) | | |
| **TOTAL (Impairment) / Valuation Increase** | **(9,091)** | | |

**Revaluation Reserve**

The Trust's Revaluation Reserve decreased by £201k during 2024/25 as a result of the March 2025 asset revaluation exercise. The movements in the Revaluation Reserve are shown in the table below:

| | £000 |
|---|---|
| **Revaluation Reserve 01/04/2024** | **6,757** |
| Asset Revaluation 31/03/2025 - Impairments | (380) |
| Asset Revaluation 31/03/2025 - Increases | 179 |
| **Revaluation Reserve 31/03/2025** | **6,556** |

**Note 15 Leases - Bradford District Care NHS Foundation Trust as a lessee**

This note details information about leases for which the Trust is a lessee.

The Trust has a number of leases which are accounted for under IFRS16. These leases relate to Properties and Trust vehicles (vehicles leased for employees' personal use under Salary Sacrifice or Salary Deduction schemes are excluded).

The Property leases summarised below include leases with NHS Property Services, Community Health Partnerships and commercial landlords.

**Note 15.1 Right of use assets - 2024/25**

| | Property (land and buildings) | Transport equipment | Total | Of which: leased from DHSC group bodies |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| **Valuation / gross cost at 1 April 2024 - brought forward** | **16,144** | **384** | **16,528** | **13,686** |
| Additions | - | 112 | **112** | - |
| Remeasurements of the lease liability | 312 | - | **312** | 292 |
| Disposals / derecognition | (890) | (17) | **(907)** | (787) |
| **Valuation/gross cost at 31 March 2025** | **15,566** | **479** | **16,045** | **13,191** |
| **Accumulated depreciation at 1 April 2024 - brought forward** | **5,835** | **124** | **5,959** | **4,656** |
| Provided during the year | 2,927 | 134 | **3,061** | 2,427 |
| **Accumulated depreciation at 31 March 2025** | **8,762** | **258** | **9,020** | **7,083** |
| **Net book value at 31 March 2025** | **6,804** | **221** | **7,025** | **6,108** |
| **Net book value at 1 April 2024** | **10,309** | **260** | **10,569** | **9,030** |
| **Net book value of right of use assets leased from other DHSC group bodies** | | | | **6,108** |

**Note 15.2 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 15.3 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 21.

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| **Carrying value at 1 April** | **10,677** | **11,680** |
| Lease additions | 112 | 524 |
| Lease liability remeasurements[1] | 312 | 1,622 |
| Interest charge arising in year | 110 | 127 |
| Early terminations | (907) | - |
| Lease payments (cash outflows) | (3,148) | (3,276) |
| **Carrying value at 31 March** | **7,156** | **10,677** |

[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 2024. The total increase to lease liabilities was £0.312m. Of this, £0.292m relates to leases with NHS Property Services and Community Health Partnerships. The remaining £0.02m 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 15.4 Maturity analysis of future lease payments**

| | Total | Of which leased from DHSC group bodies: | Total | Of which leased from DHSC group bodies: |
|---|---|---|---|---|
| | 31 March 2025 | 31 March 2025 | 31 March 2024 | 31 March 2024 |
| | £000 | £000 | £000 | £000 |
| **Undiscounted future lease payments payable in:** | | | | |
| - not later than one year; | 2,414 | 1,980 | 3,312 | 2,509 |
| - later than one year and not later than five years; | 4,742 | 4,217 | 7,365 | 6,610 |
| - later than five years. | - | - | - | - |
| **Net lease liabilities at 31 March 2025** | **7,156** | **6,197** | **10,677** | **9,119** |
| **Of which:** | | | | |
| **Leased from other DHSC group bodies** | | **6,197** | | **9,119** |

**Note 16 Inventories**

| | 2025 | 2024 |
|---|---|---|
| | £000 | £000 |
| Drugs | 110 | 78 |
| Energy | 10 | 10 |
| **Total inventories** | **120** | **88** |

**Note 17 Receivables**

| | 31 March 2025 | 31 March 2024 |
|---|---|---|
| | £000 | £000 |
| **Current** | | |
| Contract receivables | 4,316 | 5,250 |
| Allowance for other impaired receivables | (199) | (116) |
| Prepayments (non-PFI) | 1,496 | 2,016 |
| PDC dividend receivable | 19 | - |
| VAT receivable | 745 | 480 |
| Other receivables | 118 | 115 |
| **Total current receivables** | **6,495** | **7,745** |
| **Non-current** | | |
| Other receivables | 45 | 43 |
| **Total non-current receivables** | **45** | **43** |
| **Of which receivable from NHS and DHSC group bodies:** | | |
| Current | 2,550 | 3,246 |
| Non-current | 45 | 43 |

**Note 17.1 Allowances for credit losses**

| | 2024/25 | 2023/24 |
|---|---|---|
| | All other receivables | All other receivables |
| | £000 | £000 |
| **Allowances as at 1 April - brought forward** | **116** | **97** |
| New allowances arising | 54 | 12 |
| Changes in existing allowances | 29 | 7 |
| **Allowances as at 31 Mar 2025** | **199** | **116** |

**Note 17.2 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 18 Non-current assets held for sale and assets in disposal groups**

There were no disposal of non-current assets during 2024/25.

**Note 19 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.

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| **At 1 April** | **21,158** | **30,007** |
| Net change in year | (2,766) | (8,849) |
| **At 31 March** | **18,392** | **21,158** |
| **Broken down into:** | | |
| Cash at commercial banks and in hand | 108 | 95 |
| Cash with the Government Banking Service | 18,284 | 21,063 |
| **Total cash and cash equivalents as in SoFP** | **18,392** | **21,158** |
| **Total cash and cash equivalents as in SoCF** | **18,392** | **21,158** |

**Note 19.1 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 2025 | 31 March 2024 |
|---|---|---|
| | £000 | £000 |
| Bank balances | 89 | 89 |
| **Total third party assets** | **89** | **89** |

**Note 20 Trade and other payables**

| | 31 March 2025 £000 | 31 March 2024 £000 |
|---|---|---|
| **Current** | | |
| Trade payables | 6,816 | 5,346 |
| Capital payables[1] | 1,178 | 772 |
| Accruals[2] | 6,352 | 7,137 |
| Receipts in advance and payments on account | 101 | 178 |
| Social security costs | 1,644 | 1,669 |
| Other taxes payable | 1,682 | 1,616 |
| PDC dividend payable | - | 118 |
| Pension contributions payable | 2,187 | 2,075 |
| Other payables | 1,233 | 1,170 |
| **Total current trade and other payables** | **21,193** | **20,081** |
| | | |
| **Of which payables from NHS and DHSC group bodies:** | | |
| Current | 1,516 | 1,962 |

[1]Capital Payables relates to Retention Payments held for completed schemes (£0.318m) and payments due for works completed in March 2025. Increase in capital payables in 2024/25 is also reflective of the increased in capital spend in 2024/25.

[2] The main movement in Accruals relates to:
- A reduction in the use of agency staffing and associated costs outstanding at year end of £0.4m; and
- A reduction in the amount of annual leave carried forward in 2024/25 of £0.4m.

**Note 21 Borrowings**

| | 31 March 2025 £000 | 31 March 2024 £000 |
|---|---|---|
| **Current** | | |
| Lease liabilities | 2,414 | 3,312 |
| Obligations under PFI, LIFT or other service concession contracts | 96 | 381 |
| **Total current borrowings** | **2,510** | **3,693** |
| | | |
| **Non-current** | | |
| Lease liabilities | 4,742 | 7,365 |
| Obligations under PFI, LIFT or other service concession contracts | - | 96 |
| **Total non-current borrowings** | **4,742** | **7,461** |

**Note 21.1 Reconciliation of liabilities arising from financing activities**

| | Lease Liabilities | PFI and LIFT schemes | Total |
|---|---|---|---|
| | £000 | £000 | £000 |
| **Carrying value at 1 April 2024** | **10,677** | **477** | **11,154** |
| **Cash movements:** | | | |
| Financing cash flows - payments and receipts of principal | (3,148) | (381) | **(3,529)** |
| Financing cash flows - payments of interest | - | (18) | **(18)** |
| **Non-cash movements:** | | | |
| Additions | 112 | - | **112** |
| Lease liability remeasurements | 312 | - | **312** |
| Application of effective interest rate | 110 | 18 | **128** |
| Early terminations | (907) | - | **(907)** |
| **Carrying value at 31 March 2025** | **7,156** | **96** | **7,252** |

| | Lease Liabilities | PFI and LIFT schemes | Total |
|---|---|---|---|
| | £000 | £000 | £000 |
| **Carrying value at 1 April 2023** | **11,680** | **844** | **12,524** |
| **Cash movements:** | | | |
| Financing cash flows - payments and receipts of principal | (3,276) | (367) | **(3,643)** |
| Financing cash flows - payments of interest | - | (33) | **(33)** |
| **Non-cash movements:** | | | |
| Additions | 524 | - | **524** |
| Lease liability remeasurements | 1,622 | - | **1,622** |
| Application of effective interest rate | 127 | 33 | **160** |
| **Carrying value at 31 March 2024** | **10,677** | **477** | **11,154** |

**Note 22 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 2024** | **548** | **68** | **405** | **150** | **1,171** |
| Change in the discount rate | 19 | - | - | - | **19** |
| Arising during the year | 52 | 59 | 641 | 613 | **1,365** |
| Utilised during the year | (52) | - | - | (2) | **(54)** |
| Reversed unused | - | (30) | (405) | (105) | **(540)** |
| Unwinding of discount | - | - | - | 2 | **2** |
| **At 31 March 2025** | **567** | **97** | **641** | **658** | **1,963** |
| **Expected timing of cash flows:** | | | | | |
| - not later than one year; | 52 | 97 | 641 | 613 | **1,403** |
| - later than one year and not later than five years; | 208 | - | - | 3 | **211** |
| - later than five years. | 307 | 0 | 0 | 42 | **349** |
| **Total** | **567** | **97** | **641** | **658** | **1,963** |

[1] Injury Benefits provisions of £567k (previous year £548k) 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 2024/25, from 2.45% as at March 2024 to 2.40% as at March 2025.

[2] Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by NHS Resolution equivalent to £97k (previous year £68k).

[3] Redundancy provision of £338k relates to the provision associated with fixed term contracts and £303k for the restructure of the management and leadership roles within Childrens Community Services.

[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. This is funded via NHS England, which can be seen by an equal and opposite entry within non-current receivables.

[4] 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 final refunds made of £1k during 2024/25, bringing the scheme to a close.

[4] Other provisions also include employment related equal pay claims.

**Note 22.1 Clinical negligence liabilities**

At 31 March 2025, £4,101k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2024: £4,485k).

**Note 23 Contingent assets and liabilities**

| | 31 March 2025 | 31 March 2024 |
|---|---|---|
| | £000 | £000 |
| **Value of contingent liabilities** | | |
| NHS Resolution legal claims[1] | (39) | (46) |
| **Total net value of contingent liabilities** | **(39)** | **(46)** |

[1] The £39k NHS Resolution contingent liability shown above is the calculated member liability for third party insurance claims.

**Note 24 Contractual capital commitments**

| | 31 March 2025 | 31 March 2024 |
|---|---|---|
| | £000 | £000 |
| Property, plant and equipment | 1,178 | 772 |
| **Total** | **1,178** | **772** |

**Note 25 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 £714k. At the conclusion of the PFI scheme in July 2025, a new lease will come into effect for Horton Park. This will be accounted for under IFRS16 along with the Trust's other property leases.

**Note 25.1 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 2025 | 31 March 2024 |
|---|---|---|
| | £000 | £000 |
| **Gross PFI, LIFT or other service concession liabilities** | **100** | **499** |
| **Of which liabilities are due** | | |
| - not later than one year; | 100 | 399 |
| - later than one year and not later than five years; | - | 100 |
| Finance charges allocated to future periods | (4) | (22) |
| **Net PFI, LIFT or other service concession arrangement obligation** | **96** | **477** |
| - not later than one year; | 96 | 381 |
| - later than one year and not later than five years; | - | 96 |

**Note 25.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

Total future commitments under these on-SoFP schemes are as follows:

| | 31 March 2025 | 31 March 2024 |
|---|---|---|
| | £000 | £000 |
| **Total future payments committed in respect of the PFI, LIFT or other service concession arrangements** | **240** | **1,146** |
| **Of which payments are due:** | | |
| - not later than one year; | 240 | 917 |
| - later than one year and not later than five years; | - | 229 |

**Note 25.3 Analysis of amounts payable to service concession operator**

This note provides an analysis of the unitary payments made to the service concession operator:

| | 2024/25 | 2023/24 |
|---|---|---|
| | £000 | £000 |
| **Unitary payment payable to service concession operator** | **958** | **917** |
| **Consisting of:** | | |
| - Interest charge | 18 | 33 |
| - Repayment of balance sheet obligation | 381 | 366 |
| - Service element and other charges to operating expenditure | 559 | 518 |
| **Total amount paid to service concession operator** | **958** | **917** |

## Note 26 Financial instruments

### Note 26.1 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. In 2024/25, the Trust received £2.289m in Public Dividend Capital (PDC), to finance capital expenditure on specific capital projects.

**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 26.2 Carrying values of financial assets**

| Carrying values of financial assets as at 31 March 2025 | Held at amortised cost | Total book value |
|---|---|---|
| | £000 | £000 |
| Trade and other receivables excluding non financial assets | 4,279 | **4,279** |
| Cash and cash equivalents | 18,392 | **18,392** |
| **Total at 31 March 2025** | **22,671** | **22,671** |

| 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** |

**Note 26.3 Carrying values of financial liabilities**

| Carrying values of financial liabilities as at 31 March 2025 | Held at amortised cost | Total book value |
|---|---|---|
| | £000 | £000 |
| Obligations under leases | 7,156 | **7,156** |
| Obligations under PFI, LIFT and other service concession contracts | 96 | **96** |
| Trade and other payables excluding non financial liabilities | 14,684 | **14,684** |
| **Total at 31 March 2025** | **21,936** | **21,936** |

| Carrying values of financial liabilities as at 31 March 2024 | Held at amortised 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** |

**Note 26.4 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 2025 | 31 March 2024 |
|---|---|---|
| | £000 | £000 |
| In one year or less | 17,206 | 18,136 |
| In more than one year but not more than five years | 4,742 | 7,465 |
| **Total** | **21,948** | **25,601** |

**Note 26.5 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 27 Losses and special payments**

| | 2024/25 | | 2023/24 | |
|---|---|---|---|---|
| | Total number of cases | Total value of cases | Total number of cases | Total value of cases |
| | Number | £000 | Number | £000 |
| **Losses** | | | | |
| Other[1] | 1 | - | - | - |
| **Total losses** | **1** | **-** | **-** | **-** |
| **Special payments** | | | | |
| Compensation under court order or legally binding arbitration award | 7 | 38 | 5 | 28 |
| Ex-gratia payments | 22 | 2 | 25 | 22 |
| **Total special payments** | **29** | **40** | **30** | **50** |
| **Total losses and special payments** | **30** | **40** | **30** | **50** |
| Compensation payments received | | | | |

[1]One case of £315 reported in 'Other Losses', relating to misplaced belongings of a service user whilst on one of the inpatient wards.

**Note 28 Gifts**

The Trust has received no gifts exceeding £300,000 in 2024/25.

**Note 29 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. The Trust made no charge to the Charitable Fund for this service in 2024/25.

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 | Payables |
|---|---|---|
| | 31 March 2025 | 31 March 2025 |
| | £000 | £000 |
| NHS West Yorkshire Integrated Care Board (ICB) | 908 | - |
| NHS England (includes education and training income) | 154 | - |
| Airedale NHS Foundation Trust (including AGH Solutions) | 112 | 257 |
| Bradford Teaching Hospitals NHS Foundation Trust | 273 | 61 |
| Leeds and York Partnership NHS Foundation Trust | 342 | 602 |
| South West Yorkshire Partnership NHS Foundation Trust | 228 | 257 |
| Bradford City Council | 1,012 | 479 |
| | **3,029** | **1,656** |

| | Income | Expenditure |
|---|---|---|
| | 2024/25 | 2024/25 |
| | £000 | £000 |
| NHS West Yorkshire Integrated Care Board (ICB) | 182,647 | - |
| NHS England (includes education and training income) | 5,889 | 6 |
| Airedale NHS Foundation Trust (including AGH Solutions) | 116 | 1,890 |
| Bradford Teaching Hospitals NHS Foundation Trust | 1,037 | 1,903 |
| Leeds and York Partnership NHS Foundation Trust | 2,195 | 1,137 |
| South West Yorkshire Partnership NHS Foundation Trust | 8,011 | 580 |
| Bradford City Council | 13,839 | 654 |
| NHS Resolution | - | 909 |
| | **213,734** | **7,079** |

**Note 30 Prior period adjustments**

There are no prior period adjustments.

**Note 31 Events after the reporting date**

There are no events that have occurred after the reporting period which have a material impact on these financial statement

# 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 2025 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 2025 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 2025 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2024/25; 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 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; and
- 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 2025-26.

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 2025, 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.

***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 2024/25.

**Accounting Officer's responsibilities**

As explained more fully in the statement set out on page 117, 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 117, 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 are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

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:

- we issue a report in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006; or
- we make a referral to the Regulator 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 these respects.

## 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.

**DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT**

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of Bradford District Care NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the NAO Code of Audit Practice.

***Salma Younis***
**for and on behalf of KPMG LLP**
*Chartered Accountants*
Leeds

27 June 2025

## 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.<br>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<br><br>Trustee Royal Society of Medicine<br><br>Fellow of Royal College of Physicians of Edinburgh and London<br><br>Registered with General Medical Council | Nil |
| Maz Ahmed | M&M Property (Stoke) Ltd: Director<br>Advantage Advisory Ltd: Director | Nil | Nil | Nil | Nil | NHS Professionals Ltd: Non-Executive Director | Operations Director: Wm Morrison Supermarkets PLC | Nil |

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|---|---|---|---|---|---|---|---|---|
| | Director of following subsidiaries of Wm Morrison Supermarkets PLC:<br>- Wm Morrison Produce Ltd<br>- Lowlands Nurseries Ltd<br>- Falfish Limited<br>- Falfish (Holdings) Limited<br>- Farmers Boy Limited<br>- Farmers Boy (Deeside) Limited<br>- International Seafoods Limited<br>- Neerock Limited<br>- Rathbone Kear Limited<br>- Safeway Wholesale Limited<br>- 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 | Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities) | 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)). | Burley Oaks Primary School: employee |

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| | | | | | public sector organisations, including relevant local authorities). This also includes acting on behalf of the General Medical Council. | ASDA Foundation: trustee/non-executive director. | Board member of the Bar Standards Board (i.e. the regulatory body for barristers and some others in the legal services market).<br><br>Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc).<br><br>Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly: I would not sit on cases involving applications from service users at BDCT.<br><br>Court Examiner.<br><br>Junior Counsel to the Crown.<br><br>England and Wales Cricket Board: chair of national safeguarding panel.<br><br>The Football Association: independent chair of disciplinary/regulatory panels. | |

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| | | | | | | | British Cycling: independent chair of disciplinary/regulatory panels.<br><br>England Boxing: independent chair/member of disciplinary panel.<br><br>ACCA (the global accountancy body): independent member of disciplinary/regulatory panels.<br><br>General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases.<br><br>Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel<br><br>University of Bradford – Lay Member of Council<br><br>Premier League Independent Oversight Panel | |
| Alyson McGregor | Nil | Nil | Nil | Altogether Better (NHS hosted organisation): Director | Nil | Nil | Nil | Nil |

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| | | | | Health Foundation Common Ambition 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 | Nil | Nil | Nil |
| **Executive and Associate Directors** | | | | | | | | |
| Therese Patten | Nil | Nil | Nil | NHS Providers: Trustee | Nil | Nil | Place Chief Executive Lead, Bradford District & Craven<br><br>West Yorkshire Integrated Care Board, Accountable Officer, BdC Place<br><br>NHS England National Director role, Place Development | North Yorkshire County Council: Practice Supervisor (Family Assessment and Support Team |
| Kelly Barker | Nil | Nil | Nil | Nil | Nil | Bradford District & Craven Quality Committee<br><br>Bradford District & Craven Finance Committee | Nil | BDCFT: employee |
| Bob Champion | Nil | Nil | Nil | Nil | Nil | Nil | Employer representative on NHS Staff Council.<br><br>Member of West Yorkshire Integrated Care Board, People Board | Nil |

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| 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 | Close associate of MD of Elite Consulting Ltd* |

*NB Elite Consulting are currently engaged in providing temporary programme management support for the Lynfield Mount capital redevelopment scheme. MW removed himself from the interview and selection process and from the executive decision making panel.

## Appendix 2: Information about Council of Governors as at 31 March 2025

| 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** | | | | | | | | |
| Arshad Ali | Director of a Health & and Social Care Training company - Seven Circles Ltd<br><br>Chair of Bradford Stop The War Coalition | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Mufeed Ansari | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Connor Brett | Nil | Nil | Nil | Nil | Nil | Nil | Trustee for Dementia Friendly Keighley | Nil |
| Sue Francis | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Michael Frazer | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Umar Ghafoor | Umar Ghafoor Trading ltd – Director | Nil | Nil | CEO – Manningham Project Ltd | Nil | Nil | Nil | Nil |

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| | Exceed Academies Trust – Trustee/Director | | | | | | | |
| Terry Henry | Nil | Nil | Nil | Nil | Nil | Nil | Trustee for Fountains Church Bradford | Nil |
| Paul Hodgson | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Aurangzeb Khan | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Imran Khan | Awaiting submission | | | | | | | |
| Mike Lodge | Nil | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Linzi Maybin | Nil | Nil | Nil | Lead and founder of Happy Teeth Outreach<br><br>Lead dentist for VITA | Health Education England: Trainee Dentist Leader | Nil | Nil | Nil |
| Hannah Nutting | Awaiting submission | | | | | | | |
| Trevor Ramsay | Nil | Nil | Nil | Nil | Trustee of Vital (User-led Mental Health Advocacy Charity)<br>Member of Disabled People's Action Group-Equality Together<br>Presenter on Bradford Community Broadcasting and Phoenix Radio<br>Member of Healthy Minds | | Involvement Partner-Bradford District Care Trust<br>Co-optee of Health & Social Care Overview and Scrutiny Committee | Nil |

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| | | | | | Calderdale and Healthy Minds Forum Member of Yorkshire Sorteria Network Member of Diamonds Voice | | | |
| Tabaro Rwegema | Awaiting submission | | | | | | | |
| Joyce Thackwray | Thackwray Building Contractors - Partner | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| Emmerson Walgrove | Director, Bradford Cyrenians<br><br>Director/Trustee, Sight Airedale<br><br>Trustee, Prism Youth Project and Independent School | Nil | Nil | Nil | Volunteer, Equality Together | Nil | Involvement Partner, Bradford District Care NHS Foundation Trust<br><br>Deputy Chair, The City of Bradford Festival of Talent<br><br>Chairman, Speakout Bradford and District<br><br>Chair and Trustee of Keighley Sea Cadets | Nil |
| **Appointed Governors** | | | | | | | | |
| Deborah Buxton | Barnardo's Assistant Director Children's Services | Nil | Nil | Nil | Nil | Nil | Nil | Nil |

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| Cllr Andy Brown | Councillor Aire Valley Ward North Yorkshire Council | Shareholder in Smith and Nephews, Filtronic PLC, Surgical innovations group, Greencoat PLC, Vistry Group, Abingdon Health Ltd | Nil | Nil | Nil | Nil | Green Party member and Councillor for the Aire Valley Ward North Yorkshire Council | Nil |
| Cllr Alison Coates | Awaiting submission | | | | | | | |
| Robert James | Nil | Nil | Nil | Nil | Nil | Nil | Dean of the Faculty of Life Sciences at University of Bradford | Nil |
| Cllr Sabiya Khan | Awaiting submission | | | | | | | |

## 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<br>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