



Bradford District Care
NHS Foundation Trust

Bradford District Care NHS Foundation Trust

Annual Report and Accounts

1 April 2022 to 31 March 2023

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Foundation Trust**

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

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

Welcome to our Annual Report for the year 2022/23. Once again, on behalf of the Board of Directors, we would both like to publicly thank all our colleagues for their continued hard work and dedication in maintaining services against the background of recovery from the COVID-19 pandemic and the considerable pressures this has created. The last couple of years in particular have been challenging for everyone, and the commitment, optimism, and sense of collective teamwork we have seen across our Trust has been truly outstanding. This year, Dr Linda Patterson OBE FRCP has been warmly welcomed and supported taking up the Chair of the Trust role in July 2022. We would like to thank Carole Panteli who acted as Interim Chair whilst the appointment process took place.

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. 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. This has been particularly important to us as we have commenced the refresh of our Trust strategy: Better Lives, Together. Initial feedback has outlined how well our values (we care; we listen; we deliver), are becoming embedded. The refresh will complete summer 2023 following an extensive period of engagement.



During the year, the NHS has gone through a re-organisation with Integrated Care Systems (ICS) formally established from July 2022. We are proud to be part of the West Yorkshire ICS which is working together 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-centred approach. Bradford District and Craven, our Place, is where we collaborate locally through the 'Act as One' commitment. Our ambition in Place is to keep our people healthy, and happy at home.

We have worked closely with partners across Place to co-produce a virtual work experience offer to support young people in their career choices and to gain experience of Allied Health Professions careers. Success has also been seen through



our wonderful volunteers, with the Trust recognised nationally for this work. A Volunteer to Career programme has been established, which works within the Trust, and across the Place to provide opportunities for individuals to gain experience to support them in their career. We have worked with partners to develop roles across the Bradford District and Craven Place.

It is very important for us to be the best partner, working together to tackle health inequalities, and deliver the best quality services for our population. We have led work across Place to create an innovative digital platform to support people with learning disabilities to keep healthy and well. It also helps people to manage the effects that their condition has on their respiratory health. The platform is being co-designed alongside people with learning disabilities to be an easily accessible resource, with practical tips and focused tools to help keep track of symptoms and respond quickly to any problems that occur.



We also work hard to create an environment that is the best place to work for our colleagues. This year we have continued to work closely with our staff networks, learning from their experiences and the breadth of knowledge they hold. Work has also taken place to develop our leadership and management support programme. Learning from the previous model, this will be based on 4 key areas: Care Trust Way methodology (our quality improvement model); compassionate leadership; equality, diversity and inclusion; and trauma informed care.

Work has also taken place with our smarter spaces plan, as we work with colleagues to reconfigure our community estate. The aim is to have a high-quality estate across fewer locations that offers flexibility and optimises our work and service delivery environment. Working with our partners at Place we have also undertaken a neighbourhood asset review, which aims to enable the integration of health, social care and wellbeing related services and assets.

We have continued with our reciprocal mentoring programme, with a focus over the year on colleagues within psychological therapies services, who are recognised nationally to be under-represented in terms of diversity in the workforce. The programme aimed to support a full understanding of system change to support an inclusive culture that benefits all (colleagues and those receiving our services). Throughout the programme each person in the mentoring pair learnt about each other, the barriers they faced and the work they have done in addressing inequalities.

As a Trust, and with our partners, we continue to work hard to deliver the best with the resources we have. This is through good financial decision making and considering the environmental and social-economic impact on sustainability. During the year we have worked with partners at Place to agree a Climate Change Adaptation Action Plan, this work features within our Green Plan, as part of our commitment to environmental sustainability.



In June 2022 the Care Quality Commission (CQC) conducted a short notice (24 hour) inspection of the Trust's 0-19 services in Bradford and Wakefield. This was undertaken in the context of the recent publication of a significant child safeguarding review and inspections of children's services provided by the Local Authority across Bradford. The report was published on 24 August 2022. The ratings for the service remain the same, with an overall rating of Requires Improvement, and services being rated as Requires Improvement for safe and responsive, and good for effective, caring and well led. This inspection had no impact on the overall rating for the Trust, which remains Good. There is the Executive Lead within our Place for the Act as One Children and Young People workstream, we are looking forward to working with the new Bradford Children and Families Trust from 1 April 2023 on improvements.



In autumn 2022 we volunteered to take part in a CQC pilot looking at medicines management. We received positive feedback as part of the experience, which allowed us to test the embeddedness of work undertaken over the year on our new electronic prescribing plan and delivery model. As a pilot the findings do not contribute to our overall CQC rating, but it was a good learning experience for our Trust.

Our challenges, as with the rest of the wider NHS and social care system, are constraints of workforce, and finances. This means that we must continue to work hard to retain and recruit staff, and always consider the quality of care and the experience of the people who use our services.

These are challenging times, but together we continue to serve our population to deliver the best quality services and make our Trust a great place to work.

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Date: 22 June 2023

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Date: 22 June 2023

Dr Linda Patterson OBE FRCP
Chair of the Trust

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, is a Public Benefit Corporation, and a provider of specialist and community health services across a diverse locality comprising urban and rural Bradford District and Craven.

Population within our Place is one of the most multicultural in Britain, with ethnic minorities making up circa 36% of the total population. There are circa 160 languages spoken by children attending schools in the Bradford District. Bradford is the 5th largest metropolitan authority in England, with a growing population of circa 650,000. Circa 26.3% of the population are aged under 18, making Bradford the youngest city in the UK. 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. 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.

Our Trust employs over 3,000 staff members. During 2022/23 the Trust provided 52 NHS services within the following areas:

- Mental health
- Learning disabilities
- Community
- Dental.

Most of our services are delivered in the community in patients' homes, community centres or GP practices and the Trust operates from bases including Horton Park Centre, Fieldhead Business Centre and Somerset House in Bradford, Meridian House in Keighley, and the Craven Centre in Skipton. We also have 2 major inpatient sites for those with acute mental health issues located at Lynfield Mount Hospital in Bradford, and the Airedale Centre for Mental Health in Steeton. Our Trust Headquarters is based at New Mill, Saltaire.



Delivering our strategy: Better Lives, Together

Our vision is to 'Connect people to the best quality care', when and where they need it and to 'be a national role model as an employer'. The Trust is building on its reputation for being a provider of high-quality mental health, community and learning disability services. Our focus is working in communities to support recovery and enable wellbeing, and help people to achieve their personal health goals, through our expertise in working with people and the expertise of other high-quality organisations that share our purpose. As the 'community connector' of choice we are becoming central to co-ordinating care for the communities we serve, so that seamless access to the best and most appropriate care becomes the norm.

All our activities contribute to one or more of the following four strategic goals:

- To provide excellent quality services.
- To provide seamless access to the best care.
- To support people to live to their fullest potential and to be as healthy as possible.
- To provide our staff with the best place to work.

During 2022 we started the journey to refresh our strategic framework due to it naturally reaching the end of its term in 2023, the refresh will complete during Summer 2023. Early analysis has outlined how well the Trust values (we care, we listen, we deliver) have become embedded and recognised across the Trust as a key part of our culture. Analysis also reported that the strategy continues to reflect the views of our staff, partners and our local communities, all of whom were all actively involved in 2019 in co-producing our vision and values, and our long-term strategic plan.

Further engagement work will take place to support the refresh, with work continuing to ensure that the Trust aligns to the national, West Yorkshire System, and Bradford District and Craven Place strategies. We have continued to work alongside commissioners and providers, both locally and regionally, to develop integrated strategic objectives and plans. In line with their statutory responsibility, our Governors continue to play a key role in shaping our strategy and through a series of meetings will provide feedback on the views of the Council, members and public. These views will be fed into the process of refreshing our strategy.



Working together

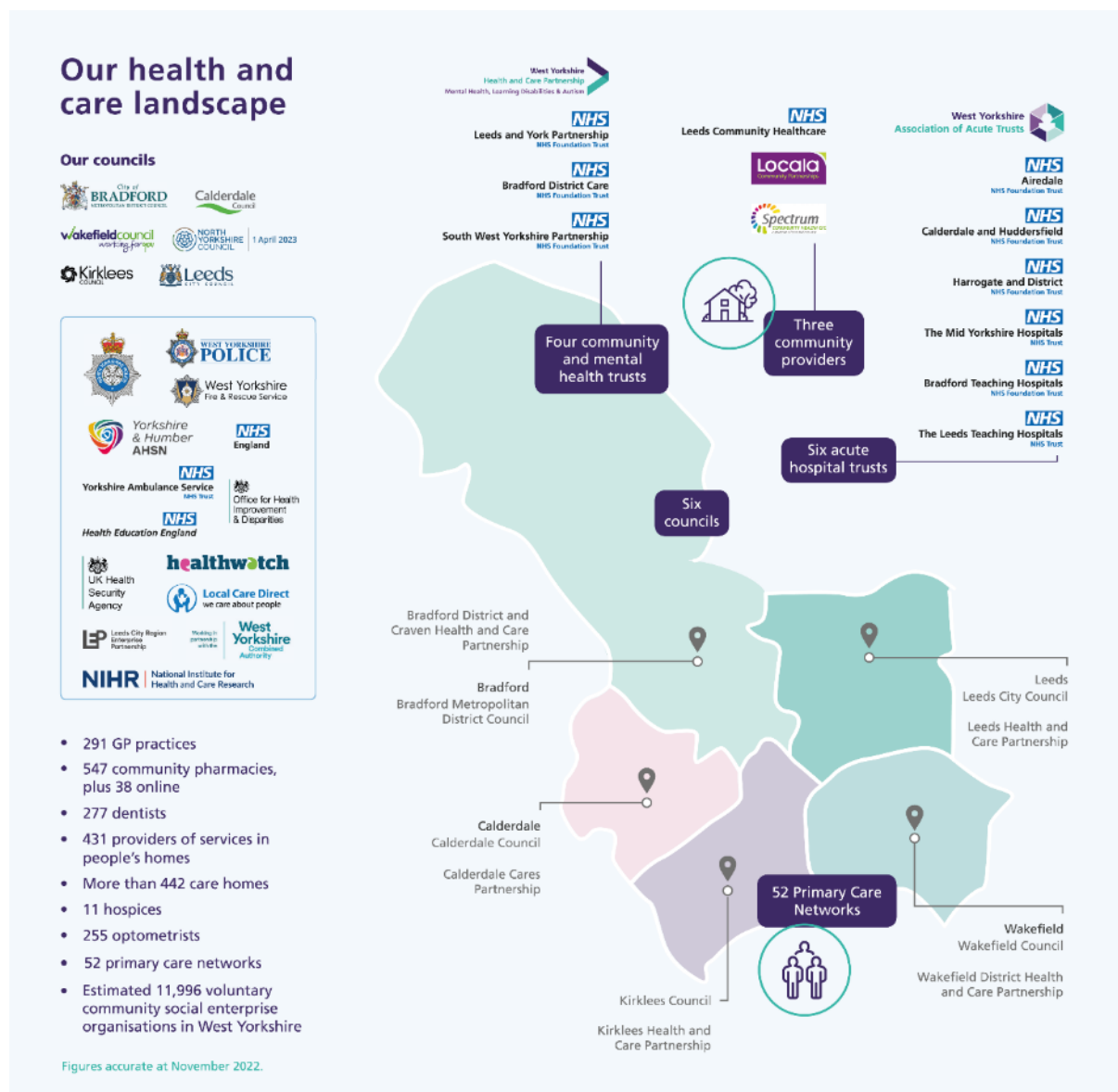
The Trust's values, we care, we listen, we deliver, supports us to both work internally with our staff colleagues to deliver the best quality services, and externally with partners to collaborate and integrate for our local communities. Partnership working with the Voluntary and Community Sector (VCS) is an important element of our strategy and in particular around the 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 provided 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

Over the last 12-months we have been actively involved in developing relationships at both Place and West Yorkshire System levels. As one of the country's leading integrated care systems (ICSs) the West Yorkshire Health and Care Partnership (WYHCP) has been through significant change during the year because of the introduction of the Health and Care Act 2022. The Act formalised the statutory basis that underpins the health and care partnership and working together as partners.

The Partnership is made up of the NHS, councils, hospices, Healthwatch, and the voluntary community social enterprise sector. The Partnership supports 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. There are an estimated 400,000 unpaid carers, as many do not access support. Together it employs over 100,000 staff and works alongside thousands of volunteers.



The WYHCP takes a Place-based approach across Bradford District and Craven; Calderdale, Kirklees, Leeds, and Wakefield that highlights the strengths, capacity, and knowledge of all those involved. This way of working is supported by West Yorkshire-wide priority programmes designed to improve services and health outcomes for people. They are: maternity; children and young people; mental health, learning disabilities and autism access to high quality care; children and young people’s mental health and wellbeing; stroke; respiratory; diabetes; cancer; supporting unpaid carers; and improving care for people at the end of their life.

The local context, the Place we operate within

‘Act as One’ is the way all partners across the Bradford District and Craven, Health and Care Partnership operate together, supported by governance and shared decision making, to design, develop and deliver integration across care pathways which better meet the needs of the local population. The collective vision is to help keep people ‘happy, healthy at home.’ With a focus on preventing ill-health as much as possible.

Working together, the Partnership looks to create opportunities that help people stay healthy, well, and independent and tackle inequalities across local communities. A focus continues to prioritise prevention and early intervention, fostering healthy lifestyles, self-care and nurturing active communities so that people are happier, healthier and more independent. When people need care and support from services, it will be easy to access, joined up, designed around their needs, and provided as close to where they live as possible.

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.

**How we will achieve our strategy:
Focus on our 5 priority areas**



The Care Trust Way – a journey of improvement, innovation and growth

Launched in 2019, the Trust embarked on a journey of quality improvement. The focus was to facilitate a change, developing a quality improvement system now known as the 'Care Trust Way'. The system is based on a philosophy of co-production, improvement, and staff and patient engagement, taking the philosophy of traditional models and adapting them to work for the workforce teams of today. Our ambition is that improvement is a part of every role, thinking about today's problems today. We support this ambition through a systematic approach that is collaborative, inclusive and has staff and service user involvement at the centre.

The delivery of high-quality services has been supported through the delivery of improvement training to front-line staff, facilitation of improvement workshops, coaching and system-wide collaboration. Key highlights include:

- Provision and delivery of Time to think coaching slots – 362 booked and attended.
- Development of online improvement training – accessible to all.
- Delivery of advanced improvement training and second cohort.
- Third cohort of Care Trust Way coaches trained in house.
- Facilitation of improvement workshops.
- Working in collaboration with our partner organisations on system-wide priorities.

Continuing to support innovation – iCare programme in 2022/23

iCare, is one of the Trust's innovation channels and its aim is to help individuals and teams make innovative ideas happen and to offer support for added value and impact in our services and through our work with partners.

Our annual Innovation Awards programme which launched in 2021, has gone from strength to strength and in 2022/23 made available a total funding allocation of up to £20,000 to support innovative ideas which supported delivery of the Trust's strategic objectives and have the potential to impact the wider healthcare sector in mental health and/or community services provision, be that for service users, patients, carers, staff or our stakeholders. Below are some of the iCare award winners.



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 2021 to 2023 was approved by the Audit Committee in May 2021, with work taking place during 2023 to refresh the framework. The refresh will be in support of continuous improvement and learning lessons.

Performance management in the Trust identifies and tracks progress against operational plan targets and milestones, and is 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 and the organisation 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 sub- 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 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 2022/23, performance has been affected by the combined impact of:

- High service demands and increased acuity and complexity, with the COVID-19 pandemic having a clear and significant impact.
- Workforce challenges, with high staff turnover, high levels of vacancies in some services, continued difficulties in attracting and retaining professionally qualified staff, and sickness absence remaining higher than pre-COVID rates.

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	2022/23 goal	2022/23 performance	Trust position	Comment
Urgent Community Response - referrals that achieved the 2 hour response standard	70%	88%*	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 anaesthesia	92%	78.9%*	Target not met	COVID-19 guidelines reduced hospital operating session capacity. Some theatre sessions cancelled due to winter pressures.
Community dental service – number of patients waiting over 52 weeks to commence dental treatment under general anaesthesia	0	0**	Achieved target	Target met in 10 out of 12 months.
Improving Access to Psychological Therapies - number of people who first receive NHS Talking Therapies for anxiety and depression	11,892 people	8,082 people	Target not met	Workforce challenges, with a national shortage of qualified practitioners, coupled with increased service user complexity, has impacted access and waiting times.
Inappropriate out of area placements for adult mental health services – total number of bed days patients have spent out of area	No more than 3,469 bed days	8,196 bed days	Target not met	Impacted by acuity of service user presentation and reduction in bed capacity to maintain COVID safe ward environments

Table 1: Performance against national metrics

* February 2023 provisional data

** March 2023

Addressing inequalities and our commitment to partnership working

The Trust's commitment to provide equitable, physical, mental health and learning disability services through the delivery of personalised care which promotes inclusion and addresses inequalities in access and experience is set out in our strategy, Better Lives, Together.

During the year our focus once again was on the Trust's response to the COVID-19 pandemic and addressing the inequalities highlighted through the pandemic. The Trust has continued to work in partnership with local communities, service users and health and social care partners to address inequalities in access and experience. Reducing

healthcare inequalities is of great importance to the Trust, with our Board of Directors actively engaged with work both internally and across the System and Place on this area.

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

Joint Forward Plans, and capital resources

In February 2020, the West Yorkshire and Harrogate Integrated Care System published its 5-year plan, 'Better health and wellbeing for everyone' in response to The NHS Long Term Plan in 2019. With the passage of the Health and Care Act 2022 and the new statutory arrangements to support integration, all Integrated Care Partnerships across England were required to refresh their 5-year strategies during 2022/23, with the Trust as proud partners of the System contributing to the development, and consultation of the refreshed plan.

The NHS Capital Plan for West Yorkshire has been developed between the NHS West Yorkshire Integrated Care Board (the ICB) and its partner NHS Trusts and Foundation Trusts. It covers the full financial year 2022/23, from 1 April 2022 to 31 March 2023, noting that whilst the ICB was only formally established from 1 July 2022, partners worked together under the pre-existing West Yorkshire Health and Care Partnership arrangements on the System Capital Plan. The System worked together successfully to deliver an operational Capital Plan for 2022/23 which was forecast to be fully utilised. The Capital Plan for 2022/23 combines the system operational capital allocation, reflecting year one of a multi-year settlement and other confirmed national programme funding.



The ICB has allocated the provider system operational capital resource to the ten NHS providers in West Yorkshire based on the national methodology utilised by NHS England to set the system allocation. It incorporates factors such as the level of backlog maintenance in each organisation and the value of the depreciation charge on assets. NHS providers utilise this resource to support 'business as usual' capital schemes, such as backlog maintenance, equipment replacement and IT expenditure. The System aims to best deploy operational and national capital to support strategic priorities. It is however recognised that the level of capital resource available to West Yorkshire does not allow all strategic priorities to be delivered. The extent to which this creates risks for organisations, Places and the wider System is captured through established risk management systems and processes.

Digital Services Performance Overview and future plans

The Trust's informatics department has formally been rebranded to Digital Services to better resonate with colleagues on the services delivered, to support Digital Services staff colleagues to feel more integrated and supportive of the Trust and each other, and to align with the ambition of the Digital Strategy for the Trust.

In conjunction with supporting the Trust operationally, Digital Services have invested in the delivery of improvement projects to support our operational and strategic goals as a Trust.

Recent examples include the implementation of a new service desk management tool within Digital Services functions including Information Governance and modernising the ticket management software by rolling out functionalities such as the chat service, self-service forms and on-boarding new corporate teams such as Estates and Human Resources.

The Trust has also improved our infrastructure with new back-up and recovery products with the ability to replicate the data across Trust sites, and increased capacity managed remotely.

Alongside our service improvements, we have supported major projects such as electronic prescribing to help improve our efficiency and important safety in this area of medicines administration. We have also made some significant progress with the sharing of mental health records (subject to consent) which has gone live and further work to enabling mental health clinical tasking internally as well as with other service providers to ensure that the best quality and safest care can be provided as we work closer, and in more alignment with our health and care providers across the Place.



In recognition of Digital Services' performance, we have achieved the re-accreditation of Cyber Essential Plus, and to complement this we exceeded our requirements for the data security and protection toolkit for 2022.

Digital for Better Lives, our Digital Strategy, has laid the path to incremental changes within our ways of working, on getting the foundations right (with the infrastructure changes mentioned), creating a digital workforce, digitally enabled care and a greater focus on data and insights, embedded within the Digital Strategy Roadmap.

Looking ahead into 2023/24, the focus will be centered on continuing the delivery of the Digital Strategy, with a particular focus on our clinical system, supported by the NHS England Frontline Digitisation Programme award secured for 2022/23 - 2024/25 which will see further improvements to the electronic patient record, SystemOne.



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

We have also been further engaged within Bradford District and Craven Health and Care Partnership, through the Place Based Digital Programme Board, enhancing ways of working, participating in shared care records, virtual wards, cyber/security and information governance joint-groups and initiatives facilitating the delivery of safer and more efficient care to service users and carers.

Our year

The Trust's Quality Report provides a more extensive summary of service delivery during 2022/23. Summarised on the next few pages is a selection of other work that has taken place across the Trust during 2022/23.

April 2022: STOMP pledge. The Trust pledged support for the national STOMP/STAMP programme. STOMP stands for 'stopping over medication of people with a learning disability, autism', or both, and is about helping people to stay well and have a good quality of life.



May 2022: Gold award. The Trust was recognised again for its occupational health and safety by the Royal Society for the Prevention of Accidents. For the 8th year the Trust scooped the top gold award in the internationally recognised scheme, for sustaining the highest standards of achievement over consecutive years.



June 2022: New Chair. Dr Linda Patterson OBE FRCP was appointed as the Trust's new Chair taking up her role on 1 July. 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.



July 2022: The Big Tea. The Trust celebrated the 74th birthday of the NHS with local children's nurseries, including Wyke Kids Planet Day Nurseries, who were invited to host a 'Big Tea, Little Tea' party for the Trust's Better Lives charity. Children were invited to dress up for the occasion, with £1 donations for charity.



August 2022: National recognition. The Trust was the first in the North of England to be awarded the new Individual Placement Support (IPS) Grow Quality Kite Mark, for helping people experiencing mental ill-health get back to work. The IPS Employment Service, known as 'Making Work, Work', was awarded a 'good' rating under the IPS Grow Quality Kite Mark.



September 2022: Service relaunch. The Trust re-launched its Champions Show the Way service under the new name of 'Well Together' to better describe the wide range of activities the service offers and the positive impact it has on people's wellbeing, particularly as communities are beginning to recover from the COVID-19 pandemic.



October 2022: New Speech and Language Therapy support. A new platform of interactive online resources was launched to support parents and carers of children with speech, language, and communication needs. The all-new series of webpages offer a wealth of tailored information for children from 18 months up to over 11 years old.



November 2022: Nursery Nurse of the year winner. A Nursery Nurse from our Trust was named Nursery Nurse of the Year at the Community Practitioners and Health Visitors Association awards, that are an annual celebration of community health workers and nurses. Michelle Broady won the award for the leadership and courage she has shown in her role to ensure that volunteers feel supported and have a sense of belonging.



December 2022: Crisis survival support. An initiative, funded by the Trust's Better Lives charity, saw nurses distribute crisis survival skills grab bags to patients to help reduce distress in times of crisis. The bags also help individuals learn strategies to minimise the level of distress they are experiencing.



January 2023: Bin the Bottle campaign. Parents and carers of toddlers aged 1 and over across Bradford and Airedale were invited to bin their baby's bottle, as part of a bid to improve the oral health of babies and young children. The campaign raised awareness of the effects that prolonged bottle use can have on a child's dental health.



February 2023: New Assessment and Treatment Unit opens. The Trust's ATU began providing care from a refurbished unit at Lynfield Mount Hospital. The ATU delivers a redesigned, and improved therapeutic service for those accessing services for West Yorkshire.



March 2023: Charity park run. Local people were invited to join a free parkrun at Roberts Park, Baildon, to raise vital funds for the Trust's Better Lives charity.



..... Date: 22 June 2023

Therese Patten
Chief Executive

Our staff team

Introduction

The Trust's staff colleagues account for over 75% of expenditure so it is important that the Trust uses its resources wisely and can recruit, retain and develop a high-quality workforce. The behaviours, values, and skills of each member of staff can have a direct impact on patient care and it is therefore important that we provide the right environment to support individuals and teams, provide career development opportunities, access to flexible working, and provide good leadership and management across all levels of the Trust. During the year, the Trust has worked hard to create a supportive environment for staff with a continued commitment to the Care Trust Way, Best Place to Work campaign and other local initiatives including maintaining our enhanced Reward and Recognition scheme ('Thanks a Bunch') that enables colleagues to recognise those staff members who go the extra mile to support colleagues, service users and carers monthly. The Trust has also introduced additional financial support to help our staff manage the wider cost of living increases. These have included individual payments to all new starters up to Band 7, an advanced fuel reimbursement scheme, and gift vouchers at Christmas.

Workforce overview

Work has continued to maintain the successes of the current People Development Strategy which is closely aligned to the NHS People Plan, and its associated People Promises and work is continuing to focus efforts on aligning people management and development activities with the national direction, and the priorities of health and care system partners, Bradford District and Craven Place, and our West Yorkshire Integrated Care System collaborative efforts.

The key workforce challenges remain in relation to effectively planning for the future, with an emerging imperative to "grow our own" and recruiting people into difficult to fill professions and then creating and sustaining an environment that supports personal and professional development. Wider System work with our Health and Social Care partners, Further and Higher Education Institutes, and Local Authority around widening the available talent pool has furthered ambitions to 'grow our own' workforce and support the wider system priorities of reducing ill-health and inequality by creating opportunity.

Understanding that our staff colleagues deserve to feel valued, supported and have the opportunity to develop their skills, during the year the Trust appointed a Retention Project Lead with the aim of retaining, retraining and up-skilling the Staff Bank workforce and growing Bank numbers, through closer links with Local Authorities, educational establishments, the National Reservist program, and local community projects. The aim was and remains to promote and champion the Trust approach to embedding the NHS People Plan and People Promise commitments in all we do to retain the workforce.

We have created a Student Nurse career pathway on Bank and are working with local universities to encourage students from year 1-3 to register with Bank, giving colleagues the opportunity to utilise their classroom knowledge, whilst gaining practical experience of working on the wards and within other health and care settings.

Not only is this integral to the key objective to reduce agency spend, but the Trust's commitment to recruiting student nurses as Band 2 Health Care Support Workers, when they qualify, they will transition into Band 5 positions with a full working knowledge of the Trust and values when they graduate.

We offered our existing COVID Bank workers the opportunity to remain on Bank as an NHS Reservist. This new title enabled the Trust to retain these workers with the aim of creating resilience across the Mental Health In-Patients wards and Community teams as required.

As part of Looking After People, a conscious effort was made to include Bank colleagues in as much engagement work as possible. We have implemented a Career Chat and to date, we have successfully conducted 20 Career Conversations. The benefits from these personal conversations are multiple: creating dedicated time to discuss job opportunities, upskilling, interview techniques, application form tips and a chance for us as a Trust to provide pastoral support to ensure that workers feel valued and included. We also created Bank-only newsletters and are working towards re-instigating informal Drop-In sessions.

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 colleagues' ambitions and potential.

As part of Growing our Workforce, a live Recruitment Events calendar was set up containing all careers events/fairs nationally and locally. We have secured dedicated individuals from across all our services that have committed to attending the events as "Careers Ambassadors" with the aim of promoting the Trust, sharing our values, and interacting with candidates face to face, which has been more challenging post COVID.

These careers events have also been a good resource to better promote multi-team collaboration and engage with staff, encourage their learning, and support their continued personal development.

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

We continued to deliver a range of internally and externally provided development programmes to support continuing professional and leadership development. The Trust has also maintained high levels of compliance with mandatory training whilst facing increasing demands in operational activity and increased staff 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 good engagement with staff.

Trust workforce has been gradually returning to some business as usual, as well as more creative ways of working, benefitted by the implementation of Smarter Working.

Home, hybrid and flexible working is now available to the majority of corporate colleagues and reflected in the Trust ways of working for all staff.

We have continued to work with and listen and respond to the needs of the workforce especially over the impact the cost-of-living changes have had on day to day living. This included offering advance fuel / travel payments, continuing the cost-of-living grants to new staff, enhancing our mileage rates, and offering a “welcome payment” to new starters across hard to fill nursing posts.

Workforce Planning

Work on the 2022/23 NHS England planning round and implementation of these recommendations has resulted in long-term five-year workforce plans being produced at Trust level. 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 Trust Clinical Workforce Strategy, with oversight on progress of workforce plans at the Workforce Optimisation Accountability and Guidance Group (AGG) which reports to the Workforce and Equality 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. Reporting on exceptions for these services is via the Safer Staffing Steering Group and monitored by the Board.
- The e-Rostering system is fully utilised by the Trust’s Acute Mental Health Inpatient service, including the use of MHOST (Mental Health Optimal Staffing Tool), to determine the safe staffing levels for each specialism within mental health. The system supports the calculation of baseline and short term (live) planning of staffing levels based on the acuity of patients.
- The rostering system and an electronic job planning system has also been implemented across medical services and Allied Health Professional staffing groups, with plans to complete roll-out to remaining clinical services in the next 12 to 18 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
- The e-Rostering system and MHOST calculations are also utilised for medium to longer term establishment setting objectives on an annual basis.
- 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 includes reviewing current training gaps and providing refresher training to support as well as redesigning the monthly senior meetings and data that is reported.
- A new model of Business Partnering is in implementation phase across our Performance and Finance teams which will align these roles with the existing HR Business Partners to provide a triumvirate of subject matter expertise into the Directorate and Operational teams.

Workforce targets

The Trust has several workforce targets that are monitored by the Board to assess performance including mandatory training and appraisal rates. Performance compared to the previous year is shown below:

Internal indicators	Board	2022/23	2022/23	2021/22	Trust Position
		Target	Performance	Performance	
Mandatory training (excluding information governance compliance)		80%	93.46%	96.47%	Achieved target
Information Governance training		95%	91.86%	90.94%	Not achieved
Staff receiving appraisal		90%	62.17%	86.71%	Not achieved
Labour turnover		10%	15.32%	14.25%	Not achieved

Table 2: Workforce performance targets

Workforce analysis

An analysis of average staff numbers with permanent and other staff is broken down by occupation group (medical staff, nursing staff) below:

Average number of employees	2022/23 Total Number	2022/23 Permanent Number	2022/23 Other Number
Medical and dental	101	73	28
Ambulance staff	0		
Administration and estates	948	863	85
Healthcare assistants and other support staff	543	528	15
Nursing, midwifery, and health visiting staff	1219	1180	39
Nursing, midwifery, and health visiting learners	0		
Scientific, therapeutic, and technical staff	663	604	58
Healthcare science staff	0		
Social care staff	0		
Other	0		
Total average numbers	3473	3247	226
Number of employees (WTE) engaged on capital projects			

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

Table 3: Staff breakdown by occupational group

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

Category	Female	Male
Directors (voting members of the Board)	3	3
Other senior employees	81	20
Employees	2713	653
Total	2797	676

Table 4: Breakdown of Directors and senior employees by gender

Sickness absence

The Trust recognises that sickness absence can have a detrimental impact on the organisation from both a quality and financial perspective. During the year the Board and Finance, Business and Investment Committee regularly reviewed sickness performance against a target set at 4%. At the end of March 2023, the Trust recorded an average sickness level of 5.97%. Sickness absence is discussed at Directorate quality and operational performance meetings and the Trust offers a wide range of support through our Wellbeing@Work programme. Details of our sickness absence rates from previous years are shown below:

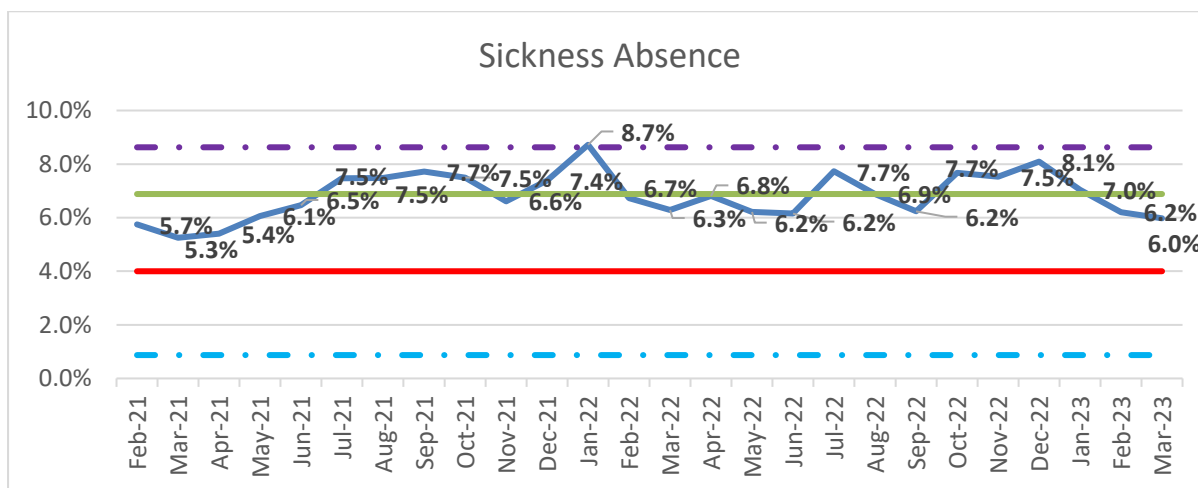


Diagram 1: Sickness absence data over last 2 years

Labour Turnover

The Board recognises that labour turnover can also have a detrimental impact on the Trust from both a quality and financial perspective. During the year the Board and Finance, Business and Investment Committee, Quality and Safety Committee and Workforce and Equality Committee regularly reviewed turnover performance against a target set at 10%.

At the end of March 2023, the Trust recorded an average turnover level of 15.32% (N.B this figure also includes the TUPE of the 0-19 Wakefield Service which took effect October 22). Labour turnover has been discussed at Directorate quality and operational performance meetings and exception reports/ hotspot areas escalated to Risk and Compliance Group and Board.

The Trust has engaged a fixed term Retention lead in the Resourcing and Recruitment Team to work alongside the internal operational teams and Practice Education Team, and across the sector and with partners to build recruitment and retention opportunities, and support 'growing our own' workforce. Whilst this is in the early stages of development, initial indicators highlight that it will have a positive impact and has been welcomed by Higher Education Partners and System partners. Details of our labour turnover rates for 2022/23 is shown below:

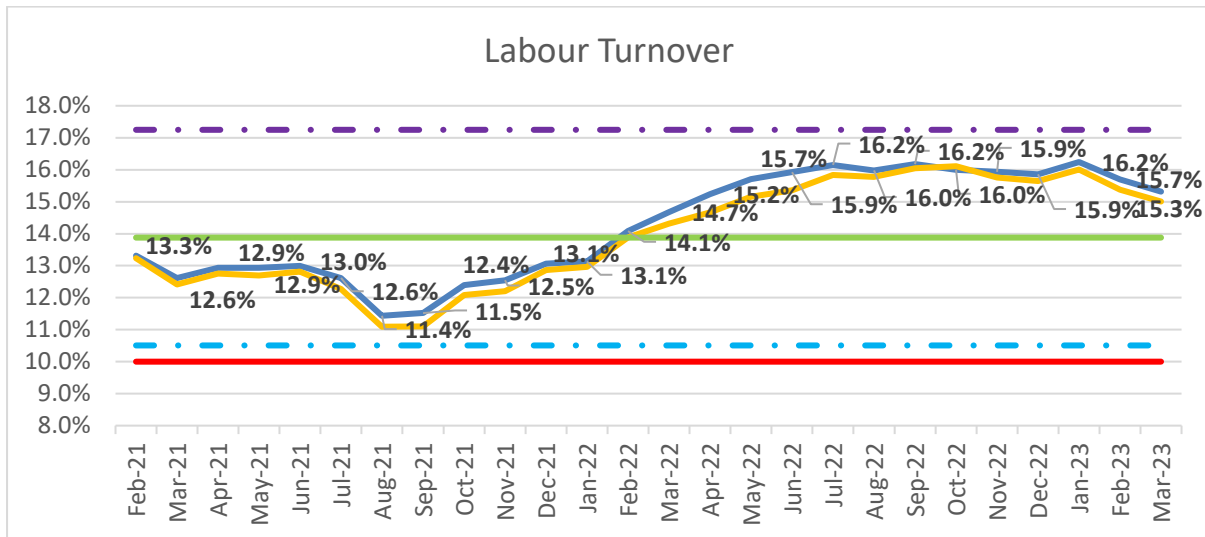


Diagram 2: Labour turnover data for 2021-23

Staff policies and actions

As an employer, the aim is to ensure that the Trust is 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. The Trust reviews existing documentation and creates new approaches in partnership and through consultation with key stakeholders within and external to the Trust. Benchmarking also takes place with partners in Place, System and further, to ensure the Trust is 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 purchase and plan for implementation of new systems to provide and monitor data (Allocate Employee Relations tracker and Hornbill client relationship management tool), planned introduction of new policies such as the Menopause Policy, refreshed Attendance Management Policy and linked to the development of the Trust Strategy a refresh a Resourcing and Recruitment Strategy.

All of the policy and procedural documentation is available via the Trust intranet facility and advice, guidance and training on interpretation and implementation is provided through our People Services teams, which include Business Partnering, Payroll and Pensions, Organisational Development and Workforce Development, Resourcing and Recruitment and Workforce Planning, Analytics and Systems.

Throughout the next 12 months work will take place to refresh this platform further to provide more streamlined access to information and support and further develop the digital footprint.

Staff Health and Wellbeing

The Trust has a comprehensive health and wellbeing offer available to all staff. This comprises of an in-house staff support and therapy service which provides a range of talking therapies and workshops to support mental health, a dedicated staff physiotherapy service, 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 during 2022/23 the opening of a wellbeing room where staff can access health checks and useful resources. The Lively Up Yourself team also offer a range of relaxation activities to support staff health and wellbeing.

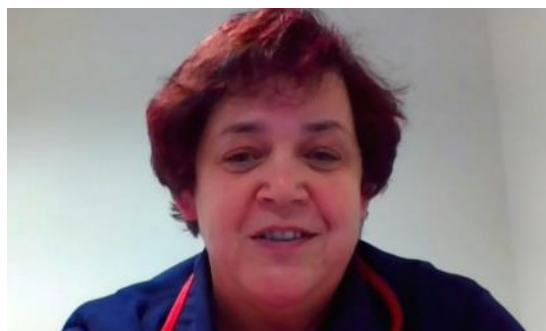
You're A Star Awards

Each year the Trust celebrates the achievements of extraordinary Care Trust staff and volunteers through the 'You're A Star Awards' (YASA). Nominations come from colleagues across the Trust and the awards recognise the everyday heroes who have gone the extra mile to support communities. The awards are proudly sponsored by Sovereign Healthcare and are one of the highlights of the year. Our 2022/23 winners are listed below.

Unsung Hero Award Category: Andy Arnfield, Library and Knowledge Manager, scooped the award for the Unsung Hero Category. He stood out with the judges for his kindness and the excellent guidance and support he provides to students working through their district nursing qualifications. Andy often goes above and beyond to ensure those in the infancy of their careers succeed.



Working Together Award: Lisa Singleton, Community Team Leader for District Nursing and Helen Muff, Nurse Case Manager were the winners of this award. The duo were selected for their work to enhance community care support and the experience and quality of care for people living in care homes, their families and their carers.



Non-Clinical Stars Award: Emma Greenwood, Freedom to Speak Up Deputy Guardian, impressed judges to become the winner of the Non-Clinical Stars Award Category. Emma has been described by colleagues as 'a great listener, who is compassionate and professional' when supporting colleagues through her role.



Improvements and Innovation Award: The Ligature Risk Assessment App Development Team was crowned the winner of this award. The team has created lifesaving technology with the development of a ligature risk assessments app that can enhance patient safety and provide real-time risk assessments.



Service User, Carer and Volunteer Contribution: The award went to dedicated volunteer Matthew Riley, known for being a friendly, empathetic and caring presence. Matthew has supported people on Trust wards, listening to any concerns, to positively impact patients' experience and care.



Team of the Year: The Care Trust's Dementia Assessment Unit impressed judges with their caring and supportive approach to work and was crowned the winner of the Team of the Year Award category. The team is known for their 'can do' attitude, going above and beyond to help colleagues and putting patients at the heart of care.



Equality, Diversity and Inclusion:

The winner of the Equality, Diversity and Inclusion Award Category went to the Beacon Network. Standing out with judges for the pivotal role it plays in ensuring that equality, diversity, and inclusion is central to the Trust, and in creating a safe and inclusive workplace that helps foster a positive experience for all.



Living Our Values Awards

The monthly Living our Values awards recognise those staff who go above and beyond in their roles throughout the year, aligned to each of the Trust's values: we care, we listen, we deliver. Any member of staff can nominate a colleague, team, or service for one of the awards. The winners are then selected by the Trust's Chief Executive and each receives a certificate that includes brief details of why they were nominated for the award. The monthly winners are all included in the Trust's annual You're a Star Awards event, where we announce an overall winner for that year, in each category.

The overall winners were:

We Care

Our **Patient Advice and Complaints Team** has been recognised as a positive team who consistently maintain an excellent service, whilst handling numerous difficult and complex issues usually about patients who may not have had a good experience with Trust services.

Despite dealing with some distressing situations, the team remain kind and compassionate and are genuinely motivated to help the people they come into contact with, in a fair and respectful way.



We Listen

Our **Airedale Intensive Home Treatment team** was recognised for their innovative 'grab bags'. The 'grab bags' are a creative way of delivering distress tolerance skills with an easy-to-use booklet, to support staff demonstrating these skills in practice.

With amazing feedback received from patients, the team also obtained support from a local mosque to provide training to local volunteer services, supporting demographics that services can struggle to connect with in the local community.



We Deliver

Amanda Stewart and the Intellectual Disability Trauma Informed Care Team are a new team working with vulnerable young people in the local community. The team has been delivering in the community by supporting young people with learning disabilities and autism and their carers with placements, face-to-face assessments and ensuring that the young peoples' best interests are at the focus of everything they do.



Thanks A Bunch, awards.

The Trust operates a 'Thanks A Bunch' award scheme which recognises and celebrates the hard work and dedication of individuals and teams who have gone above and beyond in their role to truly make a difference to colleagues, service users, patients, and their service area. Each month individuals and/or teams are nominated by colleagues. All nominations are considered by the Executive Team and 10 awards are issued each month. In the last 12 months, 236 nominations have been made with 150 awards issued. A sample of quotes from nominated staff are shown below:

"I was surprised but so humbled on receiving the award. It makes trying to go the extra mile at work so worthwhile and knowing that all you do is being appreciated and valued".

“It came at a good time and gave me a much-needed lift. Kept me motivated and encouraged. I felt valued”.

“I was very pleased to receive the award as it was unexpected but very much appreciated. It’s such a good idea and I will now look to nominate colleagues in future”.

“It felt amazing to have won the award, I am very appreciative of the staff member who nominated me. I feel valued and that my efforts and hard work is recognised”.

Long Service Award

The Trust recognises long service in the NHS of 25 and 40 years. The usual annual event had not taken place since 2020 due to COVID restrictions so in September 2022 the Long Service Award event was able to take place with 47 staff attending a face-to-face lunch event and 14 staff attending a virtual event. In total 54 staff had achieved 25 years’ service, 17 staff had achieved 40 years’ service and 1 member of staff achieved 50 years’ service.

A sample of feedback from staff attending the event:

“Thank you for celebrating my contributions to the NHS at the long service award event. The day was very special and brought back many interesting memories over my 34 years working in the NHS on the frontline, in education and now in management. I have enjoyed all aspects of my nursing career – and have learnt much about myself. My experiences have made me resilient in many ways, and I am keen to continue to share my knowledge, wisdom, and compassion with others, so that we continue to deliver a gold standard service”.

“I was at the long service celebration this afternoon. Just wanted to say that I am a bit of a cynic about these types of meetings, but I felt very respected and valued through this today. I just wanted to express my gratitude to the Trust for organising this. Many thanks”.

Wider recognition of our staff - Queen’s Nurse awards

Seven of the Trust’s nurses were awarded the prestigious Queen’s Nurse title by the Queen’s Nursing Institute, for demonstrating the highest standard of care and leadership. Four nurses from the Trust’s Adult’s services received the title: Louise Parker, District Nurse; Angie Manson, Trainee Advanced Clinical Practitioner; and Clare Newhouse and Katie Blackburn, both operational managers for unplanned care. Three Children’s services nurses also received the honour: Kathryn Callaghan, Lead Nurse for Workforce Resilience; and Nicola Barrett and Saiqa Kauser, both service managers. Nurses who hold the title also benefit from developmental workshops, bursaries, and networking opportunities, and share best nursing practice with different organisations.



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

Our staff have continued to be recognised, despite the challenges of COVID-19, demonstrating how they continue to work collaboratively and innovatively, seeking to achieve improved outcomes for service users, patients, and carers.

Internal communications with our staff

The Trust has a range of communication channels to gather staff views and more importantly, ensure two-way engagement, so that staff are actively involved in key developments and have direct communication routes to the Senior Leadership Team. Ensuring effective internal communications has been critical over the last 12 months to support service continuity during the pandemic, with several staff working from home due to national restrictions. Staff received regular operational e-updates on COVID-19, linking to a bespoke area on the staff intranet that provided current guidance and support.

During the year the Trust completed a review of internal communications to ensure the approach continued to meet staff needs and changing work practices, including home working. The review asked staff about communication behaviours and where they prefer to access information - our channels - through an on-line survey and team discussions, gathering 572 comments from 509 staff across all areas. Broad feedback told us that staff get enough information to do their jobs, often too much; they wanted fewer channels but ones that were easily accessible to all staff; and make it easier for staff to identify the key operational updates if time pressured.

The recommendations that were agreed by the Executive Management Team have been implemented. This included agreeing a hierarchy of core channels for staff – reflecting staff feedback - and revising the weekly staff bulletin, to ensure the ‘need to know’ information is clearly identifiable and visible in emails, so staff can filter. The key channels can all now be accessed on work and personal mobiles, via a new all-staff chat forum on Yammer. Alongside this, communication to support the Trust’s Incident Control Team continued throughout the pandemic, to ensure both staff and the public, were updated on changes as soon as they were introduced, supported with information hubs online.

The Executive Broadcast is a weekly all-staff briefing session, held live on Microsoft Teams, to give timely updates on key areas. Led by members of the Trust’s Executive Management Team, with support from subject-matter experts, the Broadcasts provide an opportunity for staff across the Trust to put their questions to senior leaders. The topics for each week, that are proposed by both Directors and service leads, cover current Trust priorities, or staff concerns, and ensure that everyone has an opportunity to have a shared discussion on areas that are important to them and their role. Sessions have ranged from the COVID-19 vaccination programme, infection and prevention, freedom to speak up and staff wellbeing and support.

Staff are invited to submit questions ahead of the event, or post questions and comments in the chat box and are either answered live during the session, or after the event. A recording of each session is available for those who are unable to attend live.



The Executive Broadcasts ran alongside the existing weekly all-staff e-bulletin that was refreshed earlier during the year, to better meet staff needs, with a mix of both operational and staff news. A weekly Vlog from the Chief Executive also gives staff a personal perspective on current priorities for the Trust and an opportunity to recognise the good work that is happening across all areas of the Trust.

The Trust continues to prioritise staff wellbeing through the provision of monthly Schwartz Rounds via Microsoft Teams. Research has shown 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 nurse, library, social work, junior doctors, and older people's representation.

This year the Trust held 12 Schwartz Rounds over the period and themes have included 'Removing the barriers,' 'the power of gratitude' and 'What, you too? I thought I was the only one!' The Trust has also facilitated two time-out sessions for Child and Adolescent Mental Health Services, and Dental services. Most recently, members of the Schwartz Steering Group are planning to hold a creative writing workshop, together with members of the Lynfield Mount Hospital Library Team as a way of encouraging more staff to share their stories and engage in future Schwartz Rounds.

The theme of the National Freedom to Speak Up Guardian Conference held in March was 'Making Speaking Up business as usual'. The Freedom to Speak Up Team (FTSU) has utilised several elements to make this a reality at the Trust. A balance is being maintained between the necessary confidence of colleagues that the team is separate from other organisational structures and is independent. At the same time a collaborative approach to responding to concerns received is being developed.

The FTSU Policy was reviewed using the (long awaited) guidance template produced by NHS England. Use of the new Kind Life method in dealing with concerns is also incorporated into the policy. Training of managers in both Listening Skills and use of the Kind Life materials is being supported by the FTSU Team as well as a continuing training program of new FTSU Ambassadors.

On several occasions concerns have been received from individuals but it has been understood that a wider team shares the view. Support from Senior Leaders in meeting with the teams and listening to their experiences has been an effective and positive response.

During the year, 75 cases were reported to the FTSU Guardian to raise a variety of issues (an increase from 71 the previous year), which have been investigated and acted upon to improve services. Further information about FTSU Guardian developments is included in the Quality Report.

Staff partnerships and key achievements from partnership working

The Trust continues to enjoy a positive relationship with its Staff Side representatives. The Staff Partnership Forum continues to meet monthly and has been actively engaged in several of the Trust's transformational change processes such as Model Roster 3 and Smarter Spaces.

Staff Side representatives are critical to the success of these and other ongoing projects and are key partners in Trust health and safety activities, policy reviews and remain very supportive of the approach to helping address staff concerns about rising fuel and cost of living levels.

Trade Union facility time

The Trust has a positive approach to supporting Staff Side representatives undertaking their trade union duties, which includes participating in the work of the Staff Side Partnership Forum and to support individual colleagues. The Trust reports in July each year the Trust Trade Union duties and facilities time and at that time the Trust had nine employees who were accredited by the recognised trade unions as their representatives., One dedicated representative is the designated Staff Side Chair, who undertakes this role over three days a week, which is 100% of their time.

For the other Staff Side representatives, the time commitment varies between 1 – 50% and in some cases is very small. In total, the cost of the union duties, as of July 2022 was £18,681.62, which equates to 0.41% of the Trust total pay bill.

NHS Staff Survey 2022

Introduction

The Trust's staff survey showed a decrease on the previous year's response rate, from 45% to 41%, varying across Directorates and Care Groups. Most Trust-wide question results showed similar scores to comparable organisations and to last year. The Board and senior leaders have discussed the results and are identifying responses and actions around staff concerns regarding work pressure and workforce numbers; addressing variances in results across different staff groups; and embedding the People Promise themes.

Staff experience and engagement

Staff satisfaction and engagement are key to delivering high quality, value-based care and are directly associated with patient experience and outcomes. The NHS People Plan states 'we each have a voice that counts', and the annual NHS Staff Survey is an important element in the Trust's multiple methods of engaging with staff.

This blended approach to engagement includes Trust-wide conversations through crowdsourcing; learning weeks; the engagement of senior leadership with staff through online workshops, Vlogs, live Broadcasts and question and answer sessions; and quarterly engagement through the new NHS Quarterly Staff Pulse Survey.

In addition, staff networks and Staff Side continue to provide support and avenues for 2-way feedback.

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

Staff Survey results in 2022/23

The NHS Staff Survey 2022 (NSS2022) ran from 26 September to 25 November 2022, accompanied by a comprehensive communications and engagement strategy. NHS Quarterly Pulse Staff Surveys (QSS) were held in April and July 2022 and January 2023, which repeated the staff engagement questions from the annual survey. The delivery provider supporting the delivery of the mandated annual and quarterly surveys is Quality Health (IQVIA).

The NHS staff survey is conducted annually. The survey questions align to the seven elements of the NHS People Promise and retains the two previous themes of engagement and morale. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

Response rate

- The Trust-wide response rate to NSS2022 was 41% or 1336 staff. In 2021 it was 45% (1419 staff). Response rates for all Trusts in our sector averaged 50%.

Theme Scores

- For the 2nd year, core questions and themes in the Survey align with the NHS People Promise, enabling direct comparisons with last year's results. In addition, Staff Engagement and Morale themes have continued over several years.
- In 2022, despite minor reductions in some theme scores, all the themes remain largely consistent with both last year's scores; and those of the sector. The Trust's strongest theme is 'we are compassionate and inclusive'; and the lowest is 'we are always learning'.

Question Scores

- Of the 111 individual questions in NSS2022, 87% of questions have no significant difference to sector, and 89% no significant difference to last year.

Quarterly Survey

- The shorter quarterly pulse survey was made available to all staff in January 2023, returning a response from 403 staff. Results have been analysed against earlier QSS and Annual staff engagement scores.
- Around 200 detailed comments were received from staff as part of a 'free text' option at the end of the survey which have been shared with senior leaders, for consideration and response alongside the quantitative results.

Communications

- Summary Trust-wide results have been shared with all staff, including a dedicated Broadcast, e-Updates, detailed intranet page, and summary screensavers/posters of key results against the NHS People Promise themes.

Directorate/Care Group, Service and Team level results of NHS Staff Survey 2022

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

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

For example, the Learning and Development Team are reviewing the 'we are learning' theme scores at the local level to enable targeting of their offer appropriately, as well as determining which areas of the Trust would most benefit from further training in delivering effective appraisals.

The team that will be delivering the staff engagement in relation to the Trust's 'Better Lives, Together' strategy refresh in 2023 are utilising the 'we each have a voice that counts' and staff engagement scores across the Trust to ensure appropriate reach.

The active Staff Networks for protected characteristics will work with the Equality and Inclusion Team to explore the Workforce Race and Disability scores and other diversity related results to aid future action planning within the Belonging and Inclusion Plan (WRES and WDES scores will be explored in a future report to Board). Promotion of the recently opened Wellbeing Room at Lynfield Mount Hospital is considering wellbeing-related results at the Trust and local levels.

Individual question scores of concern, such as the reduction from 80% to 75% of staff who feel secure raising concerns about clinical practice, can be explored at the local level by the FTSU Guardian, identifying which areas of the Trust are least confident in speaking up.

Teams that have particularly positive scores are being identified and analysed as examples of good practice, for example, the Community Learning Disability Team had significantly higher scores than both the previous year and the Trust across all nine theme areas.

In addition, all teams and services are encouraged to view their own results and explore together areas for improvement and celebration in their service. They are asked to identify and embed required actions into existing improvement work rather than generate new action plans unless needed.

Corporate response to NSS2022 and QSS 2022/23 results

The ongoing consideration of the results by the Board, Executive Management Team, and Senior Leadership Team will be supported by more detailed reviews with managers and staff and a range of actions:

- Senior leaders and managers continue to express appreciation to all staff for their ongoing efforts under pressure, and for their willingness to participate in engagement activity such as the Staff Survey, the Quarterly Surveys, and the upcoming Strategy Refresh journey.

- Support and feedback are given to addressing ongoing staff concerns regarding work pressure, staff numbers and remuneration, identifying the services most under pressure, and responding to the free text comments.
- The Trust continues to build on the positive measures to create a compassionate, inclusive, and kind culture amongst the workforce, alongside the ambitious action on health and wellbeing.
- Variable local results relating to theme areas continue to be investigated and actioned by appropriate teams, as outlined above (including WRES and WDES analysis). Positive results to be explored, celebrated, and shared.
- Cascaded results, targeted engagement and action planning at the local level continues as a priority, gathering feedback from services by mid-June 2022.
- The Quarterly Staff Pulse Survey continues to be promoted and delivered on a regular basis to enable ongoing monitoring of staff experience and feedback, the results being considered at a senior level and cascaded to all staff in a timely manner.
- Benchmarking of Trust results with other Trusts across Place, System, and Yorkshire and Humber to be explored as these results become available.

Staff Survey performance over last 3 years:

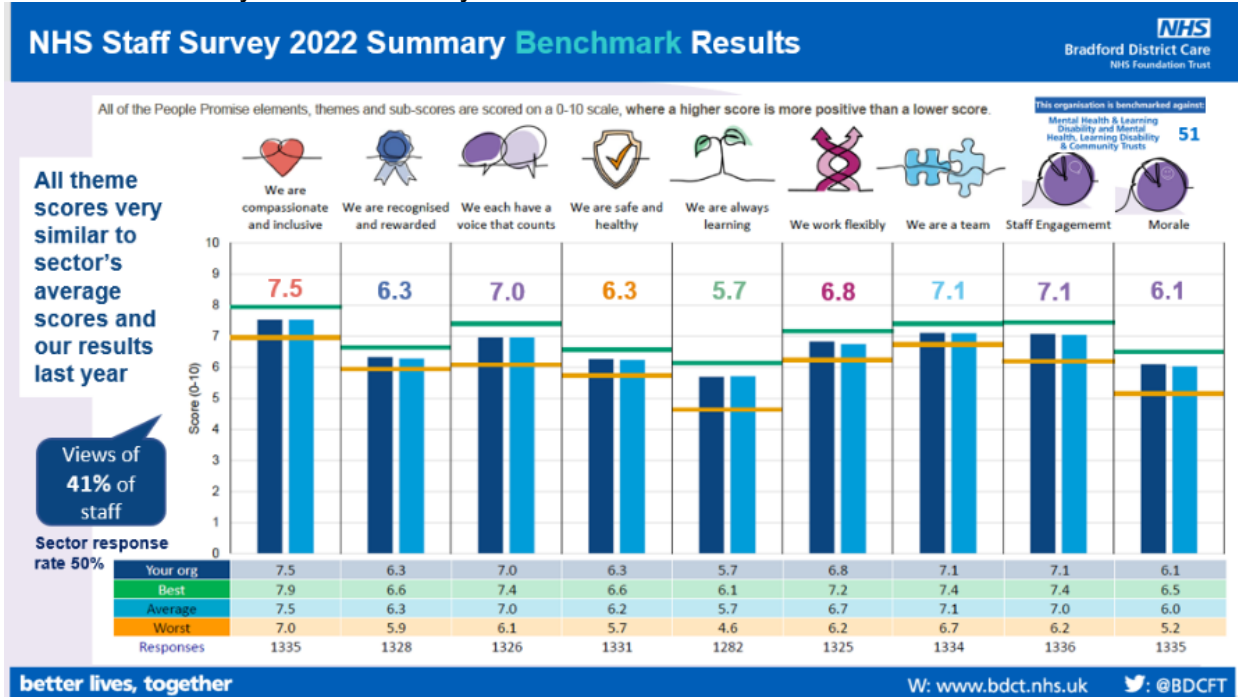
THEME	2022/23		2021/22		2020/21	
	BDCFT	Benchmark Group	BDCFT	Benchmark Group	BDCFT	Benchmark Group
We are compassionate and inclusive*	7.5	7.5	7.5	7.5	N/A	N/A
We are recognised and rewarded*	6.3	6.3	6.4	6.3	N/A	N/A
We each have a voice that counts*	7.0	7.0	7.0	7.0	N/A	N/A
We are safe and healthy*	6.3	6.2	6.2	6.2	N/A	N/A
We are always learning*	5.7	5.7	5.7	5.6	N/A	N/A
We work flexibly*	6.8	6.7	6.9	6.7	N/A	N/A
We are team*	7.1	7.1	7.1	7.1	N/A	N/A
Staff engagement	7.1	7.0	7.1	7.0	7.0	7.2
Morale	6.1	6.0	6.1	6.0	6.4	6.4

* indicates New NHS People Promise themes for 2021

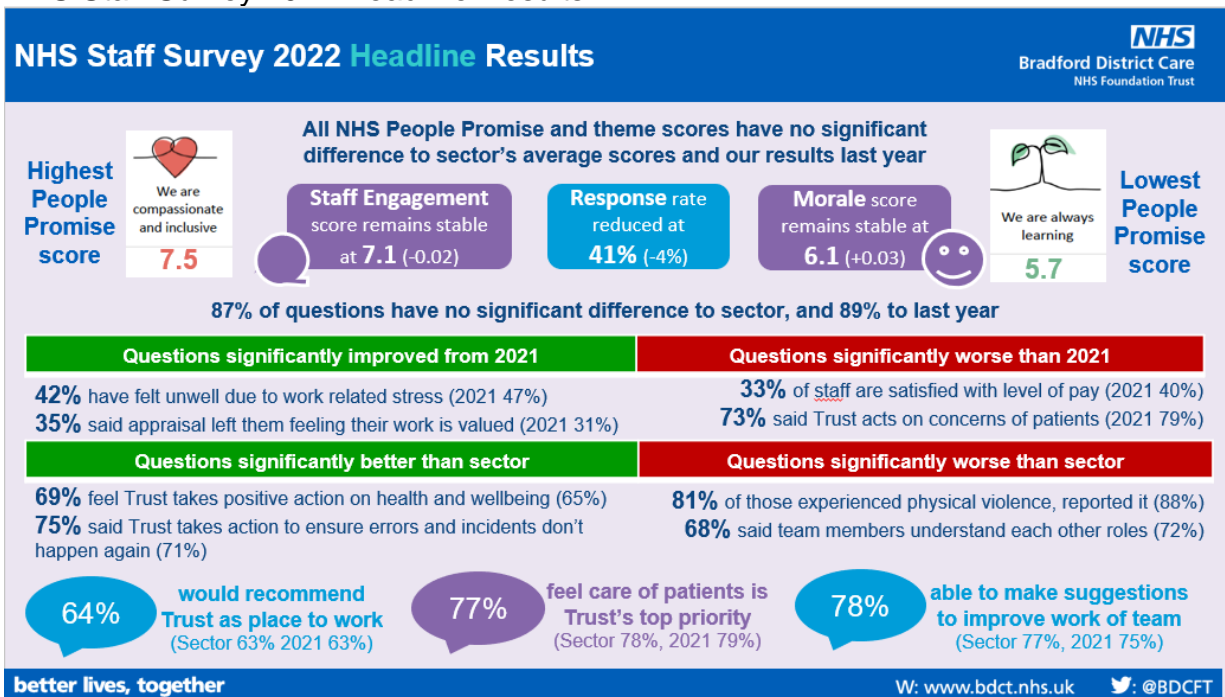
Staff engagement scores 2022/23 from annual and quarterly Staff Surveys

	NSS2019	NSS2020	NSS2021	Q4 21/22	Q1 22/23	Q2 22/23	NSS2022	Q4 22/23
Motivation	7.3	7.3	7.3	7.0	7.0	6.9	7.2	7.0
Involvement	6.6	6.8	7.1	7.0	6.9	6.8	7.1	7.0
Advocacy	6.6	7.0	7.0	7.2	7.0	6.7	6.9	7.1
Staff Engagement	6.8	7.0	7.1	7.1	7.0	6.8	7.1	7.0
response number	1310	1293	1416	494	364	403	1336	403

NHS Staff Survey 2022 summary results – Trust-wide



NHS Staff Survey 2022 Headline Results



Equality, Diversity, and Inclusion

The Trust has a set of Equality Objectives which were launched in April 2020 and will run until April 2024. The objectives set out what the Trust wants to enhance over the following four years, which were agreed as:

- Improving the access and experience of service users from Equality Act 2010 protected characteristic groups.
- Improving the experience of staff from the Equality Act 2010 protected characteristic groups.

On 21 May 2021, the Chief Executive, Therese Patten, made a Pledge to Equality, Diversity and Inclusion. The plan aims to support delivery on our strategic objectives around a three-point pledge to embed and sustain equality, diversity, and inclusion throughout the Trust, improving the staff and patient experience. The three-point pledge is:

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

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

The vision for the plan is threefold:

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

A Trust that:

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

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



Diagram 3: Word cloud from staff engagement exercise

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

- Ratified a new Equality Impact Assessment Policy to ensure quality and consistency of processes across the Trust. This policy is being rolled out with training provided to Involvement Partners so they can play an active role in the process.
- Developed and reviewed policies that support our Interpreting offer, Trans Equality and define our processes for supporting staff around the Menopause and Disability.
- Renewed the Mindful Employer Charter Mark and received the Menopause Accreditation.
- Met NHS Workforce Equality Standard reporting requirements.
- Published Gender Pay Gap information and developed actions to address the Trust's 7.9% Gender Pay Gap.
- Reviewed equality, diversity and inclusion performance based on the NHS Equality Delivery System (EDS) 2, and prepared for the implementation of the new EDS 22 in 2023/24.
- Developed an equality, diversity and inclusion calendar of events, celebrations and campaigns that promote the development and delivery of inclusive services and workplace cultures.
- Implemented a Kind Life program of activity and resources that supports thriving and inclusive team development across the Trust.
- Agreed and developed an action plan which is 'going for gold' within the new NHS Rainbow Badge Phase 2 assessment.
- Established a further cohort of Reciprocal Mentoring program within the Trust to support staff growth and learning.
- Introduced an equality, diversity, and inclusion 'You're a Star' Award for staff to showcase good practice and breed innovation.

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

We have developed and are now implementing a Disability Policy which when appropriate supports staff to take time off if they need to due to a disability-related sickness episode or for a disability-related appointment or treatment as an agreed reasonable adjustment. We are also streamlining the reasonable adjustments process to ensure disabled staff get the adjustments they need in place quickly and efficiently. As a result, there have been improvements in our performance data in nine of the 13 WDES metrics. For one metric there has been no change in our performance and for three metrics our results have worsened. For 11 of the 13 metrics the Trust is performing above the national WDES baseline, for one metric the Trust is equal to and for one metric the Trust is below the national baseline. The Beacon Staff Network has been instrumental in driving this agenda across the organisation. The Trust is in the top 10% performing organisations nationally for the WDES helping us meet our aim to be the best place to work.

Diversity and Inclusion Policies

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

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



..... Date: 22 June 2023

Therese Patten
Chief Executive

Our financial performance

The financial year ending on 31 March 2023 has been another challenging year for the Trust due to the continued impact of COVID and winter pressures, staffing shortages and elevated demand for inpatient mental health services. Despite this, the Trust has delivered its financial objectives for the year.

The highlights for 2022/23 from a financial perspective are:

- A revenue surplus of £0.042million (m) before technical adjustments.
- Completion of the new eight-bedded Najurally centre which opened in February 2023 for service users with Learning Disability inpatient needs.
- Implementation of the new electronic prescribing system for mental health inpatient services.
- Additional funding secured over a 3-year period to support the improvements for frontline digitisation of patient records.
- Cash balances retained of £30m.
- Prompt payment of invoices resulting in 95% of non-NHS organisations and 83% of NHS organisations being paid within 30-days.
- The procurement team at Airedale General Hospital Solutions won a Skills Development Network, Sustainable Procurement award for their efforts contributing towards a greener NHS.
- Finance maintained level 1 accreditation of the Future Focused Finance staff development programme, with plans in place for assessment for level 2 during 2023/24.

The Trust had turnover of £210.65m in 2022/23 and, after expending £210.61m, generated a surplus excluding technical adjustments of £0.042m, or 0.02%.

Income and expenditure performance for the year ending 31 March 2023:

	2022/23 £000's
Income - Patient Care Activities	£198,098
Other Operating Income	£12,556
Total Income	£210,654
Operating Expenses	(£210,476)
Interest Paid and Received	£544
Public Dividend Capital	(£680)
Total expenditure (excl impairments)	(£210,612)
Surplus excluding technical adjustments	£42
Impairments/ Revaluations	£53
Surplus including technical adjustments	£95

Table 5: Income and expenditure summary

Income

Income from Patient Care Activities was £198.1m and represented 94% of total income, and Other Operating Income was £12.5m and represented 6% of total income. The table below summarises the source of the Trust's income:

Income Source		£'000	%
CCG/ ICB	Mental Health and Community Healthcare Contracts	£153,225	72.7%
Local Authority	0-19 Service Contract	£16,492	7.8%
NHS England	Dental and Immunisation services	£6,815	3.2%
NHS England	Increase of 6.3% employers pension contribution	£6,100	2.9%
NHS England	Non consolidated pay offer 2022/23	£6,293	3.0%
Provider Collaborative	Adult Secure Service Contract	£6,489	3.1%
Other	Other patient care	£2,684	1.3%
Income from Patient Care Activities		£198,098	94.0%
Other Operating Income		£12,556	6.0%
Total income		£210,654	100.0%

Table 6: Income summary

Where each £1 comes from:

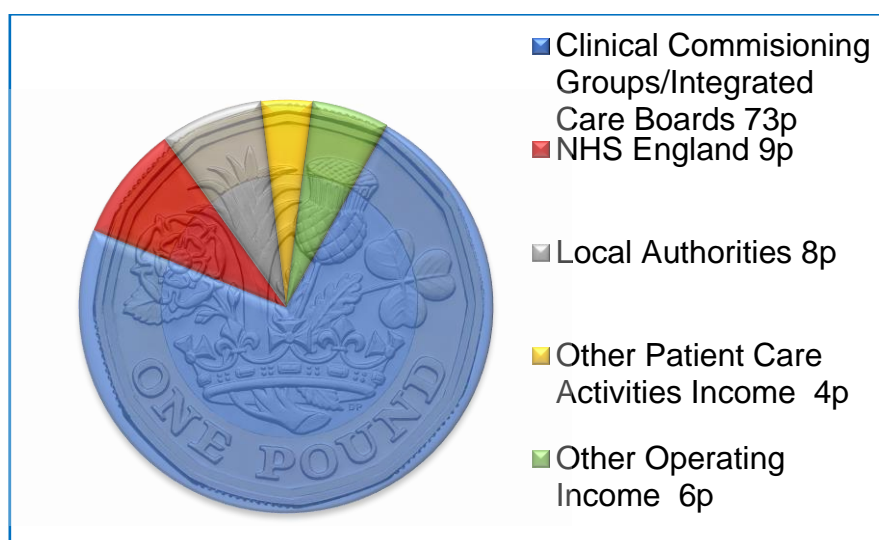


Diagram 4: Source of Trust income

Expenditure

Operating expenses, excluding finance costs, were £210.4m. Staffing costs were the largest driver of cost and represent £169.2m, or 80.4% of the Trust's Operating Expenditure.

Expenditure source	£'000	%
Staff Costs	£169,238	80.4%
Supplies and Services	£20,466	9.7%
Establishment & Premises	£11,533	5.5%
Depreciation & Amortisation	£5,704	2.7%
Other	£3,535	1.7%
Operating expenditure	£210,476	100.0%

Table 7: Expenditure summary

How each £1 is spent:

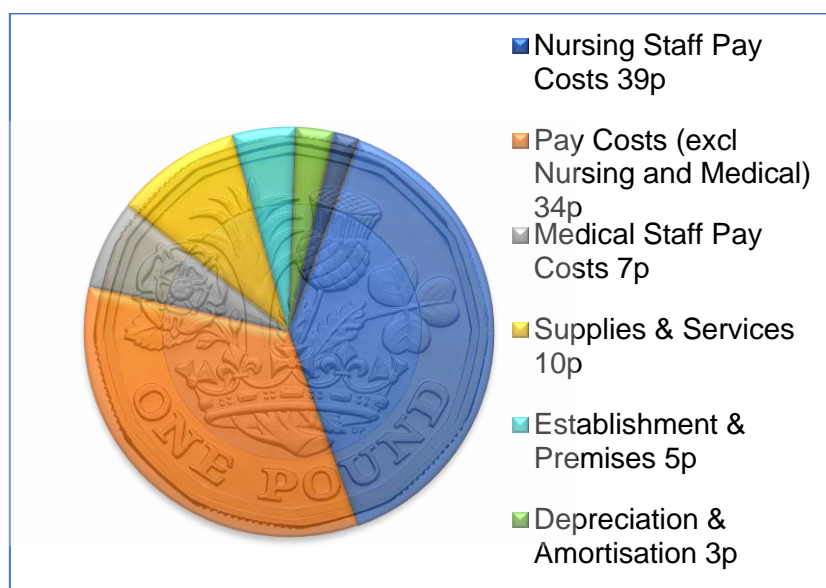


Diagram 5: Summary of Trust expenditure

Improving efficiency and ensuring value for money

To achieve its surplus position the Trust delivered its efficiency programme of £14.4m, partly through non-recurrent measures.

Capital expenditure

A total of £5.4m has been invested in developing and maintaining the Trust's assets and infrastructure, as follows:

- £3m has been invested in the Trust's estate.
- £2.1m has been invested in Digital infrastructure.
- £0.2m has been spent on equipment.

Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £30m as at 31 March 2023.

Auditor remuneration

External Auditor fees for 2022/23 were £118,200 and incorporate fees relating to the Trust's Annual Accounts and the additional responsibilities in forming a value for money risk assessment. The fee for the audit of the Trust's Charitable Fund Accounts is £6,900.

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 2023.

Accounting policies for pensions and other retirement benefits are set out in Note 8 to the full annual accounts and details of senior managers' remuneration can be found on Page 89 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 2023 was as follows:

	No. of invoices	Value of invoices £'000
Non NHS		
Total bills paid in the year	15,436	£50,709
Total bills paid within target	14,395	£48,536
Percentage of bills paid within target	93.3%	95.7%
NHS		
Total bills paid in the year	753	£8,550
Total bills paid within target	646	£7,072
Percentage of bills paid within target	85.8%	82.7%

Table 8: Performance against the Better Payment Practice Code

Going concern disclosure

The Trust has delivered the agreed break-even plan for 2022/23 with a small surplus of £0.04m. 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 £30m cash balances at the year-end.

After consideration of the funding agreed through 2023/24 commissioning contracts, including reduced COVID-19 allocations, investment in Mental Health services and the risk assessment of the efficiency programme, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future.

Financial outlook for 2023/24

The Board has approved a break-even plan for 2023/24, in line with its statutory duties. However, there remains a significant level of uncertainty and risk in these plans, not least because of:

- Increased volume and acuity of demand for our services, and resultant backlogs and growth in waiting lists.
- Workforce availability and the resulting need to supplement with temporary staffing.
- High levels of staff absence and sickness.
- Continuing need to send service users “out of area” to Independent Sector providers.
- Decaying Trust estate that is driving up maintenance costs and impacting on patient length of stays.
- Record levels of inflationary costs.

The 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 £17.4m efficiency target. The Trust’s capital allocation for 2023/24 is £7m which provides limited funding to invest in bringing the estate up to the required standard. Plans to build a new hospital at Lynfield Mount are still a major priority. The Trust submitted a £90m proposal in September 2021, but national decisions regarding the next stage of the government’s New Hospital Programme have been delayed. Alternative options are now being explored to secure capital funding to develop the site.

In summary, the Trust has a strong history of effective financial management and is confident that financial risks will be managed, and statutory duties met within the plans set for 2023/24.



..... Date: 22 June 2023

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 2022/23 there were 13 changes to individual members of the Board, outlined as follows:

- Dr Linda Patterson OBE FRCP, was appointed as Chair in July 2022.
- Carole Panteli stood down as Interim Chair in July 2022 following the recruitment of the substantive Chair of the Trust.
- Carole Panteli, was appointed as Deputy Chair in December 2022 by the Council of Governors.
- Simon Lewis, Non-Executive Director was appointed as Senior Independent Director in December 2022 in conjunction with the Council of Governors.
- Chris Malish, was appointed as a Non-Executive Director in January 2023 by the Council of Governors.
- Sally Napper, was appointed as an Associate Non-Executive Director in September 2022 by the Council of Governors.
- Andrew Chang, stood down as Non-Executive Director in December 2022.
- Phil Hubbard, was appointed through an internal recruitment process as Deputy Chief Executive in April 2022.
- Paul Hogg, stood down as Director of Corporate Affairs in June 2022 due to retirement.
- Bob Champion, was appointed through a competitive recruitment process as Chief People Officer in September 2022.
- Tafadzwa Mugwagwa, stood down as Interim Chief Operating Officer in September 2022.
- Gilbert George, was appointed as Interim Director of Corporate Affairs in July 2022 through to October 2022.
- Kelly Barker, was appointed through a competitive recruitment process as Interim Chief Operating Officer in October 2022.

The Board comprises seven Non-Executive Directors (including the Chair of the Trust), one Associate Non-Executive Director, six Executive Directors (including the Chief Executive Officer) and following the retirement of the Director of Corporate Affairs, one Associate Director (Chief Information Officer). Taking into account 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. In attendance at the Board are two new roles that came into force this year:

- Iain MacBeath, Director of Integration (joint role between the Trust and Bradford District Council).
- Sally Napper, Associate Non-Executive Director.

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 considered to be 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 7 of the Trust's Constitution (Standing Orders of the Board of Directors). All Non-Executive and Associate Non-Executive Directors are considered to be independent (demonstrated through annual appraisals, declarations of interest and independence, and Board and Committee minutes).

Non-Executive Directors







Dr Linda Patterson OBE FRCP, Chair of the Trust (from July 2022)

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.

	<p>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.</p>
	<p>Carole Panteli, Non-Executive Director, Interim Chair (from December 2021 to July 2022), and Deputy Chair (from December 2022)</p> <p>Carole has worked in the NHS for 42 years in a variety of roles including as a nurse, midwife and district nurse, followed by 2 years as Director of Nursing and Quality for NHS England’s Lancashire Area Team. Carole has also worked as a specialist advisor to the Care Quality Commission (CQC), the independent regulator of health and care services, and as a Fitness to Practice panel member for the Nursing and Midwifery Council.</p>
	<p>Simon Lewis, Non-Executive Director, Chair of the Mental Health Legislation Committee (for this reporting period) and Senior Independent Director from December 2022</p> <p>Simon Lewis brings considerable legal and professional experience to the Board and was (for the reporting period) the Chair of the Mental Health Legislation Committee.</p> <p>Simon is an independent barrister whose areas of interest include employment, equality / discrimination, and public law. He sits as a fee-paid judge and holds several independent regulatory roles, including at the General Optical Council, the Association of Chartered Certified Accountants, the Phone-Paid Services Authority, the Football Association, British Cycling and England Boxing. In addition, Simon is an independent member of the ACAS Council and a Board member and Trustee of the Asda Foundation.</p>
	<p>Maz Ahmed, Non-Executive Director, Chair of the Finance, Business and Investment Committee (for this reporting period)</p> <p>Maz, who is a qualified chartered accountant, is currently Operations Director 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.</p>

	<p>He has a strong track record of leading organisational change and wide-ranging improvement initiatives, to meet customer needs.</p> <p>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.</p>
	<p>Mark Rawcliffe, Non-Executive Director, Chair of the Workforce and Equality Committee, and the Charitable Funds Committee (for this reporting period)</p> <p>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.</p> <p>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.</p> <p>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.</p>



Alyson McGregor MBE, Non-Executive Director, Chair of the Quality and Safety Committee (for this reporting period)

Alyson has almost 40 years' experience working in a range of health roles in the public, private and voluntary sector as well as over 9 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 (from January 2023)

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 8 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, Associate Non-Executive Director

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

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



Andrew Chang, Non-Executive Director, Chair of the Audit Committee (to December 2022)

Andrew is a Fellow of the Chartered Institute of Management Accountants and has a senior level background in governance, risk and internal audit. He has undertaken a range of non-executive appointments across both the public and private sectors.

Andrew's previous experience includes Non-Executive Director and Chairman of the Audit Committee at Bradford College; Chairman of Training for Bradford Ltd that trades as City Training Services; Trustee for Bradford Grammar School; Treasurer for Yorkshire WaterAid and Chief Internal Auditor at Yorkshire Water. More recently, Andrew also provided assurance consultancy services to Stantec UK Ltd. Alongside his Board role, he is also a co-opted member of the Finance, Audit and Risk Committee of the Chartered Institution of Water and Environmental Management, a Governor of Leeds City College and Vice Chairman of the Audit Committee of the Luminare Education Group.

Andrew is also Audit Chair and Non-Executive Director at Yorkshire Ambulance Service NHS Trust

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 9 years working in health development in Zimbabwe, Somaliland and Pakistan.




Kelly Barker, Interim Chief Operating Officer (from October 2022)

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.

	<p>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.</p>
	<p>Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Director of Infection Prevention and Control and Deputy Chief Executive</p> <p>Phil's career spans 33 years across hospital, primary, mental health and community care settings. Since joining the Trust in 2012, she has held several senior roles and has a strong track record of leading large-scale service improvements, working with partners across the district.</p> <p>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.</p>
	<p>Bob Champion, Interim Director of Human Resources and Organisation Development (until August 2022) and Chief People Officer (from September 2022)</p> <p>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.</p> <p>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 and finally Assistant Director of Personnel with the North Yorkshire Service, where Bob studied for his human resources degree.</p>

	<p>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.</p> <p>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.</p>
	<p>Dr David Sims, Medical Director, Caldicott Guardian</p> <p>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.</p> <p>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 6 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.</p> <p>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.</p>



Mike Woodhead, Director of Finance, Contracting and Estates

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 7 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 new 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.



Tafadzwa Mugwagwa, Interim Chief Operating Officer (until September 2022)

Tafadzwa's career spans over 20 years across mental health and community services, commissioning, and operations. A graduate of the Nye Bevan leadership programme, Tafadzwa joined the Trust in March 2022 from Camden and Islington NHS Foundation Trust where he was the Director of Nursing and Quality. Tafadzwa, who is registered nurse, has led on number of Integration Transformation programmes and served on number Partnership Boards in the NHS.



Paul Hogg, Director of Corporate Affairs, Trust Board Secretary (until June 2022)

Paul has 35 years' experience in policy and corporate governance roles across various Government departments, regional government agencies and the NHS.

A graduate of the Nye Bevan leadership programme, Paul joined our Trust in 2009 as Trust Board Secretary and was recruited as Director of Corporate Affairs in October 2017. He was a non-voting member of the Board as an Associate Director.



Gilbert George, Interim Director of Corporate Affairs (from July to October 2022)

Gilbert has over 15 years' public sector experience at Board and Executive Director level and is regarded as one of the leading governance and assurance executives in the NHS.

In addition to the NHS, he has held positions as Director of Corporate Services for various Government 'quangos' and is a specialist advisor on the National Race Equality Code. Gilbert chairs the meetings of the NHS National Executive Governance forum and most recently, was interim Director of Corporate Affairs at North East London NHS Foundation Trust and University Hospitals Leicester NHS Trust.

Gilbert was recently nominated and shortlisted for the UK Governance Professional of the Year across public, private and the third sector. He was 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	14 April 2022	12 May 2022	9 June 2022	16 June 2022***	14 July 2022	8 September	13 October 2022	10 November	8 December	12 January 2023	9 February 2023	9 March 2023
Non-Executive Directors													
Linda Patterson	8/8					✓	✓	✓	✓	✓	✓	✓	✓
Maz Ahmed	8/12	✓	✓	✓	-	✓	-	✓	-	✓	✓	✓	-
Andrew Chang	9/9	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Simon Lewis	10/12	✓	✓	-	✓	✓	-	✓	✓	✓	✓	✓	✓
Alyson McGregor	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chris Malish	3/3										✓	✓	✓
Mark Rawcliffe	11/12	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carole Panteli	12/12	✓**	✓**	✓**	✓**	✓	✓	✓	✓	✓	✓	✓	✓
Sally Napper	5/6							✓	-	✓	✓	✓	✓
Executive and Associate Directors													
Therese Patten	8/12	✓	✓	✓	-	✓	✓	-	-	-	✓	✓	✓
Kelly Barker	6/6							✓**	✓**	✓**	✓**	✓**	✓**
Bob Champion	11/12	✓**	✓**	✓**	✓**	-	✓	✓	✓	✓	✓	✓	✓
Grainne Eloi	1/1									✓**			
Gilbert George	3/3					✓**	✓**	✓**					
Paul Hogg	4/4	✓	✓	✓	✓								
Phil Hubbard	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Iain MacBeath	7/11		✓	✓	-	✓	✓	-	✓	-	✓	✓	-
Tafadzwa Mugwagwa	6/6	✓**	✓**	✓**	✓**	✓**	✓**						
Tim Rycroft	11/12	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓
David Sims	10/12	✓	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Mike Woodhead	11/12	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* indicates attendance in observational capacity

** indicates attendance in interim role

*** indicates extraordinary meeting held in private

- indicates apologies

Table 9: Attendance of Board members at formal Board meetings

Due to a prolonged and unplanned absence of Therese Patten, Chief Executive, for eight weeks from October to December 2022, Trust business continuity and resilience arrangements were enacted. This resulted in Phil Hubbard (substantive Director of Nursing, Care Standards and Professions) undertaking the Acting Chief Executive role, with Grainne Eloi (substantive Deputy Director of Nursing, Care Standards and Professions) undertaking the Acting Director of Nursing, Care Standards and Professions role during this period.

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

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

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

The Trust has robust processes in place for annual performance evaluation of the Board, its Directors, and Board sub-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 5 sessions during the year.
- The outcomes of the performance evaluation of the Chair and Non-Executive Directors is presented to the Council of Governors' 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' Remuneration Committee.
- Annual effectiveness review looking at performance of the meetings.

Other governance activities

No Joint Committees were held during 2022/23, although the Committee terms of reference would allow for this if it were deemed to be beneficial for more than one Committee to focus on a specific issue.

Foundation Trust Code of Governance

The Trust has applied the principle of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based upon the principles of the UK Corporate Governance Code issued in 2012. Areas of disclosure are covered in the Accountability Report section. The Trust can comply with the Code in all areas except the following requirement:

D.1.1: Performance-related elements of the remuneration of Executive Directors. The Trust does not operate any performance-related bonus scheme for Executive Directors.

Board Committees

The Board discharges its responsibilities through eight Committees. The main duties of each Committee is set out below. To support effectiveness reviews, Committees undertake an annual evaluation and submit an Annual Report to the Board. These reports are considered by the Board as assurance against the wider context of the Annual Report. At each Board meeting following a Committee meeting, there is a report from Committee Chairs which takes the form of 'Alert, Advise, Assure' reporting. The framework has been recognised as good practice by partners across the West Yorkshire System, with the Trust's template being adopted by some partnership collaborations. From November 2022, an extra element was added to these reports, making them 'Alert, Advise, Assure and Decision' reporting to further capture any decisions taken by the Committees.

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



Diagram 6: Board Committees that support the Board of Directors

Audit Committee (Chair: Andrew Chang – December 2022, and Chris Malish – from January 2023)

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 Director of Finance, Contracting and Estates, Trust Secretary and senior staff 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. During 2021/22 following a review of the work and findings of the external auditor, the Council of Governors agreed to extend the KPMG appointment for a further 2 years from 1 April 2022, in line with the existing contract arrangements.

The Committee has also:

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

The Audit Committee met 7 times in 2022/23 as outlined below:

Name	Number of business meetings attended	7 April 2022	5 May 2022	23 May 2022	15 June 2022	7 July 2022	6 October 2022	19 January 2023
Maz Ahmed	4/7	✓	✓	-	✓	-	-	✓
Andrew Chang	6/6	*✓	*✓	*✓	*✓	*✓	*✓	
Simon Lewis	7/7	✓	✓	✓	✓	✓	✓	✓
Chris Malish	1/1							✓*

* indicates Chair of the meeting

- indicates apologies at the meeting

Table 10: Attendance of members at the Audit Committee

Charitable Funds Committee (Chair: Mark Rawcliffe)

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

The Charitable Funds Committee met 4 times in 2022/23 as outlined below:

Name	Number of business meetings attended	28 April 2022	28 July 2022	27 October 2022	30 March 2023
Kelly Barker	1/2			√**	-
Andrew Chang	3/3	√	√	√	
Gilbert George	2/2		√**	√**	
Paul Hogg	1/1	√			
Tafadzwa Mugwagwa	2/2	√**	√**		
Carole Panteli	2/4	√	-	-	√
Mark Rawcliffe	4/4	√*	√*	√*	√*
Mike Woodhead	3/4	-	√	√	√

* indicates Chair of the meeting

** indicates attendance in an interim role

- indicates apologies at the meeting

Table 11: Attendance of members at the Charitable Funds Committee

Finance, Business and Investment Committee (Chair: Maz Ahmed)

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

The Finance, Business and Investment Committee met 7 times in 2022/23 as outlined below:

Name	Number of business meetings attended	22 April 2022	26 May 2022	28 July 2022	22 September 2022	24 November 2022	26 January 2023	23 March 2023
Maz Ahmed	7/7	√*	√*	√*	√*	√*	√*	√*
Kelly Barker	3/3					√**	√**	√**

Bob Champion	7/7	√**	√**	√**	√	√	√	√
Andrew Chang	4/5	√	√	√	√	-		
Chris Malish	2/2						√	√
Tafadzwa Mugwagwa	3/4	-	√**	√**	√**			
Therese Patten	4/7	-	√	-	√	-	√	√
Mark Rawcliffe	6/7	-	√	√	√	√	√	√
Tim Rycroft	5/7	-	√	√	-	√	√	√
Mike Woodhead	6/7	√	-	√	√	√	√	√

* indicates Chair of the meeting

** indicates attendance in an interim role

- indicates apologies at the meeting

Table 12: Attendance of members at the Finance, Business and Investment 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, the CQC action plan, reports from the Mental Health Legislation Forum and Associate Hospital Manager meetings, its performance dashboard and specific items such as a review of Community Treatment Orders and an update on blanket restrictions. In addition, it has been preparing for the Liberty Protection Safeguarding Code of Practice to be released and the Use of Force Bill.

The Mental Health Legislation Committee met 6 times as an independent Committee in 2022/23 as outlined below:

Name	Number of business meetings attended	26 May 2022	21 July 2022	22 September 2022	24 November 2022	26 January 2023	23 March 2023
Kelly Barker	4/6	-	√	-	√**	√**	√**
Phil Hubbard	2/6	√	-	-	-	√	-
Simon Lewis	5/6	-	√*	√*	√*	√*	√*
Alyson McGregor	4/6	√	-	√	-	√	√
Tafadzwa Mugwagwa	3/3	√**	√**	√**			
Carole Panteli	4/6	√*	-	-	√	√	√
David Sims	4/6	-	√	√	-	√	√

* indicates Chair of the meeting

** indicates attendance in an interim role

- indicates apologies at the meeting

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

Nominations Committee (Chair: Carole Panteli – to July 2022, Dr Linda Patterson OBE FRCP July-March 2023)

The Nominations Committee has the responsibility to review the structure, size and composition of the Board and, where necessary, is responsible for identifying and nominating for appointment candidates to fill posts within its remit.

All Non-Executive Directors are members of this Committee, which met twice in 2022/23 due to the:

- Recruitment of a new Non-Executive Director.
- Ratification of the appointment of the Chief People Officer.
- An update on the Associate Non-Executive Director recruitment process.
- Temporary appointment of the Interim Chief Executive and Interim Director of Nursing due to a period of absence of the Chief Executive.

With the recruitment to the post of Non-Executive Director, the Nominations Committee will provide the Council of Governors' Nominations Committee with details of the agreed skills and experience required. Where the vacant post is for an Executive Director, a panel constituted in accordance with the NHS Act 2006, made up of a majority of Non-Executive Directors, will lead on the appointment process to appoint to the agreed skills set following a procedure agreed by the Nominations Committee.

Of the 2 meetings recorded below during 2022/23, 1 formal meeting took place, with 1 virtual meeting.

Name	Number of business meetings attended	13 September 2022	5 December 2022
Linda Patterson	2/2	√*	#
Maz Ahmed	1/2	-	#
Andrew Chang	1/2	-	#
Simon Lewis	1/2	-	#
Gilbert George	1/1	√**	
Alyson McGregor	2/2	√	#
Carole Panteli	2/2	√	#
Mark Rawcliffe	1/2	-	#
Bob Champion	2/2	√	#
Therese Patten	2/2	√	#

indicates virtual meeting

* indicates Chair of the meeting

** indicates attendance in interim role

- indicates apologies at the meeting

Table 14: Attendance of members at the Nominations Committee

Quality and Safety Committee (Chair: Alyson McGregor)

The Quality and Safety Committee has responsibility to monitor, review and report to the Board the adequacy of the Trust's processes in the areas of clinical governance and, where appropriate, facilitate and support existing systems operating across the Trust.

This includes the monitoring of incidents and complaints, clinical policies, research and development, clinical audit and service improvements.

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

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

The Quality and Safety Committee met 10 times in 2022/23 as outlined below:

Name	Number of business meetings attended	21 April 2022	19 May 2022	16 June 2022	21 July 2022	20 October 2022	17 November 2022	15 December 2022	19 January 2023	16 February 2023	16 March 2023
Alyson McGregor	9/10	√*	√*	√*	√*	-	√*	√*	√*	√*	√*
Kelly Barker	5/6					√**	√**	√**	√**	-	√**
Andrew Chang	4/7	√	-	√	√	√*	-	-			
Gilbert George	2/2				√**	√**					
Paul Hogg	3/3	√	√	√							
Phil Hubbard	8/10	√	√	√	√	√	-	-	√	√	√
Tafadzwa Mugwagwa	4/4	√**	√**	√**	√**						
Sally Napper	6/6					√	√	√	√	√	√
Carole Panteli	7/10	√**	√**	-	-	-	√	√	√	√	√
David Sims	9/10	√	√	-	√	√	√	√	√	√	√

* indicates Chair of the meeting

** indicates attendance in interim role

*** indicates attendance to observe the meeting

- indicates apologies at the meeting

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

Workforce and Equality Committee (Chair: Mark Rawcliffe)

During 2022/23 the Workforce and Equality Committee focused on workforce and equality topics for members of staff. The Committee is underpinned by the Trust’s People Development Strategy, with the 4 key themes for the strategy forming the focus for the annual work plan for the relatively new Committee. They cover topics on looking after our people, belonging in the Trust, new ways of working and delivering care and growing for the future.

The Workforce and Equality Committee met 4 times during 2022/23 as outlined below:

Name	Number of business meetings attended	28 April 2022	23 June 2022	20 October 2022	16 February 2023
Mark Rawcliffe	4/4	√*	√*	√*	√*
Maz Ahmed	2/3	√	√	-	
Kelly Barker	1/2			√**	-
Bob Champion	4/4	√**	√**	√	√
Carole Panteli	1/3	√**	-	-	
Phil Hubbard	2/4	-	√	√	-
Tafadzwa Mugwagwa	1/2	√**	-		
David Sims	2/4	√	-	-	√
Mike Woodhead	2/4	-	√	√	-

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

Table 16: Attendance of members at the Workforce and Equality Committee

‘Go See’ visits during 2022/23

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 staff 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 2022/23 Quality Report.

Division of responsibilities of Chair and Chief Executive

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

The Trust has a clear statement outlining the division of responsibilities between the Chair and the Chief Executive. A report was presented at the Board meeting in January 2023 with a review of the division of responsibilities following the appointment of the substantive Chair.

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:

- Build on the Well led framework in place, providing leadership of the Board and Governors and supporting the Executive Management Team, whilst preparing for the new leadership framework from CQC.
- Develop a close relationship with Chief Executive which is both supportive and challenging.
- Work with others to refresh the Trust strategy, building on the values in place.
- Embedding the Board's commitment to equality, diversity and inclusion in the workplace and services; and focusing on workforce-related challenges more generally.
- Work in the Trust and across the wider system to ensure that the Trust is an active contributor and beneficiary of integrated care plans and their implementation with the primary focus of person-centred care. Build relationships with partners in the Local Authorities, Place based partnership, and the Integrated Care System and play a role in the Provider Collaboratives.
- Oversight, scrutiny and support of rest and recovery work for the Trust, ensuring the Trust's new digital strategy is embraced and the Care Trust Way approach continues, backed by the Board.

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 Carole Panteli, Interim Chair of the Trust until July 2022 and Dr Linda Patterson OBE FRCP, Chair of the Trust from July 2022 had no other significant commitments during the year that affected their ability to carry out the duties to the full for the Chair and Interim Chair roles, and they were 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 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 2022/23 there was no change to the composition of seats within our Council of Governors. The composition ensures the Council is representative of our members and the public. Table 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
	Sharing Voices	1
	Total	27

Table 17: 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 3 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 6 years. Elections are carried out in accordance with the election rules in Annex 4 of the Trust Constitution. Further details about the elections we have held during 2022/23 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

2022/23 saw two election campaigns taking place on behalf of the Council of Governors.

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

The Spring 2022 campaign for Public Governors concluded on 7 June, and included a digital campaign with Just R Ltd for Public Governor nominees. The Summer 2022 campaign for Staff Governors concluded on 6 September 2022.

The elections resulted in welcoming back a former Governor in a Public Governor role, the re-election of a Staff Governor for a second term, and welcoming three new Public Governors and two new Staff Governors. The seats were filled as outlined below:

Constituency	Result	Number of seats included in the election
Public: Bradford South	Joyce Thackwray	2
Public Bradford West	Trevor Ramsay	1
Public: Rest of England	No candidates	1
Public: Keighley	James Vaughan	1
Public: Shipley	Hannah Nutting	1
Staff: Clinical	Linzi Maybin (re-elected), Joanne Squires	2
Staff Non-Clinical	Sue Francis	1

Table 18: Results of the 2022 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 have been elected during 2022/23.

Appointed governors

Appointed Governors are nominated by those organisations the Trust has identified as our partner organisations, for the purpose of the Council of Governors, and are set out in Table 17. During 2022/23 there were six changes to the Appointed Governors, as follows:

1. Professor John Bridgeman stood down on 12 May as Appointed Governor – Bradford University.
2. Councillor Richard Foster stood down on 9 June as Appointed Governor – Craven Council at the end of his first term of office.
3. Janice Hawkes stood down on 30 June as Appointed Governor – Barnados due to retirement.
4. Professor Zahir Irani became the Appointed Governor – Bradford University on 5 May 2022.
5. Councillor Wendy Hull became the Appointed Governor – Craven Council on 13 July 2022.
6. Deborah Buxton became the Appointed Governor – Barnardo's on 6 September 2022.

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 endeavour 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 Licence 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 2022/23, the Council of Governors had seven business meetings, five general business meetings, and two extra-ordinary 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 seven 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 although planned as a face-to-face event in September 2022 had to be moved to a digital event due to the passing of the Queen and the subsequent period of mourning. It is a public meeting and members are encouraged to attend to hear more about the work of the Trust and the Council of Governors.

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

Attendance to observe Board Committees has increased with Governors reporting that the opportunities were accessible. The Trust continues to maintain oversight of its work to ensure that accessibility to workstreams is maintained, with bespoke approaches taking place to support inclusion. The below 2 tables outline the individuals fulfilling Governor roles as at 31 March 2023:

Elected

No. of seats	Constituency	Name	Date term of office end	No. of Terms
3	Public: Bradford East	Michael Frazer	01.05.2024	1 st
		Vacant role		
		Mufeed Ansari	01.05.2024	1 st
3	Public: Bradford South	Darren Beever	01.05.2024	1 st
		Vacant role		
		Joyce Thackwray	07.06.2025	2 nd
3	Public: Bradford West	Anne Graham	01.05.2024	1 st
		Katie Massey (term paused March 2023)	01.05.2024	1 st
		Trevor Ramsay	07.06.2025	1 st
1	Public: Craven	Helen Barker	01.05.2024	1 st
2	Public: Keighley	James Vaughan	07.06.2025	2 nd
		Anne Scarborough	01.05.2024	1 st
1	Public: Rest of England	Vacant role		
2	Public: Shipley	Sid Brown	01.05.2024	2 nd
		Hannah Nutting	07.06.2025	1 st
3	Staff: Clinical	Pamela Shaw	01.05.2024	2 nd
		Joanne Squires	06.09.2025	1 st
		Linzi Maybin	06.09.2025	2 nd
2	Staff: Non-clinical	Roberto Giedrojt	01.05.2024	1 st
		Sue Francis	06.09.2025	1 st

Appointed

No. of seats	Constituency	Name	Date term of office end	No. of Terms
1	Barnardo's	Deborah Buxton	06.09.2025	1 st
1	Bradford Assembly	Tina Butler	01.05.2024	2 nd
2	Bradford Council	Cllr Sabiya Khan	31.05.2024	2 nd
		Cllr Matthew Bibby	22.03.2024	1 st
1	Bradford University	Zahir Irani	05/05/2025	1 st
1	Craven Council	Cllr Wendy Hull	13.07.2025	1 st
1	Sharing Voices	Ishtiaq Ahmed	12.07.2023	2 nd

			Council of Governors' meeting							Annual Members' Meeting
Name	Appointed (A) or Elected (E)	Number of business meetings attended	5 May 2022	9 June 2022	13 July 2022	1 September 2022	22 September 2022	1 December 2022	2 February 2023	28 September 2022
Ishtiaq Ahmed	A	3/8	✓	-	-	-	-	✓	✓	-
Mufeed Ansari	E	2/8	-	-	-	✓	-	-	✓	-
Helen Barker	E	2/8	-	-	-	✓	-	✓	-	-
Darren Beever	E	2/8	-	-	✓	-	-	✓	-	-
Matthew Bibby	A	0/8	-	-	-	-	-	-	-	-
John Bridgeman	A	0/1	-							
Dr Sid Brown	E	7/8	✓	✓	✓	✓	✓	✓	✓	-
Tina Butler	A	6/8	✓	✓	✓	✓	-	✓	✓	-
Deborah Buxton	A	3/4					✓	✓	✓	-
Stan Clay	E	2/4	✓	✓	-	-				
Richard Foster	A	0/2	-	-						
Sue Francis	E	4/4					✓	✓	✓	✓
Michael Frazer	E	2/8	-	✓	-	✓	-	-	-	-
Roberto Giedrojt	E	5/8	✓	✓	-	✓	-	-	✓	✓
Anne Graham	E	8/8	✓	✓	✓	✓	✓	✓	✓	✓
Janice Hawkes	A	0/2	-	-						
Wendy Hull	A	0/6			-	-	-	-	-	-
Zahir Irani	A	4/8	-	✓	✓	-	-	✓	✓	-
Abdul Khalifa	E	2/4	-	✓	✓	-				
Sabiya Khan	A	3/8	-	✓	-	-	✓	✓	-	-
Katie Massey	E	0/8	-	-	-	-	-	-	-	-
Linzi Maybin ^	E	6/8	✓	✓	✓	-	-	✓	✓	✓
Hannah Nutting	E	3/7		-	✓	✓	✓	-	-	-
Trevor Ramsay	E	6/7		-	✓	✓	✓	✓	✓	✓
Anne Scarborough *	E	6/8	✓	✓	✓	✓	-	✓	✓	-
Pamela Shaw	E	6/8	-	✓	✓	✓	-	✓	✓	✓
Joanne Squires	E	4/4					✓	✓	✓	✓
Joyce Thackwray	E	2/7		-	✓	-	✓	-	-	-
James Vaughan	E	3/7		-	✓	✓	-	✓	-	-
Michaela Worthington-Gill	E	0/8	-	-	-	-	-	-	-	-

Table 19: Attendance at formal Governor meetings - indicates apologies at the meeting; * indicates Lead Governor; ^ indicates Deputy Lead Governor

Working Together

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

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

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

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

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

Name	Number of business meetings attended	Council of Governors' meeting					Annual Members' Meeting
		5 May 2022	13 July 2022	1 September 2022	1 December 2022	2 February 2023	28 September 2022
Linda Patterson	4/5		-	√*	√*	√*	√*
Maz Ahmed	4/6	√	√	-	√	√	
Kelly Barker	2/2				√**	√**	
Bob Champion	4/6	√**	-	-	√	√	√
Andrew Chang	3/5	√	√	√	-		-
Gilbert George	3/3		√**	√**			√
Paul Hogg	1/1	√					
Phil Hubbard	5/6	√	√	√	-	√	√
Simon Lewis	3/6	√	-	-	√	-	√

Chris Malish	1/1					✓	
Alyson McGregor	3/6	✓	-	-	✓	✓	-
Tafadzwa Mugawagwa	3/4	-	✓	✓			✓
Carole Panteli	4/6	✓** *	✓*	-	✓	✓	-
Therese Patten	4/6	✓	✓	-	-	✓	✓
Mark Rawcliffe	4/6	✓	✓	✓	-	-	✓
Tim Rycroft	5/6	-	✓	✓	✓	✓	✓
David Sims	1/6	-	-	-	-	-	✓
Mike Woodhead	6/6	✓	✓	✓	✓	✓	✓

* indicates Chair of the meeting
** indicates attended in interim role
- indicates apologies at the meeting

Table 20: 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 7 of the NHS Act 2016 to require any Director to attend a Council of Governors meeting. The Chair leads Governor 'Open House' meetings which enable engagement between Governors and Directors in between Council of Governor meetings.

Governor training and development

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

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

During 2022/23 there have been various opportunities for providing support to Governors with their training and development including:

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

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

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

The Council of Governors’ annual effectiveness review was not carried out during 2022/23 due to capacity issues, but a survey is being planned for Summer 2023

Council of Governors sub-committees

The Council of Governors has established three 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.

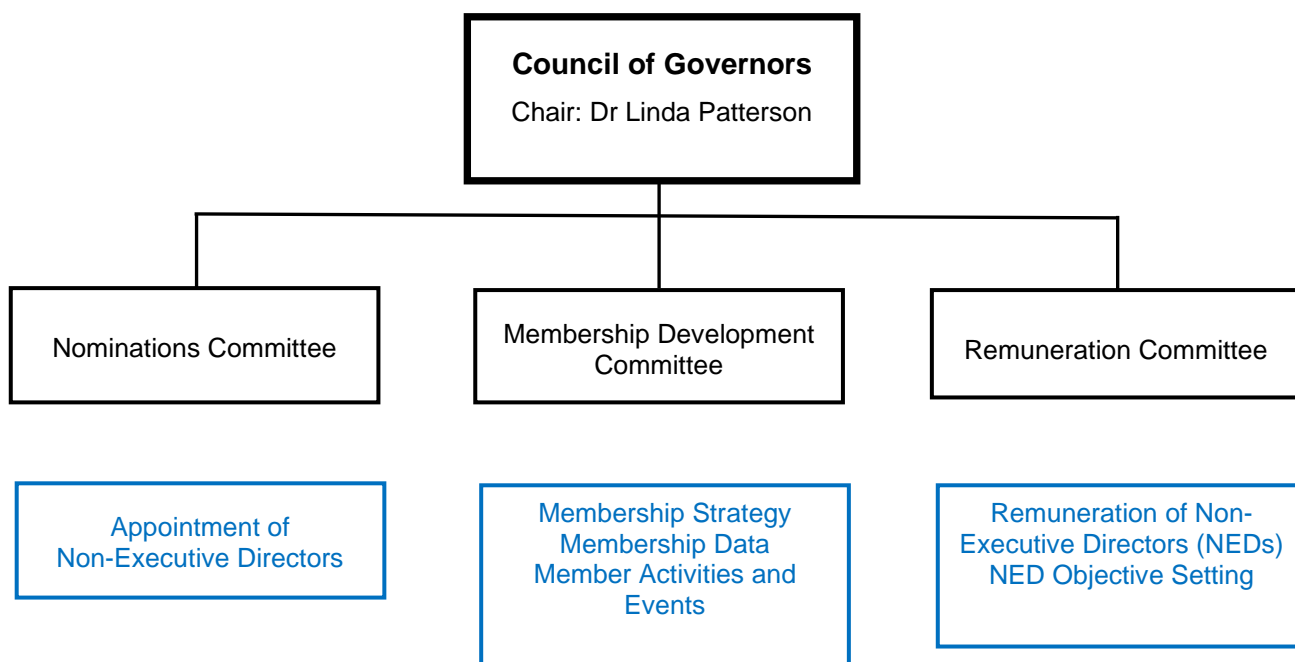


Diagram 7: Formal meeting structure for the Council of Governors

Governor Nominations Committee

The Nominations Committee is responsible for the process of appointing Non-Executive Directors (including the Chair) when a vacancy arises or the re-appointment of existing Directors once their term in office expires. The Committee consists of six members, comprised of four Governors and two members of the Board of Directors (at least one of these is a Non-Executive Director).

The Committee met three times during 2022/23 to discuss the recruitment process and ratification of appointment for the Audit Committee Chair/Non-Executive vacancy, to ratify the appointments of the substantive Chair and the Associate Non-Executive Director, and to approve the proposals for the substantive appointment of the Senior Independent Director and Deputy Chair.

The Nominations Committee met three times during 2022/23 as outlined below:

Name	Number of business meetings attended	7 June 2022	13 September 2022	16 November 2022
Carole Panteli	1/1	√*		
Sid Brown	2/3	-	√	√
Tina Butler	2/3	√	-	√
Bob Champion	1/3	-	√	-
Gilbert George	1/1		√	
Paul Hogg	1/1	√		
Simon Lewis	3/3	√	√	√
Linzi Maybin	3/3	√	√	√
Therese Patten	2/3	√	√	-
Linda Patterson	2/2		√*	√
Anne Scarborough	3/3	√**	√**	* √**

* indicates Chair of the meeting

** indicates Lead Governor

indicates virtual meeting

Table 21: Attendance at the Governor Nominations Committee

Governor Remuneration Committee

The Remuneration Committee is responsible for considering the remuneration and allowances set for the Chair and Non-Executive Directors of the Board. The Committee met twice during 2022/23 to discuss the appraisal and objectives for the Non-Executive Directors including the Interim Chair of the Trust; and the supplementary payments for the Deputy Chair and Senior Independent Director.

The Remuneration Committee met twice during 2022/23 as outlined below:

Name	Number of business meetings attended	23 June 2022	16 November 2022
Ishtiaq Ahmed	0/2	-	-
Sid Brown	2/2	√	√
Stan Clay	1/1	√	
Carole Panteli	1/1	√	
Susan Francis	1/1		√
Anne Graham	2/2	√	√
Paul Hogg	1/1	√	
Zahir Irani	0/1		-
Simon Lewis	2/2	√	√
Abdul Khalifa	1/1	√	
Linda Patterson	1/1		√

Anne Scarborough	2/2	*√**	*√**
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* indicates Chair of the meeting

** indicates Lead Governor

- indicates apologies at the meeting

Table 22: Attendance at the Governor Remuneration Committee

Membership Development Committee

This Committee is responsible for developing the membership of the Trust and considering how the interests of members might be better represented.

The Committee met once during 2022/23, to consider the membership data and specifically the low numbers of youth members of the Trust. Sub-groups of the Committee then went on to continue meeting throughout 2022/23 to further consider opportunities to engage with younger members of the community both within the Trust and across the Bradford District and Craven Place.

The Membership Development Committee met once during 2022/23 as outlined below:

Name	Number of business meetings attended	17 June 2022
Roberto Giedrojt	0/1	-
Anne Graham	2/2	√
Abdul Khalifa	1/1	-
Linzi Maybin	1/1	√*
Anne Scarborough	2/2	√**

* indicates Chair of the meeting

** indicates Lead Governor

- indicates apologies at the meeting

Table 23: Attendance at the Membership Development Committee

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 6 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 2022/23 the Trust has continued to put Governors and members at the heart of the Annual Members meeting in 2022 despite unforeseen circumstances leading to it being a virtual event. 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. During the pandemic the Committee did not meet, and strategy initiatives were put on hold. However, in 2022 the Committee was re-established to assist the Trust in developing a more diverse membership. This work will continue into 2023 and will be reported in next year’s report.

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

Demographic	Number of Members
Age:	
0-16	18
17-21	84
22+	8886
Not Stated	540
Gender:	
Unspecified	138

Male	3641
Female	5749
Ethnicity:	
White	5296
Mixed	222
Asian or Asian British	3170
Black or Black British	442
Other	114
Not Stated	28
Total	9528

Table 24: Foundation Trust Public membership

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

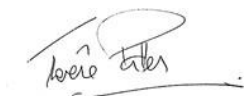
Constituency	Current Membership	Number of Governors
Bradford East	2008	3
Bradford South	1263	3
Bradford West	2140	3
Shipley	1112	2
Keighley	1074	2
Craven	442	1
Rest of England	1489	1
Total	9528	

Table 25: Representation by constituency area

Staff membership:

Constituency	Current Membership	Number of Governors
Clinical	2445	3
Non-Clinical	951	2
Total	3396	

Table 26: Foundation Trust Staff Membership



..... Date: 22 June 2023

Therese Patten
Chief Executive

Statement from Lead Governor, Anne Scarborough

NHS England requires each foundation trust to have a Lead Governor and a Deputy Lead Governor. Anne Scarborough (Public Governor for Keighley) was elected to the Lead Governor post on 4 November 2021 and is supported in the role by Linzi Maybin (Staff Governor), Deputy Lead Governor who started in the role on 18 October 2021. The Governors successfully appointed Dr Linda Patterson OBE FRCP as the new Chair of the Trust and we welcomed Linda into the role in July 2022.

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, I would like to thank all Governors for their continued support, commitment and hard work in supporting and challenging the Trust to continue to deliver high quality services to our communities across Bradford and Craven. I would especially like to recognise those Governors that reached the end of their first or second term of office during 2022/23 and to thank them on behalf of the Council of Governors.

I would also like to take this opportunity to formally welcome Dr Linda Patterson OBE FRCP our new Chair. Linda has become Chair at a time of significant change in the NHS as the Integrated Care Boards are taking shape and we continue to recover from the pandemic.

2022/23 has proved to be a time of consolidation after the pandemic and the move to more integrated care. The Trust has maintained clear communication and engagement opportunities with Governors to support the continuation of the services delivered by the Trust. Governors contributed views of constituents and the wider public through their involvement in a variety of meetings and events. These activities enabled them to further develop their knowledge about the work of the Trust and provided them with opportunities to feedback on behalf of the membership and the wider public. The Council of Governors has continued to meet virtually and although this has worked very well it is hoped that there will be opportunities for more face-to-face meetings in the future.

Governors have carried out their duties in many ways during 2022/23 including: being consulted on the strategic direction of the Trust; engaging with members and formally representing their constituents at the Council of Governors meeting; receiving the Annual Report and Accounts and the Auditors Report on them at the Annual Members' Meeting; appointing one Non-Executive Director and one Associate Non-Director; holding the Non-Executive Directors to account; contributing to the Chair 360 degree feedback process within the Annual Appraisal; agreeing remuneration of Non-Executive Directors in line with NHS England guidance; and engaging with their constituents and the wider public throughout the membership workstream.

Governors have been kept up to date on the Government's proposed Integrated Care Systems (ICS). A programme of 'Go See' Board walkabouts have taken place virtually during 2022/23 and Governors have attended some of these to observe the Non-Executive Directors undertaking their role and statutory duties. The visits provided an opportunity for Governors to hear more about the services, and for Staff Governors to engage with their constituents. Another opportunity for Governors to observe the performance of the Non-Executive Directors is by observing the Board and Committee meetings. At the formal Council of Governors meetings, the Non-Executive Directors present a report from the Board Committee meetings that outlines areas they had been assured on and areas for further development. The reports outline the discussion that had taken place at the Board Committee meetings and provide a snapshot of Non-Executive Director and Trust performance to Governors.

Engagement opportunities throughout the year have seen Governors attending the Annual Members' Meeting; regional Governor and Non-Executive Director event, regarding the work of the West Yorkshire Integrated Care System where they were able to present their views; external training and networking provided by NHS Providers; West Yorkshire Mental Health collaborative development events facilitated by NHS Providers; Staff Governors met with the Chair and the Chief Executive; and Linzi and I continue to meet regularly with the Chair. Governors have been particularly focused this year on encouraging young people to become interested in governance. Linzi and I attended a very successful young people's event in Bradford run by the Trust to encourage young people to look at careers in the Trust. This was a very well attended event with many young people showing an interest in governance. Growing our own and encouraging young people to work and stay in Bradford is vital for continuity of services in the future.

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

Anne Scarborough
Lead Governor

Register of Governors' interests

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

How to contact the Council of Governors

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

Post: Membership Office
Trust Headquarters
New Mill
Victoria Road
Saltaire
West Yorkshire
BD18 3LD

Email: ft@bdct.nhs.uk

Phone: 01274 251313

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

Remuneration report

Remuneration Committee

The 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.

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.

Bob Champion provided advice and guidance to the Committee as Interim Director of Human Resources and Organisational Development and then Chief People Officer from September 2022. 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 2022/23.

The Committee met three times in 2022/23, one meeting in person and two meetings held virtually, to consider the in-year performance and future objectives of the Chair of the Trust, Chief Executive Officer and Executive Directors, the 2022 National Pay Award for Very Senior Managers, and the remuneration of the Interim Chief Operating Officer and Chief Executive Officer. Attendance is shown below.

Name	Number of business meetings attended	29 September 2022	5 December 2022	19 December 2022
Andrew Chang	2/3	✓	#	-
Bob Champion	3/3	✓	#	#
Simon Lewis	3/3	✓*	#	#
Carole Panteli	3/3	✓	#	#
Linda Patterson	3/3	✓	#	#

*indicates Chair of the meeting

indicates virtual meeting

- indicates not eligible to attend meeting

Table 27: Attendance at the Board 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 2022/23 was £434 to two Directors and Non-Executive Directors (against a total of £780 in 2021/22 to two Directors and Non-Executive Directors).

£35.00 of expenses were paid to Governors in 2022/23 or 2021/22. As at 31 March 2023, the Trust had 24 Governors and 3 public 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 referred to below. Variations to the VSM pay, such as cost of living uplifts are subject to the recommendations of the Government Review Body on Senior Salaries.

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 has been under development for the past three years.

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 its policy in line with national guidance, which means awards made from 1 April 2018 are non-consolidated and non-pensionable and time limited. For 2022/23 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 3-year term and can be re-appointed for a further term; any term beyond 6-years (e.g. 2, 3-year terms) is subject to rigorous review. There was one Interim Executive Director appointed on a fixed term contract with effect from 28 February 2022. All Executive Directors are subject to a 3-month notice period, no provision for compensation for early termination is included in staff contracts and any provision for compensation for termination would be considered on an individual basis by the Remuneration Committee.

Two new appointments of Non-Executive Directors were made during 2022/23 (Christopher Malish and Sally Napper (Associate)).

Accounting policies for pensions and other retirement benefits and details of senior employees' remuneration can be found below and are also set out in Note 8 to the accounts. Apart from Non-Executive Directors who are appointed for a fixed-term and the above exception, 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 of a contract. 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 2022/23.

Remuneration information

Details about the remuneration levels for 2022/23 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 2022/23

Single total figure table

Name and Title	2022/23			
	Salary	Expense payments (taxable) to nearest £100 *	All pension-related benefits**	Total
	(Bands of £5,000) £ 000	Rounded to nearest £100	(Bands of £2,500) £ 000	(Bands of £5,000) £ 000
C Panteli - Non Executive Director and Interim Chair (to 30th June 2022) (a)	25 - 30	0		25 - 30
L Patterson - Chair (from 1st July 2022) (b)	30 - 35	0		30 - 35
A Chang - Non Executive Director (to 31st December 2022) (c)	10 - 15	0		10 - 15
S Lewis - Non Executive Director	10 - 15	0		10 - 15
M Ahmed - Non Executive Director	15 - 20	0		15 - 20
A McGregor - Non Executive Director	10 - 15	0		10 - 15
M Rawcliffe - Non Executive Director	10 - 15	0		10 - 15
C Malish - Non Executive Director (from 3rd January 2023) (d)	0 - 5	0		0 - 5
S Napper (Associate Non Executive Director (from 19th September 2022) (e)	0 - 5	0		0 - 5
T Patten - Chief Executive	165 - 170	1,000	102.5 - 105	270 - 275
P Hubbard - Director of Nursing, Professions & Care Standards, and Deputy Chief Executive	120 - 125	1,400	130 - 132.5	255 - 260
M Woodhead - Director of Finance, Contracting & Estates	130 - 135	0	32.5 - 35	165 - 170
B Champion - Chief People's Officer (f)	120 - 125	0	0	120 - 125
T Rycroft - Chief Information Officer	95 -	0	22.5 - 25	115 -

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

Name and Title	2021/22			
	Salary	Expense payments (taxable) to nearest £100 *	All pension-related benefits**	Total
	(Bands of £5,000) £ 000	Rounded to nearest £100	(Bands of £2,500) £ 000	(Bands of £5,000) £ 000
C Elliott - Chair (to 5th December 2021) (a)	25 - 30	0		25 - 30
C Panteli - Non Executive Director and Interim Chair (from 6th December 2022) (b)	20 - 25	0		20 - 25
G Armitage - Non Executive Director (to 31st March 2022) (c)	10 - 15	0		10 - 15
S Lewis - Non Executive Director	10 - 15	0		10 - 15
A Chang - Non Executive Director	10 - 15	0		10 - 15
M Ahmed - Non Executive Director	10 - 15	0		10 - 15
Z Hussain - Non Executive Director (to 28th February 2022) (d)	10 - 15	0		10 - 15
A McGregor - Non Executive Director (from 1st March 2022) (e)	0 - 5	0		0 - 5
M Rawcliffe - Non Executive Director (from 1st March 2022) (f)	0 - 5	0		0 - 5
T Patten - Chief Executive	145 - 150	500	20 - 22.5	165 - 170
M Woodhead - Director of Finance, Contracting & Estates	130 - 135	0	32.5 - 35	160 - 165
S Knight - Director of Human Resources & Organisational Development (to 11th March 2022) (g)	115 - 120	0	87.5 - 90	200 - 205
B Champion - Interim Director of Human Resources & Organisational Development (from 28th February 2022) (h)	5 - 10	0	0	5 - 10
P Hogg - Director of Corporate Affairs	105 - 110	0	72.5 - 75	180 - 185
T Rycroft - Chief Information Officer	90 - 95	0	27.5 - 30	120 - 125
P Scott - Chief Operating Officer and Deputy Chief Executive (to 25th March 2022) (i)	115 - 120	6,100	0	125 - 130
T Mugwagwa - Interim Chief Operating Officer (from 14th	5 - 10	0	0	5 - 10

March 2022) (j)				
P Hubbard - Director of Nursing, Professions & Care Standards (k)	110 - 115	700	0	110 - 115
D Sims - Medical Director	120 - 125	400	12.5 - 15	130 - 135

Table 28: Remuneration information

NOTES:

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

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

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

(a) Carole Panteli covered the role of Interim Chair to 30th June 2022, then returned to her previous role as Non-Executive Director.

(b) Dr Linda Paterson OBE FRCP was appointed Chair from 1st July 2022.

(c) Andrew Chang left his role as Non-Executive Director on 31st December 2022.

(d) Christopher Malish was appointed as Non-Executive Director from 3rd January 2023.

(e) Sally Napper was appointed as Associate Non-Executive Director from 19th September 2022.

(f) Bob Champion was initially appointed Interim Director of Human Resources and Organisational Development from 28th February 2022 on a 6-month fixed term contract. He was appointed permanently to the renamed post of Chief People Officer from 27th June 2022. There are no pension related benefits for Bob, as he is already drawing his NHS Pension.

(g) Paul Hogg retired from his role as Director of Corporate Affairs on 3rd July 2022.

(h) Gilbert George was appointed as Interim Director of Corporate Affairs on 27th June 2022, and left this role on 31st October 2022.

(i) Tafadzwa Mugwagwa covered the role of Interim Chief Operating Officer until 30th September 2022. This appointment was a 6-month fixed term contract, on secondment from Hertfordshire Community NHS Trust. The salary shown in the remuneration table above reflects the costs agreed with Hertfordshire Community NHS Trust for his services.

(j) Kelly Barker was appointed Interim Chief Operating Officer from 1st October 2022.

(k) Iain MacBeath served as Director of Integration during 2022/23, 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 2022/23.

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 3.10% in 2022/23 (0.50% in 2021/22).

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

Remuneration Report for 2022/23

Pension Benefits:

Name and title	Real increase in pension at pension age (Bands of £2,500) £000	Real increase in Pension Lump sum at pension age (Bands of £2,500) £000	Total accrued pension at pension age at 31 March 2023 (Bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2023 (Bands of £5,000) £000	Cash Equivalent Transfer Value at 01 April 2022 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2023 £000
T Patten - Chief Executive	5 - 7.5	7.5 - 10	45 - 50	80 - 85	742	99	887
P Hubbard - Director of Nursing, Professions & Care Standards, and Deputy Chief Executive	5 - 7.5	12.5 - 15	55 - 60	160 - 165	1,093	141	1,284
M Woodhead - Director of Finance, Contracting & Estates	2.5 - 5	0	15 - 20	0	176	21	221
T Rycroft - Chief Information Officer	0 - 2.5	0	20 - 25	0	260	16	297
D Sims - Medical Director	0 - 2.5	0	55 - 60	160 - 165	1,234	44	1,334
P Hogg - Director of Corporate Affairs (a)	0	0	25 - 30	95 - 100	975	0	0
G George - Interim Director of Corporate Affairs (from 27th June to 31st October 2022) (b)	0 - 2.5	0	0 - 5	0	0	28	72
K Barker - Interim Chief Operating Officer (from 1st October 2022) (c)	0 - 2.5	0	0 - 5	5 - 10	29	1	44

Table 29: Pension information

NOTES:

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

(a) There is no Cash Equivalent Transfer Value at 31st March 2022 for Paul Hogg, as he took voluntary early retirement during the financial year. Paul retired as Director of Corporate Affairs on 3rd July 2022

(b) Gilbert George was appointed as Interim Director of Corporate Affairs on 27th June 2022, and left this role on 31st October 2022.

(c) Kelly Barker was appointed Interim Chief Operating Officer from 1st October 2022. Kelly rejoined the NHS Pension Scheme on 1st July 2022.

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

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

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.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

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 3.10% has been used in accordance with NHS Business Services Authority guidance in 2022/23 (0.50% in 2021/22).

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 David 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 2022-23 was £175,000 - £180,000 (2021-22, £145,000 - £150,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

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

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £18,045 to £224,304 (2021/22 £18,546 to £247,539). Two employees received remuneration in excess of the highest-paid Director in 2022/23.

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.

2022/23	25th Percentile	Median	75th Percentile
Total Remuneration (£)	23,177	32,934	40,681
Salary Component of Total	23,177	32,934	40,588
Pay Ratio Information	7.7	5.4	4.4
2021/22	25th Percentile	Median	75th Percentile
Total Remuneration (£)	21,777	31,534	39,027
Salary Component of Total	21,562	31,223	38,642
Pay Ratio Information	6.7	4.6	3.7

Table 30: 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 2022. Where employees work part time, the salary cost has been grossed up to the full time equivalent salary. The calculation in 2022/23 does include bank and agency staff, but were excluded in previous years.

Other remuneration information

The Trust is required to report on other remuneration related information. Exit packages for 2022/23 and 2021/22, and off payroll expenditure are shown in the note below. Expenditure on consultancy costs in 2022/23 was £858,060.

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.

The Trust had no exit packages in 2022/23 or 2021/22.

Off Payroll Engagements

In 2022/23, 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 2022 and 31 March 2023.



..... Date: 22 June 2023

Therese Patten
Chief Executive

Modern Day Slavery and Human Trafficking Act Annual Statement 2022/23

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

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

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



.....
Date: 22 June 2023

Dr Linda Patterson OBE FRCP
Chair of the Trust



.....
Date: 22 June 2023

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.

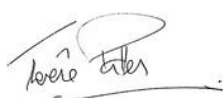
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- 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: 22 June 2023

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 2023 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, Professions and 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 and learning from deaths, 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 and Care Standards	Has delegated responsibility for management of the risk management operational processes and has joint responsibility with the Medical Director for quality and patient safety. In 2022/23 continued to have oversight of the Board Assurance Framework and took on the leadership of patient experience and involvement.
Chief Operating Officer	Has responsibility for ensuring that effective operational arrangements are in place throughout the Trust and across all sites, this includes the management of operational risks including those associated with the implementation and operation of the Mental Health Act and has been the COVID- 19 Incident Commander during the pandemic.
Director of Finance, Contracting and Estates	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. In 2022/23 took the leadership of 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 31: 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 work within the Trust and a refresher training on risk management on a 5-yearly basis. Since the onset of COVID, both induction and the refresher have been delivered to staff via e-learning but as we move out of COVID arrangements we will begin implementing face to face training as part of a hybrid offer to staff. 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).

The risk and control framework

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

A learning network is available on the Trust's intranet site, Connect. Identified learning is logged by month and by subject matter to enable access by staff. Learning can be logged at any point using a web-based risk management system. Learning is discussed at monthly Quality and Operational Care Group meetings and disseminated.

The Risk Management Policy and Procedure was ratified by the Senior Leadership Team in December 2019 and is currently out for consultation with approval and ratification due May 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 5x5 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 Continuity Plans
- Validation Exercise of Major Incident 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. Any learning identified because of incidents occurring is uploaded to the Trust's learning network, housed on Connect.

Board Assurance Framework and Organisational Risk Register

The Board Assurance Framework (BAF) identifies potential risks in relation to the Trust's strategic objectives. Each BAF risk is owned by a Director and is aligned to 1 or more Board Committee inline with their delegated responsibility from the Board.

Relevant BAF risks and their associated in-year ambitions, are discussed in detail at each Committee meeting, including approving changes to risk ratings based on the assurances and gaps identified. Committees provide a summary of these discussions and decisions via escalation and assurance reports to the Board. The Board receives the full BAF bi-monthly and will consider the assurances provided by Committees in relation to its content.

The Audit Committee has overall responsibility for the process, creating and managing the BAF on behalf of the Board. The strategic risks in the BAF for 2022/23 are as follows:

Strategic Objective	Strategic Risk	Management of Strategic Risk
Strategic Objective 1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery		
1.1 We will have an increased focus on embedding a curious practice in relation to lived experience and proactively seek out opportunities to make it easier for under-represented groups to influence decisions across our organisation, aligned to place and ICS involvement objectives	There is a risk that Your Voice Matters does not adequately respond to our post-COVID learning and digital ambitions, and is not enacted in a timely manner	The overall risk score has remained relatively stable at 12 versus a target score of 3. There was a 3 month period of elevated risk (16) between November and January.
1.2 We will create a variety of roles for people with lived experience (including young people) at all levels within the trust ensuring this important voice is considered in areas such as recruitment, transformation, service redesign and delivery, and quality improvement. We will play an active role in wider service user and Carer involvement plans across place/ICS.	There is a risk that we can only demonstrate a limited impact in achieving our ambitions.	The overall risk score has remained static at 12 versus a target score of 3
1.3 We will increase the number of volunteers and the diversity of	There is a risk that we will not have the capacity to	The overall risk score has

<p>their roles across the organisation. We will do this by making volunteering opportunities more accessible and attractive, including by developing pathways leading from volunteering and peer support roles to paid employment and opportunities to engage in professional career pathways.</p>	<p>deliver the key objectives of the volunteering strategy.</p>	<p>remained static at 12 versus a target score of 3</p>
<p>1.4 We will continue to focus on supporting patients and carers to be equal partners in their own care, focusing on areas such as patient-led care planning and shared decision making. We will ensure all parties to decisions have the right information on which to base those decisions and that our clinical systems and processes support our staff to embed this approach.</p>	<p>There is a risk that we fail to maximise the relationship between professionals and people we are working with resulting in patients and carers not being involved in their own care.</p>	<p>The overall risk score has remained static at 12 versus a target score of 3</p>
<p>Strategic Objective 2: Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive</p>		
<p>2.1 We will focus on embedding a compassionate and inclusive culture with accessible staff development programmes, a focus on talent management and ensuring staff are appropriately skilled and empowered to make decisions</p>	<p>If we don't embed a compassionate and inclusive culture, we may experience higher levels of staff disengagement, which may lead to increased turnover.</p>	<p>The overall risk score has remained static at 9 versus a target score of 4</p>
<p>2.2 We will continue to ensure staff are recognised and rewarded, sharing learning, celebrating success and supporting staff to share best practice</p>	<p>If we do not acknowledge, reward and celebrate achievements, we may see a subsequent reduction in morale and a negative impact on discretionary effort and increased turnover.</p>	<p>The overall risk score has remained static at 9 versus a target score of 4</p>
<p>2.3 We will continue to ensure staff have a voice that counts, and feel part of a team supporting people to be leaders in their own sphere through embedding of the Care Trust</p>	<p>If we do not support speaking out and inclusion, we will not have thriving staff networks and the Trust will not be able to demonstrate compliance</p>	<p>The overall risk score has remained static at 9 versus a target score of 4</p>

Way, encouraging engagement in formal and informal networks and strengthening our engagement between front line delivery of services and Board	with WRES and WDES standards.	
2.4 We will ensure our staff are safe and healthy, by continuing to strengthen our staff wellbeing offer, ensuring we provide and maintain safe working environments and that staff have the appropriate skills and training to work safely and effectively in a complex care environment.	If we do not support our staff to be safe and healthy, we may suffer from increased staff sickness absence and the negative impact that will have on service user care.	The overall risk score has remained static at 9 versus a target score of 4
Strategic Objective 3: Maximising the potential of services to deliver outstanding care to our communities		
3.1 We will continue to focus on innovation to improve our services where this is the right thing to do. Using the techniques and approaches of the Care Trust Way, we will facilitate every part of the organisation to move towards its own excellence, ensuring that we develop 'communities of care' around services on their improvement journey	There is a risk that targets are not sufficiently sensitive to recognise the progress made by individual services recognising their capacity to deliver change	The overall risk score has remained static at 12 versus a target score of 6
3.2 We will continue to focus on enhancing our approach to organisational learning, maximising our utilisation of data and intelligence, including staff and service user feedback, external (e.g. regulatory) feedback, learning from national guidance and enquiries, patient safety information, clinical outcomes and population health metrics to support decision making and shared learning	There is a risk that the data quality and maturity is insufficient to provide meaningful intelligence to support organisational learning	The overall risk score has remained static at 12 versus a target score of 6
3.3 We will continue to maximise opportunities to learn from and embed best practice, including benchmarking ourselves against other high performing organisations, maximising	There is a risk that operational pressures result in a lack of capacity to engage in and embed a culture of proactive learning across services	The overall risk score has remained static at 12 versus a target score of 6

opportunities to undertake research and put this into practice and engaging in local and national collaboratives with the intention of improving the care we deliver.		
3.4 Recognising the increased demand for services, we will work with our communities to understand the support people need to prevent further harm whilst waiting for services and to deliver this in partnership with organisations across 'place'.	There is a risk that there is an insufficient offer across place to prevent harm for people waiting for services	The overall risk score has decreased from 20 to 16 versus a target score of 16
Strategic Objective 4: Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions	Effective partnerships founded on strong relationships are the key to successful collaboration. There is a risk that without sufficient capacity to develop strong relationships, differences in the maturity of partnerships may result in lack of shared purpose, lack of clarity of communication and a misalignment of priorities.	The overall risk score has remained static at 9 versus a target score of 6
Strategic Objective 5: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient		
5.1 We will maximise our internal and external opportunities for efficiency through transformation and reduction of waste to deliver against our in-year and longer term financial plans; working with operational services to manage and contain cost pressures and demand; working alongside partners across system and place to ensure delivery of services that are value for money and make best use of the 'ICS pound'	If we do not maximise our opportunities to make effective use of our resources this may result in regulatory interventions, reputational damage and impacts on quality of services	The overall risk score has increased from 16 to 20 versus a target score of 12
5.2 We will embed environmental sustainability in everything we do to support the delivery of our	If we do not maximise our opportunities to make effective use of our	The overall risk score has remained static at

Green Plan targets and ultimate ambition to be a carbon net zero organisation	resources this may result in significant negative impact on our finances, quality of estates, wellbeing of our population and workforce and reputational damage	20 versus a target score of 4
Strategic Objective 6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS		
<p>6.1 Data & Analytics:</p> <p>1. To provide high quality data that is understood and can be confidently used and shared to support care delivery across our Place and the West Yorkshire Region.</p> <p>2. Use the same high-quality data to deliver self-service analytics and capabilities that are tailored to user roles and support decision making, performance management, quality improvement and a better understanding of our population.</p>	<p>Data quality is a key enabler to support the Trust towards improved decision making, performance management and quality improvement. The primary risk for data and analytics services is to ensure that the continued collaboration with the Trusts clinical and business stakeholders is maintained to drive effective and scalable data quality initiatives forward.</p> <p>There is also a degree of dependency in relation to SO6:6.2 Clinical systems Transformation</p>	The overall risk score has remained static at 12 versus a target score of 8
<p>6.2 Clinical Systems Transformation:</p> <p>1. To improve the overall user experience and maturity of the Trusts primary clinical information system (SystemOne)</p> <p>2. To achieve the minimum digital foundations (MDF) as set out by the national standards for EPR maturity.</p>	<p>Absence of a strategic and operational vision for SystemOne architecture design across care groups and services.</p> <p>Agreeing a framework for prioritisation and oversight (clinically led)</p> <p>Ongoing investment</p>	The overall risk score has remained static at 12 versus a target score of 8
<p>6.3 Patient Engagement & Digitally Enabled Care: To introduce inclusive digital solutions that empower people who use our services to care for themselves and to prevent ill health. Develop a digital service offer where virtual care solutions operate seamlessly with face-to-</p>	<p>Failure to engage with services and service users in the design and adoption of potential digital service offers which may lead to increased health inequalities caused by inequity of access</p>	The overall risk score has remained static at 12 versus a target score of 8

face care in a way that is appropriate to the needs of people who use our services.		
6.4 Digital Workforce/Workplace: (Employee Experience) a) To create a competent digital workforce (organisational level) by developing digital skills training, embedding the use of digital champions, and planning long term education strategies, such as Topol Review and supporting the Workforce strategy b) To provide the tools and capabilities to support a digital workplace and workforce requirements c) To harness develop and retain a digital and data workforce to support the organisation	<p>Failure to engage with staff may result in the training and education needs of the workforce being misunderstood, leading to barriers to digital literacy and capability.</p> <p>Absence of sufficient financial investment to support our digital workforce, workplace ambitions.</p>	The overall risk score has remained static at 12 versus a target score of 8
6.5 Digital Infrastructure and Security: We will strengthen our digital foundations by optimising and maintaining our digital infrastructure and security	Ongoing investment / Infrastructure, tools and capabilities and people.	The overall risk score has remained static at 12 versus a target score of 8

Table 32: Strategic risks in the BAF in 2022/23

The Strategic Objectives are currently being reviewed as part of the Trust's refresh of its overall Strategy, Better Lives, Together. This is due to be completed Summer 2023 and the BAF will be updated in response. In the meantime, the objectives will continue to be monitored in their current form.

Equality and Quality Impact Assessments

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

The following EQUAs were carried out by during the year:

Date of final review	Title of project undergoing EQIA	Details of Review Panel	Chair of Review Panel	Outcome
13 February 2023	<p><u>COVID/ IPC cost reductions for 2023/24</u></p> <p>£0.513m cost reductions have been identified from the following actions:</p> <ul style="list-style-type: none"> ➤ Portacabin used for staff testing returned February 2023 (end Feb 23) ➤ Staff testing team reduced to 2 members of staff from (end Feb 23) ➤ Reduce isolation period on admission to 3 days (Jan 23) ➤ LFTs to be used and occasional PCR if symptomatic (Jan 23) ➤ PPE: Trial of reusable masks/ limit PPE to clinical areas (Feb 23) ➤ Previous costs charged to COVID for locums/ food/ uniforms and WFH equipment to be funded 	Silver Command	Tim Rycroft	Initial review of all projects proposed indicated no requirement for further EQIA (see Appendix 1)

	from departmental budgets (March 23).			
3 March 2023	Revised Model Roster 3	Clinical Board	David Sims	The review identified risks were with the workforce not clinical quality, enhancements had been seen. Pipeline and flow would be key to keep a close eye on and would be monitored The EQUIA was approved
3 March 2023	Changes to COVID testing on admission to inpatient wards	Clinical Board	David Sims	The EQUIA was approved

Compliance with the NHS Foundation Trust condition 4 – governance arrangements

The Board has overall responsibility for the administration of sound corporate governance throughout the organisation. The NHS Foundation 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 with the exceptions as listed below:

D.1.1: Performance-related elements of the remuneration of Executive Directors. The Trust does not operate any performance-related bonus scheme for Executive Directors.

Workforce strategy and safer staffing

The Trust has a Workforce Strategy in place, with the Workforce and Equality Committee providing oversight of workforce development, workforce performance and planning as well as the governance and monitoring of progress on the implementation of the Trust’s People Development Strategy. Services are also developing local workforce plans aligning to and in collaboration with the Integrated Care System planning activity. Oversight has been maintained at the Board, and Quality and Safety Committee regarding nursing and midwifery staffing.

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

Compliance with Care Quality Commission (CQC) requirements

The Trust is fully compliant with the registration requirements of the CQC, and its current registration status is Requires Improvement. The CQC has not taken enforcement action against the Trust during 2022/23. During this period the trust has made no changes to its registration status with the CQC.

Conflicts of Interest management

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to 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 staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments 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 under equality, 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

In response to the COVID-19 pandemic, the Trust stepped up and operated an incident control structure (through Gold, Silver and Bronze cell meetings) to ensure resources were appropriately deployed. Year 3 of the pandemic saw a return of regular operating models for the Trust, whilst maintaining the incident control structure within the oversight arrangements. This has worked successfully during the year, in a responsive way to evolving situations such as Winter pressures, and industrial action, where the Trust was proactively able to increase oversight and decision-making arrangements through the existing structure, and continuing to work together with partners to respond accordingly. Work also took place to develop a Board Business Continuity Plan.

The Trust's resources are managed within an approved framework set by the Board, which includes Standing Financial Instructions, with an annual review and any subsequent updates reviewed in detail by the Audit Committee. Financial governance arrangements were supported by internal and external audit to ensure economic, efficient and effective use of resources.

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

Internal Audit and Counter Fraud

Internal Audit undertakes a review and reports on the risk management processes annually, reporting to the Audit Committee. This Committee has a timely reporting process in place to ensure that identified actions from audit reports are progressed to satisfactory conclusion through the implementation of the agreed recommendations. Internal Audit's opinion for 2022/23 (based upon and limited to the work performed) was that significant assurance would be given that there is a generally sound system of internal control, designed to meet the Trust's objectives, and that controls are generally being applied consistently.

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

Information governance

Any incidents and near misses are reported internally through the web-based incident reporting system and notified immediately to the Data Protection Officer. Incidents are logged on the 'Serious Incidents Requiring Investigation' section of the Data Security and Protection Toolkit and, if appropriate, with the Serious Incident Lead. Incident data is regularly reported to, and monitored by, the Information Governance Group, investigated and lessons learned shared. There were no incidents reported to the Information Commissioner's Office (ICO) and Department of Health and Social Care (DHSC) during 2022/23.

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:

- SystemOne (community services, mental health and learning disability services).
- PCMIS (MyWellbeing Improving access to psychological therapy services).
- 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 and corporate 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 managed via regular service reviews and local assessments, any data quality issues are dealt with at source, via additional system training or escalated to service and operational meetings.

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

Statement as to disclosure to auditors

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

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

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, clinical audit, managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. Any findings are reported to me, where I will seek assurance to ensure that lessons are learnt, and a plan to address weaknesses is in place, to ensure continuous improvement.

My review is informed in several other ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of the internal audit work. A significant assurance opinion has been given for 2022/23. There were 4 high assurance, 17 significant assurance and 0 limited assurance report. There has been 0 'no assurance' reports issued within the year, 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.

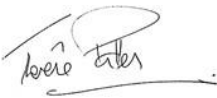
The Trust has established a governance, accountability, assurance and performance framework which sets out the Trust's overarching principles and approach to delivering a quality service. As a learning organisation, regular review of effectiveness takes place with the last commencing November 2022. The framework aims to ensure the Trust successfully delivers national standards for governance and performance through clear lines of accountability. The framework describes how the Trust will use information, alongside clear governance and accountability to deliver better performance and make decisions. The review, which has been approved by the Board, supports several actions taking place over the next year to introduce of a tiered performance management process which demonstrates rigour, support, challenge, timely escalation and a consistent approach at all levels of the organisation.

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

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

- Working in partnership to develop system-wide plans with stakeholders across both the Bradford and Craven District (Place), and the wider West Yorkshire System.
- Working in partnership to in the Mental Health Learning Disability and Autism Collaborative Committee in Common.
- Working in partnership to in the Community Collaborative Committee in Common.
- Working with partners in health and social care services in developing and considering business and service change. The Trust has a framework for managing change to services agreed as part of its contracts with its main commissioners. The Trust also has good relationships with Overview and Scrutiny Committees.
- Active relationships with Healthwatch and service user and carer groups, working with these groups on the management of service risks and change.
- Active engagement with Governors on strategic, service, and quality risks and changes including the setting of strategic priorities.

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



..... Date: 22 June 2023

Therese Patten
Chief Executive

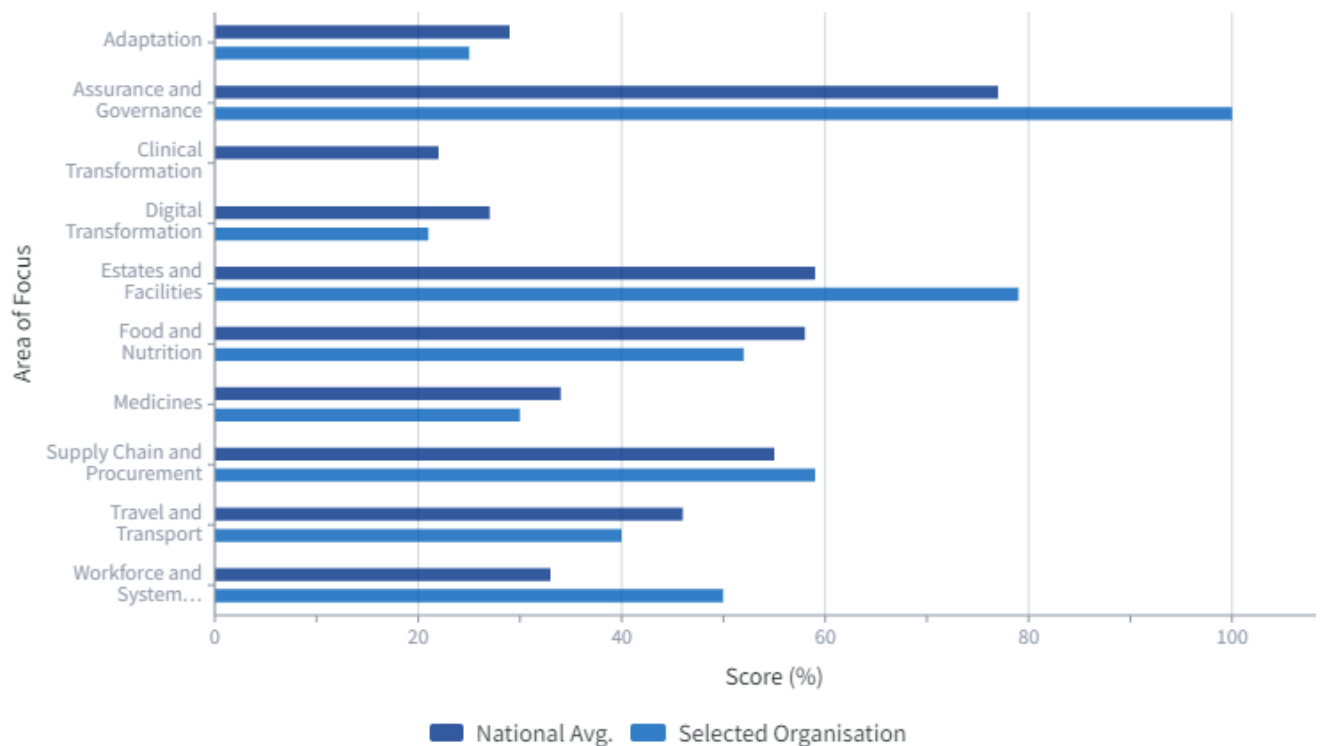
Our Sustainability report

In 2022/23 the Energy, Waste and Sustainability Team worked with staff colleagues across the Trust to embed the Green Plan within service delivery. More staff have been trained in Carbon Literacy, and the team have also delivered training to partners across the Integrated Care System.

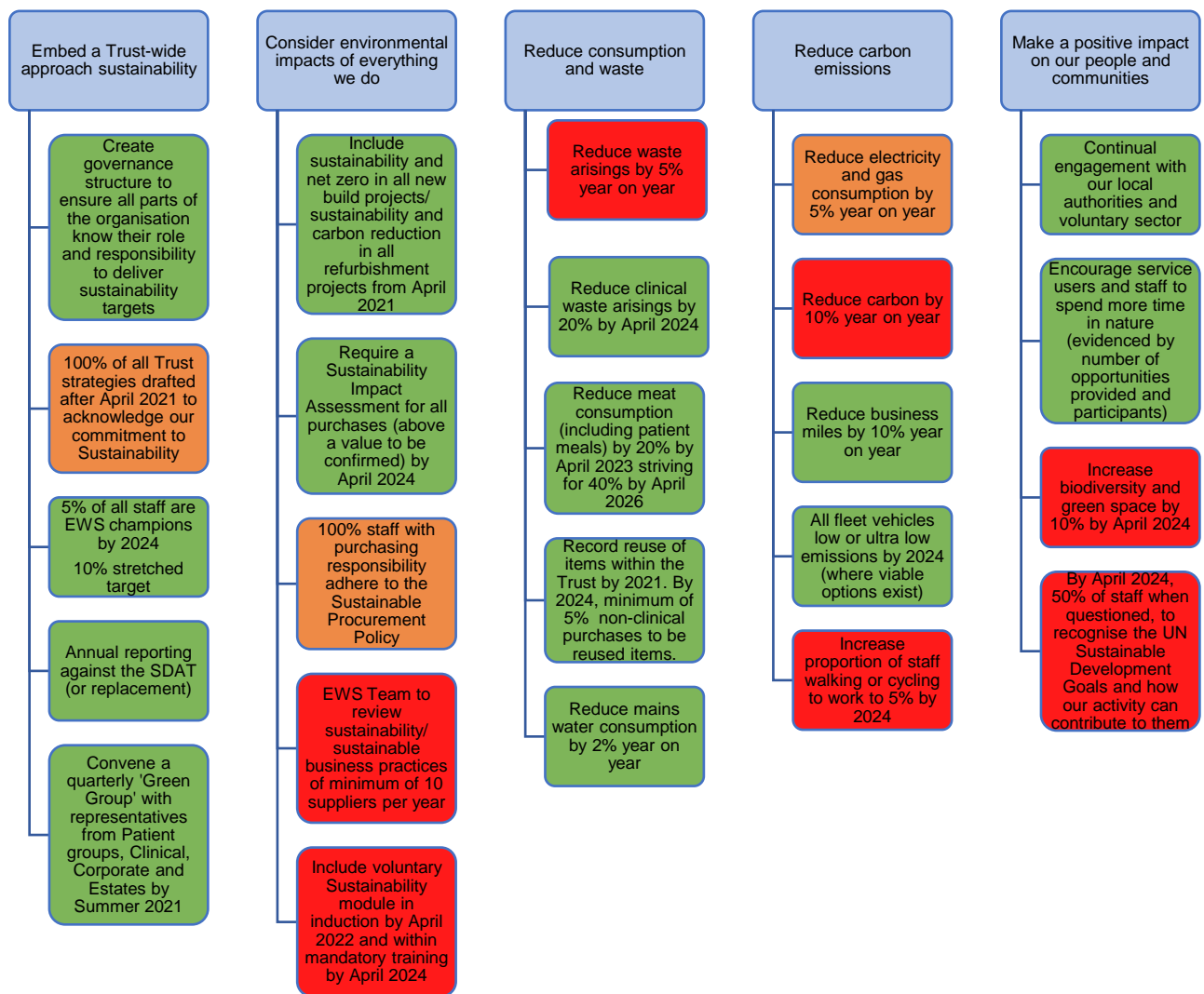
The Trust received significant assurance for an internal audit, which stated ‘the review confirmed that the Foundation Trust is demonstrating a commitment to minimising its adverse impact on the environment’. The Trust will follow up on the recommendations provided, including providing training for the Trust’s Non-Executive Directors in 2023/24.

Our Green Plan

The national Greener NHS team launched a Green Plan Support Tool pilot in 2022/23, which the Trust used to complete a self-assessment. The Trust scored favourably compared with other pilot organisations as the chart shows. A key area of improvement is clinical transformation; however engagement with transformation leads will support change in 2023/24.



Progress towards our own Green Plan targets is continuing, as shown by the rated table below. We will revisit all targets during 2023 as part of the revision of the Green Plan in 2024.

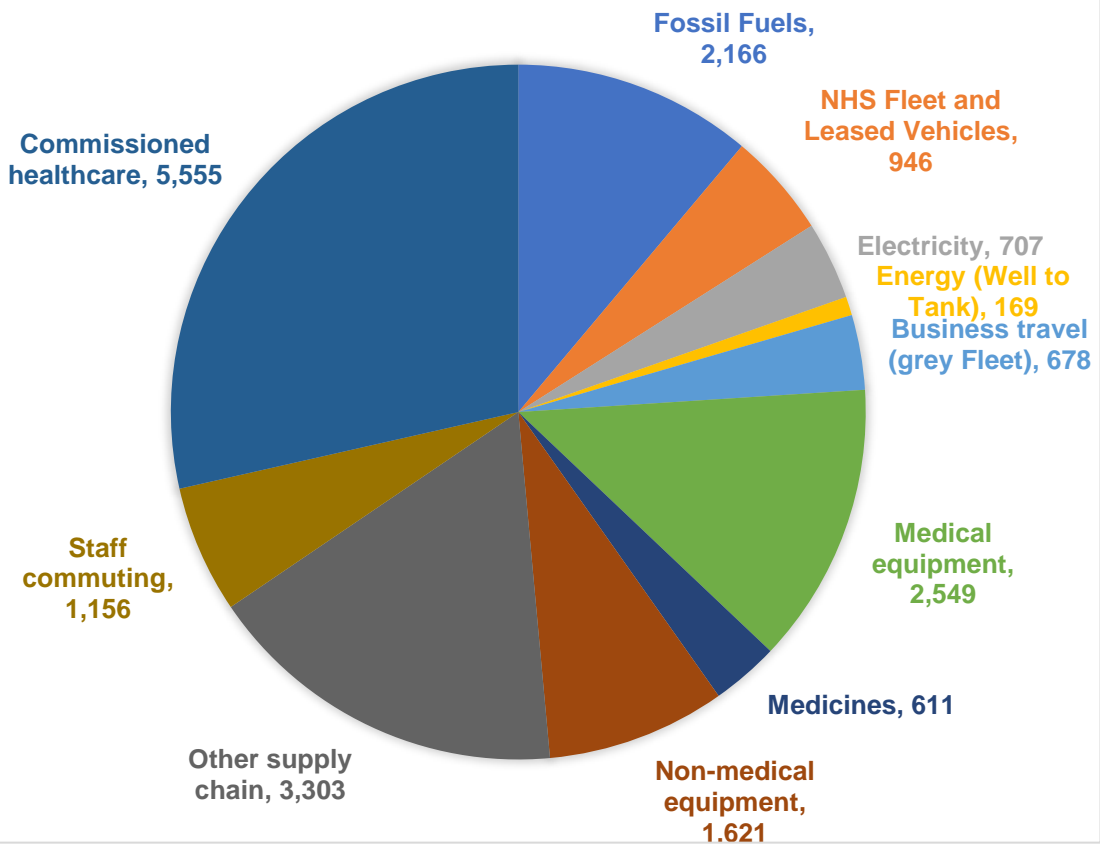


Carbon emissions

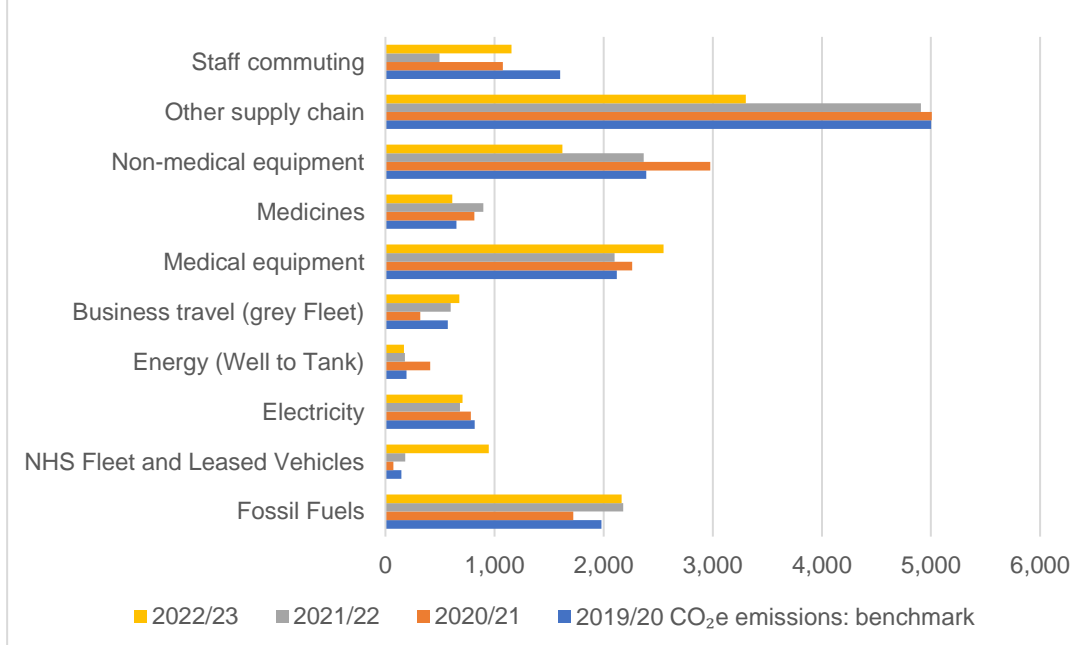
Our actual carbon emissions for 2022/23 have reduced compared to the previous year, from 21,070 to 19,486 t/CO₂e and the emissions per employee has reduced from 7.14t to 6.51 t/CO₂e. This is great news however we have still missed our annual target and without significant change, we will continue to miss our targets. The absolute emissions mask some significant variation, for example emissions associated with our gas and electricity use have risen, as have our business travel and fleet emissions. Our NHS Carbon Footprint Plus emissions (Scope 3) have fallen significantly from previous years which compensates for the increase in emissions within our control.

During 2023/24, the Sustainability Team will be interrogating the data in more detail with support of consultants, to enable the Trust to have a more accurate understanding of our emissions, and if need be, readjust our targets within the next Green Plan.

2022/23 CARBON EMISSIONS (T/CO2E)



Trust carbon emissions 2019-2023



*water and waste have been excluded from the above 2 charts due to their small contribution to the overall emissions.

Heat decarbonisation

Further consultancy work has been undertaken to support plans for heat decarbonisation, particularly at Airedale Centre for Mental Health and New Mill. This will continue in 2023 to ensure we understand electrical capacity requirements, install requirements and timelines and project costs for air source heat pumps to replace gas boilers prior to commencing a capital project.

Onsite energy generation

The solar panels at the Trust continued to generate renewable electricity at Lynfield Mount Hospital was 51,448kWh (1.7% of site electricity needs) and at Airedale Centre for Mental Health 20,244kWh was generated which is 6% of their needs. Additional solar panels have been installed at Airedale Centre for Mental Health this year, which will be operational in 2023/24 taking the generation potential to more than 10% of the building.



Energy Efficiency

Replacement LED lighting at New Mill has resulted in 9% lower consumption in 2022/23 than 2021/22, this is despite an expected increase in footfall as more staff colleagues returned to the office.

Display Energy Certificate Performance

The Trust has 6 properties over 1,000m² requiring annual Display Energy Certificate (DECs). All 6 have either a C or D rating. A performance rating of 100 (grade D) is typical performance compared with other buildings of the same type and use. As previously, small improvements have been made in performance, but this has not changed the overall rating. For example, the energy efficiency measures at New Mill mentioned above, have helped to reduce the rating for this building from 64 to 60. All other buildings for which we are required to complete a DEC, are also grade D.

Waste and resources

Trust clinical waste arising has reduced since the height of the pandemic. The introduction of offensive (non-infectious) waste on the wards has helped to improve compliance with correct segregation and reduced the carbon impact of waste. Offensive waste is no longer landfilled, instead creating energy from waste. Improvement of segregation in community settings will be a focus for 2023/24.

Trust recycling figures have increased but unfortunately general waste arisings have increased even more, meaning our recycling rate is only 29%. During the coming year, the Waste Team will encourage staff to reduce waste and not simply recycle.

A good news story is the success of Warp-it, an online reuse platform which has saved the Trust over £80,000 and 46.7 tonnes CO₂e in 2022/23 by sharing items between teams and donating surplus items to local charities.

Climate Change Adaptation

A joint Climate Change Adaptation Action Plan (lead by the Trust) with Airedale General Hospitals Trust and Bradford Teaching Hospitals Trust completed Spring 2023. This includes consideration of key risks, predominantly heatwaves and flooding. Activity during 2023 will aim to raise awareness of the need for Adaptation as well as practical changes we can make to the estate and service delivery.

Future priorities

2023/24 priorities include:

- Improve segregation of clinical waste in community settings.
- Trial of reusable face masks to reduce the volume of personal protective equipment waste.
- Increased service user engagement, in particular opportunities to co-develop sustainable menus within inpatient sites.
- New solar panels installed at Moorlands View.
- Continued work on heat decarbonisation, prioritising Airedale Centre for Mental Health.
- Assess air pollution at Lynfield Mount as part of the Clean Air activities.
- Improving access and affordability for public transport for staff colleagues.

Annual Accounts – summary of financial statements

Foreword to the accounts for Bradford District Care NHS Foundation Trust

These accounts, for the year ended 31 March 2023, 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.



..... Date: 22 June 2023

Therese Patten
Chief Executive

Statement of Comprehensive Income

		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	3	198,098	184,446
Other operating income	4	12,556	13,122
Operating expenses	5, 7	<u>(210,476)</u>	<u>(195,599)</u>
Operating surplus/(deficit) from continuing operations		<u>178</u>	<u>1,969</u>
Finance income	9	714	20
Finance expenses	9	(170)	(62)
PDC dividends payable		<u>(680)</u>	<u>(562)</u>
Net finance costs		<u>(136)</u>	<u>(604)</u>
Surplus for the year before impairment accounted for through statement of comprehensive income		42	1,365
Impairments charged to statement of comprehensive income		<u>395</u>	<u>(3,356)</u>
Surplus / (deficit) for the year		<u><u>437</u></u>	<u><u>(1,991)</u></u>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(876)	-
Revaluations	14	<u>344</u>	<u>260</u>
Total comprehensive income / (expense) for the period		<u><u>(95)</u></u>	<u><u>(1,731)</u></u>

Statement of Financial Position

		31 March 2023 £000	31 March 2022 £000
	Note		
Non-current assets			
Intangible assets	11	115	371
Property, plant and equipment	12	46,756	44,221
Right of use assets	15	11,626	-
Receivables	17	55	114
Total non-current assets		58,552	44,706
Current assets			
Inventories	16	81	122
Receivables	17	11,434	5,051
Cash and cash equivalents	19	30,007	34,659
Total current assets		41,522	39,832
Current liabilities			
Trade and other payables	20	(29,172)	(24,782)
Borrowings	21	(3,074)	(352)
Provisions	22	(1,232)	(1,385)
Total current liabilities		(33,478)	(26,519)
Total assets less current liabilities		66,596	58,019
Non-current liabilities			
Borrowings	21	(9,450)	(844)
Provisions	22	(565)	(801)
Total non-current liabilities		(10,015)	(1,645)
Total assets employed		56,580	56,373
Financed by			
Public dividend capital		37,374	37,072
Revaluation reserve		7,326	7,858
Other reserves		10,196	10,196
Income and expenditure reserve		1,684	1,247
Total taxpayers' equity		56,580	56,373

The notes on the following pages form part of these accounts.



Name
Position
Date

Therese Patten
Chief Executive Officer
22 June 2023

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

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

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	35,327	7,598	10,196	3,238	56,359
Surplus/(deficit) for the year	-	-	-	(1,991)	(1,991)
Revaluations	-	260	-	-	260
Public dividend capital received	1,745	-	-	-	1,745
Taxpayers' and others' equity at 31 March 2022	37,072	7,858	10,196	1,247	56,373

Information on reserves

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

	2022/23	2021/22
Note	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	573	(1,387)
Non-cash income and expense:		
Depreciation and amortisation	5 5,704	2,797
Net impairments	6 (395)	3,356
(Increase) / decrease in receivables and other assets	(6,427)	895
(Increase) / decrease in inventories	41	(31)
Increase / (decrease) in payables and other liabilities	4,339	3,616
Increase / (decrease) in provisions	(389)	(457)
Net cash flows from / (used in) operating activities	<u>3,446</u>	<u>8,789</u>
Cash flows from investing activities		
Interest received	714	20
Purchase of PPE and investment property	(5,336)	(6,150)
Net cash flows from / (used in) investing activities	<u>(4,622)</u>	<u>(6,130)</u>
Cash flows from financing activities		
Public dividend capital received	302	1,745
Capital element of lease liability repayments	(2,825)	-
Capital element of PFI, LIFT and other service concession payments	(352)	(337)
Interest paid on PFI, LIFT and other service concession obligations	(47)	(62)
PDC dividend (paid) / refunded	(554)	(27)
Net cash flows from / (used in) financing activities	<u>(3,476)</u>	<u>1,319</u>
Increase / (decrease) in cash and cash equivalents	(4,652)	3,978
Cash and cash equivalents at 1 April - brought forward	34,659	30,681
Cash and cash equivalents at 31 March	19 <u>30,007</u>	<u>34,659</u>

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 2022/23 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. The directors have a reasonable expectation that this will continue to be the case.

The Trust has delivered the agreed breakeven plan for 2022/23 with a small surplus of £0.04 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 £30 million cash balances at the year-end.

After consideration of the funding agreed through 2023/24 commissioning contracts, including reduced COVID allocations, investment in Mental Health services and the risk assessment of the efficiency programme the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, these accounts have been prepared on a going concern basis.

Note 1.3 Interests in other entities

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

From 2013/14 NHS Trusts were required to consolidate the results of Charitable Funds over which they considered they had the power to exercise control in accordance with International Accounting Standards (IAS) 27 requirements. The Trust is not required to consolidate as the value of the Bradford District Care Foundation Trust Charitable Fund is not material.

The Trust is the Corporate Trustee of the Charity and is governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 1993, as amended by the Charities Act 2011. The Trust Board of Directors has devolved responsibility for the ongoing management of the funds to the Charitable Funds Committee, which administers the funds on behalf of the Corporate Trustees.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The timing of the satisfaction of performance obligations relates to the typical timing of payment (i.e. credit terms). Due to the nature of the Trust's block contract arrangement with commissioners, there is no impact to revenue recognition under IFRS 15.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is in the form of block contract arrangements. The Trust also receives additional income outside of the block payments to reimburse specific costs incurred to support the delivery of services.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) scheme. Delivery under these schemes is part of how care is provided to patients. As such CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment for these schemes are included in fixed payments from commissioners based on assumed achievement of criteria.

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.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

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 consolidated 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 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

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

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

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

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

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

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

Note 1.11 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic

benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Amortisation

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

Useful lives of intangible assets

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

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

Note 1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation of the fair value due to the low levels and turnover of stocks.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.13 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.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 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 (Office of National Statistics).

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and liabilities are classified as subsequently measured at amortised cost, through income and expenditure.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

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

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

Derecognition

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

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

Note 1.15 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 include 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 0.95% is applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

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

Subsequent measurement

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

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

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sub-lease is determined with reference to the right of use asset arising from the headlease.

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.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

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

The Trust as lessee

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

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where a Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 1.16 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 2023:

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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 1.17 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 1.18 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.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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 of the audit of the annual accounts.

Note 1.19 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 1.20 Corporation tax

The Trust is not within the scope of Corporation Tax.

Note 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 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 1.23 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 1.24 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 1.25 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 2022/23.

Note 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

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 2022/23.

Standards issued or amended but not yet adopted in FReM	
IFRS 14 Regulatory Deferral Accounts	Not EU-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2023: early adoption is not permitted.

The preparation of the financial information, in conformity with IFRS, requires management to make judgements, estimates and assumptions that affect the application of policies and the reported amounts of income and expenses and of assets and liabilities. The estimates and assumptions are based on historical experience and other factors that are believed to be reasonable under all the circumstances. Actual results may vary from estimates. The estimates and assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision only affects that period, or in the period of the revision of future periods, where the revision affects both current and future periods.

Note 1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The asset valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023. 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.

The UK and other countries continue to experience heightened uncertainty due to a number of factors. Inflationary pressures continue to weigh on the economy and whilst having peaked still remain at high levels having a very material effect on higher cost of living expenses. Base rates have increased rapidly to combat the inflationary conditions and the expectation is for further rises still to come. Whilst the UK is now expected to escape a recession, despite this having been widely predicted, it is clear that economic conditions remain challenging in the short to medium term. In recognition of the potential for market conditions to move rapidly in response to wider political and economic changes, we highlight the importance of the Valuation Date as it is important to understand the market context under which the valuation opinion was prepared.

Note 2 Operating Segments

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

A significant Segment is one which:-

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

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

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

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2022/23	2021/22
	£000	£000
Mental health services		
Income from commissioners under API contracts ¹	110,744	110,275
Services delivered under a mental health collaborative	6,489	2,756
Other clinical income from mandatory services	2,392	805
Ambulance services		
Community services		
Income from commissioners under API contracts ¹	49,134	45,045
Income from other sources (e.g. local authorities) ²	16,946	19,808
All services		
Elective recovery fund	-	1
Agenda for change pay award central funding ³	6,293	-
Additional pension contribution central funding ⁴	6,100	5,756
Total income from activities	<u>198,098</u>	<u>184,446</u>

All income from patient care activities is classed as commissioner requested services (CRS).

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

The main source of movement for API contracts relates to:

- Annual tariff uplift amounted to £6.1m, of which £4.9m relates to funding for the 2022/23 consolidated pay inflation (including National Insurance changes);
- Full year effect of Mental Health collaborative contract income is now reflected in the respective heading above, which has reduced API contracts by £3.7m;
- Income deferred from 2021/22 to 2022/23 of £3.1m;
- National funding to support COVID costs reduced by 57% (£5m) in 2022/23; and
- Additional investment which has been made in line with the Mental Health Investment Standard of £2.3m.

² Wakefield Public Health 0-19 services were de-commissioned from 1st October 2022, reducing income for the 6 month period by £3.6m. A further reduction in income will be reported in 2023/24 for the full year effect of the de-commissioned contract.

³ In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

⁴ The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2022/23	2021/22
	£000	£000
Income from patient care activities received from:		
NHS England ^{3 4 5}	19,208	15,134
Clinical commissioning groups	39,765	145,943
Integrated care boards	113,571	-
Other NHS providers ⁵	7,959	3,097
NHS other	-	288
Local authorities	16,492	19,150
Non-NHS: overseas patients (chargeable to patient)	17	2
Non NHS: other	1,086	832
Total income from activities	<u>198,098</u>	<u>184,446</u>
Of which:		
Related to continuing operations	198,098	184,446

⁵ Other NHS Providers income includes the full year effect for the transfer of commissioning responsibilities for the Adult Secure Services Provider Collaborative from NHS England to South West Yorkshire Mental Health Partnership NHS Foundation Trust.

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

	2022/23	2021/22
	£000	£000
Income recognised this year	17	2
Cash payments received in-year	4	1

Note 4 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,076	-	1,076	983	-	983
Education and training	4,755	479	5,234	4,124	336	4,460
Non-patient care services to other bodies	4,123		4,123	3,113		3,113
Reimbursement and top up funding	533		533	2,886		2,886
Charitable and other contributions to expenditure ¹		230	230		324	324
Other income	1,360	-	1,360	1,356	-	1,356
Total other operating income	11,847	709	12,556	12,462	660	13,122

Of which:

Related to continuing operations			12,556			13,122
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¹ £230k relates to a non-cash gain in income for centrally procured consumables, including personal protective equipment (PPE). PPE and consumable items received by Trusts are considered a transfer of resources akin to a 'government grant relating to income' in IAS 20. After recognising the items in inventory, the Trust records a charge to operating expenditure when items are utilised. For centrally-procured inventory items as part of the pandemic response, the charge to national revenue budgets will be recognised by the Department upon purchase.

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

The Trust had no asset disposals during 2022/23.

Note 5 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,789	2,212
Purchase of healthcare from non-NHS and non-DHSC bodies	8,428	11,901
Staff and executive directors costs ¹	168,433	152,405
Remuneration of non-executive directors	142	128
Supplies and services - clinical (excluding drugs costs)	5,649	5,065
Supplies and services - general	1,441	2,450
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,828	1,351
Consultancy costs	858	472
Establishment	3,723	2,515
Premises ²	4,823	6,497
Transport (including patient travel)	623	585
Depreciation on property, plant and equipment and right of use assets	5,448	2,540
Amortisation on intangible assets	256	257
Net impairments ³	(395)	3,356
Movement in credit loss allowance: all other receivables and investments	4	(6)
Change in provisions discount rate(s)	(173)	-
Fees payable to the external auditor;		
Audit services- statutory audit	118	84
Internal audit costs	104	103
Clinical negligence	456	421
Legal fees	388	109
Insurance	240	266
Research and development - staff costs ¹	638	596
Research and development - non-staff	627	616
Education and training ⁴	2,390	1,158
Expenditure on short term leases (current year only)	30	-
Variable lease payments not included in the liability (current year only)	38	-
Operating lease expenditure (comparative only) ²	-	2,976
Redundancy ¹	167	153
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	406	330
Losses, ex gratia & special payments	220	31
Other	382	384
Total	<u>210,081</u>	<u>198,955</u>
Of which:		
Related to continuing operations	210,081	198,955

Note 5.1 Other auditor remuneration

There is no other auditor remuneration paid to auditors during 2022/23.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2021/22: £1 million).

Note 6 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(395)	3,356
Total net impairments charged to operating surplus / deficit	(395)	3,356
Impairments charged to the revaluation reserve	876	-
Total net impairments	481	3,356

Accounting policy 1.9 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 2022/23 revaluation exercise and revised approach as described above.

Property, Plant & Equipment	Impairments	Reversal of Previous Impairments	Total
	£000	£000	£000
<u>Buildings excluding dwellings:</u>			
Airedale Centre for Mental Health		(318)	(318)
Lynfield Mount Hospital - Whole site	344	(563)	(219)
New Mill, Saltaire	330		330
Others		(60)	(60)
<u>Land</u>			0
Airedale Centre for Mental Health	15		15
Lynfield Mount Hospital - Whole site	585		585
New Mill, Saltaire	40		40
Others	108		108
Total	1,422	(941)	481

Note 7 Employee benefits

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages ¹	122,782	109,616
Social security costs ²	13,018	10,815
Apprenticeship levy ³	596	534
Employer's contributions to NHS pensions ⁴	20,088	18,932
Temporary staff (including agency)	13,608	14,049
Total staff costs	170,092	153,946
Of which		
Costs capitalised as part of assets	854	792
Total staffing costs in Operating Expenditure - note 5	169,238	153,154

The Trust salaries and wages costs include £548k relating to permanent staff who are on secondment to other external organisations (£532k in 2021/22).

¹Salaries and wages costs have increased by £13.1m: the main movements relate to the national pay settlement for 2022/23 of £12.8m (£6.1m consolidated pay award and £6.7m non-consolidated pay award); additional investment for Mental Health services of £3m; and a reduction in costs for Wakefield Services that were de-commissioned from 1st October 2022 of £2.7m.

² Employers National insurance costs mainly increased by £0.9m due to the increased contribution rate in April 2022 (which was later revoked). All other cost increases are aligned to national pay uplift for 2022/23. Non consolidated pay awards are subject to employers national insurance contributions, which are £0.8m.

³ 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.

⁴ The increase in Employers contributions to NHS pensions is aligned to the national pay uplift for 2022/23. Non consolidated pay awards are not subject to employer pension contributions.

Note 7.1 Retirements due to ill-health

During 2022/23 there were 7 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £425k (£255k in 2021/22).

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 two 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 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 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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 2023, the Trust made contributions totalling £81,139 into the NEST fund (£70,653 in 2021/22).

Note 9 Finance income

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

	2022/23	2021/22
	£000	£000
Interest on bank accounts	714	20
Total finance income	714	20

Note 9.1 Finance expenditure

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

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on lease obligations ¹	123	-
Main finance costs on PFI and LIFT schemes obligations	47	62
Total interest expense	170	62

¹ Interest on the lease obligation in 2022/23, relates to those leases now accounted for under IFRS16. Adapted and interpreted for the public sector by HM Treasury and has been applied to these financial statements with an initial application date of 1 April 2022.

Note 9.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

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

Note 10 Other gains / (losses)

There were no disposal of assets in 2022/23.

Note 11 Intangible assets - 2022/23

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	208	769	977
Valuation / gross cost at 31 March 2023	<u>208</u>	<u>769</u>	<u>977</u>
Amortisation at 1 April 2022 - brought forward	104	502	606
Provided during the year	104	152	256
Amortisation at 31 March 2023	<u>208</u>	<u>654</u>	<u>862</u>
Net book value at 31 March 2023	-	115	115
Net book value at 1 April 2022	104	267	371

Note 11.1 Intangible assets - 2021/22

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2021 - as previously stated	208	769	977
Valuation / gross cost at 31 March 2022	<u>208</u>	<u>769</u>	<u>977</u>
Amortisation at 1 April 2021 - as previously stated	-	349	349
Provided during the year	104	153	257
Amortisation at 31 March 2022	<u>104</u>	<u>502</u>	<u>606</u>
Net book value at 31 March 2022	104	267	371
Net book value at 1 April 2021	208	420	628

Note 12 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant machinery £000	& Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2022 - brought forward	6,394	32,947	-	2,351	289	20,142	1,739	63,862
Additions	-	2,944	-	210	61	2,149	-	5,364
Impairments	(748)	(674)	-	-	-	-	-	(1,422)
Reversals of impairments	-	941	-	-	-	-	-	941
Revaluations	-	(685)	-	-	-	-	-	(685)
Valuation/gross cost at 31 March 2023	5,646	35,473	-	2,561	350	22,291	1,739	68,060
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	1,386	289	16,507	1,459	19,641
Provided during the year	-	1,029	-	179	-	1,287	197	2,692
Revaluations	-	(1,029)	-	-	-	-	-	(1,029)
Accumulated depreciation at 31 March 2023	-	-	-	1,565	289	17,794	1,656	21,304
Net book value at 31 March 2023	5,646	35,473	-	996	61	4,497	83	46,756
Net book value at 1 April 2022	6,394	32,947	-	965	-	3,635	280	44,221

Note 12.1 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant machinery £000	& Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2021 - as previously stated	6,373	32,696	1,263	2,307	289	18,640	1,654	63,222

Additions	-	4,380	-	44	-	1,502	85	6,011
Impairments	-	(3,573)	-	-	-	-	-	(3,573)
Reversals of impairments	-	217	-	-	-	-	-	217
Revaluations	21	(2,036)	-	-	-	-	-	(2,015)
Reclassifications	-	1,263	(1,263)	-	-	-	-	-
Valuation/gross cost at 31 March 2022	6,394	32,947	-	2,351	289	20,142	1,739	63,862
Accumulated depreciation at 1 April 2021 - as previously stated	-	1,286	-	1,196	289	15,365	1,240	19,376
Provided during the year	-	989	-	190	-	1,142	219	2,540
Revaluations	-	(2,275)	-	-	-	-	-	(2,275)
Accumulated depreciation at 31 March 2022	-	-	-	1,386	289	16,507	1,459	19,641
Net book value at 31 March 2022	6,394	32,947	-	965	-	3,635	280	44,221
Net book value at 1 April 2021	6,373	31,410	1,263	1,111	-	3,275	414	43,846

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 the skills and understanding to undertake the valuation competently. As Partners Cushman & Wakefield has overall responsibility for the valuation and are in a position to provide an objective and unbiased valuation and are competent to undertake the valuation. Finally, we confirm that they 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 2022/23 provided asset valuations effective as at 31st March 2023. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate decrease of £0.137m; of which £0.532m was charged to the Revaluation Reserve, with a £0.395m net credit 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 2022/23 accounts is consistent with that used in 2021/22.

	TOTAL	Charged Statement Comprehensive Income	to of	Charged Revaluation Reserve	to
Asset Revaluation Exercise	March 2023 £000	March 2023 £000		March 2023 £000	
<u>Buildings excluding dwellings:</u>					

Airedale Centre for Mental Health Lynfield Mount Hospital	360	318	42
Whole site	399	348	51
New Mill, Saltaire	(330)	(330)	-
Others	182	59	123
Land			
Airedale Centre for Mental Health Lynfield Mount Hospital	(15)	-	(15)
Whole site	(585)	-	(585)
New Mill, Saltaire	(40)	-	(40)
Others	(108)	-	(108)
SUBTOTAL (Impairment) / Valuation Increase	(137)	395	(532)
Comprising:			
Impairment charged to I&E	395		
Impairment to Revaluation Reserve	(532)		
TOTAL (Impairment) / Valuation Increase	(137)		

Revaluation Reserve

The Trust's Revaluation Reserve decreased by £532k during 2022/23 as a result of the March 2023 asset revaluation exercise. The movements in the Revaluation Reserve are shown in the table below:

	£000
Revaluation Reserve 01/04/2022	7,858
Asset Revaluation 31/03/2023 - Impairments	(876)

Asset Revaluation	
31/03/2023 - Increases	344
Revaluation Reserve	
31/03/2023	7,326

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

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

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

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

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

Note 15.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - adjustments for existing operating leases / subleases	14,182	92	14,274	11,959
Additions	148	-	148	148
Disposals / derecognition	(40)	-	(40)	-
Valuation/gross cost at 31 March 2023	14,290	92	14,382	12,107
Provided during the year	2,696	60	2,756	2,137

Accumulated depreciation at 31 March 2023	2,696	60	2,756	2,137
Net book value at 31 March 2023	11,594	32	11,626	9,970
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				9,970

Note 15.2 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.

	2022/23
	£000
Carrying value at 31 March 2022	-
IFRS 16 implementation - adjustments for existing operating leases	14,274
Lease additions	148
Interest charge arising in year	123
Early terminations	(40)
Lease payments (cash outflows)	(2,825)
Carrying value at 31 March 2023	11,680

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 15.3 Maturity analysis of future lease payments at 31 March 2023

	Total	Of	which
	31 March	leased	from
	2023	DHSC	group
	£000	bodies:	March
		31	2023
		£000	
Undiscounted future lease payments payable in:			
- not later than one year;	2,707	2,135	
- later than one year and not later than five years;	8,973	7,881	
Total future lease payments	11,680	10,016	
Of which:			
Leased from other NHS providers		-	
Leased from other DHSC group bodies		10,016	

Note 15.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22	
	£000	
Operating lease expense		
Minimum lease payments	2,976	
Total	2,976	
		31 March
		2022
		£000
Future minimum lease payments due:		
- not later than one year;	2,691	
- later than one year and not later than five years;	4,951	
Total	7,642	

Note 15.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	7,642
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	7,514
Less:	
Commitments for short term leases	(248)
Other adjustments:	
Differences in the assessment of the lease term	6,405
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	603
Total lease liabilities under IFRS 16 as at 1 April 2022	14,274

Note 16 Inventories

	31 March	31 March
	2023	2022
	£000	£000
Drugs	71	107
Energy	10	15
Total inventories	81	122

Inventories recognised in expenses for the year were £271k (2021/22: £327k). There are no write-down of inventories recognised as expenses for the year.

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £230k of items purchased by DHSC (2021/22: £324k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 17 Receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables ¹	9,517	2,939
Allowance for other impaired receivables	(97)	(93)
Prepayments (non-PFI)	1,074	1,319
PDC dividend receivable	-	103
VAT receivable	833	676
Other receivables	107	107
Total current receivables	<u>11,434</u>	<u>5,051</u>
Non-current		
Other receivables	55	114
Total non-current receivables	<u>55</u>	<u>114</u>
Of which receivable from NHS and DHSC group bodies:		
Current ¹	8,406	1,869
Non-current	55	114

¹ Contract Receivables includes the nationally calculated income relating to the non-consolidated pay offer for 2022/23 made by the Government in March 2023 of £6.3m. Payment will be made by NHS England and is subject to unions and their members accepting the pay proposal.

Note 17.1 Allowances for credit losses

	2022/23		2021/22	
	All	other	All	other
	receivables		receivables	
	£000		£000	
Allowances as at 1 April - brought forward	93		99	
New allowances arising	-		(6)	
Changes in existing allowances	4		-	
Allowances as at 31 Mar 2023	<u>97</u>		<u>93</u>	

Note 17.2 Exposure to credit risk

The Trust receives the majority of its income from 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 2022/23.

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.

	2022/23	2021/22
	£000	£000
At 1 April	34,659	30,681
Net change in year	(4,652)	3,978
At 31 March	30,007	34,659
Broken down into:		
Cash at commercial banks and in hand	146	78
Cash with the Government Banking Service	29,861	34,581
Total cash and cash equivalents as in SoFP	30,007	34,659
Total cash and cash equivalents as in SoCF	30,007	34,659

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	31 March
	2023	2022
	£000	£000
Bank balances	75	79
Total third party assets	75	79

Note 20 Trade and other payables

	31 March	31 March
	2023	2022
	£000	£000
Current		
Trade payables ¹	5,780	4,608
Capital payables	380	352
Accruals ²	15,090	9,515
Receipts in advance and payments on account ³	1,864	3,986
Social security costs	1,613	1,589
Other taxes payable	1,364	1,215
PDC dividend payable	23	-
Pensions contributions payable	1,880	1,817
Other payables	1,178	1,700
Total current trade and other payables	29,172	24,782

Of which payables from NHS and DHSC group bodies:

Current ³	2,178	4,243
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¹ The higher level of Trade Payables relates mainly to invoices outstanding in March that have been paid in the new financial year 2023/24.

² The main increase in Accruals, relates to the 2022/23 Agenda for Change non-consolidated pay offer of £6.7m.

³ Receipts in advance relates to income received where a performance obligation exists beyond 2022/23 with Bradford ICB of £1.45m. These are also the main areas for the movement in payables from NHS and DHSC group bodies.

Note 21 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Lease liabilities ¹	2,707	-
Obligations under PFI, LIFT or other service concession contracts	<u>367</u>	<u>352</u>
Total current borrowings	<u>3,074</u>	<u>352</u>
Non-current		
Lease liabilities*	8,973	-
Obligations under PFI, LIFT or other service concession contracts	<u>477</u>	<u>844</u>
Total non-current borrowings	<u>9,450</u>	<u>844</u>

¹ The lease liabilities in 2022/23 relates to the those assets now accounted for under IFRS 16. The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. Further information about leases and the impact of this change in accounting policy can be found in note 1.14 and note 15 of the accounts.

Note 21.1 Reconciliation of liabilities arising from financing activities - 2022/23

	Lease Liability £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2022	-	1,196	1,196
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,825)	(352)	(3,177)
Financing cash flows - payments of interest		(47)	(47)
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	14,274	-	14,274
Additions	148	-	148

Application of effective interest rate	123	47	170
Early terminations	(40)	-	(40)
Carrying value at 31 March 2023	11,680	844	12,524

Note 21.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Lease Liability £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2021	-	1,533	1,533
Prior period adjustment	-	-	-
Carrying value at 1 April 2021 - restated	-	1,533	1,533
Cash movements:			
Financing cash flows - payments and receipts of principal	-	(337)	(337)
Financing cash flows - payments of interest	-	(62)	(62)
Non-cash movements:			
Application of effective interest rate	-	62	62
Carrying value at 31 March 2022	-	1,196	1,196

The lease liabilities in 2022/23 relates to the those assets now accounted for under IFRS 16. The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 1.14 and note 15 of the accounts.

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 2022	730	309	719	428	2,186
Change in the discount rate	(173)	-	-	(50)	(223)
Arising during the year	43	446	598	47	1,134
Utilised during the year	(44)	(28)	-	(230)	(302)
Reversed unused	-	(262)	(719)	(18)	(999)
Unwinding of discount	-	-	-	1	1
At 31 March 2023	556	465	598	178	1,797
Expected timing of cash flows:					
- not later than one year;	46	465	598	123	1,232
- later than one year and not later than five years;	184	-	-	3	187
- later than five years.	326	0	0	52	378
Total	556	465	598	178	1,797

¹ Injury Benefits provisions of £556k (previous year £730k) 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 2022/23, from (1.30%) as at March 2022 to 1.70% as at March 2023.

² Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by NHS Resolution equivalent to £61k (previous year £47k). A further two potential liabilities that may arise in relation to national and local legal cases amount to £405k.

³ Redundancy provision of £168k relates to associated costs of a service restructure. A further £430k relates to the redundancy provision associated with fixed term contracts.

⁴ Other provisions relate to clinicians who are members of the NHS Pension Scheme and who, as a result of work undertaken in the tax year 2019/20 (only), face a tax charge in respect of growth in their NHS pension benefits above the annual allowance for pensions, and who will be eligible to have this charge paid by the NHS Pension Scheme.

Since implementation of this 2019/20 scheme, NHS bodies have used their own estimate of take up of the scheme together with a discounted 'average value per nomination' provided centrally by NHS England. NHS England now has information on actual take-up (provided by NHSBSA) of the scheme, including financial values, allowing more accurate estimates of provision liabilities to be calculated. It continues to be the case that NHS providers will have a matching receivable for the provision, and providers should continue to net off the income and expenditure transactions associated with changes in the provision and matching receivable as permitted by IAS 37.

Other provisions also reflects a reimbursement for the recovery of VAT relating to the salary sacrifice lease car scheme (£304k 2021/22 and £47k 2022/23). Approval of the special payment has been obtained nationally, the Trust will take reasonable steps to pass the VAT refund back to staff, with refunds made of £229k during 2022/23.

Note 22.1 Clinical negligence liabilities

At 31 March 2023, £4,960k was included in provisions for NHS Resolution in respect of clinical negligence liabilities for Bradford District Care NHS Foundation Trust (31 March 2022: £4,778k).

Note 23 Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims ¹	(20)	(22)
Total value of contingent liabilities	<u>(20)</u>	<u>(22)</u>

¹ The £20k NHS Resolution contingent liability shown above is the calculated member liability for third party insurance claims.

Note 24 Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	380	352
Total	<u>380</u>	<u>352</u>

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 £1,280k. The Trust has the option to purchase Horton Park Centre at the end of the lease.

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 2023 £000	31 March 2022 £000
Gross PFI, LIFT or other service concession liabilities	<u>898</u>	<u>1,298</u>
Of which liabilities are due		
- not later than one year;	399	399
- later than one year and not later than five years;	499	899
Finance charges allocated to future periods	(54)	(102)

Net PFI, LIFT or other service concession arrangement obligation	844	1,196
- not later than one year;	367	352
- later than one year and not later than five years;	477	844

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 2023 £000	31 March 2022 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	1,811	2,369
Of which payments are due:		
- not later than one year;	805	729
- later than one year and not later than five years;	1,006	1,640

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:

	2022/23 £000	2021/22 £000
Unitary payment payable to service concession operator	805	729
Consisting of:		
- Interest charge	47	62
- Repayment of balance sheet obligation	352	337
- Service element and other charges to operating expenditure	406	330
Total amount paid to service concession operator	805	729

Note 26 Financial instruments

Note 26.1 Financial risk management

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 (formally CCGs), Local Authority, NHS England, and statutory bodies therefore credit risk is negligible. The Trust's treasury management policy minimises the risk of loss of cash invested by limiting its investments to:

- Trust Commercial Bank a limit of £10 million;
- Institutions with a Standard & Poor rating at least A-1 have a limit of £5 million;
- Institutions with a Moody's rating at least P-1 have a limit of £5 million; or
- Institutions with a Fitch rating at least F1 have a limit of £5 million.

Surplus cash is generally held in a Government Banking Service (GBS) account. Dependant on interest rates, significant surplus cash balances may be invested with the National Loans Fund (NLF) as permitted by HM Treasury. Attendant risks are not therefore assessed to be significant.

Liquidity risk

The Trust's net operating costs are incurred under purchase contracts with local ICBs (formally CCGs), 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 currently finances its capital expenditure from internally generated funds of depreciation and cash.

Interest rate risk

With the exception of cash balances, the Trust's financial assets and financial liabilities carry nil or fixed rates of interest. The Trust monitors the risk but does not consider it appropriate to purchase protection against it. The Trust is not exposed to significant liquidity risk.

Price risk

The Trust is not materially exposed to any price risks through contractual arrangements.

Foreign currency risk

The Trust does not hold any foreign currency income, expenditure, assets or liabilities.

Note 26.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2023		
Trade and other receivables excluding non financial assets	9,526	9,526
Cash and cash equivalents	30,007	30,007
Total at 31 March 2023	39,533	39,533
	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2022		
Trade and other receivables excluding non financial assets	2,953	2,953
Cash and cash equivalents	34,659	34,659
Total at 31 March 2022	37,612	37,612

Note 26.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2023		
Obligations under leases	11,680	11,680
Obligations under PFI, LIFT and other service concession contracts	844	844
Trade and other payables excluding non financial liabilities	22,427	22,427
Total at 31 March 2023	34,951	34,951
	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2022		
Obligations under PFI, LIFT and other service concession contracts	1,196	1,196
Trade and other payables excluding non financial liabilities	17,992	17,992
Total at 31 March 2022	19,188	19,188

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 2023 £000	31 March 2022 £000
In one year or less	25,533	18,391
In more than one year but not more than five years	9,472	899
Total	35,005	19,290

Change in the maturity of financial liabilities in 2022/23 relates to the those assets now accounted for under IFRS 16. The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 1.15 and note 15 in the accounts.

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

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	1	-
Total losses	-	-	1	-
Special payments				
Compensation under court order or legally binding arbitration award	4	25	4	27
Ex-gratia payments ¹	23	424	20	4
Total special payments	27	449	24	31
Total losses and special payments	27	449	25	31
Compensation payments received				

¹ The payments made under Ex-gratia payments includes £229k reimbursement made to staff in relation to recovery of VAT on the salary sacrifice lease car scheme. Approval of the special payment has been obtained nationally, the Trust will take reasonable steps to pass the refund back to staff. The aggregate of all payments made in year is disclosed as a single case. This is a pass through cost for the Trust and has no impact on the financial position. Ex-gratia payments also includes £188k for gifts vouchers provided to staff, to thank them for their work in supporting our people and communities in exceptional circumstances during 2022/23.

Note 28 Gifts

The Trust has received no gifts exceeding £300,000 in 2022/23.

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 2022/23 there was a related party associated with one non-executive director where £14.5k was paid from Yorkshire Ambulance Services to the non-executive director for duties undertaken on their behalf.

No other Board members nor members of the key management staff, nor parties related to them, have undertaken any material transactions with the Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. The entities with which there were material transactions are listed below.

The Trust manages charitable funds on behalf of the Bradford District Care Trust Charitable Fund whose accounts are published on the Charity Commission website. An administration charge of £16k in 2022/23 was levied on the charity for services provided by the Trust.

All transactions below are with the Trust's main providers and commissioners and are for the provision of healthcare services, with the exception of NHS Resolution who supplied legal services.

	Receivables	Payables
	31 March	31 March
	2023	2023
	£000	£000
NHS West Yorkshire Integrated Care Board 'ICB' (includes the former Bradford District and Craven CCG & Wakefield CCG)	831	1,783
NHS England	6,333	-
Health Education England	333	-
Airedale NHS Foundation Trust (including AGH Solutions)	2	188
Bradford Teaching Hospitals NHS Foundation Trust	187	2
Leeds and York Partnership NHD Foundation Trust	544	-
South West Yorkshire Partnership NHS Foundation Trust	36	-
Bradford City Council	376	5
Wakefield City Council	28	-
NHS Resolution	-	1
	8,670	1,979
	Income	Expenditure
	2022/23	2022/23
	£000	£000
NHS West Yorkshire Integrated Care Board 'ICB' (includes the former Bradford District and Craven CCG & Wakefield CCG)	154,122	298
NHS England	13,645	13
Health Education England	4,850	-

Airedale NHS Foundation Trust (including AGH Solutions)	131	1,780
Bradford Teaching Hospitals NHS Foundation Trust	988	1,781
Leeds and York Partnership NHD Foundation Trust	1,724	50
South West Yorkshire Partnership NHS Foundation Trust	6,596	167
Bradford City Council	12,811	368
Wakefield City Council	3,929	2
NHS Resolution	-	598
	<u>198,796</u>	<u>5,057</u>

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 statements.

Auditors Statement

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRADFORD DISTRICT CARE NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Bradford District Care NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 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 state of the Trust's affairs as at 31 March 2023 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 March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service

Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the Trust’s accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust 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 and simple recognition criteria linked to other income streams. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year end manual accruals.

In determining the audit procedures we took into account the results of our evaluation and testing of the operating effectiveness of Trust-wide fraud risk management controls. We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included yearend journals of revenue reversals, unusual cash combinations and journal entries posted by senior finance staff.
- We inspected a sample of invoices of expenditure, in the period around 31 March 2023, to determine whether expenditure has been recognised in the correct accounting period.
- We selected a sample of year end accruals and inspected evidence of the actual amount paid after yearend in order to assess whether the accrual exists and has been accurately recorded.

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.

Firstly, 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.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, antibribery and employment law recognising the regulated nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer [and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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 these 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 noncompliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the “Code of Audit Practice”) to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer’s responsibilities

As explained more fully in the statement set out on page 99, 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 99, 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 have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Bradford District Care NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



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Rashpal Khangura
for and on behalf of KPMG LLP
Chartered Accountants
Leeds
29 June 2023

Appendix 1: Information about Board of Directors

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 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								
Maz Ahmed	M&M Property (Stoke) Ltd: Director Advantage Advisory Ltd: Director Director of following subsidiaries of Wm Morrison Supermarkets PLC: <ul style="list-style-type: none"> • Wm Morrison Produce Ltd • Lowlands Nurseries Ltd • Falfish Limited • Falfish (Holdings) Limited • Farmers Boy Limited • Farmers Boy (Deeside) Limited • International Seafoods Limited 	Nil	Nil	Nil	Nil	NHS Professionals Ltd: Non-Executive Director	Operations Director: Wm Morrison Supermarkets PLC	Nil

	<ul style="list-style-type: none"> • Neerock Limited • Rathbone Kear Limited • Safeway Wholesale Limited • Wm Morrison At Source Limited 							
Andrew Chang (left Dec 2022)	<p>Chartered Institution of Water and Environmental Management: Co-opted member of the Finance, Audit and Risk Committee</p> <p>Seacole Group</p> <p>Yorkshire Ambulance Service: non-executive Director</p>	Nil	Nil	Nil	Nil	<p>Leeds City College: Acting Chairman</p> <p>Luminate Education Group: Co-optee Governor</p>	Nil	Nil
Chris Malish	Bradford College: Vice Principal Finance & Corporate Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Simon Lewis	Nil	Nil	Nil	ASDA Foundation: trustee/non-Executive Director	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations)	<p>Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities)</p> <p>ASDA Foundation:</p>	<p>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)).</p> <p>Board member of the Bar Standards Board (i.e. the regulatory body for barristers and some</p>	Burley Oaks Primary School: employee

					including relevant local authorities). This also includes acting on behalf of the General Medical Council.	trustee/non-executive director.	<p>others in the legal services market).</p> <p>Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc).</p> <p>Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly: I would not sit on cases involving applications from service users at BDCT.</p> <p>Court Examiner.</p> <p>Junior Counsel to the Crown.</p> <p>England and Wales Cricket Board: chair of national safeguarding panel.</p> <p>The Football Association: independent chair of disciplinary/regulatory panels.</p> <p>British Cycling: independent chair of disciplinary/regulatory panels.</p>	
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							<p>England Boxing: independent chair/member of disciplinary panel.</p> <p>ACCA (the global accountancy body): independent member of disciplinary/regulatory panels.</p> <p>General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases.</p> <p>Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel</p>	
Alyson McGregor	Nil	Nil	Nil	<p>Altogether Better (NHS hosted organisation): Director</p> <p>Health Foundation Common Ambition Programme Advisory Group: Expert Advisor</p>	Nil	Nil	Nil	Nil
Carole Panteli	Nil	Nil	Nil	Nil	Nil	Nil	Nursing and Midwifery Council: Chair of Investigating Committee Panels	Nil

Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sally Napper	Nil	Nil	Nil	Rotherham Hospice – Chief Executive	Nil	Nil	Nil	Nil
Linda Patterson	Nil	Nil	Nil	Nil	Nil	Nil	<p>Independent Governor London Metropolitan University</p> <p>Trustee Royal Society of Medicine</p> <p>Fellow of Royal College of Physicians of Edinburgh and London</p> <p>Chair: Blackshawhead Parish Council</p> <p>Registered with General Medical Council</p>	Nil
Executive and Associate Directors								
Therese Patten	Nil	Nil	Nil	NHS Providers: Trustee	Blackburne House Group: Vice-Chair and Non-Executive Director	Northern Housing Consortium: Non-Executive Director	Nil	North Yorkshire County Council: Practice Supervisor (Family Assessment and Support Team)
Paul Hogg (left June 2022)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Nil	Place based lead as part of the Place based system (BdC) as Director of Nursing and Quality distributed leadership team	Langtry Langtons: Employee
Iain MacBeath	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Tafadzwa Mugwagwa (left in Sep 2022)	Southern Africa Energy- Director Castlepines Medical Foundation – Trustee	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Gilbert George (left Oct 2022)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Sims	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mike Woodhead	Nil	Nil	Nil	Nil	Nil	Nil	BDC Place Director of Finance (w.e.f. 1 May 2023)	Nil
Kelly Barker	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Bob Champion	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Appendix 2: Information about Council of Governors

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 information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Mufeed Ansari	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Helen Barker	Nil	Nil	Nil	Nil	Cellar Trust	Nil	Nil	Nil
Darren Beever	Awaiting submission							
Dr Sid Brown	Nil	Nil	Nil	Nil	Prosper Research Group: Researcher	Nil	Nil	Nil
Stan Clay (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Susan Francis	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Michael Frazer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Roberto Giedrojt	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Anne Graham	Nil	Nil	Nil	Nil	Vice Chair of the Bradford Diabetes UK support group	Nil	Nil	Diabetes UK

Abdul Khalifa (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Belinda Marks (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Katie Massey	Awaiting submission							
Linzi Maybin	Nil	Nil	Nil	Lead and founder of Happy Teeth Outreach Lead dentist for VITA	Health Education England: Trainee Dentist Leader	Nil	Nil	Nil
Hannah Nutting	Nil	Nil	Nil	Nil	Nil	Nil	Research Fellow - Born in Bradford (Bradford Teaching Hospitals NHS Foundation Trust) Involvement Partner – Bradford District Care Trust	Nil
Trevor Ramsay	Nil	Nil	Nil	Nil	Trustee of Vital (User-led Mental Health Advocacy Charity) Member of Disabled People's Action Group-Equality Together		Involvement Partner- Bradford District Care Trust Co-optee of Health & Social Care Overview and Scrutiny Committee	
Anne Scarborough	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Joanne Squires	Nil	Mind Aware Consultancy - Owner	Nil	The Crypt – Leeds (Homeless	Pennine Health Care – Supervisor to Clinical Lead	Nil	Owner of Mind Aware Consultancy	Nil

				Charity) – Supervisor of the Charity’s Mental Health Support Worker				
Joyce Thackwray	Thackwray Building Contractors: Partner	Nil	Nil		Nil	Nil	Nil	Nil
Michaela Worthington-Gill (up to 21 March 2023)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
James Vaughan	Nil	Nil	Nil	Missing Peace Wellbeing and Support – Volunteer Facilitator	Nil	Nil	Volunteer with West Yorkshire Police Work at University of Bradford	Nil
Appointed Governors								
Ishtiaq Ahmed	Nil	Nil	Nil	Sharing Voices: Employee	Sharing Voices: Employee	Nil	Nil	Nil
Cllr Matthew Bibby	Awaiting submission							
Professor John Bridgeman (until 24/4/22)	Nil	Nil		Cellar Trust: Trustee	Nil	Nil	Nil	Brookside Surgery: Employee
Tina Butler	Nil	Nil	Nil	Relate Bradford & Leeds: Chief Executive	Relate Bradford & Leeds: Chief Executive	Nil	Nil	VTK Investments: Managing Director

					Trustee of Safety First			
Deborah Buxton	Barnado's Assistant Director Children's Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Councillor Richard Foster (until 9/6/22)	Nil	Nil	Nil	Nil	Nil	Craven District Council: Elected Member and Leader of the Council	Leeds City Region Partnership Committee Leeds City Region Local Enterprise Partnership Board Local Government Group General Assembly Local Government North Yorkshire and York North Yorkshire Police and Crime Panel North Yorkshire District Councils' Network - Executive Board North Yorkshire Strategic Housing Partnership North Yorkshire, York and East Riding Local Enterprise Partnership Board North Yorkshire, York and East Riding Local Enterprise Partnership : Infrastructure Partnership Board West Yorkshire Combined Authority - The Panel Place Yorkshire and Humber (Local Authorities) Employers Committee	Nil

							Yorkshire Dales National Park Yorkshire Dales National Park Management Steering Group	
Janice Hawkes (until 6 April 2022)	Nil	Nil	Nil	Nil	Assistant Director Children's Service Barnardo's	Young Lives Network (member organisation / representative) Young Lives Consortium (member organisation)	Nil	Nil
Cllr Wendy Hull	Awaiting submission							
Professor Zahir Irani	Bradford University Deputy Vice-Chancellor Director ISEing Ltd Board Member – Pain Association (Scotland)	Nil	Nil	Pain Association (Scotland) – Board Member	Nil	Bradford University - Deputy Vice-Chancellor		Nil
Councillor Sabiya Khan	Councillor Wibsey Ward BMDC	Nil	Nil		Nil		Labour member and Cllr for the Wibsey Ward	Abu Bakr Masjid Trustee Council for Mosques Bereavements Services Director Health4All Trustee

Appendix 3: Feedback on our Annual Report

It is important our Annual Report is easy to read and understand and is available in a variety of versions including other languages and large print. We would value your feedback on this year's report. Please complete the feedback form below and post the page to the address shown below. Alternatively, you may email your comments to corporate.governance@bdct.nhs.uk

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information in this report was easy to understand					
There was enough information about the Trust and its services					
There was enough information about the Trust and its achievements					
There was enough information about the Trust's finances The layout of the document was clear					

Please provide any feedback to:
 Corporate Governance Team
 Bradford District Care Trust
 New Mill
 Victoria Road, Saltaire
 BD18 3LD

corporate.governance@bdct.nhs.uk
 Tel: 01274 251313

