NHS
Bradford District Care
NHS Foundation Trust

Bradford District Care NHS Foundation Trust

Annual Report and Accounts 2021/22

Bradford District Care NHS Foundation Trust

Annual Report and Accounts for the period 1 April 2021 to 31 March 2022

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

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Foreword by Carole Panteli, Interim Chair

I am delighted to introduce our Annual Report for 2021/22 which provides an overview of the work undertaken by our staff, how we are governed, and some of the achievements and challenges experienced during the last 12 months. I was appointed as Interim Chair in December 2021 upon Cathy Elliott's appointment as Chair Designate of the West Yorkshire Integrated Care System (ICS), and it has been a real privilege to be in this role for the remaining five months of this reporting period. My thanks to Cathy for her drive, commitment and leadership of the Board during the first part of the year. At the time of writing this report we are in the process of recruiting a substantive Trust Chair, at which point I will return to my Non-Executive Director role on the Board.

I wanted to thank every member of staff across the Trust, including our Chief Executive and Executive team, for their continued efforts during this second year of the pandemic and for the response to COVID-19, whilst continuing to support and serve our service users and carers.

During the last 12 months we have seen some changes to the composition of the Trust Board at both an Executive and Non-Executive level. Two experienced Non-Executive Directors, Professor Gerry Armitage and Dr Zulfi Hussain retired and I am very grateful for their long service and contributions in chairing a number of important Committees whilst on the Board. In March 2022, we welcomed Mark Rawcliffe and Alyson McGregor as new Non-Executive Directors and both bring extensive regional and national experience as part of their portfolios, across banking/digital and public sector/VCS environments respectively. From an Executive Director perspective, Sandra Knight, Director of Human Resources and Organisational Development, retired after a long and dedicated career in the NHS, and Patrick Scott, Chief Operating Officer, moved to another mental health and community Foundation Trust in the North East, both in March 2022. In response, we welcomed Bob Champion and Tafadzwa Mugwagwa to replace them as interim positions in these roles.

We have also seen the importance of effective governance during COVID-19 which has continued to be a priority for the Trust Board to ensure that staff have had the necessary support to be able to deliver services in a safe, efficient and responsive manner. Our governance work has been in line with NHS England & Improvement's national guidance and ensured that core governance processes have been maintained or adapted, continuing Board service visits and Board meetings online, arranging Open House sessions with Governors, and working closely as a Unitary Board to deal with the more urgent COVID-19 related matters, as and when required.

Board members have continued to play an important role in regional and local discussions about how to develop the necessary governance frameworks required for wider integrated working that are scheduled to be established on 1 July 2022. I believe our Trust is well placed to contribute significantly to the leadership and delivery of this work whether this is through the local *Act as One* programmes across Bradford District and Craven, the West Yorkshire Mental Health, Learning Disabilities and Autism Collaborative or the West Yorkshire Integrated Care System (ICS).

As a partnership, we have received strong local support to deliver the Lynfield Mount capital investment for our mental health inpatient services; having submitted our Expression of Interest for funding via the national '8 Hospitals' programme announced by Treasury in autumn last year, we await a decision from central government about this. Our design is guided by our service users with whom we have undertaken stakeholder engagement and, if successful, we will involve local people through consultation on the final design, ensuring that people who use the service now and in the future are involved to support high quality sustainable services for the new development.

My final message is to our service users, patients and carers, Governors, volunteers and Involvement Partners. I would like to sincerely thank you for your continued support and involvement. COVID-19 has meant that some of you may not have had the opportunity to be as involved with the Trust as you had been pre-pandemic. I hope that in the weeks and months to come we will be able to provide you with some exciting opportunities across our services and fulfil our ambition of becoming your community connector of choice across this wonderful district.

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Carole Panteli, Interim Chair

Message from Therese Patten, Chief Executive

Welcome to the Trust's Annual Report for 2021/22.

Last year at the Trust's Annual Members' Meeting (AMM) I reflected on the work of the Trust in my first year as its Chief Executive and what had been 'a year like no other'. Now, as I review the work of delivering services during a second year of the COVID-19 pandemic, I would say that the pressures and challenges have been no less demanding, the pace of change no less exacting but the expertise, professionalism, commitment and spirit of our staff has been no less humbling or impressive. The new ways of mobile working that we embraced, with some trepidation in the early stages, and the infection and prevention restrictions we had to adhere to, have to a greater extent now started to become 'business as usual' for many staff.

During the year the Trust's senior leadership – my Executive Management Team and the wider Senior Leadership Team (SLT) – have continued to maintain a command and control emergency planning structure and to a certain extent found a 'battle rhythm' to ensure decisions required at Bronze, Silver and Gold meetings could be made to respond to changes in local service need or guidance from national policy makers including NHS England. Once again, I am extremely grateful to them in managing the challenges of the pandemic along with the support and guidance from my fellow Board members.

During the last 12 months we have continued to deliver a great deal of work in the community to support local people during COVID-19. We have maintained delivery of our core mental health and community services using a hybrid model of face to face and online support, receiving a 'Good' rating from the Care Quality Commission, whilst also managing the Community Vaccination Centres (CVCs) at the Helios Centre, Lynfield Mount Hospital, Jacob's Well and Bradford College Old Building sites, achieving the milestone of one million local vaccines delivered in January 2022. We have also ensured that our clinical areas have remained COVID-safe, managing the distribution of PPE and providing the right tools and equipment to work remotely. My thanks to all the staff involved across the Trust who have continued to work incredibly hard to enable this to happen.

Two other areas of work are worth highlighting here are: our preparations for moving beyond COVID-19 in areas such as digital and volunteering; and the importance of staff engagement and wellbeing, both of which are also featured in our Quality Report for 2021/22.

We have been reviewing how our services are provided and how we can retain some of the best technological innovations developed during the pandemic. Our digital teams have continued to support staff throughout the year by enabling services to work remotely and in an agile way. Our new digital strategy focuses on four strategic areas of delivery – getting the foundations right, creating a digital workforce, digitally enabled care and a greater focus on data and insights – to ensure we are able to provide the right balance of face to face and online services for local people.

COVID-19 has also shone a spotlight on the role of volunteers across health and social care, with many organisations recognising the importance and impact of volunteering. Our new volunteering strategy, which aims to grow and develop our volunteering base, is an integral part of supporting our staff, patients and carers.

Staff engagement and wellbeing has been, and remains, a key priority for us. During the year we launched our new Staff Charter based upon the nine behaviours that underpin the Trust's vision of *Better Lives, Together* and our core values. In October 2021, we launched our new Belonging and Inclusion Plan to ensure we have a workforce that fully reflects and understands the communities we serve, and a fair and compassionate culture where everyone feels that they belong, are included, and valued. Our staff survey results showed a slight increase on last year's response rate and whilst results varied across Directorates and Care Groups, I was delighted to see the improvement in our staff engagement score, which was the third highest increase in England in 2021.

During the year we have taken a proactive leadership role across both System and Place to ensure that we are, as a Trust and as a trusted partner, able to embrace both collaborative and distributive models of leadership that will emerge following new legislation to establish more formal ways of integrated working. We have celebrated our diversity through various initiatives including our Rainbow Alliance work, Staff Networks, Pride and the Root our Racism campaigns. There is always more we can do, but I believe we are creating the right culture to help ensure barriers to progression are identified and addressed. As an Executive Team, we are listening to staff through our weekly Broadcasts, team meetings and visits, and recognising staff contributions in a number of ways, celebrating good practice and embracing innovation through our quality improvement methodologies.

I would like to thank every individual member of staff for their hard work, dedication and resilience over the last 12 months – together we can make, and are making, a positive difference to the health of our local communities.

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Therese Patten, Chief Executive

Introduction

Bradford District Care NHS Foundation Trust ('BDCFT' or 'the Trust') has been a Foundation Trust since 1 May 2015 and is a provider of mental health, learning disabilities and community health services across a diverse district comprising urban and rural Bradford, Airedale, Wharfedale and Craven. The population is one of the most multicultural in Britain with over 100 languages. Bradford is also one of the youngest cities in Europe, with 29% of its population aged under 20 and almost 25% under 16. 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.

The Trust employs almost 3,000 staff who provide healthcare and specialist services to local people across mental health, learning disability, community health and dental services. From 1 April 2017, the Trust provided a number of services in the Wakefield area having been commissioned by Wakefield Metropolitan District Council (WMDC) to provide public health services to children aged 0 to 19 years old and by NHSE to provide vaccination and immunisation services for children aged 5 to 19 years old. The contract with WMDC comes to an end in September 2022 and will be delivered by Harrogate and District NHS Foundation Trust. During 2021/22, the Trust continued to provide COVID-19 vaccination services from three different sites (at Lynfield Mount Hospital, Jacob's Well and Bradford College Old Building). Our care and clinical expertise spans across over 100 sites and over the last year we provided over 50 different services.

The majority 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, the Craven Centre in Skipton and Tuscany Way in Normanton. We also have two major inpatient sites for those with acute mental health issues located at Lynfield Mount Hospital, Bradford and the Airedale Centre for Mental Health, Steeton. Our Trust Headquarters is based at New Mill, Saltaire.

Delivering our strategic framework, *Better Lives, Together*

Our vision is to 'Connect people to the best quality care, when and where they need it and be a national role model as an employer' and during 2021/21 we refreshed our strategic framework, *Better Lives, Together*, which continues to reflect the views of our staff, key partners and our local communities, who were all actively involved in 2019 in developing our vision and values, and our long-term strategic plan. Like all NHS and social care organisations then and now we needed to think differently about how we do things. We continue to face increasing challenges and continued financial pressures, however alongside the learning gained and adaptions made during the pandemic, we recognise that these challenges also provide opportunities to drive service improvements, and work even more closely in partnership, building on our recognised strengths.

All our activities contribute to one or more of the following four 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; and
- To provide our staff with the best place to work.

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.

Part of the review of our strategic framework focused on the work we have undertaken to develop a new digital strategy (see later in the report). Our digital vision aims to provide new capabilities and opportunities to improve the quality, safety and overall experience of digitally enabled services using three key perspectives:

For the Patient/Service User

- Seamless access to services for patients and service users via a Digital Front Door (Patient Portal);
- Identifying and implementing solutions that support health, prevention & wellness; and
- Digital for all (Inclusion and choice).

For the Clinician

- Information available anytime, anywhere and for who it is needed;
- Information driven, predictive health, intervention, care and planning using modern tools and techniques such as artificial intelligence and population health management; and
- Digitally enabled integrated care delivery models.

For the Trust

- High quality data that can be used and shared with confidence;
- Self-service analytics and capabilities for decision making;
- Automation;
- A digitally confident workforce; and
- Providing intuitive, effective, and consistent employee experience through devices, applications and workspaces that enable our workforce to do their job from anywhere, at anytime.

Our approach will enable us to transform services by using appropriate, and inclusive digital technologies and supporting data to deliver new ways of working that are co-produced with the user at the centre of its design. We will support the organisation to develop and act digitally where appropriate and provide choice for the people that we serve.

Embedding our approach to Quality Improvement – The *Care Trust Way*

The Trust has been working hard to bring its continuous improvement system to fruition during 2021/22. The improvement system is more commonly identified across the organisation as the *Care Trust Way*, defined as, 'a *way of working with a common language, tools and techniques, to embed purposeful conversations, continuous improvement, innovation and growth'.* The *Care Trust Way* is more than just Quality Improvement (QI), it is a holistic approach to organisational transformation with four main pillars at its centre, built on a foundation of strong values and beliefs. All pillars are vitally as important as each other and what will drive the organisation forward. It is also important to recognise that these pillars are not the responsibility of one person or team, more a demonstration of the co-production across teams that allows the *Care Trust Way* to be more than a methodology, it is '*the way we do things around here'.*

The past year has highlighted more than ever the importance of working together, to promote innovation and problem solving. The *Care Trust Way* methodology has helped teams navigate through these unprecedented times in a number of ways including the use of a digital app and performance dashboard to manage the levels of personal protect equipment required for our staff during COVID-19, and our Time to Think initiative, a series of 30-minute coaching sessions available to all staff to work through issues or challenges that emerge from their day to day working practices. More details of our *Care Trust Way* work can be found in our Quality Report for 2021/22.

Stakeholder relationships

We recognise the importance of collaborative working and the benefits that integration can bring for our service users, patient and carers. We continue to work closely with our commissioners, including our local Clinical Commissioning Groups, Bradford and Wakefield Councils and NHS England. The Trust is actively involved in system wide discussions across West Yorkshire (through the West Yorkshire and Harrogate Health and Care Partnership and the West Yorkshire Mental Health, Learning Disability and Autism Collaboration) and at Place level (through the Bradford and Craven Strategic

Partnering Agreement and the Bradford and Airedale, Wharfedale and Craven Provider Alliances).

Partnership working with the Voluntary and Community Sector (VCS) is an important element of our *Better Lives Together* strategy and in particular around the Trust's 'community connector' role. The Trust already has strong working relationships with a number of organisations across the VCS and wishes to see further developments take place to support the Happy, Healthy and at Home vision supported by all health and care partners across Bradford and Craven.

Supporting elected Members of Parliament and elected representatives of our local authority areas with enquiries about the Trust is also important us. Board members and senior managers have worked closely with elected members and provided information both through Overview and Scrutiny Committees and routine business. Our Trust Chair and Chief Executive meet regularly with local MPs to keep them in touch with developments at the Trust with a focus this year on how we have delivered new and existing services during COVID-19 and our capital investment plans for the Lynfield Mount Hospital site.

Working at System level: West Yorkshire Health and Care Partnership (WYH&CP), an integrated care system

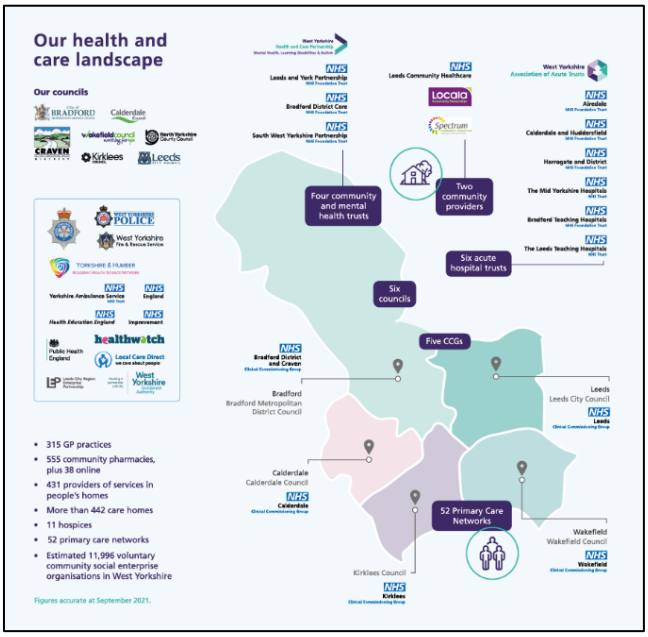
Over the last 12 months we have been actively involved in developing relationships at both Place and West Yorkshire levels and further information can be found below.

As one of the country's leading integrated care systems (ICSs) the WYH&CP is now enhancing its work in line with forthcoming legislative changes. By July 2022, it will formalise on a statutory basis the successful health and care partnership of the last six years based on working together. It is very proud to have won the Health Service Journal Award for Integrated Care System of the Year, 2021.

The Partnership is made up of the NHS, councils, hospices, Healthwatch, 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 work alongside thousands of volunteers.

The WYH&CP 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, such as cancer, maternity, mental health, urgent care, tackling health inequalities, children and young people.



The existing memorandum of understanding, will be replaced by a new Integrated Care Board (ICB) constitution in July 2022. This new NHS West Yorkshire ICB will include independent non-executive members who will complement the role of the ICB's Independent Chair, Cathy Elliott.

The WYH&CP is supported by a politically led Partnership Board, which brings partners together and is supported by the West Yorkshire Combined Authority and Local Resilience Forum, and by strong provider organisations, including the West Yorkshire Association of Acute Trusts, the Mental Health, Learning Disabilities and Autism Collaborative (MHLDA), and the current Joint Committee of Clinical Commissioning Groups. The Partnership provides greater opportunities to deliver the Five Year Plan ambitions, ensuring that all people are given the best start in life, are able to remain healthy and age well.

This collaborative approach has been central to handling the pandemic in maintaining personal protective equipment supply, coordinating testing, helping over 100,000 people who have been shielding, rolling out the vaccine programme with volunteer support, and investing £12m in the social care sector to retain their valuable skills to deliver care in people's homes.

Another example can be seen in the establishment of the Partnership's health inequalities work. This identified a further 53,000 unpaid carers for early vaccine take up, delivering recommendations from its race review, investing £1m in warmer homes, as well as addressing the inequalities for people with learning disabilities. We are committed to meaningful conversations with people, including colleagues to inform our work. Examples can be seen in the 'Looking out for our neighbours' – an award-winning campaign involving over 400 community organisations; the award winning staff check-in suicide prevention campaign; perinatal mental health work; and promotion of its anti-racism movement.

Working at Place: *Act as One* system transformation programmes

Act as One is the way all of us 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 our population. Our collective vision is to help keep people 'happy, healthy at home.' We are proud to be part of the West Yorkshire Health and Care Partnership while focusing our work on the communities we serve.

Our *Act as One* system transformation programmes help us deliver on some our priorities as we move towards becoming a place based partnership – we will be called Bradford District and Craven Health and Care Partnership. Our focus, both for our partnership and our system transformation programmes, is on preventing ill health as much as possible. We look to create opportunities that help people stay healthy, well, and independent and tackle inequalities across our communities. We will continue 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 our services, it will be easy to access, joined up, designed around their needs, and provided as close to where they live as possible.

Despite the ongoing pressures of the COVID-19 pandemic and the COVID booster vaccination programme, we have maintained a focus on delivering for our people – both those living and working in our communities and our health and care colleagues across the NHS, local authorities, voluntary and community sector organisations and independent care organisations. Our work involves senior leaders working in partnership with our communities so that we can address the causes of ill health.

We have provided an overview of the *Act as One* programmes and some of the collective achievements during 2021/22 below. As well as the work of the programmes other notable achievements during this year are as follows.

- The Health Foundation recognised the strength of our partnership and our forward-thinking ways of working, which has resulted in us being one of only four places to host an innovation hub. In February 2022, we were delighted to appoint a lead for the innovation hub.
- We have been featured in the Local Government Association's Must Know guide on integrated health and care and we also featured in this NHS Providers publication that focuses on how providers are collaborating to improve care.
- We spoke about integrated working at the Health Service Journal's Integrated Care Summit highlighting what we have been doing locally to bring services closer together.
- We attracted over £1.5 million of additional funding with three projects receiving around £100,000 from NHS Charities Together, £300,000 additional funding for the digital care hub, £200,000 for the A&E navigators project and are in the process of an agreement with Novartis for our Act as One Healthy Hearts

programme. We also received £750,000 from the targeted interventions fund (TIF) for work to support our elective recovery programme.

- Our place-based launch of the West Yorkshire Health and Care Partnership's Root Out Racism movement gave a real opportunity to make a highly visible statement about our commitment to being anti-racist across our partnership and our programmes.
- We have worked across our programmes and with a range of partners to run events during Self Care Week resulting in over 200 health checks and 70 COVID-19 vaccinations being delivered at community venues.
- Our Act as One Festival gave us an opportunity to share best practice, celebrate our place and recognise how people and services are already acting as one. Our festival attracted over 1,000 people with 50 speakers, 30 events and a successful Recognition Day.

Access to care: Our A&E navigators project went live over summer 2021 and we have already supported 648 victims and perpetrators of violent crime. This is designed to reduce the risk of future crime as well as offering access to services that can help victims or perpetrators. We have worked with partners across the system, including Cancer Research UK, to develop targeted community techniques and interventions to increase cancer awareness and screening uptake to help reduce inequalities. We have worked closely with the VCS to develop Wellbeing Hubs which will provide holistic support with people's health and care needs following their interaction with clinicians in our emergency departments. We have been involving our Healthy Minds young apprentices to develop a programme of workshops to support young people who are moving from (transitioning) from children services to adults. We have seen a 40% increase in health and care professionals accessing new clinical pathways electronically meaning people are seen by the right care professional in the right place first time.

Ageing well: We continue to be recognised regionally and nationally for our work to improve flow through our hospitals, leading to one of the lowest rates for delayed discharges when people are medically fit to leave hospital. Our deconditioning project, funded by West Yorkshire Health and Care Partnership, came to a close with new resources designed to keep people well at home. We are now planning on a recognition event to celebrate those community projects that have used the Asset Based Community Development (ABCD) grants programme to develop community-led projects that help keep people active. We supported bids to the NHS Charities which resulted in Dementia Friendly Keighley receiving funding to recruit a minority ethnic project worker to engage with communities, encouraging them to access early intervention, awareness events and support culturally appropriate home-based assessments and rehabilitation.

Better births: Our focus has been on listening, learning and responding to what our communities and our colleagues have been highlighting so that we can improve care for mums, mums-to-be, their wider families and ensuring we give babies born in our locally the best start to life. We have held three events this year each focusing on our priorities for our programme – perinatal mental health, our response to the Ockenden

Review and tackling inequalities. Our events have featured leading national experts who have shared best practice as well as learning more about the work done locally as part of our improvement journey working closely with partners such as the Maternity Voices Partnership.

Children and young people mental health: Our latest Healthy Minds apprentices have continued to promote the Kindness, Compassion and Understanding campaign within primary schools. The apprentices also organised a charity football tournament and have supported a number of our transformation programmes to ensure we include the voice of children and young people. Amanda Pritchard, Chief Executive for NHS England, visited our place to find out more about our innovative approach to embed mental health support teams within schools. Thanks to national funding between NHS England and the Department of Education the mental health support teams are providing evidenced based interventions for low mood and anxieties and helping bring a 'whole school' approach to help children and young people.

Diabetes: We have established a strategic alliance with Diabetes UK which will accelerate some of our work with the benefit of working with a national partner. We worked with Diabetes UK to set up a webinar on diabetes and Ramadan. We have also involved the national charity in work we have been doing in Keighley with the Bangladeshi community to help us develop culturally appropriate support for people to make lifestyle changes to reduce the risk of getting type 2 diabetes or managing the condition if they already have it. Considerable work has been undertaken to establish new care pathways that can be accessed by healthcare professionals using clinical systems so that we can provide seamless care for people with diabetes.

Healthy hearts: We are finalising an agreement with Novartis that will allow us to interrogate health data to identify people who have had heart failure. This then ensures we can offer people treatments and medications that help them manage their health and links in with our wider approach to tackle health inequalities by identifying patients who may not be in regular contact with health services as they perceive themselves as being in good health. We supported North of England Activities and Training (NEAT) in their funding bid to NHS Charities Together which will mean that deaf people as well as those from minority groups will get the chance to take part in outdoor activities, such as mountaineering, as part of our efforts to encourage people to become more physically active and reduce the risk of social isolation.

Respiratory: Over 4,000 people have been referred to, and over 1,000, successfully enrolled to MyCare24 a new digital health service – where people with long-term respiratory conditions are given proactive support through a dedicated remote monitoring app, transforming their care and reducing their need to access services. We have also seen around 500 people accessing our Long (post) COVID-19 service. The service developed, by a range of health and care professionals, is available to those who continue to display Long-COVID symptoms 12 weeks after they have should have recovered from the virus. People who may have Long-COVID can also access a self-help rehabilitation guide that is available in a range of formats through the Living Well website.

Further information about the latest news from the *Act as One* system transformation programmes and our wider Bradford District and Craven Health and Care Partnership can be found via the website www.bdcpartnership.co.uk and on Twitter by following @ActAsOneBDC.

Overview of performance

Performance analysis

Our performance management framework outlines the Trust's performance management approach, systems, structures and supporting arrangements. The current framework covering 2021 to 2023 was approved by the Audit Committee in May 2021.

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. 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 Trust Board and Committees, with a clear and dynamic line of sight of issues from 'ward to Board'.

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

- **Culture of improvement:** these arrangements are intended to drive an organisational culture of continuous quality improvement, delivered for the benefit of patients/service users and carers. The Trust's approach to performance management will recognise and share learning and best practice (internally and externally) and celebrate success. Using the *Care Trust Way* methodology, particularly Daily Lean Management, the expectation is that feedback in relation to the effectiveness of processes that underpin strong performance will be dynamic and daily (where needed) and that the mechanisms to develop and role model rapid process improvement will be complementary to, and support, performance management.
- **Accountability:** The measures and evidence used to assess performance will be clear, with defined roles and responsibilities across Care Groups and corporate functions and 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 2021/22, the COVID-19 pandemic has impacted performance. Demand for many of our services has risen, with increased acuity and complexity, and our

capacity has been constrained by infection prevention and control measures, staff absence and staff vacancies.

Table 1 below outlines our performance against indicators used by NHS England and NHS Improvement to monitor and gather insights about trusts as part of the NHS System Oversight Framework.

Metric	2021/22 goal	2021/22 performance	Trust position	Comment
Community dental service – proportion of patients waiting less than 18 weeks to commence dental treatment under general anaesthesia	92%	92.9*	Achieved target	Theatre sessions were suspended because of COVID-19. Performance improved when most theatre sessions were reinstated.
People with a first **episode of psychosis** begin treatment with a NICE recommended care package within 2 weeks of referral	60%	75.9%**	Achieved target	The target was consistently met throughout the year.
Improving Access to Psychological Therapies (IAPT):				
• Number of people who first receive IAPT advice or start IAPT psychological therapy	11,316 people	10,107 people	Target not met	COVID-19 resulted in initial reduction in referrals. Several vacancies with national staff shortage.
• proportion of people completing treatment who move to recovery	50%	52.9%*	Achieved target	The target was met in 9 out of 12 months.
• proportion of people waiting 6 weeks or less to begin treatment	75%	90.6%**	Achieved target	The target was consistently met throughout the year.
• proportion of people waiting 18 weeks or less to begin treatment	95%	99.4%**	Achieved target	The target was consistently met throughout the year.
• Proportion of referrals waiting over 90 days between 1st and 2nd treatment	Less than 10%	30.0%***	Target not met	Since COVID-19, people accessing IAPT have more intense needs.
Data Quality Maturity Index – mental health services dataset score	80%	94.0%***	Achieved target	The target was consistently met throughout the year.
Inappropriate out of area placements for adult mental health services – total number of bed days patients have spent out of area	No more than 5,138 bed days	8,216 bed days	Target not met	Impacted by high levels of acuity and actions to maintain COVID safe ward environments

Table 1: Performance against national indicators

* March 2022 data
** January to March 2022 (quarter 4) data
*** December 2021 data published by NHS Digital

Digital / IT & Information Governance Performance Overview 2021/22 and plans for 2022/23

Our Digital Services continued to support the Trust throughout 2021/22 by enabling all services to work remotely and in an agile way. This new smarter way of working has enabled the Trust to fully maximise its investment made across our IT infrastructure and applications, such as Microsoft Office 365 which includes the use of Microsoft

Teams and SharePoint to support our communication and collaboration needs across the Trust and with our partner organisations.

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 Informatics and modernising the ticket management software for the Administration Service, Single Point of Access and Finance teams with plans to further expand to other services.

We have also invested further in technology to support the Trust's data needs by procuring a new backup system and refreshing our mobile devices to further enhance our protection against cyber-attacks. 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. There is also ongoing work to enable the sharing of mental health records (subject to consent) 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 Bradford district.

In recognition of our Digital Services performance this past year, 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 2021. In terms of awards the Cyber team were nominated for cyber team of the year at the recent Cyber Associated Network event and were placed in the top 10 out of 300 entries submitted. Finally, we have been put forward for the prestigious iNetwork awards for outstanding contribution award and a nomination for robotic process automation (RPA) across the network of associate members.

To end the reporting year the Trust launched its new digital strategy, *Digital for Better Lives*, which was co-produced with the Trust and its wider stakeholders and service user and patient groups. The strategy focuses on four strategic areas of delivery, getting the foundations right, creating a digital workforce, digitally enabled care and a greater focus on data and insights.

Looking ahead into 2022/23, the focus will be centred on delivering the first phase of new digital strategy, which will see further improvements to our electronic patient record, SystmOne, the introduction of electronic observations across our inpatient wards and further work to digitise our patient communications. There are also plans to automate our corporate business process, where appropriate, by utilising robotic process automation solutions and finally, there will be ongoing work to support our staff towards improving and supporting their digital skills to help prepare them for the future.

Our year during the pandemic

During the second year of the pandemic, the Trust continued to operate an effective command and control emergency planning structure of meetings to ensure that it could react to local service user needs and guidance from national policy makers including NHS England. As the pandemic progressed, we ensured that where it was clinically appropriate to do so our staff had the tools and equipment to work remotely. The Trust's Quality Report provides a more extensive summary of service delivery during 2021/22. Summarised below is a selection of other work that has taken place across the Trust during the last 12 months.

April 2021: New Staff Charter launched. We launched our new Charter based upon the nine behaviours that underpin the Trust's vision of *Better Lives, Together* and our values of *We Care, We Listen* and *We Deliver*. Developed in consultation with a range of staff groups, the Charter provides a framework on how we demonstrate and promote our values and behaviours in our day-to-day work. It also sets out what staff can expect from the Trust as an employer. During the year the Charter has been further embedded into our policies and procedures.

May 2021: Governor elections. The Trust announced the results of its Governor elections to various public and staff constituencies. An innovative social media campaign with the marketing and recruiting firm Just R ensured that a healthy number of local people nominated themselves for these roles, with ten new Governors joining the Council to work with the Board of Directors from 1 May 2021.

June 2021: Learning Disability Awareness Week. As part of this year's Learning Disability Awareness Week our Learning Disability Health Support team supported service users and members of the public to get involved in activities and events at Waddiloves Health Centre. The events were aimed at engaging with the local community and service users to encourage those with learning disabilities to gain access to free annual

health checks and participate in various activities at Bingley Park with a team of dedicated experts from International Mixed Ability Sports (IMAS).

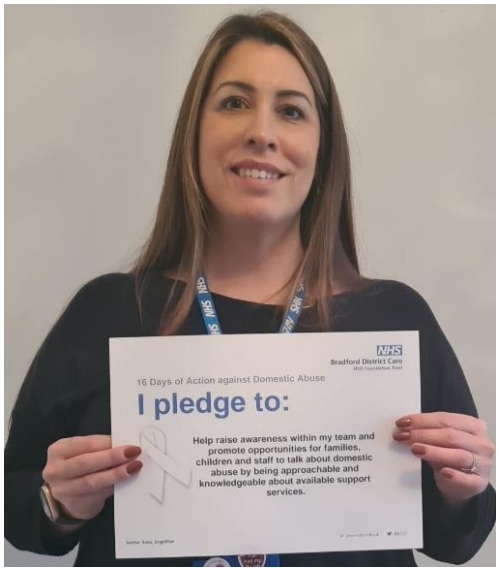
July 2021: The Big Tea. Trust staff, service users and carers were involved in The Big Tea, a national event kindly sponsored by Morrisons following conversations started by Better Lives which led to the national sponsor partnership. We teamed up with external partners with a series of raffles, quizzes and bake-offs to celebrate the NHS' birthday on 5 July.

August 2021: Remembrance garden. Staff at our Lynfield Mount Hospital site created a garden of remembrance providing a peaceful, reflective space to remember local people who have sadly lost their lives due to COVID-19. The courtyard space at the Trust's Dementia Assessment Unit also provides service users on the unit with a peaceful sensory experience which can really complement their care.

September 2021: Volunteering Strategy. The Trust launched its new Volunteering Strategy, bringing together for the first time the significant developments and programmes under one volunteering banner within the Trust and setting ambitious targets for rebuilding its volunteering base post COVID-19. The strategy focuses on growing our future workforce, therapeutic and recovery-based volunteering and 'giving back' to the NHS to enhance care and patient outcomes.

October 2021: Better Lives charity strategy. Since the launch of the new strategy in October 2021, the Trust's charity has seen a significant increase in activity during the year, both in income and expenditure, approving 117 applications at a cost of over £63,000. This funding has benefitted staff, service users and carers across a wide range of therapeutic interventions in our mental health, community and learning disability services.

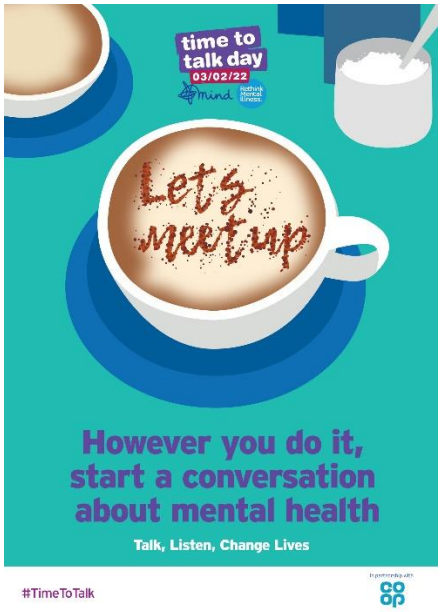
November 2021: Domestic violence awareness campaign. The Trust signed the pledge to take 16 Days of Action against Domestic Violence. This global campaign was launched by the Centre for Women's Global Leadership in 1991 and has been used since to call for worldwide elimination of gender-based violence. The 16 Days of Action ran from 25 November (International Day Against Violence Against Women) to 10 December (International Human Rights Day). Across the 16 days, there was a range of information shared across our social media channels, information on our staff intranet site (Connect) and an Executive Broadcast on the subject.



December 2021: Lively Up Yourself campaign to support wellbeing. During COVID-19, the Trust has provided resources to support those staff who have been working from home or online at Trust sites. Our staff engagement programme, entitled 'Lively Up Yourself' has provided a weekly timetable of online events to promote staff wellbeing with a virtual space to connect with colleagues and to take some time out to engage in different activities such as team building, Desk Yoga, and Pilates.

January 2022: Community Vaccination Centres. The Trust continued to operate its Community Vaccination Centres during the pandemic at the Helios Centre, Lynfield Mount Hospital, Jacob's Well and Bradford College Old Building sites. Public buildings across the Bradford District and Craven area were lit up blue to celebrate a key milestone of one million vaccines being locally administered in January 2022, which included first, second, and booster jabs as well as third primary doses for people who are immunosuppressed.

February 2022: Time to Talk Day. The Trust celebrated Time to Talk Day, the national campaign led by Time to Change, which aims to reduce the stigma surrounding mental illness by getting people to talk openly about issues that can affect us all. The theme for this year's campaign was 'Talk, Listen, Change Lives'. Psychological therapists from our My Wellbeing service provide personal insights into their work, which involves listening to people share their stories, and the transformative and positive impact that talking about mental health can have on people's lives.



March 2022: 20-year anniversary of the Trust. The Trust celebrated its 20th anniversary as a healthcare provider on Friday 1 April 2022, with celebrations taking place the week leading up to the milestone. Staff that have worked for the Trust for 20 years shared their stories and teams held a series of birthday inspired activities.

Signed: ……

Therese Patten, Chief Executive

Date: 16 June 2022

Staff Report

Introduction

Our staff account for over 75% of our expenditure so it is important that the Trust uses its resources wisely and is able to 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 organisation. During the year, the Trust has worked hard to create a supportive environment for staff through the *Care Trust Way*, Best Place to Work campaign and other local initiatives including an enhanced Reward and Recognition scheme ('Thanks a Bunch') that enables us to recognise those staff who go the extra mile to support colleagues and service users on a monthly basis.

Workforce overview

Following on from the previous year's People Development Strategy the Trust welcomed the publication of the NHS People Plan and its associated People Promises. This focused our efforts on aligning our people management and development activities in line not only with the national direction, but also in line with the emerging Trust Clinical Strategy. The People Plan priorities translate readily into our organisational, Bradford District and Craven Place and our West Yorkshire & Harrogate Integrated Care System collaborative efforts, as far as the best place to work and looking after our people are concerned.

The key workforce challenges remained 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. The home-grown agenda has seen a thriving apprenticeship programme exceed its target numbers and a gentle embarkation on an international recruitment journey has yielded initial positive results and much organisational learning. Our recruitment activities have also extended to collaborative arrangements with system partners to some specialist roles.

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

We continued to deliver a range of internally and externally provided development programmes to support continuing professional and leadership development. We have also maintained consistently high levels of compliance with mandatory training and appraisal activities 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 to us, but it is pertinent to note here; the slight rise in the participation level to 45% and whilst slightly below the sector average, the

statistically significant improvement in our staff engagement score, is a positive affirmation of our efforts to improve communications and engagement with our people and through that, improve morale. The section on Staff Survey also details the shift away from the traditional lines of enquiry, to more closely align with the People Promises and so be a more accurate reflection of our efforts to deliver the People Plan.

And finally, whilst not completely clear of the impact of the COVID-19 pandemic, our workforce has been gradually returning to some more normal and more creative ways of working, benefitted greatly by the implementation of Smarter Working in corporate areas. We have continued to learn and adapt to new ways of working and delivering care across our workforce remains our most valuable and cherished asset, which we have continued to support to work safely and effectively in giving the best care to our service users.

Workforce Planning

In October 2018, NHS Improvement published 'Developing Workforce Safeguards' highlighting policy and best practice in effective staff deployment and workforce planning. Included in those safeguards were new recommendations to strengthen the commitment to safe, high-quality care in the current climate. The recommendations help the Trust to ensure short, medium, and long-term strategies and governance systems are in place which assure the Board that staffing processes are safe, sustainable and effective.

Work on the 2021/22 NHS England & Improvement planning round and implementation of these recommendations has resulted in long term 5-year plans being produced for all Trust clinical services, with the following systems and strategies in place to ensure plans are regularly reviewed and updated:

- Workforce plans are aligned to financial plans and linked to the Trust Clinical Workforce Strategy, with oversight on progress of workforce plans at the Workforce Optimisation Assurance and Governance Group which reports to the Workforce and Equality Committee and 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 eRostering 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 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 PIPA meetings), weekly (as part of eRostering planning meetings), and reported monthly to the Compliance Group and Safer Staffing Steering Group as exception reporting on CHPPD (Care Hours Per Patient Day), unused contract hours, working time directive breaches and fill rates/staffing levels; and
- The eRostering system and MHOST calculations are also utilised for medium to longer term establishment setting objectives on an annual basis.

Workforce targets

The Trust has a number of 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 Board indicators	2021/22	2021/22	2020/21	Trust Position
	Target	Performance	Performance	
Mandatory training (excluding information governance compliance)	80%	96.47%	94%	Achieved target
Information Governance training	95%	90.94%	90%	Not achieved
Staff receiving appraisal	80%	86.71%	91.87%	Achieved target
Labour turnover	10%	14.25%	12.96%	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	2021/22 Total Number	2021/22 Permanent Number	2021/22 Other Number
Medical and dental	99	69	30
Ambulance staff			
Administration and estates	882	818	64

Average number of employees	2021/22 Total Number	2021/22 Permanent Number	2021/22 Other Number
Healthcare assistants and other support staff	516	492	24
Nursing, midwifery and health visiting staff	1212	1175	37
Nursing, midwifery and health visiting learners			
Scientific, therapeutic and technical staff	565	514	51
Healthcare science staff			
Social care staff			
Agency and contract staff			
Bank staff			
Other			
Total average numbers	**3274**	**3068**	**206**
Number of employees (WTE) engaged on capital projects			

Table 3: Staff breakdown by occupational group

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

Category	Female	Male
Directors (voting members of the Board)	2	4
Other senior employees	67	16
Employees	2549	587
Total	2618	607

Table 4: Breakdown of Directors and senior employees by gender

Sickness absence

The Trust Board 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 its Finance, Business and Investment Committee regularly reviewed

sickness performance against a target set at 4%. At the end of March 2021, the Trust recorded a sickness level of 5.14%. Sickness absence has been discussed at Care Group performance meetings and support is provided to all staff through our Wellbeing@Work programme. Details of our sickness absence rates from previous years are shown below:

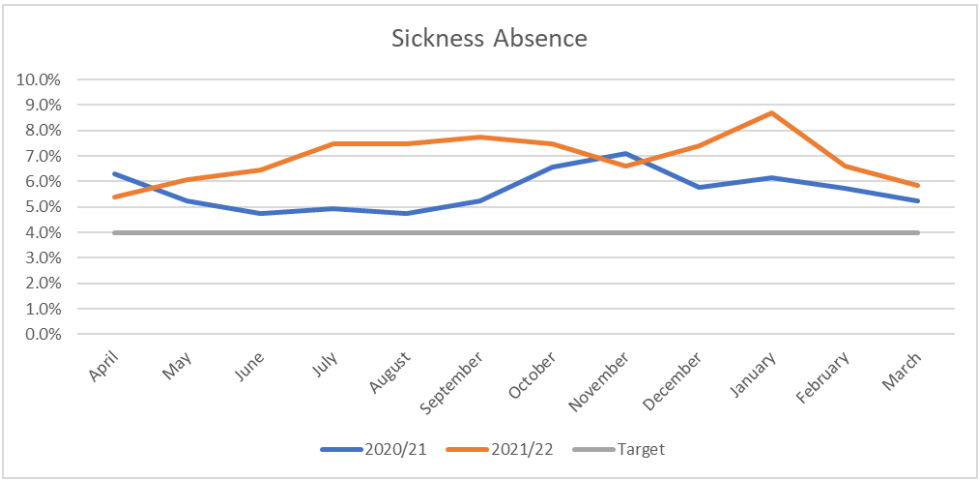


Diagram 1: Sickness absence data over last two years

For 2020/21, staff sickness absence data is not required by the Annual Reporting Manual for Foundation Trust or the Department of Health and Social Care Group Accounting Manual to be disclosed in annual reports. This disclosure may be replaced with a link to where information is published by NHS Digital, which is shown below:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Labour Turnover

The Trust Board recognises that labour turnover can also have a detrimental impact on the organisation from both a quality and financial perspective. During the year the Board and its 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 2022, the Trust recorded a turnover level of 13%. Labour turnover has been discussed at Care Group performance meetings and exception reports/ hotspot areas escalated to Risk and Compliance Group and Board. Details of our labour turnover rates for 2021/22 is shown below:

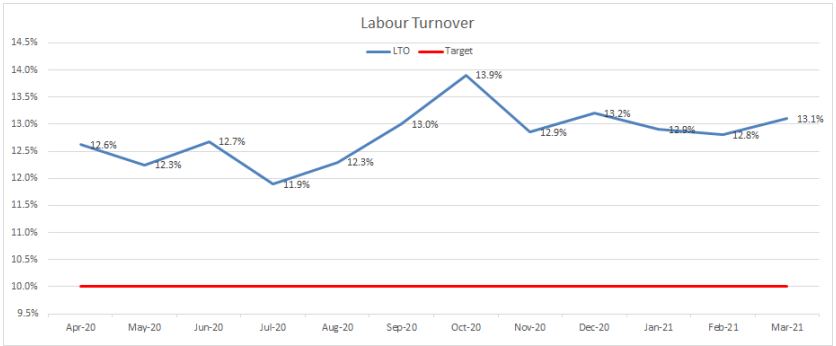


Diagram 2: Labour turnover data for 2021/22

For 2021/22, labour turnover data is not required by the Annual Reporting Manual for Foundation Trust or the Department of Health and Social Care Group Accounting Manual to be disclosed in annual reports. A link to information published by NHS Digital, however, is shown below:

NHS workforce statistics - NHS Digital

Staff policies and actions

As an employer, we aim to ensure that we are fully compliant with our legal, statutory, regulatory and moral obligations and the basis of that compliance is our commitment to constantly reviewing our policies and procedures, which impact on our people. We review existing documentation and create new approaches in partnership and through consultation with key stakeholders within and external to the organisation. We also benchmark with partners in Place, System and further, to ensure we are consistent in our employment practices and at the forefront of legislative requirements and best practice. Over the past year, we have introduced three new policies in relation to Smarter Working, Mandatory Coronavirus Vaccination, and Disability; as well as revisions to four further policies, including Disciplinary and Special Leave.

As well as those policies, a total of twenty procedures were reviewed and updated. All of our policy and procedural documentation is available via the Trust intranet facility and advice, guidance and training on interpretation and implementation is provided through our Human Resources Operations team.

You're A Star Awards

Each year we celebrate the achievements of extraordinary Care Trust staff and volunteers through our You're A Star Awards (YASA) ceremony. Nominations come from colleagues across the Trust and the awards recognise the everyday heroes, who have gone the extra mile to support local communities. Now in its seventeenth year, and proudly sponsored by Sovereign Healthcare, YASA is one of the highlights of the Trust's calendar. Our 2021 winners are listed below.

Unsung Hero Award Category: this category went to graduate management trainee **Awais Siddique**, who stepped up and beyond his role, bringing boundless energy and willingness to projects ranging from setting up a regular live broadcast for staff from the Trust's executive team, to supporting the establishment of hospital and community vaccine sites.

Working Together Award Category: Our winner of this award went to the ***Care Trust Way*** **team.** Conversations with over 1000 members of staff about their experiences of the pandemic helped to scoop the award, alongside their work on the Trust's Learning Week, having also been finalists in the Health Service Journal Awards for this work.

Non-Clinical Stars Award Category: The winner of this category went to the **Personal Protective Equipment (PPE) team**, with personal protective equipment being central to the Trust's ability to deliver services during the pandemic the team ensured regular, safe and consistent. They ensured regular, safe and consistent distribution of millions of items of PPE to all Trust services, including the staff vaccination centre at Lynfield Mount Hospital and public vaccination centres at Jacob's Well and Bradford College.

Paula Ottley, Head of Estates & Facilities

Improvements and Innovation Award Category: the Foot Clinic team from the Diabetes Centre at Airedale General Hospital in Keighley were worthy winner for their use of 'foot selfies' to ensure patients who were shielding due to COVID-19 could be triaged appropriately, monitored, reviewed, and even admitted to hospital if required during the pandemic.

Service User, Carer and Volunteer Contribution Category: The **winner of this category** went to Volunteer Ted Wilkinson who has given his time, energy and enthusiasm to support the COVID-19 testing teams across Bradford.

Team of the Year Category:
The staff at the **Acute and Psychiatric Intensive Care Unit (PICU)** at Airedale Centre for Mental Health and Lynfield Mount Hospital picked up this category for showing relentless courage, compassion and resilience over the past 12 months. They delivered outstanding care to people in acute mental health crisis, including caring for COVID-positive people whilst keeping staff and other service users COVID-safe.

COVID-19 Award: Our winner of this award went to Infection Prevention and Control Lead Nurse and Manager **Samantha Moorehouse** who has educated and trained staff in the use of Personal Protective Equipment (PPE), lateral flow testing and working safely in both clinical and office environments, as well as supporting delivery of the COVID-19 vaccine.

Living Our Values Awards

The monthly Living our Values awards recognise those staff that have gone above and beyond in their roles, 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 Chief Executive and the winners each receive a certificate that includes brief details of why they were

nominated for the award. The monthly winners are all invited to the Trust's annual You're a Star Awards event, where we announce an overall winner for that year, in each category. A selection of the winners during the year is shown below.

We Care

Winner in January 2022: our **Patient Advice and Complaints team** were recognised as a positive team who deal with distressing situations with kindness and compassion, and who are genuinely motivated to help support enquiries in a fair and respectful way. Their care extends to the people directly around them and they recently demonstrated the most incredible response, going above and beyond to support a staff colleague in severe distress.

They have maintained an excellent service throughout the pandemic, with one complainant illustrating their impact as follows, 'Thank you for dealing with my complaint with due diligence and compassion, it gives us hope to know that there are professionals who care during the most difficult time of my life, you ensured that the process was as easy as possible'.

We Listen

Winner in August 2021: our **Windhill/Idle District Nursing Team** continued to provide high quality care throughout the most challenging of times and pulled together to find alternative ways of delivering effective care during the pandemic. The team received two letters of appreciation from families highlighting exceptional care of their loved ones. The team was nominated for demonstrating such care and compassion in very difficult circumstances when supporting a number of palliative patients and their families.

We Deliver

Winner in September 2021: our **Mental Health Act Department** were nominated for their work in supporting service users on the wards and in the community during the pandemic with hospital manager and tribunal hearings. This involved significant remote coordination with ward staff, solicitors, carer coordinators and service users to ensure reports were delivered on time and an effective service was provided via MS Teams, despite the social distancing restrictions that were in place. It enabled essential hearings to take place and ensure a fair and transparent process continued for our service users.

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 ten awards are issued each month. The *Thanks a Bunch* scheme was launched in early 2021 and since then 329 nominations have been made with 150 awards issued. A sample of quotes from nominated staff are shown below:

- *'It was really fantastic to receive the award, particularly after a very challenging period. Although I receive a 'thank you' regularly this was special and I was very touched to have been nominated and selected as a winner'.*
- *'Receiving the Thanks a Bunch award came as a huge surprise and it was received gratefully. I have been in the nursing profession for many years and this is the first time that I have ever had a proper recognition and feedback from the care that I have delivered. I felt respected in my profession as a nurse and honoured that the care provided to a patient in the most difficult times was acknowledged and appreciated. I felt overwhelmed at the time of hearing that I had been put forward for this award'.*
- *'I was really pleased to receive the reward, particularly as the work I did had been particularly challenging and I was feeling a bit low and detached from the service at that point. It made me feel that the work I had done had been valued and re-ignited my motivation'.*

Wider recognition of our staff

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

Our 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.

Saliha Sadiq won 'Fundraiser of the Year' in the Telegraph and Argus' Community Stars Award. Saliha is a primary mental health worker in the Trust's Child and Adolescent Mental Health services (CAMHS) and received the award for her hard work in the community for her mental health support, as well as supporting charities and wellbeing projects, both locally and internationally.

The Trust received its second gold star from the Carers Trust for its community and inpatient mental health services, for actively supporting and involving carers to improve their experience and for the quality of care. **The Triangle of Care membership scheme**, run by the Carers Trust, encourages healthcare organisations to commit to improving the experience of unpaid carers for people they provide support to. The scheme aims to develop good practice and ensure that carers are included and recognised as partners in care. The award means the Trust has met the key standards, evidenced through an assessment and a supporting action plan.

Internal communications with our staff

We have 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 SLT.

Ensuring effective internal communications has been critical over the last 12 months to support service continuity during the pandemic, with a number of 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 we completed a **review of internal communications** to ensure our approach continued to meet staff needs and changing work practices, including home

working. We asked staff about our communication behaviours and where they prefer to access information - our channels - through an on 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 are 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 our Executive 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 MS 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.

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 our 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 doctor and older peoeple's representation. This year we have held 12 Schwartz Rounds over the period this reporting period and themes have included 'Removing the barriers,' 'the power of gratitude' and 'What, you too? I thought I was the only one!' We have also facilitated two time-out sessions for CAMHS 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 LMH library staff as a way of encouraging more staff to share their stories and hopefully come forward in future Schwartz Rounds.

Freedom to speak up is a wider strategic approach to positive cultural transformation and improvement and we want to create a culture of listening, where all staff feel safe and able to speak up about any obstacles to delivering high quality care. Our **Freedom to Speak Up Guardian** (FTSUG) and Deputy Guardian are independent, impartial and work alongside the SLT to ensure concerns are addressed promptly and effectively; all staff can speak to them in confidence. During the year, 71 cases were reported to the FTSUG to raise a variety of issues (an increase from 57 the previous year), which have been investigated and acted upon to improve services. Further information about the FTSUG developments is included the Trust's 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 has been meeting on a more regular basis to deal with the issues the pandemic has brought the Trust, and to discuss key strategic issues which have impacted on staff.

Speediness of resolving any PPE issues or any other COVID-19 related issues was enabled by meeting weekly with the whole Trade Union representative team to resolve matters at source and keep staff and patients safe throughout the pandemic. This worked really well by everyone, including Silver Command, having a close connection with what was happening on the ground. We worked well together to find the quickest solutions and sometimes had to think very creatively. We addressed any issues as they came up, saving time, money and kept staff and patients at the heart of everything we did.

There was some tough decision making around what we could stop doing and how best to keep things running smoothly even though everyone was incredibly busy. Working from home changed things incredibly. People were more easily accessible and this too helped resolve issues in real time, saving time and money, and also relieved stress for staff involved in making those decisions.

Staff Side representatives were also critical to the success of ongoing projects such as Smarter Working, are key partners in our Health and Safety activities and were very supportive of our approach to helping to 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 to undertake their trade union duties, which includes participating in the work of the Staff Side Partnership Forum and to support individual colleagues. We have 13 employees who are 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 and in some cases is very small. Two employees spend up to 20 percent of their time on trade union duties. None of the other employees spend more than 10 percent of their time on such duties. In total, trade union representatives spent 2,248 hours on union duties, at a cost of £40,517, which equates to 0.03% of the Trust total pay bill.

Continuing to support innovation – our iCare programme in 2021/22

The Trust's iCare programme, providing the opportunity for staff to make suggestions about improving services, reducing waste or bringing new ideas to the market, has continued to gain traction and recognition both within the organisation and externally.

In 2021, iCare launched Innovation Quest which set out a new and exciting approach to innovation in the Trust, focusing on a range of education and training events and development opportunities and harnessed support for and interest in innovation across teams. For the first time our new competition – the Innovation Awards – made available small funding allocations of up to £2,000 to develop, run, experiment or pilot innovative projects which supported delivery of the Trust's strategic objectives in 2021/22. We were interested in funding ideas and projects that could make a positive change at the Trust 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.

Our 'Innovation Panel' made the funding decision on applications for Innovation Awards in September 2021. The panel considered all applications made to the Innovation Awards and was made up of a diverse number of colleagues from within the improvement, research, clinical audit, innovation and Executive Management Team. From October

2021 through to March 2022 the selected projects have been developed and delivered, where are summarised below:

- **Coping Skills Group (Joanne Frankland, Senior Psychological Therapist, Adult Mental Health):** This project aims to engage people at risk of crisis in a digital intervention through the loaning of IT devices. Service users who have no access to smart phones/tablets and the internet are being targeted so that clients within our Intensive Home Treatment Service have access to much needed psychological interventions via online groups.
- **CAMHS Voluntary Peer Support (Kehksha Azam, Assistant Psychologist):** Recruitment and training of four volunteer peer support workers in Child and Adolescent Mental Health Services. The peer support workers will run groups with young people within CAMHS, providing insight to our service user experiences and opportunities to influence service development and clinical practice.
- **Effective Learning Environments, Speech and Language Therapy (Name, Speech and Language Therapist):** Project focusing on expanding clinical placement capacity with speech and language therapy using new technology. Using Hololens, a virtual reality headset the aim is to enhance the student experience, increase student numbers and enhance clinical learning within the team.
- **Life Skills resources for volunteers (Rachel Jones, Therapeutic Volunteer Coordinator, Adult Mental Health):** Design and print of a prototype of Life Skills resources that enable service users with mental health problems increase their independence in readiness for discharge. Development of the resources has been co-produced with service users and provides a baseline for future work around the development of a digital offer. This is a bespoke tool for our service users.
- **Virtual Tour Films (Chris North, Dementia Lead and Stephen Simpson, Autism Lead:** Creation of a virtual tour for the older people's memory assessment service at Westbourne Green Health Centre and the BANDS team/CMHT at Horton Park. Patients will be able to access the video to give them a clear idea of what to expect when attending appointments. The idea has been informed by clinical knowledge about how patients with dementia and autism struggle with new environments and has been developed in collaboration with the Society for Neurodiversity.

NHS Staff Survey 2021

Introduction

The Trust's staff survey showed a slight increase on last year's response rate, from 44% to 45%, varying across Directorates and Care Groups. The majority of Trust-wide question results showed similar scores to comparable organisations and to last year – retaining the marked improvements in 2020. Analysis of our results against 9 national theme areas (7 of which are new this year to align with the NHS People Promise) concluded there was no significant variances to comparable organisations. However, the improvement of the staff engagement score from 7.0 in 2020 to 7.1 in 2021 was the third highest increase in England.

The Trust 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. Further information on the Staff Survey is provided later in this chapter.

Staff Experience and Engagement

Staff satisfaction and engagement are key to delivering high quality, values-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 Q&As with the Executive Management Team; 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 two-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 2021/22

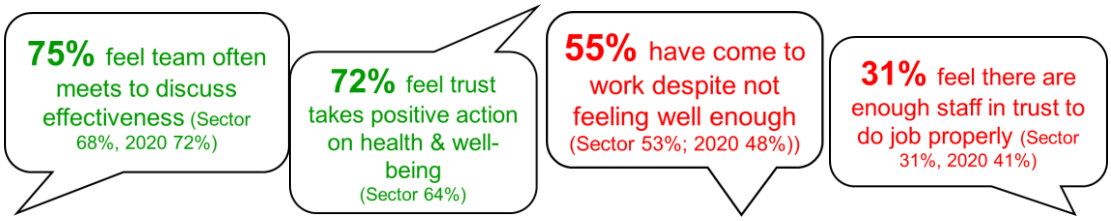
The NHS Staff Survey 2021(NSS2021) ran from 4 October to 26 November 2021, following a comprehensive communications plan. NHS Quarterly Pulse Staff Surveys (QSS) were held in July 2021 and January 2022, which repeated the staff engagement questions from the annual survey. Our new provider supporting the delivery of the mandated annual and quarterly surveys is Quality Health (IQVIA).

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. These replace the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

Scores for each theme together with that of the survey benchmarking group (combined mental health, learning disability and community trusts) are presented in Tables 5 and 6 below. These demonstrate that there are no significant differences to the national average scores for 52 comparable organisations* (Trust theme scores all the same or slightly higher). However, the improvement of the staff engagement score from 7.0 in 2020 to 7.1 in 2021 was the third highest increase in England.

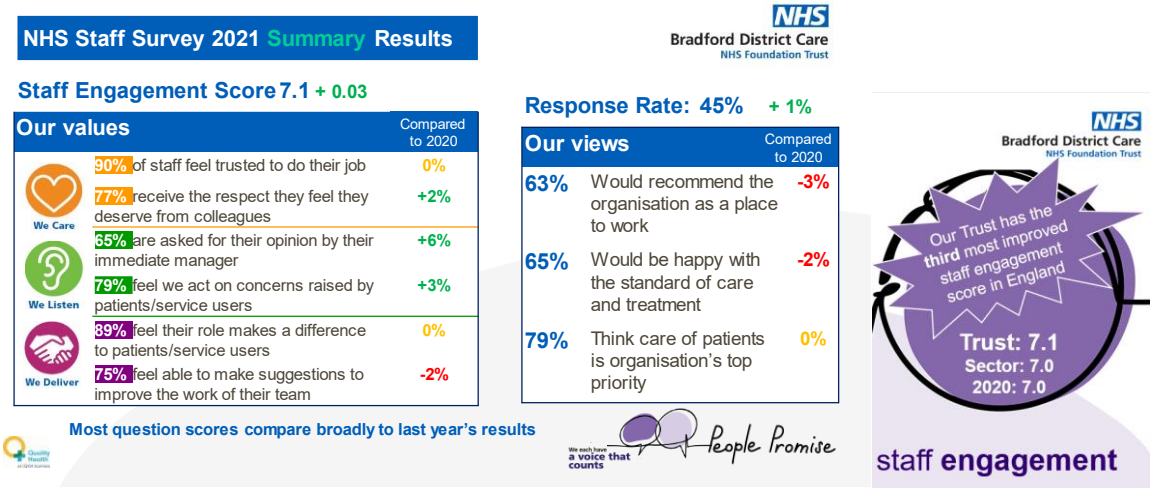
Other Trust-wide headlines:

- The Trust's response rate to the survey showed a small increase on last year, from 44% to 45%, varying across Directorates and Care Groups.
- Following the significant improvements to 43% of the Trust's core question scores in 2020 from 2019, the 2021 scores compare broadly to last year's results, with 86% with no significant change.
- Most question scores are in the intermediate-60% range of comparable organisations*. There are 13 scores in the top-20% range and 14 in the lower-20%.
- Significantly lower scores compared to sector* typically relate to physical and emotional wellbeing, such as staff experiencing musculoskeletal problems and work-related stress. There have been four significant declines since 2020, all related to workload pressures, staffing numbers and work-related stress.
- Significantly higher scores compared to sector* include support for work-life balance, health and wellbeing, flexible working and team effectiveness; and a high number of staff say they had an appraisal in the last 12 months. Five scores have significantly improved, including lower levels of harassment, bullying and abuse from colleagues, staff feeling secure raising concerns about unsafe clinical practice, and staff feeling confident that their concerns would be addressed. Opportunities to show initiative and contribute opinions also improved significantly.



- The questionnaire also contained 6 questions set by the Trust, largely repeated from 2020, on the themes of improvement/engagement and leadership/values. Scores were comparable or improved from 2020.
- A shorter quarterly pulse survey was made available to all staff in January 2022, returning a response from 495 staff, and returning a staff engagement score of 7.2. Results of the next Quarterly Surveys will be available in May and July 2022 and provide ongoing comparisons for review.

*Note – 'Comparable organisations' refers to the benchmark group of other combined mental health/learning disability and/or community Trusts, of which there were 27 in total in the Quality Health reports; and 51 in total in the coordination centre reports.



	2021/22	
THEME	**BDCFT**	Benchmark Group**
People Promise:		
We are compassionate and inclusive*	**7.5**	7.5
We are recognised and rewarded*	**6.4**	6.3
We each have a voice that counts*	**7.0**	7.0
We are safe and healthy*	**6.2**	6.2
We are always learning*	**5.7**	5.6
We work flexibly*	**6.9**	6.7
We are team*	**7.1**	7.1
Staff engagement	**7.1**	7.0
Morale	**6.1**	6.0

* New NHS People Promise themes for 2021

**Benchmark Group is combined mental health/learning disability and/or community Trusts, of which there were 51 in total

Table 5: Staff Survey theme indicator scores 2021/22

	2020/21		2019/20	
THEME	BDCFT	Benchmark Group	BDCFT	Benchmark Group
Equality, diversity and inclusion	9	9.1	9.0	9.1
Health and wellbeing	6.3	6.4	5.9	6.1
Immediate managers	7.3	7.3	7.1	7.2
Morale	6.4	6.4	6.1	6.3
Quality of care	7.4	7.5	7.2	7.4
Safe environment – bullying and harassment	8.4	8.3	8.0	8.2
Safe environment - violence	9.6	9.5	9.5	9.5
Safety culture	6.9	6.9	6.7	6.8
Staff engagement	7.0	7.0	6.8	7.1
Team working	7.0	7.0	6.8	6.9

Table 6: Staff Survey theme indicator scores 2019/20 and 2020/21

Future priorities and targets

The ongoing consideration of the results by the Board, Executive and Senior Leadership Team is now being supported by more detailed review with managers and staff at the local level. There has been some delay in receiving all team and service results, due to changes to this year's survey. The process of dissemination and determining priorities is as follows:

- Summary Trust-wide results shared with all staff via a comprehensive communication programme from mid-March 2022, including a dedicated Executive Broadcast, eUpdates, Chief Executive vlog, detailed SharePoint pages, and summary screensavers/posters of key results against the new NHS People Promise themes.
- This connects with other Trust listening and engagement activity, such as the crowdsourcing conversation on speaking up, *Care Trust Way* and iCare programmes, through the active Staff Networks for protected characteristics, Union representatives and workshops by Staff Governors with targeted services. Further consideration on how to engage front-line teams continues, including an options analysis for a potential staff engagement app.
- All local results are being disseminated via managers from late April. via bespoke summary infographics prepared in-house for each of the Service staff groupings to enable effective and creative dissemination and discussion amongst staff. Staff will explore together areas for improvement and celebration in their service and embed actions into existing improvement and post-pandemic learning work, rather than generate new action plans unless needed. Once all local discussions are fed back, priority areas in each Care Group/Directorate will be documented and monitored via the Senior Leadership team, Executive and Board.
- The granular level reporting also provides intelligence to enable comparisons, corporate responses, and action planning at the Trust-wide level, such as in workforce planning or wellbeing support. For example, the Psychological Therapies Team are reviewing staff survey local results to enable targeting of their services appropriately. Variable results relating to other corporate areas, such as smarter working, learning and development, equality and diversity are

being investigated and actioned by appropriate teams (including WRES and WDES analysis).

- Progress against these priorities will be monitored via the Board, Executives and SLT. It will be measured through the results of the Quarterly Pulse Survey planned for 2022/23 to monitor staff engagement scores on a regular basis, and through targets set in relevant strategies, such as the People Development Plan and Belonging and Inclusion plan. Inclusive and compassionate leadership will remain a key goal.

Other corporate responses and actions:

- The Trust recognises staff need support and feedback in relation to concerns about work pressure and staff numbers. Whilst this is a national issue, there are some assurances such as the Trust's ambitious recruitment and retention drive, working closely with system, regional and national partners to attract and maintain the right workforce. Our People Development Plan provides the framework to build and sustain improvements in staff retention and experience.
- The Trust continues to ensure ambitious staff wellbeing and recognition measures are at the heart of our delivery, aiming to build on the 72% of staff who already feel the Trust takes positive action on health and wellbeing, and the 63% who are satisfied with recognition for good work.

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 we want to enhance over the following four years, which are:

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

On 21 May 2021, our 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 organisation, improving the staff and patient experience.

1. To treat everyone as a unique individual, valuing the difference they bring.
2. To continue with our 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; and
3. To have robust systems in place to ensure that we measure our success.

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

Our 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.
- An organisation 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 and,
    - 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 our own work practice leading to improvements for our workforce and improvement for the people who use our services.

Diagram 3: Word cloud from staff engagement exercise

Over the first six months of the plan's delivery, we have:

- Reviewed our Equality Impact Assessment processes and drafted a new policy to ensure quality and consistency of these processes across the Trust.
- Approved our process for identifying a network of Equality, Diversity and Inclusion Influencers who will support in the delivery of the plan.
- Met our NHS Workforce Equality Standard reporting requirements.
- Published our Gender Pay Gap information and developed actions to address our 7.6% Gender Pay Gap.
- Developed staff resources that promote the development and delivery of inclusive services and workplace cultures, for example:
    - An Anti-Racism Tool Kit.
    - A Disability Resource Page
    - A Domestic Abuse Resource Hub
    - Wellbeing Support for Diverse Colleagues

    - An Equality, Diversity and Inclusion Calendar of events, celebrations and campaigns.
- Piloted the NHS Rainbow Badge Phase II processes and been assessed as bronze within that new system.
- Launched two Reciprocal Mentoring programmes 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.

For more information on our Equality, Diversity and Inclusion work and priorities visit Equality, diversity and inclusion - BDCT

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. These 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 of Staff by Service Users, Carers and Relatives Policy;
- Dignity and Respect Policy;
- Disability Policy; and
- Flexible Working Policy.

Signed: ……

Therese Patten, Chief Executive

Date: 16 June 2022

Financial performance

Introduction

This section and the Annual Accounts have been prepared in line with relevant guidance, including the Group Accounting Manual (GAM) for the Health and Social Care sector for 2021/22 and under a direction issued by NHSI under the National Health Service Act 2006. The Accounts are fully compliant with accounting practice required through International Financial Reporting Standards (IFRS). The Trust's accounting policies are set out in the Annual Accounts and have been consistently applied over the period.

Financial Performance for the year ending 31 March 2022

Temporary nationally determined funding arrangements continued to be in place during 2021/22 to ensure that the NHS had the required resources to safely deliver services during the pandemic, with NHSE/I allocating fixed funding envelopes to each ICS (Integrated Care System) in England, which took into account the need to continue to deliver core services alongside managing the ongoing demands of responding to the pandemic. The Trust, along with other constituent partners of the West Yorkshire and Harrogate ICS, agreed a distribution of funding which would allow each organisation within the ICS to deliver at least a break-even position for the full year. In addition, national funding was made available to support the costs of running the vaccination centres and nationally supplied PPE (Personal Protective Equipment).

Throughout 2021/22 NHS Contracts continued to be suspended, including performance targets, CQUIN (Commissioning for Quality and Innovation) requirements and the finance Use of Resource ratings.

The Trust delivered a better than planned position of £1.365 million surplus, excluding impairments, against a break-even plan.

The Trust had turnover of £197.6 million in 2021/22 and, after expending £196.2 million, generated a surplus excluding technical adjustments of £1.365 million, or 0.69% as shown below:

Income and expenditure performance for the year ending 31 March 2022

	£000's
Income from Patient Care Activities	184,446
Other Operating Income	13,122
Sub-total Income	197,568
LESS:	
Operating Expenses	(195,599)

Interest Paid and Received	(42)
Public Dividend Capital	(562)
Sub-total expenditure (excluding impairments)	(196,203)
Surplus excluding technical adjustments	1,365
Impairments (reported in Operating Expenses statement)	(3,356)
Deficit including technical adjustments	(1,991)

Table 7: Income and expenditure summary

The reported surplus of £1.365 million includes compensating income from NHSE for £3.21million additional costs incurred during the year for running the Vaccination Centre in Bradford and for the supply of nationally procured PPE.

Income

Income from Patient Care Activities was £184.4 million and represented 93% of total income, including:

- 73.9% or £145.9 million from healthcare contracts with Clinical Commissioning Groups (CCGs), including the Trust's main commissioner; Bradford District and Craven CCG;
- 9.7% or £19.2 million from Local Authority Commissioners, including Public Health Grant funded contracts with Bradford Metropolitan District Council (BMDC) for 0-19 services (Health Visiting, School Nursing and Oral Health Promotion) and with Wakefield Metropolitan District Council (WMDC) for Health Visiting and School Nursing services;
- 7.7% or £15.1million from NHS England, including £9.4 million healthcare contracts for Low Secure Mental Health provision, Community Dental Services and Vaccination and Immunisations. In 2021/22 an increase of 6.3% in Employers' Contributions to the NHS Pensions Scheme was funded nationally but reported in the annual accounts for each organisation. This is reflected through equal and opposite adjusting entries equivalent to £5.756 million in the Trust's 2021/22 income and expenditure accounts, shown as income from NHSE; and the new Provider Collaborative contract for Adult Secure Services went live from 1 October 2021, the Trust now receives the associated income through a sub-contract with South West Yorkshire Mental Health Foundation Trust, who is the lead provider. Income was previously received from NHS England.
- 2.1% or £4.2 million from other sources including Speech and Language Therapy, and other income from patient care activities. The new Provider Collaborative contract for Adult Secure Services went live from 1 October 2021, the Trust now receives the associated income through a sub-contract with South West Yorkshire Mental Health Foundation Trust, who is the lead provider. Income was previously received from NHS England.

Other Operating Income was £13.1 million and represented 6.6% of total income, including:

- 1.5% or £2.9 million from 'Top up' income from NHSE income available to cover COVID-19 related costs; and
- 5.2% or £10.2 million from other operating income.

From 1 April 2020 Commissioning for Quality and Innovation (CQUIN) schemes were suspended in line with the temporary contractual arrangements for the NHS.

The following chart analyses all sources of Trust income:

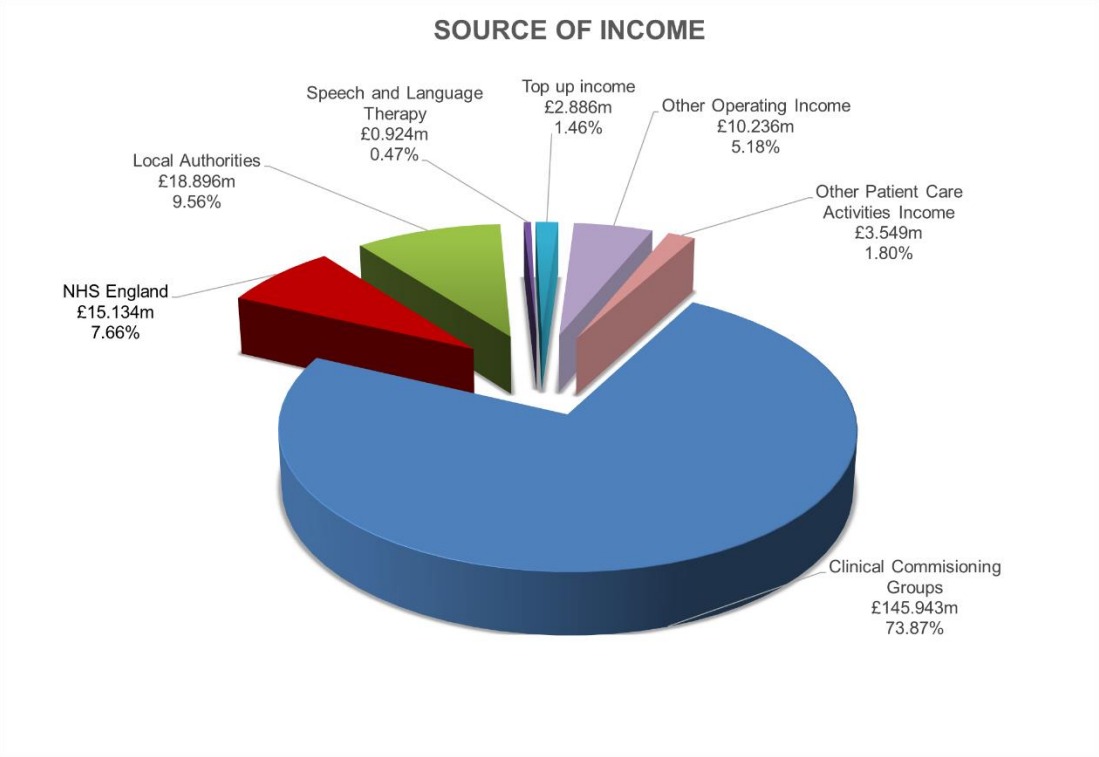


Diagram 4: Sources of Trust income

Expenditure

Operating expenses, excluding finance costs, were £199 million. Staffing costs are the largest driver of cost and represent £153.2 million, or 76.7% of the Trust's Operating Expenditure.

During the year, the Trust incurred additional temporary staffing costs due to high levels of inpatient ward occupancy and acuity and higher than planned medical and rostered ward staffing vacancies and sickness absence. During the pandemic, the Trust implemented measures to ensure that the COVID-19 infection risk was safely managed in the inpatient setting, resulting in a reduction in the number of available beds for admissions. Working with partners we secured additional capacity through a Quality Assured contract for the provision of additional capacity as local as possible, which has resulted in increased costs with the Independent Sector. An analysis of operating expenditure is given in the chart below:

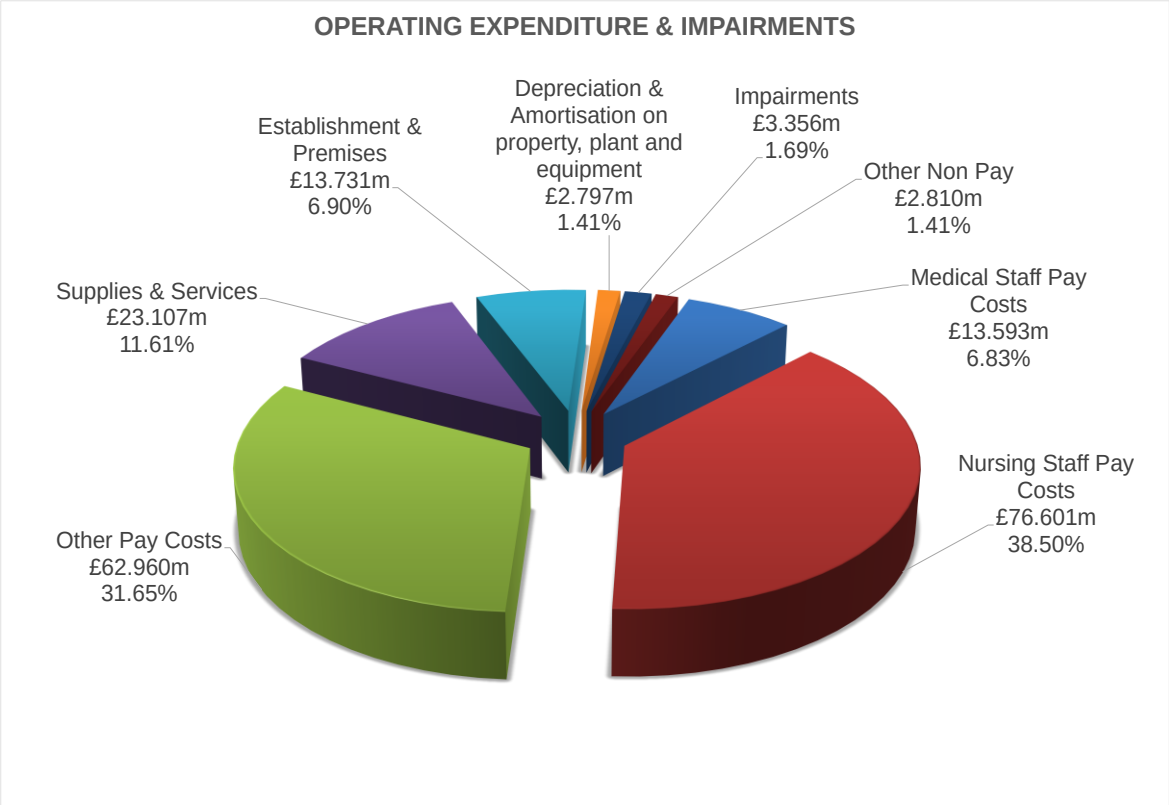


Diagram 5: Summary of Trust expenditure

Improving efficiency and ensuring value for money

The national financial regime that has been in place during the pandemic temporarily reduced the level of productivity and efficiency requirements for the NHS, with clear expectations of moving back to normal business arrangements in 2022/23. In preparation, the Trust established the Sustainability Programme in Summer 2021 to re-energise efficiency planning, refresh and restart strategic programmes and scope opportunities for improving value for money.

During 2021/22 the Trust planned to achieve cost efficiencies of £2.3 million and exceeded the plan by delivering £2.4 million.

Capital expenditure

The Trust Board approved a £6.03 million capital programme budget for 2021/22, this was both at a level felt to be required by the Trust, and affordable within the overall capital programme budget prescribed for the West Yorkshire and Harrogate Health and Care Partnership. The capital programme was supplemented in year with additional Mental Health capital funding for the development of the Assessment and Treatment Unit (ATU) in Bradford of £1.645 million and £0.1million for digital enhancements bringing the total capital allocation to £7.775 million. The capital costs for the year amount to £6.01 million which are below the capital allocation by £1.76 million, with the capital underspend being re-prioritised for emerging pressures within the wider West Yorkshire system.

The capital programme has supported the investment of £6.01 million in the following developments:

- £1.5 million investment in information technology;
- £1.2 million further enhancements for anti-ligature doors and windows at the Trusts two mental health inpatient facilities;
- £1.4 million refurbishment, maintenance and upkeep of the Trust's inpatient environments at the Lynfield Mount Hospital (LMH) and Airedale Centre for Mental Health sites and including initial fees to draft a strategic outline case to redevelop the main 1960s central adult acute inpatient and supporting services block at LMH;
- £1.8 million investment in a new Assessment and Treatment Unit; and
- £0.1 million purchases of medical, catering, dental and other equipment to support our ongoing compliance with relevant regulatory requirements.

The capital programme was funded by depreciation of £2.797 million supplemented by cash reserves of £1.469 million. The Trust also received £1.745 million of Public Dividend Capital (PDC), for additional capital funding approved in year for the ATU development and digital enhancements.

Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £34.66 million as at 31 March 2022.

Cash balances have accumulated over a number of years, with increased cash balances resulting from the proceeds of asset sales, prior year surpluses and national Sustainability and Transformation Funding. Most recently, in 2021/22 national funding has been made available to support the loss of non-NHS income of £0.7 million and an interim payment for the increase in annual leave untaken of £0.96 million and the underspend on the Trust's annual capital programme.

Financial governance – Treasury Management

As an NHS Foundation Trust, the Trust is able to generate income by investing cash. Following national changes to the calculation of Public Dividend Capital (PDC) in 2013/14, the Trust has maintained most cash balances with the Government Banking Service (GBS). The Trust manages working capital proactively and consistent with the NHS Better Payment Practice Code. The Trust's cash balance was sufficient to meet operational and capital outgoings throughout 2021/22.

Late Payment of Commercial Debts (Interest) Act

The Trust made no payments under the Late Payment of Commercial Debts (Interest) Act 1998 in 2021/22.

Valuation of assets

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

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided. This includes the Lynfield Mount Hospital and Airedale Centre for Mental Health sites.

Auditor remuneration

External Auditor fees for 2021/22 were £84,000 and incorporate fees relating to the Trust's Annual Accounts and the additional responsibilities in forming a value for money risk assessment. In line with updated guidance from NHSI, assurance over the Quality Report is not required this year. The fee for the audit of the Trust's Charitable Fund Accounts is yet to be confirmed.

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 Monitor 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 2022.

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 Pages 101-103 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 2022 was as follows:

	2021/22	
	Number of Invoices	Value of Invoices £000's
Non NHS		
Total bills paid in the year	15,198	55,088
Total bills paid within target	13,886	52,372
Percentage of bills paid within target	**91.4%**	**95.1%**
NHS		
Total bills paid in the year	670	7,349
Total bills paid within target	449	5,850
Percentage of bills paid within target	**67.0%**	**79.6%**

Table 8: Performance against the Better Payment Practice Code

In a Government-wide effort to minimise adverse economic impacts from the COVID-19 pandemic, all public bodies (including NHS bodies) have been asked to ensure prompt payments to suppliers; within seven days of receipt of goods or services. This requirement is effective from April 2020, and therefore is relevant to the 2021/22 accounting period.

Overseas operations

The Trust does not have any overseas operations.

Going concern disclosure

The Trust agreed a 2021/22 break-even plan with NHS Improvement. Trust performance for the year has exceeded that plan, with a surplus of £1.365 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 £34.66 million cash balances at the year-end.

After consideration of the funding agreed through 2022/23 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 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.

Non-NHS income disclosures

The Trust has met the requirement under the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that requires that the income from the provision of goods and services for the purposes of the health service in England are greater that the Trust's income from the provision of goods and services for any other purposes. There has been no impact from 'other' income on the Trust's provision of goods and services for the purposes of the health service in England.

Financial outlook for 2022/23

The Trust Board has approved a break-even plan for 2022/23, in line with its statutory duties. However, there remains a significant level of uncertainty and risk in these plans, not least because of:

- The impact of the ongoing COVID-19 pandemic in terms of
    - increased volume and acuity of demand for our services, and resultant backlogs and growth in waiting lists
    - longer term legacy of “Long COVID”
    - high levels of staff absence and sickness
    - Infection Prevention and Control (IPC) measures and their impact on productivity
    - managing the 57% reduction in COVID-19 funding in 2022/23
    - continuing need to send service users “out of area” to Independent Sector providers
- The evolution of Integrated Care Boards and systems
    - New governance, financial and contractual frameworks
    - Shared system responsibilities and risks

The Trust has robust risk management arrangements in place and has identified mitigations in respect of the key financial risks. In particular, the Trust’s sustainability programme was established in summer 2021 to respond to the national efficiency challenge. Through this, the Trust has developed a range of strategic programmes which will help to deliver our overall £14.4 million efficiency target.

The Trust has also approved a £4.9 million capital programme for 2022/23. This includes completion of anti-ligature doors and windows in prioritised ward areas, essential backlog maintenance, equipment replacement and enhancements in the community estate. Plans to build a new hospital at Lynfield Mount are still a major priority. The Trust submitted a £90 million proposal in September 2021, but national decisions regarding the next stage of the government’s New Hospital Programme have been delayed until after the 2022 local elections.

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 2022/23.

Signed: …….

Therese Patten, Chief Executive

Date: 16 June 2022

Accountability Report – how we are governed

Board of Directors

The Board of Directors 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 our strategy. It has a duty to ensure the provision of safe and effective services for our service users. 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; and
- 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 of the Trust chairs 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 taken into account 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; and

- Leadership.

The composition of the Board is in accordance with the Trust's Constitution. During 2021/22 there were 14 changes to individual members of the Board, outlined as follows:

- Simon Lewis, Non-Executive Director was appointed for a second term in office following delivery of ongoing satisfactory performance in November 2021.
- Carole Panteli, Non-Executive Director was appointed for a second term in office following delivery of ongoing satisfactory performance in December 2021.
- Cathy Elliott, stood down as Chair in December 2021 following her appointment as Board Chair for the West Yorkshire Integrated Care System (ICS).
- Carole Panteli, became Interim Chair in December 2021 until June 2022.
- Andrew Chang, Non-Executive Director was appointed as Interim Deputy Chair in November 2021 by the Council of Governors.
- Simon Lewis, Non-Executive Director was appointed as Interim Senior Independent Director in November 2021 by the Council of Governors.
- Mark Rawcliffe, was appointed as a Non-Executive Director in March 2022 by the Council of Governors.
- Alyson McGregor, was appointed as a Non-Executive Director in March 2022 by the Council of Governors.
- Dr Zulfi Hussain, stood down as Non-Executive Director in February 2022 at the end of his second term in office.
- Professor Gerry Armitage, stood down as Non-Executive Director in March 2022.
- Sandra Knight, stood down as Director of Human Resources and Organisational Development in March 2022 due to retiring.
- Bob Champion, was appointed through a competitive recruitment process as Interim Director of Human Resources and Organisational Development in February 2022 until August 2022.
- Patrick Scott, stood down as Chief Operating Officer and Deputy Chief Executive in March 2022 following his appointment to another Foundation Trust.
- Tafadzwa Mugwagwa, was appointed through a competitive recruitment process as Interim Chief Operating Officer in March 2022 until September 2022.

The Board comprises seven Non-Executive Directors (including the Chair of the Trust), six Executive Directors (including the Chief Executive Officer) and two Associate Directors (Chief Information Officer; Director of Corporate Affairs). 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. 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,

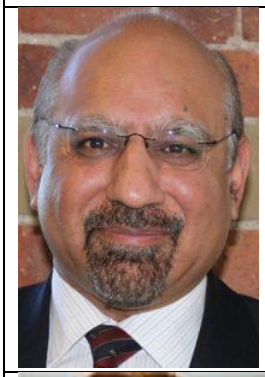
nursing or other health professional background. Non-Executive Directors have wide-ranging expertise and experience with backgrounds in finance, audit and regulation, business and organisational development, healthcare, human resources, commercial, legal, and third sector.

Further details about the role and responsibilities of the Board of Directors are included in Annex 7 of the Trust's Constitution (Standing Orders of the Board of Directors). All 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

	**Cathy Elliott, Chair of the Trust (until December 2021)** Alongside her Chair role, Cathy also has a Ministerial appointment as the independent Chair of Community and Business Funds for the Government's High Speed 2 (HS2) project and is a leading social policy advisor. In her advisory role, Cathy works with a range of not-for-profit organisations, particularly the national Power to Change Trust that supports community businesses, and the international Savannah Wisdom Foundation that tackles social inequalities. Cathy's previous experience includes Non-Executive Director for Tameside and Glossop Integrated Care NHS Foundation Trust, Chief Executive of Community Foundations for Lancashire and Merseyside, and interim Chief Executive of the national Cohesion and Integration Network charity, working with the Ministry of Housing, Communities and Local Government.
	**Carole Panteli, Non-Executive Director (until November 2021) and Interim Chair (from December 2021)** Carole has worked in the NHS for 42 years in a variety of roles including as a nurse, midwife and district nurse, followed by two 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.

	**Professor Gerry Armitage, Deputy Chair of the Trust Non-Executive Director, Chair of the Quality and Safety Committee (retired 31 March 2022)** Professor Gerry Armitage was a Registered Nurse, mostly in the field of acute child healthcare. After 13 years, he moved to the university sector and then to the University of Bradford in 1996, where he initially worked in a teaching and course leadership role, before moving to a primarily research role.
	**Simon Lewis, Non-Executive Director, Chair of the Workforce and Equality Committee (for this reporting period)** Simon Lewis brings considerable legal and professional experience to the Trust Board and was (for the reporting period) the Chair of the Trust's Workforce and Equality Committee. 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 a number of 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.
	**Andrew Chang, Non-Executive Director, Chair of the Audit Committee** 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, Andrew 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 Luminate Education Group. Andrew is also Audit Chair and Non-Executive Director at Yorkshire Ambulance Service NHS Trust.

	**Maz Ahmed, Non-Executive Director, Chair of the Finance, Business & Investment Committee** Maz, who is a qualified chartered accountant, is currently Operations Director for Morrisons Supermarkets plc. and has held a number of 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 NED role. He has a strong track record of leading organisational change and wide-ranging improvement initiatives, to meet customer needs. Maz started his career at Morrisons in 2008 as part of the newly formed internal audit function. He has led the implementation of a business-wide financial reporting system and strategic reviews of the manufacturing division, including the acquisition of new businesses. His leadership role includes building and promoting a culture of talent management, building capability and improving diversity. He is also the sponsor of Morrison's Black, Asian and Ethnic Minority (BAME) 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.
	**Dr Zulfi Hussain, Non-Executive Director, Chair of the Charitable Funds Committee (retired 28 February 2022)** Dr Hussain has worked with a variety of health authorities and trusts within the NHS on strategic leadership management issues. With extensive Board experience, Dr Hussain has been a highly regarded and effective member of a number of Boards including: BT's regional Board for Yorkshire and Humber, Business in the Community Advisory Board and the University of Huddersfield's Business School Advisory Board.
	**Mark Rawcliffe, Non-Executive Director (joined on 1 March 2022)** Mark has held senior roles in the financial sector for over 21 years and is currently responsible for building and delivering the Banking Digital Transformation Strategy for Lloyds Banking Group. His banking-based career quickly adapted from frontline posts in diverse communities, to more strategic roles including managing operations teams and leading large regulatory change programmes. Mark has successfully created and led change strategies whilst managing budgets at times when cost savings have

	been key, but also being cognisant of risks and complex regulation. The initiatives he has delivered have positively impacted millions of customers and he has been proactive in innovatively supporting vulnerable customers. His financial acumen and digital expertise broadens the Board's wealth of knowledge in these areas. He is also a member of various senior committees within the banking group. Outside work, Mark is a family man and is passionate around supporting charities that have helped his family. He actively fundraises for them to make positive contributions to the lives of people in the community.
	**Alyson McGregor, Non-Executive Director (joined on 1 March 2022)** Alyson has almost 40 years' experience working in a range of health roles in the public, private and voluntary sector as well as over nine years Board level experience with Bradford and Airedale Primary Care Trusts. Alyson started her working life in public health in Bradford and Airedale in 1983, managing health improvement services. She has worked at district, regional and national levels and is the co-founder and National Director of Altogether Better, an NHS network organisation. She has many years' experience of using systems' approaches and working collaboratively across organisational boundaries with people, to codesign solutions to the challenges and problems that both the NHS and people in communities are facing. Alyson is a member of the NHS Leadership Academy faculty and part of NHS England's Personalised Care Leadership Programme team. She was a member of the Prime Minister's GP Challenge Advisory Group, is a founding member of the National Social Prescribing Network Steering Group and is currently a member of the Volunteering Taskforce set up by the Cabinet Office. She was voted by the Health Service Journal as one of the top 50 inspirational women leaders in the NHS and was awarded an MBE for services to Collaborative Practice and service development in the NHS, in the 2021 New Year Honours list.

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 our 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.

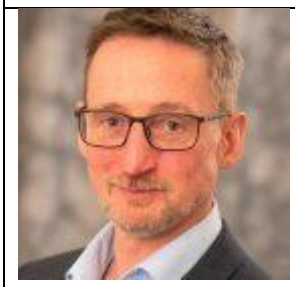
Therese joined Southport and Ormskirk from Alder Hey Children's NHS Foundation Trust in 2016, and previously worked at 5 Boroughs Partnership NHS Foundation Trust and Liverpool Community Health. She also spent a short period working in the private sector with GP provider companies. Before joining the NHS in 1999, Therese spent nine years working in health development in Zimbabwe, Somaliland and Pakistan.

Patrick Scott, Chief Operating Officer and Deputy Chief Executive (until 31 March 2022)
Patrick has extensive senior level NHS experience across both hospital and community services and a strong track record of working with clinicians, service users and commissioners across health and care, to drive service transformation and continuous quality improvement. He has also played a leading role in integrated care partnerships, working collaboratively with partners to jointly develop and deliver new services.

Patrick started his NHS career as a healthcare assistant. He then joined East Yorkshire Community Mental Health Trust as a community psychiatric nurse before moving to Humber NHS Foundation Trust as a clinical nurse specialist and manager of the department of psychological medicine and crisis services, and then head of the Trust's forensic offender health and addiction services.

Prior to joining our Trust, Patrick was Director of Operations at Tees, Esk and Wear Valleys NHS Foundation Trust where he had both strategic and operational responsibility for mental health and learning disability services across York and Selby.

	**Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Director of Infection Prevention and Control (and Deputy Chief Executive from 1 April 2022)** Phil's career spans 33 years across hospital, primary, mental health and community care settings. Since joining the Trust in 2012, she has held a number of senior roles and has a strong track record of leading large-scale service improvements, working with partners across the district. Phil, who is a registered nurse, was instrumental in reshaping the Trust's children's service and also worked alongside primary care providers to establish new community partnerships, to better support local communities' health and care needs. Previously, as a nurse consultant at Bradford and Airedale Community Health services, Phil was responsible for several initiatives including developing a specialist clinical service to support people with learning disabilities.
	**Sandra Knight, Director of Human Resources and Organisational Development (retired 31 March 2022)** Sandra has worked in a variety of corporate, human resources and organisational development roles at regional, district, hospital, community and primary care level. She joined the Trust in May 2007 having worked previously as Director of Corporate Development in Bradford City Teaching PCT and as interim director leading the HR, Communications and PALS/Patient and Public Involvement work streams, as the four PCTs merged to form Bradford and Airedale Teaching PCT. She is a qualified executive coach, ACAS trained mediator. She is a fellow of the Chartered Institute of Personnel and Development.
	**Dr David Sims, Medical Director, Caldicott Guardian** David is a child and adolescent psychiatrist and has worked as a consultant for the Care Trust since 2002, initially in Airedale and then as an autism and intellectual disability specialist. He was quality lead for the development of a parent training programme about the Autistic Spectrum, which is now used internationally. Following the development of new special schools, he supported the Care Trust's Child and Adolescent Mental Health Service (CAMHS) to run consultation clinics with special school nurses and moved clinical work into special schools. He has had a number of education roles for doctors in training, including six years as Training Programme Director for child and adolescent psychiatrists in Yorkshire.

	He was previously the Deputy Medical Director at the Trust, with responsibility for medical staffing, for a number of years. David is governor of a local special school for communication and interaction difficulties. He is a tutor for PRIME, a faith based medical education charity that aims to improve standards of health care education worldwide, and has made a number of short term visits to Nepal over the last ten years teaching mental health as part of multi-national teams.
	**Mike Woodhead, 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 CFO for Bury CCG, where he led the outline financial case for Greater Manchester (GM) 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.
	**Bob Champion, Interim Director of Human Resources and Organisational Development (joined on 28 February 2022)** Bob Champion is a Chartered Fellow of the CIPD and has worked in and around the NHS for around 49 years, starting as a hospital porter in Birmingham, before training as an operating department assistant working in theatres. His extensive experience includes almost 20 years working across the West Midlands and North Yorkshire Ambulance Services, where he was one of the first operational paramedics and finally Assistant Director of Personnel with the North Yorkshire Service, where Bob studied for his HR degree. Since the late 1990's, Bob has led human resources and organisational development functions at or around board level in a range of NHS organisations, in substantive, consultancy and interim roles. Bob is passionate about employee engagement, health and wellbeing, and partnership working with staff side colleagues, alongside equality and diversity, having chaired the National Equalities Forum in a previous role.

	**Tafadzwa Mugwagwa, Interim Chief Operating Officer (joined on 24 March 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** 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 is a non-voting member of the Board as an Associate Director.
	**Tim Rycroft, Chief Information Officer** Tim joined the organisation from Airedale NHS Foundation Trust, following seven years as Head of Information Technology (IT) and Information Governance (IG). 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 £12 million forensic training centre and introduced a range of innovative technologies to support operational learning. Tim brings considerable information management and technology (IM&T) 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.

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	15 April 2021	13 May 2021	10 June 2021	8 July 2021	9 September 2021	30 September 2021***	14 October 2021	11 November 2021	9 December 2021	13 January 2022	10 February 2022	10 March 2022
Non-Executive Directors													
Cathy Elliott	7/8	✓	✓	✓	✓	-	✓	✓	✓				
Gerry Armitage	10/12	✓	✓	-	✓	-	✓	✓	✓	✓	✓	✓	✓
Maz Ahmed	11/12	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Chang	10/12	✓	✓	✓	-	-	✓	✓	✓	✓	✓	✓	✓
Zulfi Hussain	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Simon Lewis	10/12	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-
Alyson McGregor	1/1											*	✓
Mark Rawcliffe	1/1											*	✓
Carole Panteli	10/12	✓	✓	✓	✓	✓	-	-	✓	✓**	✓**	✓**	✓**
Executive and Associate Directors													
Therese Patten	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Hogg	10/12	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	-
Phil Hubbard	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sandra Knight	10/12	✓	✓	✓	✓	-	-	✓	✓	✓	✓	✓	✓
Tim Rycroft	12/12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patrick Scott	10/12	✓	✓	✓	✓	✓	✓	✓	-	✓	-	✓	✓
David Sims	9/12	✓	-	✓	-	✓	-	✓	✓	✓	✓	✓	✓
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

There is an opportunity for members of the public to raise questions with the Board. Board members can be contacted via the Director of Corporate Affairs, 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 monitored new areas of performance. The Board maintained a strong level of governance across the Trust and continued with development and improvement initiatives throughout the COVID-19 pandemic. When deviation from the agreed work plan took place, the system to report progress made on those items through a

'Management of Deferred Items Log' was updated and formally reported to each meeting. Areas of continuous improvement for key priority areas for the Trust and where developments continue to be made throughout the pandemic include:

- well led and governance;
- risk management;
- improving oversight and assurance practices; and
- our *Care Trust Way* quality improvement framework.

The Board continued to review its governance arrangements in the light of the challenges the Trust was facing as a result of the pandemic and took account of the guidance from NHSE/I on 'reducing the burden' on Boards. The Board continued with its underpinning corporate governance arrangements and retained its planned Board and Committee meetings throughout 2021/22. Agendas were continually reviewed to ensure that appropriate focus and time was provided to key issues and where possible non time-bound reports and discussions were either carried forward and/or circulated outside of the meetings. During January and February 2022 Board and Committee agendas were once again temporarily streamlined due to the added pressures brought about by the Omicron variant, and deviations from work plans continued to be captured through the 'Management of Deferred Items Logs'.

The Trust has robust processes in place for annual performance evaluation of the Board, its Directors and its 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 two sessions during the year. The Annual Time Out was once again deferred as part of the streamlined governance processes to support the Trust's response to the pandemic;
- 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.

Improvements in our CQC rating following this year's inspection

During September 2021, the CQC carried out inspections of three of the Trust's community mental health services, alongside an inspection of the well-led domain for the Trust overall. The whole Trust was involved with preparing for and participating

with the inspection, including attending interviews and focus groups with CQC representatives as well as meeting inspectors on site and in services in the community. The Board was notified of the initial findings at its meeting on 9 December 2021, and following the factual accuracy process the Quality and Safety Committee discussed the outcome further at its meeting on 16 December 2021.

Despite the significant operational and governance challenges associated with responding to the COVID-19 pandemic, Trust services had not only managed to maintain high standards of care but had managed to make significant enough improvements to increase the Trust's overall rating from 'requires improvement' to 'good' during this time.

In preference to the development of an action plan, the Trust has committed to undertake or continue to progress a number of projects, programmes and activities which would continue to address the areas for improvement identified to us as a result of the CQC's inspection. The Quality and Safety Committee and Mental Health Legislation Committee receive regular reports on progress, and quarterly CQC updates are provided to the Trust Board.

Other governance activities

In line with the Trust Constitution, the Board Assurance Group, which had been established in January 2021 to support the Trust's participation in the partnership agreement to mobilise the Community Vaccination Centres, met twice during 2021. The Group met in June and September 2021 to discuss how to blend the vaccines on Community Vaccination Centre (CVC) sites, the introduction of the Moderna vaccine to the Trust's CVCs service, the introduction of children's pop-up services, and school immunisations. The decisions were formally ratified by the Board of Directors at the subsequent meetings.

Although the Ethics Committee set up as part of the Trust's response to the pandemic had been disestablished in February 2021, in response to the Government's decision not to make vaccinations mandatory for all NHS staff, an Ethical Assurance Group meeting was held in March 2022 with the purpose of considering whether patients had the choice to be seen, or not, by an unvaccinated member of staff. The outcome from this meeting was fed into the Quality and Safety Committee.

In response to growing concerns around workforce issues within the Trust, two Joint Committees were held, in September and December 2021, in order to bring together Committee expertise for deeper discussion and analysis on the topic. Further information on these two meetings can be found in the Board Committees section of this report.

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 is able to 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 and Harrogate system, with the Trust's template being adopted by some partnership collaborations.

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.

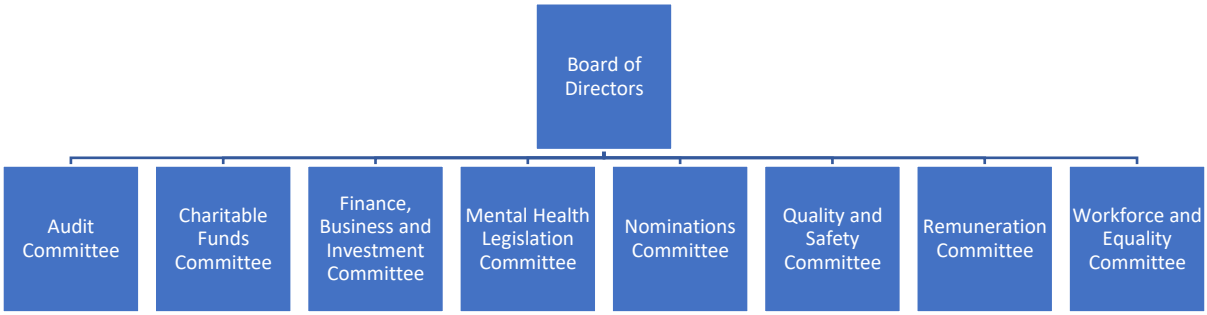


Diagram 6: Board Committees that support the Board of Directors

Audit Committee (Chair: Andrew Chang)

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, Director of Corporate Affairs 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 organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's 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; and
- satisfying itself that the organisation 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:

- 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 organisation; and
- 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 external auditors. A meeting of the Audit Committee reviewed the work and findings of the external auditor and recommended to the Council of Governors to extend the KPMG appointment for a further two years from 1 April 2022, in line with the existing contract arrangements. This was supported by Governors.

The Committee has also:

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

The Audit Committee met five times in 2021/22 as outlined below:

Name	Number of business meetings attended	6 May 2021	28 June 202	2 September	4 November 2021	3 February 2022
Andrew Chang	5/5	*✓	*✓	*✓	*✓	*✓
Maz Ahmed	5/5	✓	✓	✓	✓	✓
Simon Lewis	4/5	✓	✓	-	✓	✓

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

Table 10: Attendance of members at the Audit Committee

Charitable Funds Committee (Chair: Zulfi Hussain)

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

The Charitable Funds Committee met three times in 2021/22 as outlined below:

Name	Number of business meetings attended	24 June 2021	23 September 2021	16 December 2021
Zulfi Hussain	3/3	*✓	*✓	*✓
Andrew Chang	2/3	-	✓	✓
Paul Hogg	3/3	✓	✓	✓
Mike Woodhead	3/3	✓	✓	✓
Patrick Scott	1/3	✓	-	-

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

Table 11: Attendance of members at the Charitable Funds Committee

Ethical Assurance Group (Chair: David Sims)

The Ethical Assurance Group's purpose is to critically and collectively appraise the ethical implications of relevant strategic and operational decisions, and their inherent risks or issues. These decisions, risks or issues may include those related to clinical care and treatment; policy changes; resource management; governance (e.g. quality and safety); and significant and unexpected events and their consequences, especially in emergency planning situations. The Group reviews assurances with reference to:

- the four ethical principles of beneficence, non-maleficence, justice and (patient) autonomy where applicable and/or practicable;
- the core values of the Trust;

- patient-centred care;
- compliance with professional, regulatory, legal and other applicable standards; and
- using an ethical reasoning process.

The Group met once during 2021/22 to receive papers with regard to work undertaken in the progress of legislation relating to vaccination as a condition of deployment and to consider the steps that the Trust took to mitigate staff concerns about leadership following the stepping down of the legislation.

Name	Number of business meetings attended	24 March 2022
Carole Panteli	1/1	✓
Simon Lewis	1/1	✓
Alyson McGregor	1/1	✓
Gerry Armitage	0/1	-
David Sims	1/1	*✓
Patrick Scott	1/1	✓
Phil Hubbard	0/1	-
Tafadzwa Mugwagwa	1/1	✓

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

Table 12: Attendance of members at the Ethical Assurance Group

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 Improvement, 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-19 financial management and plans for the Lynfield Mount Hospital redevelopment. The Finance, Business and Investment Committee met six times in 2021/22 as outlined below:

Name	Number of business meetings attended	27 May 2021	29 July 2021	23 September 2021	25 November 2021	27 January 2022	24 March 2022
Maz Ahmed	6/6	*✓	*✓	*✓	*✓	*✓	*✓
Andrew Chang	5/6	✓	✓	✓	✓	-	✓
Zulfi Hussain	4/5	✓	✓	✓	✓	-	
Sandra Knight	0/1					-	
Tafadzwa Mugwagwa	1/1						✓**
Therese Patten	3/6	✓	-	✓	✓	-	-
Tim Rycroft	6/6	✓	✓	✓	✓	✓	✓
Patrick Scott	3/6	-	✓	✓	-	✓	-
Mike Woodhead	6/6	✓	✓	✓	✓	✓	✓
Mark Rawcliffe	1/1						✓
Bob Champion	1/1						✓**

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

Table 13: Attendance of members at the Finance, Business and Investment Committee

Mental Health Legislation Committee (Chair: Carole Panteli – April-November 2021; Zulfiqar Hussain – January 2022; Simon Lewis – March 2022)

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 six times as an independent Committee in 2021/22 as outlined below:

Name	Number of business meetings attended	20 May 2021	22 July 2021	16 September 2021	18 November 2021	27 January 2022	23 March 2022
Carole Panteli	4/4	*✓	*✓	*✓	*✓		
Zulfi Hussain	5/5	✓	✓	✓	✓	*✓	

Name	Number of business meetings attended	20 May 2021	22 July 2021	16 September 2021	18 November 2021	27 January 2022	23 March 2022
Simon Lewis	6/6	✓	✓	✓	✓	✓	*✓
Alyson McGregor	1/1						✓
Phil Hubbard	3/6	✓	✓	-	-	-	✓
Patrick Scott	6/6	✓	✓	✓	✓	✓	✓
David Sims	5/6	✓	✓	✓	✓	-	✓
Tafadzwa Mugwagwa	1/1						✓

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

Table 14: Attendance of members at the Mental Health Legislation Committee

Extraordinary Joint Finance, Business and Investment Committee and Workforce and Equality Committee (Chair: Maz Ahmed)

During 2021/22 an extraordinary Joint Committee meeting took place to ensure the continuance of the quality and safety of services provided whilst managing the financial sustainability programme. Since the Joint Committee had agreed to meet, the Together We Improve, Create and Sustain (TWICS) Programme had been initiated which was a strengthening of assurance between financial and workforce planning, linking with quality and safety where relevant.

The Joint Committee met once as outlined below:

Name	Number of business meetings attended	10 September 2021
Maz Ahmed	1/1	*✓
Zulfi Hussain	1/1	✓
Simon Lewis	1/1	✓
Carole Panteli	1/1	✓
Phil Hubbard	1/1	✓
Paul Hogg	1/1	✓
Sandra Knight	1/1	✓
Tim Rycroft	1/1	✓
Patrick Scott	1/1	✓
David Sims	1/1	✓
Andrew Chang	0/1	-
Mike Woodhead	0/1	-

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

Table 15: Attendance of members at the Extraordinary Joint Finance, Business and Investment Committee and Workforce and Equality Committee

Extraordinary Joint Workforce & Equality, Quality and Safety and Finance, Business & Investment Committee (Chair: Simon Lewis)

During 2021/22 an extraordinary Joint Committee meeting took place at the request of the Board in the context of the Trust's ongoing performance around sickness absence.

The Joint Committee met once as outlined below:

Name	Number of business meetings attended	16 December 2021
Simon Lewis	1/1	*✓
Maz Ahmed	1/1	✓
Gerry Armitage	1/1	✓
Andrew Chang	1/1	✓
Paul Hogg	1/1	✓
Phil Hubbard	1/1	✓
Sandra Knight	1/1	✓
Patrick Scott	1/1	✓
David Sims	1/1	✓
Mike Woodhead	1/1	✓
Carole Panteli	0/1	-

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

Table 16: Attendance of members at the Extraordinary Joint Workforce & Equality, Quality and Safety and Finance, Business & Investment Committee

Nominations Committee (Chair: Cathy Elliott – April-November 2021, Carole Panteli – December 2021-March 2022)

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 seven times in 2021/22 due to the:

- recruitment of two new Non-Executive Directors;
- the departure of the Trust Chair and decision to have an Interim Chair and then substantive Chair;
- the scoping of an Associate Non-Executive Director role;
- the appointment process for the Deputy Chief Executive;
- the appointment process for several Executive appointments;
- the completion of the Fit and Proper Person Test for the Non-Executive and Interim Executive appointments; and
- and completing the recruitment governance process to support appointments being made.

With the recruitment to Non-Executive Director posts, 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 seven meetings recorded below during 2021/22, four formal meetings took place, with three virtual meetings.

Name	Number of business meetings attended	12 August 2021	11 October 2021	6 January 2021	24 February 2022#	28 February 2022#	11 March 2022#	16 March 2022
Cathy Elliott	2/2	*✓	*✓					
Gerry Armitage	6/7	✓	-	✓	#	#	#	✓
Maz Ahmed	7/7	✓	✓	✓	#	#	#	✓
Andrew Chang	6/7	✓	✓	✓	#	#	#	-
Zulfi Hussain	3/5	-	-	✓	#	#		
Simon Lewis	6/7	-	✓	✓	#	#	#	✓
Carole Panteli	7/7	✓	✓	*✓**	*#**	*#**	*#**	*✓**
Paul Hogg	7/7	✓	✓	✓	#	#	#	✓
Therese Patten	7/7	✓	✓	✓	#	#	#	✓
Sandra Knight	5/7	✓	✓	-	#	#	#	-

# indicates virtual meeting
* indicates Chair of the meeting
** indicates attendance in interim role
- indicates apologies at the meeting

Table 17: Attendance of members at the Nominations Committee

Quality and Safety Committee (Chair: Gerry Armitage)

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 11 times in 2021/22 as outlined below:

Name	Number of business meetings attended	22 April 2021	25 May 2021	17 June 2021	26 July 2021	14 September 2021	21 October 2021	23 November 2021	16 December 2021	20 January 2022	17 February 2022	17 March 2022
Gerry Armitage	10/11	*✓	-	*✓	*✓	*✓	*✓	*✓	*✓	*✓	*✓	*✓
Andrew Chang	10/11	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓
Carole Panteli	7/8	✓	*✓	✓	✓	✓	-	✓				***
Phil Hubbard	9/11	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓
Patrick Scott	9/11	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	-
David Sims	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Hogg	10/11	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cathy Elliott	1/1		***									
Maz Ahmed	1/1				***							
Zulfi Hussain	1/1									✓		
Alyson McGregor	1/2										***	-
Tafadzwa Mugwagwa	1/1											✓

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

Table 18: Attendance of members at the Quality and Safety Committee

Workforce and Equality Committee (Chair: Simon Lewis)

During 2021/22 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 four key themes for the strategy forming the focus for the annual work plan for the relatively new Committee. They cover topics on: looking after our people, belonging in the organisation, new ways of working and delivering care and growing for the future.

The Workforce and Equality Committee met three times during 2021/22 as outlined below:

Name	Number of business meetings attended	8 April 2021	10 September 2021	17 February 2022
Simon Lewis	3/3	*✓	*✓	
Cathy Elliott	2/2	***✓	***✓	
Carole Panteli	2/3	✓	✓	-
Maz Ahmed	3/3	✓	✓	✓
Zulfi Hussain	1/1			✓
Therese Patten	1/1			-
Phil Hubbard	2/2		✓	✓
Sandra Knight	2/3	✓	-	✓
Patrick Scott	3/3	✓	✓	✓
David Sims	2/2	✓		✓

Name	Number of business meetings attended	8 April 2021	10 September 2021	17 February 2022
Mike Woodhead	1/1	✓		

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

Table 19: Attendance of members at the Workforce and Equality Committee

'Go See' visits during 2021/22

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 2021/22 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 March 2022 on this and it was agreed that the division of responsibilities would be reviewed again in the Autumn once the new substantive Chair was in post.

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:

- Improvement of the Trust's compliance with the CQC's Well-Led Framework, aiming for a rating of 'Good' in 2021.
- Embedding the Board's commitment to equality, diversity and inclusion (EDI) in the workplace and services.
- Taking a proactive role at ICP and ICS level to ensure the Trust is an active contributor and beneficiary of integrated care plans and their implementation with the primary focus of person-centred care.
- Working in the Trust and at ICP and ICS level to ensure the 'citizen's voice' is embedded in the Trust's work, including at Board level.

- 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 QI approach continues, backed by Board.
- Continued senior leadership role on lobbying for support and finance for our Lynfield Mount capital plan to ensure parity of esteem in mental health capital investment and estate improvement for the Trust.

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 Cathy Elliott, Chair of the Trust until December 2021 and Carole Panteli, Interim Chair of the Trust from December 2021 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 debate and development. All Directors have declared they meet the Fit and Proper Persons Test described in the NHSI provider licence.

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 and other stakeholders into the heart of our 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 2021/22 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 20: Composition of our Council of Governors

Governors are either elected or appointed to seats on the Council of Governors for a period of up to three years. Elected governors consist of public and staff (clinical and non-clinical) Governors. Appointed governors are nominated individuals from partner organisations as outlined in the Trust's Constitution. Elected governors can stand to be re-elected for two terms of office holding a seat for up to a maximum of six years. Elections are carried out in accordance with the election rules in Annex 4 of the Trust Constitution. Further details about the elections we have held during 2021/22 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

2021/22 saw one election campaign taking place on behalf of the Council of Governors. The election was due to there being a number of vacancy seats on the Council caused by Governors stepping down early or because Governors had reached the end of their term of office. The Spring 2021 campaign concluded on 30 April, and included the Trust's first digital campaign with Just R Ltd for Governor nominees. The elections resulted in welcoming back two long-standing Governors in a Public and a Staff Governor role, welcoming nine new Public Governors and one new Staff Governor and saying farewell to one long-standing Staff Governor. The seats were filled as outlined below:

Constituency	Result	Number of seats included in the election
Public: Bradford East	Michael Frazer, Michaela Worthington-Gill, Mufeed Ansari	3
Public Bradford South	Darren Beever	1
Public: Bradford West	Anne Graham, Sughra Nazir, Katie Massey	3
Public: Keighley	Anne Scarborough	1
Public: Shipley	Sidney Brown (re-elected)	1
Public: Craven	Helen Barker	1
Staff: Clinical	Pamela Shaw (re-elected)	1
Staff Non-Clinical	Roberto Giedrojt	1

Table 21: Results of the Spring 2021 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 2021/22.

Appointed governors

Appointed Governors are nominated by those organisations the Trust has identified as our partner organisations, for the purpose of the Council of Governors, and are set out in Table 18. During 2021/22 there were two changes to the Appointed Governors, as follows:

1. Councillor Aneela Ahmed stood down on 15 July 2021 as Appointed Governor – Bradford Council.
2. Councillor Sabiya Khan became the Appointed Governor – Bradford Council on 31 May 2021.

Two Appointed Governors started second terms in office on 1 May 2021:

1. Janice Hawkes: Appointed Governor - Barnardo's.
2. Tina Butler: Appointed Governor - Bradford Assembly.

Three further changes to Appointed Governors will take place during Spring 2022, with work taking place to engage with the partner organisations to identify new Appointed Governors. The seats are:

- Bradford University, owing to Professor John Bridgeman taking up a post in another University.
- Craven Council, with Councillor Robert Foster due to complete one full term of office as an Appointed Governor on 9 June 2022.
- Barnardo's, owing to Janice Hawkes retiring in June 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, and 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, acting as the Trust's critical friends. 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; and
- 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; and
- 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 2021/22, the Council of Governors had six business meetings. All

general Council meetings are held in public, although items which are of a confidential nature (as defined by pre-determined criteria and in accordance with the Constitution) will be taken in a private session. The table below shows attendance at those six 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 was held in September 2021 as a digital event due to the ongoing pandemic. 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.

The Trust worked hard throughout the pandemic to ensure that Governors continued to feature within the work of the Trust, making adaptions to the meetings to support attendance. Attendance to observe Board Committees has increased with Governors reporting that the opportunities were accessible. The Trust continues to maintain oversight on its work to ensure that accessibility to workstreams is maintained, with bespoke approaches taking place to support inclusion.

			Council of Governors' meeting						Annual Members' Meeting
Name	**Appointed (A) or Elected (E)**	**Number of business meetings attended**	**6 May 2021**	**1 July 2021**	**4 November 2021**	**20 December 2021**	**19 January 2022**	**3 February 2022**	**16 September 2021**
Mufeed Ansari	E	4/7	✓	-	✓	✓	✓	-	-
Helen Barker	E	3/7	-	✓	✓	-	✓	-	-
Dr Sid Brown	E	6/7	✓	✓	✓	✓	✓	✓	-
Tina Butler	A	5/7	✓	✓	✓	✓	✓	-	-
Roberto Giedrojt	E	7/7	✓	✓	✓	✓	✓	✓	✓
Anne Graham	E	7/7	✓	✓	✓	✓	✓	✓	✓
Nicky Green	E	4/7	✓	✓	✓	-	-	-	✓
Linzi Maybin	E	7/7	✓	✓	✓	✓	✓	✓	✓
Sughra Nazir	E	4/6	✓	✓	✓	✓			-
Safeen Rehman	E	4/7	✓	-	✓	-	✓	-	✓
Michaela Worthington-Gill	E	3/7	✓	-	✓	-	✓	-	-
Matthew Bibby	A	1/7	-	-	-	-	-	✓	-
Richard Foster	A	0/7	-	-	-	-	-	-	-
Abdul Khalifa	E	3/7	-	-	-	✓	-	✓	✓
Katie Massey	E	1/7	✓	-	-	-	-	-	-
Ishtiaq Ahmed	A	2/7	✓	-	-	-	-	✓	-
Belinda Marks	E	3/7	✓	✓	-	✓	-	-	-
Darren Beever	E	1/7	✓	-	-	-	-	-	-
Surji Cair	E	3/7	✓	✓	-	-	-	-	✓
Stan Clay	E	5/7	✓	✓	-	✓	✓	✓	-
Michael Frazer	E	5/7	✓	✓	-	✓	✓	✓	-
Sabiya Khan	A	3/7	-	-	-	✓	✓	-	✓
Janice Hawkes	A	3/7	-	✓	-	✓	-	-	✓
John Bridgeman	A	3/7	✓	✓	-	-	✓	-	-
Pamela Shaw	E	4/7	✓	-	-	-	✓	✓	✓
Anne Scarborough	E	5/7	✓	✓	-	✓	✓	✓	-
Joyce Thackwray	E	2/6	✓	✓	-	-	-		-
Aneela Ahmed	A	1/3	-	✓					-

Table 22: Attendance at formal Governor meetings - indicates apologies at the meeting

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 Director of Corporate Affairs (as Trust Board Secretary).

Governors continue to have an open invitation to attend all Board meetings held in public and have the opportunity to 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 a number of the Board Committee meetings. This provides further opportunity for Governors to witness the Non-Executive Directors holding the Executive Directors to account for the performance of the Trust.

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

		Council of Governors' meeting				Annual Members' Meeting
Name	**Number of business meetings attended**	**6 May 2021**	**1 July 2021**	**4 November 2021**	**3 February 2022**	**16 September 2021**
Cathy Elliott	4/4	*✓	*✓	*✓		*✓
Maz Ahmed	2/5	-	-	✓	✓	-
Andrew Chang	4/5	✓	-	✓	✓	✓
Gerry Armitage	4/5	✓	-	✓	✓	-
Zulfi Hussain	2/5	-	-	✓	-	✓
Simon Lewis	3/5	✓	✓	✓	-	-
Carole Panteli	4/5	-	✓	✓	*✓**	✓

Therese Patten	5/5	✓	✓	✓	✓	✓
Paul Hogg	5/5	✓	-	✓	✓	✓
Phil Hubbard	4/5	-	✓	✓	✓	✓
Sandra Knight	3/5	✓	✓	✓	-	-
Tim Rycroft	5/5	✓	✓	✓	✓	✓
Patrick Scott	4/4		✓	✓	✓	✓
David Sims	4/4		✓	✓	✓	✓
Mike Woodhead	4/4		✓	✓	✓	✓

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

Table 23: 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 make contact with 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 2021/22 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 and Harrogate system training events facilitated by NHS Providers on the GovernWell programme;
- attendance at West Yorkshire and Harrogate Integrated Care System Governor and Non-Executive Director engagement events for Mental Health, Learning Disability and Autism providers;
- Open House engagement events;

- 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; and
- 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 the monthly Governor newsletter with key information, details of regular meetings and other opportunities. Following feedback received from the Governors, the newsletter has been developed to encourage engagement and involvement.

The Council of Governors' annual effectiveness review was not carried out during 2021/22 due to capacity issues relating to the pandemic, but a survey is being planned for Summer 2022, to be reported back to the Council of Governors at the September 2022 meeting.

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.

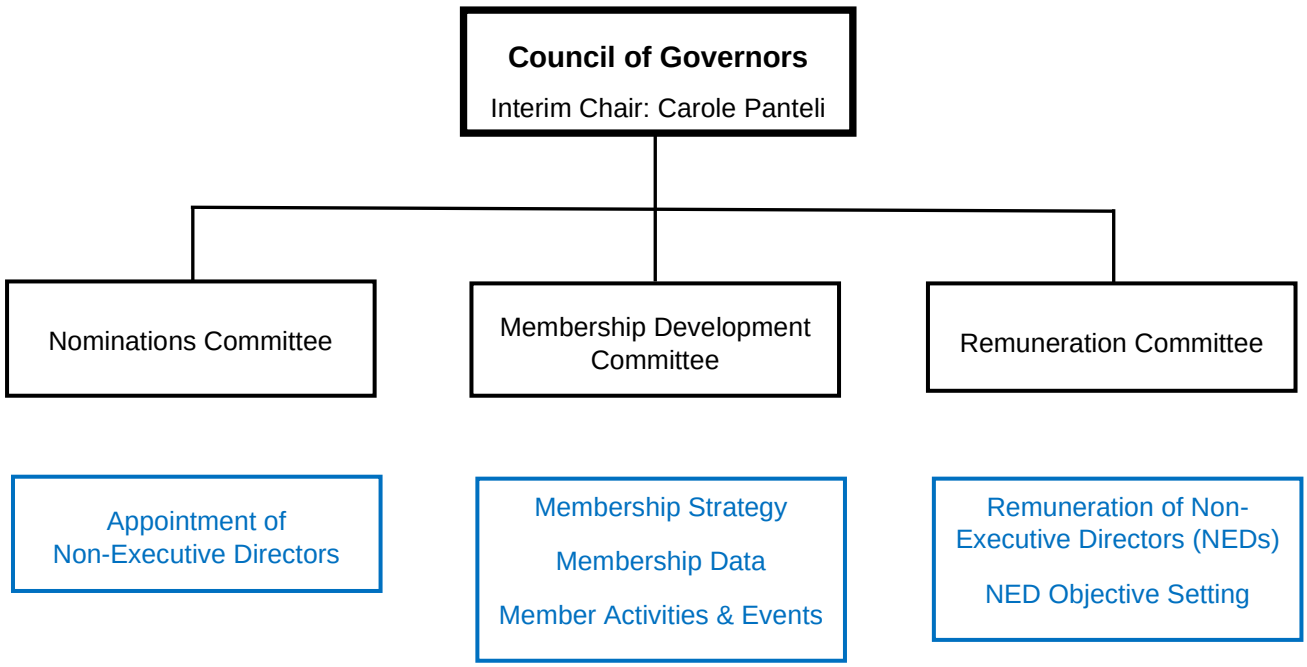


Diagram 7: Formal meeting structure for the Council of Governors

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 five members, comprised of three Governors and two members of the Board of Directors (at least one of these is a Non-Executive Director). The Committee met four times during 2021/22 to discuss the recruitment process and ratification of appointment for two Non-Executive vacancies, interim Board arrangements following the departure of Cathy Elliott, the proposal to pause Chair recruitment until March 2022 and then recruit a substantive Chair, and the decision to appoint an Associate Non-Executive Director once the substantive Chair was in place.

The Nominations Committee met four times during 2021/22 as outlined below. Of those four meetings, three formal meetings took place, and one virtual meeting.

Name	Number of business meetings attended	21 October 2021	14 December 2021	14 January 2022	21 March 2022
Cathy Elliott	1/1	*✓			
Carole Panteli	3/3		*✓	*✓	*#
Simon Lewis	1/1			✓	
Therese Patten	4/4	✓	✓	✓	#
Sandra Knight	1/1	✓			
Anne Scarborough	3/4	-**	✓**	✓**	#**
Sid Brown	2/3	✓	✓	-	
Paul Hogg	3/3	✓	✓	✓	
Tina Butler	4/4	✓	✓	✓	#
Linzi Maybin	4/4	✓	✓	✓	#

* indicates Chair of the meeting
** indicates Lead Governor
# indicates virtual meeting

Table 24: 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 Trust Board. The Committee met twice during 2021/22 to discuss the appraisal and objectives for the Non-Executive Directors including the Chair of the Trust; the supplementary payments for the Interim Trust Chair, Deputy Chair and Senior Independent Director; receive assurance on compliance with the Fit and Proper Person regulation; and to discuss the NHSI supplementary payment framework for Non-Executive Directors.

The Remuneration Committee met during 2020/21 as outlined below.

Name	Number of business meetings attended	21 June 2021	1 November 2021
Cathy Elliott	2/2	*✓	✓
Carole Panteli	1/2	✓	-
Nicky Green **	2/2	✓	*✓
Sid Brown	2/2	✓	✓
Anne Scarborough	1/2		✓
Stan Clay	1/2	✓	-
Ishtiaq Ahmed	0/1		-
Abdul Khalifa	0/1		-
Anne Graham	0/1		-

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

Table 25: 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. Due to the pandemic response, following national guidelines and supporting delivery of key areas of business identified through the Trust emergency response and resilience planning, the Committee did not meet during 2021/22.

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 Director of Corporate Affairs (as Trust Board Secretary) as appropriate.

Membership report

Foundation Trust membership is designed to offer local people, service users, carers and staff a greater influence in 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. These individuals not only bring a wealth of knowledge and experience with them, but represent the voice of their constituents and further enhance the Trust's partner relationships.

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, with no significant deficits. A review of membership has been undertaken by the Trust and results from this confirmed that membership numbers remain high and 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. In particular, 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 2021/22 the Trust has continued to hold Open House sessions with Governors, and as mentioned previously Governors and members were put at the heart of the Annual Members meeting in 2021 despite restrictions requiring it to be a virtual event. The Council of Governors had previously established the Membership Development Committee in order 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 light of recent discussions around youth representation in the Trust, the Council of Governors has decided to re-establish the Committee to assist the Trust in developing a more diverse membership. We look forward to progressing this area of engagement once again during 2022 and the outcome of this area of work will be reported in next year's report.

Public and staff membership data

Public membership (as at 31 March 2022):

Demographic	Number of Members
Age:	
0-16	1
17-21	153
22+	8945
Not Stated	556
Gender:	
Unspecified	143
Male	3694
Female	5818
Ethnicity:	
White	3187
Mixed	457
Asian or Asian British	224
Black or Black British	114
Other	5382
Not Stated	256
Total	**9655**

Table 26: Foundation Trust Public membership

Representativeness by constituency areas (as at 31 March 2022):

Constituency	Current Membership	Number of Governors
Bradford East	2006	3
Bradford South	1266	3
Bradford West	2207	3
Shipley	444	2
Keighley	1094	2
Craven	1139	1
Rest of England	1488	1
Total	**9644**	

Table 27: Representation by constituency area

Staff membership:

Constituency	Current Membership	Number of Governors
Clinical	2291	3
Non-Clinical	915	2
Total		

Table 28: Foundation Trust Staff Membership

Signed: ……

Therese Patten, Chief Executive

Date: 16 June 2022

Statement from Lead Governor, Anne Scarborough

NHS Improvement requires each foundation trust to have a Lead Governor. During 2021 the Trust carried out elections for the roles of Lead and Deputy Lead Governors following the stepping down of Nicky Green as Lead Governor in November 2021 and the retirement of Colin Perry as Deputy Lead Governor following the end of his second term of office on 30 April. On behalf of the Trust, thank you Nicky for fulfilling the Lead Governor role so competently and enthusiastically, and for the support given during the handover of the role of Lead Governor.

As a result of the elections by fellow Governors, Anne Scarborough was elected to the Lead Governor post on 4 November 2021 and is supported in the role by Linzi Maybin, Deputy Lead Governor who started in the role on 18 October 2021.

The role of the Lead Governor is to:

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

Report from Lead Governor

On 30 April 2021 I commenced my first term as a Public Governor for Keighley at the Trust. I was then elected as Lead Governor by my fellow Governors in October 2021.

On behalf of the Council, I would like to thank all Governors for their continued support, commitment and hard work to delivering the role at what has been an unprecedented time due to the pandemic. I would especially like to recognise those Governors that will reach the end of their first or second term of office on 30 April 2022 and thank them on behalf of the Council of Governors. At the time of writing this report Governor elections are taking place for six public vacancies and we look forward to welcoming the newly elected Governors to the Trust in June 2022.

I would also like to take the opportunity to thank Cathy Elliott our Chair who left the Trust in December 2021 to take up the role of Chair of the West Yorkshire Integrated Care Board. Cathy has been an inspiration and has brought energy, challenge and

commitment to the Trust over her time as Chair. To ensure a smooth transition to finding a substantive Chair, Carole Panteli agreed to take over the role as Interim Chair. A big thank you to Carole as her experience and knowledge has been invaluable to the role over the last few months.

2021/22 proved a challenging year for many due to the unprecedented nature of the pandemic, throughout which the Trust maintained clear communication and engagement opportunities with Governors to support the continuation of the service delivered by the Council. The opportunities were made accessible, with many Governors reporting that attendance at digital events assisted with diary management due to the ease of connecting.

During 2021/22 the Trust was inspected by the CQC which meant that Governors and staff were interviewed as part of the inspection. The Trust was given a rating of 'Good' for being well-led. Thanks go to all Governors and staff for their commitment and to the Trust's leadership team.

Governors contributed views of constituents and the wider public through their involvement in a variety of meetings and events as detailed earlier in this report. 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.

Governors have carried out their duties in many ways during 2021/22 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 two Non-Executive Directors; recruitment of the substantive Chair of the Trust; holding the Non-Executive Directors to account; contributing to the Chair and Non-Executive Director 360 degree feedback process within the Annual Appraisal; agreeing remuneration of Non-Executive Directors in line with NHS Improvement 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). At the Council of Governor's meeting in February 2022 the Director of Corporate Affairs updated Governors on the Government's plans which will be rolled out in July 2022.

A programme of 'Go See' Board walkabouts have taken place virtually during 2021/22 and Governors have attended some of these to observe the Non-Executive Directors undertaking their role and statutory duties. I myself visited Lynfield Mount in 2021 and the COVID-19 Vaccination Centre at Jacob's Well in Bradford. 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 of Directors 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 meeting and provide a snapshot of Non-Executive Director and Trust performance to Governors. Governors have reported that they are able to join more Committee meetings to observe due to them being online digital events to help with accessibility.

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 and Harrogate Integrated Care System where they were able to present their views; Open House meetings with the Chair of the Trust; external training and networking provided by NHS Providers; West Yorkshire and Harrogate 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 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. Governors continue to receive the Governor newsletter that is authored by the Chair of the Trust. The newsletter contains key updates on topical items, and information about regular meetings and other upcoming opportunities. In line with national guidelines on emergency response and infection prevention and control, the events and meetings have taken place digitally.

There has been no occasion during the year for the Council of Governors to contact either NHS Improvement 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.

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;
- receiving information on the outcome of Clinical Excellence Awards Rounds and any new proposals;
- reviewing and approving all redundancy business cases and any proposed payments to staff that do not fall within contractual entitlements e.g. settlement agreements; and
- reviewing Trust strategies and proposals around pay and reward including FT freedoms, flexibilities and options.

Sandra Knight, Director of Human Resources and Organisational Development, provided advice and guidance to the Committee prior to her retirement, and then Bob Champion took over the role as Interim Director of Human Resources and Organisational Development in February 2022. The Committee is provided with administrative support by the Corporate Governance team.

The Committee met five times in 2021/22, four meetings in person and one meeting held virtually, to consider the in-year performance and future objectives of the Chief Executive and members of the Executive Management Team. Attendance is shown below.

Name	Number of business meetings attended	26 May 2021#	29 June 2021	12 August 2021	20 December 2021	30 March 2022
Cathy Elliott	3/3	✓*	✓*	✓*		
Andrew Chang	5/5	✓	✓	✓	✓	✓
Zulfi Hussain	3/5	✓	✓	-	✓	
Simon Lewis	1/1					✓*
Carole Panteli	2/2				✓*	✓

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

Table 29: Attendance at the Board Remuneration Committee

Performance Review process

Executive Directors and the Chief Executive are remunerated on a spot salary in line with the benchmarking evidence referred to below. No other external support or advice was sought by the Remuneration Committee during 2021/22.

The Trust is required to indicate in the annual report the expenses paid to Directors in the financial year and the sum paid in 2021/22 was £780 to two Directors and Non-Executive Directors (against a total of £1,208 in 2020/21 to seven Directors and Non-Executive Directors).

There were no expenses paid to Governors in 2021/22 or 2020/21. As at 31 March 2022, the Trust had 22 Governors and 5 public vacancies.

Executive Director remuneration

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 or NHS Providers information which in the former is a year behind and in the latter only reports against data from Trusts who responded to the request for information by NHS Providers. NHS England/Improvement is now compiling comprehensive data across Trusts and their benchmark reports will be used in future.

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 role 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 for staff reflect nationally determined arrangements under Agenda for Change. For medical and dental staff, the Trust continues to operate the employer-based Clinical Excellence Award (CEA) scheme and has revised is policy in line with national guidance, which means awards made from 1 April 2018 are non-consolidated and non-pensionable and time limited. For 2020/21 the CEA budget was split equally amongst the eligible consultants in line with national guidance. Updated guidance in January 2022 resulted in an adjustment to the awards granted to eligible consultants for the previous three years.

Non-Executive Directors are appointed for a three-year term and can be re-appointed for a further term; any term beyond six years (e.g. two three year terms) is subject to rigorous review. There is one Interim Executive Director appointed on a fixed term contract with effect from 28 February 2022. All Executive Directors are subject to a

three 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 Committee. Two new appointments of Non-Executive Directors were made during 2021/22 (Alyson McGregor and Mark Rawcliffe).

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 2021/22.

Remuneration information

Details about the remuneration levels for 2021/22 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 2021/22

Single total figure table

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 March 2022) (j)	5 - 10	0	0	5 - 10
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

Name and Title	2020/21			
	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	40 - 45	0		40 - 45
G Armitage - Non Executive Director	10 - 15	0		10 - 15
S Lewis - Non Executive Director	10 - 15	0		10 - 15
C Panteli - Non Executive Director	10 - 15	0		10 - 15
A Chang - Non Executive Director	10 - 15	0		10 - 15
M Ahmed - Non Executive Director (from 29th April 2020)	10 - 15	0		10 - 15
Z Hussain - Non Executive Director	10 - 15	0		10 - 15
B Kilmurray - Chief Executive (to 28th June 2020)	35 - 40	1,600	0	35 - 40
T Patten - Chief Executive (from 7th September 2020)	80 - 85	0	77.5 - 80	160 - 165
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive (to 18th October 2020)	70 - 75	0	25 - 27.5	95 - 100
C Risdon - Interim Director of Finance (from 19th October 2020 to 31st January 2021)	30 - 35	0	15 - 17.5	45 - 50
M Woodhead - Director of Finance, Contracting & Estates (from 1st February 2021)	20 - 25	0	2.5 - 5	25 - 30
S Knight - Director of Human Resources & Organisational Development	105 - 110	0	27.5 - 30	135 - 140
P Hogg - Director of Corporate Affairs	100 - 105	0	57.5 - 60	160 - 165
T Rycroft - Chief Information Officer	90 - 95	0	22.5 - 25	110 - 115
P Scott - Chief Operating Officer, Interim Chief Executive (from 29th June 2020 to 6th September 2020) and Deputy Chief Executive (from 19th October 2020)	120 - 125	7,000	80 - 82.5	210 - 215
P Hubbard - Director of Nursing, Professions & Care Standards, and Interim Chief Operating Officer (from 29th June 2020 to 6th September 2020)	115 - 120	0	197.5 - 200	315 - 320
S Ince - Interim Associate Director of Performance, Planning & Estates (from 19th October 2020 to 31st January 2021)	25 - 30	0	10 - 12.5	35 - 40
D Sims - Medical Director	115 - 120	0	0 - 2.5	115 - 120

Table 30: 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) Cathy Elliott left her role as Chair on 5th December 2021.

(b) Carole Pantelli was appointed Interim Chair from 6th December 2021.

(c) Gerry Armitage retired from his role as Non Executive Director on 31st March 2022.

(d) Zulfi Hussain retired from his role as Non Executive Director on 28th February 2022.

(e) Alyson McGregor was appointed as Non Executive Director from 1st March 2022.

(f) Mark Rawcliffe was appointed Non Executive Director from 1st March 2022.

(g) Sandra Knight retired as Director of Human Resources and Organisational Development on 11th March 2022.

(h) Bob Champion was appointed Interim Director of Human Resources and Organisational Development from 28th February 2022. This appointment is a 6 month fixed term contract. There are no pension related benefits for Bob, as he is already drawing his NHS Pension.

(i) Patrick Scott left his role as Chief Operating Officer and Deputy Chief Executive on 25th March 2022. During 2020/21 Patrick was acting Interim Chief Executive for the period 29th June 2020 to 6th September 2020 and received an increased salary and pension benefit during 2020/21. Patrick's salary is therefore lower in 2021/22, resulting in a negative pension benefit. Where the calculation results in a negative figure, the table must report zero.

(j) Tafadzwa Mugwagwa was appointed Interim Chief Operating Officer from 14th March 2022. This appointment is a 6 month fixed term contract, on secondment from Camden & Islington NHS Foundation Trust. The salary shown in the remuneration table above reflects the costs agreed with Camden & Islington NHS Trust for his services.

(k) During 2020/21 Phillipa Hubbard was acting Interim Chief Operating Officer for the period 29th June 2020 to 6th September 2020 and received an increased salary and pension benefit during 2020/21. Phillipa's salary is therefore lower in 2021/22, resulting in a negative pension benefit. Where the calculation results in a negative figure, the table must report zero.

The Trust has no Executives for whom their total salary plus benefits is above £150,000 for 2021/22.

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 0.50% in 2021/22 (1.70% in 2020/21).

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.

Pension Benefits:

Name and title	Real increase in pension at pension age (Bands of £2,500)	Real increase in Pension Lump sum at pension age (Bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (Bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (Bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022
	£000	£000	£000	£000	£000	£000	£000
T Patten - Chief Executive	0 - 2.5	0	40 - 45	70 - 75	698	20	742
M Woodhead - Director of Finance, Contracting & Estates	2.5 - 5	0	10 - 15	0	138	18	176
S Knight - Director of Human Resources & Organisational Development (to 11th March 2022) (a)	2.5 - 5	12.5 - 15	50 - 55	160 - 165	0	0	0
P Hogg - Director of Corporate Affairs	2.5 - 5	5 - 7.5	45 - 50	105 - 110	879	77	975
T Rycroft - Chief Information Officer	0 - 2.5	0	15 - 20	0	227	19	260
P Scott - Chief Operating Officer and Deputy Chief Executive (to 25th March 2022) (b)	0 - 2.5	0	60 - 65	140 - 145	1,139	2	1,164
P Hubbard - Director of Nursing, Professions & Care Standards	0	0	50 - 55	140 - 145	1,093	0	1,093
D Sims - Medical Director	0 - 2.5	2.5 - 5	50 - 55	155 - 160	1,170	40	1,234

Table 31: 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 Sandra Knight, as she reached normal retirement age during a previous financial year. Sandra retired as Director of Human Resources and Organisational Development on 11th March 2022

(b) Patrick Scott left his role as Chief Operating Officer and Deputy Chief Executive on 25th March 2022.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and 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 0.50% has been used in accordance with NHS Business Services Authority guidance in 2021/22 (1.70% in 2020/21).

No Director has a stakeholder pension.

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

Fair Pay Disclosure

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

The banded remuneration of the highest-paid Director in the organisation in the financial year 2021/22 was £145,000 - £150,000 (2020/21, £150,000 - £155,000). This is a change between years of -3%.

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 2021/22 was from £18,546 to £247,539 (2020/21 £18,005 to £179,134). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 3%. Seven employees received remuneration in excess of the highest-paid Director in 2021/22.

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.

Year			
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
2020/2021	25th Percentile	Median	75th Percentile
Total Remuneration (£)	21,892	30,615	37,890
Salary Component of Total	21,658	30,288	37,485
Pay Ratio Information	6.9	4.9	4.0

Table 32: 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 does not include bank or agency staff as these staff are engaged on a need to cover a shift basis rather than a full time equivalent basis. Information on the annual salary costs for individual bank and agency staff is not available. Any other form of

proxy methodology to calculate a salary cost would not be deemed to provide a fair representation of the median salary of the organisation.

Other remuneration information

The Trust is required to report on other remuneration related information. Exit packages for 2021/22 and 2020/21, and off payroll expenditure are shown in the note below.

Exit Packages 2021/22

The Trust had no exit packages in 2021/22.

Exit Packages 2020/21

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,001 - £25,000	0	2	2
£25,001 - £50,000	0	0	0
£50,001 - £100,000	0	0	0
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	**0**	**2**	**2**
Total resource cost	**£0**	**£32,475**	**£32,475**

Table 33: Exit Packages in 2020/21

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

Exit packages: non-compulsory departure payments 2020/21

	Agreements (number)	Total Value of Agreements
Contractual payment in lieu of notice	1	£18,348
Exit payments following employment tribunals or court orders	1	£14,127
Total	**2**	**£32,475**

Table 34: Exit packages: non-compulsory departure payments 2020/21

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

Off Payroll Engagements

In 2021/22, the Trust had one off payroll engagement. The disclosure requirements for off payroll engagements are as follows:

- For all off-payroll engagements as of 31 March 2022, for more than £245 per day:

Number of existing engagements as of 31 March 2022	
of which ….	
Number that have existed for less than one year at time of reporting	-
Number that have existed for between one and two years at time of reporting	-
Number that have existed for between two and three years at time of reporting	-
Number that have existed for between three and four years at time of reporting	-
Number that have existed for more four or more years at time of reporting	-

Table 35: Off Payroll Engagements

- For all off-payroll engagements between 1 April 2021 and 31 March 2022, for more than £245 per day:

Number of all engagements, between 1 April 2021 and 31 March 2022	
Of which:	
Number assessed as within the scope of IR35	-
Number assessed as not within the scope of IR35	1
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	-
Number of engagements reassessed for consistency/assurance purposes during the year	-
Number of engagements that saw a change to IR35 status following the consistency review	-

Table 36: Off Payroll Engagements – IR35 related information

The Trust had no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2021 and 31 March 2022.

Signed: …….

Therese Patten, Chief Executive

Date: 16 June 2022

Staff Report Modern Slavery and Human Trafficking Act 2021/22 Annual Statement

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.

Signed ……

Therese Patten
Chief Executive
Date: 16 June 2022

Signed ……

Carole Panteli
Interim Chair
Date: 16 June 2022

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

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bradford District Care NHS Foundation 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 Bradford District Care NHS Foundation 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:

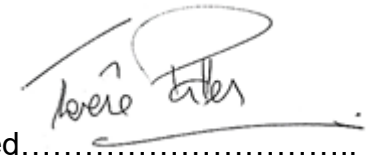
- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in 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 the NHS foundation trust's performance, business model and strategy; and
- 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 NHS

foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation 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*.



Signed……..

Therese Patten, Chief Executive

Date: 16 June 2022

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bradford District Care NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bradford District Care NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

The Chief Executive is the Trust's Accountable Officer responsible for ensuring that the principles of risk management are embedded throughout the organisation. Executive and Associate Directors have collective responsibility for the appropriate undertaking and operational application of the risk management process.

Oversight and assurance to the Board on the Trust's risk management arrangements (both clinical and non-clinical) are provided by the Audit Committee. The Chief Executive has delegated responsibility for implementation of risk management as outlined below. The delegated responsibility for the overall coordination of risk management for 2021/22 was the responsibility of the Director of Nursing, Professions and Care Standards.

The table below summarises where Directors have had a lead for specific areas of risk during 2021/22:

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 2021/22 had oversight of the Board Assurance Framework.
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.
Director of HR and OD	Leads on workforce capacity, retention of staff, absence management, business development and equality and diversity.
Chief Information Officer	Leads on informatics and information governance risks and is the Trust's Senior Information Risk Owner (SIRO).
Director of Corporate Affairs	Leads on patient experience and involvement, communications and corporate governance risks.

Table 37: Director responsibilities for risk areas

Care Group and Corporate management teams review and manage risks related to their services. Leaders and managers have a specific responsibility for the identification and management of risks within their sphere of responsibility. They are responsible for ensuring that all members of their teams receive appropriate training on risk management and for promoting a proactive and positive approach to risk management as an aid to improving the safety of service users and staff. Where incidents occur, they are responsible for investigating the incident in a fair, just and evidence-based way to promote maximum learning to prevent similar incidents where possible. Each member of staff employed by the Trust holds a responsibility for risk management which is integral to their role and is included as part of the job description. Staff are expected to identify and report issues of risks and incidents.

Risk Management training

Ultimately all who work at the Trust have a responsibility for the delivery of high quality, safe care and therefore 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 staff are required to attend a corporate induction on commencing work within the Trust and a refresher training on risk management on a five yearly basis. Since the onset of COVID-19, both induction and the refresher have been delivered to staff via e-learning. 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. The risk management team are available to answer queries or support any training needs at any point between the refresher training dates. There is also an e-learning package for the completion and management of electronic incident reports (IR-es). Clinical risk training is delivered through a combination of an e-learning package and a face-to-face session every three years.

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 staff by using our iCare crowdsourcing platform (an interactive way of sharing views) 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 the Trust's approach to risk appetite. To aid with determining risk appetite, the Board uses an amended version of the Good Governance Institute matrix. The Trust is continuing to develop the use of risk tolerance across the organisation. The risk tolerance will be used to determine escalation routes for individual risks and how these will be managed.

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 by any member of staff at any point, identified from any source, using the web-based risk management system. Learning is discussed at monthly Quality and Operational (QuOps) Care Group meetings and disseminated as appropriate.

The Trust's Risk Management Policy and Procedure was ratified by the Senior Leadership Team in December 2019. This sets out the structures and processes to systematically identify, assess, manage, monitor and review risk and put in place robust plans for mitigation.

Risk Management Process

The Trust uses a number of different risk assessment tools additional to the Trust 5 x 5 risk matrix, which are specific assessments applied to specific tasks. 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 from wherever they present themselves 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)
- QuOps 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 a number of risk guardians with responsibility for maintaining their risk registers. All risk registers are held on the Safeguard Risk Management System, maintained on the Trust's intranet which all staff can access to 'read only' any risk logged. 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 Trust 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 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 as a result 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) and the Organisational Risk Register (ORR) define and assess the principle strategic and operational risks against the Trust's strategic priorities. During 2021/22 the structure of the BAF and the process for reviewing and updating the document were developed to reflect best practice in having a leaner and clearer process for reporting on risk to the Board.

There is a robust reporting process of the BAF and ORR which is presented to each public Board meeting or escalated by exception, if required. The Compliance and Risk Group terms of reference was amended in 2021 to encompass responsibility for reviewing all risks on the ORR with an initial or ongoing score of 15 and above on bi-

monthly basis. This group is chaired by the Chief Executive and risks are escalated to relevant Committees / Board as required.

During 2021/22 the Trust's strategic goals were reviewed and updated into the current Strategic Objectives, and the Corporate Risk Register was developed to become the Organisational Risk Register. The Trust Board approved a Standard Operating Procedure which ensures more robust assurance against the delivery of the Strategic Objectives, including an annual review linked to a refresh of the BAF. Each BAF risk has an allocated lead Committee. Throughout 2021/22, these risks have been presented to their relevant Committee at each meeting with any updates since the previous paper. The key risks to delivery of the Trust's strategic objectives were refreshed at the same time as the objectives were updated. These are materially different to those articulated in the previous year and so it is not possible to track change between years.

The strategic risks in the BAF for 2021/22 are as follows:

Board Assurance Framework		
Strategic Objective (SO)	Strategic Risks (SR)	Management of Strategic Risk
SO1: To engage with our patients and service users, ensuring they are equal partners in care delivery.	**SR 1:** If we do not engage effectively with our service users this will adversely affect our reputation and the quality of services. Service users will be unable to be active partners in their own care.	The overall risk score has decreased during 2021/22, with an initial score of 12, decreasing to 9 versus a target risk score of 3.
SO2: To prioritise our people, ensuring they have the right skills, suitable workspaces and feel valued and motivated.	**SR 2:** If the Trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing.	The overall risk score has remained static during 2021/22, scoring 12 versus a target risk score of 6.
SO3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through	**SR 3:** If we do not equip people to deliver quality improvement locally, we will be unable to identify and embed organisational learning and this will have a negative impact on the quality of care. Open Linked ORR Risk: **2417:** Ability to meeting regulatory requirements linked to	The overall risk score has decreased during 2021/22, with an initial score of 16, decreasing to 6 achieving its target risk score of 6.

Board Assurance Framework		
the Care Trust Way).	the potential for adverse publicity on the back of findings from CQC investigations and inspections of MHA and core services.	
SO4: To empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity.	**SR 4:** If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.	The overall risk score has remained static during 2021/22, scoring 16 versus a target risk score of 6.
SO5: To value partnership ensuring that we collaborate to deliver maximum impact on health inequalities.	**SR 5:** If we do not develop effective partnerships across place, ICS and beyond we will be unable to support the voice of our service users and communities being heard in the planning and delivery of care. We will lose the opportunities to deliver the right care in the right place at the right time to address the full range of people's needs. Open Linked ORR Risk: **2370:** Continuity of service delivery during COVID-19 Pandemic linked to the sustained pandemic and inability to sustain service delivery through waves of the pandemic which will include safe working staffing levels as a result of increased demand on services.	The overall risk score has decreased during 2021/22, with an initial score of 16, decreasing to 12 versus a target risk score of 9.
SO6: To make effective use of our resources to ensure that services are clinically, environmentally,	**SR 6:** If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services. Open Linked ORR Risk:	The overall risk score has remained static during 2021/22, scoring 20 versus a target risk score of 12.

Board Assurance Framework		
and financially sustainable.	2536: Financial Performance & Sustainability linked to potential underfunding, Potential under-achievement of recurrent efficiency targets, Increasing financial pressures. 2553: Re-procurement of Wakefield 0-19 contract.	

Table 38: Strategic risks in the BAF in 2021/22

The Strategic Objectives and associated risks were reviewed at Trust Board and updated in April 2022. The BAF will subsequently reflect this for monthly review during 2022/23. During 2021/22 the following risks were reviewed and removed from the operational risk register:

Removed risks	
Risk 2416	Risks associated with the Virgin Media contract. This was archived on 27 May 2021.
Risk 2418	Potential that the 0-19 is under resourced. This was archived on the 23 Feb 2022.
Risk 2484	Shortages of vaccine supply and take up of vaccine. This was archived on 30 June 2021.
Risk 1821	Failure to forecast and fully mitigate in year pressures. This was archived on 4 August 2021.
Risk 1825	Demands on the Trusts Community services. This was archived on 4 August 2021.
Risk 1826	Case for investment in mental health. This was archived on 4 August 2021.
Risk 2151	No deal Brexit from the EU. This was archived on 3 February 2022.
Risks that were on the CRR last April and remain live on the ORR	
Risk 2417	Potential for adverse publicity on the back of findings from the CQC investigations and inspections of MHA and core services. This was de-escalated to directorate level. The score increased from 12 to 15, the reduced to 9.
Risk 2046	Breaches of IG law resulting in significant financial penalties and /or reputational damage. This was de-escalated to directorate level. This has remained at 15 all year.
Risk 2102	Risk of service user harm through ligature within inpatient settings. This was de-escalated to directorate level. This has decreased from 15 to 12.
Risk 2207	IT clinical systems affected by a cyber incident. This was de-escalated to directorate level. This has decreased from 15 to 10.
Risk 2342	Medical devices not receiving planned maintenance at the appropriate frequency. This was de-escalated to directorate level. This has remained at 12 all year.

Risk 2370	Covid 19 sustained pandemic. This was de-escalated to directorate level. This was reduced from 25 to 16, then increased to 20.

Table 39: Risks in the Organisational Risk Register in 2021/22

Current live red risks (scoring 15 or above) on the ORR

Ref	Risk Title	Initial	Last review	Current	Target
2370	Continuity of service delivery during the COVID-19 Pandemic	4-4 (16)	4-5 (20)	4-5 (20)	2-3 (6)
2544	Sufficiency of resource	5-5 (25)	5-4 (20)	5-4 (20)	5-2 (10)
2546	Capacity to deliver partnership programmes	5-5 (25)	5-4 (20)	5-4 (20)	5-3 (15)
2509	Community nursing services exceeding capacity	3-4 (12)	3-4 (12)	4-5 (20)	3-5 (15)
2535	Staff Wellbeing	4-5 (20)		4-4 (16)	4-2 (8)
2547	Service contribution to child protection	4-5 (20)		4-4 (16)	4-2 (8)
2556	Impact of dual recording on capacity	4-4 (16)		4-4 (16)	4-4 (16)
2564,	Poor connectivity affecting timely access to health records	4-4 (16)		4-4 (16)	3-4 (12)
2589	Consent for EHCPs and Tribunals in relation to SEND	4-4 (16)		4-4 (16)	2-2 (4)
2590	School Nursing Special Needs Sussex Tool Findings 2021	4-4 (16)		4-4 (16)	3-2 (6)
2572	Poor communication impacting on the health provision for new arrivals	4-4 (16)	4-4 (16)	3-3 (9)	4-1 (4)
2575	Demand versus available capacity	4-5 (20)	4-5 (20)	4-4 (16)	2-3 (6)
2609	Organisational risks associated with Out of Area Bed Use (finance, performance & quality)	4-4 (16)		4-4 (16)	3-3 (9)
2610	Core waiting list	5-3 (15)		4-4 (16)	4-3 (12)
2617	Re-procurement of the Bradford 0-19 contract	4-4 (16)		4-4 (16)	2-2 (4)
2620	Increased demand on Community adult service, increasing referral rates, backlog	4-4 (16)		4-4 (16)	3-3 (9)
2569	Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced	4-4 (16)	4-4 (16)	4-4 (16)	3-2 (6)

Ref	Risk Title	Initial	Last review	Current	Target
	capacity in SI and complaints teams				
2621	Accessibility to services	4-4 (16)		4-4 (16)	4-4 (16)
2046	Organizational / individual practice not consistent with good information governance	4-3 (12)	4-3 (12)	5-3 (15)	5-2 (10)
2504	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)
2553	RE-procurement of Wakefield 0-19 Contract	5-3(15)		5-3(15)	5-1(5)
2457	COVID-19 infections in the community	3-3(9)	5-3(15)	5-3(15)	4-1(4)
2485	Reduced staffing levels within the core paediatric service due to vacancies	5-3(15)	5-3(15)	5-3(15)	2-2(4)
2566	Emergency vehicle access	5-3(15)	5-3(15)	5-3(15)	2-2(4)
2597	Harm to staff or members of the public as a result of violence	5-3(15)		5-3(15)	5-2(10)
2577	Insufficient staffing for initial risk assessments	5-3(15)	5-3(15)	5-3(15)	2-3(6)
2558	Risk to service delivery due to reliance on paper record keeping system, especially on consents	5-3(15)	5-3(15)	5-3(15)	2-3(6)
2534	Visibility of vulnerable families	5-4(20)	5-3(15)	5-3(15)	5-2(10)
2611	IAPT waiting lists	3-5(15)	3-5(15)	3-5(15)	3-3(9)
2533	Interface between CAHMS and 0-19 services	5-4(20)	5-4(20)	5-3(15)	5-2(10)
1989	Workforce -vacancy and additional shift requirements	4-4(16)		4-3(12)	3-3(9)
2495	Potential loss of workforce to neighbouring trusts	4-4(16)		4-3(12)	3-3(9)
2532	Public health programme requirements	4-5(20)		4-3(12)	4-3(12)
2254	High demand, occupancy rates and OOA within inpatient services	3-5(15)	3-4(12)	3-4(12)	3-3(9)
2614	Supply risk	3-5(15)		3-4(12)	3-3(9)
2579	Insufficient capacity to meet service needs	4-5(20)	4-5(20)	4-3(12)	3-2(6)
2207	Cybersecurity risk – whole of trust	5-3(15)	5-3(15)	5-2(10)	4-2(8)
2102	Risk of harm due to ligature in inpatient services	5-3(15)	5-3(15)	5-2(10)	5-1(5)
2451	Psychological therapy capacity	4-5(20)	4-5(20)	3-3(9)	3-2(6)
2600	Loss of tender process to provide 0-19	3-5(15)	3-3(9)	3-3(9)	4-5(20)
2517	Staffing issues in Bracken ward	4-4(16)	4-4(16)	4-2(8)	3-3(9)

Ref	Risk Title	Initial	Last review	Current	Target
2576	Impact of COVID on demand / waiting list with children having an incomplete pathway	5-4(20)	5-4(20)	4-2(8)	2-4(8)
2527	Research grant management	4-4(16)	4-4(16)	2-2(4)	2-1(2)
2536	Finance performance and sustainability	5-3(15)	4-3(12)	2-2(4)	3-3(9)
2598	Staff shortages in Older People Mental Health Services	3-5(15)		3-5(15)	2-5(10)
2628	Lack of BCG referrals for 4-16-year-old. Risk of missed BCG vaccine	3-5(15)		3-5(15)	3-4(12)

Table 40: Current live red risks (scoring 15 or above) on the ORR

Risk scores are colour coded on the risk register to aid highlighting those that have higher scores and therefore warrant larger mitigations. Score of 15 or above are displayed as 'red' risks rated 8-14 are displayed as 'amber' and risks rated as 1-7 are displayed as 'yellow'.

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.

During 2021 there were no EQIAs carried out by the Trust. This was due to there being no requirement for Cost Improvement Plans (CIPs) linked to efficiency requirements due to temporary changes in contracting arrangements for the Trust and due to a hiatus in transformation work as operational priorities relating to ongoing management of the pandemic impacted on leadership capacity.

It is anticipated that, in line with the re-instigation of NHS contracts and efficiency requirements, and as transformation plans begin to gain pace, this process will be stepped up into 2022/23.

Compliance with NHS Foundation Trust condition 4 – NHS Foundation Trust governance arrangements

The Board confirms that it has prepared a 'comply or explain' document against the Code of Governance to record where the Trust has not followed the guidance or where an action plan is required to ensure compliance. The Board will also consider the annual governance self-certification statements required by NHS Improvement as part of this process.

Potential and identified risks, which may impact on external stakeholders and key partners such as local authorities, other NHS trusts, voluntary organisations and service users are managed through structured mechanisms and forums such as the Overview and Scrutiny Committees, contract negotiation meetings, Council of Governors meetings and system-wide meetings.

Workforce strategy and safer staffing

The Trust has an approved Workforce Strategy in place. The Workforce and Equality Committee, provides 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. There is an ongoing requirement that all NHS organisations present a six-monthly report to Trust Board regarding nursing and midwifery staffing. The reports in May and November 2021 included analysis of wider workforce plans to provide assurance that the standards required to deliver safe and effective care are being met.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

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.

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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation 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.

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

During the COVID-19 pandemic, the Trust has operated an incident control structure (through Gold, Silver and Bronze cell meetings) to ensure resources are appropriately deployed. In line with national guidance, a streamlined corporate governance programme was adopted at different times of the year and Board Committees continued to receive assurance on Trust performance through the use of individual Committee dashboards and presentations by senior leaders.

The Trust's resources are managed within an approved framework set by the Board, which includes Standing Financial Instructions (SFIs), were reviewed by the Audit Committee in November 2021. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

The SLT, comprising Directors, Deputy Directors and Heads of Professions meets weekly to oversee strategy, business delivery and quality and performance issues. During 2021/22, 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, these meetings are chaired by lead Executive Directors or the Chief Executive and reporting groups escalate issues directly into SLT.

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 2021/22 (based upon and limited to the work performed) was that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation'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 for 2021/22 in May 2021 and received regular updates on progress of counter fraud work during the year. In June 2021, the Committee discussed and endorsed the new Counter Fraud Functional Standards Return which presented a rating against each of the 13 requirement standards reporting six as Green, three as Amber and four as Red ratings.

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 DSP Toolkit

and, if appropriate, with the Trust's Serious Incident Lead. Incident data is regularly reported to, and monitored by, the Information Governance Group, investigated and lessons learned shared.

There were two incidents reported to the Information Commissioner's Office (ICO) and Department of Health and Social Care (DHSC) in 2021/22. The first related to three letters containing very sensitive and detailed information about one patient sent to the wrong address. The ICO determined that no further action was necessary but made some recommendations for the Trust to consider. In response to this incident Clinical Administration Services updated their Standard Operating Procedure to instruct staff on how they are able to update the main address on SystmOne for Mental Health Services. This refined process has been circulated to clinical teams to share with staff.

The second related to the unauthorised access to a clinical record by a member of staff. The ICO determined that no further action was necessary, acknowledged the action plan that was in place to help prevent further incidents and made some recommendations for the Trust to consider. In response to this incident the Deputy Chief Executive/Director of Nursing and the Medical Director communicated with staff reiterating the standards around record keeping and reinforcing messages around records management and accessing clinical records. The importance of data security and reiterating the significance of good data protection practice was highlighted and communicated with staff.

Details are provided below in the required format:

Date of incident (month)	**Nature of incident**	**Number affected**	**How patients were informed**	**Lesson learned**
October 2021	3 letters containing very sensitive and detailed information sent to the wrong address	1	Duty of Candour letter sent by the Medical Director.	Improved communications to clinical staff to ensure they are aware of changes to administrative processes.
October 2021	A patient raised a complaint relating to unauthorised access to his clinical record by a member of staff.	1	ICO informed the Trust of the patient's complaint.	Improve and reiterate communications to all staff of the importance of data security. Emphasising to all staff their obligations under Trust policy and data protection regulation.

Table 41: incidents reported to the Information Commissioner's Office (ICO) and Department of Health and Social Care (DHSC) in 2021/22.

Data quality and governance

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 Trust's 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; and
- promoting data quality through regular reviews, procedures/user manuals and training.

The Trust's Data Quality is managed via regular services reviews and local assessments, any data quality issues dealt with at source, or via additional system training or escalated up to QuOps reviews.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation 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.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Quality and Safety Committee, Finance, Business and Investment Committee, Mental Health Legislation Committee, and Workforce and Equality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed in a number of 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 opinion has been given for 2021/22. There were six high assurance, 23 significant assurance and one limited assurance report on the level of compliance with the Trust's procedures for administering service users' money and property, 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, through individual letters of representation.

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. Finally, my review is informed by external assessments carried out by:

- CQC reports (covered elsewhere in the Annual Report);
- KPMG (our external auditors – at a cost of £70,000 (exclusive of VAT) for 2021/22);
- National patient and staff surveys;
- Local Healthwatch reports; and
- Bradford & Airedale and North Yorkshire Overview and Scrutiny Committees.

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 company's auditor is unaware; and
- each Director has taken all the steps that he/she 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.

Changes to governance as a result of COVID-19

During 2021/22, internal audit reports were received on the following COVID-19 related work: Infection Control (COVID-19); and Corporate Governance (both receiving significant assurance); and Personal Protective Equipment follow-up; and Risk Management (both receiving high assurance).

The emergency planning governance arrangements have continued during 2021/22 in line with NHS guidance for managing the pandemic. This structure consists of a series of Communication Cells which form a means of rapid escalation and oversight of the operational business of the Trust. Bronze Command cells operate at an operational level, covering HR, finance, wider corporate services, communications, clinical and operational services. These cells feed into a tactical level, Silver Command cell, which brings together escalations from the Bronze cells and allows joint decision making. This then escalates into a Gold Command Cell, which is chaired by the Chief Executive and is attended by the Trust Chair with links to similar systems across Bradford and Airedale.

This structure reflects the ongoing nature of the current crisis. As the NHS response reduces in line with government guidance, the Trust will incrementally stand down its Incident Control Structure and resume its previous governance arrangements.

Conclusion

I am satisfied that no significant control issues have been identified for the period 2021/22.

Signed……..

Therese Patten, Chief Executive
Date: 16 June 2022

Sustainability Report

Awareness and interest in sustainability continued to grow in 2021/22, not least because of Carbon Literacy training undertaken by colleagues, including 70% of the senior leadership team.

Our Green Plan: Greener Together

We have worked on projects to help deliver the Green Plan: Greener Together which was approved by the Board in March 2021.

The Green Plan has been updated to account for new guidance from NHS England. In addition to the existing actions, it demonstrates how we will be more sustainable with our food, in pharmacy and with our use of digital technology.

Carbon emissions

Our carbon emissions in 2020/21 were 22,585 tonnes CO2 equivalent. In 2021/22 our emissions were 21,892, a reduction of 693 tonnes (3.1%) from the year before. However, this is still equivalent emissions of every staff member flying to and from New York four times each.

Whilst we purchase 100% electricity backed by Renewable Energy Guarantees of Origin (REGOs), it is good practice in environmental reporting to include electricity consumption to help drive continual energy efficiency. Last year our electrical consumption was marginally (1.4%) lower than the previous year, but carbon emissions were significantly lower because of improvements in the grid emissions factor. Gas consumption was 3.2% lower than the year before, which is mirrored by 3.2% lower emissions for gas. Spend on transportation (business miles, fleet and taxis) was significantly higher in 2021/22 than 2020/21 which has resulted in higher carbon emissions.

Within our Carbon Footprint Plus (predominantly procurement, commuting and commissioned healthcare), there were increases in emissions from medicines and commuting but reductions in emissions from all other categories which means that overall, emissions were 6.2% lower than the year before.

CO2e emissions	TONNES	
	2020/21	2021/22
Total emissions:	22,585	21,892
NHS Carbon Footprint emissions:	3798	4264
NHS Carbon Footprint plus emissions:	18,787	17,628

Table 42: Carbon emissions in 2020/21 and 2021/22

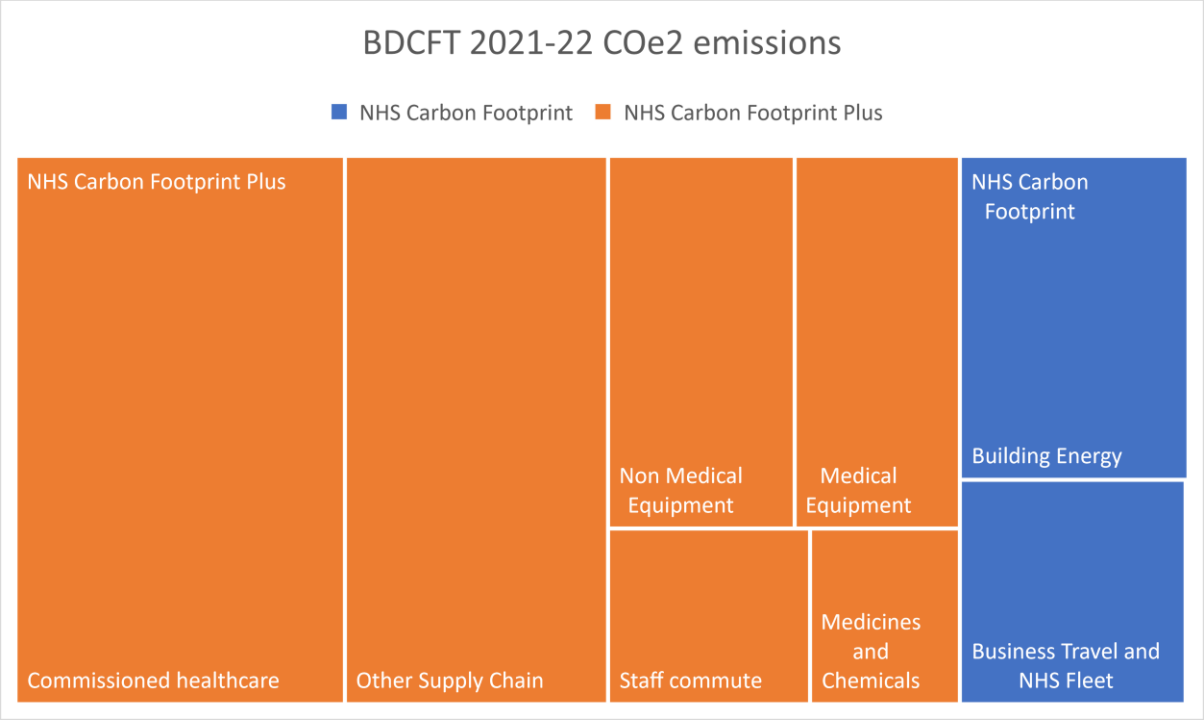


Diagram 8: BDCFT emissions 2020/21 compared with 2021/22*

*Note that water and waste is part of our carbon footprint emissions, but the quantity is so small compared to other categories, it has been excluded from this diagram.

The emissions reduction is to be congratulated against the challenges of the pandemic; however we once again missed our self-imposed emissions target. We have achieved 24.5% of our cumulative total carbon reduction target over the past two years. This demonstrates that there is more to do, year on year to progress at a faster rate, which we are keen to do.

BDCFT Carbon Footprint tonnes of CO2e.

NHS Carbon Footprint	Emissions source	2019/20 CO2e emissions: baseline	2021/22 CO2e emissions		
			Target	Actual	Difference from baseline
		100%	72.3%	82.9%	17.1%
NHS Carbon Footprint	Fossil Fuels	1,784	1,290	1,676	108.4
	NHS Fleet and Leased Vehicles	146	106	86	59.5
	Electricity	818	591	629	189.3
	Energy (Well to Tank)	415	300	267	148.3
	Business travel (grey Fleet)	571	413	477	93.7
	Waste	14	10	9	5.0
	Water	58	42	13	45.0

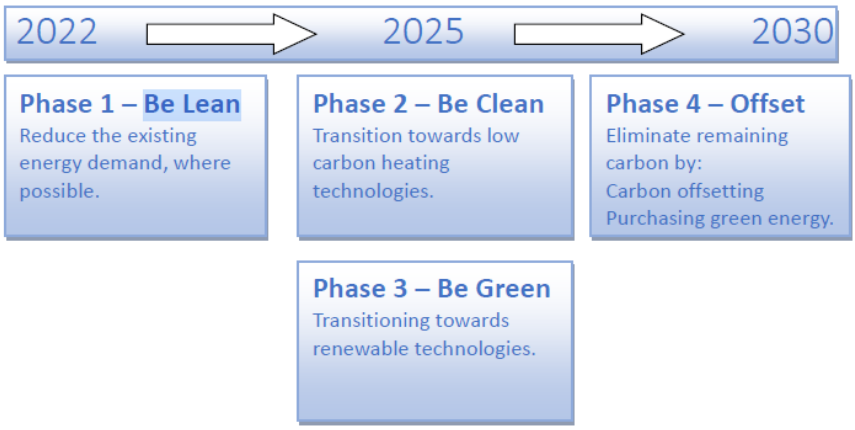
Table 43: BDCFT tonnes of carbon dioxide equivalent

*This figure is a correction from last year's annual report where consumption and therefore emissions associated with water supply and treatment was over-estimated. Note: amber shading shows where reductions were made but the target missed, green shading shows where the target was met.

Reductions for water and well to tank energy are because of improvements in emissions factors used to calculate carbon and savings in waste are as a result of more accurate data being available from our contractor.

Heat decarbonisation

One area to prioritise is heating. We received Salix funding in 2021/22 to develop a Heat Decarbonisation Plan. This identifies opportunities within our largest buildings to be more energy efficient, move away from gas heating and generate onsite renewable electricity, following the mantra 'be lean, be clean, be green'.



The actions and any additional work will be considered as part of the carbon reduction strategy to be agreed in 2022.

Energy efficiency

In 2021/22 our solar panels at Airedale Centre for Mental Health generated around 5% of the building's electricity needs and at Lynfield Mount Hospital, the solar panels generated 2.7% of electricity needed. In total, this was 76,637 kWh.

We also completed a large LED lighting project at New Mill, meaning the whole of this building now has more efficient lighting. Small scale energy efficiency continues when equipment is end of life and is replaced with new.

Display Energy Certificate Performance

We have six properties over 1,000m2 requiring annual Display Energy Certificate (DECs). All six 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. Small improvements were made in performance, but this has not changed the overall rating.

All other buildings for which we are required to complete a DEC are also grade D. Properties over 500m2 will require a new DEC this financial year.

Waste and resources

In February 2022 we launched Warp-it, an online system to share and reuse items within the Trust. The aim is to maximise our assets and to use surplus items elsewhere rather than dispose of them. Warp-it will enable us to reduce procurement spend as well as reduce waste. In 2021, the Sustainable Procurement Policy was ratified which

will also help to reduce the impact of our purchases. We regularly self-assess our progress against this policy and against neighbouring Trusts.

The catering team assessed food waste arisings over several months and saw a decrease across the study period. The intention is to continue to manage food waste which could see a reduction of over four tonnes, and more than £6,000 savings per annum. The introduction of electronic meal ordering will further support food waste reduction.

Infectious waste arisings continued to be high in 2021/22. Non-infectious waste bins have been provided to wards to encourage greater segregation of clinical waste. Waste audits and training of staff will continue throughout 2022 to improve segregation. As wards are COVID-free, it will be important to minimise the generation of infectious waste.

Waste type	NHSE&I target	2019/20	2020/21	2021/22
Offensive waste	60%	44%	28%	13%
Infectious waste for alternative treatment	20%	29%	47%	53%
Infectious waste for incineration	20%	27%	25%	33%

Table: 44: Clinical waste arisings

31% of our domestic waste was collected for recycling, however with increased training and awareness, it is hoped this will grow further in 2022.

Travel and Transport

Business miles have increased in 2021/22 compared to the previous year, primarily as clinical teams restarted face-to-face compared to earlier in the pandemic. However, due to the continuation of home-working and our Smarter Working plans, commuting continues to be lower than pre-pandemic levels.

Changes to the Trust's fleet mean that we will be compliant with the Bradford Clean Air Zone due in come into effect later in 2022, except for the dental vehicle. Changes to this vehicle are dependent on wider decisions of the dental service.

Green spaces

Our Green Spaces and Biodiversity Plan was approved by the Senior Leadership Team this year and our aim is to encourage more use of nature-based therapy and social prescribing in future. In support of this, Estates Maintenance have prepared a courtyard at Lynfield Mount for inpatient and volunteer gardening activities, and they have planted wildflowers within the grounds.

The allotment in Keighley has been levelled and prepared during the year, ready for service users to benefit from in 2022.

Priorities for the year ahead

Planning our carbon reduction activity is a priority in 2022/23, to enable us to understand the capital and revenue requirements to achieve this. Additional feasibility and consultancy work will be needed, for example an electrical capacity study.

We will aim to embed sustainability within our services and policies. We will continue to raise awareness of our professional and personal impact through carbon literacy training, our green newsletter our green champion network, and by working with corporate teams such as KPO and TWICS. For example, there are significant sustainability benefits that can be realised as a consequence of projects such as reviewing the community estate and smarter working.

Bradford District Care NHS Foundation Trust

Annual accounts for the year ended 31 March 2022

Foreword to the accounts

Bradford District Care NHS Foundation Trust

These accounts, for the year ended 31 March 2022, have been prepared by Bradford District Care NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed ……

Name **Therese Patten**
Job title **Chief Executive Officer**
Date **16 June 2022**

Statement of Comprehensive Income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	184,446	167,604
Other operating income	4	13,122	22,455
Operating expenses	5, 7	(195,599)	(185,503)
Operating surplus from continuing operations		**1,969**	**4,556**
Finance income	10	20	6
Finance expenses	11	(62)	(77)
PDC dividends payable		(562)	(651)
Net finance costs		**(604)**	**(722)**
Other gains / (losses)	12	-	(23)
Surplus for the year before impairment accounted for through statement of comprehensive income		**1,365**	**3,811**
Impairments charged to statement of comprehensive income	6	(3,356)	(5,001)
Surplus / (deficit) for the year		**(1,991)**	**(1,190)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	-	(1,136)
Revaluations	16	260	303
Total comprehensive income / (expense) for the period		**(1,731)**	**(2,023)**

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	13	371	628
Property, plant and equipment	14	44,221	43,846
Receivables	18	114	153
Total non-current assets		**44,706**	**44,627**
Current assets			
Inventories	17	122	91
Receivables	18	5,051	6,442
Cash and cash equivalents	20	34,659	30,681
Total current assets		**39,832**	**37,214**
Current liabilities			
Trade and other payables	21	(24,782)	(21,305)
Borrowings	22	(352)	(337)
Provisions	23	(1,385)	(1,803)
Total current liabilities		**(26,519)**	**(23,445)**
Total assets less current liabilities		**58,019**	**58,396**
Non-current liabilities			
Borrowings	22	(844)	(1,196)
Provisions	23	(801)	(840)
Total non-current liabilities		**(1,645)**	**(2,036)**
Total assets employed		**56,373**	**56,359**
Financed by			
Public dividend capital		37,072	35,327
Revaluation reserve		7,858	7,598
Other reserves		10,196	10,196
Income and expenditure reserve		1,247	3,238
Total taxpayers' equity		**56,373**	**56,359**

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

Signed .....

Name **Therese Patten**

Position **Chief Executive Officer**

Date 16 June 2022

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

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought	**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**

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought	**34,653**	**8,431**	**10,196**	**4,428**	**57,708**
Prior period adjustment	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2020 - restated	**34,653**	**8,431**	**10,196**	**4,428**	**57,708**
Surplus/(deficit) for the year	-	-	-	(1,190)	**(1,190)**
Impairments	-	(1,136)	-	-	**(1,136)**
Revaluations	-	303	-	-	**303**
Public dividend capital received	674	-	-	-	**674**
Taxpayers' and others' equity at 31 March 2021	**35,327**	**7,598**	**10,196**	**3,238**	**56,359**

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

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating (deficit)		(1,387)	(445)
Non-cash income and expense:			
Depreciation and amortisation	5	2,797	2,727
Net impairments	6	3,356	5,001
(Increase) / decrease in receivables and other assets		895	(220)
(Increase) in inventories		(31)	(13)
Increase in payables and other liabilities		3,616	9,781
Increase / (decrease) in provisions		(457)	1,814
Net cash flows from / (used in) operating activities		**8,789**	**18,645**
Cash flows from investing activities			
Interest received		20	6
Purchase of intangible assets		-	(208)
Purchase of PPE and investment property		(6,150)	(6,178)
Sales of PPE and investment property		-	140
Net cash flows from / (used in) investing activities		**(6,130)**	**(6,240)**
Cash flows from financing activities			
Public dividend capital received		1,745	674
Capital element of PFI, LIFT and other service concession payments		(337)	(323)
Interest paid on PFI, LIFT and other service concession obligations		(62)	(77)
PDC dividend (paid) / refunded		(27)	(1,020)
Net cash flows from / (used in) financing activities		**1,319**	**(746)**
Increase in cash and cash equivalents		**3,978**	**11,659**
Cash and cash equivalents at 1 April - brought forward		**30,681**	**19,022**
Cash and cash equivalents at 31 March	20	**34,659**	**30,681**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, 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 2021/22 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 agreed a 2021/22 break-even plan with NHS Improvement. Trust performance for the year has exceeded that plan, with a surplus of £1.365 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 £34.66 million cash balances at the year-end.

After consideration of the funding agreed through 2022/23 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. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of an episode of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care episode may be incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the 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 contract. CQUIN schemes were temporarily suspended in 2020/21 and 2021/22 due to the pandemic.

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 grant 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 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, eg, 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 (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.
Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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

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

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

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

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

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

Impairments

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.
Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

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

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

In 2020/21 the Trust received donated assets from the Department of Health and Social Care as part of the response to the Coronavirus Pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets where the Trust controls and obtains an economic benefits from those assets at the year end. In 2021/22 the Trust did not receive any donated assets from the Department of Health and Social Care as part of the response to the Coronavirus pandemic.

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

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 1.10 Intangible assets
Recognition

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

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, eg 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, eg 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

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

Note 1.11 Inventories

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

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents

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

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 1.13 Financial assets and financial liabilities

Recognition

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

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

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

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

Derecognition

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

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

Note 1.14 Leases

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.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

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 23 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

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

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note 24 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 24, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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

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

Note 1.18 Value added tax

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

Note 1.19 Corporation tax

The Trust is not within the scope of Corporation Tax.

Note 1.20 Climate change levy

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 1.21 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

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

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

Note 1.22 Third party assets

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

Note 1.23 Losses and special payments

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

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

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.
The Trust has received no gifts exceeding £300,000 in 2021/22.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	8,237
Additional lease obligations recognised for existing operating leases	(8,237)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(2,637)
Additional finance costs on lease liabilities	(65)
Lease rentals no longer charged to operating expenditure	2,676
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	**(26)**
Estimated increase in capital additions for new leases commencing in 2022/23	**-**

The estimated value reported within the table above is based on the lease costs that were available in 2021/22 to account for annual inflationary increases in lease charges and any change in the incremental borrowing rate defined by HM Treasury.

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 2021/22.

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 16 Leases	Standard, as interpreted and adapted by the FReM, is to be effective from 1 April 2022.
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 1.27 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 2022 with a valuation date of 31 March 2022. 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 COVID-19 pandemic and measures to tackle it continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date property markets are mostly functioning, with transaction volumes and other relevant evidence at levels where enough market evidence exists upon which to base opinions of value. Accordingly - and for the avoidance of doubt, the valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation –Global Standards.

The aftermath of the Grenfell Fire on 14 June 2017 resulted in a wholesale review of the regime relating to building safety. A public inquiry commenced in 2018 with a report on the findings of the first phase of the inquiry published in October 2019. The second phase of the inquiry commenced in January 2020 and is still ongoing. The Government subsequently announced that Building Regulations would be amended from 21 December 2018 to ban the use of combustible materials on the external walls of new buildings over 18m containing flats, as well as, inter alia, buildings such as new hospitals, residential care homes and student accommodation. Due to the changes to the building regulations the ban will affect existing buildings undergoing major works or a change of use. On 20 January 2020 MHCLG published "Building safety advice for building owners, including fire doors" which consolidated the previously published advice notes. The Fire Safety Act 2021 came into force in May and aims to improve fire safety in multi occupancy domestic premises. The Act allows the Fire & Rescue Service to enforce against non–compliance in relation to the external walls and the individual doors opening onto the common parts of the premises, but the Act does not address remediation costs in relation to cladding or its replacement. Market participants continue to be affected by details of construction, health and safety, and particularly fire prevention, mitigation and means of escape from buildings where people sleep. The Government's proposed legislation is far reaching and will provide a new regime for building regulations compliance. In the light of these circumstances, the asset valuation exercise was undertaken in the context of a changing regulatory environment.

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)	2021/22 £000	2020/21 £000
Mental health services		
Block contract / system envelope income [1]	110,275	96,034
Services delivered as part of a mental health collaborative [2]	2,756	-
Other clinical income from mandatory services [3]	805	1,424
Community services		
Block contract / system envelope income [1]	45,045	42,634
Income from other sources (e.g. local authorities)	19,808	19,675
All services		
Elective recovery fund	1	-
Additional pension contribution central funding [4]	5,756	5,346
Other clinical income [5]	-	2,491
Total income from activities	**184,446**	**167,604**

[1] Throughout 2020/21 and 2021/22, funding flows within the NHS have been simplified to support the NHS to focus on the response to the pandemic. Providers and their commissioners moved to block contract payment arrangements supported by COVID-19 allocations with supplementary top up funding to allow the Trust to break-even. These arrangements resulted in fixed funding system envelopes delegated to Integrated Care Systems and the Trust derived most of its income from these system envelopes. The Trust's income increased during 2021/22 relating to Top up income previously reported in Other Income - £4.7m COVID-19, £0.7m growth, Top Up income £3.6m as well as inflationary uplift of £2.4m, new developments of £1.9m and Mental Health Investment Standard funding of £3.3m.

[2] The new Provider Collaborative contract for Adult Secure Services went live from 1 October 2021. The Trust now receives the associated income through a sub-contract with South West Yorkshire Mental Health Foundation Trust, who is the lead provider. Income was previously received from NHS England and was in Mental Health Service block contract category.

[3] Other clinical income from Mandatory Services in 2020/21 related to income that was previously reported in Cost and Volume income and is outside the Block/System arrangements. The reduction in income from 2020/21 relates to £0.25m Be Positive income which has moved into the CCG contract (now shown in Mental Health Services/Block contract system envelope income category) from the Local Authority, Trailblazer income which has reduced by £0.1m (offset by an increase in the CCG contract) and non-recurrent income in 2020/21 for cost per case £0.25m.

[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.

[5] In 2020/21 costs of £2.5m relate to the increase in the Trust's annual leave provision which was backed by NHS England funding.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2021/22 £000	2020/21 £000
NHS England [1]	15,134	19,616
Clinical commissioning groups [2]	145,943	126,841
Other NHS providers [3]	3,097	863
NHS other	288	396
Local authorities	19,150	19,075
Non-NHS: overseas patients (chargeable to patient)	2	3
Non NHS: other	832	810
Total income from activities	**184,446**	**167,604**
Of which:		
Related to continuing operations	184,446	167,604

[1] The reduction in income from NHS England is reflective of the new commissioning arrangements for the Provider Collaborative contract for Adult Secure Services of £2.8m, which is now funded through a sub-contract with South West Yorkshire Mental Health Foundation Trust (shown in other NHS providers category); and non-recurrent funding received in 2020/21 of £2.5m for the annual leave provision. The additional pension contributions funded centrally increased by £0.4m in 2021/22.

[2] The increase in income from Clinical Commissioning Groups of £19.1m mainly relates to Top Up income from the Integrated Care System received from Wakefield Clinical Commissioning Group of COVID £4.7m, Top Up income of £3.6m, £0.7m growth, inflationary uplift on CCG contracts of £2.4m, new developments of £4.7m and Mental Health Investment Standard funding of £3.3m.

[3] The increase in Other NHS Providers income is reflective of income received for the new Provider Collaborative sub-contract of £2.8m (previously received from NHS England). This is offset by smaller reductions in Speech & Language Therapy income of £0.2m and CAMHs income of £0.1m.

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

	2021/22 £000	2020/21 £000
Income recognised this year	2	3
Cash payments received in-year	1	-

Note 4 Other operating income

	2021/22			2020/21		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	983		**983**	1,127		**1,127**
Education and training	4,124	336	**4,460**	3,555	193	**3,748**
Non-patient care services to other bodies	3,113		**3,113**	2,139		**2,139**
Reimbursement and top up funding[1]	2,886		**2,886**	12,403		**12,403**
Charitable and other contributions to expenditure[2]		324	**324**		1,823	**1,823**
Other income	1,356		**1,356**	1,215		**1,215**
Total other operating income	**12,462**	**660**	**13,122**	**20,439**	**2,016**	**22,455**
Of which:						
Related to continuing operations			13,122			22,455

[1] Throughout the pandemic the NHS settlement has included Top Up income to support the NHS to deliver a break-even financial position. In 2021/22 Top Up income is embedded in system envelopes and paid via block contract arrangements. The Trust received £2.9m national funding for the costs incurred in running the vaccination centres in Bradford.

[2] £324k 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, Trusts record 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 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2021/22	2020/21
	£000	£000
Income from services designated as commissioner requested services	145,942	126,842
Income from services not designated as commissioner requested services	51,626	63,217
Total	**197,568**	**190,059**

The income from services designated as commissioner requested services is income from the Clinical Commissioning Groups including CQUIN (Commissioning for QUality and INnovation) income. The CQUIN performance requirements are suspended in 2021/22. The movement is mainly due to additional income from the lead commissioner Wakefield CCG to fund Covid expenditure through the revised financial arrangements during the pandemic.

Note 4.2 Profits and losses on disposal of property, plant and equipment

The Trust had no asset disposals during 2021/22.

Note 5 Operating expenses

	2021/22 £000	2020/21 £000
Purchase of healthcare from NHS and DHSC bodies	2,212	1,677
Purchase of healthcare from non-NHS and non-DHSC bodies [1]	11,901	6,616
Staff and executive directors costs [2]	152,405	142,658
Remuneration of non-executive directors	128	135
Supplies and services - clinical (excluding drugs costs) [3]	5,065	7,511
Supplies and services - general	2,450	2,602
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,351	1,936
Consultancy costs	472	154
Establishment [4]	2,515	4,221
Premises	6,497	6,497
Transport (including patient travel)	585	579
Depreciation on property, plant and equipment	2,540	2,575
Amortisation on intangible assets	257	152
Net impairments [5]	3,356	5,001
Movement in credit loss allowance: all other receivables and investments	(6)	7
Change in provisions discount rate(s)	-	164
Fees payable to the external auditor audit services- statutory audit	84	71
Internal audit costs	103	110
Clinical negligence	421	357
Legal fees	109	338
Insurance	266	235
Research and development	1,212	1,287
Education and training	1,158	1,826
Rentals under operating leases	2,976	2,825
Redundancy	153	259
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI /	330	320
Hospitality	-	1
Losses, ex gratia & special payments	31	9
Other	384	381
Total	**198,955**	**190,504**
Of which:		
Related to continuing operations	198,955	190,504

[1] Higher 'purchase of healthcare costs from non-NHS and non-DHSC bodies' relate mainly to elevated Out of Area placements arising from sustained high inpatient occupancy levels and isolation conditions to meet infection control requirements, which account for £3.8m increase in costs. Additional investment has been made to support System partners during the year, £1.1m for Local Authority and £0.5m for VCS (Voluntary & Community Sector) organisations – to support our joint response to tackling the COVID pandemic.

[2] An explanation for headline increases in Staff costs is provided at Note 7 Employee benefits.

[3] The decrease in Supplies and services – clinical - reflects the non-cash reduction of £1.48m, 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, Trusts record 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.

[4] The decrease in establishment costs are reflective of the planned savings from the Trust's Smarter Working programme, which has delivered savings in travel costs, printing and stationery, meeting room charges and telephony costs. The costs in 2020/21 were elevated due to equipping staff to work from home and adaptions to the estate to comply with COVID-19 safety requirements.

[5] Please refer to note16 for the detail regarding Net impairments.

Note 5.1 Other auditor remuneration

There is no other auditor remuneration paid to auditors during 2021/22.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2020/21: £1 million).

Note 6 Impairment of assets

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	3,356	5,001
Total net impairments charged to operating surplus / deficit	**3,356**	**5,001**
Impairments charged to the revaluation reserve	-	1,136
Total net impairments	**3,356**	**6,137**

As referenced in accounting policy note 1.8, a revaluation decrease that does not result from a loss of economic value or service potential, e.g. as a result of the annual revaluation exercise, is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit, e.g. site disposal or change in use, should be taken to expenditure.

An increase arising on revaluation is taken to the revaluation reserve, except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

The table below illustrates the key impacts on asset values arising from impairments following the 2021/22 revaluation exercise and revised approach as described above.

Property, Plant & Equipment	**Impairments**	**Reversal of Previous Impairments**	**Total**
Buildings excluding dwellings:	**£000**	**£000**	**£000**
Airedale Centre for Mental Health	378	-	**378**
Lynfield Mount Hospital - Whole site	2,742	(196)	**2,546**
New Mill, Saltaire	80		**80**
Covid 19 Building Works	373		**373**
Others		(21)	**(21)**
Total	**3,573**	**(217)**	**3,356**

Note 7 Employee benefits

	2021/22 Total £000	2020/21 Total £000
Salaries and wages [1]	109,616	104,446
Social security costs	10,815	9,878
Apprenticeship levy [2]	534	488
Employer's contributions to NHS pensions	18,932	17,625
Temporary staff (including agency) [3]	14,049	11,469
Total gross staff costs	**153,946**	**143,906**
Of which		
Costs capitalised as part of assets	792	429

The Trust salaries and wages costs include £532k relating to permanent staff who are on secondment to other external organisations. In 2020/21 the Trust salaries and wages costs included £335k relating to permanent staff on secondment.

[1] The increase in Staff expenditure includes costs relating to the nationally agreed pay settlement and incremental costs, equivalent to £4.5m (inclusive of Pension and National Insurance cost). In addition, staffing costs have increased in line with additional Mental Health Transformation monies secured during the year.

[2] The Apprenticeship Levy scheme was introduced by the UK Government on 6 April 2017 and requires all employers operating in the UK with an annual pay bill of more than £3 million to invest in apprenticeships via the Levy. The levy represents 0.5% of the Trust's total pay bill (defined as earnings subject to Class 1 secondary National Insurance Contributions), less an allowance of £15,000. The Trust can then access funding for apprenticeships through a digital apprenticeship service (DAS) account. These funds will be used to make payments directly to approved apprenticeship training providers.

[3] Temporary staffing costs have increased by £2.5m in Mental Health and Learning Disability services due to elevated levels of acuity on inpatient wards, increased absence rates experienced through the pandemic and workforce supply constraints.

Note 7.1 Retirements due to ill-health

During 2021/22 there were 4 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £255k (£60k in 2020/21).

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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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 at the Trust. 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 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 enrollment takes place in July 2022.

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 2022, the trust made contributions totalling £70,653 into the NEST fund (£52,802 in 2020/21).

Note 9 Operating leases

Note 9.1 Bradford District Care NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Bradford District Care NHS Foundation Trust is the lessee.

HM Treasury has made a public sector adaptation in adopting IFRS16 to capture lease-like arrangements between Crown bodies or other governmental bodies, that are not legally enforceable but are substance akin to an enforceable contract. The arrangements with NHS Property Services and Community Health Partnership are therefore in the scope of this adaptation. As a result, these agreements were reclassified as operating leases, in readiness for the implementation of IFRS16 and have been reported as such within the Trust accounts since 2019/20.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	2,976	2,825
Total	**2,976**	**2,825**

	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	2,691	2,815
- later than one year and not later than five years;	4,951	7,355
Total	**7,642**	**10,170**

Note 10 Finance income

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

	2021/22 £000	2020/21 £000
Interest on bank accounts	20	6
Total finance income	**20**	**6**

Note 11.1 Finance expenditure

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

	2021/22 £000	2020/21 £000
Interest expense:		
Main finance costs on PFI and LIFT schemes obligations	62	77
Total interest expense	**62**	**77**

Note 11.2 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 in either 2021/22 or 2020/21.

Note 12 Other gains / (losses)

	2021/22 £000	2020/21 £000
Losses on disposal of assets	-	(23)
Total gains / (losses) on disposal of assets	**-**	**(23)**

There were no disposal of assets in 2021/22

Note 13 Intangible assets - 2021/22

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2021 - brought forward	**208**	**769**	**977**
Valuation / gross cost at start of period for new FTs	**-**	**-**	**-**
Valuation / gross cost at 31 March 2022	**208**	**769**	**977**
Amortisation at 1 April 2021 - brought forward	**-**	**349**	**349**
Amortisation at start of period for new FTs	**-**	**-**	**-**
Provided during the year	104	153	**257**
Amortisation at 31 March 2022	**104**	**502**	**606**
Net book value at 31 March 2022	**104**	**267**	**371**
Net book value at 1 April 2021	**208**	**420**	**628**

Note 13.1 Intangible assets - 2020/21

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2020 - as previously stated	**-**	**769**	**769**
Valuation / gross cost at 1 April 2020 - restated	**-**	**769**	**769**
Valuation / gross cost at start of period for new FTs	**-**	**-**	**-**
Additions	208	-	**208**
Valuation / gross cost at 31 March 2021	**208**	**769**	**977**
Amortisation at 1 April 2020 - as previously stated	**-**	**197**	**197**
Amortisation at start of period for new FTs	**-**	**-**	**-**
Provided during the year	-	152	**152**
Amortisation at 31 March 2021	**-**	**349**	**349**
Net book value at 31 March 2021	**208**	**4**	**628**
Net book value at 1 April 2020	**-**	**572**	**572**

Note 14 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 - brought forward	**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 - brought forward	**-**	**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 14.1 Property, plant and equipment - 2020/21

	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 2020 - as previously stated	**5,895**	**37,010**	**-**	**1,994**	**289**	**17,097**	**1,651**	**63,936**
Valuation / gross cost at 1 April 2020 - restated	**5,895**	**37,010**	**-**	**1,994**	**289**	**17,097**	**1,651**	**63,936**
Additions	300	3,000	1,263	313	-	1,543	3	**6,422**
Impairments	(62)	(6,323)	-	-	-	-	-	**(6,385)**
Reversals of impairments	-	248	-	-	-	-	-	**248**
Revaluations	240	(1,239)	-	-	-	-	-	**(999)**
Valuation/gross cost at 31 March 2021	**6,373**	**32,696**	**1,263**	**2,307**	**289**	**18,640**	**1,654**	**63,222**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**1,302**	**-**	**1,034**	**288**	**14,458**	**1,021**	**18,103**
Accumulated depreciation at 1 April 2020 - restated	**-**	**1,302**	**-**	**1,034**	**288**	**14,458**	**1,021**	**18,103**
Depreciation at start of period as FT	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	-	1,286	-	162	1	907	219	**2,575**
Revaluations	-	(1,302)	-	-	-	-	-	**(1,302)**
Accumulated depreciation at 31 March 2021	**-**	**1,286**	**-**	**1,196**	**289**	**15,365**	**1,240**	**19,376**
Net book value at 31 March 2021	**6,373**	**31,410**	**1,263**	**1,111**	**-**	**3,275**	**414**	**43,846**
Net book value at 1 April 2020	**5,895**	**35,708**	**-**	**960**	**1**	**2,639**	**630**	**45,833**

Note 14.2 Property, plant and equipment financing - 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2022							
Owned - purchased	5,531	32,354	-	965	3,635	280	**42,765**
On-SoFP PFI contracts and other service concession arrangements	863	593	-	-	-	-	**1,456**
NBV total at 31 March 2022	**6,394**	**32,947**	**-**	**965**	**3,635**	**280**	**44,221**

Note 14.3 Property, plant and equipment financing - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021							
Owned - purchased	5,510	30,669	1,263	1,111	3,275	414	**42,242**
On-SoFP PFI contracts and other service concession arrangements	863	741	-	-	-	-	**1,604**
NBV total at 31 March 2021	**6,373**	**31,410**	**1,263**	**1,111**	**3,275**	**414**	**43,846**

Note 15 Donations of property, plant and equipment
The Trust has not received any donated property, plant or equipment during the year.

Note 16 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 2021/22 provided asset valuations effective as at 31st March 2022. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate decrease of £3.095m; of which £3.356m was charged to the Statement of Comprehensive Income, with a £0.26m increase to the Revaluation Reserve.

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 2021/22 accounts is consistent with that used in 2019/20 and 2020/21.

Asset Revaluation Exercise	**TOTAL March 2022**	**Charged to Statement of Comprehensive Income March 2022**	**Charged to Revaluation Reserve March 2022**
	£000	**£000**	**£000**
Airedale Centre for Mental Health - Building	(362)	(378)	16
Lynfield Mount Hospital - Buildings	(2,381)	(2,546)	165
Covid 19 - Buildings	(373)	(373)	-
New Mill - Building	(80)	(80)	-
Horton Park Centre - Building	26	-	26
Others	74	21	53
SUBTOTAL (Impairment) / Valuation Increase	**(3,096)**	**(3,356)**	**260**
Comprising:			
Impairment charged to I&E	(3,356)		
Impairment to Revaluation Reserve	260		
TOTAL Impairment	**(3,096)**		

Revaluation Reserve
The Trust's Revaluation Reserve increased by £0.26m during 2021/22 as a result of the March 2022 asset revaluation exercise. The movements in the Revaluation Reserve are shown in the table below.

	£000
Revaluation Reserve 01/04/2021	
Asset Revaluation 31/03/2022 - Impairments	-
Asset Revaluation 31/03/2022 - Increases	260
Revaluation Reserve 31/03/2022	**260**

Note 17 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	107	73
Energy	15	18
Total inventories	**122**	**91**

Decreased energy inventories to £15k (2020/21: £18k) reflect decrease in volumes of fuel stock held at 31 March 2022.

Increased pharmacy stock inventories of £107k (2020/21: £73k) reflect increases in both the unit rate and volume of drugs held at 31 March 2022.

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

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

Note 18 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables [1]	2,939	4,424
Allowance for other impaired receivables	(93)	(99)
Prepayments (non-PFI) [2]	1,319	781
PDC dividend receivable [3]	103	638
VAT receivable	676	601
Other receivables [4]	107	97
Total current receivables	**5,051**	**6,442**
Non-current		
Other receivables	114	153
Total non-current receivables	**114**	**153**
Of which receivable from NHS and DHSC group bodies:		
Current	1,869	4,060
Non-current	114	153

[1] The main change in Contract Receivables is changes in national funding arrangements during 2021/22 due to the pandemic.

[2] The increase in prepayments, relates to the processing of the annual property rates invoices from Bradford Metropolitan District Council. These invoices were processed for payment in March 2022 and relate to the 2022/23 financial year. As a result, they have been prepaid.

[3] PDC dividend receivable relates to the reduction in the planned PDC charge for 2021/22, as a result of NHS contract income paid in advance during the financial year, reporting a higher average daily cash balance and change in asset values due to the revaluation exercise

[4] The movement in other receivables relates to accrued medical pensions tax income from NHS England. Note 23, Provisions, provides further detail.

Note 18.1 Allowances for credit losses

	2021/22 receivables £000	2020/21 receivables
Allowances as at 1 April - brought forward	**99**	**2**
Prior period adjustments		-
Allowances as at 1 April - restated	**99**	**2**
New allowances arising	(6)	7
Utilisation of allowances (write offs)	-	(142)
Allowances as at 31 Mar 2022	**93**	

Note 18.2 Exposure to credit risk

The Trust receives the majority of it's income from CCGs, Local Authority, NHS England and statutory bodies and therefore the credit risk is negligible.

Note 19 Non-current assets held for sale and assets in disposal groups

	2021/22	2020/21
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	**160**
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**-**	**160**
Assets sold in year	-	(160)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**-**

There were no disposal of non-current assets during 2021/22

Note 20 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.

	2021/22	2020/21
	£000	£
At 1 April	**30,681**	**1**
Net change in year	3,978	11
At 31 March	**34,659**	**30,681**
Broken down into:		
Cash at commercial banks and in hand	78	1
Cash with the Government Banking Service	34,581	3
Total cash and cash equivalents as in SoFP	**34,659**	**3**
Total cash and cash equivalents as in SoCF	**34,659**	**30,681**

The Trust's increased cash balance relates mainly to the additonal national funding received, in response to COVID-19 and the underspend on the Trust's annual capital programme.

Note 20.1 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
	2022	2021
	£000	£000
Bank balances	79	48
Total third party assets	**79**	**48**

Note 21 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables [1]	4,608	3,817
Capital payables	352	491
Accruals [2]	9,515	11,268
Receipts in advance and payments on account [3]	3,986	197
Social security costs	1,589	1,453
Other taxes payable	1,215	1,130
Other payables	3,517	2,949
Total current trade and other payables	**24,782**	**21,305**
Of which payables from NHS and DHSC group bodies:		
Current [3]	4,243	372

[1] The higher level of Trade Payables relates mainly to invoices outstanding in March that have been paid in April and May.

[2] The main decrease relates to accruals released during the year of £0.6m; non recurrent costs in 2020/21 that have been paid or settled of £0.4m; and non recurrent claw back of COVID and Transformation monies in 2020/21 of £0.4m.

[3] Receipts in advance relates to income received where a performance obligation exists beyond 2021/22 for Bradford & Craven CCG of £3.47m, Wakefield CCG of £0.25m and Health Education England of £0.173m. These are also the main areas for the movement in payables from NHS and DHSC group bodies.

Note 22 Borrowings

	31 March 2022 £000	31 March 2021 £
Current		
Obligations under PFI, LIFT or other service concession contracts	352	337
Total current borrowings	**352**	**337**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	844	1,196
Total non-current borrowings	**844**	**1,196**

Note 22.1 Reconciliation of liabilities arising from financing activities - 2021/22

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2021	**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**

Note 22.2 Reconciliation of liabilities arising from financing activities - 2020/21

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2020	**1,856**	**1,856**
Prior period adjustment	-	**-**
Carrying value at 1 April 2020 - restated	**1,856**	**1,856**
Cash movements:		
Financing cash flows - payments and receipts of principal	(323)	**(323)**
Financing cash flows - payments of interest	(77)	**(77)**
Non-cash movements:		
Application of effective interest rate	77	**77**
Carrying value at 31 March 2021	**1,533**	**1,533**

Note 23 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 2021	**730**	**1,037**	**680**	**196**	**2,643**
Change in the discount rate	-	-	-	-	**-**
Arising during the year	43	283	719	304	**1,349**
Utilised during the year	(43)	(39)	(162)	-	**(244)**
Reversed unused	-	(972)	(518)	(72)	**(1,562)**
At 31 March 2022	**730**	**309**	**719**	**428**	**2,186**
Expected timing of cash flows:					
- not later than one year;	43	309	719	314	**1,385**
- later than one year and not later than five years;	172	-	-	114	**286**
- later than five years.	515	0	0	-	**515**
Total	**730**	**309**	**719**	**428**	**2,186**

[1] Injury Benefits provisions of £730k (previous year also £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 2021/22, from (0.95%) as at March 2021 to (1.30)% as at March 2022.

[2] Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by NHS Resolution equivalent to £47k (previous year £65k). There are also a number of potential liabilities that may arise in relation to national and local legal cases that include contractual employment cases, amounting to £262k.

[3] Redundancy provision of £250k relates to associated costs of a service restructure. A further £469k 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 NHSE&I. 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.

Also within other; the Trust has received a reimbursement for the recovery of VAT, relating to the salary sacrifice lease car scheme. As refunds of this nature fall under the premise of "managing public money", NHSI must obtain HM Treasury approval to pay over to staff/ex-staff. Due to the lengthy process, the Trust is currently unable to provide a timescale for conclusion. The VAT refund received by the Trust from NHS Fleet Solutions was £304k. Provision has been made to pass this refund back to staff once national HM Treasury approval has been granted.

Note 23.1 Clinical negligence liabilities

At 31 March 2022, £4,778k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2021: £2,590k).

Note 24 Contingent assets and liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims [1]	(22)	(34)
Gross value of contingent liabilities	**(22)**	**(34)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(22)**	**(34)**
Net value of contingent assets	**-**	**-**

[1] The £22k NHS Resolution (formerly NHS Litigation Authority) contingent liability shown above is the calculated member liability for third party insurance claims.

Note 25 Contractual capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	352	491
Total	**352**	**491**

Note 26 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 £1,456k. The Trust has the option to purchase Horton Park Centre at the end of the lease.

Note 26.1 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 2022 £000	31 March 2021 £000
Gross PFI, LIFT or other service concession liabilities	**1,298**	**1,697**
Of which liabilities are due		
- not later than one year;	399	399
- later than one year and not later than five years;	899	1,298
Finance charges allocated to future periods	(102)	(164)
Net PFI, LIFT or other service concession arrangement obligation	**1,196**	**1,533**
- not later than one year;	352	337
- later than one year and not later than five years;	844	1,196

Note 26.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2022 £000	31 March 2021 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**2,369**	**3,058**
Of which payments are due:		
- not later than one year;	729	720
- later than one year and not later than five years;	1,640	2,338

Note 26.3 Analysis of amounts payable to service concession operator

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

	2021/22 £000	2020/21 £000
Unitary payment payable to service concession operator	**729**	**720**
Consisting of:		
- Interest charge	62	77
- Repayment of balance sheet obligation	337	323
- Service element and other charges to operating expenditure	330	320
Total amount paid to service concession operator	**729**	**720**

Note 27 Financial instruments

Note 27.1 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 CCGs, Local Authority, NHS England, and statutory bodies and so the 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 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 27.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	Held at amortised cost £000	Total book value £000
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**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	4,422	**4,422**
Cash and cash equivalents	30,681	**30,681**
Total at 31 March 2021	**35,103**	**35,103**

Note 27.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost £000	Total book value £000
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**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost £000	Total book value £000
Obligations under PFI, LIFT and other service concession contracts	1,533	**1,533**
Trade and other payables excluding non financial liabilities	18,525	**18,525**
Total at 31 March 2021	**20,058**	**20,058**

Note 27.4 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 2022 £000	31 March 2021 £000
In one year or less	18,391	18,924
In more than one year but not more than five years	899	1,298
Total	**19,290**	**20,222**

Note 27.5 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 28 Losses and special payments

	2021/22		2020/21	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses [1]	1	-	-	-
Total losses	**1**	**-**	**-**	**-**
Special payments				
Compensation under court order or legally binding arbitration award [2]	4	27	1	4
Ex-gratia payments	20	4	15	5
Total special payments	**24**	**31**	**16**	**9**
Total losses and special payments	**25**	**31**	**16**	**9**
Compensation payments received		-		-

[1] The one case relating to cash losses for 2021/22 had a total value of £20.

[2] The payments made under legal obligation during 2021/22 include a £19,200 compensation to Bradford Rifle Club following the end of their tenancy, the Trust purchased the old reservoir site for the Lynfield Mount Redevelopment.

Note 29 Gifts

The Trust has received no gifts exceeding £300,000 in 2021/22.

Note 30 Related parties

The Trust is a Foundation Trust, a public interest body authorised by NHS Improvement, the Independent Regulator for NHS Foundation Trusts.
During 2021/22 there were transactions with related parties associated with three non-executive directors:
* £12.8k was paid from Yorkshire Ambulance Services to one non-executive director.
* £2.2k was paid from the University of Bradford to one non-executive director
* Payments of £124k were made to Inspired Neighbourhoods Charitable Trust. £89k for a future focus collaborative communities project and CABT VCS pilot funding and £35k for an annual contract relating to rental charges for clinical space. The contract was in place prior to a non-executive director becoming a Trustee with, and registered Director of, Inspired Neighbourhoods. The non-executive director left the Trust in March 2022.

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 in the Charity Commission website. An administration charge of £96k in 2021/22 was levied on the charity for services provided by the Trust.

All transactions below are with the Trust's main providers and commissioners and were for the provision of healthcare services, apart from expenditure with NHS Resolution [who supplied legal services].

	Receivables	Payables
	31 March 2022	31 March 2022
	£000	£000
NHS Bradford District and Craven CCG	546	3,489
Wakefield CCG	73	250
NHS England	601	0
Health Education England	426	173
Airedale NHS Foundation Trust (including AGH Solutions)	14	204
Bradford Teaching Hospitals NHS Foundation Trust	27	4
South West Yorkshire Partnership NHS Foundation Trust	0	3

Bradford City Council	336	277
Wakefield City Council	19	0
NHS Resolution	0	33
	2,042	**4,433**

	Income 2021/22 £000	**Expenditure 2021/22 £000**
NHS Bradford District and Craven CCG	129,568	102
Wakefield CCG	16,600	51
NHS England	12,537	58
Health Education England	4,209	0
Airedale NHS Foundation Trust (including AGH Solutions)	87	1,453
Bradford Teaching Hospitals NHS Foundation Trust	1,110	1,537
South West Yorkshire Partnership NHS Foundation Trust	2,660	176
Bradford City Council	11,629	3,131
Wakefield City Council	7,703	16
NHS Resolution	0	608
	186,103	**7,132**

Note 31 Prior period adjustments

There are no prior period adjustments.

Note 32 Events after the reporting date

In September 2021 Wakefield Council issued a Prior Information Notice for the tender of the Wakefield 0-19 Services for a 10 year contract, effective from 1 October 2022. Bradford District Care Trust have unfortunately not been successful in progressing to the short list of preferred providers, and are now working on plans to safely handover services to the selected provider. The Trusts financial plans for 2022/23 reflect the part year effect of the decommissioned contract.

Auditor's 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 2022 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 2022 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2021/22.

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 Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to 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 Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified and concur with the Directors' 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 control totals delegated to the Trust by NHS Improvement
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing 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 and the risk of fraudulent revenue recognition, in particular the risk that income outside of the Trust's block contract funding is accounted for in the incorrect financial period and the risk that Trust management may be in a position to make inappropriate accounting entries.

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 accruals.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals with unusual cash, income and expenditure combinations, material journals posted in period 13, journals posted by senior finance executives, journals posted to seldom used account codes and journals with key words (such as gift or fraud) in the narrative description.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Testing of accruals in order to assess the existence and accuracy of accruals recorded in the financial statements.

Identifying and responding to risks of material misstatement related to non-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 directors (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as 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 non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. 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.
- in our opinion the other information has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

Annual Governance Statement

We are required 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 2021/22. 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 accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Accounting Officer's responsibilities

As explained more fully in the statement, 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 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

The Trust is responsible for putting 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 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 the use of 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 issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the relevant NHS regulatory body under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure, or is about to take, or has taken, a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

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

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. 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 the further matters we are required to state to them in accordance with the terms agreed with the Trust, 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 2022 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

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

20 June 2022

Appendix 1: Board Register of interests

Information about the Board of Directors 2021/22

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Non-Executive Directors								
Maz Ahmed	M&M Property (Stoke) Ltd: Director Advantage Advisory Ltd: Director Director of following subsidiaries of Wm Morrison Supermarkets PLC: • Wm Morrison Produce Ltd • Lowlands Nurseries Ltd • Falfish Limited • Falfish (Holdings) Limited • Farmers Boy Limited • Farmers Boy (Deeside) Limited • International Seafoods Limited	Nil	Nil	Nil	Nil	NHS Professionals Ltd: Non-Executive Director	Operations Director: Wm Morrison Supermarkets PLC	Nil

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	• Neerock Limited • Rathbone Kear Limited • Safeway Wholesale Limited • Wm Morrison At Source Limited							
Gerry Armitage (left on 31/3/22)	Nil	Nil	Nil	Nil	University of Bradford: Emeritus Professor - Together for Short Lives (TfSL)	University of Bradford: Emeritus Professor - Together for Short Lives (TfSL)	Nil	Nil
Andrew Chang	Chartered Institution of Water and Environmental Management: Co-opted member of the Finance, Audit and Risk Committee Seacole Group Yorkshire Ambulance Service: non-executive Director	Nil	Nil	Nil	Nil	Leeds City College: Acting Chairman Luminate Education Group: Co-optee Governor	Nil	Nil

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Cathy Elliott (left on 5/12/21)	Director: EJ Consultancy Limited	Nil	Nil	Consultant: Power to Change Trust	Nil	Nil	Independent Chair: HS2 Ltd's Community and Business Fund Faculty member: Good Governance Institute	Nil
Zulfi Hussain (left on 28/2/22)	Global Promise: Director Zedex Limited (Deera Restaurant): Director Bengan Ltd (The Cat's Pyjamas) Director	Nil	Nil	Inspired Neighbourhoods: Trustee	Inspired Neighbourhoods: Trustee	Nil	Nil	Nil
Simon Lewis	West Riding County Football Association (WRCFA): non-executive Director until January 2022.	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, including relevant local authorities).	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities) ASDA Foundation: trustee/non-executive director.	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)). Deputy District Judge. Court Examiner. Junior Counsel to the Crown.	Burley Oaks Primary School: employee

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
							The Football Association: independent chair of disciplinary/regulatory panels. British Cycling: independent chair of disciplinary/regulatory panels. England Boxing: independent chair/member of disciplinary panel. ACCA (the global accountancy body): independent member of disciplinary/regulatory panels. General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases. Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel	
Alyson McGregor	Nil	Nil	Nil	Altogether Better (NHS	Nil	Nil	Nil	Nil

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				hosted organisation): Director Health Foundation Common Ambition Programme Advisory Group: Expert Advisor				
Carole Panteli	UCS Consultants: Director	Nil	Nil	Nil	Nil	Nil	Nursing and Midwifery Council: Chair of Investigating Committee Panels	UCS Consultants: Managing Director
Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Executive 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

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								and Support Team)
Paul Hogg	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Langtry Langtons: Employee
Sandra Knight (left on 31/3/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Patrick Scott (left on 31/3/22)	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	Nil	Nil
Tafadzwa Mugwagwa	Southern Africa Energy- Director Castlepines Medical Foundation – Trustee	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Bob Champion	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Appendix 2: Governors Register of interests

Information about the Council of Governors 2021/22

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Mufeed Ansari	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Helen Barker	Nil	Nil	Nil	Nil	Cellar Trust	Nil	Nil	Nil
Darren Beever	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sid Brown	Nil	Nil	Nil	Nil	Prosper Research Group: Researcher	Nil	Nil	Nil
Surji Cair *(until 27 March 2022)*	CNet: Director	Nil	Nil	Nil	Mind: Relief supporter	Nil		Nil
Stan Clay	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

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Nicky Green *(until 27 March 2022)*	Greenhealth Care: Owner	Nil	Nil		Haworth Patient Participation Group: member	Nil	Nil	YDS Reinsurance: Executive
Abdul Khalifa	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Belinda Marks	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Katie Massey								
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
Sughra Nazir *(until 13 January 2022)*	Care Excellence Partnership Director	Nil	Nil	Nil		Nil	Vice Chair and Parish Councillor Sandy Lane Parish Council	Nil
Safeen Rehman *(until 12 February 2022)*	Nil	Nil	Nil	Charity: Healthwatch Wakefield	Charity: Healthwatch Wakefield	Charity: Healthwatch Wakefield	Charity: Healthwatch Wakefield	Wardell Armstrong: Director
Anne Scarborough	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

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Joyce Thackwray *(until 5 September 2022)*	Thackwray Building Contractors: Director	Nil	Nil	Cowgill Patient Participation Group: Chair	Nil	Nil	Nil	Thackwray Building Contractors: Director
Michaela Worthington-Gill	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Appointed Governors								
Ishtiaq Ahmed	Nil	Nil	Nil	Sharing Voices: Employee	Sharing Voices: Employee	Nil	Nil	Nil
Matthew Bibby								
Professor John Bridgeman *(until 24 April 2022)*	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 Trustee of Safety First	Nil	Nil	VTK Investments: Managing Director
Councillor Richard Foster	Nil	Nil	Nil	Nil	Nil	Craven District Council: Elected Member and	Leeds City Region Partnership Committee Leeds City Region Local Enterprise Partnership Board Local Government Group General	Nil

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						Leader of the Council	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 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
Councillor Sabiya Khan	Councillor Wibsey Ward BMDC	Nil	Nil		Nil		Labour member and Cllr for the Wibsey Ward	Abu Bakr Masjid Trustee

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
								Council for Mosques Bereavements Services Director Health4All Trustee

Appendix 3: Tables and Diagrams

Tables in the Annual Report

Diagrams in the Annual Report

Appendix 4: Feedback on 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. In producing the Annual Report we have used guidance from the Department of Health and looked at how other Trusts have reported on their own performance.

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 communications@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 post any feedback to:

Communications Department
Bradford District Care Trust
New Mill
Victoria Road
Shipley
BD18 3LD
Or telephone: 01274 228300

www.bdct.nhs.uk

Your opinions are valuable to us. If you have any views about this report please contact us at the above address.

If you need any help to understand this document please contact our communications team on 01274 228300.