Bradford Teaching Hospitals
NHS Foundation Trust

Annual Report and Accounts 2023/24

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1. INTRODUCTION

1.1. WE ARE BRADFORD

Bradford Teaching Hospitals NHS Foundation Trust (the Trust) was created on 1 April 2004. It serves a local population of around 650,000 and employs over 7,000 people working across eight sites.

We are one of the few hospitals around the country which delivers care, teaching and research. To do well in any one of these domains is an achievement. It is an even greater challenge to excel in all three, but that is our ambition.

We strive for excellence and are committed to learning from, and leading, best practice to make sure we are delivering quality care. We aim to have a workforce representative of the communities we serve so we're the best place for our patients and our people. To this end, we have a vision for the Trust that describes our ambition and where we want to be as an organisation.

Our vision is "to be an outstanding provider of healthcare, research and education, and a great place to work."

Our values sum up who we are as an organisation. They are:

- *we care*
- *we value people*
- *we are one team*

We all work together to bring these values to life in our everyday work – whether we are working with patients or each other, *We are Bradford.*

2. PERFORMANCE REPORT

2.1. OVERVIEW OF PERFORMANCE

2.1.1. PURPOSE OF SECTION

This section aims to provide sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

2.1.2. STATEMENT FROM THE CHIEF EXECUTIVE ON PERFORMANCE

2023/24 has been another extremely busy year for the Trust, coupled with the operational and workforce challenges that we have faced due to the ongoing industrial action affecting our hospitals, but our colleagues have shown professionalism and dedication to make sure that protecting our patients remains our number one priority.

Throughout the year we continued to deal with the backlog and issues created by the COVID-19 pandemic and return to 'normal' business after some of the toughest years in NHS history. Despite continuing to receive COVID-19 patients in hospital throughout the year and coupled with significant system pressures, we consistently kept at the job of caring for our patients and witnessed incredible compassion, strength and unity from our colleagues, our partners and our communities.

As a teaching hospital, we never stand still, constantly looking at new technology, innovations and ways of working that will improve the lives of our patients, and the care we provide them. This year was no exception, with many highlights to celebrate.

Today we're delivering robotic surgery in our city, looking at the possibilities of artificial intelligence in improving healthcare, and developing a virtual hospital.

We unveiled our second state-of-the-art da Vinci surgical robot and our high-tech cone beam scanner, which is being used to assist with Ear, Nose and Throat (ENT) procedures, including life-changing cochlear implants.

A new £1.5m MRI scanning suite was installed at St Luke's Hospital to increase productivity and provide a better patient experience, and we also launched cutting-edge technology to help surgeons in the treatment of breast cancer.

We are proud to have been able to open the first Community Diagnostic Centre (CDC) across West Yorkshire at the Eccleshill Community Hospital. It will help in much needed additional diagnostic capacity allowing for earlier treatment and help reduce health inequalities within the population we serve.

We opened a new shared haemodialysis care unit as part of a programme to expand and reconfigure renal services at St Luke's Hospital. Shared care offers a stepping-stone to home-based care and allows patients to take control of their treatment and become more self-sufficient, managing their own dialysis treatment at home.

The first phase of our new Urgent Care Centre opened to patients at Bradford Royal Infirmary. The new facility includes primary care services and a Minor Injuries Unit which also delivers our Acute Musculoskeletal Medicines services.

We also began construction of our new £19m day case unit at St Luke's Hospital which will increase our capacity for operations in Bradford by over 5,000 per year. The concept of this new building is to have a dedicated centre that focuses purely on day case patients and reduces their length of waiting time.

Alongside this, building work for a new £24m endoscopy unit, scheduled to open at Bradford Royal Infirmary in 2025, began.

Our Trust has a very clear objective – to be one of the best NHS employers with our 'Thrive' approach to looking after our people. Over the year we held 23 Thrive roadshows, our first Thrive festival and our second Thrive leadership conference to develop leaders at all levels.

We were proud to be identified as a People Promise exemplar site, reflecting our commitment to being a great place to work. Civility in the workplace was a significant focus during 2022/23 and remained a key theme for 2023/24, and our new People Charter was created by staff to bring our Trust values to life.

Our Equality, Diversity and Inclusion (EDI) team launched a new three-year strategy which sets out our ambitions and plans to promote and advance equality of opportunity, with sharp focus on tackling health inequalities, belonging and inclusion.

The SPaRC (Spiritual, Pastoral and Religious Care) team's Ramadan 'fast-packs' campaign sparked national interest. They were created to enable staff, who have been fasting without food or drink for up to 16 hours, to be able to undertake their prayers and to open their fast within their work areas.

As part of our Trust's journey to become outstanding we launched our Outstanding Theatres and Outstanding Pharmacy Services programmes.

We were proud to launch the VIP Red Bag scheme to improve care for patients with learning disabilities. The bags hold documents, personal belongings and medication in one place and help staff see the whole person they are caring for.

Continuing our drive to deliver care closer to home, we extended our approach to virtual care and launched some new virtual clinics online to provide clinical guidance, tips, self-help videos and advice to help our patients' recovery. The Virtual Services team is delivering virtual ward services for general surgery, vascular, acute medicine, respiratory and cardiology.

Days to remember included another visit to the Trust by Her Royal Highness the Princess Royal, her fifth, to officially open our new maternity theatres, and our big NHS 75th birthday celebrations.

We became the latest trust in West Yorkshire to be given special Veteran Aware accreditation for the care we provide to those who have served in the armed services.

As our pioneering health research at the Bradford Institute for Health Research (BIHR) continued apace, we were proud to announce that a Bradford patient was the first in Europe to be recruited to a new clinical trial treating asthma with an injection, and we're leading ground-breaking research looking at whether better blood pressure management in older people can reduce the risks of falls.

All these achievements have been made possible because of our colleagues, whose dedication and passion for providing the best possible care for our patients is unstinting. Our thanks and appreciation go out to every one of them.

2.1.3. Purpose and activities of the Foundation Trust

All foundation trusts are required to have a constitution, containing detailed information about how they will operate. The purpose of the Trust is set out in its constitution[1] as follows:

"The principal purpose of the Foundation Trust is the provision of goods and services for the purposes of the health service in England.

The Foundation Trust may provide goods and services for any purposes related to:

- *the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and*

- *the promotion and protection of public health."*

In short, the purpose of the Trust can be summarised in its vision which is *"to be an outstanding provider of healthcare, research and education; and a great place to work".*

We have five strategic objectives that provide the link between our vision and the actions required to deliver it. They are to:

1. Provide outstanding care for patients, delivered with kindness;
2. Deliver our financial plan and key performance targets;
3. Be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion;
4. Be a continually learning organisation and recognised as leaders in research, education and innovation; and
5. Collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals.

These objectives frame the practical steps we take to help deliver our Trust vision and implement our corporate strategy 'Our Patients, Our People, Our Place and Our Partners', which was published in June 2022. We developed the strategy with our patients, our people, the public and our partner organisations. It explains how our ambitions are not simply a list of things we want to

[1] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/02/BTHFT-Constitution-February2024.pdf

do. They are coherent and mutually reinforcing and will ensure that we meet our strategic objectives.

Progress against the objectives is reported through the dashboard reports which are presented to the relevant Academies (Committees of the Board) and to the Board at each meeting.

We are proud to be part of the Bradford District and Craven Health and Care Partnership, with a shared ambition to 'Act as One' to keep people 'happy, healthy at home'.

A summary of our strategy is below:

Image shows Summary of our strategy 2022-27

In terms of the operational leadership structure, the Trust implemented a new Clinical Service Unit (CSU) model in 2022. This structure enables multidisciplinary and multidimensional operational leadership, with decision making and accountability within the CSU triumvirate:

Final Clinical Service Unit (CSU) Structure

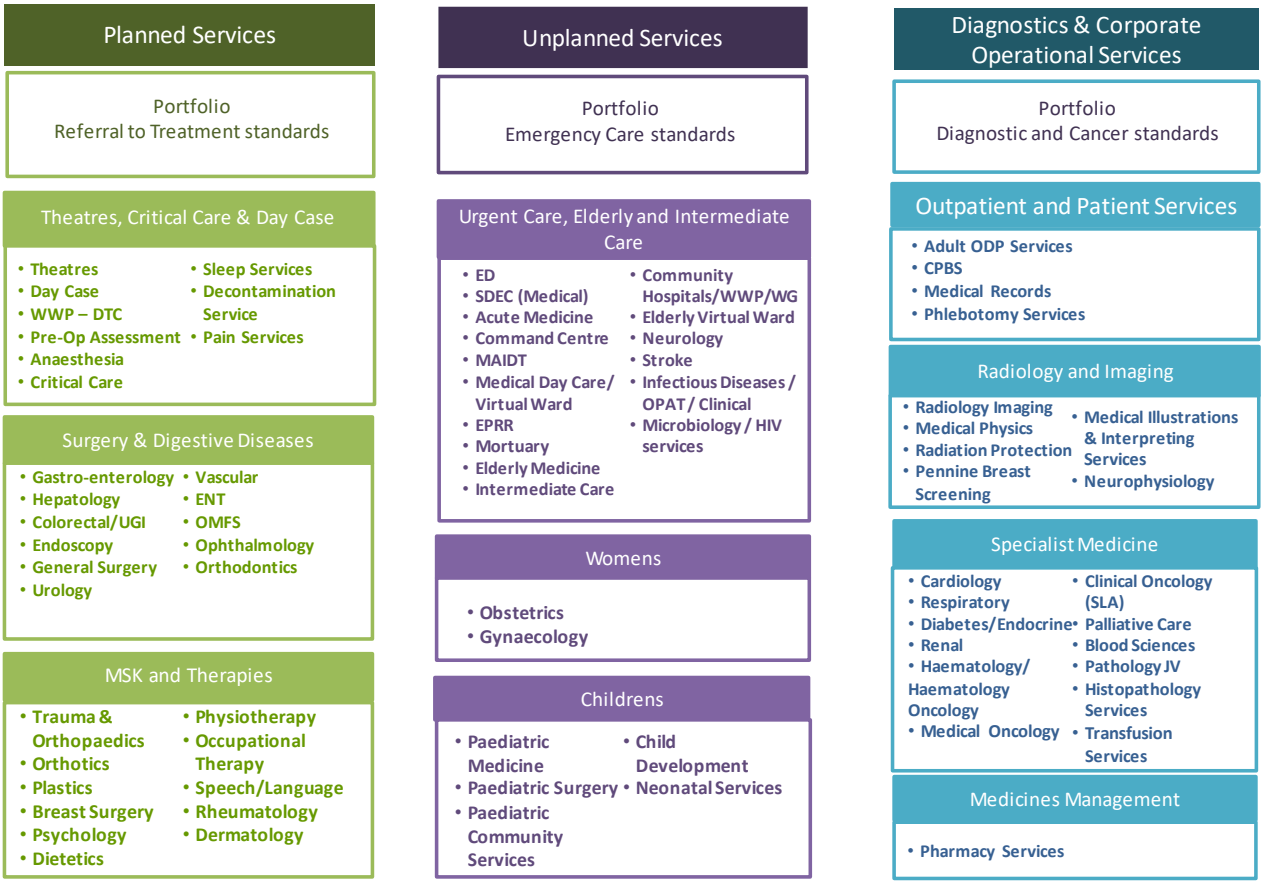


Image shows the Clinical Service Unit (CSU) structure

2.1.4. History of the Trust and statutory background

On 1 April 2004, Bradford Teaching Hospitals NHS Trust was authorised to become an NHS Foundation Trust by Monitor, the then Independent Regulator of NHS Foundation Trusts, under Section 6 of the Health and Social Care (Community Health and Standards) Act 2003[1].

The Trust is an integrated Trust that provides acute, community, inpatient and children's health services. The acute services are provided from the Bradford Royal Infirmary site.

In addition to Bradford Royal Infirmary and St Luke's Hospital, the Trust provides a range of services from community sites at Westbourne Green, Westwood Park, Shipley, Eccleshill, Skipton and the Bradford Macula Centre. It serves a population of around 650,000 people from Bradford and the surrounding area. We have approximately 630 acute beds for overnight stays, 60 intermediate/community care beds, and 120 beds for day only admissions, plus a further 160 beds/cots within the Maternity and Neonatal Units. We employ over 7,000 members of staff, and following a redesign of Voluntary Services since the pandemic, we have new and exciting volunteer roles being developed, with more than 100 active volunteers currently supporting our services. In 2023/24 our Trust services delivered 5,314 babies, performed 17,087 operations in theatre and handled 504,333 outpatient appointments. We had 145,016 attendances at our Emergency Department, and a further 25,854 emergency attendances to other parts of the hospital.

[1] https://www.legislation.gov.uk/ukpga/2003/43/contents

2.1.5. KEY ISSUES, OPPORTUNITIES AND RISKS AFFECTING THE TRUST

The Trust uses a Board Assurance Framework (BAF) as a tool for the Board of Directors to assure itself of, or describe the confidence that it has about, the successful delivery of its strategic objectives. The strategic risks described in the BAF are based on a collective assessment by the executive directors. The mitigation of these risks is scrutinised by the non-executive directors at Academy and Board meetings. The strategic risk profile underpinning the BAF is directly influenced by the high scoring operational risks identified by wards, specialties, CSUs or corporate departments which may impact the effective delivery of the strategic objectives.

The highest scoring principal risks that the Trust has been exposed to during 2023/24 include maintaining financial stability and sustainability due to the stretching waste reduction target of £29m, delivery of the capital plan which was £59m for 2023/24, and recruitment to vacancies, particularly nurse staffing vacancies which have reduced, but remained a risk throughout the year. There have been two key changes to the Trust's strategic risks during the year:

- to update the performance risk to reflect the impact of backlogs caused by industrial action in addition to the continued backlogs created by operational pressures and COVID-19; and
- in December 2023 a new strategic risk was added to the BAF in relation to effective leadership and board governance arrangements. This risk is scored at 20.

The risks have been mitigated through a range of controls which are reported on the BAF. This includes recruitment plans, tight governance of the financial position and capital programme and development of board governance arrangements.

It is anticipated that the financial position will be more challenging during 2024/25; therefore, the associated risk scores will remain high. This reflects the national position for the NHS and the requirement to make productivity and efficiency savings. For 2024/25, the Trust has a projected deficit of £14m, which requires productivity savings of £38.9m.

Further details, including the Trust's highest scoring operational risks as at March 2024 are described in the Performance Analysis (section 2.2.2.4).

In terms of opportunities, the Trust will continue to work with its partners across Bradford District and Craven and West Yorkshire to achieve the 'triple aim' duty to support better health and wellbeing for everyone, better quality of health services for all and sustainable use of NHS resources. We will also learn and improve through the ongoing implementation of our 'outstanding' programmes including pharmacy services. The learning from our completed 'outstanding' maternity and theatres programmes will also continue to be embedded. We are also creating opportunities to improve our services and patient experience through our new capital developments including a new Community Diagnostic Centre, and a dedicated day case unit at St Luke's Hospital.

The BAF was maintained by the executive directors throughout the year and presented to the Board of Directors at each meeting. Therefore, the Board of Directors was routinely provided with oversight of the identification, analysis and management of risk to the delivery of the strategic objectives. Key controls were identified and together with their associated assurances were presented in the BAF. The Board therefore has had clear sight of significant risks and ensured actions were prioritised appropriately. Further details regarding the Trust's risk management arrangements are included in the Annual Governance Statement (section 3.8).

2.1.6. GOING CONCERN DISCLOSURE

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future being a

minimum of 12 months from the date of signing these accounts. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

2.1.7. Joint Forward Plans and Capital Resource Plans

The first Joint Forward Plan was published in June 2023. A revised five year Joint Forward Plan is being developed in line with NHS England guidance, this process is being led by the West Yorkshire Health and Care Partnership and will be submitted to NHS England by 31 July 2024. We are contributing to the development of plans through the Bradford District & Craven Place, which will develop a place based plan to feed into the Joint Forward Plan.

The NHS capital plan for West Yorkshire was developed between the NHS West Yorkshire Integrated Care Board (ICB) and its partner NHS Trusts and Foundation Trusts. Whilst the ICB was only formally established from 1 July 2022, partners worked together under the pre-existing West Yorkshire Health and Care Partnership arrangements on this system capital plan.

The West Yorkshire system worked together successfully to deliver an operational capital plan for 2023/24 which is fully utilised. The capital plan for 2023/24 combines the system operational capital allocation, reflecting year one of a multi-year settlement and other confirmed national programme funding. The NHS provider system allocation is resourced through internally generated funding (cash and depreciation within organisations). National programme schemes are resourced through the issue of public dividend capital.

The ICB has allocated the provider system operation capital to the ten NHS providers in West Yorkshire based on the national methodology used by NHS England to derive the system allocation. This incorporates factors such as the level of backlog maintenance in each organisation and the value of the depreciation charge on assets. NHS providers use this resource to support 'business as usual' capital schemes, such as backlog maintenance, equipment replacement and IT expenditure.

The system aims to best deploy operational and national capital to support strategic priorities. It is, however, recognised that the level of capital resource available to West Yorkshire does not allow all strategic priorities to be delivered. The extent to which this creates risks for organisations, places and the wider system is captured through established risk management systems and processes.

2.1.8. Summary of performance

2.1.8.1. Performance summary

During the 2023/24 financial year, the Trust has been working to improve its performance against the core contractual targets, including those indicated within the NHS Oversight Framework 2022/23 and those aligned to the operational priorities within the 2023/24 Planning Guidance. Part of this work has been a continuation of the recovery of elective services following the impact of COVID-19.

The table below describes the results achieved against some of these targets. Further analysis is included later in the report (section 2.2.2.1), but highlights are captured here.

Figure 1 - Monthly results achieved against selected NHS Oversight Framework 2023/24 KPIs

KPI	4 Hour Emergency Care Standard	28-day Cancer FDS	62-day Cancer first treatment	18 weeks RTT Incomplete	MRSA infections	Summary Hospital-Level Mortality Indicator
Apr-23	75.07%	78.50%	81.87%	69.54%	1	115.70
May-23	74.78%	77.53%	68.08%	69.41%	0	116.97
Jun-23	77.91%	80.20%	77.27%	68.25%	0	118.78
Jul-23	76.26%	85.05%	74.59%	67.54%	0	119.35
Aug-23	75.30%	85.62%	72.22%	67.52%	0	120.09
Sep-23	74.48%	82.15%	70.29%	66.39%	1	118.81
Oct-23	72.84%	84.63%	69.52%	66.69%	0	120.72
Nov-23	73.94%	81.42%	62.50%	66.59%	0	120.71
Dec-23	79.14%	90.99%	67.44%	64.60%	1	119.24
Jan-24	81.98%	85.74%	60.88%	65.03%	0	
Feb-24	81.92%	84.77%	66.88%	65.13%	1	
Mar-24	81.48%	85.23%	74.30%	64.49%		
2023/24	**77.15%**	**83.23%**	**70.36%**	**66.84%**	**4**	**119.24***
2022/23	72.93%	78.16%	77.38%	71.90%	4	113.75

* Latest available Summary Hospital-Level Mortality Indicator (SHMI) is up to Dec-23

During 2023/24 the Trust has increased the amount of elective activity it has undertaken with significant improvement in theatre operating and outpatient attendances. During the same period demand has also increased. GP referrals, especially for suspected cancer and other urgent conditions have increased to well above the levels received prior to COVID-19 and attendances to the Emergency Department have also increased, being particularly high in November, December, and January. As a result, performance against the core waiting time standards has not improved as anticipated but as shown later in the report the Trust has performed above the national average for each, which reflects the challenges the NHS is facing.

Patients attending the Emergency Department waited less time for a decision about their care during 2023/24 compared to the previous year. The Trust's position compared to other acute providers improved further over this period. Improvement plans aligned to national recovery objectives have embedded and the launch of an Ambulatory Emergency Care Unit in November underpinned by previous improvements to front door streaming and multi-department, multi-discipline models for admission avoidance and improved patient flow has supported a significant increase in Emergency Care Standard (ECS) performance from this period onwards. This will be sustained by further improvement work in 2024/25.

The number of referrals for suspected cancer increased by 4,989 (26%) in 2023/24 compared to 2022/23. Performance for the Faster Diagnosis Standard (FDS) whereby patients are informed of their diagnosis or have cancer ruled out within 28 days of their referral remained above target and amongst the best performance nationally.

Increased demand on Histopathology, related in part to significant growth in suspected skin cancer referrals, contributed to delays following Summer 2023. This resulted in a dip in performance as the number of patients already waiting over 62 days were treated. This number has reduced to better than target during Q4 which will support performance to recover into the new financial year.

The Trust's improvement plan is aligned to national, cancer alliance, and local priorities including work direct with patient groups to better understand and promote access to cancer pathways. Community Diagnostic Centre capacity is also being used to improve diagnostic turnaround times and theatre capacity for cancer treatment will remain a priority within the allocation and management of this resource.

Referral to Treatment (RTT) performance reduced slightly during 2023/24 but the overall waiting list size has reduced from 38,790 in March 2023 to 34,440 in February 2024. This included data quality improvements in the under 18-week cohort which partly explains the change in performance. In addition, The Trust has further improved its position for those waiting the longest, with a reduction in those over 52 weeks and performance in the upper quartile nationally for this metric. In addition to increasing activity, the Trust will also look closely at the effectiveness of outpatient appointments to progress and conclude episodes of care. We will maximise opportunities to focus outpatient capacity on patients that need it by promoting GP Assist, Advice & Guidance and Patient Initiated Follow Ups (PIFU) to reduce unnecessary attendances.

Quality of Care has continued to be at the forefront of the Trust's priorities, with our focus on building on our success and continuously improving the patient and service user experience. Despite the challenges faced by clinical services, the Trust has continued to have high-level oversight of quality, with executive led daily safety huddles and weekly meetings of the Quality of Care Panel to facilitate the review of quality and safety issues on a real time basis. This includes review and oversight of patient safety events, patient experience and the identification of learning and improvement opportunities.

Quality metrics have continued to be monitored at the Quality and Patient Safety Academy, a committee of the Board chaired by a Non-Executive Director. As we develop our insight and use of data, our Quality Dashboard is being reviewed to reflect our quality priorities with a mix of process and outcome measures. Our quality metrics are reviewed with clinical teams to support ownership and accountability at the point of care delivery. This supports our nursing accreditation programme and our on-going participation in the national 'Magnet4Europe' research programme. This is an international nursing quality accreditation programme, which promotes a participative, shared governance and leadership model which empowers nurses at every level.

The Trust has continued to embed the Medical Examiner role, achieving reviews of 100% of in-hospital patient deaths. This role has now extended into Primary Care to support review of deaths in the community. The requirement for ME review of all deaths became statutory from 1st April 2024.

We have maintained focus on all elements of the National Patient Safety Strategy including our transition from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF) and the Learning From Patient Safety Events (LFPSE) platform which has replaced the National Response and Learning System. This has included the development of our Patient Safety Incident Response Plan which was approved by the Board of Directors in November 2023.

We continue to build our culture of learning which is underpinned by our work on 'civility in the workplace' and 'just culture' by aligning our Human Resources policies, the development of our People Plan and behavioural framework to ensure staff feel supported and empowered to raise concerns.

2.1.8.2. Finance summary

The Trust has met its financial targets, even though it faced on-going and increasingly challenging operational pressures.

The Trust was required to deliver a breakeven position to contribute to the West Yorkshire Integrated Care System's (ICS) overall break-even target set by NHSE. The Trust has reported a

£6.3m operating deficit for 2023/24. However, this includes a £11.5m impairment to the value of land and buildings asset, and an adjustment for net finance costs, PDC dividend expense and share of joint venture profit. NHSE excludes these adjustments from its assessment of a Trust's operating results, and when these are removed the relevant margin for the year is a surplus of £4.6m, which is £4.6m better than the planned breakeven position.

Figure 2 - Income and Expenditure Position Including Impairment

	22/23 Actual	23/24 Plan	23/24 Actual	23/24 Variance	Change vs 22/23
Operating Income (including Top-up / Reimbursement)	573.6	563.2	600.9	37.8	27.3
Operating expenditure	(554.4)	(543.6)	(580.2)	(36.6)	(25.8)
EBITDA	**18.4**	**19.6**	**20.8**	**1.2**	**2.3**
Non-Operating Expenditure	(17.0)	(16.4)	(15.5)	0.8	1.5
Impairment	(9.2)	0.0	(11.5)	(11.5)	(2.3)
Margin	**(7.8)**	**3.2**	**(6.3)**	**(9.5)**	**1.5**

Figure 3 - Income and Expenditure Position Excluding Impairment and Depreciation on Donated Assets and Donations

	22/23 Actual	23/24 Plan	23/24 Actual	23/24 Variance	Change vs 22/23
Operating Income (excluding Top-up / Reimbursement)	571.0	563.2	600.9	37.8	29.9
Operating expenditure	(554.4)	(543.6)	(580.2)	(36.6)	(25.8)
EBITDA	**16.6**	**19.6**	**20.8**	**1.2**	**4.1**
Non-Operating Expenditure	(17.0)	(16.4)	(15.5)	0.8	1.5
Impairment	(9.2)	0.0	(11.5)	(11.5)	(2.3)
Margin	**(9.6)**	**3.2**	**(6.3)**	**(9.5)**	**3.3**
Remove impairment	9.2	0.0	11.5	11.5	2.3
Remove net finance income, PDC and JV profit	(2.0)	(3.2)	(0.6)	2.6	1.4
Margin on control total basis	**(2.4)**	**0.0**	**4.6**	**4.6**	**7.0**
Top-up / Reimbursement Funding	2.6	0.0	0.0	0.0	-2.6
Margin including Top-up on control total basis	**0.2**	**0.0**	**4.6**	**4.6**	**4.4**

Income

The total income reported for the 2023/24 financial year was £600.9m, which is split as follows:

- Aligned payment & incentive (API) £454.8m
- High-cost drugs £51.3m
- Other clinical income £19.3m
- Research and development £25.0m
- Education and training £27.9m
- Other operating income £22.2m

Aligned payment and incentive (API) contract income is primarily income from Integrated Care Boards (ICBs) and NHS England in relation to the provision of patient treatment services. Other income is primarily non-patient related income and includes income for education and training, research activities, catering, car parking and other services.

Expenditure

Including the impairment and donations for capital purchases, the total expenditure reported for 2023/24 was £607.2m, which is split as follows:

- Payroll bill for employed and agency staff £360.3m

- Non-pay costs including drug costs £219.7m
- Depreciation and amortisation (nil cash impact) £15.7m
- Impairments (nil cash impact) £11.5m

2.1.8.3. Capital Investment

In 2023/24, capital investment, underpinned by external investments, increased to £55.2m (2022/23: £21.1m). The increase in capital spend of £34.1m from 2022/23 was the result of the Trust successfully being awarded £33.7m (2022/23: £3.6m) of central funding from the Department of Health and Social Care (DHSC) to support infrastructure improvements. This level of expenditure on our estate, medical equipment and digital is a record for the Trust. Figures 4 and 5 below show how we have been able to build our level of capital expenditure in the last years.

Figure 4 – Capital Spend

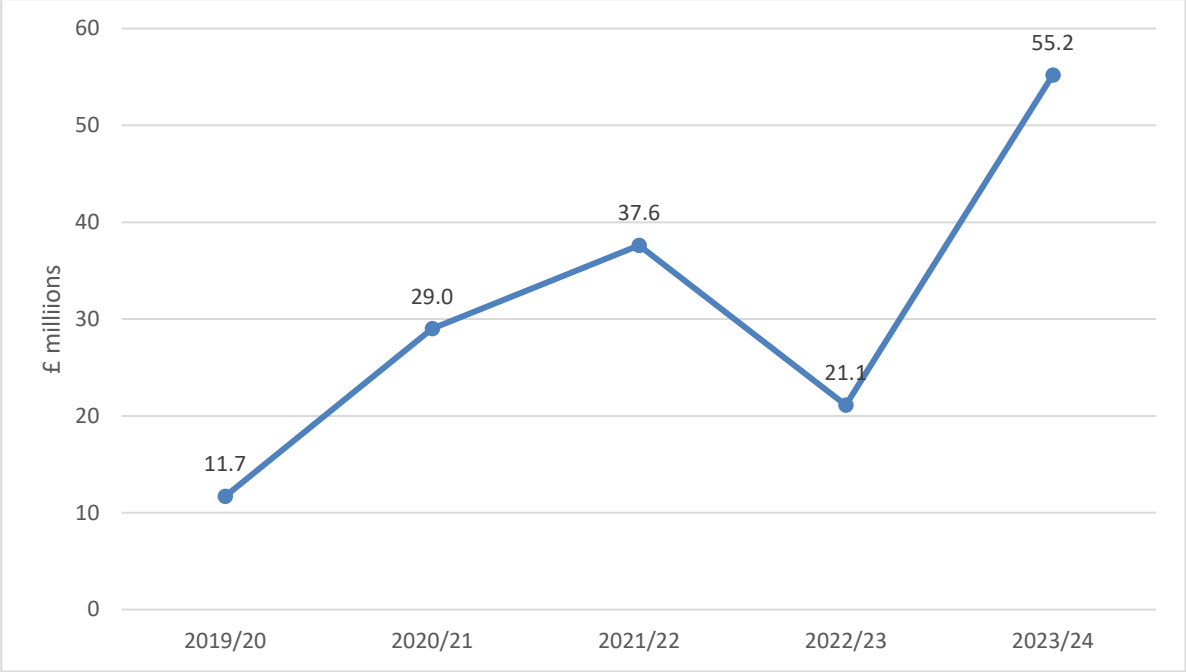


Figure 5 – Capital Spend

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	Total £m
Building and Engineering	4.8	11.2	24.2	5.7	31.3	**77.2**
Medical and Surgical Equipment	3.5	8.2	4.2	9.5	14.8	**40.2**
Digital (including software)	3.4	9.6	9.2	5.9	9.1	**37.2**
Total	**11.7**	**29.0**	**37.6**	**21.1**	**55.2**	**154.6**

Looking to the future

The national planning guidance 2022 to 2025 outlined the continued challenge for the NHS to tackle service recovery, to deliver the key ambitions in the NHS Long Term Plan and to continue to transform the NHS for the future. The financial position in 2024/25 will be impacted by the ongoing consequences of the COVID-19 pandemic, higher inflation due to worldwide events such as the conflict in Ukraine and the impact of the ongoing strike action. As a result of the above it is clear that there is going to be huge financial pressure in the system in 2024/25. Capital investment for 2024/25 is planned at £40.7m. While some risk to delivery of the full programme from inflation and

supply chain concerns must be acknowledged, there is every reason to be confident of another high-level year of expenditure on the Trust's infrastructure.

2.2. PERFORMANCE ANALYSIS

2.2.1. MEASUREMENT OF PERFORMANCE

Performance monitoring

Performance monitoring defines the processes used by the Trust to both report information externally to meet our regulatory and contractual requirements, and review internally to assure the organisation is delivering against Key Performance Indicators (KPIs) and Strategic Objectives.

The Trust is regulated primarily by NHS England (NHSE) and the Care Quality Commission (CQC). It has contractual relationships with NHS commissioning bodies such as NHSE and our local Integrated Care Board (ICB). The Trust has made monthly submissions to these bodies throughout 2023/24.

The Trust continually measures its performance against a wide variety of measures, including but not limited to:

- NHS Oversight Framework KPIs.
- NHS Use of Resources KPIs.
- National contract quality measures.
- Quality measures agreed with local commissioners.
- Internally agreed performance measures aligned to strategic objectives and improvement priorities.

The Trust is contractually obliged to provide regular Performance Monitoring and Assurance reports to its regulators and continues to meet these obligations. These returns include routine daily, monthly and quarterly reports, and have also included ad hoc reports when requested.

For relevant indicators, the Trust uses the nationally mandated definitions as provided by:

- NHS Oversight Framework.
- NHS Data Dictionary definitions.
- NHS annual planning technical guidance.

The Board of Directors retains overall responsibility for ensuring systems and controls are in place that are sufficient to mitigate any significant risks which may threaten the achievement of the organisation's strategic objectives. The Board Assurance Framework (BAF) governs these assurance processes.

The BAF provides assurance that the performance of the organisation is systematic, consistent, independently verified, and incorporated within a robust governance framework.

The BAF also allows that:

- Relevant KPIs are defined and selected to provide assurance against all regulatory and contractual requirements.
- Relevant KPIs are defined and selected to provide assurance against all strategic organisational objectives.
- The Board of Directors carries ownership and oversight of all selected KPIs.
- The Board of Directors actively sets targets, tolerances and thresholds for the effective management and monitoring of risk and uncertainty.

The Trust's Performance and Accountability Framework

The Trust also has a Performance and Accountability Framework that provides systems and processes to ensure that current performance information is visible throughout the organisation, from Ward-to-Board. It also provides clear lines of accountability and escalation throughout the organisation.

The Framework is aligned to a model of learning, improvement and assurance. The overall aim of improving performance is to deliver better outcomes for patients and this is at the heart of how the Trust approaches these activities.

The approach to performance monitoring set out in the framework supports delivery of the Trust's strategic objectives with:

- Alignment of service plans and ambitions to overarching objectives.
- Measures that are relevant in the context of these plans.
- Progress and improvements being considered in this same context.
- Shared principles throughout the organisation (vertical and horizontal alignment).

It also supports adherence to CQC quality domains and considers performance in the broadest sense with:

- Holistic views and correlation across sometimes separated domains.
- Key lines of enquiry used to structure conversations.
- Improvement plans with timescales and measurable benefits.

Performance information is used daily across the organisation to support decision making. Weekly reviews are in place to track selected KPIs and an academy structure which supports the BAF meets monthly to ensure learning and improvement is driving the agenda forward.

KPIs are selected across the domains of quality, workforce, operational performance, and finance using the Trust's objectives for the given year. These are informed by internal and external priorities and include mandated indicators from the NHS oversight framework and NHS annual planning guidelines alongside KPI aligned, Trust specific goals. Individual Academies monitor the specific domains related to their work plans and the Board of Directors has oversight of the balanced view of all domains together.

Clinical Service Units (CSUs) replicate these approaches and regular Executive Team and CSU Leadership Team meetings are scheduled where the breadth of performance and delivery against plans can be discussed with a balance between assurance sought and support given.

Senior leadership and corporate departments provide further support to this process and will lead on any cross-cutting improvement objectives aligned to Academy work plans.

2.2.2. Analysis of Performance

2.2.2.1. Quality of Care, Access and Outcomes

Quality Objectives

We continue to be proud of the quality of care that we deliver to our patients. Following the CQC inspection in 2019 we were rated overall as Good. All of the 'Must Do' actions identified have been completed and the Trust continues to monitor progress against the 'Should Do' actions through the 'Moving to Outstanding' monthly meeting.

Despite the continued challenges of the COVID-19 pandemic, through the dedication and tenacity of its colleagues the Trust remained committed to providing the highest quality of healthcare at all times and the 'Act as One' programme has continued to make progress in tackling health inequalities by prioritising patients with greatest need as services recover following the pandemic.

The Trust's quality priorities are assigned to the appropriate Academy where regular reports are received from the leads providing updates and progress. The granularity of the priorities is addressed at the relevant working group which report to the Academies on a monthly basis.

The Trust identified four quality priorities to focus on during the last year:

1. Improving the management of deteriorating patients.
2. Implementing Saving Babies Lives Care Bundle version 3.
3. Improving patient experience by advancing equality, diversity and inclusion.
4. Implementation of the Patient Safety Incident Response Framework including transition from the National Reporting and Learning System to the new Learning from Patient Safety Events platform.

Progress against key metrics is monitored at the Board's Quality and Patient Safety Academy.

Progress against the 2023/24 Priorities

Priority 1: Improving the management of deteriorating patients

This priority continues to be a focus of improvement efforts for the Trust and aligns to the National Patient Safety Improvement programme for Managing Deterioration Safety. The aim is to reduce deterioration-associated harm by improving the prevention, identification, escalation and response (PIER) to physical deterioration via safe and reliable pathways of care and better co-ordination across systems. This work is overseen by the Recognition and Response of the Acutely Unwell Patient (RRAUP) group.

Priority 2: Implementing Saving Babies Lives Care Bundle version 3

Saving Babies Lives Care Bundle Version 3 was launched in 2023 and the service is on target to achieve full implementation by the end of March 2024. External scrutiny of progress with implementation is monitored by the West Yorkshire and Harrogate Local Maternity and Neonatal System (LMNS) on a quarterly basis. Following full implementation, 2024/25 will focus on ensuring that the care bundle is fully embedded and monitored in line with the Maternity Incentive Scheme, Year 6, recommendations.

Priority 3: Improving patient experience by advancing equality, diversity and inclusion

During the first half of the financial year The Patient Experience Strategy was updated and replaced with the Patient Experience and Engagement Strategy 2023-2028. This strategy takes the work on "embedding kindness" to "kindness at every step, no decision about you without you".

The new Bradford model SPaRC (Spiritual, Pastoral and Religious Care, formally chaplaincy) focuses on collaborative working with patients and their families and becoming part of the wider hospital team, underpinned by 7 anchors.

The model has been well received by staff and patients and is used by both alike. During 2023 the team carried out a staggering 30,000 visits.

The Additional Needs Team was formed in 2023 and comprises of a Lead Nurse for Learning Disabilities, a Lead Nurse for Dementia and a Mental Health Specialist Practitioner. The focus of the team is access to services and ensuring reasonable adjustments are made to ensure patients receive the best care whilst in hospital.

A number of initiatives have been implemented including training specifically relating to supporting patients with Dementia which has been developed with our partners at Bradford University.

For example, a Red Bag VIP pathway was launched in 2022 in conjunction with our partners Waddiloves Learning Disability Health Centre. The red bags were revamped in 2023 to a rucksack style and are now individual for each person. As they are now individualised, the bags can be personalised and filled with critical medications, items of comfort and their VIP passport.

The recognition of the important role carers play in a person's stay in hospital has been an ongoing focus, and the carers' lanyards were launched. The lanyard promotes the role of the carer recognising that they are experts in their loved one. These are a part of the carers passport work and aim to identify carers within the hospital setting so staff can utilise the carers knowledge of the patient they care for.

Further work has been undertaken to strengthen community engagement. As well as being a member of the Citizen Engagement Forum, the Patient Experience Team has regular meetings across the district to support partnership and collaborative working with our communities.

The interpreting service provides support in over 50 different languages including British Sign Language and can provide information in Braille. This has been extended to using telephone and video options to ensure 24-hour access, seven days per week.

To further support inclusivity, the Patient Experience team were proud to announce a partnership with CardMedic, a language translation application which is designed to supplement our existing interpreting service and provide help with translation where it wouldn't be convenient or appropriate to call for an interpreter, or where an interpreter is unavailable.

We have purchased a patient leaflet library called Eido. This is an externally produced library of patient information and is available via Trust clinical desktops to print for patients. All leaflets are written by nationally practicing clinicians and support written information for medical procedures. The information is available in a number of formats and languages as well as easy read and large print.

The Trust has a vibrant Equality and Diversity Council which is chaired by the Trust's Chief Executive with a focus on workforce equality and diversity, including the Trust's approach to tackling health inequalities. The Trust launched its equality and diversity strategy 'We are Bradford: We value diversity and champion inclusion' this year. The Trust's strategy sets out the Trust's ambitions and plan of actions to promote and advance equality of opportunity, with sharp focus on belonging and inclusion.

Priority 4: Implementation of the Patient Safety Incident Response Framework (PSIRF)

A PSIRF implementation group was established in 2022 which was responsible for providing strategic and operational leadership and oversight for the implementation and delivery of PSIRF across our Trust. The PSIRF Implementation Group achieved this through the establishment and oversight of several task and finish groups. The task and finish groups worked towards the key deliverables of the PSIRF to enable the development of our Patient Safety Incident Response Plan and Patient Safety Incident Policy. The culmination of this work was our transition to the PSIRF on 1 December 2023.

Following engagement and feedback from key stakeholders we have agreed the following four priorities for improvement for 2024/25.

1. Improving the management of deteriorating patients including the implementation of Martha's Rule.

2. Implementing the 3-year plan for maternity and neonatal services based on the Ockenden review and Saving Babies Lives.
3. Understanding and tackling health inequalities.
4. Embedding the Trust's Patient Safety Incident Response Plan including the development of metrics to demonstrate its effectiveness.

National Patient Safety Alerts (NPSA)

During the period 1 April 2023 – 31 March 2024, 15 National Patient Safety Alerts were issued. All actions stipulated within the alerts issued were completed within the deadlines set, with the exception of one action relating to *NatPSA/2023/005/MHRA Removal of Philips Health Systems V60 and V60 Plus ventilators from service – potential unexpected shutdown leading to complete loss of ventilation.* Action five of the alert stipulated that all V60 range ventilators must be removed from service and replacement devices introduced. Unfortunately, the replacement devices had an outstanding field safety notice that would invalidate any warranty if the Trust were to accept them. Therefore, the risk was mitigated and escalated following the completion of a risk assessment. The mitigation ensured that there was adequate alternative ventilator capacity to cover the winter period and the alert was signed off on that basis.

The Trust is compliant with the NHS England mandated process for managing and responding to National Patient Safety Alerts which has been further strengthened by including the Trust Patient Safety Specialists in the initial review of any alerts issued. A report issued by the Trust's Internal Auditors (Audit Yorkshire) on 14 November 2023 following review of the Trust processes found that significant assurance had been provided, commenting that there is a good level of control of the management and governance of Safety Alerts.

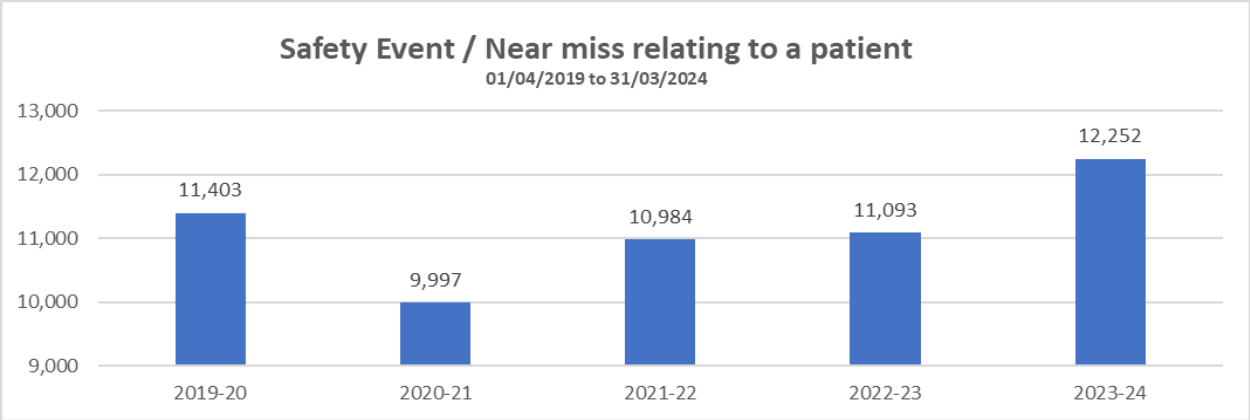
Incident Reporting

The Trust replaced the Datix incident reporting system with a new Integrated Reporting and Learning System (IRIS) provided by InPhase in January 2024. This electronic reporting and management system enables staff to report any safety events affecting both patients and staff and to report events where learning can be gained from good care. The IRIS system allows the Trust to report directly into the NHSE Learning from Patient Safety Events (LFPSE) platform.

An open and transparent culture is promoted that encourages staff to report incidents and to be open and honest with those involved, providing an apology and complying with the statutory Duty of Candour where the threshold is met. The Trust transitioned to the Patient Safety Incident Response Framework (PSIRF) on 1 December 2023 which supports the open reporting culture with the organisation.

Figure 6 shows the number of reported safety events at the Trust, including near misses over the last five years. Incident reporting increased during 2019/20 and decreased during the COVID-19 pandemic. There has been a steady increase and reporting is now above pre-pandemic levels.

Figure 6 – Number of reported safety events at the Trust 2019/20 to 2023/24



We know from other safety critical industries that a high level of incident reporting is indicative of a robust learning culture where actions are implemented to prevent recurrence and strengthen systems and processes. This is reliant on having an open and transparent safety culture that is focussed on improvement. We have aligned our patient safety work with our Human Resources policies and practices, Organisational Development and Quality Improvement work to ensure that we embed the principles of PSIRF and the wider NHS Patient Safety Strategy. The Trust shares learning from incidents extensively within the organisation and at a West Yorkshire forum to facilitate wider learning and improvement.

Safety Culture

The Trust appointed a dedicated Patient Safety Specialist in April 2022, to lead on the implementation of the national NHS Patient Safety Strategy[2]. To embed the strategy, work is being undertaken with partners and external stakeholders to understand the Trust's safety culture. This is being achieved by talking about harm, how safer systems can be built to provide the right care as intended every time, and learning from what works well, not just what does not.

The Trust recognises that the foundation of the strategy is to continue to build a positive safety culture within the organisation. A culture of learning and adaptation is being fostered, where feedback is used to improve safety processes and procedures over time. The key features of healthcare organisations that want to be safe are: staff who feel psychologically safe; staff who feel empowered to participate in safety initiatives; valuing and respecting diversity; a compelling vision; good leadership at all levels; a sense of teamwork; openness and support for learning. These features are underpinned by the essential elements of:

- A just culture, where psychological safety means we will hear more, learn more and can act more to improve care.[3]
- Positivity, kindness and civility, as when these are missing safety is compromised.[4]

The Trust's progress on the development of a safety culture will be monitored through NHS Staff Survey metrics about the fairness and effectiveness of reporting, and staff confidence and security in reporting. The Trust is also working towards developing a wider set of metrics to help understanding of its safety culture, which will inform further improvement work. This work is being undertaken in collaboration with the existing work streams of just culture and civility led by the Trust's Organisational Development team and Human Resources, as well as the Trust's Patient Experience Strategy 'Embedding Kindness'.

[2] The NHS Patient Safety Strategy. Safer Culture, safer systems, safer patients (July 2019)
[3] https://www.england.nhs.uk/patient-safety/a-just-culture-guide/
[4] Porath C, Pearson C (2013) The price of incivility. Harvard Business Rev 91(1-2): 114-21, 146.

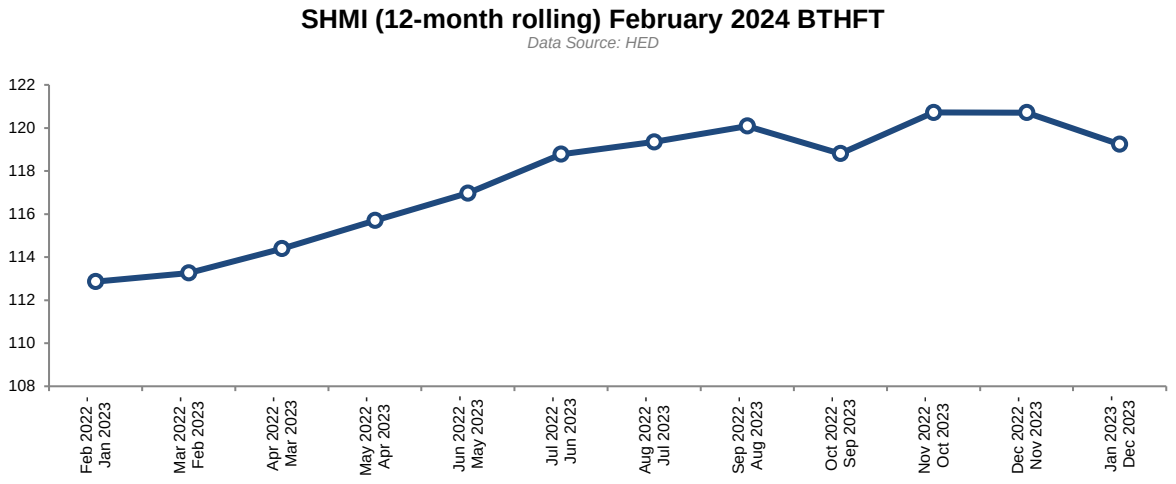
Mortality Data

The Summary Hospital-Level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die during or within 28 days of hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. If the value is greater than 100, this indicates that the patient group being studied has a higher mortality level than the NHS average.

Figure 7 – Summary Hospital-Level Mortality Indicator

SHMI 12-month rolling	Indicator Value	Number of provider spells	Number of patients who died in hospital or within 30 days of discharge	Number of Expected Deaths
Feb 2022 - Jan 2023	112.86	74,272	1,591	1,409.72
Mar 2022 - Feb 2023	113.26	75,037	1,609	1,420.68
Apr 2022 - Mar 2023	114.39	75,614	1,611	1,408.40
May 2022 - Apr 2023	115.7	75,940	1,619	1,399.33
Jun 2022 - May 2023	116.97	76,619	1,642	1,403.77
Jul 2022 - Jun 2023	118.78	76,953	1,665	1,401.70
Aug 2022 - Jul 2023	119.35	77,867	1,687	1,413.43
Sep 2022 - Aug 2023	120.09	78,356	1,694	1,410.57
Oct 2022 - Sep 2023	118.81	78,933	1,679	1,413.19
Nov 2022 - Oct 2023	120.72	79,825	1,710	1,416.48
Dec 2022 – Nov 2023	120.71	80,304	1,719	1,424.08
Jan 2023 – Dec 2023	119.24	80,383	1,693	1,419.84

Figure 8 – Summary Hospital-Level Mortality Indicator – 12 Month Rolling



The current available Healthcare Evaluation Data (HED) covers a 12-month period from February 2022 to December 2023, with our current SHMI value being 119.24 which is high. As the Trust recognises its SHMI has been high throughout the last six months, work has been undertaken, and is ongoing, between the Learning from Deaths team and Business Intelligence team to rectify this. Through this collaboration issues with incorrect coding of palliative care patients included in the indicator have been identified. This is due to updated medical terms for end-of-life care not being supplied to Business Intelligence. This has prevented Business Intelligence from coding some patients as palliative and/or end-of-life when it was appropriate to do so.

In order to mitigate this, work is soon to be completed on local coding policies for palliative patients following close collaboration between Business Intelligence and the Palliative Care team.

It has also been recognised that our expected deaths calculated by NHS Digital have been steadily declining due to patient records not having all conditions documented. When patient records and medical history are incomplete, Business Intelligence is unable to code all of the patient's conditions and co-morbidities. When this occurs, NHS Digital takes the data and assumes our population is 'healthier' than in previous years and revises their expected number of deaths for the Trust. This in turn means SHMI is inflated due to the expected number of deaths being grossly reduced due to incomplete data.

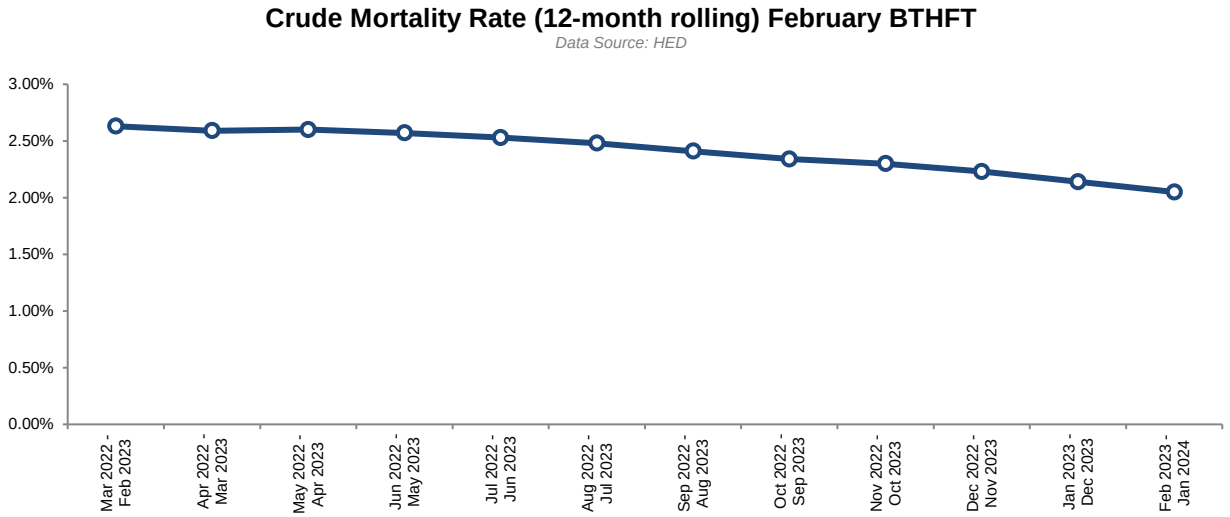
The Associate Director for Learning from Deaths is working in conjunction with clinicians and the Business Intelligence team to understand the barriers to complete record documentation and how this can be resolved.

As SHMI is meant to be an indicator of potential excess mortality the Trust has also been monitoring its Crude Mortality Rate. This is calculated by the number of deaths within the Trust against the number of patients seen within a given period. It is a much clearer indicator for mortality when taken against activity at an acute Trust. A high mortality rate would corroborate the SHMI data calculated by NHS Digital.

Figure 9 – Crude Mortality Rate data

Crude Mortality Rate 12-month rolling	Indicator Value	Number of Deaths	Number of Discharges
Mar 2022 - Feb 2023	2.63%	3,090	117,458
Apr 2022 - Mar 2023	2.59%	3,067	118,253
May 2022 - Apr 2023	2.60%	3,093	118,827
Jun 2022 - May 2023	2.57%	3,074	119,579
Jul 2022 - Jun 2023	2.53%	3,044	120,334
Aug 2022 - Jul 2023	2.48%	2,998	121,129
Sep 2022 - Aug 2023	2.41%	2,939	121,798
Oct 2022 - Sep 2023	2.34%	2,859	122,303
Nov 2022 - Oct 2023	2.30%	2,827	123,088
Dec 2022 - Nov 2023	2.23%	2,754	123,660
Jan 2023 – Dec 2023	2.14%	2,648	123,684
Feb 2023 – Jan 2024	2.05%	2,544	124,039

Figure 10 – Crude Mortality Rate – 12-mth rolling average

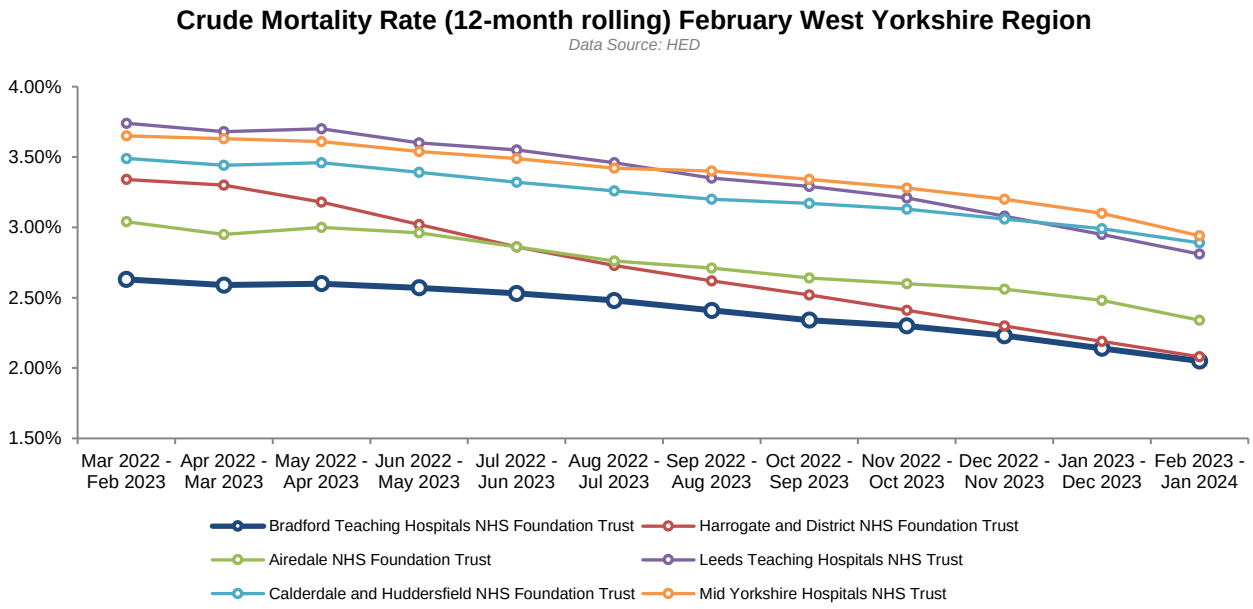


The current Healthcare Evaluation Data (HED) covers a period from March 2022 – January 2024 with our current 12-month average mortality rate being 2.05% (see figure 11). This is one of the lowest mortality rates in the country and shows that mortality is not excessive at the Trust despite having a high SHMI. Within the West Yorkshire region, we have consistently had the lowest mortality rate of all six acute trusts in the area over the period reported.

Figure 11 – Crude Mortality Rate data across the West Yorkshire region

Crude Mortality Rate 12-month rolling	Bradford Teaching Hospitals	Harrogate & District	Airedale	Leeds Teaching Hospitals	Calderdale & Huddersfield	Mid-Yorkshire Hospitals
Mar 2022 - Feb 2023	2.63%	3.34%	3.04%	3.74%	3.49%	3.65%
Apr 2022 - Mar 2023	2.59%	3.30%	2.95%	3.68%	3.44%	3.63%
May 2022 - Apr 2023	2.60%	3.18%	3.00%	3.70%	3.46%	3.61%
Jun 2022 - May 2023	2.57%	3.02%	2.96%	3.60%	3.39%	3.54%
Jul 2022 - Jun 2023	2.53%	2.86%	2.86%	3.55%	3.32%	3.49%
Aug 2022 - Jul 2023	2.48%	2.73%	2.76%	3.46%	3.26%	3.42%
Sep 2022 - Aug 2023	2.41%	2.62%	2.71%	3.35%	3.20%	3.40%
Oct 2022 - Sep 2023	2.34%	2.52%	2.64%	3.29%	3.17%	3.34%
Nov 2022 - Oct 2023	2.30%	2.41%	2.60%	3.21%	3.13%	3.28%
Dec 2022 - Nov 2023	2.23%	2.30%	2.56%	3.08%	3.06%	3.20%
Jan 2023 – Dec 2023	2.14%	2.19%	2.48%	2.95%	2.99%	3.10%
Feb 2023 – Jan 2024	2.05%	2.08%	2.34%	2.81%	2.89%	2.94%

Figure 12 – Crude Mortality Rates (12-mth rolling averages) of acute trust in West Yorkshire



Patient Experience

Work in relation to Patient Experience has gone from strength to strength over the past year. Some of the highlights are discussed in the following sections.

Patient Experience and Engagement Strategy

During the first half of the financial year the Patient Experience Strategy was updated and replaced with the Patient Experience and Engagement Strategy 2023-2028. This strategy takes the work on "embedding kindness" to "kindness at every step, no decision about you without you". The aim of the strategy sets out how the Trust is committed to ensure it works towards including patients, families, and carers in decisions about the care that is being provided. The patient's voice is to be at the centre of all improvement work and there is a commitment to collaborate with partners like Healthwatch and colleagues in various agencies within the district to achieve this. The Trust's aim is to ensure that patient, family, and carer experience is at the heart of all the work carried out and recognise the importance of community engagement and working.

The strategy sets out 6 aims and objectives:
Aim 1 - High Quality and Personalised Care
Aim 2 – Listen and Understand
Aim 3 – Co Produce
Aim 4 – Make the Change and Share
Aim 5 - Develop and Use Toolkits for Engagement
Aim 6 – Co Delivery

In order for this work to be carried out, a framework for improvement has been developed of how this work is to be achieved by:

- Ask and capture
- Listen and understand
- Act to improve

- Measure and share

All of which will support a culture of improving experience. The strategy has been developed with assistance from the community. Within the Trust there has been a shift to make patient experience a standing agenda item on additional meetings to highlight the general overall importance and links to patient safety.

Spiritual, Pastoral and Religious Care (SPaRC) team

The new Bradford model SPaRC (formally chaplaincy) focuses on collaborative working with patients and their families and becoming part of the wider hospital team. The model is underpinned by 7 anchors:

- Equality
- Person-centred care
- Belief-based care
- Spiritual and reflective spaces
- Collaborative practice
- Professional practice
- Data and organising

The model has been well received by staff and patients and is used by both alike. During 2023 the team carried out a staggering 23,515 visits and the table below represents this.

Figure 13 – SPaRC visits for patients and visitors during 2023

Month	Patient Visits
Apr-23	1,834
May-23	1,701
Jun-23	1,810
Jul-23	1,925
Aug-23	2,339
Sep-23	2,218
Oct-23	1,617
Nov-23	1,830
Dec-23	1,938
Jan-24	2,109
Feb-24	1,801
Mar-24	2,393
Total	23,515

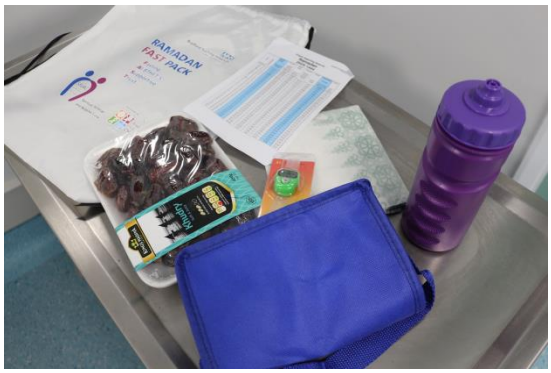
Image shows the core SPaRC team members

The SPaRC team have a team of volunteers named End of Life Companions (ELC). The primary role is to assist the palliative care team with patients who are at the end of life and have no family or carers that are available to reach them at their last stages in life. The role of the ELC is to accompany patients to be with them during this time.

Several new projects have taken place during 2023, one of which includes *Front Door* support. The SPaRC team have teamed up with the Emergency Department to support patients and triage in this busy and unpredictable environment. The SPaRC team member and volunteers support the department three times a week and this is facilitated by a SPaRC core team member.

The SPaRC team have been delivering tailor-made cultural competency training to various departments across the Trust upon request. They play an active role in delivering training to newly appointed Health Care Assistants on a monthly basis.

There has been external recognition and enquiries about SPaRC *Fast Packs* which were first developed in 2022. These include 'pop up' prayer facility packs that have helped managers support their colleagues during the Ramadan period. A bigger and more organised campaign commenced for the Holy month of Ramadan that started mid-March 2024.



Images show a Ramadan fast pack and contents

This rewarding and exciting work has led to national and local nominations for awards as follows:

- Bradford District and Craven Health and Partnership Awards (Celebrate as One) - **Team of the Year** (delivering frontline service) Ramadan Allies, October 2023.
- Health Service Journal (wellbeing category) - **Winner** for Ramadan Allies work, November 2023.
- Nursing Times **Finalist** for Ramadan Allies work, November 2023.

Image of SPaRC team receiving the Celebrate as One, Team of the Year award.

Additional Needs Team

The Additional Needs team was formed in 2023 and comprises of:

- Lead Nurse for Learning Disabilities
- Lead Nurse for Dementia
- Mental Health Specialist Practitioner

These roles have previously existed within the Trust's Safeguarding Adults team. The decision to separate them was in recognition that not everyone with Dementia, a Learning Disability or a Mental Health condition needs safeguarding. The focus on the team is access to services and ensuring reasonable adjustments are made to ensure they receive the best care they can whilst in hospital.

Learning Disabilities

The Red Bag VIP pathway was launched in 2022 in conjunction with Waddiloves Learning Disability Health Centre (Bradford District Care NHS Foundation Trust), Bradford People First run by experts by experience (EBE) and Choice Support.

To offer a more modern approach, the bags were revamped to a rucksack style and are now individual for each person. As they are now individualised the bags can be personalised and filled with critical medications, items of comfort and the VIP passport.

Image shows VIP red bag

The VIP passport has been in use within the Trust for approximately four years. VIP wristbands have been launched to work alongside the rucksacks and passports to identify patients with a Learning Disability and prompt staff to think about reasonable adjustments. The idea for the wristbands came from a conversation with some of our experts by experience. The wristbands were trialled initially in the Emergency Department and are now being rolled out across the wards.

The commitment to training in relation to caring for people with a Learning Disability was established in 2023 with the Trust rolling out the Oliver McGowan training. All staff are required to complete this training.

Dementia

A focus for the Dementia Lead Nurse was to review and ensure appropriate training was accessible to staff within the Trust, specifically relating to dementia. Work has been ongoing across the district with partners in other organisations to review the training available and ensure it is consistent for all staff who care for people with dementia. A training package was designed by the University of Bradford and the first participants were welcomed in Autumn of 2023.

The recognition of the important role carers play in a person's stay in hospital has been an ongoing focus, and the carers lanyards were launched. The lanyards were inspired by Calderdale and Huddersfield NHS Foundation Trust. The lanyard promotes the role of the carer recognising that they are experts in their loved one. These are a part of the carers passport work and aim to

identify carers within the hospital setting so staff can utilise the carer's knowledge of the patient they care for.

The Trust's dementia strategy has been reviewed and will be relaunched in 2024.

Mental Health

There has been ongoing awareness raising in relation to mental health, working with partners to ensure that support is available when needed. *The Right Care Right Person* work, which is about ensuring that the right agency is available and leads on care for a distressed person, has been the focus of this year, alongside ensuring people who may be detained under the Mental Health Act are done so in a safe environment which is able to meet their physical and mental health needs.

Additional Needs Navigator

In 2023 a new post was created for an 'Additional Needs Navigator', this was in response to the recognition that coming into, and staying in hospital for a person with an additional need can be more challenging and they may need some extra support. The purpose of the role was to liaise and make arrangements for someone coming into hospital, ensuring any accessibility needs are met. They 'check in' on the person and their carer / family whilst in hospital to ensure the stay is going as planned. This means if there are any concerns they can be resolved quickly. They also follow up after discharge to make sure any follow up appointments have been received and talk through how things went.

The Relatives Line

The Relatives Line was implemented during COVID-19 however it has been so successful it has been made a substantive service. It is staffed by three registered nurses and reduces the number of calls from families to the wards allowing staff time to deliver care. Users of the service value the nursing expertise and the time they provide to support their enquiries. Between April 2023 and March 2024, the service received 15,111 calls and managed to handle over 82% of the calls received on average.

Figure 14 – Relatives Line Activity 2023/24

Month	Calls presented	Calls handled	% calls handled
April-23	893	796	89%
May-23	1,009	931	92%
June-23	1,584	1,381	87%
July-23	1,275	1,117	88%
Aug-23	1,369	1,147	84%
Sep-23	1,152	969	84%
Oct-23	1,173	996	85%
Nov-23	1,508	1,302	86%
Dec-23	1,303	1,030	79%
Jan-24	1,506	1,096	73%
Feb-24	1,465	967	66%
Mar-24	874	641	73%
Total	**15,111**	**12,373**	**82%**

Friends and Family Test (FFT)

The FFT format no longer requires patients to fill the questions in once, but encourages patients to complete the questions multiple times throughout their journey in the healthcare system. As a result, Bradford Teaching Hospitals and other Trusts can no longer measure the response rate based on admission or discharge per clinical area.

During 2023 the Trust has commissioned a new contractor to analyse all the FFT data. This company (HealthCare Communications) collects the data in several different ways:

- Text following outpatient visits and admissions and Emergency Department visits.
- Via scanning of QR codes.
- Via iPad in clinical areas.
- Paper format (including accessible and child friendly formats).

This increase in methods used and the availability of the different real time methods has enabled the Trust to gather more feedback and collate themes to enable ward areas to focus on improving patient experience projects. SMS text messaging made up most of the responses included in the table below.

Figure 15 – Friends and Family Test Responses 2023/24

	Very Good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Grand Total
A&E Feedback	6,619	2,632	965	847	1,987	77	13,127
Inpatient Feedback	17,598	2,738	550	332	609	103	21,930
Outpatient Feedback	19,434	2,885	542	296	372	97	23,626
Maternity Feedback	1,169	99	18	11	34	2	1,333
Totals	**44,820**	**8,354**	**2,075**	**1,486**	**3,002**	**279**	**60,016**
Percentage	**74.68%**	**13.92%**	**3.46%**	**2.48%**	**5.00%**	**0.46%**	

The overall Trust position for 2023/24 is an increased score of 88.6% of patients scoring the Trust as 'very good' or 'good' in comparison to the previous year of 78.9%.

Image of Patient Experience Team and FFT

Patient Led Assessment of the Care Environment (PLACE)

PLACE is a voluntary self-assessment of the care environment, which contributes to health improvements delivered in the NHS and Independent/Private Healthcare sector in England. PLACE aims to promote the principles established by the NHS Constitution, that focus on the areas that matters to patients, families and carers; committing to ensure that services are provided in a clean and safe environment that is fit for purpose. The findings and scores are used by the CQC to form part of their assessment of the services that we provide.

PLACE is about being open and honest, making a point-in-time assessment, against set criteria. Unannounced assessments for PLACE were carried out in both clinical and non-clinical areas of all Trust sites, from September through to December 2022 and results were received in Spring 2023. The inspections were undertaken by teams of public volunteers (Assessors) facilitated by Trust staff members (Facilitators). The assessments are not reflective of the whole Trust but provide a framework for assessing quality against common guidelines and standards to quantify our facility's cleanliness, food and hydration provision, the extent to which the provision of care with dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The areas assessed are categorised under the following domains:

- Cleanliness.
- Food and Hydration.
- Organisational Food.
- Ward Food.
- Privacy, Dignity and Wellbeing (how the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing).
- Condition, Appearance and Maintenance of healthcare premises.
- Dementia (whether the premises are equipped to meet the needs of people with dementia against a specified range of criteria).
- Disability (the extent to which premises can meet the needs of people with disability against a specified range of criteria).

PLACE assessments are intended to provide motivation and direction for improvement by providing a clear message - directly from patients - about how our environments and the services we provide might be enhanced. Results are published to help drive improvements locally and nationally. The assessment focuses exclusively on the environment in which care is delivered and does not cover clinical care provision.

Figure 16 – PLACE Assessment Results 2022 and 2018

Domain	2022 score	2018 score	% improvement
Cleanliness Score %	98%	97%	0.9% ↑
Food and Hydration Score %	93%	85%	8.0% ↑
Organisational Food Score %	89%	89%	0.0% ↑
Ward Food Score %	96%	84%	12.0% ↑
Privacy, Dignity and Wellbeing Score %	86%	76%	10.0% ↑
Condition, Appearance and Maintenance Score %	95%	90%	5.0% ↑
Dementia Score %	84%	76%	8.0% ↑
Disability Score %	82%	76%	6.0% ↑

The above scores (figure 16) highlight the scores obtained for each domain in both 2022 and 2018. Although it is not recommended to compare years, the continuous improvement is evident. This

demonstrates an excellent result in terms of the enhancement work completed in our care environments and the ownership shown by wards and departments in maintaining our sites in good order. Data for 2023 will be reported in Quarter 1 of 2024/25.

Complaints

The Patient Experience team receive complaints, PALS and compliments into the organisation and support the CSUs in responding to concerns.

The number of complaints as shown in figure 17 has increased overall to date in comparison to the previous year. Many complaints are now resolved through face-to-face meetings with complainants. Arranging to meet with complainants has led to a timelier investigation/response.

Figure 17 – Complaints Comparison between 2022/23 and 2023/24

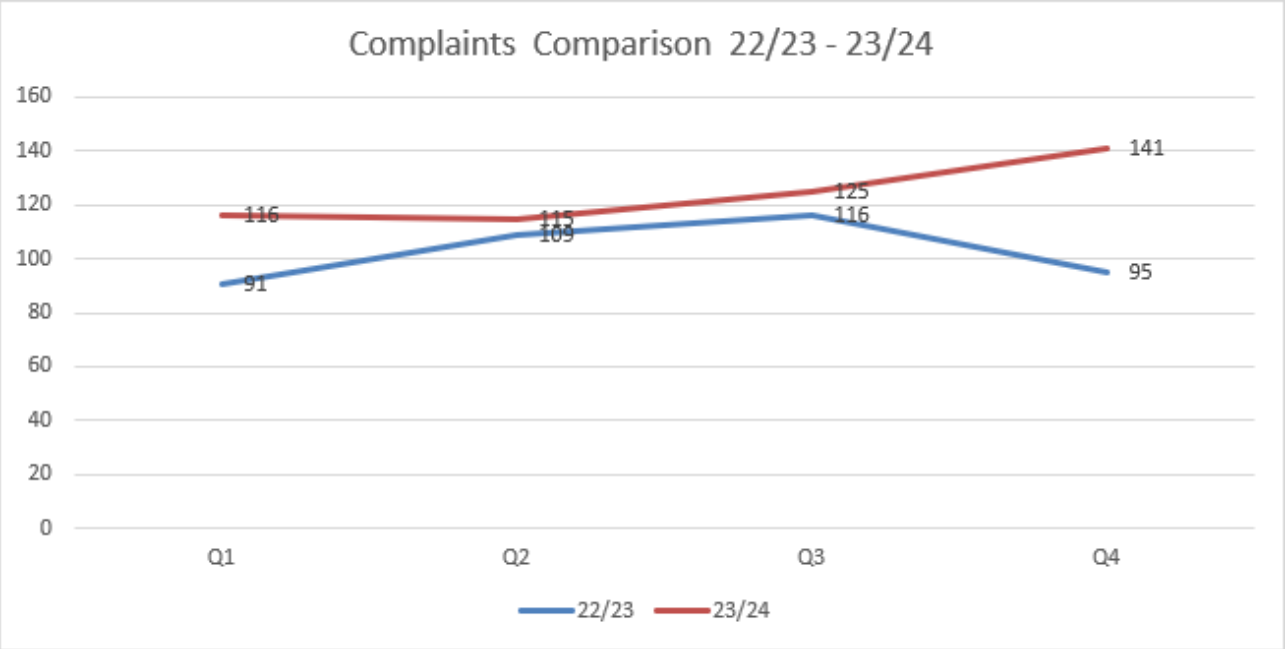
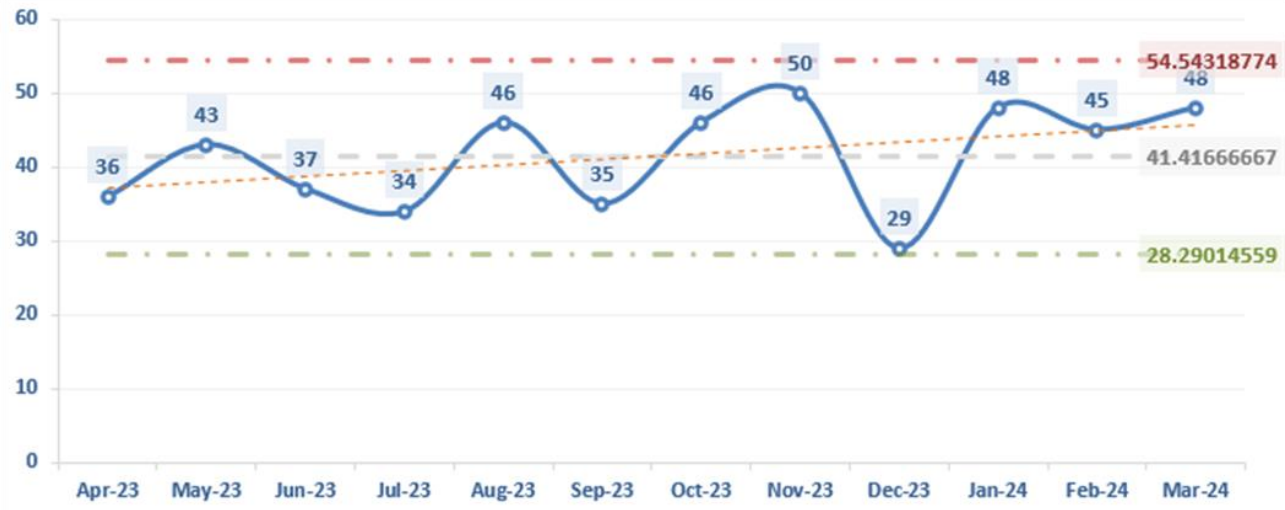


Figure 18 – Annual complaints against the actual upper and lower limited against the calculated fields based on the averages



- The red and green lines show the upper and lower control limits (these are calculated fields based on the actuals)
- The blue lines are the actuals, i.e. the number of complaints
- The grey line is the average of the actuals

- The orange dotted line is the trend (again, based on the actuals)

Peaks above the average are evident in the second two quarters of the year except for December. This coincides with Winter months where services are at their busiest. There is often a reduced number of complaints in December around Christmas.

Learning from complaints is being shared via different forums and in liaison with patients and the Equality, Diversity and Inclusion (EDI) service. Patient stories are shared at the Trust Board with patients who are keen to support organisational learning.

Bereavement Team

The Bereavement team continue to support families after the death of their loved ones with high volumes of calls and face to face meetings being responded to. The team works closely alongside the mortuary team and the medical examiner's office to provide holistic care to the deceased person and their family/carers.

Improvements to Bereavement Services

- Bereavement waiting area improvements – newly decorated bereavement area for relatives providing a quiet reflective space.
- Revised internal property process – electronic internal database to log all property that comes to bereavement. All property logged and signed into the bereavement office. Reiterated bereavement will not take property without a property list.
- Collection of unwanted glasses from families and is then donated to the charity Lions.
- Active involvement in the national end of life care audit to promote feedback and support changes for improvements.
- Developed a donated property cupboard to support homeless people attending the Trust Emergency Department.
- Work with the interpreter team to ensure a service is provided to translate hospital funerals when these are conducted in English and the family don't have this as their first language.
- Bradford District and Craven Health and Partnership Awards (Celebrate as One) - **Finalist**, highly recommended for the work in Bereavement services.

Image of the newly refurbished bereavement room

Partnership Working and Engagement

The patient and public involvement team have worked with several groups around improving accessibility. *Walk arounds* with members of the Hi-VisUK Group (a sensory needs group commissioned by Bradford Metropolitan District Council) group has enabled feedback from members of the community who have accessed the Trust to provide feedback from a partially sighted and deaf perspective, which have led to amendments in signage and several other accessibility changes.

Other partnership working is the ongoing relationship with the Equality, Diversity and Inclusion (EDI) team to ensure full consideration is given for people with additional needs which includes language support, learning disabilities and protected characteristics.

Community Engagement

The Patient Experience team continues to work with partners in the district to improve patient experience and engagement. Meetings have been set up across the district to facilitate and share work in this area. The Trust is a member of the Citizen Engagement Forum, which has membership from across the Bradford District and Craven Health and Care Partnership. The group has been established to operate as a network of networks and plans to bring people and communities together to host several events with the relevant parties for communities to access relevant information.

Regular meetings and joint work take place with local Healthwatch. This ensures that teams are sighted on any areas of concern raised by the public at the earliest opportunity and provides the opportunity for the teams to invite relevant staff to answer to areas of concern raised. The Trust has been an active member in the '*Listen in'* events which have been held at various locations throughout the district and provided the opportunity for community members to have access to different staff members from statutory and voluntary organisation to enable their voices and concerns to be heard. The programme for 2024 plans to repeat these listening events following the previous year's success, with the aim this year of the programme being based on themes. The first theme of the programme will be *children and young people.*

The success of the Trust Community Engagement meeting has continued with an open forum to enable different community services and teams (both statutory and voluntary) to request and share concerns internally at the Trust and listen regarding new and planned projects.

During 2023 closer working with the Membership Plan Delivery Group has enabled each access to engage with community members and invite them to be involved in projects.

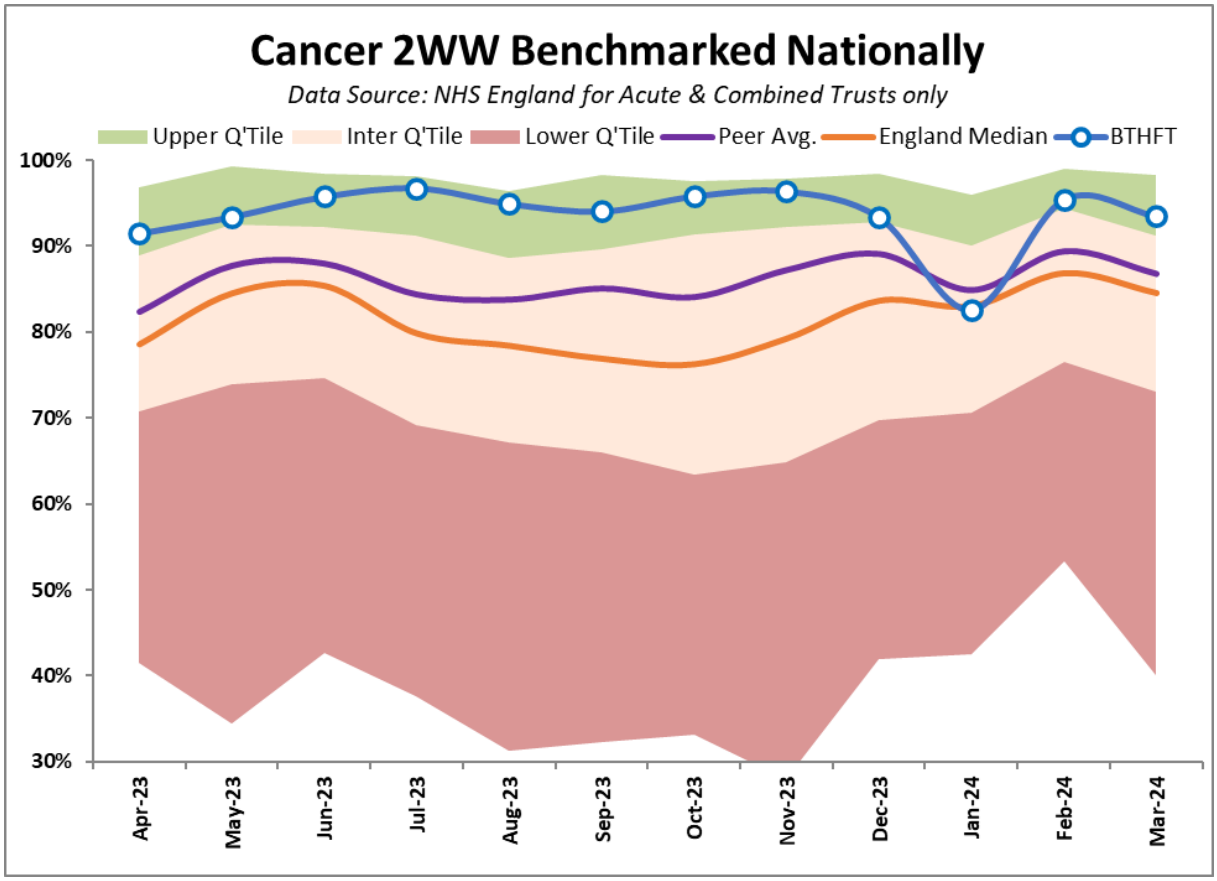
Projects for the Patient Experience team for the year ahead

- Launch our revised Patient Experience and Engagement strategy.
- In partnership with the University of Bradford, launch our "Clinical Customer Care" training.
- Increase the number of Patient-Led Assessment of the Care Environment (PLACE) visits.
- Work is being undertaken to improve patient communication via leaflets and videos.
- Strengthen the learning from complaints, sharing wider in the organisation and evidencing the *You Said We Did*.
- Improvement work taking place to create a dashboard of patient experience metrics.

Cancer 2 Week Wait

Patients referred to us on Fast Track pathways have continued to receive their first appointment within 2 weeks most of the time and performance compares favourably to other Acute Trusts in England.

Figure 19 – Cancer 2 Week Wait Performance 2023/24



Industrial Action has presented a challenge to clinic capacity on occasion, and this was particularly evident during January 2024, but we were able to recover quickly and bring performance to above target for both February and March.

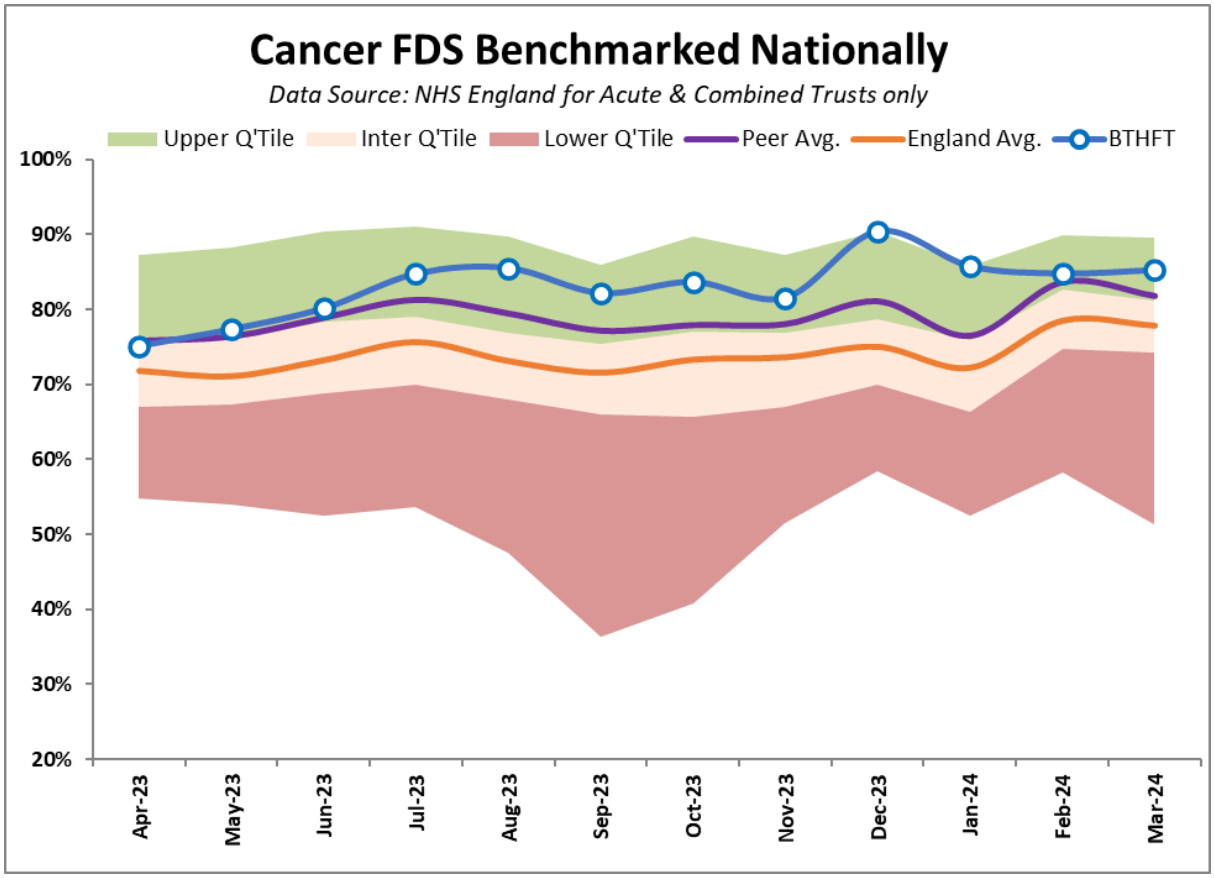
In addition to sustaining the early escalation of capacity and demand changes which allows services to respond to this standard within timescales, there has also been significant work relating to optimal pathways that have strengthened this metric. Referral process improvements, straight to test pathways, and one-stop clinics have provided additional support to performance against this standard.

This performance has been delivered against an increase of 4,989 (26%) 2 Week Wait (2WW) referrals compared to 2022/23 and 2,349 (8.5%) compared to the pre-COVID-19 levels seen during 2019/20.

Cancer 28 day Faster Diagnosis Standard (FDS)

The aim of this standard is to ensure that patients will be diagnosed or have cancer ruled out within 28 days of their referral. For 2023/24 performance has been sustained above the 75% target and compares favourably with other Trusts, remaining in the upper quartile for most of the year.

Figure 20 – Cancer 28 day FDS Performance 2023/24



Focus on ensuring patients are seen early on in this first stage of the pathway supports performance and therefore strategies to improve 2WW directly support this metric too. Similarly, the growth in demand for 2WW transfers into this standard.

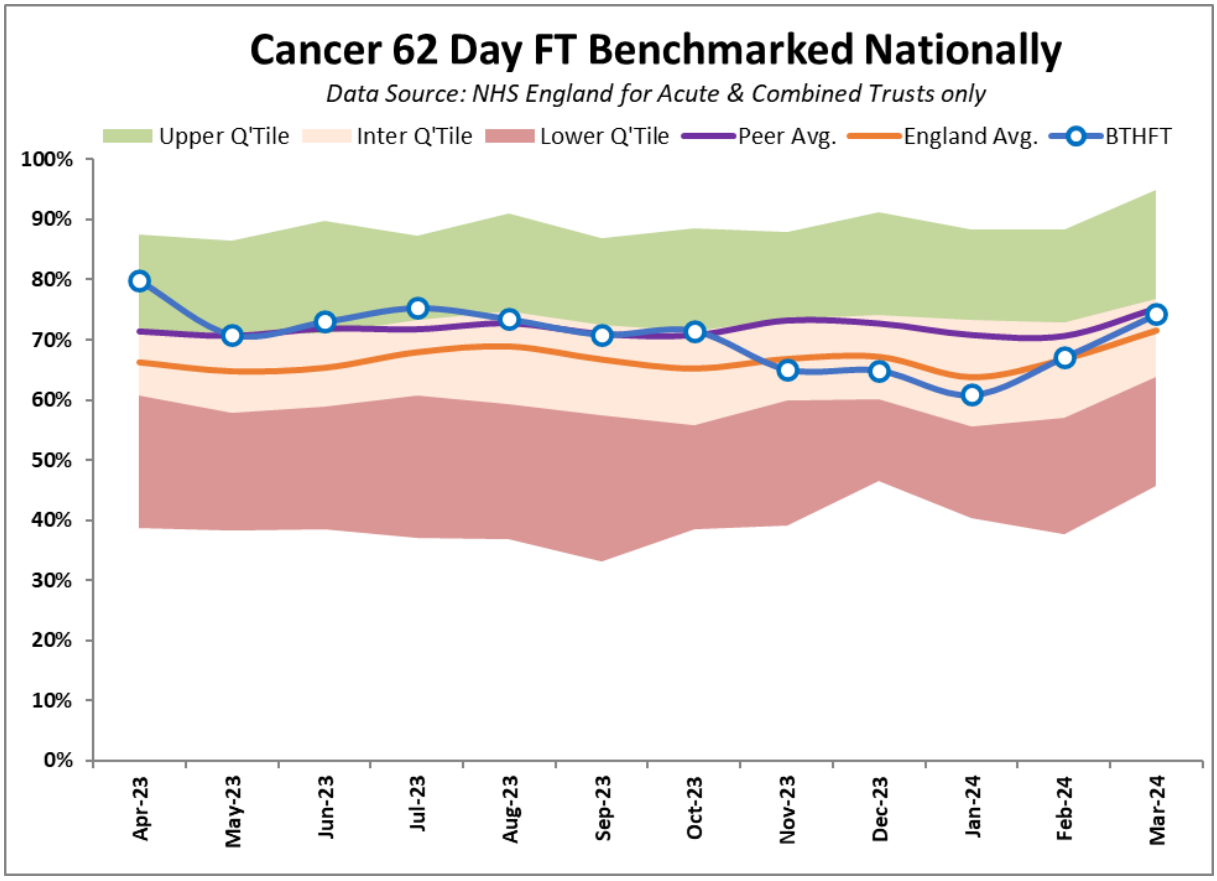
There has also been significant focus on fast track diagnostic turnaround times. Weekly oversight and targeted improvement plans with Endoscopy and Histopathology have helped maintain delivery at a high level. Pathway specific improvements are also used, in particular for the Head and Neck tumour group where multiple diagnostic tests may be required.

Cancer 62 Day First Treatment

During 2023/24 we have continued to prioritise cancer treatment within available capacity. Despite this, the increased demand noted previously, and some reduced capacity within key tumour groups due to Industrial Action, have made meeting the 85% standard difficult.

Increased demand on Histopathology related in part to significant growth in suspected skin cancer referrals also contributed to delays following summer 2023. This is resulted in a dip in performance as the number of patients already waiting over 62 days were treated. Waits over 62 days have reduced during Q4 which will support performance to recover into the new financial year.

Figure 21 – Cancer 62-Day First Treatment Performance 2023/24



The Trust has engaged proactively with national priorities relating to Cancer services, supporting the West Yorkshire Cancer Alliance to deliver service developments including initiatives focussed on patient experience during and after cancer treatment. The Trust has also worked in collaboration with primary care to increase earlier presentation and identification of cancer whilst also ensuring resource is still able to focus on the most urgent cases.

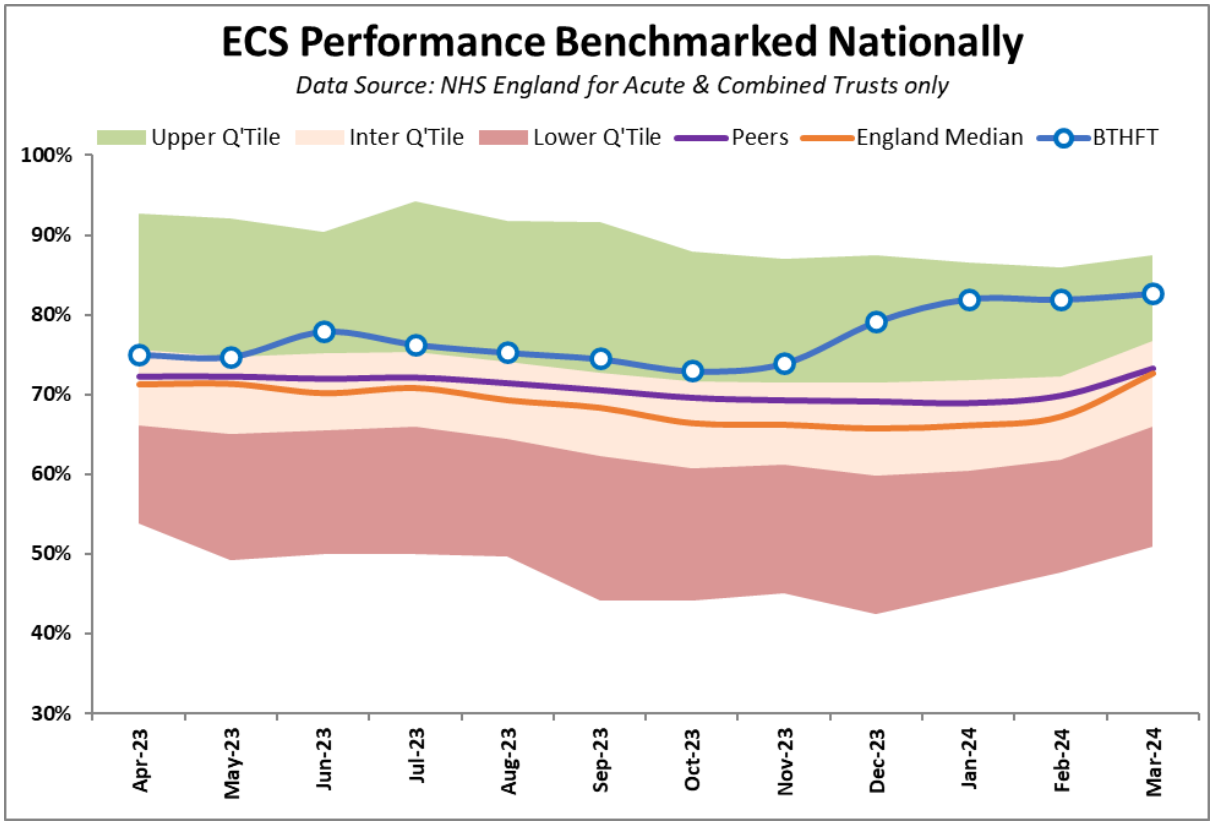
The Trust has an ambitious programme of work relating to Cancer pathways which includes the ongoing roll out of optimal pathways and further pathway analysis to minimise any potential delays to treatment. Continuous improvement is embedded within this approach and tumour groups have been quick to adopt best practice and mandated pathway changes following learning from the COVID-19 pandemic.

The Trust has targeted improvement work on the diagnostic phase for patients to ensure earlier diagnostics and first treatment which will continue into 2024/25 with the embedding of the new national 31-day first treatment standard.

Emergency Care Standard (ECS)

The Trust sustained a comparatively strong ECS performance throughout 2023/24, remaining in the upper quartile nationally. This included a challenging winter where demand increased earlier than forecast with additional increases in flu and paediatric presentations impacting almost all hospitals in England.

Figure 22 – Emergency Care Standard Performance 2023/24



Improvements throughout 2023/24 included the introduction of the Urgent Care Centre (UCC) and GP streaming and increased utilisation of Same Day Emergency Care pathways, which in November 2023 became the Ambulatory Emergency Care Unit (AECU). This has reduced demand on the Emergency Department (ED) and is preventing admission into hospital wards. Performance has significantly improved following this change.

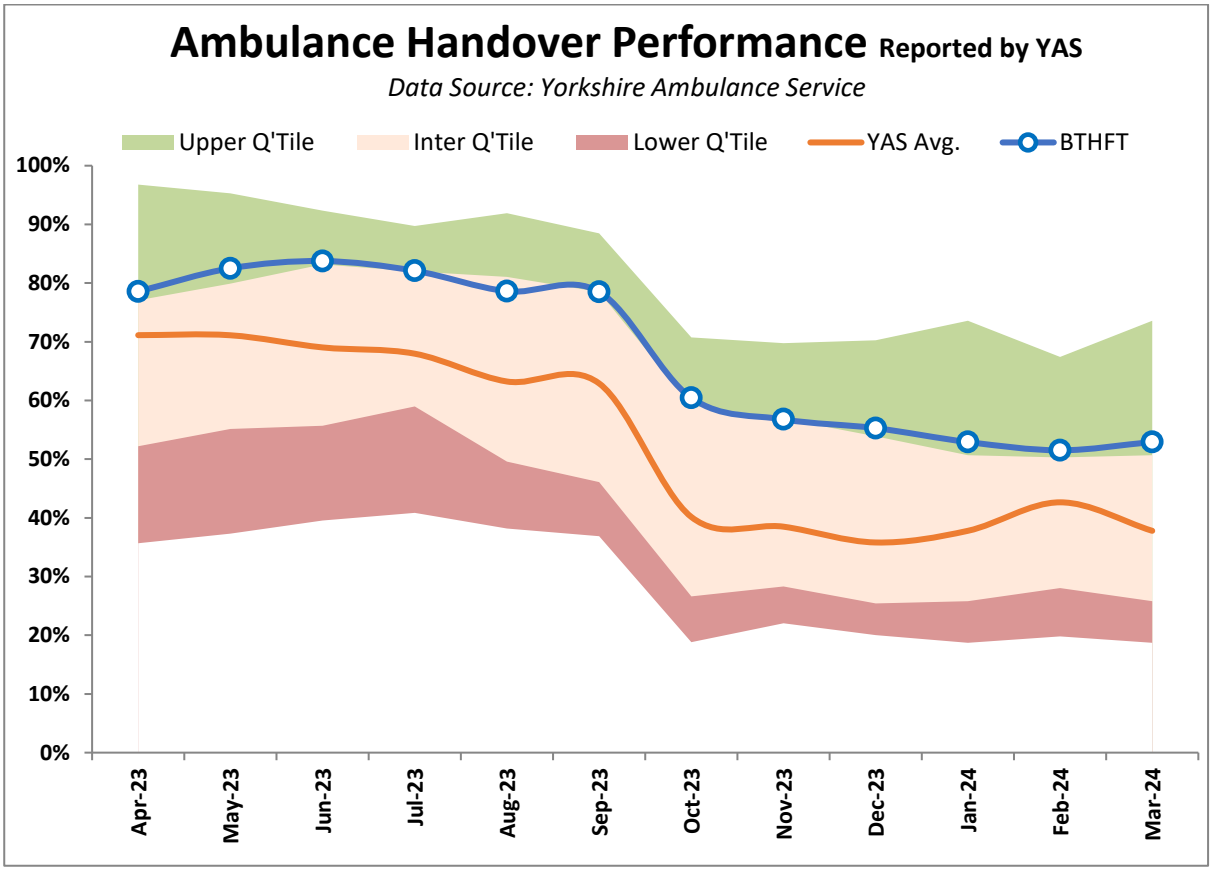
The Trust has also improved ward-based data for decision making which has supported earlier discharge. Multi-disciplinary approaches to the whole patient journey from arrival to discharge have fostered a significant culture shift in terms of joined up processes and real time support for emerging pressures.

Ambulance Handover

A national priority for 2023/24 was to work with Ambulance Trusts to reduce the delay seen in releasing ambulance crews after they bring a patient to an Emergency Department. This is an area where Bradford Royal Infirmary was highlighted as having higher than average delays and significant effort has been applied to improving this and average Crew Clear times are currently 27 minutes (reduced from 30 minutes).

Average handover performance for the Trust has continued to benchmark well against other Trusts within Yorkshire. The reporting of handover start times changed for everyone in October 2023 which is why compliance with the 15 minute target drops. This was a nationally mandated change.

Figure 23 – 15 minutes Ambulance Handover Performance 2023/24



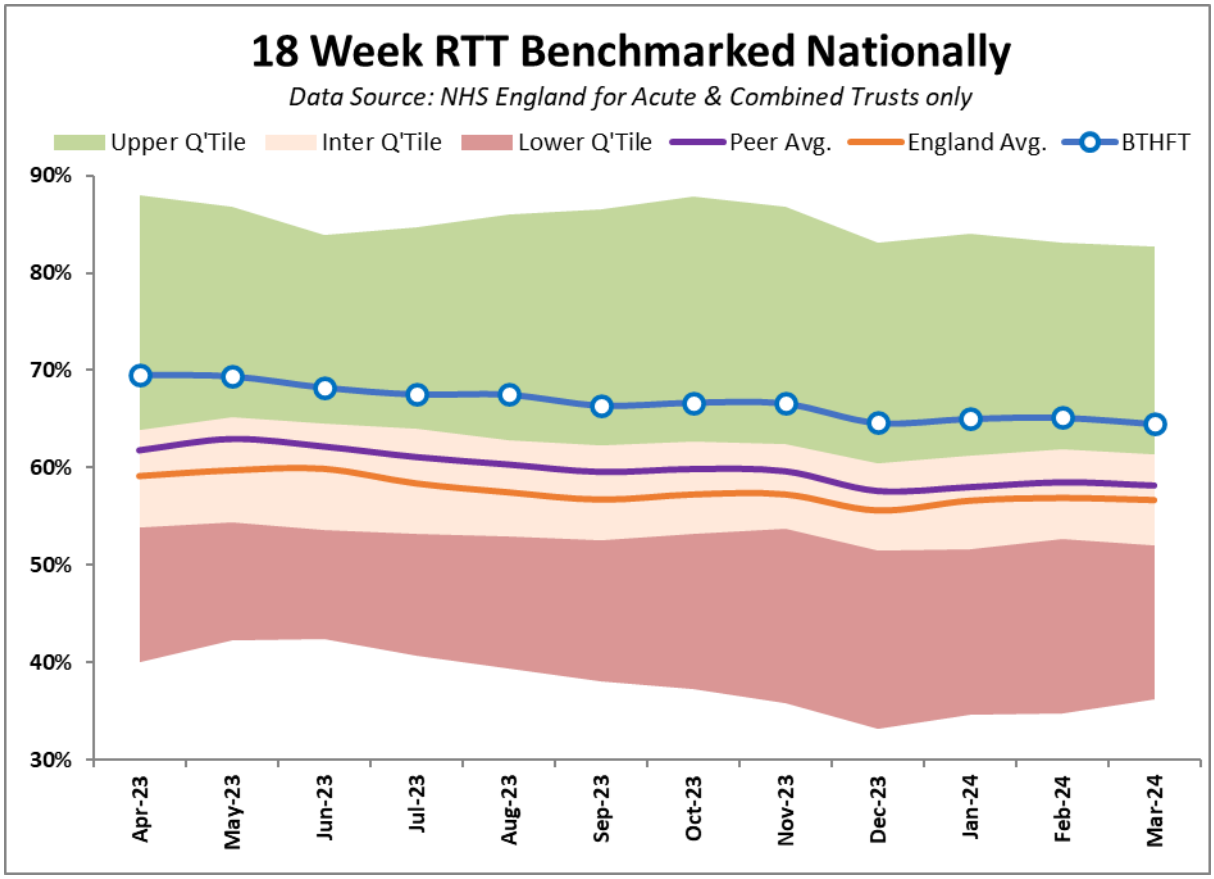
Increase to bay capacity in the Ambulance Assessment Area in September 2023 has mitigated some impact of an increase in ambulance arrivals. This is also supporting handover performance during peak periods which was a problem previously.

Joint working between Yorkshire Ambulance Service (YAS) and the Trust's ED team has also introduced new operating procedures, increased self-handover, and easier flow from the ambulance assessment area to other areas based on clinical presentation.

Referral to Treatment

Referral to Treatment (RTT) performance has reduced slightly during 2023/24 with the Trust consistently delivering above the England average during this period and remaining within the upper quartile since August 2022.

Figure 24 – 18 Week Referral to Treatment Performance 2023/24



During 2023/24 the Trust has continued to increase both its inpatient and outpatient activity. Reducing workforce supply challenges and increasing the number of cases per theatre session or outpatient clinic have supported this.

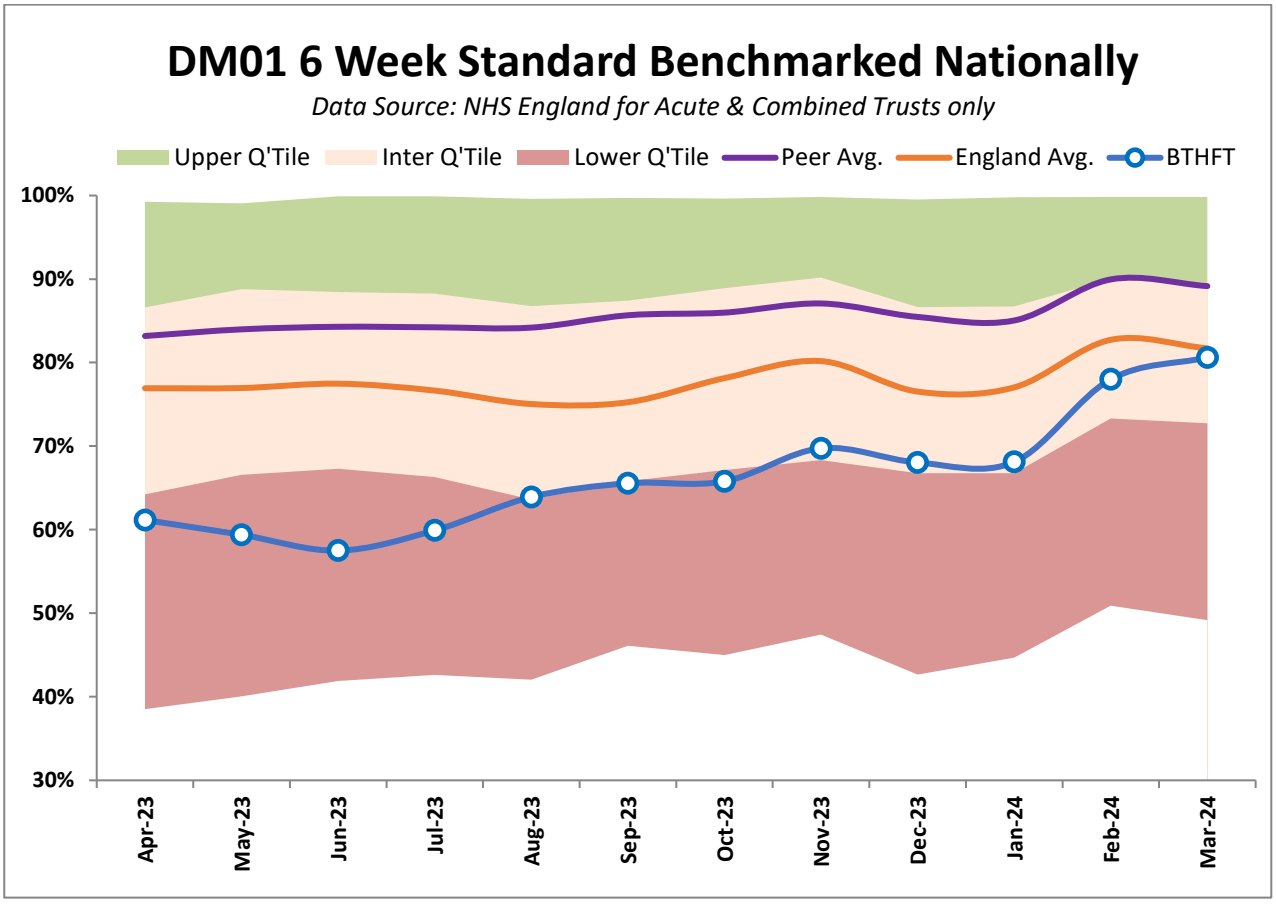
The Trust has used chronological booking and waiting list validation alongside clinical prioritisation to deliver a further reduction in the volume of waits exceeding 52 weeks (1,100 in March 2022, 534 in March 2023, and 440 in March 2024).

In 2024/25 the priority will be reducing the total waiting list size. In addition to increasing activity, the Trust will also look closely at the effectiveness of outpatient appointments to progress and conclude episodes of care. We will maximise opportunities to focus outpatient capacity on patients that need it by promoting GP Assist, Advice & Guidance and Patient Initiated Follow Ups (PIFU) to reduce unnecessary attendances.

Diagnostic Waiting Times

Diagnostic wait times have increased during 2023/24. For those patients referred to us for routine diagnostic services, performance had dipped to within the lower quartile and for most of the year this remained below the national average. Improvement plans are starting to embed, and performance has significantly increased during Q4.

Figure 25 – Acute Trusts 6-week DM01 Diagnostics Performance 2023/24



Radiology demand increased further during 2023/24. Obstetric ultrasound requests increased, and the turnaround timescales reduced in support of the national Saving Babies Lives initiative. Growth in non-obstetric (NOUS) requests negatively impacted on this measure. Additional capacity, initially supported by the independent sector, has recovered this to a sustainable position during the final quarter.

The replacement of an MRI scanner along with additional equipment downtime contributed to further radiology challenges. Community Diagnostic Centre (CDC) capacity has supported improvement in this area. CDC capacity is also supporting improvements in Echocardiography and Endoscopy.

Endoscopy more generally faced challenges throughout 2023/24 with capacity and productivity constraints on both the BRI site and within a sub-contract to a local independent sector provider. A focus on data quality and improving booking processes, which alongside staff availability were the main constraints experienced, has supported performance to recover. The additional capacity from the CDC is starting to bring performance closer to target.

2.2.2.2. Preventing Ill Health and Reducing Inequalities

Our EDI strategy launched on 10 May 2023 included the Trust's plans to tackle health inequalities. Through discussions with our clinical and corporate teams we better understand how the Trust is focusing on key areas of improvement in terms of health inequalities. This resulted in the development of five key Trust priorities:

Addressing health inequalities as a priority

During the year, we have helped our clinical teams to make addressing health inequalities an integral part of their work. This involved identifying health disparities, establishing baselines, and working towards specific goals for reducing those disparities. To enable and inform staff, the Trust has made health inequalities training available for staff through the Electronic Staff Record (ESR) and continues to promote this training to increase its uptake.

The Innovation programme and Bradford Hospitals Charity have identified funding to help support the health inequalities workstream. Conversations are ongoing with our Clinical Service Units (CSUs) to develop health inequalities focused funded projects. Similarly, the Equality, Diversity and Inclusion (EDI) and Patient Experience teams have been involved in the health inequalities workstream, providing guidance and input, ensuring objectives are aligned across teams.

A programme of meetings has begun with each CSU's operational and clinical management team to raise the profile of health inequalities, discuss access data and identify health inequalities projects. The Health Equity Assessment Tool was introduced to the CSUs as part of these discussions. It will be a key driver in identifying new projects.

The Trust has also worked on ensuring that its business case development process considers how outcomes, access and experience are affected by service development proposals. The embedded post implementation review of approved business cases will also measure the impact on outcomes, access and experience. Additionally, inequalities impact is now an essential criteria for services to consider in their strategic planning activities.

Data analysis and data utilisation

Our Performance and Business Intelligence teams have analysed waiting list data to reveal the impact on patients with a learning disability, or from different ethnic groups, or from different age cohorts, or those living in more deprived areas. The findings enable our clinical teams to identify and address potential inequalities in access to care, developing targeted interventions to address these disparities without distorting clinical priority.

Fulfilling our role as an anchor organisation

As an anchor organisation in the community, we continue to play our part in supporting training and career opportunities for local people. We continue to host Project SEARCH, which gives employment experience to young adults with a learning disability. The Trust is also supporting the new 'Alliance for Life Chances' which brings together system partners with a focus on early years, educational attainment and employment prospects.

The Trust carried out an Anchor Network Self-Assessment to assess current progress and ambitions as an anchor institution. This allowed us to better focus our efforts to meet our ambitions.

The Bradford Hospitals Charity team are leading a collaborative effort with members of our community to explore the potential to provide Trust green space for memorial gardens. These allocated sections would then be managed by members of our communities.

As part of our commitment to recruit staff representative of the communities we serve, the Trust has a comprehensive Widening Participation programme delivered in conjunction with Bradford Metropolitan District Council and other Act as One partners. In order to supplement this comprehensive programme, the Trust has led work with an organisation called Generation Medics and our Act as One partners to host a series of events across Bradford District and Craven focusing on careers within the NHS and Social Care aimed at students at local schools and the unemployed. The aim was to help advise and coach them through the interview and recruitment processes for college, university courses and job opportunities in health and social care. The target

audience is residents of Bradford District and Craven from underprivileged backgrounds, with the aim of ensuring that these young people get the same levels of support as their peers from more advantaged backgrounds.

Our Informatics Department, which includes the Digital, Data and Technology professions is also focused on recruiting our future talent. Working closely with local schools, colleges, and universities to explore and support routes into placements, apprenticeships and employment will bring benefits to the local community, whilst addressing challenging workforce shortages in this area. Successes via Project SEARCH and apprenticeships has already yielded new talent within Informatics and the increased efforts will bring further opportunities to local communities.

Providing care based on our population profiles

Reflecting the composition of our communities we strive to provide care that is culturally appropriate for the patients we serve. As part of this we ensure the provision of comprehensive translation services to address language barriers. Having a workforce that is representative of the community we serve, from diverse cultural backgrounds, is core to our approach. The Trust will continue to make adaptations to care delivery for the needs of our local population, such as setting up a free phone line to our Maternity Access Centre, allowing access to expert help and support for expectant mums without the worry of cost.

The Trust has worked with our clinical teams to understand where there may be disparities to address. This has involved sourcing data from external sources such as NHS England and the Screening Research Office as well as tools such as Fingertips, Shape Atlas, Health Inequalities Improvement Dashboard, and Joint Strategic Needs Assessments. This has helped to populate the health equity assessment tool (HEAT) for services.

The Trust's Spiritual, Pastoral and Religious Care (SPaRC) team launched a progressive Web App which enhances their reach and visibility. This service provides resources for staff and patients to support emotional and spiritual wellbeing across a multitude of faiths and non-faiths. Further designations are being added by the SPaRC team enhancing the level of support offered within the apps.

Collaborating with other organisations

We will continue to seek opportunities to collaborate with other organisations, such as community-based organisations and advocacy groups to address health inequalities. Working together, we aim to develop and implement more comprehensive and effective interventions.
We worked with partners, communities and Voluntary, Community and Social Enterprise (VCSE) organisations to be more responsive to the needs of our population. Aligned to the CORE20PLUS5, the Improvement Academy (as part of our Bradford Institute of Health Research) worked to improve the long-term health of the local population, by identifying and providing treatment to individuals with hypertension, hypercholesterolemia, and diabetes who were asymptomatic or lacked the confidence to approach services delivered in more 'traditional' ways. Attendance at local health fairs in community venues markedly increased the level of engagement with breast screening for underrepresented groups and identified levels of hitherto under/undiagnosed or untreated Hepatitis C.

2.2.2.3. People and Leadership Capability

Thrive

We have a very clear objective - to be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion and our 'Thrive' approach supports us to achieve this. The aim of Thrive is to ensure we create a community where all our people can learn, grow and reach their full potential, and that the Trust is a place where everyone is heard, is treated with dignity and respect and trusted to do their job. The Thrive online portal,

which is a ‘one stop shop’ for everything our colleagues may need, such as wellbeing support, financial wellbeing, development opportunities, and staff benefits and recognition schemes, has continued to grow. Staff are accessing the portal from desktops, mobiles and tablets illustrating the accessibility of the portal.

During the last year, we have continued to promote and embed Thrive.

During 2023/24 we have continued ‘Thrive Live’ – a regular question and answer session with Mel Pickup, our Chief Executive and other members of the Executive Team. These sessions provide all staff with the opportunity to meet Mel and the Executive Team and ask any questions they may have. We have also run a number of localised sessions with leaders in specific Services.

We have also continued our monthly Thrive Bulletin which signposts staff directly to the portal and is themed on four main areas of Thrive - wellbeing, voice, recognition, and development.

Moving forward the Thrive portal is planned to be refreshed so it is more interactive and accessible.

In 2023/24 we also launched Thriving Together which is a culture and leadership programme to help us understand the culture of the organisation from the perspective of our colleagues working at BTHFT. Colleagues from across the organisation have come together to form the ‘change team’ and are currently working within the discovery phase of the programme, using diagnostic resources in order to get the information we need to understand the Trust’s current culture. This will allow us to be able to target approaches and interventions in developing our compassionate, diverse and inclusive leadership strategy.

Civility

Civility in the workplace has been a significant focus for 2023/24. It is a key priority to reduce the proportion of staff who say they have personally experienced harassment, bullying, or abuse at work. The Civility Programme Board has now been established for two years and has led the delivery of key priorities including:

- **Awareness and launch of civility campaign**

We launched civility based training in May 2023 and have developed a rolling programme of training. The training uses scenario based training methods with bespoke training videos to provide an understanding of the importance of civility and influences colleagues to reflect on their behaviours to develop a civility based culture.

- **Development of a behavioural framework (Our People Charter)**

Figure 26 – Our People Charter

Our People Charter has been created by staff which brings to life our Trust values and the behaviours that we want staff to role model. The four statements as seen on the left hand side 'What others can expect from me and my team' use the existing value statements already familiar across the Trust. The right hand side, 'What you can expect from BTHFT (the Trust)' are additional comments which have been drafted in line with the engagement process, utilising feedback and comments from colleagues and the programme board. The Charter has been added to induction, appraisals, and our development opportunities so that it is a framework that is brought to life by our staff. It is also being reflected into Person Specifications and the recruitment process through pre-interview and interview questions.

As part of our ongoing work-plan, the Harassment and Bullying Policy has been reviewed in 2023/24 and the revised policy will be launched in 2024/25.

Health and wellbeing

Health and wellbeing also remains a key priority. We know that the pandemic continues to impact on our people. We encourage all staff to have a wellbeing conversation with their manager or trusted colleague. These focus on having an open and honest conversation about health and wellbeing through curious questions and compassion.

This year, we have continued our focus on financial wellbeing. We know the cost of living crisis has impacted on our people and we have taken steps to offer support and signposting to staff. We have a number of financial wellbeing products and offers that staff across the organisation are able to access. We offer 'Salary Finance' which offers staff the opportunity to take out an advance on their salary, free financial education, simple savings products and affordable loans repaid through

salary. We have joined forces with Barclays who have run a series of financial wellbeing events for staff on themes such as getting ready to be financially independent, taking control of your Credit Score, buying a new home and top tips for staying on top of your finances. We have provided webinars promoting financial wellbeing, each focusing on a different subject including tips to manage rising housing costs, understanding APR and credit rating, and financial hardship and where to turn for support. We have partnered with a provider to offer salary advance options for our Bank workers.

We have also done work to highlight support around the NHS Pension Scheme, helping staff to understand more and find out about their Total Reward and Annual Benefit statements and to explore retirement options.

We have a Staff Gym and Well-Being Manager who is leading work to increase awareness of the benefits of physical activity.

We offer in-house clinical psychology service and this is supplemented by sign-posting staff to other mental health support via the West Yorkshire Mental Health Hub, Employee Assistance Programme (EAP) service, and other local providers

We have continued to focus on encouraging staff to have their COVID-19 boosters and flu vaccinations.

Development

Our objective is to develop leaders at all levels through creating an environment of continuous learning and improvement. We want those who lead to provide clear vision and direction, think strategically at a system level and plan ahead. We want them to engage with their team, listen to ideas and involve them in decisions that affect them.

In 2023, we held our second Thrive Leadership Conference. This was attended by over 350 staff across two venues. The overall theme was the 'Leader in You' and was:

- To be a day of positivity, high energy and moving forward vision.
- To acknowledge and celebrate what got us here.
- To inspire colleagues to see themselves are leaders, we are all leaders.
- To offer the space for colleagues to refuel and reboot to the best version of themselves.
- To launch the Thriving Together cultural leadership programme.
- To build our resilience and map for the road ahead.

Key note speakers presented on leadership, teams, self-awareness and how individuals could be their best selves at work. Feedback on the event was extremely positive and we will hold a third Thrive Leadership Conference in 2024/25.

We have also continued to develop and refresh our three Leadership Pathways - Aspiring Leaders, Developing Leaders and Progressing Leaders. Each pathway is now available as a face to face offer. Cohorts of 15 participants can complete their chosen pathway over 2 days with the opportunity to work with a learning partner, build a network and learn in an interactive environment.

In 2023/24, we developed a fourth Leadership Pathway – 'Advancing Leaders' for those in the most Senior Leadership roles.

People Promise

During 2023/24, we continued to be a 'People Promise Exemplar Site' – one of just 23 across the country. This meant we were given funding for a role (the People Promise Manager) to test the hypothesis that if an organisation focuses on delivering all the elements of the NHS People Promise, it has had a positive impact on staff experience and retention. We are pleased that

indicators demonstrate positive improvements although we recognise that significant, long lasting change will take time.

As part of the People Promise work, we have focused on increasing the number and quality of Exit Interviews, improving new starters' onboarding experience, providing support for new managers, and the development of our health and wellbeing offering. A significant part of the role has also been to develop our financial wellbeing offer as mentioned above. As an Exemplar site, we have received additional support and funding to launch: Medical Career Conversations training, Culture Leadership Programme (in development), and Scope for Growth (Talent Management Conversations).

Flexible Working

The Trust's Flexible Working Policy has been updated and manager and employee guides have been developed and launched. Workshops to support managers have been developed and launched March, providing examples of flexible working good practice and myth busting, as well as giving managers a forum to ask questions or raise concerns. In 2023/24 we launched a pilot of team based rostering providing greater flexibility for teams to have greater control of their roster. Team based rostering offers individuals much more flexibility regarding their working patterns. For 2024/25, we will assess and review the results of the pilot with a view to rolling our team based rostering across the organisation based on the learning from the pilot.

2.2.2.4. Risk Profile

The Trust considers both strategic and operational risks. Strategic risks are included in the Board Assurance Framework (BAF) and operational risks are recorded on the electronic risk register system (InPhase). See sections 3.8.5.2 and 3.8.5.3 for the Trust's strategic and operational risk management approach.

<u>Strategic Risk</u>

The highest scoring strategic risks that the Trust has been exposed to during 2023/24 are as follows:

- ***If*** *we are unable to recruit to our vacancies,* ***then*** *our current staff will be placed under additional pressure and we may be unable to provide safe staffing levels,* ***resulting in*** *an adverse impact on patient safety and experience, staff experience and wellbeing, and an increase in staff turnover* – The risk score has remained at 16 throughout the year. The mitigations include our domestic and international recruitment plans, links with Further and Higher Education institutions, the development of our 'Thrive' initiative and our work as part of the Bradford District & Craven place 'Growing for the Future' workstream. The vacancy position has improved due to the arrival of 157 internationally educated nurses, and a reduction in the staff turnover rate which is below 10%.

- ***If*** *we continue to face financial challenges associated with cost inflation, increased demand for services and System/Place affordability,* ***then*** *we may fail to maintain financial stability and sustainability,* ***resulting in*** *reduced opportunities to meet demand and to maintain/improve the quality of care, an increased likelihood of system intervention, potential regulatory action, and a negative impact on the Trust's reputation* – The risk score has remained at 20 during the year. The controls in place include our financial governance and control arrangements, a revised budgetary management framework and the establishment of separate financial performance management meetings for escalated CSUs.

- ***If*** *we fail to manage Income & Expenditure within planned parameters,* ***then*** *we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run rate,* ***resulting in*** *an impact on operational and capital investment decisions, reduced opportunities to meet demand and to maintain/improve the quality of*

care, an increased likelihood of system intervention, potential regulatory action, and a negative impact on the Trust's reputation – The risk score has remained at 20 throughout the year. The controls in place including management and monitoring of the cash and liquidity position by the Cash Committee and with regular reporting to the Finance & Performance Academy, and continued sourcing of cash releasing efficiencies.

- ***If** the capital funding allocation from the ICS is not sufficient to meet our requirements and/or we are unable to deliver our capital programme in full by the end of the financial year, **then** we may not be able to make the capital investments required to maintain safe and sustainable services, **resulting in** a negative impact on the quality of care, potential regulatory action, and a negative impact on the Trust's reputation* – The score has remained at 16 during the year. Mitigations include close oversight and governance of the capital programme via the Capital Strategy Group and Capital Operational Group, project phasing or the bringing forward of projects to manage the overall quantum, and re-purposing existing capital allocations elsewhere in overall programme to support risk.

- ***If** we don't have effective Board leadership or robust governance arrangements in place, **then** the Board won't be able to lead and direct the organisation effectively, **resulting in** poor decision making, a failure to manage risks, failure to achieve strategic objectives, regulatory intervention and damage to the Trust's reputation* –The Board agreed to add this risk in November 2023 and it was approved by the Board in January 2024. It is scored at 20, reflecting the impact on working relationships at Board level following the resignation of the Trust's former Chairman and concerns that were raised by him, and concerns raised by three Non Executive Directors. A programme of development is being undertaken to improve both Board processes and relationships. An action plan has been agreed and is being monitored by NHS England at regular Quality Improvement Group meetings. The concerns raised by the three Non Executive Directors are subject to an independent investigation which is ongoing.

<u>Operational Risk</u>

Our escalation process involves all risks scoring 15 and above being escalated to the Executive Team, Academies and Board via the high level risk register.

The high level risk register is monitored each month at meetings of the executive team and at the relevant Academy, where the effectiveness of mitigating actions is considered.

As at April 2024, the high level risk register contains 17 risks, three of which are scored at 20. These risks are described below; mitigating actions have been developed and are recorded on the high level risk register, along with the details of the action plan lead and the date for completion of these actions.

- If the Trust does not invest significant capital resources to reduce the identified backlog maintenance and critical infrastructure risk of its estate, significant business continuity impact due to failure of estates infrastructure / engineering systems / building fabric will be experienced. The risk score has remained at 20 throughout the year. This risk is being mitigated through the continued implementation of a prioritised backlog maintenance programme.
- Due to the number of vacancies in the department, there is a risk of harm to patients and the organisation from delays in processing histopathology samples, with the potential of having an impact on delayed diagnosis and treatment pathways. The risk score was increased to 16 in February 2024 due to the impact of vacancies. The risk score was further increased to 20 in April 2024. To address this risk, a histopathology improvement programme has been introduced, covering three workstreams (people, place (environment) and processes).
- There is a risk that as the demand for haemodialysis (HD) at Bradford Teaching Hospitals NHS Foundation Trust renal dialysis units has reached the available

capacity and that it will not be possible to provide timely dialysis for some patients. The risk score was increased from 16 to 20 in December 2023 due to Skipton Hospital being the only available site with capacity. Mitigations include the approval of business cases to increase renal dialysis and the opening of additional dialysis slots at Skipton Hospital.

During the year there has also been a high scoring risk relating to the impact of industrial action, this was scored at 20 throughout the year and was reduced to a score of 8 in April 2024 given the Consultants' acceptance of the pay offer and no immediate risk of further industrial action. Further strikes have been announced by Junior Doctors to take place from 27 June to 2 July 2024. The Trust has comprehensive plans in place therefore the risk score remains at 8.

Other risks included on the high level risk register relate to the impact on timely discharges due to changes in the provision of social care, an increase in attendances at the Paediatric Emergency Department and Children's Clinical Decisions Area, and staffing/vacancies within maternity, haematology, non-surgical oncology, and pharmacy services.

2.2.3. DELIVERING A NET ZERO HEALTH SERVICE

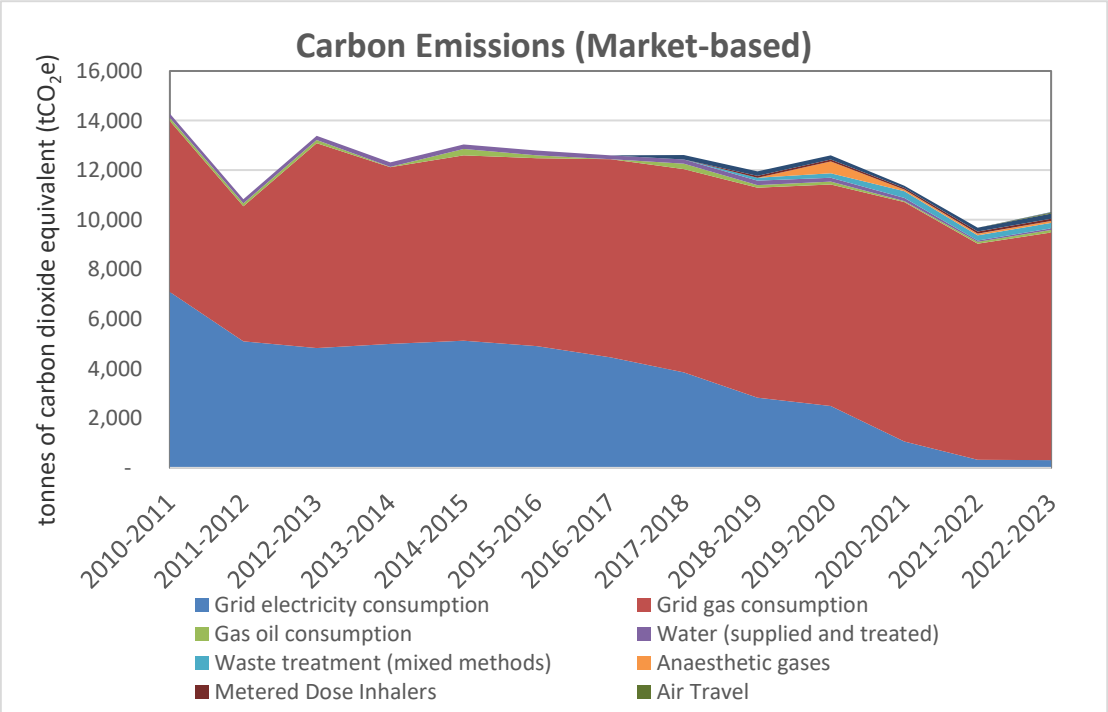
On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets. 'Delivering a Net Zero National Health Service', published by NHS England in 2020 sets out targets of reducing carbon emissions with an overall ambition of the NHS becoming a net zero healthcare provider. By 2032, there is a requirement to reduce hospital operations direct emissions (called Scope 1) and grid electricity (called Scope 2) by 80% compared to 1990, to become net zero carbon emission in 2040 in terms of the carbon emissions directly in the control of the Trust. This includes fuels, electricity, water, fleet and business travel, and greenhouse gasses related to anaesthesia and inhalers. By 2045, there is a further target of becoming a net zero healthcare provider which includes those emissions outside the direct control of the Trust, including those emissions relating to staff commuting to our hospitals, and consumables used within healthcare, construction projects and medicines.

As a healthcare provider, employer and purchaser of goods and services, the Trust recognises that it has a significant impact on the local and wider environment as part of the West Yorkshire Health and Care Partnership, which along with the other partners in the West Yorkshire Combined Authority area agreed a target of 2038 to reduce Scope 1 and 2 emissions. The Trust's Sustainability Plan is due to be revised in the next year taking account of the latest guidance and key national areas of focus informing the production of this plan.

Some data that is required to produce a full carbon footprint is difficult to access or estimate (e.g. the carbon footprint of medicines) and full carbon foot printing will emerge as datasets are made available throughout the NHS.

For the purposes of the 2023-24 annual report, the datasets used over the past three years will be replicated.

Figure 27 – Reductions in carbon footprint are primary based on grid electricity decarbonising and the purchase of 'green electricity'



Reductions in the Trust's carbon footprint over the past few years to 2022-23 show a general movement downwards, mainly due to the electricity used by the Trust being from green sources, but a meter reading issue with the main supply at Bradford Royal Infirmary skewed the gas reported as used across the end of 2021-22 and beginning of 2022-23. 7 million more Kilowatt hours were reported as used in May 2022 compared to May 2021, an increase of 175% due to estimated readings that were corrected subsequently. As the unit cost of gas was less in 2022-23 than in 2021-22 this discrepancy reduced the cost of gas to the Trust, and therefore affected the calculations on carbon emissions for that period. Accurate monthly reads are now taken for all large meters.

Figure 28 – Carbon emissions performance for each of the Delivering a net zero NHS carbon footprint parameters

Delivering a Net Zero NHS Parameters	Emissions in 2010/2011 (tCO_2e)	Emissions in 2022/2023 (tCO_2e)	Percentage Change (%)
Grid electricity consumption (market-based)	7,090*	311	-95.62%
Grid electricity consumption (location-based)	7,090	2,382	-66.40%
Grid natural gas consumption	6,894	9,179	33.15%
Gas oil consumption	121	105	-12.81%
Water (supplied and treated)	175	55	-68.26%
Waste treatment	-	229	-
Anaesthetic gases (sevoflurane, desflurane)	-	78	-
Metered Dose Inhalers	-	81	-
Transport (fleet and business travel)	-	216	-
Air Travel	-	39	-
Rail Travel	-	11	-
Hotel Stays	-	8	-
Total market-based emissions	**14,279**	**10,312**	**-27.78%**
Total location-based emissions	**14,279**	**12,383**	**-13.27%**

**Represents a location-based emissions figure*
The Trust is continually improving its data collection methodology to provide carbon footprint transparency, and this is the reason for zero data returns for some parameters

Even through a location-based approach the use of combined heat and power units on site and the decarbonisation of the National Grid has meant that two thirds drop in carbon from electricity consumption has occurred over the last twelve years.

The comparable percentage drop in the carbon associated with water consumption is due to the use of renewables and low carbon technology within the water supply industry.

The path to a Net Zero NHS has become clearer over the past year, particularly regarding building energy and carbon emissions. Heat pumps and district heating schemes are being explored as alternatives to gas boilers. Waste treatment is being approached through an emphasis on the circular economy and improves levels of recycling.

In order to achieve Net Zero continual improvement will need to be achieved alongside the implementation of new technologies. Successes over the past year include:

- The new Day Case Theatres at St Luke's Hospital will be powered solely by renewable electricity, using heat pumps for space heating and hot water.
- The instigation of a Net Zero Infrastructure Board to oversee the works needed to achieve decarbonisation. The Trust recognises the challenges associated with the capital and

revenue funding to achieve this aspiration. Retendering the domestic waste contract to include opportunities for a full dry mixed recycling waste stream.

Task force on climate-related financial disclosures (TFCD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures have been provided below in relation to the board's oversight of climate-related issues, and the management's role in assessing and managing climate-related issues.

The Trust published its first Green Plan in 2020[1]. Implementation of the Green Plan is overseen by the Green Plan Implementation Group which is made up of managers from Estates and Facilities, Procurement and Strategy and Integration who lead workstreams to deliver the plan. The Green Plan Implementation Group has been chaired by the Executive Director of Strategy and Integration, who provides Board level oversight of implementation of the plan. During 2023, the Trust began to develop a new Sustainability Plan for the Trust which will be completed during 2024.

The Green Plan Implementation Group reports on an annual basis to the Board on progress of implementation of the Green Plan, with the most recent report being made at the January 2024 Trust Board Meeting.

Alongside the Trust's Green Plan, the Trust works with its partner trusts, Airedale NHS Foundation Trust and Bradford District Care NHS Foundation Trust to develop a district-wide Adaptation Plan to consider how the three organisations, together with the West Yorkshire Integrated Care Board, assess the direct risks as a result of climate change and mitigating actions which can be taken to ensure services can continue to be delivered in a safe way. This plan was revised in 2023 with all organisations giving the plan Board level sign-off.

2.2.4. Social, Community, Anti-Bribery and Human Rights: Issues and Policies

The Trust has forged strong links with the local communities it serves and in 2023 we launched our first Patient Experience and Engagement Strategy. As part of our 2023/ 2024 Equality Delivery System Review; we worked in partnership with other local health economy partners to engage and consult with the local community on our progress and to gather feedback on key areas of focus for 2024/ 2025. Consideration to the impact on Human Rights (Fairness, Respect, Equality, Dignity and Autonomy) is an integral part of our Trust wide Equality Impact process, ensuring that policies and practices, including our building design and renovations. These issues are very important to the Trust, so we have opted to include a full Equality Report in section 3.4. This covers employment, training and hate crime reporting. Information about the Trust's anti-fraud, bribery and corruption policy can be found in section 3.3.2 on Staff Policies and Actions.

2.2.5. Events since year end

[1] Our Green Plan – Bradford Teaching Hospitals NHS Foundation Trust (bradfordhospitals.nhs.uk)

The CQC undertook a responsive visit to the Trust on 13 and 14 March to review medical services, at the same time the CQC announced a well led inspection to take place from 16 to 18 April. A further unannounced CQC inspection took place on 15 and 16 May within Maternity and Neonatal Services. We expect the findings of the inspections to be published in 2024/25.

On 23 May 2024 the Trust was advised by NHS England of a change to the support segment category for the Trust from segment 2 to segment 3 of the NHS Oversight Framework. The letter explained that issues involving several members of the Trust Board have led to concerns escalating about the Board's collective ability to lead the Trust in delivering high quality patient care; and focus on the requirements for the 2024/25 NHS Planning round. In light of the issues facing the Trust and current governance concerns, NHS England determined that the Trust should be moved into support segment 3 with immediate effect. Further, on 6 June 2024, the Trust received a letter from NHS England setting out the actions required in response to this regulatory action. In line with the NHS Oversight Framework, enforcement undertakings have been proposed, including:

- a review of board leadership and governance and subsequent implementation of any recommendations;
- co-operation with any individuals selected or appointed by NHS England to support the Trust Board or executive leadership; and
- implementing sufficient governance arrangements to enable delivery of the undertakings.

The letter also set out a notice of intent to impose additional licence conditions pursuant to section 111 of the Health and Social Care Act 2012. In particular, the additional licence conditions require the Trust to ensure it has in place the required leadership capacity and capability to deal with the issues facing the Trust and that the Council of Governors implements arrangements to ensure it discharges its role and responsibilities effectively, including holding non-executive directors to account and representing interests of members, the public and staff. The additional licence conditions were published on 15 August 2024.

2.2.6. Overseas Operations

The Trust has no overseas operations.

2.2.7. Disclosure on equality of service delivery

2.2.7.1. How the Trust has had due regard to the aims of the public sector equality duty

The public sector equality duty forms part of the Equality Act 2010 and requires us, as an NHS public sector organisation, to have due regard to the need to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

We continue to use our equality impact assessment methodology and processes in ensuring equality impact assessments are being carried out on new policies and practices, including our building design and renovations. A number of completed assessments have taken place with equality considerations built in from the onset, including into new building projects such as the planned development of new facilities for neonatal services allowing parents to stay overnight with babies under the care of the neonatal high dependency unit, along with new recreational areas for patients and staff.

Our Equality, Diversity and Inclusion (EDI) strategy (see 3.4.3) and the roll out of the refreshed Equality Delivery System 2022, along with other statutory equality frameworks (such as the Workforce Race Equality and Workforce Disability Equality Standards) also play a crucial role in ensuring we are meeting the requirements of the public sector equality duty.

2.2.7.2. Equality of service delivery: data

We collect data about age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation as part of a number of patient feedback measures. Examples of where this data is collected include the NHS Friends and Family Test[5], feedback from our patient experience service[6] which includes almost 1500 patient contacts in the last year, and national Care Quality Commission (CQC) surveys[7] in which the Trust participates.

The Friends and Family Test data is used to help inform service delivery and improvements in care to the diverse communities we serve. In addition to this the Trust Board receives Patient Stories from a diverse range of patients to capture their experience and learning. During 2023 this has included stories from members of our community who have protected characteristics.

The Friends and Family Test data is used to help inform service delivery and improvements in care to the diverse communities we serve.

2.2.7.3. Equality of service delivery: activities by the Trust to promote equality of service delivery

In addition to the work being undertaken across the Bradford District and Craven Health and Care Partnership there are several initiatives undertaken with our own Patient Experience and Chief Nurse Team to promote the equality of service in relation to all protected characteristics as defined by the Equality Act 2010. The nine protected characteristics are age, gender, disability, sexual orientation, religion and belief, race, transgender, pregnancy and maternity, marriage and civil partnership. We are learning continually from patient feedback and complaints, and our lead for equality, diversity and inclusion is involved in the review of any complaints pertaining to equality and diversity issues.

A few examples of our work to promote equality of service delivery include:

- We are working with recognised partners to provide comprehensive guidance about access to our sites. This includes bespoke mapping of our premises in terms of accessibility as well as locations of patient and visitor toilets and changing facilities.
- During the pandemic the Trust set up an engagement meeting with community groups. This has evolved to a formal monthly meeting with representation from member organisations from across our community. We are developing our Patient Experience and Engagement Strategy with this group.
- We adhere to the Accessible Information Standard[8] and provide information in different formats which include easy read, large print braille, and text-phone for hearing and speech difficulties. Our interpreting services provides written and verbal translations where required and support clinic appointments.
- Staff training opportunities in BSL.
- Delivery of cultural competency training to various departments across the Trust as led by

[5] https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/
[6] https://www.bradfordhospitals.nhs.uk/patients-and-visitors/patient-experience/
[7] https://www.cqc.org.uk/publications/surveys/surveys
[8] http://www.england.nhs.uk/ourwork/accessibleinfo/

the SPaRC team.
- Independent review of our Trust website by the Equality and Human Rights Commission.
- Development of new aids to support translation.

The Trust is aware how sensory impairment in any form can have a significant impact on a person's life and wellbeing for them, their families and loved ones. Our local statistics in Bradford suggest that out of an estimated population of 650,000:

- 83,500 have hearing loss
- 3,531 have sight impairment
- Between 220-3,136 have combined hearing and sight impairment[9]

A significant amount of these people within our community will access our services for care and treatment or as a relative of a loved one.

The Trust continues to work with AcessAble[10]. The Trust partnered with AccessAble a number of years ago to create detailed access guides for all of the Trust's hospitals. These guides are 100 per cent facts, figures and photographs that provide useful information about how best to access the Trust for people with individual requirements. This covers things from parking to hearing loops, walking distances and accessible toilets. These guides are under continual review and update for accuracy. Further development planned for 2024 includes the visual maps being produced by Accessible.

To widen inclusivity and encourage people of all faiths and none to receive pastoral support our Spiritual, Pastoral and Religious Care Team (SPaRC) have initiated the Bradford model. This is a model designed to be inclusive to all who access the hospital irrespective of their beliefs, including all major and minor world religions and those with worldviews that are more humanist or individual in nature. All beliefs are regarded as equal and the team endeavour to understand individual needs, responding in ways to bring calm and strength.

Signed

Mel Pickup
Chief Executive
29 August 2024

[9] https://ubd.bradford.gov.uk/about-us/population/
[10] https://www.bradfordhospitals.nhs.uk/patients-and-visitors/accessible-information

3. ACCOUNTABILITY REPORT

3.1. DIRECTORS' REPORT

The Board of Directors consists of people with the range of experience and expertise necessary to steward the Trust. They provide the vision, oversight and encouragement required for the Trust to thrive. They make decisions collectively according to the Reservation of powers to the Board and scheme of delegation[11] (April 2023), they each share the same responsibility and liability. The chairman and the non-executive directors are accountable to the Council of Governors.

The Board of Directors is responsible for all aspects of the operation and performance of the Trust, and for its effective governance. This includes setting the corporate strategy and organisational culture, taking those decisions reserved for the Board, and being accountable to our stakeholders for those decisions. The Board is responsible for the preparation of the annual report and accounts. The Board considers whether the annual report and accounts, taken as a whole, are fair, balanced, and understandable. It provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. The scheme of delegation[12] sets out the matters reserved for the Board of Directors in full.

In 2023/24, the Board of Directors included the following positions: Sarah Jones – Chair, Helen Hirst – Interim Chair, Dr Maxwell Mclean - Chairman, Ms Julie Lawreniuk – Deputy Chair and Senior Independent Director and Professor Mel Pickup – Chief Executive.

All directors are required to meet the standards of the 'fit and proper persons requirement[13]' and to make annual declarations. The register of declarations of interests[14] provides details of external directorships and other positions of authority held by the directors of the Trust and is made publicly available on the Trust's website.

Our constitution[15] was last approved by the Board and the Council of Governors in January and February 2024.

Further information about the Board of Directors[16] is available on our website or, from the Associate Director of Corporate Governance/Board Secretary at:

- email: corporate.governance@bthft.nhs.uk
- telephone to 01274 364794; or
- in writing to Corporate Governance Office, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Bradford, Duckworth Lane, Bradford BD9 6RJ.

The directors confirm that the Trust complies with the cost allocation and charging guidance issued by HM Treasury and there were no declarations of donations to political parties during the year.

3.1.1. THE BOARD OF DIRECTORS

The Board of Directors is legally responsible for the day-to-day management of the Trust and is accountable for the operational delivery of our services, targets and performance as well as defining and implementing our strategy. It has a duty to ensure the provision of safe and effective services for our service users, which it does by having in place effective governance structures, and by:

[11] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2023/04/CG04-2023-Reservation-of-Powers-to-the-Board-and-Scheme-of-Delegation.pdf
[12] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2023/04/CG04-2023-Reservation-of-Powers-to-the-Board-and-Scheme-of-Delegation.pdf
[13] https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed
[14] https://bthft.mydeclarations.co.uk/declarations
[15] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/02/BTHFT-Constitution-February2024.pdf
[16] https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/

- establishing and upholding the Trust's values and culture;
- setting the strategic direction;
- ensuring the Trust provides high quality, safe, and effective 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.

Full details regarding the Board's responsibilities, as required to be disclosed under the Code of Governance for NHS Provider Trusts [17], are available under section 4.1. Appendix 1.

The Chair 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 is the Chair of both the Board of Directors and the Council of Governors and has a responsibility to ensure there is effective communication between the two bodies and that, where necessary, the views of the governors are taken account of by the Board.

Whilst the executive directors individually are accountable to the Chief Executive for the day-to-day operational management of the Trust, they are, along with the non-executive directors, 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 assure themselves of performance by holding the executive directors to account for the achievement of the agreed goals, objectives, targets and measures.

The Board has set out the Trust's vision, values and strategic objectives[18]. In March 2022 the Board approved our new corporate strategy for 2022-2027 titled 'Our Patients, Our People, Our Place and Our Partners'[19]. The strategy explains how we will work towards our vision to be an "outstanding provider of healthcare, research and education and a great place to work". We are proud to be part of the Bradford District and Craven Health and Care Partnership, with a shared ambition to Act as One to keep people happy, healthy at home.

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. It provides leadership in a transparent manner, subscribes to the Trust's values, and adheres to the accepted standards of behaviour in public life, including the seven principles of public life more commonly referred to as the 'Nolan Principles'. The make-up of the Board is prescribed within the Trust's constitution[20].

Figure 29 shows the non-executive members of the Board in 2023/24.

Figure 29 – Non-Executive Directors 2023/24

Name	Role	Term start	Term end
Sarah Jones	Chair	04/03/3024	03/03/2027
Helen Hirst	Interim Chair	06/11/2023	03/03/2024
Dr Maxwell Mclean	Chairman	01/05/2019	(resigned 03/10/2023)
Professor Louise Bryant	Non-Executive Director	01/06/2023	31/05/2026
Mohammed Hussain	Non-Executive Director	01/09/2019	31/08/2025
Julie Lawreniuk	Non-Executive Director	01/09/2019	31/08/2025
Sughra Nazir	Non-Executive Director	20/01/2022	19/01/2025
Jon Prashar	Non-Executive Director	01/02/2018	31/01/2024
Altaf Sadique	Non-Executive Director	01/12/2020	30/11/2026

[17] https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/
[18] https://www.bradfordhospitals.nhs.uk/our-trust/strategy/
[19] https://www.bradfordhospitals.nhs.uk/our-trust/strategy/
[20] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2021/11/BTHFT-Constitution-July-2021.pdf

Name	Role	Term start	Term end
Barrie Senior	Non-Executive Director	01/12/2017	31/01/2024
Karen Walker	Non-Executive Director	01/01/2021	31/12/2026
Zafir Ali	Non-Executive Director	01/02/2024	31/01/2027
Bryan Machin	Non-Executive Director	01/02/2024	31/01/2027

Figure 30 shows the executive members of the Board in 2023/24.

Figure 30 – Executive Directors 2023/24

Name	Role	Appointed	To
Professor Mel Pickup	Chief Executive	01/11/2019	Present
Sajid Azeb	Chief Operating Officer / Deputy Chief Executive	12/10/2020	Present
Reneé Bullock*	Chief People and Purpose Officer[21]	02/04/2024	Present
Professor Karen Dawber	Chief Nurse	29/08/2016	Present
Mark Hindmarsh	Director of Strategy and Transformation[22]	15/04/2024	Present
John Holden	Director of Strategy and Integration / Deputy Chief Executive	22/08/2016	31/08/2023
Mark Holloway*	Director of Estates and Facilities	06/07/2020	15/09/2023
Matthew Horner	Director of Finance	01/08/2012	07/07/2024
Faeem Lal*	Interim Director of Human Resources	01/04/2023	01/04/2024
David Moss*	Director of Estates and Facilities	05/08/2024	Present
Paul Rice*	Chief Digital and Information Officer	01/01/2021	Present
Chris Smith	Acting Chief Finance Officer	02/07/2024	Present
Dr Ray Smith	Chief Medical Officer	01/01/2021	Present
**Non-voting Executive Director*			

About our Board of Directors

The Board continuously reviews its make-up to determine gaps in skills and knowledge required to support the Board in achieving the Trust objectives. A recommendation has been made during the year to the Governors' Nominations and Remuneration Committee regarding the appointment of a Non-Executive Director to represent the School of Medicine, University of Leeds. The report on the work of the Governors' Nominations and Remuneration Committee is reported on further under section 3.2.3.3 Governors' Nominations and Remuneration Committee (for non-executive directors).

The division of responsibilities between the Chair of the Trust and Chief Executive was last confirmed by the Board of Directors on 11 May 2023.

The Board of Directors has (as it does on an annual basis) considered the independence of the Board at its meeting on 9 May 2024 and confirms that it considers all the Non-Executive directors (including the Chair) to be independent in character and judgement.

The Board has considered the declarations made by:

- Julie Lawreniuk with regard to 'close family ties with any of the trust's advisors, directors or senior employees';
- Professor Louise Bryant who is 'an appointed representative of the Trust's university medical/dental school in line with the Trust's requirement for 'a Non-Executive Director appointed by the Leeds Medical School' as stated within the Constitution; and
- Altaf Sadique with regard to 'having a material business relationship with the trust as a director of a body that has such a relationship with the trust'[23]

[21] The Chief People and Purpose Officer filled the position held by the Interim Director of Human Resources.
[22] The Director of Strategy and Transformation filled the position previously held by the Director of Strategy and Integration.
[23] Ibox Healthcare; a company owned by Altaf Sadique is working with BTHFT to participate in a consortium EU Horizon Bid.

The Board has assured itself that there are no relationships or circumstances which have affected or appear to have affected, the directors' judgement.

Non-Executive Directors

Sarah Jones, Chair (from 4 March 2024)

Sarah joined the Trust from Sheffield Children's NHS Foundation Trust, where she had been the chair since 2016. She took up her post at BTHFT on 4 March 2024.

Sarah is passionate about equality, diversity and inclusion and while at Sheffield supported the setup of the colleague network groups. She also has experience of working within the integrated care system. While in South Yorkshire she chaired the Mental Health, Learning Disability and Autism Provider Collaborative, as well as being a member of the Acute Federation and Sheffield Health and Care Partnership. She is chair of Realise, an apprenticeship and adult skills training business. Sarah was raised in Bradford.

Zafir Ali, Non-Executive Director (from 1 February 2024)

Zafir has extensive audit/business knowledge and experience as a Chartered Internal Auditor. He has devoted his career to public service and has worked extensively in advising central government departments in governance, assurance, risk management and counter fraud environments and 10 years working in public-facing frontline roles within the civil service. He currently holds a number of roles at the Government Internal Audit Agency including Deputy Head of Internal Audit and Counter Fraud Specialist for the Department of Health and Social Care; Head of Internal Audit for the Health Research Authority and Head of Internal Audit for the NHS Counter Fraud Authority. He joins us from the Yorkshire Ambulance Service NHS Trust where was an Associate Non-Executive Director for 3 years. Zafir is West Yorkshire born and bred. He is passionate about public service delivery, with a keen interest in workforce wellbeing and also the need to work collaboratively within partnerships to join up service delivery. His aim is to share and apply his knowledge of working with central government, at a local NHS level. He is a member of the Chartered Institute of Internal Auditors and is accredited as an NHS Counter Fraud Specialist.

Professor Louise Bryant (from 1 June 2023)

Louise is a Professor of Psychological and Social Medicine at the University of Leeds, and Deputy Dean for Equity Diversity and Inclusion in the University's Faculty of Medicine and Health. She is an academic psychologist by background and her research focuses on screening in pregnancy and health inequalities experienced by people with a learning disability. Louise is a member of the UK National Screening Committee and an advisor to the Department of Health and Social Care's Fetal Anomaly Screening Programme (FASP). She chairs the FASP Information and Education sub-group that oversees the development of evidence-based, high-quality information for women and partners, and education and training for health professionals who offer screening. Louise has strong family connections with Bradford and has both worked and studied in the city. She feels privileged to be a NED for the Foundation Trust and to play a part in delivering their vision.

Helen Hirst, Interim Chair (from 6 November 2023 to 3 March 2024)

Following the resignation of Dr Maxwell Mclean, Helen Hirst, Chair of Calderdale and Huddersfield NHS Foundation Trust (CHFT) temporarily took on the role of Chair for Bradford Teaching Hospitals NHS Foundation Trust. Helen continued to fulfil her responsibilities as Chair of CHFT while taking on this additional role in the short term. Helen worked in Bradford for 30 years, including as the Chief Officer of the former Bradford District and Craven Clinical Commissioning Group.

Mohammed Hussain, Non-Executive Director

Mohammed works at senior level in a portfolio career spanning national regulation, education, national healthcare technology and service redesign. He was the Senior Clinical Lead for Live Services at NHS Digital[24]. He is also a Founding Fellow of the Faculty of Clinical Informatics. Mohammed was a Council Member on the General Pharmaceutical Council, the pharmacy regulator, and is a Fellow of both the Royal Pharmaceutical Society and the Association of Pharmacy Technicians UK. Mohammed is currently a member of the Expert Advisory Board for the School of Pharmacy at Bradford University. Mohammed continues to practice as a pharmacist alongside his other duties. He is passionate about health technology, championing diversity and delivering excellent clinical care.

Julie Lawreniuk, Non-Executive Director (Deputy Chair / Senior Independent Director)

Qualified accountant Julie became a Non-Executive Director with the Trust in September 2019. She was born and educated in Bradford and still lives in the city. She is passionate about Bradford and a supporter of the local football club. Julie has a Master's degree in Finance and Accountancy, and prior to joining the Trust was Deputy Chief Officer and Chief Finance Officer for the three Bradford District and Craven Clinical Commissioning Groups. She brings a wealth of NHS experience, with a career that has spanned over 27 years working across a number of NHS organisations including both providers and commissioners and covering a variety of senior leadership roles. Julie also worked in the private finance sector for 11 years before joining the NHS in 1992. She is also a Board member at Incommunities. In addition to her role as a Non-Executive Director at the Trust, Julie is the Chair of the Bradford District and Craven Health and Care Partnership Finance and Performance Committee, and, in that capacity, is also a member of the Bradford District and Craven Health and Care Partnership Board.

Bryan Machin, Non-Executive Director, Audit Committee Chair (from 1 February 2024)

Bryan has joined the Trust having recently retired as the director of finance and deputy chief executive at Leeds Community Healthcare NHS Trust. A qualified accountant, his 40-year NHS career spanned many organisations and many organisation types across Manchester and Yorkshire. Bryan is also vice-chair of the Board of Trustees at St Anne's Community Services, a charity that is committed to enabling over 1,600 adults across the North of England, including

[24] NHS Digital merged with NHS England on 1 February 2023. All references to NHS Digital now, or in the future, relate to NHS England.

Bradford, to live their best life. Bryan is a member of the Chartered Institute of Public Finance and Accountancy and is a member of its Disciplinary Committee. Bryan has lived and worked in West Yorkshire for over 35 years. He is a season ticket holder at Bradford City FC and retains a strong affinity with another club from his home city of Liverpool.

Dr Maxwell Mclean, Chairman (up to 3 October 2023)

Max joined the Trust on 1 May 2019 from Bradford's Clinical Commissioning Group (CCG), where he had been lay member for patient and public involvement and vice-chair of the governing body since 2012. While in this role he was particularly keen on championing the involvement of patients in influencing how the CCG commissioned services. He also chaired the CCG's quality committee, primary care commissioning committee and the communications, equality and engagement group.

Sughra Nazir, Non-Executive Director

Sughra is a Director and a management consultant supporting the health and social care sector with care quality, safeguarding and regulatory compliance. She is an associate with the Social Care Institute for Excellence and is currently contracted by the NMC. She is a serving Parish Councillor and currently Vice Chair for the Sandy Lane Parish Council. Her previous roles include working for the Care Quality Commission as an inspector and as a National Provider Relationship Lead. Sughra has also served as a Governor with Bradford District Care NHS Foundation Trust and has held Non-Executive Director and Operations and Compliance Director positions with adult social care organisations. Drawing on her regulatory background and 28 years of health and social care experience, Sughra has addressed care provider conferences and written for trade journals on improving care quality, achieving outstanding CQC ratings and meeting the needs of diverse communities. Sughra is a member of a number of national diversity and disability networks and has particular interest in improving maternity, children with disabilities, learning disability and dementia services. A lifelong Bradfordian, Sughra qualified as a social worker in 1997 and is very passionate about supporting the Trust to deliver the best patient experience and outcomes.

Jon Prashar, Non-Executive Director (up to 31 January 2024)

Jon's last full time role was as the group Director of diversity and inclusion at the Places for People group. He has over 30 years of experience of working in the public, private and voluntary sectors and a background in construction, personnel, organisational development and training, with a wealth of experience in building relationships and promoting equality and inclusion. Jon has focused on designing and delivering best practice. He is adept at designing new operational processes and delivering robust communication plans to ensure that employees, service users, contractors and partners promote equality and harness the opportunities created by diversity. He has been a board member of the Housing Diversity Network, a member of Homes England Equality and Diversity Board and is currently a board member of 54 North Housing Association. Jon has a visual impairment and considers himself to be the very lucky owner of a guide dog.

Altaf Sadique, Non-Executive Director

Altaf Sadique is Founder, Investor and Managing Director at iBox Healthcare, a Leeds based technology SME. He has enjoyed a successful serial entrepreneur leadership career spanning 32 years and has delivered major projects for both global retail businesses as well as public sector organisations including healthcare providers. iBox Healthcare's software solution focusses principally on Healthcare Virtualisation and Patient Flow Management for NHS trusts and prominent international clients including Helios Healthcare. Additionally, he has help build the Internet of Things (IoT) enabled Cloud Computing Platform and the Customer Centred Connected Retail Platforms for the 2012 London Olympics (LOCOG). Altaf has experience of collaborative healthcare research and innovation projects funded by the EU European Commission Horizon Program and the UK Technology Strategy Board working on the Future Internet & 5G PPP, IoT and Connected Supply Chains for FMD. More recently, he has been appointed Chief Technology Officer for the 6G for Health Institute (Leipzig), where he is currently developing the 6G Healthcare standards for both next generation platforms and telecoms infrastructure. Altaf is born and bred in Yorkshire, and enjoys golf, travel, sufi poetry and music.

Barrie Senior, Non-Executive Director, Audit Committee Chair (up to 31 January 2024)

Barrie was appointed a non-executive director and chair of the Audit Committee at the Trust on 1 December, 2017. Barrie was born, educated, and qualified as a chartered accountant in Bradford. He is a Fellow of the Institute of Chartered Accountants in England and Wales (FCA). His career to date spans partnership roles with two major accounting firms, finance and corporate development director roles with two significant Yorkshire-based PLCs, and non-executive director and audit committee chairman positions. For five years prior to joining the Trust, Barrie was non-executive director and chair of the Audit Committee at Yorkshire Ambulance Service NHS Trust.

Karen Walker, Non-Executive Director

Karen has spent 30 years in the Customer Services industry, gaining a wealth of experience spanning financial services, utilities and telecoms at brands such as telephone and online bank First Direct, Centrica and Virgin Media. She is currently Director of Strategy and Change at the Independent Parliamentary Standards Authority, the independent regulator of MPs' pay and business costs, and is responsible for developing and delivering a three-year strategy that creates a customer-focused culture and a sustainable, efficient and seamless service for the UK's 650 MPs and their staff. She has a background in operational and change leadership, culture change, regulation, credit management and customer service excellence and is renowned for developing purposeful customer-centric cultures to drive advocacy and great customer outcomes, breaking down barriers to service excellence.

Karen has a keen interest in people and customers and firmly believes valued people value customers. In addition to her role as a Non-Executive Director at the Trust, Karen is the Deputy Chair of the Bradford District and Craven Health and Care Partnership People Committee.

Executive Directors

Professor Mel Pickup, Chief Executive Officer

Initially training as a nurse Mel undertook a variety of clinical and managerial roles joining her first Board as Director of Nursing in 2001. Mel continued to work at Board level, taking on a wider portfolio of Director responsibilities, first in Rotherham and then Wrightington, Wigan and Leigh NHS Trust becoming Chief Nurse, Director of Operations and Deputy CEO before taking up her first CEO role in 2007. Mel has been CEO in three NHS Foundation Trusts – joining Bradford in November 2019. Mel has a wide breadth of experience and an excellent reputation as a clinician and a leader and a strong track record of building successful collaborations across Health and care sectors. In addition to her role as CEO of the Trust, Mel was also the Place Lead/Accountable Officer for the Bradford District and Craven – 'Act as One' Health and Care Partnership up to 30 April 2024.

Sajid Azeb, Deputy Chief Executive and Chief Operating Officer

Saj has worked across several NHS organisations and has significant experience of dealing with complex service issues through the various operational and strategic management roles he has held over his 20-year career within the NHS. Prior to joining Bradford Teaching Hospitals NHS Foundation Trust, he worked at Leeds Teaching Hospitals NHS Trust. Having joined the NHS in a clinical capacity in 2000, he moved into a career in NHS Management in 2003, while at the same time undertaking a Masters degree in Business Administration.

Saj is an experienced leader and has skills across performance, budgetary, personnel and service development functions. He is a highly regarded individual and has established an excellent reputation for service delivery among clinical and management colleagues both at a local and regional level.

Reneé Bullock, Chief People and Purpose Officer (non-voting) (from 2 April 2024)

Born in Alabama, USA, Reneé is passionate and fully committed to working with patients, team colleagues and partners across the system and community to continue to build compassionate leadership driven through our People Plan, values and behaviours and building consistency of equality, diversity and inclusion for all.

Having started her HR and Operations career in the private sector, Reneé supported banks and blue-chip retail organisations across 32 countries to build improvement and learning cultures and environments. She found her true calling in healthcare and worked across local government organisations and then joined the NHS 15 years ago. She has worked across many different NHS settings including Bedfordshire, Hertfordshire, London and more recently national focus including mental health trusts, community trusts and commissioning services.

Reneé has also supported the Bill and Melinda Gates Foundation's $1 billion healthcare fund which has helped grow and develop more than 30 hospitals and diagnostic centres across Nigeria, Kenya, India and Pakistan.

Professor Karen Dawber, Chief Nurse

Karen was appointed Chief Nurse at the Trust in August 2016, prior to this Karen has worked in Executive roles in three Foundation Trusts and has over 15 years of experience at Board level. An experienced nurse and service manager, she started her career as a paediatric nurse at Manchester Children's Hospital before moving into general management and transformational work. Karen enjoys not just working and leading services at the Trust but also a wider role across Bradford District and Craven. Karen has a reputation for delivering, developing and initiating high quality services. Karen is passionate about patient quality and the impact that well-led and motivated staff have on the care we are able to give to patients. Karen was named in the inaugural list of Health Service Journal's LGBT leaders and takes a keen and active interest in the equality and diversity agenda.

Mark Hindmarsh, Director of Strategy and Transformation (from 15 April 2024)

Mark's NHS management career started in 2005 when he joined the NHS General Management Training scheme, but he is also proud to have also worked in the catering department at Trafford General Hospital in Manchester – the birthplace of the NHS in 1948. Mark continues to be keen to help develop others and has a particular interest in the role of the NHS in reducing inequalities through improved partnerships and collaborative working.

He joins us from the NHS West Yorkshire Integrated Care Board in Kirklees, where he was Director of Integration and Strategy, and led on improvement work across the local partnership. Prior to this, Mark was Programme Director for Transformation working across Bradford District and Craven.

Earlier in his career, Mark developed a wealth of both operational and strategic experience of working in NHS provider organisations, having held senior management and leadership roles and has also worked in commissioning and commissioning support roles throughout his career.

John Holden, Deputy Chief Executive and Director of Strategy and Integration (up to 31 August 2023)

John was appointed Director of Strategy and Integration at the Trust in August 2016 and, in April 2017, Deputy Chief Executive. From 1 April 2019 to 31 October 2019 John was Acting Chief Executive. He spent most of his career in senior roles at the Department of Health and NHS England, has shaped strategy at national level, and was responsible for leading NHS England's policy on a range of issues, including the Academic Health Science Networks and the review to decide the national provision of Congenital Heart Services. In previous roles John was responsible for NHS quality regulation, Foundation Trust policy, major capital investment programmes, and project management of the comprehensive spending review to secure NHS funds from the Treasury. From 1995 to 1996, John was Private Secretary to the Secretary of State for Health. He studied at the universities of York and California and holds an MBA from Manchester Business School. John's portfolio includes corporate governance, communications, virtual services, innovation, the outstanding pharmacy programme and he is the senior responsible officer for diabetes transformation in Bradford District and Craven.

Mark Holloway, Director of Estates and Facilities (non-voting) (up to 30 September 2023)

Mark is an experienced estates and facilities professional and has worked at several NHS organisations as director and in senior leadership roles throughout his career. A qualified building services engineer, Mark has led a range of estate transformational programmes including service modernisation, strategic estate modelling and regional estate integration. He has developed a range of estate strategies and large multi-million-pound capital development programmes including Local Improvement Finance Trust (LIFT), private finance initiative (PFI) and hospital re-build schemes.

Mark has been involved with pioneering a range of ward-based service transformation programmes to improve patient-focused care and service delivery at ward level. He is passionate about creating the best possible patient care environments and hospital support service delivery.

Matthew Horner, Director of Finance (up to 7 July 2024)

Matthew has a degree in Accountancy and Finance and is a qualified member of the Chartered Institute of Public Finance and Accountancy. His NHS finance career spans over 30 years and covers a variety of finance roles. For the last 21 years, he has worked for the Trust in Bradford, progressing from Finance Manager to Deputy Director of Finance.

Matthew subsequently joined the Board as Acting Director of Finance in November 2011, and was appointed substantive Director of Finance in August 2012.

Faeem Lal, Interim Director of HR (non-voting) (up to 1 April 2024)

Faeem joined the Trust in 2019 and was the Deputy Director of HR before taking up the Interim Director of HR position. He has worked in a range of public sector HR roles across Education, Criminal Justice, Social Care and the NHS. Faeem is a Chartered Fellow of the CIPD (Chartered Institute of Personnel and Development). He has a Bachelor's degree in IT and Management (University of Bradford), a postgraduate diploma in HR (CIPD) (University of Huddersfield) and a Masters in Leadership, Management and Change (University of Bradford).

David Moss, Director of Estates and Facilities (non-voting) (from 5 August 2024)

David was appointed to the position of Director of Estates and Facilities at Bradford Teaching Hospitals NHS Foundation Trust in August 2024.

David graduated from Loughborough University in 1998 with a degree in Chemical Engineering and became a chartered engineer in 2003. David initially worked in the private sector where he undertook Head of Engineer roles for Akzo Nobel and a division of the Guardian media group. In 2007 David joined the NHS and initially worked at Stockport NHS Foundation Trust before joining Airedale NHS Foundation Trust for 10 years. David's most recent role was as Director of Estates and Facilities for Northwest Anglia NHS Foundation Trust.

David is also the National Chair of the Health Estates and Facilities Management Association (HefmA) and Chair of the HefmA Northern and Yorkshire branch.

Dr Paul Rice, Chief Digital and Information Officer (non-voting)

Paul Rice joined Bradford and Airedale NHS foundation trusts from his role as Regional Director of Digital Transformation for NHS England and Improvement in the North East and Yorkshire. He has been the senior responsible owner for substantial national digital transformation programmes relevant to hospital electronic patient records, mental health, transforming primary care, maternal and child health. Paul was formerly the Director of the Long-Term Conditions programme in Yorkshire and Humber with a focus on Telehealth. He has been a Primary Care Trust director, a transformation director in the NHS Modernisation Agency and a policy lead in the Department of Health. Paul holds a BA degree in Law and Accounting (Manchester), a Masters in Informatics Leadership (Imperial) and a Doctorate in Medical Law and Bioethics (Manchester). He is also a graduate of the Said Business School (Oxford), where he completed the Major Projects Leadership Academy, and a Fellow of the British Computing Society. Paul is a trustee of Yorkshire Cancer Research and a volunteer fundraiser with Macmillan Cancer Support.

Chris Smith, Acting Chief Finance Officer (from 2 July 2024)

Chris joined Bradford Teaching Hospitals NHS Foundation Trust as a Trainee Finance Manager in 2003. A qualified accountant, Chris completed his professional training with the Trust and has enjoyed spending his entire NHS career to date supporting the Trust in a range of different Finance roles. Chris's substantive role is Deputy Director of Finance at the Trust, and he is currently acting into the role of Chief Finance Officer (CFO) pending the new substantive CFO's commencement in the position.

Dr Ray Smith, Chief Medical Officer

Ray was appointed to the position of Chief Medical Officer at Bradford Teaching Hospitals NHS Foundation Trust in December 2020. He trained at Leeds University Medical School, qualifying in 1988. His first job as a junior doctor was in Bradford the same year. Ray went on to train in Medicine and Anaesthetics in the Yorkshire region and Portland, Oregon. He became a Consultant Anaesthetist at Bradford Teaching Hospitals in 1998, and has since gone on to hold a number of management roles within clinical risk management and service delivery.

Prior to his appointment to the role of Chief Medical Officer, he held the Associate Medical Director and Deputy Chief Medical Officer for Professional Medical Standards roles. He holds a particular interest in developing and supporting all Trust staff.

Attendance at meetings of the Board of Directors during 2023/24

Board meetings have continued to take place bi-monthly and we have held our meetings both in-person and virtually.

Our recorded meetings have been published online[25], along with annotated agendas which can be accessed here[26].

Figure 31 reports on the number of meetings attended by Board members in-year.

Figure 31 – 2023/24 Open Board of Directors attendance

Board member	Role	Attendances	Total meetings
Sarah Jones	Chair	**1**	1
Helen Hirst	Interim Chair	**2**	2
Maxwell Mclean	Chairman	**3**	3
Mel Pickup	CEO	**6**	6
Faeem Lal	Interim Director of HR	**6**	6
Karen Dawber	Chief Nurse	**6**	6
Matthew Horner	Director of Finance	**5**	6
Paul Rice	Chief Digital & Information Officer	**5**	6
Ray Smith	Chief Medical Officer	**5**	6
Mark Holloway	Director of Estates & Facilities	**2**	2
Sajid Azeb	Chief Operating Officer	**6**	6
John Holden	Director of Strategy & Integration	**1**	2
Altaf Sadique	Non-Executive Director	**3**	6
Barrie Senior	Non-Executive Director	**3**	5

[25] https://www.youtube.com/@BTHFTBradfordTeachingHospitals/videos
[26] https://www.bradfordhospitals.nhs.uk/our-trust/bod-meetings/

Jon Prashar	Non-Executive Director	**4**	5
Julie Lawreniuk	Non-Executive Director	**6**	6
Karen Walker	Non-Executive Director	**6**	6
Louise Bryant	Non-Executive Director	**5**	6
Mohammed Hussain	Non-Executive Director	**2**	4
Sughra Nazir	Non-Executive Director	**3**	6
Bryan Machin	Non-Executive Director	**1**	1
Zafir Ali	Non-Executive Director	**1**	1

The meetings are also routinely attended by the Associate Director of Corporate Governance / Board Secretary.

Committees and Academies of the Board of Directors

In line with statutory requirements the Board of Directors has a (Board) Nominations and Remuneration Committee (further details on the activities of this committee are available in section 3.2.3.2) and an Audit Committee. The work of the Audit Committee is detailed further in this chapter. In addition, the Board has a Charitable Funds Committee, Quality and Patient Safety Academy, Finance and Performance Academy and People Academy**.** The Terms of Reference for all Board Committees and Academies are available on the Trust website here[27].

Reports from the Chairs of the Audit Committee, Charitable Funds Committee and the Academies are presented at the Open Board of Directors and as part of the Council of Governor meetings.

Audit Committee 2023/24

The purpose of the Audit Committee is to provide an independent and objective view of internal control to the Board of Directors and the Accountable Officer. It provides assurance regarding the comprehensiveness and the reliability of assurances on governance, risk management, the control environment and the integrity of financial statements.

The Audit Committee supports the Board by critically reviewing and reporting on the relevance and robustness of the governance structures and assurance processes on which the Board places reliance.

The matters to be considered by the Audit Committee are included within the Audit Committee Terms of Reference which are reviewed annually and approved by the Board of Directors.

With regard to the work of the Audit Committee during 2023/24, the committee considered and reviewed the following reporting from Internal Audit and Counter Fraud:

- Annual Internal Audit performance review
- Draft and Final Head of Internal Audit Opinion 2023/24
- Draft and Final Annual Internal Audit Plan 2023/24
- Follow up of Internal Audit Recommendations
- Head of Internal Audit Opinion 2022/23
- Internal Audit Annual Report 2022/23
- Internal Audit Reports (limited assurance):
  - BH312023 - Pennine Breast Screening Unit Equipment
  - BH252023 - IT systems and software management
  - BH262023 - Safer Procedures; National Safety Standards for Invasive Procedures (NatSSIPs)
  - BH062024 - Patient Safety: Sepsis Management

[27] https://www.bradfordhospitals.nhs.uk/our-trust/corp-gov/

  - BH092024 - ReSPECT
  - BH172024 - COSHH
- Internal Audit Effectiveness Review
- Internal Audit Progress Reports
- Internal Audit Progress Report 2022/23
- Internal Audit Progress Report 2023/24
- Counter Fraud Annual Report 2022/23
- Counter Fraud Functional Standards Return
- Counter Fraud Progress Reports
- Final Counter Fraud Annual Plan 2023/24
- Policies and procedures for all work related to counter fraud, bribery and corruption

Audit Committee members and regular attendees were also in receipt of the monthly insight reports from the Internal Audit Network (TIAN)

The Audit Committee considered and reviewed the following reporting from the Trust:

- Annual Governance Statement 2022/23 and 2023/24
- Annual Report 2022/23 and 2023/24
- Annual Reports from Academies & Charitable Funds Committee
- Annual Review of Terms of Reference and submission to Board
- Appropriateness of Single Source Tenders
- Assurance regarding compliance with Risk Management Strategy
- Assurance: Data Quality
- Assurance: Key IT systems progress report
- Assurances regarding all relevant third parties that deliver key functions to the Trust
- Audit Committee Annual Self-Assessment (proposal)
- Audit Committee work plan
- Charitable Funds Annual Report and Accounts 2022/23
- Clinical Audit High Priority Workplan / Clinical Audit annual report
- Compliance with NHS Provider Licence and Code of Governance for NHS provider trusts
- Conflicts of Interest Annual report
- Corporate Governance Statement
- Cyber security
- Audit Committee Annual Report July 2022 to June 2023
- Effectiveness of Quality Management System in protecting patient and staff interests
- Estates Project Management Quality Manual Assurance
- Exception reports: Schedule of Losses & Special Payments and Appropriateness of Single Source Tenders
- Final Annual Accounts 2022/23 and Draft Letter of Representation 2022/23
- Freedom to Speak Up annual report and Effectiveness of Whistleblowing/FTSU Arrangements
- IFRS 16 Accounting for Leases – Deemed Lives
- Impact of climate change on public sector bodies
- Monitoring compliance with the 'Policy for the Development and Management of Trust Policies' and compliance with Trust Policies
- Partnership arrangements: implications for the Audit Committee
- Policies and procedures for ensuring acceptable data quality for all key Trust data
- Production of the Quality Account 2022/23
- Proposed changes to Standing Orders/Scheme of Delegation/Standing Financial Instruction
- Schedule of high-value approvals under the scheme of delegation
- UK Corporate Governance Code publication
- Update on delivery of the Emergency Preparedness Resilience & Response (EPRR) 2021/22 workplan and NHSE core standards

The Audit Committee considered and reviewed the following reporting in relation to External Audit:

- Accounts delivery and external audit improvement plan
- Annual External Audit performance review
- Annual Policy review – use of external audit for non-audit purposes
- Auditor's Annual Report 2022/23 and certificate of completion
- External Audit Annual Plan 2023/24
- ISA 260 – Charitable Funds
- ISA 260 – Foundation Trust
- ISA 260 - Response to Sector Development recommendations
- Sector update and benchmarking report

Throughout 2023/24 the Audit Committee considered the following significant risks highlighted by the External Auditor, Deloitte LLP:

- Accounting for capital expenditure
  Deloitte consider this to be a significant risk of fraud in misreporting as there could be an incentive for the Trust to capitalise costs that are not capital in nature or to record capital spend in the wrong period.

- Management override of controls
  In accordance with ISA (UK) 240 management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the financial statements as well as the potential to override the Trust's controls for specific transactions.

- Property valuation
  Deloitte consider this to be a significant risk as the valuations are, by nature, significant estimates which are based on specialist and management assumptions and which can be subject to material changes in value.

The minutes from the meetings of the Audit Committee, along with reports from its Chair highlighting the key items addressed by the committee, are routinely presented at the public meetings of the Board of Directors and to the Council of Governors. These documents are available on the Trust website.

In-year, the Audit Committee also held private meetings with Internal Audit (Audit Yorkshire) and the External Auditor (Deloitte).

During 2023/24 the Audit Committee did not meet with the External Auditor (Moore Kingston Smith) for the Charity Accounts.

The committee's membership has been as follows:

- Bryan Machin, Non-Executive Director, Audit Committee Chair (from 1 February 2024)
- Barrie Senior, Non-Executive Director, Audit Committee Chair (up to 31 January 2024)
- Zafir Ali, Non-Executive Director (from 1 February 2024)
- Julie Lawreniuk, Non-Executive Director
- Sughra Nazir, Non-Executive Director
- Jon Prashar, Non-Executive Director (up to 31 January 2024)

The Audit Committee met seven times during the year. Attendance at these meetings is detailed in figure 32.

Figure 32 – 2023/24 Audit Committee attendance

Committee member	Role	Attendances	Total meetings
Barrie Senior	Chair/Non-Executive Director	**5**	6
Bryan Machin	Chair/Non-Executive Director	**1**	1
Zafir Ali	Non-Executive Director	**1**	1
Julie Lawreniuk	Non-Executive Director	**6**	7
Jon Prashar	Non-Executive Director	**2**	6
Sughra Nazir	Non-Executive Director	**6**	7

Audit Committee meetings are also attended by the Director of Finance, Deputy Director of Finance, the Associate Director of Corporate Governance / Board Secretary and the Head of Corporate Governance. The Chief Executive attends at least one meeting per year to present the Annual Governance Statement. Representatives of both Internal and External Audit also routinely attend meetings. Executive Directors attend in response to any limited assurance reports received and, routinely one Executive Director attends the meetings to support any feedback required to the Executive team.

3.1.2. Better Payment Practice Code

The Better Payment Practice Code (BPPC) requires organisations to aim to pay all valid undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. As an NHS Foundation Trust, we are not bound by this code, but seek to abide by it as it represents best practice.

Figure 33 - Better Payment Practice Code

	2023/24		2022/23	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in-year	55,027	328,196	53,377	290,031
Total non-NHS trade invoices paid within target	50,908	311,634	48,778	271,396
Percentage of non-NHS trade invoices paid within target	93%	95%	91%	94%
Total NHS trade invoices paid in-year	1,767	23,637	1,632	17,612
Total NHS trade invoices paid within target	1,578	20,138	1,475	16,464
Percentage of NHS trade invoices paid within target	89%	85%	90%	94%

We aim to improve transactional processing to pay creditors within this target whilst maintaining a balance on appropriate authorisation and validation of invoices. Overall performance against the BPPC has improved in the past year. BPPC performance for NHS invoices has decreased over the past year due to a small number of high value invoices paid outside of 30 days. This has an impact on overall performance due to the relatively small number and value of NHS invoices. Work is continuing to improve performance and achieve the target in 2024/25.

As at 31st March 2024, the total liability to pay interest due to failing to pay invoices within 30 days was nil (31st March 2023: nil).

3.1.3. NHS ENGLAND'S WELL-LED FRAMEWORK

Our approach to quality and quality governance is presented in detail in the Annual Governance Statement in section 3.8.

Patient care

NHS England Quality Improvement Group

Following a series of Rapid Quality Review meetings held in response to the resignation of the former Chairman of the Trust, NHS England and West Yorkshire Integrated Care Board (ICB) agreed that a Quality Improvement Group would be established by NHSE in December 2023.

The approach was aligned to the National Quality Board (NQB) Guidance on Quality Risk Response and Escalation in Integrated Care Systems and reflected the requirement to receive assurance on the actions taken in relation to the clinical and corporate governance risks identified.

The key purpose of the Quality Improvement Group (QIG) is to provide a mechanism to support oversight, planning, coordination and to facilitate the sustained delivery of actions to mitigate and address the quality risks/concerns within the Trust.

The initial key line of enquiry was the Neonatal Unit, given the concerns raised by the former Chairman in relation to three Serious Incidents occurring on the unit and the time taken to investigate them.

The review did not identify any areas of concern. The review concluded that staff in the Trust were open and transparent in their management of these three serious incidents from the earliest stages through to their closure. The report concluded that the three Serious Incidents had been managed in a timely and transparent manner. They had been discussed within the Trust and reported to expected stakeholders throughout the process.

NHSE/ICB Commissioner Assurance Visit

A joint NHSE/ICB Commissioner Assurance Visit undertaken in December 2023 found that the neonatal service at Bradford Royal Infirmary is providing safe, high-quality care to its patients, family, and services users and highlighted many areas of good practice.

Recommendations for continued improvement were identified as follows:

- Continue with plans to implement Electronic Patient Records (EPR) to enhance communication, joined up service delivery and avoidance of duplication.
- Continue with plans improve parent accommodation, patient and family experience.
- Acknowledging that there is a process in place for rapid safety and safeguarding escalations into the Executive Board, including the Consultant Neonatologist/Head of Department presenting at Board to represent the overarching view of the department, it is recommended that Consultant Neonatologist lead/Head of Department continue to attend Executive Board to directly present a regular report on behalf of the department.

The Board agreed that a bi-annual neonatal update report would be presented to the Quality & Patient Safety Academy (QPSA), and any concerns/emerging themes would be escalated direct to the Board.

The QIG concluded that there was a comprehensive body of assurance in support of the issues under consideration and this key line of enquiry was therefore closed.

The QIG is now focusing on governance and leadership within the Trust and the review will continue into 2024/25.

CQC Inspections

In response to whistleblowing concerns raised with them, the Care Quality Commission (CQC) undertook an unannounced visit at the Trust on Wednesday 13 and 14 March 2024, focused on core medical services. This was followed by a well led inspection from 16 to 18 April 2024. A further unannounced CQC inspection took place on 15 and 16 May within Maternity and Neonatal Services. The formal report will be published during 2024/25.

As reported in last year's Annual Report, the CQC undertook an announced inspection of Maternity services in January 2023 as part of their national maternity inspection programme, looking only at the 'safe' and 'well-led' questions. The report was published on 26 May 2023 and is available on the CQC website[28].

The overall rating for Maternity services remains as 'requires improvement', however the positive improvements made by the Trust were recognised, including the new purpose-built surgical theatres and an open and honest culture where staff are continually learning to make improvements.

The CQC identified the following 'must' and 'should' actions:

- The service must ensure the safe and proper use, administration, recording and storage of medicines.
- The service must ensure medical staffing for maternity triage is reviewed so there are sufficient numbers of suitably qualified, competent staff to deliver the service in line with national guidance.
- The service should continue to ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed to meet the needs of people who use the service.
- The service should continue to make improvements to the maternity services waiting areas to ensure effective oversight of patients waiting to be seen can be maintained.
- The service should improve completion of equipment checks in line with trust policies and appropriate maintenance schedules.
- The service should continue improve access to interpretation services for women and pregnant people.
- The service should ensure staff always complete and update risk assessments and applicable key documentation (including modified early obstetric warning scores, and intrapartum 'fresh eyes') for each woman.

An action plan addressing the 2 'Must Do' actions and 5 'Should Do' actions was returned to the CQC and presented to the QPSA in May 2023, Board in July 2023 and progress is monitored through the Women's Core Governance Group and QPSA.

Progress continues on target and includes the positive outcome of a business case for the uplift in medical staffing to achieve the 'must do' action regarding medical staffing in the Maternity Assessment Centre (MAC) which was approved and staff have now been appointed and will commence in July and September 2024.

West Yorkshire and Harrogate Local Maternity and Neonatal System Assurance Visit

The West Yorkshire and Harrogate (WY&H) Local Maternity and Neonatal System (LMNS) undertook an assurance visit on 6 November 2023, to review progress on the actions arising from the Ockenden Report, and to identify and share best practice.

The visit was positive and no immediate safety concerns or previously unidentified risks were identified. There was good evidence of the Trust providing high quality, safe and personalised care to women and their families. Evidence submitted ahead of the visit was found to be comprehensive

and of a high standard. It demonstrated a clear commitment to safety, managing risk, learning, quality improvement and maternity transformation. There were a small number of suggestions as to how the service could be further improved, but no new recommendations or areas of concern.

Stakeholder relations

During 2023/24, we have continued to work closely with our partners across both Bradford District and Craven and West Yorkshire, including:

- **West Yorkshire Association of Acute Trusts (WYAAT) - Provider Collaborative**

Working closely with our partners in WYAAT we aim to improve care for patients and deliver efficiencies through a number of joint projects spanning areas such as procurement, workforce and radiology. During 2023/24, activities have included collaborative work to reduce the backlog of elective waiting lists and develop a sustainable plan and the development and implementation of a shared WYAAT pharmacy aseptics service.

In March 2024, the Board approved the WYAAT Five Year Strategy and Annual Plan for 2024/25.

- **West Yorkshire Health and Care Partnership - Integrated Care System (ICS)**

We have continued to work in partnership as part of the West Yorkshire Health and Care Partnership, which was placed on a statutory footing from July 2022, in line with the Health and Care Act 2022. We have participated in shared programmes of work and have contributed to the development of plans for the future of integrated care.

The Partnership launched a five year integrated care strategy in 2020. This has been refreshed and an updated version was published in March 2023. A five year Joint Forward Plan was published in 2023 and this will be reviewed in 2024 in line with updated guidance from NHS England.

- **Bradford District and Craven Health and Care Partnership – Place Based Partnership**

Each place based partnership must have arrangements which provide strategic leadership of place and ensure clear and aligned leadership and line management of place-based staff. Our Chief Executive Mel Pickup has been appointed as the ‘Place Leader’ for the Bradford District and Craven Health & Care Partnership.

Act as One describes the approach for our partnership that serves a population of around 650,000 people, with a health and care workforce of around 33,000, supported by over 5,000 voluntary and community sector organisations. The partnership is made up of NHS, local authority, Healthwatch, community and voluntary sector organisations and independent care providers working towards a vision of people living ‘happy, healthy at home’.

The Partnership is governed by the Bradford District and Craven Health and Care Partnership Board, which became a committee of the West Yorkshire Integrated Care Board following its establishment as a statutory body in July 2022. Our Chair and Chief Executive are members of the Partnership Board. One of our Non-Executive Directors (Julie Lawreniuk) is also a member of the Board, in her capacity as chair of the Bradford District and Craven Finance and Performance Committee.

Our partnership arrangements are underpinned by the Strategic Partnering Agreement (SPA), which documents the way we work together, how we reach decisions collectively, and confirms our shared ambition. The SPA has been updated to reflect the new arrangements which were formalised in July 2022.

- **Joint Ventures (JVs)**

We are building on the progress made in the established JVs (Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP) with Airedale NHS Foundation Trust and Harrogate and District NHS Foundation Trust to deliver laboratory-based pathology services. These JVs continue to deliver benefits including economies of scale, shared expertise and delivering high quality diagnostic services to other primary and secondary care providers.

3.1.4. Fees and charges (income generation)

The Trust's income generation activities aim to achieve profit, which is then used in patient care. None of these schemes exceed £1 million nor are they sufficiently material to warrant separate disclosure. The revenues and expenditure relating to these are included in the annual accounts.

3.1.5. Charitable donations

During 2023/24, Bradford Hospitals' Charity[29] received £508,000 in income. The total income has been invested across our Charity's four funds, which are: children and young people (which includes neonatal), elderly and dementia, cancer,and our sunshine fund (which is everything else).

Funds have been invested across the board to support patient, their families and our staff through the purchase of equipment, training, research and projects which go over and above what the NHS provides.

3.1.6. Income disclosures

As required under Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012), the Trust confirms that the income it received from the provision of goods and services for the purposes of the health service in England is greater than the income it received from the provision of goods and services for any other purpose. Furthermore, the generation of "non-NHS related income" does not impact adversely on the quality of healthcare services delivered by the Trust.

Signed

Mel Pickup
Chief Executive
On behalf of the Board of Directors
29 August 2024

[29] https://bradfordhospitalscharity.org/

3.2. REMUNERATION REPORT

3.2.1. ANNUAL STATEMENT

Annual statement from the Chair of Bradford Teaching Hospitals NHS Foundation Trust's Nominations and Remuneration Committee

I am pleased to present the Directors' Remuneration report for the financial year 2023/2024. The Nominations and Remuneration Committee is established by the Board of Directors, with primary regard to executive directors' remuneration and terms and conditions of service.

The report is divided into two parts:

- senior managers' remuneration policy;
- the annual report on remuneration, which includes details about directors' service contracts, and sets out governance matters such as committee membership, attendance and the business undertaken by the Committee.

Major decisions on remuneration

The committee met on three occasions in the year.

Salary reviews/proposals were agreed on behalf of the Interim Director of HR. The committee also agreed to accept the recommendations of the Senior Salaries Review body (SSRB) and awarded the annual pay increase of 5% to all Executive Directors backdated to 1 April 2023.

Finally the committee approved the search and selection process and remuneration for the new Chief People and Purpose Officer following the retirement of the Director of HR, the Director of Strategy and Transformation following the retirement of the Director of Strategy and Integrations and the Deputy Chief Executive, the Director of Estates and Facilities following the depart of the post holder.

Signed

Sarah Jones
Chair
29 August 2024

3.2.2. SENIOR MANAGERS' REMUNERATION POLICY

Figure 34 – Executive directors' remuneration policy

Element of policy	Purpose and link to strategy	How operated in practice	Maximum opportunity	Changes to remuneration policy from previous year
Base Salary	To enable the Foundation Trust to attract, retain and motivate suitably skilled and experienced executive directors.	As determined by salary band. New directors are now appointed on a spot salary. Historically it was the norm to appoint on a three-point salary band. If a director is not appointed to the maximum point on their salary scale any incremental increase in pay is based on them displaying exceptional performance which is tied in with the Trust meeting its regulatory and corporate objectives. In determining the appropriate starting salary, the committee considers: • Guidance on pay for very senior managers in NHS trusts and foundation trusts – NHSI 2018; • Salary levels for similar positions through the NHS Providers Annual Remuneration Survey and knowledge of market; • Individual skills and experience; • 'Established' pay ranges in acute NHS Trusts and Foundation Trusts published by NHSE; • Cost of living increases awarded in line with any pay award made by the senior salaries review body as advised by NHS England. No annual bonuses are paid; and • Any opinion received by NHSE. These factors are taken into account when setting and reviewing the salaries of staff who earn over £150,000. The contract of employment authorises deductions from salary on any amount owed to us including but not limited to any overpayment or rent.	The committee on occasion will also recognise changes in the role, and/or duties of a director and salary progression for newly appointed directors.	No change. Awaiting publication of the VSM framework.
Benefits (table)	To enable the Foundation Trust to attract, retain and motivate suitably skilled and experienced executive directors.	Pension related benefits only	As per NHS Pension Scheme regulations	No change

Element of policy	Purpose and link to strategy	How operated in practice	Maximum opportunity	Changes to remuneration policy from previous year
Pension	To enable the Foundation Trust to attract, retain and motivate suitably skilled and experienced executive directors.	The standard NHS Pension Scheme is operated. The Trust does not operate a pension recycling scheme. (Pensions recycling is where an employer passes on unused employer contributions to an employee who has opted out of the employer's pension scheme).	As per NHS Pension Scheme regulations	No change

Figure 35 – Non-executive directors' remuneration policy

Position	Remuneration	Policy
Chair	£55,000	The remuneration for all Non-Executive Directors (including the Chair) is reviewed by the Governors' Nominations and Remuneration Committee (NRC) in line with section 7.13 of the Governors' NRC terms of reference[30]. In year the Council considered the remuneration of the Chair as part of the deliberations regarding the terms and conditions for the new appointment to the role on 3 March 2024. The Council confirmed that the Chair remuneration should be set at £55,000 per annum. In year there has been no change to Non-Executive Director remuneration which remains at £13,785 The decisions on both the Chair and other Non-Executive Director levels of remuneration have been informed by the current benchmarking information provided by NHS Providers and, the guidance[31] published in 2019 by NHS Improvement (now NHS England) proposing a 'remuneration structure for NHS provider chairs and non-executive directors'. There are no additional fees payable for other duties and no other items that are considered to be remuneration in nature. The Non-Executive Directors (including the Chair) do not receive pensionable remuneration.
Non-Executive Directors	£13,785	

[30] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2023/08/NRC-Terms-of-Reference-approved-COG-July-2023.pdf
[31] https://www.england.nhs.uk/non-executive-opportunities/about-the-team/remuneration-structure-nhs-provider-chairs-and-non-executive-directors/

Policy on payment for loss of office

Where loss of office is on the grounds of redundancy, it is calculated in line with Agenda for Change terms and conditions. Loss of office on the grounds of gross misconduct would result in a dismissal without payment of notice.

The figures included in the accounts show there were no compulsory redundancy payments made in 2023/24 for loss of office for Directors.

Statement of consideration of employment conditions elsewhere in the Foundation Trust

The Trust has not consulted with employees when determining its remuneration policy for executive directors. The Trust takes into account available benchmarking data and the guidance on pay for very senior managers published by NHSE to enable us to recruit and retain the best people.

3.2.3. ANNUAL REPORT ON REMUNERATION

3.2.3.1. Service contracts

Senior manager contracts contain a notice period of three or six months dependent on role and when the appointment was made. Permanent contracts are issued unless there is a requirement for a specific fixed term role. Contracts are dated with the first day of appointment, the dates of which are as set out in the Board of Directors section of the Directors' report, at 3.1.1.

3.2.3.2. Nominations and Remuneration Committee (for executive directors)

The Board of Directors has established a Nominations and Remuneration Committee. Its responsibilities include consideration of matters relevant to the appointment, remuneration and associated terms of service for executive directors.

The committee comprises the Chair and all non-executive directors. The Chief Executive is in attendance and will discuss Board composition, succession planning, remuneration and performance of executive directors. The Chief Executive is not present during discussions relating to her own performance or remuneration. The Interim Director of Human Resources (HR) is in attendance and will provide employment advice and guidance as necessary. He withdraws from the meeting when any discussions are held with regard to his performance or remuneration. The Interim Director of HR also acts as committee secretary.

The committee met three times during the year. Recruitment took place during 2023/24 in respect of Executive appointments. The committee approved the selection process for the Chief People and Purpose Officer, the Director of Strategy and Transformation and for the Director of Estates and Facilities. They agreed to the appointment of Gatenby Sanderson as a reputable recruitment experts signed up to the Crown Commercial Services Framework to manage process for recruitment to the Chief People and Purpose Officer. The committee agreed to the appointment of Finegreen as a reputable recruitment experts signed up to the Crown Commercial Services Framework to manage process for the Director of Estates and Facilities. The fees charged by Gatenby Sanderson and Finegreen are commercially confidential but remains within the bounds of the Crown Commercial Services Framework. The committee agreed the maximum remuneration package which could be offered based on the benchmarking data from the NHS Providers Remuneration

Report. In respect of remuneration decisions the committee reviewed the salary of the Interim Director of HR on review of relevant benchmarking data.

The committee also:

- Awarded the annual pay increase of 5% to Executive Directors as recommended by the Senior Salaries Review Body.
- Noted the approach being taken to Executive Director appraisals.
- Reviewed the terms of reference.

Figure 36 – Attendance and membership during 2023/24

Board NRC membership	Meetings attended
Dr Maxwell Mclean, Chairman	2 of 2
Helen Hirst, Interim Chair	1 of 1
Sughra Nazir, Non-Executive Director	2 of 3
Barrie Senior, Non-Executive Director	2 of 2
Jon Prashar, Non-Executive Director	1 of 2
Julie Lawreniuk, Non-Executive Director	2 of 3
Mohammed Hussain, Non-Executive Director	2 of 2
Altaf Sadique, Non-Executive Director	3 of 3
Karen Walker, Non-Executive Director	2 of 3
Professor Louise Bryant, Non-Executive Director	2 of 3
Zafir Ali, Non-Executive Director	1 of 1
Bryan Machin, Non-Executive Director	1 of 1
Professor Mel Pickup (in attendance), Chief Executive	3 of 3
Faeem Lal (in attendance), Interim Director of HR	3 of 3

See section 3.3.4 Staff Policies and Actions for the policies used by the Nominations and Remunerations Committee (for directors).

3.2.3.3. Governors' Nominations and Remuneration Committee (for non-executive directors)

The Council of Governors has established a Nominations and Remuneration Committee. Its responsibilities include consideration of matters relevant to the appointment, remuneration and associated terms of service for non-executive directors (including the Chair).

The committee comprises the Chair and seven Governors appointed by the full Council of Governors. The terms of reference for the committee are available here.

The committee met 15 times during the year. Recruitment took place during 2023/24 in respect of three Non-Executive Director appointments. These included the appointments of a general Non-Executive, a Chair of the Audit Committee, and a Trust Chair. The committee approved the selection process for each of these roles. They agreed to the appointment of Gatenby Sanderson following a selection process undertaken with providers signed up to the Crown Commercial Services Framework. The fees charged by Gatenby Sanderson are commercially confidential however they remain within the bounds of the Crown Commercial Services Framework. The committee agreed remuneration for the Non-Executive Directors and the Chair, based on NHSE guidance and benchmarking data from the NHS Providers Remuneration Report. An interim Chair was appointed from 7 November 2023 to 3 March 2024 to cover the vacancy until the new substantive Chair was available to take up her role on 4 March 2024. The appointment of the Interim Chair was made following recommendations received from NHS England and NHS West Yorkshire

ICB, support for those recommendations by the committee and the subsequent approval of the appointment by the Council of Governors.

In year the committee also reviewed the following:

- NRC Work Programme
- NRC Committee evaluation
- Appointments Process: NED/Chair
- Chair Remuneration
- NRC Terms of Reference
- NED Terms and Conditions
- Process to remove a NED/Chair
- End of Term Review: Altaf Sadique
- End of Term Review: Karen Walker

The Committee has met by exception several times since October 2023 to consider confidential matters. The membership and attendance at the committee is outlined below.

Figure 37 – Attendance and membership during 2023/24

Governors NRC membership		Meetings attended
Maxwell Mclean	Chairman	4 of 4
Helen Hirst	Interim Chair	6 of 8
Sarah Jones	Chair	2 of 2
David Wilmshurst	Public Governor	12 of 15
Dermot Bolton	Public Governor	15 of 15
Mark Chambers	Public Governor	14 of 15
Alastair Goldman	Partner Governor	11 of 15
Raquel Licas	Staff Governor	12 of 15
Helen Wilson	Staff Governor	8 of 15
Farzana Khan	Staff Governor	11 of 13

3.2.3.4. Disclosures required by Health and Social Care Act

Salaries over £150,000

There was no new appointment made in 2023/24 where a salary was over £150,000. The Trust reviews salaries against the established pay ranges in acute NHS Trusts and Foundation Trusts and the salaries remain within these ranges.

Expenses claimed by directors

The total number of directors holding office during 2023/24 was 22 (the number in 2022/23 was 18). The number of directors receiving expenses during 2023/24 was 12 (the number in 2022/23 was eight). The aggregate sum of expenses paid to directors in 2023/24 was £2,953 (in 2022/23 was £548).

Expenses claimed by governors

The total number of governors holding office during 2023/24 is 17 (the number 2022/23 was 23). The number of governors receiving expenses during 2023/24 is 2 (the number in 2022/23 was 1). The aggregate sum of expenses paid to governors in 2023/24 is £291 (in 2022/23 it was £24).

Figure 38 – Remuneration of senior managers 2023/24 (subject to audit)

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

Name and title	Salary and fees	All taxable benefits	Annual performance related bonuses	Long term performance related bonuses	All pension related benefits	Total
2023/24	(Bands of £5,000)	(to the nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£000's	£00's	£000's	£000's	£000's	£000's
Maxwell Mclean (Chairman)[32]	35 - 40	0	0	0	0	35 - 40
Helen Hirst (Interim Chair)[33]	15 – 20	0	0	0	0	15 – 20
Sarah Jones (Chair)[34]	0 – 5	0	0	0	0	0 - 5
Mel Pickup (Chief Executive)	240 - 245	0	0	0	0	240 – 245
Sajid Azeb (Chief Operating Officer/ Deputy Chief Executive)	155 - 160	0	0	0	0	155 – 160
John Holden (Director of Strategy and Integration / Deputy Chief Executive)[35]	60 - 65	0	0	0	0	60 – 65
Ray Smith (Chief Medical Officer)	220 - 225	0	0	0	0	220 – 225
Karen Dawber (Chief Nurse)	150 - 155	0	0	0	0	150 - 155
Matthew Horner (Director of Finance)	160 -165	0	0	0	0	160 – 165
Faeem Lal (Interim Director of Human Resources)[36]	95 - 100	0	0	0	30.0 – 32.5	130 - 135
Paul Rice (Chief Digital & Information Officer) [37]	60 -65	0	0	0	0	60 - 65
Mark Holloway (Director of Estates and Facilities)[38]	50 - 55	0	0	0	35.0 – 37.5	85 - 90
Altaf Sadique (Non-Executive Director)	10 - 15	0	0	0	0	10 – 15
Karen Walker (Non-Executive Director)	10 - 15	0	0	0	0	10 – 15
Barrie Senior (Non-Executive Director)[39]	10 - 15	0	0	0	0	10 – 15

[32] Maxwell Mclean (Chair) – resigned 3 October 2023
[33] Helen Hirst (Interim Chair) – from 6 November 2023 to 3 March 2024
[34] Sarah Jones (Chair) – from 4 March 2024
[35] John Holden (Director of Strategy and Integration / Deputy Chief Executive) – retired 31 August 2023
[36] Faeem Lal (Interim Director of Human Resources) – from 1 April 2023
[37] Paul Rice (Chief Digital and Information Officer) - In addition to this role, Paul Rice is also the Chief Digital & Information Officer at Airedale NHS Foundation Trust. The figure reported above reflects the net salary cost for Bradford Teaching Hospital NHS Foundation Trust. The total salary charge for 2023/24 was £140,000 to £145,000.
[38] Mark Holloway (Director of Estates and Facilities) – until 10 September 2023
[39] Barrie Senior (Non-Executive Director) – until 31 January 2024

Name and title	Salary and fees	All taxable benefits	Annual performance related bonuses	Long term performance related bonuses	All pension related benefits	Total
Jon Prashar (Non-Executive Director)[40]	10 - 15	0	0	0	0	10 – 15
Julie Lawreniuk (Non-Executive Director)	10 - 15	0	0	0	0	10 - 15
Mohammed Hussain (Non-Executive Director)	10 - 15	0	0	0	0	10 - 15
Sughra Nazir (Non-Executive Director)	10 - 15	0	0	0	0	10 - 15
Louise Bryant (Non-Executive Director)[41]	10 – 15	0	0	0	0	10 - 15
Bryan Machin (Non-Executive Director)[42]	0 – 5	0	0	0	0	0 – 5
Zafir Ali (Non-Executive Director)[43]	0 – 5	0	0	0	0	0 - 5

Note: 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. As non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive members.
Mel Pickup, Karen Dawber, Matthew Horner, Mark Holloway, Paul Rice, Ray Smith, Sajid Azeb and Faeem Lal are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values for pension related benefit are not disclosed in this table but are substituted with a zero.

[40] Jon Prashar ((Non-Executive Director) – until 31 January 2024
[41] Louise Bryant (Non-Executive Director) – from 1 June 2023
[42] Bryan Machin (Non-Executive Director) – from 1 February 2024
[43] Zafir Ali (Non-Executive Director) – from 1 February 2024

Figure 39 – Remuneration of senior managers 2022/23 (subject to audit)

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

Name and title	Salary and fees	All taxable benefits	Annual performance related bonuses	Long term performance related bonuses	All pension related benefits	Total
2022/23	(Bands of £5,000)	(to the nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£000's	£00's	£000's	£000's	£000's	£000's
Maxwell Mclean (Chairman)	55 – 60	0	0	0	0	55 – 60
Mel Pickup (Chief Executive)	225 – 230	0	0	0	0 – 2.5	230 – 235
Sajid Azeb (Chief Operating Officer/ Deputy Chief Executive)	150 - 155	0	0	0	60.0 – 62.5	210 – 215
John Holden (Director of Strategy and Integration / Deputy Chief Executive)[44]	145 – 150	0	0	0	0	145 – 150
Ray Smith (Chief Medical Officer)[45]	210 – 215	0	0	0	0	210 – 215
Karen Dawber (Chief Nurse)	140 – 145	0	0	0	37.5 – 40.0	180 – 185
Matthew Horner (Director of Finance)	150 – 155	0	0	0	0	150 – 155
Patricia Campbell (Director of Human Resources)	120 – 125	0	0	0	0	120 – 125
Paul Rice (Chief Digital & Information Officer) [46]	70 – 75	0	0	0	0	70 - 75
Mark Holloway (Director of Estates and Facilities)	110 – 115	0	0	0	0 – 2.5	110 – 115
Altaf Sadique (Non-Executive Director)	10 – 15	0	0	0	0	10 – 15
Karen Walker (Non-Executive Director)	10 – 15	0	0	0	0	10 – 15
Barrie Senior (Non-Executive Director)	10 – 15	0	0	0	0	10 – 15
Jon Prashar (Non-Executive Director)	10 – 15	0	0	0	0	10 – 15
Julie Lawreniuk (Non-Executive Director)	15 – 20	0	0	0	0	15 – 20
Mohammed Hussain (Non-Executive Director)	10 – 15	0	0	0	0	10 – 15
Janet Hirst (Non-Executive Director)[47]	10 – 15	0	0	0	0	10 – 15
Sughra Nazir (Non-Executive Director)	10 - 15	0	0	0	0	10 - 15

[44] John Holden (Director of Strategy and Integration / Deputy Chief Executive) – left the NHS Pension Scheme on 1st April 2022.
[45] Ray Smith (Chief Medical Officer) – left the NHS Pension Scheme on 1st April 2022.
[46] Paul Rice (Chief Digital and Information Officer)- In addition to this role, Paul Rice is also the Chief Digital & Information Officer at Airedale NHS Foundation Trust. The figure reported above reflects the net salary cost for Bradford Teaching Hospital NHS Foundation Trust. The total salary charge for 2023/24 was £140,000 to £145,000.
[47] Janet Hirst (Non-Executive Director) – until 31st January 2023.

Figure 40 – Pension entitlements of senior managers 2023/24 (subject to Audit)

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31st March 2024	Lump sum at pension age related to accrued pension at 31st March 2024	CETV at 1st April 2023	Real increase in CETV	CETV at 31st March 2024
2023/24	(Bands of £2,500)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(Nearest £1,000)	(Nearest £1,000)	(Nearest £1,000)
Mel Pickup (Chief Executive)	0	57.5 – 60.0	115 – 120	315 – 320	2,195	324	2,773
Sajid Azeb (Chief Operating Officer)	0	37.5 – 40.0	45 – 50	125 – 130	645	209	940
Karen Dawber (Chief Nurse)	0	32.5 – 35.0	50 – 55	140 – 145	937	150	1,201
Faeem Lal (Interim Director of Human Resources)[48]	0 – 2.5	0	10 – 15	0	126	16	167
Paul Rice (Chief Digital & Information Officer)	0	30.0 – 32.5	45 – 50	125 – 130	900	127	1,135
Mark Holloway (Director of Estates and Facilities)[49]	0 – 2.5	17.5 - 20	35 – 40	90 – 95	424	100	707

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

John Holden (Director of Strategy and Integration / Deputy Chief Executive) - left the NHS Pension Scheme on 1st April 2022
Ray Smith (Chief Medical Officer) - left the NHS Pension Scheme on 1st April 2022
Matthew Horner (Director of Finance) - left the NHS Pension Scheme on 31 December 2021

[48] Faeem Lal (Interim Director of Human Resources – from 1 April 2023
[49] Mark Holloway (Director of Estates and Facilities – left 10 September 2023

3.2.3.5. Fair pay multiples (subject to audit)

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 Trust in the financial year 2023/24 was £242,500 (2022/23: £227,500). This is a change between years of 6.6% (2021/22: 2.2% change). The annual percentage change has increased from 2022/23 due to a 5% pay award being granted in 2023/24. The comparative award in 2022/23 was 3%.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. No performance pay or bonus payments were made to the highest paid director.

For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £242,500 to £12,500 (2022/23: £227,500 to £7,500). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by the full time equivalent number of employees) between years is -0.72% (2022/23: 8.91%). Average employee remuneration has fallen due to a significant increase in the workforce. The majority of the additional employees are paid below median pay leading to a reduction from the prior year. No employees received remuneration in excess of the highest-paid director in 2023/24. No performance pay or bonus payments were made in year.

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.

Figure 41 – Pay Ratio Information

2023/24	25th percentile	Median	75th percentile
Salary component of pay	£22,816	£32,398	£43,742
Total pay and benefits excluding pension benefits	£22,816	£32,398	£43,742
Pay and benefits excluding pension: pay ratio for highest paid director	10.6: 1	7.5: 1	5.5: 1

2022/23	25th percentile	Median	75th percentile
Salary component of pay	£23,415	£34,943	£43,842
Total pay and benefits excluding pension benefits	£23,415	£34,943	£43,842
Pay and benefits excluding pension: pay ratio for highest paid director	9.7: 1	6.5: 1	5.2: 1

Despite increases to overall pay rates to staff in 2023/24 median pay has fallen from 2022/23. This is a result of an expansion to the workforce in 2023/24 which has reduced medium pay due to recruitment being weighted towards lower staffing grades and the requirement for new staff to start at the bottom of pay grades.

Signed

Mel Pickup
Chief Executive
29 August 2024

3.3. STAFF REPORT

3.3.1. ANALYSIS OF STAFF COSTS AND NUMBERS (SUBJECT TO AUDIT)

Figure 42 – Staff Costs 2023/24 (£'000)

Staff Costs	Permanently employed	Other	2023/24 Total	2022/23 Total
Salaries and wages	289,606	632	290,238	284,093
Social security costs	30,875	0	30,875	28,991
Apprenticeship Levy (pay element)	1,513	0	1,513	1,406
Pension cost - defined contribution plans employer's contributions to NHS pensions	33,599	0	33,599	30,057
Pension cost - employer contributions paid by NHSE on provider's behalf	14,619	0	14,619	13,145
Pension cost - other	1,223	0	1,223	0
Termination benefits	976	0	976	0
Temporary staff - agency/contract staff	0	9,699	9,699	9,807
Total gross staff costs	**372,411**	**10,331**	**382,742**	**367,499**

Figure 43 – Average number of employees Whole Time Equivalent for 2023/24

	Total Number	Permanent Number	Other Number
Medical and dental	1,008	952	56
Administration and estates	2,048	1,859	159
Healthcare assistants and other support staff	811	795	16
Nursing, midwifery and health visiting staff	2,233	1,734	499
Scientific, therapeutic and technical staff	905	852	52
Other	4	4	
Total average numbers	**7,009**	**6,197**	**812**
Of which, number of employees (WTE) engaged on capital projects	8	6	2

Figure 44 – Average number of employees Whole Time Equivalent for 2022/23

	Total Number	Permanent Number	Other Number
Medical and dental	946	894	52
Administration and estates	1,929	1,786	143
Healthcare assistants and other support staff	749	744	5
Nursing, midwifery and health visiting staff	2,031	1,606	425
Scientific, therapeutic and technical staff	807	802	5
Other	4	4	0
Total average numbers	**6,466**	**5,836**	**630**
Of which, number of employees (WTE) engaged on capital projects	3	3	0

Figure 45 – 31 March 2024 distribution of staff, male and female

At 31 March 2024 – headcount figures, excluding agency and contract and bank staff			
Group	Female	Male	Total
Directors	7	9	16
Senior Managers	303	152	455
Other Employees	5,333	1,550	6,883
Total	**5,643**	**1,711**	**7,354**

Figure 46 – 31 March 2023 distribution of staff, male and female

At 31 March 2023 – headcount figures, excluding agency and contract and bank staff			
Group	Female	Male	Total
Directors	7	11	18
Senior Managers	290	146	436
Other Employees	4,929	1,388	6,317
Total	**5,226**	**1,545**	**6,771**

Figure 47 - Sickness Absence Data 1 January 2023 – 31 December 2023

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2023	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
6,059	79,146	13.1	2,211,550	128,392

The Department for Health and Social Care Group Accounting Manual 2023/24[50] requires that sickness absence data be reported by each individual body in their annual report. The sickness absence figures are reported on a calendar year basis, rather than for the financial year. This is because we are obliged to use only the published statistics which are produced using data from the ESR Data Warehouse. The sickness absence rate for the period 1 January 2023 to 31 December 2023 was 5.81%.

Information about staff turnover for 2023/24 is also available on the website of NHS Digital[51]

3.3.2. STAFF POLICIES AND ACTIONS

Anti-Fraud, Bribery and Corruption Policy

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to colleagues who may identify suspected illegality. It provides a framework for responding to suspicions of fraud, bribery, and corruption (advice and information), and the implications of an investigation, with the overall aim of:

[50] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1149508/group-accounting-manual-2022-to-2023-updated-april-2023.pdf
[51] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

• Improving the knowledge and understanding of everyone in and associated with Bradford Teaching Hospital NHS Foundation Trust (irrespective of their position) about the risk of fraud, bribery and corruption within the organisation and its unacceptability.

• Promoting a climate of openness and an environment where people feel able to raise concerns sensibly and responsibly.

• Setting out the organisation's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery, and corruption.

The policy demonstrates the Trust's commitment to the prevention of fraud, bribery and corruption and the recovery of losses when fraud is proven, freeing up public resources for better patient care.

Disability Equality and Disability Leave Policy

This policy was launched in November 2019 and since then there has been considerable focus on raising the profile of disability equality and long-term health conditions across the Trust. The policy focusses on providing reasonable adjustments for those staff who require these in terms of employment, including those who become disabled whilst in employment and includes the provision for paid disability leave. It also focusses on supporting the general wellbeing of staff who may have a long-term health condition or disability in line with the NHS People Promise. The Disability Equality and Disability Leave Policy has been in place and available on the Trust Intranet site for over three years now, and feedback received so far has been positive. To ensure we are in line with good practice around disability equality, we reviewed the policy in December 2022 in collaboration with our disability staff network (Enable) and only minor updates were made.

There has been considerable focus throughout 2023/2024 on increasing awareness and empowering our managers on disability equality and their role and responsibility in terms of disability equality in the workplace, including their approaches to reasonable adjustments. As part of our efforts in raising the profile of disability through our Workforce Disability Equality Standard (WDES) Innovation Fund, we have arranged a number of drop-in sessions throughout 2023/2024 for any staff member, manager or team leader wanting to learn more about a range of areas in supporting disabled staff at work.

In addition, the policy is referenced in the induction session for new Trust staff, and we have incorporated some targeted learning into our newly developed Equality, Diversity and Inclusion training for managers to ensure managers are fully briefed on their role and responsibilities in terms of supporting disabled staff and those with long term health conditions. This is a mandatory training course for line managers and is delivered on a monthly basis to ensure we reach all new and existing managers and team leaders.

Trans Equality Policy for Patients and Staff

The Trans Equality Policy went through a rigorous review process during 2022/2023, including targeted engagement and consultation with the Trans community and subsequently, the policy has been presented at a range of governance meetings, including the Equality and Diversity Council, People Academy and Joint Negotiating Consultative Committee (JNCC), and was ratified in May 2023. In March 2023 we commissioned an external expert to lead a training session for staff around Trans Equality in a healthcare setting. The learning from this has really helped the organisation to consider the needs of our Trans patients and staff.

Bullying and Harassment Policy

We are currently in the process of reviewing our existing Bullying and Harassment Policy as part of our wider focus on civility in the workplace with focus a on informal conflict resolution and resolving colleague disputes at an early stage. The policy is currently undergoing an extensive review working with our Union colleagues, and will be approved in spring 2024, the policy will change to Respect, Civility and Resolution policy. The re-launch of the revised policy will be accompanied by a comprehensive implementation plan, which will ensure the policy is shared widely through internal global communications/CSU and Departmental meetings. It will include the further roll-out of our Workplace Civility training to staff across the organisation, and the development of new training to empower line managers around informal approaches to conflict resolution. To accompany the refreshed policy, we have also reviewed and re-launched our Civility and Respect Toolkit which provides resources for those who witness or experience incivility.

Recruitment and Selection Policy and Practices

Our Recruitment and Selection Policy and practices are reviewed regularly, reflecting changes to legislation and trends (last reviewed in March 2024). We also introduced a recruitment and selection toolkit for job applicants using best practice examples to highlight ways in which the Trust will promote equality, diversity, and inclusion in its recruitment practices. The recruitment and selection training for managers has been reviewed through an EDI lens with the inclusion of the Equality Act 2010 weaved into the training and a stronger focus on unconscious bias to ensure all recruiting managers are effectively trained to ensure our recruitment practices are inclusive, fair and equitable.

Health and Safety Performance

The Trust's People Strategy commits to ensuring that we identify and proactively manage the risks to health, safety and wellbeing of our staff and others.

The Health and Safety Committee is bimonthly meeting that allows a proactive response to issue raised. The Committee receives a number of reports relating to staff health and safety and subgroups covering risk assessments, incidents and a more focused review on issues identified. In addition to monitoring incident data centrally, it is also monitored at CSU level via formal governance processes.

The Health and Safety department during 2023/24 has undertaken numerous risk assessments, investigations and review of policies and procedures. The department has continued to work through the actions raised by the previous annual report.

During 2023/24 the department undertook a gap analysis to evaluate and refocus health and safety in relation to legislation and they identified gaps to facilitate continued improvement. The gaps identified have provided the Trust with an overall level of compliance with health and safety and an organisational action plan has been developed.

In 2024/25 the health and safety department will continue to review compliance with legislation. They will be reviewing the health and safety policies and procedures and overseeing several planned projects. The focus will be on achieving the actions identified by the organisational action plan.

Occupational Health

Over the last 12 months the SEQOHS accredited occupational health service has supported the Trust with the increase in pre-employment checks, including the enhanced health clearance checks that are required for the overseas cohorts. We continue to focus on

assisting staff to work safely by providing adjustment and return to work advice to enable successful returns to work, we have provided rapid access support to clinical services within the Trust as well as signposting to external support. We have introduced an enhanced Employee Assistance Programme (EAP) service offering supported CCBT as well as offering therapeutic support for staff wellbeing via relaxation and meditation videos and audios.

Working with Infection Control colleagues we have managed several infectious disease outbreaks and contact tracing for staff who have been unexpectedly exposed to infectious diseases. We also introduced a new approach to delivery of seasonal flu/covid vaccine using a dedicated provider to improve accessibility across all sites.

Counter Fraud and Corruption

See section 3.5.5.2.

3.3.3. STAFF SURVEY

3.3.3.1. Staff Engagement

Our vision is to be an outstanding provider of healthcare, research and education, as well as a great place to work. We know that if staff are happy in their place of work that this has a direct impact on their performance and therefore on patient experience and outcomes.

Over the last year, we have grown and developed our ‘Thrive’ approach. This is a one stop shop for all the things that staff need to know/are entitled to as a member of staff at the Trust and includes wellbeing support, development opportunities, rewards and benefits, and opportunities for staff to have their say on what matters to them. Thrive is an online portal that all staff can access via a laptop, smartphone or tablet device. However, Thrive is much more than just a portal – it is our ethos and our way to create a community at the Trust where everyone can learn, grow, and reach their full potential. We have also continued to invest in staff facilities with redevelopments of three staff areas at Bradford Royal Infirmary and an outside space.

Alongside Thrive, we also run ‘Thrive Live’, which is a monthly question and answer session with the Chief Executive and Executive Team. This enables staff to ask any question they may have and increases the visibility of leadership. We also participate in the quarterly people pulse survey.

We have also maintained our focus on wellbeing – we send out a monthly email which highlights opportunities through Thrive. This has a dedicated section on wellbeing, signposting to local, regional and national support. Another focus has been on financial wellbeing and how we support our people through the cost of living crisis.

3.3.3.2. NHS staff survey

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

2023/24 and 2022/23

The response rate to the 2023 survey among Trust staff was 43%. There was a 6% increase in the Trust's staff engaging with the survey compared to the 2022 staff survey (2022 response rate - 37%). This increase is reflective of the direction of the national response rate where there has been a 2% increase from 44% in 2022 to 46% in 2023. We have performed well in the areas that were identified as priorities in 2022 – specifically around reward and recognition, the role of line managers and some small improvements relating to civility, respect and appreciation.

In summary, we remain above average (compared to other Acute and Acute and Community Trusts) in all the People Promise themes and have increased in all 8 areas.

Scores for each indicator, together with that of the survey benchmarking group (which is comprised of Acute and Acute and Community NHS Trusts) is presented below:

Figure 48 – NHS Staff Survey People Promise Indicators Scores

People Promise Theme	Trust Score 2023	Benchmark Group Score 2023	Trust Score 2022	Benchmarking Group Score 2022	Trust Score 2021	Benchmarking Group Score 2021
We are compassionate and inclusive	7.37	7.24	7.3	7.2	7.1	7.2
We are recognised and rewarded	6.12	5.94	5.9	5.7	5.8	5.8
We have a voice that counts	6.87	6.7	6.8	6.6	6.7	6.7
We are safe and healthy	6.12	6.06	5.9	5.9	5.8	5.9
We are always learning	5.94	5.61	5.6	5.4	5.3	5.2
We work flexibly	6.28	6.20	6.1	6.0	5.8	5.9
We are a team	6.88	6.75	6.7	6.6	6.4	6.6
Staff engagement	7.02	6.91	6.9	6.8	6.8	6.8
Morale	6.06	5.91	5.8	5.7	5.7	5.7

Future priorities and targets

The survey has highlighted the following key priority areas for particular focus over the next year:

We are compassionate and inclusive:

- Ensure concerns are acknowledged and actioned in a timely manner.

We each have a voice that counts:

- Embedding a just and learning culture approach – i.e. focusing on how we create a culture where colleagues feel supported and empowered to learn when things don't go as expected, rather than allocating blame.
- Improving response rates for staff engagement events including (but not limited to) NHS staff survey results and the national quarterly pulse survey.
- Ensure staff continue to feel confident and safe to speak out if there is something that needs to change (raising concerns).

We are safe & healthy:

- Providing nutritious affordable food while working.
- Continue with our focus on civility and behaviours at a local department level.
- Embedding a Restorative Just Culture approach.
- Reduce the number of instances of physical violence.

Staff engagement:

- Advocacy – continue to Improve staff engagement levels and morale – a focus on supporting each other, ensuring the organisation is a good, supportive, and a compassionate place to work.

Our aim is to continue to improve our scores across all of the themes and an action plan is under development to ensure priorities and actions are clear and timely objectives are set. These will be monitored on a quarterly basis through the People Academy.

3.3.3.3. Equality and Diversity

We have seen an improvement in our overall 'Equality & Diversity' score in the 2023 staff survey results, rising above the average score of 8.2 to 8.26 (and higher than the national average of 8.12). We have also seen a rise from 6.9 to 7.0 in the overall 'inclusion' score (and higher than the national average of 6.86). These elements fall under the 'We are compassionate and inclusive' element of the People Promise for 2023.

The staff survey plays a major part in the annual Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap data collection and action plans. We have continued our efforts in raising the profile of race, disability and gender equality across the Trust. We will be further analysing the results with an equality lens ensuring any key trends or themes are considered within the 2024/25 action plans.

We have reviewed and refreshed our WRES and WDES action plans for 2023/24, these were co-produced with our staff equality networks and approved at the People Academy in October 2023. The action plans have been aligned to the NHS People Plan and People Promise with particular focus on:

- Workforce Representation, Recruitment & Retention
- Leadership, Learning & Development
- Staff Experience (Inclusion & Belonging)

Improved performance for both WRES and WDES is essential in ensuring the Trust is continuing in reducing the gap in some of the workforce inequalities that are evident. We have good infrastructure and strong foundations in place which will enable us to improve our performance over the next 12 months.

3.3.4. TRADE UNION FACILITY TIME

Figure 49 – The total number of employees who were relevant union officials during 2023/24

Number of employees who were relevant union officials during the relevant period	22
Full-time equivalent employee number	18.93

Figure 50 – Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1-50%	9
51%-99%	0
100%	1

Figure 51 – Percentage of pay bill spent on facility time

Total cost of facility time	£60,569
Total pay bill	£382,742,031
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.02%

3.3.5. CONSULTANCY AND OFF-PAYROLL ARRANGEMENTS (SUBJECT TO AUDIT)

When considering the employment of workers off-payroll the Trust completes an Employer Status Indicator test that can be found on HMRC's website. Any engagements deemed by the test to constitute employment must be paid through payroll. The Trust also requires all roles required in statute, such as the Chief Executive, Chief Nurse, Medical Director and Director of Finance, to be on payroll.

The Trust did not engage in any off-payroll worker engagements at any point during the year ended 31 March 2024 earning £245 per day or greater (nil in 2022/23).

The Trust did not engage off-payroll board member, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024.

In 2023/24 the Trust spent £1,765,000 on consultancy (£1,145,000 in 2022/23).

3.3.6. EXIT PACKAGES (SUBJECT TO AUDIT)

Figure 52 - All exit packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Exit package cost band (including any special payment element)			
<£10,000	0	1	1
£10,000 - £25,000	0	1	1
£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	20,097	20,097

Figure 53 - All exit packages 2022/23

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Exit package cost band (including any special payment element)			
<£10,000	1	0	1
£10,000 - £25,000	1	1	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	2	1	3
Total resource cost (£)	£27,158	£15,874	£43,032

Figure 54 - Exit packages, non-compulsory departure

	2023/24 Number of agreements	2023/24 Value of agreements £000	2022/23 Number of agreements	2022/23 Value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	1	8	1	16
Exit payments following employment tribunals or court orders	1	12	0	0
Non-contractual payment requiring HM Treasury (HMT) approval	0	0	0	0
Total	2	20	1	16
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

3.3.7. GENDER PAY GAP

See section 3.4.16 of the Equality Report.

3.4. EQUALITY REPORT

3.4.1. MAINTAINING THE SUCCESS OF OUR EQUALITY AND DIVERSITY COUNCIL (EDC)

The Trust's EDC provides an essential mechanism for strategic level discussion and decision making around current EDI issues from both a workforce perspective and including the Trust's approach to tackling population health inequalities. EDC continues to meet regularly and is chaired by the Chief Executive who is also the Trust's Executive Sponsor for equality, diversity, and inclusion. Our 3 Staff Equality Networks have dedicated agenda

time at each meeting ensuring we provide a voice to our diverse staff groups at a strategic level. Key updates from each quarterly meeting are reported directly to our Trust Board. Membership of the EDC is reviewed regularly with a focus on ensuring its role and remit is fit for purpose and the terms of reference for EDC are reviewed annually.

3.4.2. Approaches to engagement and implementation of the Equality Delivery System 2022

We have continued to ensure staff are engaged and informed on a number of different areas, including engagement and information sessions with our staff equality networks showcasing and celebrating a whole range of equality related events.

The Trust's Head of Equality, Diversity and Inclusion is also involved with a range of Place level activity in relation to staff engagement and involvement. For example, in November 2023, for the second year running, we held a week-long disability equality festival 'Connected on Disability' as part of Disability History Month. This was in collaboration and partnership with other organisations within Bradford & Craven, such as Bradford District Care NHS Foundation Trust, the local authority, higher education and wider health and social care partners under the theme of 'Act as One'.

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. It is the foundation of equality improvement within the NHS, acting as an accountability and improvement tool for NHS organisations in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforce, and leadership. Implementation of EDS2022 supports NHS organisations to deliver on the Public Sector Equality Duty.

As part of our refreshed annual Equality Delivery System[52] Review 2023/2024; we held task and finish groups with key stakeholders across the organisation to gather evidence to showcase our progress around key outcome measures for the 3 EDS Domains: Commissioned or Provided Services (sampling 3 services within Respiratory), Workforce Health & Wellbeing, and Inclusive Leadership. We held 2 engagement events, one for staff (including staff equality network members and trade union representatives) and one for representatives from the voluntary and community sector. The latter event was organised in collaboration with Bradford District Care NHS Foundation Trust, Airedale Hospitals NHS Foundation Trust and Bradford District & Craven Health and Social Care Partnership.

Both events provided an opportunity for the Trust to engage in discussion not only with staff, but also with patients and communities and to showcase evidence of our progress through presentations and networking. Participants were invited to provide their scores for each outcome measure (in accordance with the EDS rating & scoring guidance[53]), along with any feedback and recommendations for improvement. The Trust was rated as achieving for each outcome measure, with an EDS rating of achieving for the organisation as a whole.

3.4.3. Equality and Diversity Strategy

The Trust's EDI strategy was approved by the Trust Board in March 2023 and was formally launched as part of the Equality & Human Rights week and the national day for staff networks in May 2023. The strategy sets out the Trust's ambitions and plan of action to promote and advance equality of opportunity, with a sharp focus on belonging and inclusion. It has been shaped from our willingness to listen and involve our staff and key

[52] https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/
[53] https://www.england.nhs.uk/publication/equality-delivery-system-2022-guidance-and-resources/#guidance

stakeholders through extensive consultation; from partnerships with our equality networks and understanding their experiences of working and being service users and patients and from the learning we have gained from external benchmarking, peers, and partners.

The strategy aims to drive a step change in the culture of our organisation, helping us to embed and advance equality, diversity, and inclusion, for the benefit of our staff, patients, and the wider community. The strategy is a three-year strategy with the following five strategic objectives identified to develop and action over the next three years. These are:

1. Education, Empowerment and Support
2. Effective Staff and Community Engagement and involvement
3. Population Health Inequalities
4. Promoting Inclusive Behaviours
5. Reflective and Diverse Workforce

As part of the EDI strategy implementation, the EDI team are continuing to engage with CSU/Departmental management meetings to provide an overview of the strategy, along with the role and remit of managers in its' implementation and delivery. This is gaining momentum and increasing awareness across the Trust, and we continue to showcase the progress which is being made on each of the objectives at the Equality & Diversity Council meetings.

3.4.4. Workforce Race Equality Standard (WRES)/ Workforce Disability Standard (WDES)

Our refreshed race and disability action plans in response to our requirements for WRES and WDES were presented to the Trust's People Academy in October 2023. These were approved by the People Academy with targeted action taking place with the overall aim of improving our performance on WRES and WDES.

Both action plans have been developed to reflect targeted focus for all the indicators that require improvement, with the aim of bringing about positive change across the Trust in terms of race and disability equality.

Our 6 monthly updates to the People Academy dashboard demonstrate the percentage of Ethnic Minority staff in the workforce has risen over the past 18 months (from 35% in March 2022 to 40% in September 2023) and, we have now exceeded our target of having an overall workforce that is representative of the local population (35%) by 2025 which is positive. However, we recognise there is still work to do to ensure we have a representative workforce at all levels of the organisation. Our People Academy dashboard update for November 2023 reflected an accelerated 3% increase in representation of Ethnic Minority staff at senior leadership levels over the last 18 months (where Ethnic Minority staff currently represent nearly 19% of senior leaders at the Trust). However, although we are making a steady improvement, we are still below our target of 35% representation and consequently there is continued focus on improving this in our 2023/2024 WRES action plan.

In developing these action plans, consideration has also been given to the EDI activity taking place at both regional and place level and the EDI Strategy[54], which was launched in 2023. It also aims to reflect the objectives outlined in the National NHS People Plan 2020/21/ People Promise[55] and the NHS EDI Improvement Plan[56] which place significant focus and attention to the wider system diversity and inclusion agenda.

[54] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2023/05/22100504-EDI-Strategy-2023-2025-IWEB.pdf
[55] https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/the-promise/
[56] https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/

The Trust's Race Equality Staff Inclusion Network (RESIN) and the Trust's Disability Equality Staff Network (Enable) have been involved in the development of each action plan which this year have again been grouped into three key themes; These are: 'Workforce Representation, Recruitment & Retention', 'Leadership, Learning & Development' and 'Staff Experience (Inclusion & Belonging)'.

3.4.5. LGBT+ Equality

Our LGBT+ staff network continues to thrive and have been actively involved raising the profile of LGBT+ equality across the Trust. Together with the LGBT+ Network Collaborative across Bradford District & Craven they attended the July 2023 Bradford PRIDE celebration showcasing the Trust as an employer of choice for members of the LGBT+ community.

3.4.6. WDES Innovation Fund

As part of our work in advancing disability equality, we were successful in obtaining some funding as part of the WDES Innovation Fund. This allowed us to develop and create an impactful video of six members of staff who share their positive lived experiences on how they are supported in the workplace in terms of managing their disability/long term health condition at work. The video is also accompanied with a travelling photography exhibition, capturing hidden disabilities, physical disabilities, long-term health conditions, learning disabilities and disability by association. The video and photo display have both had positive feedback and continue to have a strong positive impact within the organisation, and with some of our Partners across the region.

3.4.7. Staff Networks

We strongly believe staff equality networks are a key building block to the Trust's diversity and inclusion agenda where staff can share their lived experiences and effectively influence the Trust's diversity and inclusion agenda. Our staff networks are well established and proactive in helping to raise the profile of EDI across the Trust. Each network chair is an active member of the Equality and Diversity Council (EDC) where they have a voice in influencing EDI across the organisation. We have continued our efforts to further engage with diverse staff across the Trust, with the aim of providing safe spaces, responding to risks, concerns and issues and with a view to understanding their lived experience and using this to bring about a change in the culture of the organisation. Our networks have been instrumental in planning and organising a range of international celebratory days, for example South Asian Heritage Month, Black History Month, LGBT History Month, Disability History Month and our Filipino Staff Appreciation Day.

Our three staff equality networks and the EDI team recently won the Nursing Times Award in the category of 'Best Employer for Equality, Diversity & Inclusion' in recognition of their efforts in reviewing, refreshing and re-launching the networks, establishing them as thriving agents of change. The award ceremony took place in London on 22 November 2023.

3.4.8. Disability, Equality and Disability Leave Policy

See section 3.3.2 Staff Policies and Actions.

3.4.9. Trans Equality Policy

See section 3.3.2 Staff Policies and Actions.

3.4.10. Bullying and Harassment policy

See section 3.3.2 Staff Policies and Actions.

3.4.11. Recruitment and Selection Policy and Practices

See section 3.3.2 Staff Policies and Actions.

3.4.12. Project Search – Supporting young disabled people with learning disabilities into employment

We continue to support and host Project Search, an initiative aimed at young people with learning difficulties and continue to make a positive impact on all graduates and their families.

3.4.13. Reporting of harassment and bullying/hate crime

We have maintained the hate crime reporting functionality on IRIS (formerly Datix) and continue to ensure staff reporting harassment and bullying issues via Iris are made aware of the support that is available to them.

3.4.14. Staff Advocates

The role descriptor for Staff Advocates was refreshed following consultation with the Civility Advisory Panel and a Trust wide recruitment campaign has resulted in the appointment of 5 new staff advocates who attended a half day training session on 18 December. A full re-launch of the service is planned to coincide with the ratification of the Respect, Civility & Resolution policy and will involve development of a leaflet, poster campaign and other comms and engagement. The Staff Advocacy service is seen as a key enabler to a culture of civility and respect in the workplace.

3.4.15. Reciprocal Mentoring Scheme

We successfully rolled out an internal reciprocal mentoring scheme, where executive and non-executive colleagues were partnered with aspiring leaders from across the organisation. The scheme was targeted to staff from an ethnic minority background and those with a disability or long-term health condition. Progress was reviewed in 2023 with all participants describing this as a useful process for their development and described as “great exposure through the mentors experience and network”. Building on feedback from the first cohort, a second cohort is planned for 2024.

3.4.16. Gender Pay Gap

On 31 March 2023 our workforce comprised of 6,869 staff, of which 5,250 (76.43%) were women and 1,619 (23.56%) were men. Our mean gender pay gap (reported in March 2024, but at the snapshot date of 31 March 2023) was 24.4% (a reduction of 1.66%) and our mean bonus pay gap was 38%. Since we began reporting our Gender Pay Gap in 2018 (as at March 2017) there have been fluctuations in our mean Gender Pay Gap figure, but we have seen an overall improvement of 6.94%, which is positive. Other key findings from this years’ data include:

- Women are now proportionately represented at more senior levels but continue to be over-represented in the mid-range pay levels (including middle management).

- Men continue to be significantly under-represented in nursing and midwifery roles, admin and clerical and other areas such as Allied Health Professions (AHPs).
- Men earn on average 38% more in bonuses than women (clinical excellence awards for medical and dental consultants).

This year, in line with the NHS EDI Improvement Plan we will start to consider intersectionality in our pay gap analysis, starting with ethnicity and disability, and how we can feed any findings into our WRES and WDES action plans. We will continue to work with our Gender Equality Reference Group to review the gender equality data in more detail and refresh our action plan for 2024/2025. At this stage, there is no indication that we should significantly change the focus of our action plan. The key areas of focus will continue to be:

- Talent management.
- Leadership development/ women in leadership.
- Blockers for women progressing: the Gender Equality Reference Group will explore potential blockages and opportunities for progressing gender equality at the Trust.
- Further developing a culture of flexible working focussing on front line roles.
- The under-representation of men in nursing and midwifery, admin and clerical and other areas such as Allied Health Professions.
- Continued work with other NHS Trusts and partners at place to learn from best practice and explore opportunities to develop joint activities.
- Further detailed data analysis of the lower middle and upper middle quartiles of pay.

On 12 March 2024, in celebration of International Women's Day, we held a face-to-face event in the Sovereign Lecture theatre (#InspireInclusion) to raise the profile of gender equality at the Trust. The purpose of this event was to raise awareness against bias, celebrate the unique experiences and career journeys of some of our most inspirational women at the Trust, and share initiatives that we have implemented which are making a positive difference towards achieving greater gender equality.

3.4.17. Equality and Diversity Training

Our refreshed half day EDI training course for managers, which has been mandated for those with line management responsibility (to be completed every 3 years) continues to receive positive feedback on the quality and contents of the training. The training explores the impact of EDI both in terms of patients and our workforce and includes focus on our wider responsibilities in managing EDI in the workplace. The newly developed videos on civility in the workplace have also been weaved into the half day training, along with practical discussions around real life case studies. Feedback is suggesting that managers are finding the training helpful, and it is empowering them to deal with issues of EDI in an effective and timely manner.

3.4.18. Interpreting Services

Our interpreting services team supported people on no fewer than 51,008 occasions, and in over 50 different languages. It meets the needs of non-English speakers and British Sign Language users, primarily through face-to-face interpreting. We also provide support using telephone and video, to ensure 24-hour access, seven days a week. Requests for support in other formats, such as Braille, are also met through our team. The top 10 languages requested are showing below.

Figure 55 - Top 10 languages requested through interpreting services

Urdu/Punjabi	24,781
Czech/Slovak	6,320
Arabic	3,290
Polish	3,194
Bengali	3,137
Hungarian	1,260
Kurdish	1,085
Pushto	1,017
Farsi	760
BSL	725

Interpreters are used to communicate with patients about their medical history, to obtain information from them about their current problem, to discuss diagnosis and treatment options, to obtain consent for any treatment or procedure and delivering bad news.

3.5. CODE OF GOVERNANCE FOR NHS PROVIDER TRUSTS

3.5.1. STATEMENT OF COMPLIANCE

We have applied the principles of the Code of Governance for NHS Provider Trusts[57] (the code) on a 'comply or explain' basis. The code, effective from 1 April 2023, sets out a common overarching framework for the corporate governance of Trusts, reflecting developments in UK corporate governance and the development of integrated care systems.

In May 2024, the board of directors reviewed our compliance with the code to identify any areas for further development.

The review concluded that, whilst the Trust is compliant with the majority of provisions it is only partially compliant with provisions B2.11, C4.5, C4.6, C4.7, E2.2, and E2.4. With regard to E2.4 there is an element of non-compliance with regard to the annual remuneration of the Non-Executive Directors (NEDs), whereby their level of remuneration is above the cap set by NHS England (£13,000 per annum). The level of remuneration set for our NEDs is £13,785 per annum. Since the publication of the NHSE guidance in 2019 (Chair and NED Remuneration Structure)[58], the Council of Governors has maintained its position that there should be no changes to the previously agreed remuneration.

The disclosures required under the code are located at section 4.1 of this annual report along with those additional disclosures required by NHSE as described within their annual reporting manual 2023/24.

The figure below sets out in detail the areas of partial and non–compliance with the code for 2023/24.

[57] https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/

[58] https://www.england.nhs.uk/non-executive-opportunities/about-the-team/remuneration-structure-nhs-provider-chairs-and-non-executive-directors/

Figure 56 - Areas of partial and non-compliance with the code for 2023/24

Provision from the code of governance for NHS Provider Trusts	Statement for 2023/24
B 2.11 In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen by NHS England as set out in the Chair appraisal framework.	Julie Lawreniuk is appointed as Senior Independent Director and the appointment was made in consultation with the Council of Governors. The SID did not meet with the NEDs, in year, without the Chairman present to appraise the Chairman's performance, nor with other key stakeholders, as the process was halted due to the independent investigation underway. The Chairman resigned in October 2023. Following the appointment of a new substantive Chair in March 2024 the SID will meet with the new Chair to set objectives for 2024/25. In 2025/26 the Chair will be subject to an appraisal process that incorporates the requirements set out within the Code.
C 4.5 There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts.	Annual effectiveness review undertaken for the Audit Committee, Academies and the Board. In April 2023 the Council of Governors agreed the appraisal process for the chair and NEDs. The SID leads the chair appraisal. Individual director performance is assessed through appraisals. In year the Chair appraisal was halted and following the receipt of the independent investigation he subsequently resigned. The NED appraisals were not fully completed by the Interim Chair. The new Chair will review the objectives set for NEDs for 2024/25 and will provide a report to the Governors NRC and Council of Governors. The SID will set objectives for the new Chair for 2024/25.
C4.6 The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified.	A review of governance arrangements is underway, now supported by the new Chair appointed in March 2024. NED Appraisals were not fully conducted in 2023/24. The CQC undertook a well-led inspection in April 2024. The report on the inspection is expected in Quarter 2, 24/25.
C4.7 All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors or governors.	Our CQC well led inspection took place in April 2024. An appropriate date for an external developmental review will shortly be agreed by the Board.
E2.2 Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure.	The Chair's salary is within the range expected for Chairs of Trusts within group 4 and as such the Trust is compliant with regard to the Chair remuneration. NED annual remuneration at BTHFT is £13,785 and has been set at this level since 2011. The annual remuneration cap set by NHSE is £13,000 (with an additional £6,000 permitted to be allocated for special responsibilities). Since the publication of the guidance in 2019 the Council has annually maintained its position that there should be no changes to previously agreed remuneration - pending the publication of updated guidance from NHSE which is expected at some point during 2024/25. The Trust is not compliant with regard to NED remuneration.
E2.4 The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for	Claw back would be applied where a director was to return to the NHS. Our contracts don't allow for compensation to be reduced if a director was to leave early however there are some immediate dismissal clauses. Legal advice would be required prior to changing director contracts. The Interim Director of HR is seeking legal

compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered where a director returns to the NHS within the period of any putative notice.	advice and will then present to the Board NRC for a decision.

3.5.2. GOVERNANCE AND ORGANISATIONAL ARRANGEMENTS

The basic governance structure of all NHS foundation trusts includes members, a council of governors, and a board of directors.

This structure is well developed at our trust and is set out in our foundation trust constitution[59].

3.5.3. OUR FOUNDATION TRUST MEMBERSHIP

Membership strengthens the links between healthcare services and the local community; it is voluntary, free of charge and obligation. Members can give their views on relevant issues to help improve the experience for patients, visitors and staff. Our trust membership is made up of public, patients and staff. All members are required to be at least 16 years old.

During the year, local people and those accessing our services as a patient or carer, or those with any other connection to our trust, have been able to become a member of the Trust by completing the online membership form[60].

Public membership: Our public membership is divided into six sub-constituencies which cover Keighley, Shipley, Bradford East, Bradford South, Bradford West and 'rest of England and Wales'. Postcode determines the membership constituency.

Patient (out of Bradford) membership: Patients, or the carers of patients, who live outside of our Bradford district can join our patient membership constituency.

Staff membership: Our staff membership constituency is divided into four groups. These cover nursing and midwifery, medical and dental, allied health professionals and scientists, and 'all other staff groups' (administration and clerical staff, estates and facilities staff and some members of staff who provide additional clinical services).

Number of members

Figure 57 highlights our membership at the start of the year and at the end showing changes in between. The previous year's information is also provided for comparison.

[59] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/02/BTHFT-Constitution-February2024.pdf
[60] https://secure.membra.co.uk/Join/BradfordTeaching

Figure 57 - Membership for the period 2023/24 and 2022/23

Membership size and movements		
Public constituency	**2023/24**	**2022/23**
At year start (April 1)	32,892	34,796
New members	36	103
Members leaving	362	2,007
At year end (March 31)	32,566	32,892
Patient constituency	**2023/24**	**2022/23**
At year start (April 1)	5,548	6,104
New members	1	2
Members leaving	65	558
At year end (March 31)	5,484	5,548
Staff constituency (eligible members)	**2023/24**	**2022/23**
At year start (April 1)	5,969	5,865
New members	428	248
Members leaving	201	144
At year end (March 31)	6,196	5,969

Figure 58 – Summary Analysis of Public and Patient Membership 2023/24

	Public constituency membership	% of public membership	Eligible membership (BMDC population)	% of BMDC area
Age (years)	**32,566**	**100.00**	**548,546**	**100.00**
0-16	2	0.01	130,544	23.80
17-21	8	0.02	36,365	6.63
22+	32,016	98.31	381,637	69.57
not stated	540	1.66		
Gender	**32,566**	**100.00**	**548,544**	**100.00**
Female	17,840	54.78	280,057	51.05
Male	14,552	44.68	268,487	48.95
Transgender	0	0.00	0	0.00
Prefer not to say	1	0.00	0	0.00
Not stated	173	0.53	0	0.00
Ethnicity	**32,566**	**100.00**	**546,416**	**100.00**
White	22,964	70.52	333,985	61.12
Mixed	35	0.11	15,023	2.75
Asian or Asian British	8,933	27.43	175,651	32.15
Black or Black British	88	0.27	11,005	2.01
Other	16	0.05	10,752	1.97
Not stated	530	1.63	0	0.00

	Patient constituency membership
Age (years)	**5,484**
0-16	0
17-21	0
22+	5,444
Not stated	40
Gender	**5,484**
Female	2,940
Male	2,542
Transgender	0
Prefer not to say	0
Not stated	2

Ethnicity	5,484
White	4,790
Mixed	4
Black or Black British	17
Asian or Asian British	593
Other ethnic group	2
Not stated	78

To note for public and patient membership, we have:

- 580 (2%) members with no stated age
- 175 (0%) members with no stated gender
- 408 (1%) members with no stated ethnicity

Membership representation, engagement and communications

Representation

In year, public and patient membership has declined overall by 390 members (1%) leaving the Trust with a total public and patient membership of 38,050 at 31 March 2023. 37 new members have joined the Trust in year.

As can be seen within the table at figure 58, for our public membership constituencies, the number of public members within the 16-21 age group is under-represented by approximately 30% and as such those within the 22 plus age group over-represented by the same percentage.

In relation to ethnicity, the Trust is fairly well represented in relation to the majority of the communities served. For gender the Trust is slightly over-represented with female members by approximately 4% and, we have no members reporting that they are transgender.

Public membership socio-economic profile

The following classifications based on the 'occupation of the chief income earner within a household' have been applied to our membership. At 31 March 2024 our Public membership reflects the following compared to our local (BMDC) population and the national population.

Figure 59 - Socio-Economic profile of the Trust's Membership at 31 March 2024

	Public Membership	% of Membership	Base (BMDC)	% of Base (BMDC) area	National Base %
ONS Classifications	32,534	99.84	207,179	100.00	
AB: Higher managerial roles, administrative or professional. Intermediate managerial roles, administrative or professional.	6,699	20.56	33,961	16.39	26
C1: Supervisory or clerical and junior managerial roles, administrative or professional.	8,975	27.54	59,573	28.75	36
C2: Skilled manual workers.	6,947	21.32	43,122	20.81	19
DE: Semi-skilled and unskilled manual workers. State pensioners, casual and lowest grade workers, unemployed with state benefits only.	9,913	30.42	70,523	34.04	19

Further information about social grade data is available here[61].

[61] https://pamco.co.uk/how-it-all-works/interview-and-questionnaire/social-grade/

Our membership remains fairly representative of the communities we serve who form part of groups C1 and C2 (supervisory or clerical and junior managerial roles, administrative or professional, and skilled manual workers). For groups A and B (higher managerial roles, administrative or professional / intermediate managerial roles, administrative or professional); our membership is over-represented by approximately 4%. Groups D and E (semi-skilled and unskilled manual workers, state pensioners, casual and lowest grade workers, unemployed with state benefits) are under-represented within our membership by approximately 4%.

Member and public engagement

The Trust has a Membership Development Plan which was approved by the Board of Directors in November 2021 following consultation with the Council of Governors in October 2021. The plan was reviewed in May 2023. Three core themes were again confirmed along with the objectives and subsequent actions centred on the following themes:

- Engagement/Involvement
- Communication
- Recruitment

The targets set in May 2023 were to increase the number of younger members (aged 16 to 21 years) and increase the number of members within the Keighley public membership constituency. With regard to increasing the number of younger members, in year the focus has been on developing relationships with the Trust's widening participation team and education services more broadly as they continue to increase opportunities for young people primarily within the areas of work experience. Whilst we have not met the target to recruit at least 100 new younger members in year we are confident that planned initiatives to be put in place for 2024/25 should help us to meet this target and build sustainable relationships with younger members. With regard to our second target to increase the number of members within Keighley; this is expected to be carried forward into the next year as overall the Trust managed to recruit a total of 37 new members in year.

The membership plan is published on the Trust website and is available here[62]. The Membership Plan Delivery Group has also met quarterly throughout 2023/24 and now reports biannually to the Council of Governors on progress with regard to the plan.

The following provides a snapshot of the key areas of membership engagement/involvement and communications that took place in year.

- **Annual General Meeting / Annual Members Meeting:** The Trust held an in-person annual members meeting/annual general meeting[63] (AGM/AMM) on15 November 2023 to present the annual report and accounts 2022/23 to our members and the public.

[62] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2022/01/BTHFT-Membership-Plan-2022-Approved.pdf
[63] https://www.bradfordhospitals.nhs.uk/2022-annual-general-meeting-and-annual-members-meeting/

Image shows the Annual General Meeting and Annual Members' Meeting Poster

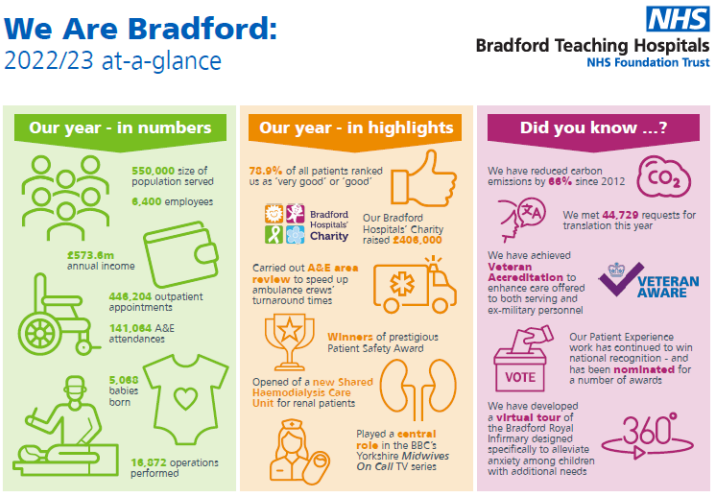


Image shows We Are Bradford: 2022/23 at a glance poster

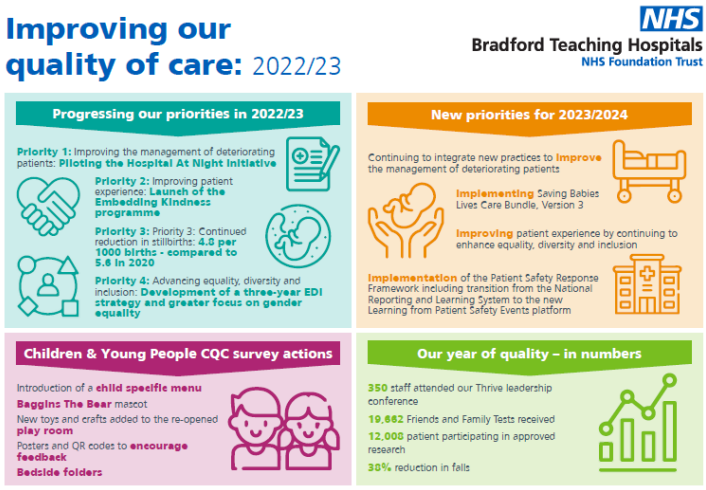


Image shows the progress on quality priorities for 2022/24 and the new quality priorities for 2023/24

Opportunities were provided in advance of the event for questions to be submitted which were addressed at the meeting. A video of the whole proceedings has also been posted on line and is available here[64].

This year's special guest speaker was Terri Saunderson, Director of Operations presenting on the progress made regarding the Trust's 'Virtual Royal Infirmary' Programme[65].

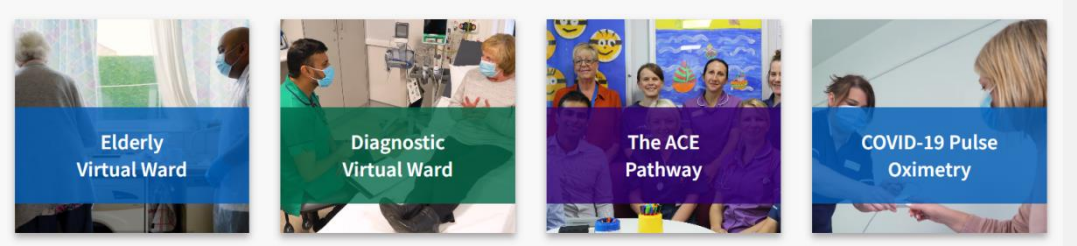


Image shows available pathways for the Virtual Royal Infirmary

- **Patient-Led Assessments of the Care Environment (PLACE) programme:** Members signed up to become patient assessors as part of the Trust drive to deliver the PLACE programme.

- **Volunteering:** Our Volunteering Service is now recruiting new members following a hiatus of approximately two years due to the pandemic. Our members have been encouraged to sign up.

- **Council of Governors meetings:** Council of Governors meetings have continued to take place quarterly in year. These have been delivered both virtually and in-person. The virtual meetings have been recorded and members and the public are able to access the recordings, which are posted online shortly following the meeting, on the Trust's YouTube channel here.[66]

Annotated agendas to guide viewers are available here[67] alongside the meeting papers. The links to view these are circulated via our membership communications. The papers and agendas for council of governor meetings are published on the Trust's website in advance of the meetings taking place.

Communications

Image shows the Members' news header

[64] https://www.bradfordhospitals.nhs.uk/2023-annual-general-meeting-and-annual-members-meeting/
[65] https://www.bradfordhospitals.nhs.uk/virtual-ward/
[66] https://www.youtube.com/@BTHFTBradfordTeachingHospitals/videos
[67] https://www.bradfordhospitals.nhs.uk/our-trust/cog-meetings/

We have continued to improve our communications with our members and the public in year through the routine provision of our (at least) monthly e-communications bulletins. These include links to 'Mel's monthly news round ups'[68]. Each month these videos provide the very latest information on news from our Trust.

Monthly round-up of stories from throughout March at the Trust!

Image shows a screen capture of Mel's monthly news round up

Our membership communications bulletins published in year are all available on-line here[69].

Contact procedures for the membership

If members have specific issues they wish to raise they are advised to contact the council of governors or the membership office via any of the following methods:

- General membership email: members@bthft.nhs.uk
- Governors' email: governors@bthft.nhs.uk
- Post: The Trust Membership Office, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ
- Telephone: 01274 364794

Becoming a member

To join as a member of our Foundation Trust please visit this link[70].

3.5.4. Council of Governors

The Council of Governors is an integral part of the governance structures that exist in all NHS foundation trusts.

The role of the Council of Governors 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 Trust's members and members of the public. Governors are elected from the

[68] https://www.youtube.com/channel/UCbMe0YV6GzoCOXcm34U2uRw
[69] https://www.bradfordhospitals.nhs.uk/our-trust/membership-news/
[70] https://secure.membra.co.uk/bradfordteachingapplicationform/

Trust's membership and most of the seats on a council of governors are required to be held by elected public and patient governors (where a trust has patient governors).

3.5.4.1. Composition of the Council of Governors

There are 20 seats on our Council of Governors with 13 seats available for public and patient governors, four seats available for staff governors and three seats available for partner governors (to represent our key stakeholder organisations).

Figure 60 provides details of the Trust's Council members in-year, the constituency, group or organisation they represent, their terms of office and a record of their attendance at the four formal meetings held in-year.

Figure 60 - Members of the Council of Governors during 2023/24

Public Governors (elected)		Term start date	Term end date	Meetings attended 2023/24
David Wilmshurst	Shipley	12/2019	12/2025	3 of 4
Aleksandra Atanaskovic	Shipley	01/2023	01/2026	3 of 4
Dermot Bolton	Bradford West	12/2019	12/2025	4 of 4
Ibrar Hussain	Bradford West	05/2021	04/2024	2 of 4
Khalid Choudhry	Keighley	05/2022	05/2025	1 of 4
Kursh Siddique	Bradford East	11/2022	11/2025	3 of 4
Heather Jacklin	Bradford East	05/2022	05/2025 (resigned 17.7.23)	0 of 1
Adrian Cresswell	Bradford South	05/2021	04/2024 (resigned 22.1.24)	1 of 3
Dr Farideh Javid	Bradford South	01/2023	01/2026	3 of 4
Patient Governors (elected)				
Mark Chambers		12/2019	12/2025	4 of 4
Staff Governors (elected)				
Helen Wilson	AHPs	12/2019	12/2025	4 of 4
Ruth Wood	All Other Staff Groups	03/2023	02/2026	4 of 4
Sister Raquel Licas	Nursing & Midwifery	05/2022	05/2025	4 of 4
Dr Farzana Khan	Medical & Dental	03/2023	05/2025	4 of 4
Partner Governors (appointed by our stakeholders)				
Professor Anne Forster	University of Leeds	05/2021	04/2024	3 of 4
Professor Alastair Goldman	University of Bradford	06/2019	05/2025	3 of 4
Cllr Fozia Shaheen	BMDC	11/2022	10/2025	2 of 4

Lead Governor	*Mark Chambers*
Vice Chair of the Council of Governors	*David Wilmshurst*

At the start of the year the Council carried three vacancies in the following constituencies:

- Keighley
- Rest of England and Wales
- Patient (Out of Bradford)

There were a further two Governor resignations in July 2023 and February 2024 in the following constituencies.

- Bradford East
- Bradford South

The maximum term length for a Governor is three years. Governors can serve a maximum of nine consecutive years in total (generally equivalent to three full term lengths). Profile information about all of our Governors[71] is available on our website.

3.5.4.2. Election processes held in-year

There were no election processes held in-year. The election process scheduled for February 2023 was postponed in response to the pre-election guidance issued by NHS England to ensure there are no conflicts with the local authority elections. Our next election process will therefore commence on 7 May 2024. Information regarding our elections is available on the trust website here[72].

3.5.4.3. Council of Governors' Register of Interests

All governors are required to comply with the Council of Governors' Code of Conduct and declare any interests that may result in a potential conflict of interest in their role as governor. The interests are publicly available on our website here[73] as part of the Trust's declarations of interest register. The latest extract from the register is also included with the papers at each Council of Governors meeting. In addition, the register can be obtained from the Associate Director of Corporate Governance/Board Secretary via the following methods:

- Email: membership@bthft.nhs.uk
- Post: The Foundation Trust Membership Office, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ
- Telephone: 01274 364794

3.5.4.4. Council of Governors statutory duties and responsibilities

The Council of Governors hold a number of statutory duties and responsibilities. The powers of the governors are established under statute. The Council of Governors may not delegate any of its powers to a committee or sub-committee; however, it may appoint a committee to assist in carrying out its functions.

The statutory duties of the Council of Governors are to:

- Appoint and remove the Chairman and non-executive directors;
- Set the terms and conditions and remuneration of the Chairman and non-executive directors;
- Approve the appointment of the Chief Executive;
- Appoint the external auditor;
- Receive the Annual Accounts, Auditor's Report and Annual Report;
- Convene the Annual Members' Meeting;
- Be consulted on the forward plan (annual plan) of the organisation;
- Approve any proposed increases in private patient income of 5% or more in any financial year;
- Represent the interests of the Members of the Trust as a whole and the interests of the public;
- Require one or more of the directors to attend a governors' meeting to obtain information about the Trust's performance of its functions or the director's performance

[71] https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/
[72] https://www.bradfordhospitals.nhs.uk/our-trust/become-a-governor/
[73] https://bthft.mydeclarations.co.uk/

of their duties (and for deciding whether to propose a vote on the Trust's or Director's performance);
- Approve significant transactions;
- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution; and
- Approve amendments to the Trust's Constitution.

3.5.4.5. Council of Governors Nominations and Remuneration Committee

The Council of Governors has established a Governors' Nominations and Remuneration Committee that meets at least quarterly to deal with the appointment and/or reappointments of non-executive directors and the appointment/reappointment of the Chair. Their purview includes remuneration, terms of office and NED/Chairman annual performance evaluation. The Remuneration Report under section 3.2.3.3 includes a report on the work of the Governors' Nominations and Remuneration Committee in-year.

3.5.4.6. Council of Governors' meetings

During 2023/24 the Council of Governors' meetings have routinely included the delivery of key presentations, and agenda items that have elicited challenge and supported discussion between governors and directors.

The agendas and papers including the minutes for the Council of Governors[74] meetings are available on our website.

With regard to their statutory duties and responsibilities the Council has, during 2023/24:

- Received the Annual Accounts, Auditor's Report and the Annual Report;
- Approved the remuneration of the Chair and the Non-Executive Directors;
- Approved the appraisals process for the Chair and the Non-Executive Directors;
- Received regular reports from the Governors Nominations and Remuneration Committee (NRC) on the business conducted by the NRC;
- Reappointed Altaf Sadique and Karen Walker as Non-Executives for a second term each;
- Approved the appointment of Professor Louise Bryant, NED nomination from Leeds School of Medicine, University of Leeds;
- Reviewed and approved amendments to the Constitution;
- Approved the appointments of two new NEDs, Zafir Ali and Bryan Machin;
- Approved the appointment of a new Chair, Sarah Jones;
- Received information on the Priorities and Operational Planning for 2024/25 subject to the publication of NHSE guidance for 2023/24.

The Council of Governors has also received, reviewed and/or approved the:

- Appointment of two Governors NRC members;
- Chair and NED Appraisal Processes 2023;
- NED Job Description, Person Specification, and Terms and Conditions;
- Governors NRC Terms of Reference;
- Chair/Interim Chair reports;
- Matters raised with Governors by Members, Patients and the Public;
- Report on the Inpatient Survey;

[74] https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/

- Reports from the Chief Executive on progress in relation to Patients, People, Partners and Place;
- Annual Members Meeting/AGM 2023;
- Progress in relation to the delivery of the Trust's Membership Plan;
- Board Committees and Academies Chair Reports;
- Process for the appointment of a Chair / Non-Executive Director / Associate Non-Executive Director;
- Developed and approved a new process in the case of removal of a NED or Chair;
- Council of Governors Standing Orders;
- Council of Governors Terms of Reference;
- Council of Governors Annual Work Plan;
- Governors Code of Conduct;
- Summary reports from the Governors' pre-meetings with NEDs;
- Changes to CQC inspection regime;
- Code of Governance for NHS Provider Trusts and Guidance on Good Governance and Collaboration;
- Annual Effectiveness/Skills and Knowledge Audit;
- Disciplinary Policy briefing;
- Bradford Hospitals Charity update; and
- Operational Planning 2023/24.

To support the delivery of their duties Council members have also, in year, been invited to attend in-depth briefing sessions covering:

- NHS Providers bespoke session for Governors and NEDs on accountability
- Equality, Diversity and Inclusion awareness session
- Recruitment training session
- NHS Providers Governwell Core Skills sessions
- NHS Providers Governors Conference
- On-site Governor engagement sessions for staff, visitors and patients
- Engagement with the Generation Medics event
- Clinical Service Unit (CSU) to Academy events
- Annual Quality Showcase
- Operational Planning 2023/24
- Freedom to Speak Up

Governors have also observed the Board of Directors meetings, Academies and Committees.

3.5.4.7. Directors' attendance at the Council of Governors meetings

Executive and Non-Executive Directors routinely attend the meetings of the Council of Governors.

In 2023/24 the Council of Governors has not exercised its 'power under paragraph 10C of schedule 7 of the NHS Act 2006 to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the Trust's performance or its functions or the directors' performance of their duties'.

3.5.4.8. Governors' effectiveness

In April 2023 the Council considered the outcomes of the Governors' annual evaluation. The Council noted the overall continued progress made in year reflected in the improved RAG

(red, amber and green) ratings. In 2022 there were 3 areas rated as amber and no areas rated as red. For 2023 there was 1 area rated as amber where only half of governors (50%) considered they had the opportunity to influence the setting of the Council's meeting agenda. As part of its self-evaluation the Council also considered the size of the Council of Governors and determined that at 20 members, it was adequate.

The Membership Plan Delivery Group has met as planned in this year and the Council also has an established Governors Nominations and Remuneration Committee. Where required Governors will establish dedicated task and finish groups to deliver on their responsibilities.

Governors continue to be in receipt of the agenda for Board meetings which is circulated in tandem with the circulation of papers to Board members and prior to publication on the Trust's website. Access to the Board papers including the confirmed minutes from the previous Board meetings[75] is available on our website.

3.5.4.9. Governor engagement with patients, visitors, and staff

A Governor toolkit to support individual Governor engagement is available alongside other materials to support monthly Governor events at the Bradford Royal Infirmary site and the St Luke's hospital site. Governors continue to be encouraged to share trust communications amongst their contacts and networks. The Council is also in receipt of the Integrated Care Board (ICB) and other partner updates via the trust's global email. The Council meeting agenda also continues to include as a regular item 'Matters raised with Governors by members, patients and the public'.

Governors were integral to the planning and delivery of the programme for the AGM/AMM 2023. David Wilmshurst, Vice-Chair of the Council of Governors, with the support of a number of governors, presented the Governor and Membership report. This was supplemented by the publication of the Governor highlights report for 2022/23 'Your Guide to our Year'[76].

Images show a screen capture of the Governor and Membership report and the 'Your guide to our year 2022/23 document'

[75] https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/
[76] https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2022/10/HG2943-BTH-AGM-%E2%80%98Your-guide-to-our-Year-202122-Report-2.pdf

3.5.4.10. External engagement

Governors are active within a range of third sector and statutory organisations that form part of the local health economy and these relationships inform their engagement with the Board of Directors. Governors have also attended or been involved in engagement activities specific to their role as governors. In-year this has included Governors' attendance or involvement in:

- National Governors' Conference, FOCUS, delivered by NHS Providers;
- A month in the life of Bradford District and Craven Place based partnership; and
- Bi-annual Governors virtual workshops delivered by NHS Providers.

3.5.4.11. Governors' learning and development

Learning and development has been provided to the full Council through the additional in-depth sessions and referenced earlier in this chapter under Council of Governors meetings.

All new members of the Council have taken part in the Governor induction programme which includes mandated attendance at the Core Skills training session delivered by Governwell (NHS Providers) and participation within an internally delivered session providing an overview of our Foundation Trust, the type of information Governors receive, the role of a Governor and, how Governors should carry this out.

3.5.4.12. Communicating with governors

There has been continued focus on the methods of communication with governors to ensure that they are in receipt of information that supports their understanding and knowledge of developments at the Trust at all levels. The Trust has been encouraging governors to support the dissemination of good news stories to the individuals, groups and organisations they are associated with. The methods of communication include:

- In the early part of the year, a Chairman's bulletin to ensure that governors are kept abreast of key developments, at the Trust and externally, as well as a key in-depth focus on Trust performance in selected areas.
- Routine performance bulletins from the Interim Chair and Chief Executive.
- A summary of the Board discussions from the new Chair delivered to Governors shortly after the open Board meeting.
- Access to the Trust's 'Let's Talk' weekly communication to staff.
- Ensuring issues of critical importance are flagged with Governors prior to press releases being circulated.

Members and the public are able to communicate with the Council of Governors via the following methods.

- Email: governors@bthft.nhs.uk
- Post: c/o The Foundation Trust Membership Office, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ
- Telephone: 01274 364794

3.5.5. AUDIT AND COUNTER FRAUD SERVICES

3.5.5.1. External audit

The external auditor for the Trust is:

Deloitte LLP
One Trinity Garden
Broad Chare
Newcastle-upon-Tyne
NE1 2HF

Deloitte LLP entered into a new contract arrangement with the Trust from 1 June 2023, as approved by the Council of Governors on 26 January 2023.

Figure 61 - External audit fees

Fee (excluding VAT)	2023/24 £000	2022/23 £000
Audit of Trust	151	67
Value for money	21	14
Additional fees	31	29
Total	**203**	**110**

The external auditor for Bradford Hospitals Charity is Moore Kingston Smith:

Moore Kingston Smith LLP
6th Floor
9 Appold Street
London
EC2A 2AP

Moore Kingston Smith was appointed as the external auditor by the Charity Committee on 18 October 2023.

Total external audit fees for the audit of the Charity Accounts was £17,000 (2022/23 £16,000).

3.5.5.2. Internal audit and counter fraud service

Internal audit and counter fraud services are provided by Audit Yorkshire. The Director of Finance sits on the Audit Yorkshire Board which oversees Audit Yorkshire at a strategic level.

An internal audit charter formally defines the purpose, authority and responsibility of internal audit activity. This document was last approved by the Audit Committee in July 2021 and updated and reviewed in July 2022. The internal audit charter will be reviewed again by the Audit Committee in April 2024.

The Audit Committee approved the planning methodology to be used by internal audit to create the Internal Audit Plan for 2022-2025, and gave formal approval of the Internal Audit Operational Plan in April 2022. The Internal Audit Operational Plan has not been fully delivered in-year and a number of audits have been deferred to 2024/2025.

The conclusions as well as all findings and recommendations of finalised internal audit reports are shared with the Audit Committee. The Committee can, and does,challenge internal audit and management on assurances provided, and requests additional information, clarification or follow-up work if considered necessary. Executive directors are asked to attend the Audit Committee to provide further assurance, if there is a limited or low assurance level report within their remit.

A system is in place whereby all internal audit recommendations are shared with the Director of Finance on a monthly basis which is then shared with other Executives. Progress towards the implementation of agreed recommendations is reported (including full details of all outstanding recommendations) to the Executive Management Team and the Audit Committee on at least a quarterly basis. This has continued to be an area of focus by the Committee during the year and Trust management has worked hard with the support of internal audit to ensure that the process for responding to internal audit recommendations has been improved. This is evidenced by the significant reduction in the number of outstanding recommendations as at year end which was supported by the implementation of a new internal audit software system.

For additional assurance a new system is also in place whereby internal audit select and test a sample of major and moderate recommendations that have been marked as complete.

The Counter Fraud Annual Plan 2023/24 was reviewed and approved by the Audit Committee in May 2023. The local counter-fraud specialist (LCFS) presented regular reports detailing progress towards achievement of the plan, as well as summaries of investigations undertaken.

The counter fraud policy is implemented via a well-publicised zero tolerance approach to fraud. There are regular newsletters sent out to all staff covering fraud of all kinds. The newsletter promotes fraud awareness and vigilance while encouraging staff to report suspected fraud via the established routes. The message is relayed by informing and involving staff to get them to assist in its prevention and deterrence.

This message is reinforced in the Trust’s counter fraud internet section which features the details of the LCFS and to how report fraud in a variety of ways. Staff are also given the opportunity to engage with counter fraud at induction when they are sent a welcome email by the LCFS and supplied all appropriate contact details. Fraud prevention masterclasses have taken place throughout the year and presentations are delivered on specific fraud topics in addition to the distribution of fraud prevention notices from the Counter Fraud Authority and other fraud alerts.

The Counter Fraud Functional Standard is a Government initiative to set the expectations for the management of fraud risk in central Government organisations. The Trust is currently working in line with the NHS Counter Fraud Authority timelines for full compliance.

Fraud Risk Descriptors have been scored by the LCFS across the year and have been allocated to risk owners in senior positions for their appraisal and re-assessment if necessary. These Fraud Risk Descriptors and their scores will inform the work of Counter Fraud going forward.

3.6. NHS OVERSIGHT FRAMEWORK

3.6.1. INTRODUCTION

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

3.6.2. SEGMENTATION

NHS England has placed the Trust in segment three. This means NHS England regional improvement teams will work collaboratively with the Trust to undertake a diagnostic stocktake to better understand where support is needed and agree improvement actions. This segmentation information is the Trust's position as at 7 June 2024. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website.[77]

3.7. STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

Statement of the chief executive's responsibilities as the accounting officer of Bradford Teaching Hospitals 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 England.

NHS England has given Accounts Directions which require Bradford Teaching Hospitals 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

[77] https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/

Teaching Hospitals 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 England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess 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

Mel Pickup
Chief Executive
29 August 2024

3.8. ANNUAL GOVERNANCE STATEMENT

3.8.1. INTRODUCTION

Under the NHS Act (2006) all NHS entities are required to prepare an annual governance statement. The statement considers internal controls and reports on any significant issues that have arisen during the financial year, including information and quality governance. The Chief Executive signs the document which forms part of the Annual Report.

3.8.2. SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the 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 Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

3.8.3. 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 the 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 the Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

3.8.4. CAPACITY TO HANDLE RISK

The Trust is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of its governance framework and system of internal control. We recognise that healthcare provision, and the activities associated with caring for patients, employing staff, providing premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk. These risks are present on a day-to-day basis throughout the Trust. We take action to manage risk to a level which is tolerable. We acknowledge that risk can rarely be totally eradicated, and a level of managed residual risk will be accepted.

Risk management is therefore an intrinsic part of the way we conduct business, and its effectiveness is monitored by both our performance management and assurance systems.

As Chief Executive, I am the Accounting Officer for the Trust. I have overall responsibility for ensuring effective risk management arrangements are in place. I am supported by the Chief Nurse, who is the lead director for risk management, and the Associate Directors of Quality and Corporate Governance who together develop and manage the corporate approach to the management of risk, including the risk management strategy and the use of the Board Assurance Framework (BAF). I routinely use the BAF, the Trust's high level risk register, internal audit, the local counter fraud service, and external audit to ensure proper arrangements are in place for the discharge of our statutory functions, as well as to detect and to act upon any risks and to ensure that the Trust can discharge its statutory functions in a legally compliant manner.

As Chief Executive, I have delegated some key responsibilities to other executive directors as shown at figure 62.

Figure 62 - Executive directors' key responsibilities

Executive director	Responsibilities
Director of Finance	Finance Procurement Contracting
Chief Operating Officer / Deputy Chief Executive	Planned Services Unplanned Services Diagnostics and Corporate Operations Accountable Emergency Officer / Emergency Preparedness, Resilience and Response (EPRR) Performance Team Pharmacy Bradford Hospitals Charity
Chief Nurse	Nurse Leadership and Regulation Patient Experience Complaints / Patient Advice and Liaison Service (PALS) End of Life Care Freedom to Speak Up Bereavement / Spiritual, Pastoral and Religious Care (SPaRC) / Volunteers Dementia Safeguarding Learning Disabilities Patient Safety Infection Prevention & Control Allied Health Professional (AHP) / Healthcare Scientists (HCS) Leadership
Chief Medical Officer	Medical Leadership and Regulation Responsible Officer Quality Improvement Quality Governance Education Caldicott Guardian Joint Venture – Pathology Service Medicolegal Issues Patient Safety Controlled Drugs Accountable Officer Research
Director of Strategy and Transformation	Strategy Innovation Integration Partnerships Planning

Executive director	Responsibilities
	Transformation Team
Chief People and Purpose Officer	Human Resources Equality, Diversity and Inclusion Organisational Development Temporary Nurse Recruitment (TNR) and E-Rostering Employee Health & Wellbeing Flexible Workforce Corporate Governance Communications
Chief Digital and Information Officer	Information Technology Information Management Information Governance SIRO Clinical Coding Clinical Informatics Data Quality
Director of Estates and Facilities	Estates Facilities Capital Programme Health & Safety

The executive directors of the Trust, individually and collectively, also have responsibility for providing assurance in relation to the risks associated with the Trust's strategic objectives and regulatory compliance to the Board of Directors.

I am accountable to the Chair of the Trust for my performance and to NHS England (NHSE) for the performance of the Trust.

All executive directors report to me, and the executive team is held to account for its performance through regular one-to-one meetings with me, individual annual performance reviews and through challenge from the non-executive directors.

The non-executive directors are accountable to the Chair. They are expected to hold the executive directors to account and to use their skills and experience to make sure that the interests of patients, staff and the Trust as a whole, remain paramount. They have a significant responsibility for scrutinising the business of the Trust, particularly in relation to risk and assurance.

The Trust provides a comprehensive mandatory training programme. Training is also delivered centrally and within individual clinical service units/specialties.

During 2023/24, the quality team have provided incident reporting and risk management training in response to staff needs. Whilst there is an acknowledgement of significant pressure on staff the Trust has continued to reinforce the requirements of the mandatory training policy, and the duty of staff to complete training deemed mandatory for their role and is a key element of the annual appraisal process. An updated training package was designed and delivered to ensure that the revised Risk Management Strategy will continue to be embedded across the organisation.

We have continued with our focus on developing awareness and skills in relation to high quality and focussed risk assessment and business continuity planning amongst clinical and non-clinical staff.

The NHS has a key role in responding to large scale emergencies and major incidents and throughout 2023/24 the emergency planning team has worked to ensure that the Trust is

adequately prepared for any such events. Each year we assess our compliance with the requirements of the NHS England Emergency Planning Resilience and Response Core Standards (2015) and associated guidance, and submit our assessment for review by NHS England.

During 2023/24 the submission date for the core standards was 29 September 2023. The Trust's return was submitted by the deadline. This year's core standard assessment was conducted in a different way to previous years by NHSE Yorkshire & Humber region, to align with the national model that other areas followed. Given the new assessment process they returned a non-compliance rating. An action plan has been developed to detail how the Trust will achieve compliance.

The Board of Directors recognises that it has a legal duty to ensure, as far as is reasonably practicable, the health, safety and welfare of all patients, employees, contractors and members of the public who access the Trust's services or use the Trust's premises. Compliance with the Health and Safety legislative framework, under which the Trust operates, is reflected in our current policies. The policies provide an overarching framework for the management of risk across all areas of the Trust and are applicable to both clinical and non-clinical risk management. We have a Health and Safety Committee which reports to the People Academy and ensures that it has all other health and safety related committees in place.

The effectiveness of our implementation of our BAF was audited by our internal auditors, Audit Yorkshire, during 2023/24 who found there was significant assurance relating to the processes we have in place.

3.8.5. THE RISK AND CONTROL FRAMEWORK

3.8.5.1. Our strategic approach to risk management

We recognise that the specific function of risk management is to identify and manage risks that threaten our ability to meet our strategic objectives. We are clear, therefore, that understanding and responding to risk, both clinical and non-clinical, is vital in making the Trust a safe and effective healthcare organisation.

We identify risk whether as a missed opportunity or a threat, or a combination of both, and assess the significance of a risk as a combination of probability and consequences of the occurrence.

All our staff have a responsibility for identifying and minimising risk. This is achieved within a progressive, honest and open culture where risks, mistakes and incidents are identified quickly and acted upon in a positive way.

Our Risk Management Strategy was approved by the Board of Directors in July 2022 (with further minor updates approved in March 2024). The strategy describes an integrated approach to ensure that all risks to the achievement of the Trust's objectives are identified, evaluated, monitored, and managed appropriately. It defines how risks are linked to one or more of our strategic objectives, and clearly defines the risk management structures, risk tolerance, accountabilities, and responsibilities throughout the Trust.

Risk identification, assessment, management and escalation sources include workplace risk assessments, analysis of incidents, complaints, claims, external safety alerts, the 'Freedom to Speak Up' initiative, and assessments of compliance with other standards, targets and indicators.

There is an expectation that risk assessment is a key feature of all normal management processes. All areas of the Trust have an ongoing programme of risk assessments, which inform our risk registers. Risks are evaluated using the Trust risk matrix which contributes to decision making in the context of risk appetite and risk tolerance. We rate these risks on a scale from 1-25, where 25 is the highest risk. Risks are appropriately graded and included on the risk register.

3.8.5.2. Strategic risk management

Strategic risks are recorded on the Board Assurance Framework (BAF). The purpose of the BAF is to assure the Board that the Trust is mitigating the identified significant risks to the delivery of its strategic objectives adequately and that there are no significant gaps in assurance.

The Board of Directors is responsible for identifying strategic risks. The BAF is reviewed and monitored by the Executive Team and Board six times per year. Our Academies also review the strategic risks within their remit six times per year and provide assurance to the Board that the risks are being managed appropriately.

3.8.5.3. Operational risk management

The Trust replaced our previous risk management system (Datix) with a new Integrated Reporting and Learning System (IRIS) provided by InPhase in January 2024. We use this system to record our operational risks, which links all key risk elements (including incident reporting, complaints, and claims and inquest management). All of these elements are used to inform the hgh level risk register, which is also held on IRIS.

In November 2021, a new risk escalation process was introduced, to ensure that risks are escalated by their score, rather than those which are deemed to be strategic. The escalation framework is outlined below:

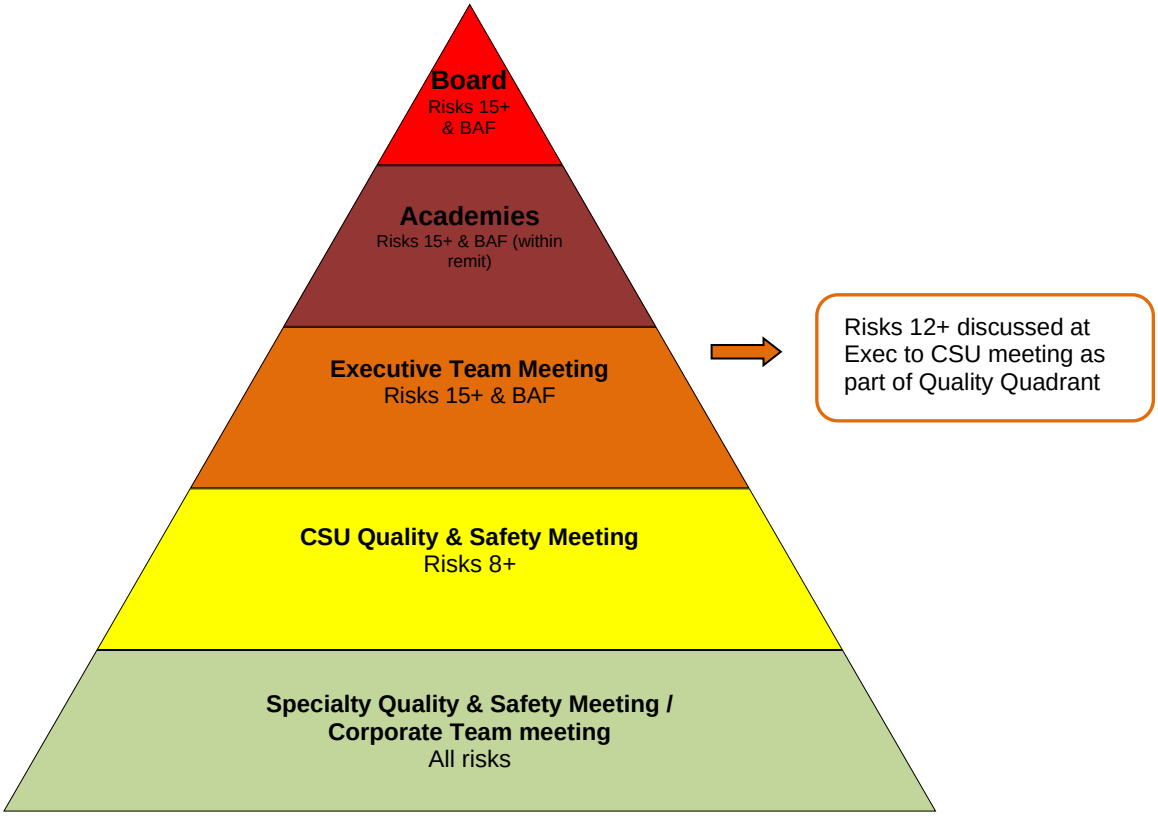


Image shows risk escalation framework

We manage risks at Board, Academy, Executive, corporate department, CSU and specialty level. All types of risk identified are graded using a common grading matrix, which measures the risks on a scale from 1 to 5 in terms of both consequence and likelihood. The consequence and likelihood scores are then multiplied together to give an overall score between 1 and 25.

Risks are escalated and de-escalated through these different levels depending on the **current** risk score. The current risk score is the score at the time of each review of the risk, taking into account the mitigations which are in place. Any risks with a current score of 15 or above are reported to the Trust Executive Team for discussion. If the Executive Team agree that the current score is 15 or above from a Trust-wide perspective, it is included on the High Level Risk Register.

The High Level Risk Register is a dynamic document which is constantly changing as actions are taken addressing high risk issues for the organisation. New risks are added as they are identified.

The High Level Risk Register is fully reviewed every month at the Executive Team Meeting alongside a summary of the key changes and progress against mitigating actions. High Level Risks are assigned to one or more of the three Academies or the Board (as appropriate), who will have oversight of the actions being taken to mitigate the risks. At each meeting the Academies review the High Level Risks within their remit. The purpose of these reviews is to provide assurance to the Board that all relevant risks are appropriately recognised and that all appropriate actions are being taken on appropriate timescales where risks are not appropriately controlled.

The Board receives and reviews the full High Level Risk Register (risks with a current score of 15 and above) at each meeting. The Board also receives details of the discussions held at the Executive Team Meeting via the risk report, and at the Academies via the Chairs' reports.

Risks with a current score of 12 and above are reported as part of the CSU to Executive meetings, to provide the Executive team with an overview of risks which have the potential to become high level risks.

3.8.5.4. Risk appetite

The Board of Directors has a defined risk appetite statement (image below), which is aligned to the strategic objectives of the organisation, determining the amount of risk considered desired (both opportunistic related to delivery of the strategic objectives) and tolerated (usually related to operational risk).

The Board of Directors recognises that the Trust's long term stability and continued development of effective relationships with our patients, their families and carers, our staff, our community, and our strategic partners is dependent upon the delivery of our strategic objectives. It also recognises that the "Good" rating applied to the Trust by the CQC in 2020 has an influence on the risk appetite of the organisation.

The Board of Directors believes that our risk appetite appropriately reflects the progress that the Trust has made in implementing and assuring its Corporate Strategy 2022-2027 and its associated strategies and plans and is fully aligned to our ambition. A balanced approach has been taken to reviewing the specific areas of risk associated with each strategic objective by the Board of Directors, and without exception, there is a minimal appetite in relation to any risks to patient safety, staff safety or regulatory compliance.

Strategic objective	Risk appetite	Description
To provide outstanding care for our patients, delivered with kindness	**Open -** We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward	*Our mission is to provide high quality care to our patients at all times and we will not accept risks that could affect our ability to do this. Our mission is our key organisational driver that directly supports our strategic objective to provide outstanding care for patients, delivered with kindness, improving outcomes for our patients and their carers by providing safe, effective, personal and responsive care. We will hold patient safety in the highest regard and are strongly averse to any risk, clinical, operational, workforce or related to strategic partnerships that may jeopardise it. But we have insight, we manage risk, we engage and involve, we improve and innovate and we assure, which enables us to have an open risk appetite in relation to our strategic objective to provide outstanding care for our patients, we are willing to consider all potential delivery options and choose, while also providing an acceptable level of reward.*
To deliver our financial plan	**Open -** We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward	*We will not tolerate risk to patient safety in order to deliver the Financial Plan, however we will accept a degree of compromise on optimum levels of care, but actively avoiding any safety concerns. We will strive to meet regulatory requirements but will not set unrealistic challenges that compromise the delivery of clinical strategic ambitions. We will provide realistic forecasts to regulators under 'no surprises' expectation. We will maintain an open and honest relationship with our Integrated Care Board colleagues and jointly recognise the financial challenges we face. The Trust will ensure that cash balances will be maintained at a level that protects the Trust's ongoing trading liabilities. Subject to sufficient reserves the Trust will invest to transform, but only when the realisable benefits are fully tested and assured and adequate liquidity is preserved.*
To deliver our key performance targets	**Open -** We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward	*Patient safety is our highest priority in all aspects of performance management and operational delivery. Where we have the ability to increase activity in order to achieve our performance targets. We will do this as long as it does not create other areas of unacceptable risk in relation to quality, patient safety, workforce and finance. We will work with other acute providers, other health and social care agencies including the independent sector and voluntary services to deliver activity, day to day operations to safely achieve our performance targets.*

To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion	**Seek -** We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	*The Trust is clear that we will not accept risk where it involves potential exposure to significant harm for employees. Examples include:* • *Bullying or harassment of employees by their managers or colleagues* • *Discrimination of employees by their managers or colleagues* • *Exposing employees to faulty machines or equipment* • *Exposing employees to machines or equipment where this may result in a detrimental known impact on the health of the employee.* *However in relation to all other elements of achieving our strategic objective to be one of the best NHS employers the Trust will pursue workforce innovation and be pro-active around developing and trialling new ways of working and new job role/career pathway opportunities. By doing this we will seek to both increase workforce supply and improve the skills and capabilities of our people, ensuring we provide high quality care to our patients at all times.*
To be a continually learning organisation and recognised as leaders in research, education and innovation	**Open -** We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward	*The Trust recognises that to be a continually learning organisation it must have a broadly open approach that aligns the different areas of risk. These areas of risk include those associated with education and training, research translation, new technology, engagement and the learning management system. We are committed to identifying, developing, deploying and embedding learning at every level of the organisation to improve the quality of care for patients.*
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals	**Seek -** We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	*We will actively collaborate to increase our influence. We will actively explore opportunities for value added innovation.*

Image shows our risk appetite

3.8.5.5. Risk profile

Our risk profile is described in section 2.2.2.4 (Performance Analysis).

3.8.5.6. Quality governance

A revised Quality Governance Framework was approved by the Executive Team on 4 April 2022 and implemented on 5 September 2022 alongside the new operational management model. The Quality Governance Framework sets out a model that is supported by the alignment of a centralised team of Quality and Patient Safety Facilitators to the Clinical Service Unit's (CSU) operational structure. These posts support the CSU managerial and leadership triumvirate in the same way that Finance and Human Resource Business partners currently support CSUs. This ensures that all CSUs are supported equally, that quality governance arrangements are aligned to current national strategies and are fit for purpose to support the organisation as well as the revised regulation and commissioning arrangements as they further develop during 2024.

The revised Quality Governance Framework seeks to ensure that CSUs are able to perform effectively, enabling clear information flow, escalation and accountability within the CSU and through to Board, and back to wards and departments. Monthly CSU Quality and Safety meetings have a standardised agenda and terms of reference based around the Care Quality Commission's 5 regulatory domains, Safe, Effective, Caring, Responsive and Well Led. The agenda includes a review of the CSU risk register, identifying new and emerging risks as well as a review of current mitigation and relating scores. The Trust's Quality

Governance arrangements received ‘significant assurance’ from our internal audit partners Audit Yorkshire in July 2023. The review found that the Trust had an effective governance structure and accountability framework in place, commenting that there was clear connectivity between clinical services to corporate and executive functions, and ultimately to the Trust Board. Only 3 recommendations were made, all of which have been actioned. At the time of writing this annual report our internal audit partners Audit Yorkshire are undertaking a review of the Trust’s risk management processes and the effectiveness of the Trust’s Risk Management Strategy.

Details relating to the quality of performance information are included in section 3.8.8 below.

3.8.5.7. Management of risks to compliance with the NHS provider licence section 4 (governance)

Compliance with the code of governance for NHS provider trusts and NHS provider licence is formally reviewed on an annual basis. This was last carried out by the Executive Management Team and reported to the Board of Directors in May 2024. The review against the code concluded that there was one element where the Trust was non-compliant and some elements with partial compliance (see section 3.5.1 for further information).

In relation to the provider licence, the Board carefully considered the requirements of section 4, condition NHS2 (governance arrangements) in light of the resignation of the former chairman and concerns raised by him, and concerns raised by three Non Executive Directors. This has particularly impacted on board relationships and dynamics.

Overall the Board agreed that the Trust was compliant with the provider licence as the Board has continued to function in line with its legal and regulatory requirements, although it was acknowledged that the issues relating to board dynamics require addressing in order to ensure that the Board is able to continue to function effectively.

NHS England has since imposed additional licence conditions on the Trust pursuant to section 111 of the Health and Social Care Act 2012. In particular, the additional licence conditions require the Trust to ensure it has in place the required leadership capacity and capability to deal with the issues facing the Trust and that the Council of Governors implements arrangements to ensure it discharges its role and responsibilities effectively, including holding non-executive directors to account and representing interests of members, the public and staff. The additional licence conditions were published on 15 August 2024.

The Trust’s governance arrangements are described below.

The current governance structure is outlined below.

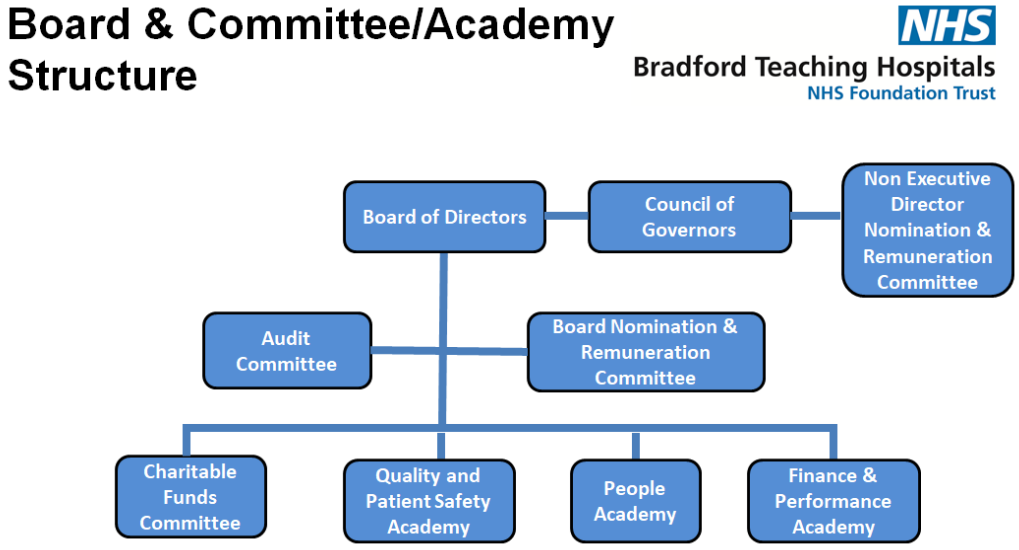


Image shows governance structure

The **Board** has overall responsibility for performance of the Trust – its three key roles are to formulate strategy, ensure accountability, and shape culture.

The focus of the **Audit Committee** is to seek assurance on the relevance and robustness of governance **structures** and assurance **processes,** on which the Board places reliance.

The role of the **academies** is to seek assurance, ensure learning and drive improvement in relation to their respective areas of responsibility. They have a broad membership to ensure that there is input from across the Trust and to enable learning and improvements to be shared widely. Four non-executive directors sit on each academy, two of whom act as the Chair and Deputy Chair.

Quality & Patient Safety Academy - the academy's role relates to all aspects of quality and is aligned to the NHS Patient Safety Strategy[78] and national quality standards. Several clinical working groups report to the Academy to provide assurance that safety, clinical outcomes, patient safety and patient experience across the Trust's services is compliant with national standards and the requirements of NHS regulators and commissioners of services.

The resignation of the former Chairman in October 2023, and allegations made by him in national and local media in respect of patient safety concerns, triggered a Quality Improvement Group process involving NHS England, the West Yorkshire NHS Integrated Commissioning Board, Specialised Commissioning and the CQC. A number of separate investigatory assessments into the care on the Neonatal Unit and a review of governance, reporting and learning from Serious Incidents concluded in January 2024, stating there was an absence of foundation in the allegations made.

People Academy - the academy's role relates to the effectiveness of the people management arrangements for the Trust. The academy seeks assurance of compliance with legal and regulatory requirements relating to people, oversees the delivery of action plans, for example relating to the staff survey and Workforce Race Equality Standard, and monitors a range of metrics including safe staffing levels, sickness absence and turnover. Working groups have been set up to align with the commitments within the NHS People Plan, and

[78] https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/

these report to the Academy on a regular basis. The Health & Safety Committee also reports to the People Academy.

Finance and Performance Academy – the academy's remit includes the management of assets and resources in relation to the setting and achievement of financial targets, business objectives and the financial stability of the Trust, and the effective management of all performance-related matters. It has oversight of the development of the Trust's financial and business plans, performance against national standards, contractual indicators and trust-defined indicators, including benchmarking data where appropriate to ensure that opportunities for learning and improvement are identified.

The Board receives a Chair's report and supporting documents from each of the academies, to provide assurance and enable issues to be escalated where required.

The Academies reviewed their effectiveness in September 2023 via a survey conducted live at each meeting. The outcome showed that most members felt that the meetings had improved over the previous 12 months and include the right mix of assurance, learning and improvement. Suggestions for further improvement included the encouragement of further contributions from all attendees, and more challenge, and there was an appetite for more 'in person' rather than virtual meetings to support better discussions and relationship building.

Following the former Chairman's resignation in October 2023, it was agreed that developmental support was required both in relation to our Board dynamics and governance structures/processes. With the support of an external consultancy we have been reviewing our governance arrangements and now that our new substantive Chair is in post we will be taking this forward with their support to ensure that our arrangements provide robust and proportionate governance. This will be complemented by an ongoing programme of board development.

3.8.5.8. Embedding risk management in the activity of the organisation

Risk management is embedded within the Trust at all levels, with risks being considered by specialties, clinical service units and corporate departments. This has been enhanced by the introduction of the revised Quality Governance Framework in 2022/23, as described above.

3.8.5.9. Public stakeholder involvement in risk management

The Board of Directors actively engages with the Council of Governors and our respective public stakeholders in the reporting of the financial and performance management of the Trust and in the management of risks which impact on them. The Council of Governors is a key mechanism in ensuring that our public stakeholders are involved in the understanding and contextualisation of risk. The Council meets formally four times per year and receives reports and updates on performance, quality and safety. The Board of Directors meets in public and all papers are available on our website. During 2023/24 we progressed work on our membership plan which includes a number of actions to enhance our member engagement and communication activities. This will be progressed further throughout 2024/25 through the support of the Council of Governors.

I lead the Trust's executive team in developing positive relationships with stakeholder partners including the local authority, and other partner organisations across Bradford and across the region through the West Yorkshire Association of Acute Trusts (WYAAT) – an acute provider collaborative - to support the detection and management of system-wide risk and ensure that patients are provided with the highest possible care within the resources available.

We directly participate in the Bradford District & Craven Partnership Board, Bradford District Wellbeing Board, the Health and Social Care Scrutiny Committee and Safeguarding Boards, as well as a range of other forums for service planning, performance and contracting.

On a wider footprint, the Trust is a partner organisation within the West Yorkshire Health and Care Partnership (the Integrated Care System) and is working with others within health and social care to implement key elements of the acute and out of hospital health and social care strategy - as well as being a member of WYAAT.

3.8.5.10. Workforce and staffing assurance

On behalf of the Board, the People Academy seeks assurance that the Trust has robust workforce strategies and staffing processes that are safe, sustainable and effective. Reports are also presented to the Board to ensure that the information and discussions are open and transparent. The Nursing Workforce Board Assurance Framework is presented to the People Academy on a bi-annual basis. Throughout 2023/24, the Academy has also received updates relating to the Trust's response to the NHS People Plan, updates on our nursing recruitment and retention plans, and nurse staffing data. The Academy has also reviewed the workforce planning submission which forms part of the 2024/25 operational plan.

3.8.5.11. Data security

The Chief Digital and Informatics Officer and Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The Caldicott Guardian in the Trust is the Chief Medical Officer. The Caldicott Guardian works closely with the SIRO, particularly where there are any identified information risks relating to patient data.
The Trust ensures effective information governance through a number of mechanisms, including education, policies and procedures, IT controls, and IT vulnerability testing, and by demonstrating annual compliance with the security standards of the Data Security and Protection Toolkit (DSPT).

3.8.5.12. CQC registration requirements

The Trust is fully compliant with the registration requirements of the CQC.

3.8.5.13. Register of interests

The Trust has published on our 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[79] guidance.

3.8.5.14. NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme[80], 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

[79] https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/
[80] https://www.nhsbsa.nhs.uk/nhs-pensions

the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

3.8.5.15. Equality and Diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. I chair the organisation's Equality, Diversity and Inclusion Council which reports to the Trust Board.

3.8.5.16. Carbon Reduction

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The foundation trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

3.8.6. REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

Financial Performance and Resource Management

The Trust is committed to responsible financial management and the efficient use of resources. We achieved our financial targets for the 2023/24 financial year despite ongoing operational challenges. This success is a result of continuing robust performance management practices alongside the implementation of targeted financial improvement initiatives to meet national and Integrated Care System (ICS) goals.

Effective Governance and Resource Management Tools

The Trust employs a comprehensive framework to ensure the economical, efficient, and effective use of resources. This framework includes:

- Monthly reporting: Regular finance and performance reports are presented to the Executive Team and the Finance and Performance Academy, complemented by a comprehensive finance and performance dashboard.
- Board oversight: The Board of Directors utilises an integrated dashboard alongside detailed reports to monitor key metrics. This allows for both general and exception-based management, supported by the BAF, which ensures the Trust prioritises effective resource utilisation.
- Transparent financial information sharing: The Trust proactively shares financial performance data and forecasts with relevant stakeholders, including NHS England/Improvement, the West Yorkshire Integrated Care Board, and the Bradford District and Craven Health & Care Partnership, on a monthly basis.

Strong Financial Controls and Risk Management

The Trust adheres to established guidelines, including the Standing Financial Instructions, performance management and accountability frameworks, and budgetary management frameworks. These frameworks emphasize budgetary control, efficient resource allocation, and sound financial management. Additionally, service development initiatives are implemented with appropriate financial safeguards.

Furthermore, the Trust maintains a risk-based three-year internal audit plan. During 2023/24, five internal audits were conducted within the Finance Domain, with all achieving at least a "significant assurance" rating. Two of these received a "high assurance" rating, covering critical areas such as asset management focusing on stock and inventory, and capital assets.

External Validation and Value for Money

Our external auditors independently assess the effectiveness of our resource management strategies. The most recent External Auditors Annual Report (August 2024, covering the 2023/24 financial year) identified two risks of significant weakness in arrangements concerning the financial sustainability of the Trust and the Trust's governance arrangements. In respect of financial sustainability, the external auditors concluded that the Trust's arrangements and processes appeared commensurate with the challenge faced and therefore did not report a significant weakness. In respect of governance, the external auditors concluded there was a significant weakness, specifically in respect of circumstances in the year which resulted in investigation by NHS England and the Care Quality Commission. The Trust's response to this is set out under section 3.8.9 (Review of Effectiveness) below.

Cost Allocation and Quality Assurance

The Trust adheres to cost allocation and charging requirements outlined by HM Treasury and the Office of Public Sector Information. To safeguard patient care quality, cost-improvement initiatives, developed through clinical service units and departmental structures, undergo a Trust-approved quality impact assessment. Low-risk initiatives undergo review by a multi-disciplinary team chaired by the Deputy Chief Medical Officer to confirm the absence of unintended consequences.

Maintaining High Standards

The Care Quality Commission (CQC) and England (NHSE) rated the Trust's use of resources as "good" during their last assessment in 2019. However, the Trust recognises ongoing challenges in recruitment and retention, particularly for specific medical staff, Allied Health Professionals, and Registered Nurses. We are actively addressing these challenges through a multi-faceted recruitment approach. This includes expanding our talent pool through targeted international nurse recruitment initiatives. In the past year alone, this strategy has successfully brought over 150 highly skilled overseas nurses to our Trust. We also leverage in-sourcing and outsourcing strategies, all aligned with the NHS Workforce Strategy.

3.8.7. Information Governance

During the last financial year, the organisation has had 1 externally reportable incident where personal data has been compromised. That is, high risk information governance incidents that have been reported to the Information Commissioner's Office (ICO). No action has been taken against the Trust.

The ICO has previously confirmed it believes there are no systemic problems related to incidents in the Trust reported to them. When they occur the Senior Information Risk Owner (SIRO) and Caldicott Guardian are fully briefed on all reportable incidents, and any recommendations from the ICO are taken on board. In the event of notification of any action planned by the ICO all senior individuals involved would be fully briefed and actions would be agreed in close liaison with the ICO. A strong emphasis continues to be put on staff

awareness around information governance, plus training and awareness to reduce information risk and avoid breaches generally.

Details of data security and protection incidents (personal data breaches or information governance incidents) are set out below. This shows any externally reportable incidents and details all incidents classified at lower-level security to 31 March 2024.

Figure 63 - Personal data breaches reported to ICO 2023/24

Date of incident (month)	Nature of incident	Nature of Data involved	Number of Data subjects potentially affected	Notification steps
June 2023 WR137117	Unauthorised Disclosure	Personal	103	Reported to ICO, no action taken

Figure 64 - Other personal data incidents 2023/24

Category	Breach type (ICO categorisation)	Total number of incidents in this category	
Confidentiality	Unauthorised or accidental disclosure	14	Data emailed to wrong recipient
		37	Data posted/faxed to wrong recipient
		6	Failure to redact data
		34	Verbal disclosures
		24	Accessing records.
Availability	Unauthorised or accidental loss	13	Loss or theft of paperwork
		4	Data left in insecure location
Availability	Unauthorised or accidental destruction	N/A	Insecure disposal of paperwork
Integrity	Unauthorised or accidental alteration	59	Other principle seven failure (information incorrect on patient record)

3.8.8. Data Quality and Governance

We have ensured that there are systems and processes in place for the collection, recording, analysis, and reporting of data. Robust controls are in place to continually evaluate data and ensure it remains accurate, valid, reliable, timely, relevant, and complete on use. These controls are visible via a Trust-wide data quality framework. All data collection and information systems used to record pathway data, clinical activity and/or administrative information across the Trust are within the scope of these controls which assure data across the entire lifecycle, from the point of capture through to disposal.

High quality data is a fundamental requirement for the Trust to conduct its business efficiently and effectively. We are committed to a 'right first time' approach to data quality which applies to all areas: patient care; service development and transformation; corporate governance; and operational and performance management. High quality data is crucial to enable the right decisions to be made regarding patient care.

It is particularly important for us to assure the quality and accuracy of elective waiting time and patient pathway data. We have a range of governance mechanisms to ensure that data generated, collected and used, both internally and externally, is subject to an appropriate level of scrutiny, validation procedures and assurance processes. This includes data quality 'kite marking' of all Board dashboard indicators, service sign-off processes for mandatory reports, and an annual rolling improvement plan.

Priority data quality issues are monitored through a suite of exception reports and associated data issue tracking and resolution application which presenting anomalies to operational

teams for increased visibility and pro-active management and resolution. Reporting from this informs areas of focus for the Data Quality Resolution Group Meeting.

The Data Quality (DQ) Issue Resolution Group is made up of subject matter experts sourced from Corporate Access Team, Informatics Business Intelligence, Informatics DQ, Education and Training team and Clinical Informatics. This group reviews and agrees actions needed to resolve issues, identify process or configuration changes required, undertake a risk assessment of process failures and assess training requirements and targeted support. The Maternity Data Quality Committee group meets monthly to review maternity data completeness and reporting to ensure we are compliant with national and regional requirements for data and improvements are made to improve patient safety and experience.

An EPR Data Quality Prevent, Correct and Clear model is being progressed to support the Data Quality Policy enabling the 'right first time' aim by implementing a tiered infrastructure for operational teams to follow that will enable prevention, correctional locally with support corporately for complex corrections and clear, minimising risk of backlog growths, delays to patient care and improved activity recording.

Data quality drop-in sessions are available for administrative and clinical staff to raise issues and focus on priorities relating to error prevention, correction and validation at an operational level.

Our data quality maturity is assessed on a bi-annual basis through a standard model, reported and approved by the Digital and Data Transformation Committee through to the Audit Committee and Quality and Patient Safety Academy.

Formal education and training programmes support appropriate use of our key information systems for new starters (clinical and administrative) and refresher training is available for priority areas. The Business Intelligence data quality improvement team offers bespoke training support through drop-in sessions, and one-to-one engagement workshops for operational staff focusing on areas for improvement.

3.8.9. 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 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 of Directors and its committees and plan to address weaknesses and ensure continuous improvement of the system is in place.

In support of this:

- The final Head of Internal Audit Opinion on the effectiveness of the system of internal control was presented to the Trust's Audit Committee on 21 May 2024. The overall opinion for the 2023/24 reporting period provides significant assurance that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

- Internal audits have provided a range of assurance levels, from limited to high assurance. For each internal audit report where a limited assurance opinion is given, the executive director responsible is asked to attend the Audit Committee to discuss the action being taken as a result of the audit. For all internal audit reports, detailed lists of prioritised recommendations are agreed, and the implementation of these recommendations is followed up by internal audit and reported to the Audit Committee.
- The BAF and risk registers provide me with assurance of the effectiveness of the controls being used to manage the risks to the organisation in achieving its strategic objectives and that they have been regularly reviewed. The internal audit of the BAF carries an opinion of significant assurance.
- Through the use of an integrated dashboard the Board and its Academies routinely review contemporaneous and quality assured data in relation to quality, finance, performance, workforce and strategic partnerships.
- The Audit Committee reviews the system of integrated governance, risk management and internal control, across the whole of the organisation's activities – both clinical and non-clinical. The committee maintains an oversight of general risk management structures and ensures appropriate information flows to the Audit Committee in relation to the Trust's overall internal control and risk management position. In carrying out this work the committee primarily utilises the work of internal audit, external audit and other assurance functions, but it is not limited to these audit and assurance functions. It also seeks reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- The CQC undertook a well-led inspection in December 2019 at which the Trust was rated as 'good' overall. A further well-led inspection was undertaken from 16 to 18 April 2024 and the report will be published later in 2024.
- I note the significant weakness in the Trust's governance arrangements that Deloitte LLP have included in their audit opinion on the Value for Money Audit. Whilst the Trust acknowledges there is the potential for weaknesses in its governance in the future, it does not agree that there is currently a significant weakness in those arrangements for the following reasons:
  - the Board and its Committees have continued to function in line with its legal and regulatory requirements and meetings have continued to take place and have been quorate;
  - the Board has taken action to address concerns raised by three Non Executive Directors by commissioning an independent investigation which is in progress;
  - the Trust has continued to perform strongly operationally in comparison to its peers and is within the top quartile of Trusts nationally in relation to several performance targets;
  - improvements were seen across the board on staff survey with all 9 elements having improved and a statistically significant improvement in 8 of the 9 elements;
  - a number of separate investigatory assessments into the care on the Neonatal Unit (NNU) and a review of governance, reporting and learning from neonatal Serious Incidents did not raise any concerns. The related key line of enquiry was closed by NHS England's Quality Improvement Group (QIG) in January 2024;
  - no immediate concerns were raised by the CQC in their inspections undertaken during March to May 2024; and
  - as noted above, the Trust's Head of Internal Audit Opinion has provided significant assurance that there is a good system of governance, risk management and internal control.
- The Trust will continue to engage with NHS England in implementing the related recommendations and will take action as required to implement any recommendations made by the CQC within their well-led inspection report, once finalised.

Conclusion

No significant internal control issues have been identified which have caused an impact on the completion of this Annual Governance Statement.

Signed in respect of the Annual Governance Statement and the Accountability Report.

Mel Pickup
Chief Executive
29 August 2024

4. APPENDICES

4.1. APPENDIX 1 – CODE OF GOVERNANCE DISCLOSURES

The specific set of disclosures required to be included in the Annual Report to meet the requirements of the Code of Governance for NHS Provider Trusts and the additional requirements of the NHSE Annual Reporting Manual are listed below along with the section identifying where they are located within this Annual Report.

Relating to	Code section	Summary of requirement	Section reference within the annual report
Board	A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	2.1.3, 3.8.6
Board	A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	2.1.3, 2.1.5, 2.1.8.1, 2.2.2.3
Board	A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	2.1.3, 2.1.5, 2.2.2.1, 3.5.4.10, 3.8.5.9, 3.8.6
Board	B.2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's	3.1.1

Relating to	Code section	Summary of requirement	Section reference within the annual report
		university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	
Board	B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	3.1.1
Chair/Council of Governors	B.2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	3.5.4
Board	C.2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	3.8.5.7
Nomin ations Commit tee(s)	C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	3.1.1, 3.5.4.4, 3.5.4.5
Board	C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	3.1.1
Board	C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	3.1.3 3.8.5.7, 3.8.9
Nominations Committee(s)	C.4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports.	3.2.1, 3.2.3.2, 3.2.3.3, 3.5.4.5
Chair/Council of Governors	C.5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they	3.5.4.9

Relating to	Code section	Summary of requirement	Section reference within the annual report
		represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	
Audit Committee	D.2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	3.1.1, 3.5.5.1, 3.5.5.2, 3.8.6, 3.8.9
Board	D.2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	3.1.1 3.7
Board	D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	3.8.5
Board	D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	3.8.3, 3.8.5
Board	D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	2.1.6
Board/ Remuneration Committee	E.2.3	Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	n/a
Chair/Council of Governors	Appendix B, para 2.3 (not	The annual report should identify the members of the council of governors, including a description of the constituency or organisation	3.5.4.1

Relating to	Code section	Summary of requirement	Section reference within the annual report
	in Schedule A)	that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	
Chair/Council of Governors	Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	3.5.4.9
Board	Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	3.5.4.7, 3.5.4.9
Chair/Council of Governors	Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	3.5.4.7

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2024

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

CONTENTS

NATIONAL HEALTH SERVICE ACT 2006

DIRECTIONS BY NHS ENGLAND IN RESPECT OF NHS FOUNDATION TRUSTS' ACCOUNTS

NHS England, with the approval of the Secretary of State, in exercise of powers conferred on it by paragraphs 24(1A) and 25(1) of Schedule 7 to the National Health Service Act 2006 (the '2006 Act'), hereby gives the following Directions:

1. Application and interpretation

(1) These Directions apply to NHS foundation trusts in England.

(2) In these Directions:

(a) references to "the accounts" and to "the annual accounts" refer to:

for an NHS foundation trust in its first operating period since being authorised as an NHS foundation trust, the accounts of an NHS foundation trust for the period from point of licence until 31 March

for an NHS foundation trust in its second or subsequent operating period following initial authorisation, the accounts of an NHS foundation trust for the period from 1 April until 31 March

for an NHS foundation trust in its final period of operation and which ceased to exist as an entity during the year, the accounts of an NHS foundation trust for the period from 1 April until the end of the reporting period

(b) "the NHS foundation trust" means the NHS foundation trust in question.

2. Form and content of accounts

(1) The accounts of an NHS foundation trust kept pursuant to paragraph 24(1) of Schedule 7 to the 2006 Act must comply with the requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) in force for the relevant financial year.

3. Annual accounts

(1) The annual accounts submitted under paragraph 25 of Schedule 7 to the 2006 Act shall show, and give a true and fair view of, the NHS foundation trust's income and expenditure, cash flows and financial state at the end of the financial period.

(2) The annual accounts shall follow the requirements as to form and content set out in chapter 1 of the NHS foundation trust Annual Reporting Manual (FT ARM) in force for the relevant financial year.

(3) The annual accounts shall comply with the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) as in force for the relevant financial year.

(4) The Statement of Financial Position shall be signed and dated by the chief executive of the NHS foundation trust.

4. Annual accounts: Statement of accounting officer's responsibilities

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

5. Annual accounts: Foreword to accounts

(1) The foreword to the accounts shall be signed and dated by the chief executive of the NHS foundation trust.

Signed by the authority of NHS England
Signed:

Name: Amanda Pritchard (Chief Executive)
Dated: March 2024

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

OPINION

In our opinion the financial statements of Bradford Teaching Hospitals NHS Foundation Trust (the 'foundation trust' or the 'trust');

- give a true and fair view of the state of the foundation trust's affairs as at 31 March 2024 and of the foundation trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the statement of comprehensive income;
- the statement of financial position;
- the statement of changes in taxpayers' equity;
- the statements of cash flows; and
- the related notes 1 to 24.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the foundation trust is adopted in consideration of the requirements set out in the Department of Health and Social Care Group Accounting Manual which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

OTHER INFORMATION

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are

required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

RESPONSIBILITIES OF ACCOUNTING OFFICER

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation 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 foundation trust without the transfer of the foundation trust's services to another public sector entity.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the Trust and its control environment, and reviewed the Trust's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management and internal audit about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the Trust operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the Trust's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists, such as valuations and IT specialists, regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address them are described below:

- the determination of whether items of expenditure are capital in nature and, the value of work completed on major projects, as at 31 March 2024, are subjective: we tested the expenditure on a sample basis to assess whether they meet the relevant accounting requirements to be recognised as capital in nature; we agreed a sample of year-end capital accruals to supporting documentation and assessed whether the capitalised expenditure is recognised in the correcting accounting period.
- the judgemental nature of key assumptions used in property valuations: we engaged our property specialists to assess the assumptions and methodology used to value the estate; we tested the source data provided to the

valuer by the Trust and for a sample of assets we confirmed that the calculation of the valuation movement was correctly performed and correctly recorded in the underlying fixed asset records.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management and internal audit concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE NATIONAL HEALTH SERVICE ACT 2006

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006 in all material respects; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

USE OF RESOURCES

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

On 22 August 2024 we reported to the foundation trust a significant weakness in the foundation trust's governance arrangements.

The significant weakness reported was in relation to the performing, by NHS England, of a review in line with the National Quality Board's Guidance on Quality Risk, the subsequent moving of the Trust into NHS Oversight Framework Segment 3, and the undertaking, by the Care Quality Commission, of a Well Led Review, in response to the resignation of the Chair of the Trust and the ensuing adverse publicity. Our recommendations for improvement include ensuring that the Trust acts upon the recommendations made by NHS England and addresses any findings that may be made by the Care Quality Commission when they report the results of their review.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation 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 foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the Auditor Guidance Notes issued by the Comptroller & Auditor General, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

ANNUAL GOVERNANCE STATEMENT AND COMPILATION OF FINANCIAL STATEMENTS

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

REPORTS IN THE PUBLIC INTEREST OR TO THE REGULATOR

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of this matter.

Certificate of completion of the audit

We certify that we have completed the audit of Bradford Teaching Hospitals NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

USE OF OUR REPORT

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Bradford Teaching Hospitals NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Hewitson (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Newcastle upon Tyne, United Kingdom
30 August 2024

5. FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2024 have been prepared by Bradford Teaching Hospitals NHS Foundation Trust (the NHS foundation trust) in accordance with paragraph 24 and 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Signed:

Name: Mel Pickup (Chief Executive)
Dated: 29 August 2024

6. STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2024

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	2.1	525,531	495,982
Other operating income	2.1	75,400	77,606
Operating expenses	3.1	(607,218)	(581,399)
OPERATING (DEFICIT)		**(6,287)**	**(7,811)**
FINANCE COSTS			
Finance income	5	3,972	1,773
Finance expense	6.1	(432)	(465)
Public dividend capital dividends payable	6.2	(4,367)	(3,640)
NET FINANCE COSTS		**(827)**	**(2,332)**
Other (losses)		0	(48)
Share of profit of associates / joint ventures	10	165	865
DEFICIT FOR THE YEAR		**(6,949)**	**(9,326)**
Other comprehensive income **Will not be reclassified to income and expenditure:**			
Impairment losses	17.1	(4,584)	(5,873)
Revaluation gains	17.1	4,462	6,373
TOTAL COMPREHENSIVE EXPENDITURE FOR THE YEAR		**(7,071)**	**(8,826)**

All income and expenses shown relate to continuing operations.

The notes on pages 159 to 201 form part of these accounts.

7. STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2024

	Note	31 Mar 2024 £000	31 Mar 2023 £000
Non-current assets			
Intangible assets	7.1	8,785	8,575
Property, plant and equipment	8.2, 8.4	237,933	208,560
Right of use assets	9.1	9,750	10,882
Investments in associates and joint ventures	10	288	435
Trade and other receivables	12.1	2,069	2,000
Total non-current assets		**258,825**	**230,452**
Current assets			
Inventories	11	10,014	9,686
Trade and other receivables	12.1	22,605	27,097
Cash and cash equivalents	18.1	64,154	73,062
Total current assets		**96,773**	**109,845**
Current liabilities			
Trade and other payables	13	(85,441)	(93,578)
Borrowings	15.1	(3,086)	(3,095)
Lease liabilities	15.1	(1,432)	(1,397)
Provisions	16.1	(5,529)	(1,190)
Other liabilities	14	(12,404)	(11,664)
Total current liabilities		**(107,892)**	**(110,924)**
Total assets less current liabilities		**247,706**	**229,373**
Non-current liabilities			
Borrowings	15.1	(10,532)	(13,584)
Lease liabilities	15.1	(8,376)	(9,502)
Provisions	16.1	(4,561)	(7,206)
Other liabilities	14	(938)	(2,387)
Total non-current liabilities		**(24,407)**	**(32,679)**
Total assets employed		**223,299**	**196,694**
Financed by taxpayers' equity			
Public Dividend Capital		188,522	154,846
Revaluation reserve	17.1, 17.2	40,009	51,811
Income and expenditure reserve		(5,232)	(9,963)
Total taxpayers' equity		**223,299**	**196,694**

These accounts together with notes on pages 159 to 201 were approved by the Board of Directors on 29 August 2024.

Signed:

Name: Mel Pickup (Chief Executive)
Dated: 29 August 2024

8. STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2024

	Total	Public Dividend Capital	Revaluation reserve (see note 17.1)	Income and expenditure reserve
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2023	**196,694**	**154,846**	**51,811**	**(9,963)**
(Deficit) for the year	**(6,949)**	0		(6,949)
Other transfers between reserves	**0**	0	(11,680)	11,680
Net impairments	**(4,584)**	0	(4,584)	0
Revaluations – property, plant and equipment	**4,462**	0	4,462	0
Public dividend capital received	**33,676**	33,676	0	0
Taxpayers' equity at 31 March 2024	**223,299**	**188,522**	**40,009**	**(5,232)**
Taxpayers' equity at 1 April 2022	**201,890**	**151,216**	**52,912**	**(2,238)**
(Deficit) for the year	**(9,326)**	0	0	(9,326)
Other transfers between reserves	**0**	0	(1,601)	1,601
Net impairments	**(5,873)**	0	(5,873)	0
Revaluations – property, plant and equipment	**6,373**	0	6,373	0
Public Dividend Capital received	**3,630**	3,630	0	0
Taxpayers' equity at 31 March 2023	**196,694**	**154,846**	**51,811**	**(9,963)**

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 DHSC. 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 expenditure. 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.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

9. STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2024

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating (deficit)		(6,287)	(7,811)
Non-cash income and expense			
Depreciation and amortisation	3.1	15,737	16,996
Net Impairments	3.4	11,506	9,217
Income recognised in respect of capital donations (cash and non-cash)	2.1	(205)	0
Decrease / (increase) in trade and other receivables		4,607	(6,461)
Increase in inventories		(328)	(1,704)
Increase / (decrease) in trade and other payables		(20,319)	16,080
Decrease in other liabilities		(709)	(7,041)
Increase in provisions		1,636	3,049
Net cash flows from operating activities		**5,638**	**22,325**
Cash flows from investing activities			
Interest received		3,972	1,773
Proceeds from sales / settlements of financial assets / investments		312	430
Purchase of intangible assets		(4,146)	(2,659)
Purchase of property, plant and equipment		(39,117)	(25,580)
Sale of property, plant and equipment and investment property		0	50
Initial direct costs or up front payments in respect of new right of use asset (lessee)		(18)	(22)
Receipt of cash donations to purchase capital assets		167	0
Net cash flows used in investing activities		**(38,830)**	**(26,008)**
Cash flows from financing activities			
Public dividend capital received		33,676	3,630
Repayment of loans to the DHSC		(3,052)	(3,052)
Capital element of lease liability repayments		(1,406)	(1,327)
Interest paid on DHSC loans		(282)	(327)
Interest element of lease liability repayments		(101)	(109)
Public dividend capital dividend paid		(4,551)	(3,209)
Net cash flows from / (used in) financing activities		**24,284**	**(4,394)**
Decrease in cash and cash equivalents		(8,908)	(8,077)
Cash and cash equivalents at 1 April		73,062	81,139
Cash and cash equivalents at 31 March	18.1	**64,154**	**73,062**

NOTES TO THE ACCOUNTS

9.1.1. NOTE 1 ACCOUNTING POLICIES AND OTHER INFORMATION

NHS England has directed that the financial statements of all NHS foundation trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2023/24 issued by the DHSC. The accounting policies contained in the DHSC 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 DHSC GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS foundation 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.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and certain financial assets and financial liabilities.

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.

1.3 Consolidation

Joint Venture

Joint Ventures are arrangements in which the NHS foundation trust has joint control with one or more other parties, and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. Joint Ventures are accounted for using the equity method.

In 2015/16 the NHS foundation trust entered into two joint venture limited liability partnerships Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP. The NHS foundation trust currently holds a 33.33% equity investment in both organisations, with losses limited to £1 each, with Airedale NHS Foundation Trust and Harrogate and District NHS Foundation Trust (from October 2019). The joint ventures have been established to deliver and develop laboratory based pathology services.

NHS Charitable Fund

The NHS foundation trust has not consolidated the financial statements of Bradford Hospitals Charity (the Charity), charity registration number 1061753, on the grounds of materiality.

The NHS foundation 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 Charities (Accounts and Reports) Regulations 2008 (as modified by section 5 and the Schedule to Order) and the Statement of Recommended Practice (FRS 102, effective from 01 January 2015). The NHS foundation trust Board of Directors has devolved responsibility for the on-going management of funds to the Charitable Fund Committee, which administers the funds on behalf of the Corporate Trustee.

1.4 Income

Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The DHSC 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.

Fixed income from Commissioners is received in the month that performance obligations are delivered. All other activity is invoiced in arrears based on 30 day credit terms.

Revenue from NHS contracts

The main source of income for the NHS foundation trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England, Cancer Drug Fund and Hepatitis C based on actual usage or at a fixed baseline in addition to the price of the related service.

For 2023/24 West Yorkshire ICB and NHSE agreed with all West Yorkshire NHS Trusts to trial an alternative payment scheme to the national API scheme. Payments are based on the number of patients on waiting lists waiting over 52 weeks. A target number of patients was agreed for each NHS Trust at the start of the year. A £2,000 penalty was issued for each patient above the target with a £2,000 incentive payment received for each patient below the target. This encourages providers to increase activity but also focus on completing activity in the most efficient way by prioritising those who have waited for treatment the longest.

In 2023/24 for commissioners North Yorkshire ICB and Lancashire and South Cumbria ICB fixed payments were set at a level assuming the achievement of elective activity targets within 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is

provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the fixed element of API contracts.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 and 2023/24 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

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 NHS foundation trust's interim performance does not create an asset with alternative use for the NHS foundation trust, and the NHS foundation 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 NHS foundation trust recognises revenue each year over the course of the contract. For these contracts income is recognised in line with expenditure incurred to deliver the performance obligation. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The NHS foundation 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 NHS foundation 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. This has been measured by a Compensation Recovery Unit rate of 23.07% (2022/23: 24.86%).

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 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. Total apprentice service income for 2023/24 was £1,160,000 (2022/23: £1,015,000). Where these funds are paid directly to an accredited training provider from the NHS foundation 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.

1.5 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 annual accounts to the extent that employees are permitted to carry forward leave into the following period.

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 schemes are not designed in a way that would enable employers to identify their share of the underlying assets and liabilities. Therefore, the schemes are accounted for as though they are a defined contribution scheme: the cost to the NHS foundation 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 they become due.

Additional pension liabilities arising from early retirements are not funded by the schemes 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 NHS foundation trust commits itself to the retirement, regardless of the method of payment.

1.6 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 or an increase in inventory.

1.7 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 NHS foundation 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 a cost of at least £5,000; or
    - collectively, a number of items have a cost of at least £5,000 and individually have a cost of £250 or more, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control; or
    - have a cost of £250 or more and form part of the initial set up cost of a new building or refurbishment of a ward or unit, where the value is consistent with that of grouped assets.

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

Assets held at depreciated replacement cost have been on a single site basis with reprovision of all services on the current Bradford Royal Infirmary site. This meets the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. 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.

For non-operational properties, including surplus land, the valuations are carried out at open market value. Any new building construction or an enhancement to an existing building or building related expenditure of greater than, or equal to, £1,000,000 will necessitate a formal impairment valuation.

Depreciation

Items of property, plant and equipment are depreciated on a straight line basis over their 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 have 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 NHS foundation 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 SoCI as an item of 'other comprehensive income'.

Impairments

In accordance with the DHSC 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. In 2023/24 the impairment is £16,090,000 and in 2022/23 there was an impairment of £15,090,000.

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.

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.

The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the sales proceeds (if any) and the carrying amount of the asset and is recognised in the SoCI.

Donated, government grant and other 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.

This includes assets donated to the NHS foundation trust by the DHSC as part of the response to the coronavirus pandemic. As defined in the DHSC GAM, the NHS foundation trust applies the principle of donated asset accounting to assets that the NHS foundation trust controls and is obtaining economic benefits from at the year end.

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 is shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	20	48
Dwellings	26	44
Plant & machinery	5	15
Transport equipment	7	7
Information technology	4	10
Furniture & fittings	7	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the NHS foundation 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.

1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the NHS foundation 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 NHS foundation trust and where the cost of the asset can be measured reliably.

Software

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

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use

where the asset is income generating. Revaluation 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 on a straight line basis over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives for intangible assets are between 2 and 10 years.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of pharmacy inventories is measured using weighted average historical cost method. The cost of other inventories is measured using the First In First Out (FIFO) method. Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable through usage or sale.

The NHS foundation trust received inventories including personal protective equipment from the DHSC at nil cost. In line with the DHSC GAM and applying the principles of the IFRS Conceptual Framework, the NHS foundation trust accounted for 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 DHSC.

1.10 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 NHS foundation trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.11 Climate Change Levy

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

1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the NHS foundation 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 DHSC GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

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

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 are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the DHSC, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets the NHS foundation trust recognises an allowance for expected credit losses.

The NHS foundation 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).

Expected credit losses are calculated by applying a rolling 3 year average write off percentage against Non-NHS aged debt. The write off percentage for each financial year is based upon the total invoice written off against total invoices raised in the respective financial year. This approach is applied to a number of income streams to capture their different risk profiles.

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.

De-recognition

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

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

1.13 Leases

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

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

The NHS foundation trust as a lessee

Initial recognition and measurement

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

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

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

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

Subsequent measurement

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

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

The NHS foundation trust as a lessor

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

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

Finance leases

The NHS foundation trust does not currently hold Finance leases.

Operating leases

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

Initial application of IFRS 16 in 2022/23

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

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2023. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The NHS Foundation Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2023 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination. A deemed life of ten years was applied to property leases based on the planned use of the Trust estate including consideration of likely future reconfiguration.

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

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was reassessed with reference to the right of use asset.

1.14 Provisions

The NHS foundation 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

- where 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.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (2022/23: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHS Resolution, which, in return, settles all clinical negligence claims. Although the NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHS Resolution on behalf of the NHS foundation trust is disclosed at note 16 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS foundation trust pays an annual contribution to the 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.

1.15 Contingencies

Contingent assets (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 20 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 20, 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.

1.16 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 Trust. 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 NHS foundation trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the NHS foundation 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 NHS foundation 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 in the PDC dividend policy issues by the DHSC. This policy is available at https://www.gov.uk/government/publications-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the DHSC (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.

1.17 Value Added Tax

Most of the activities of the NHS foundation trust are an exempt VAT supply 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 both intangible assets and property, plant and equipment. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Corporation Tax

The NHS foundation trust is a Health Service body within the meaning of s519 ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to disapply the exemption in relation to the specified activities of a trust (s519A (3) to (8) ICTA 1988), but, as at 31 March 2024, this power has not been exercised. Accordingly, the NHS foundation trust is not within the scope of corporation tax.

1.19 Foreign exchange

The functional and presentational currencies of the NHS foundation trust are 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 NHS foundation trust has assets or liabilities denominated in a foreign currency at the SoFP date:

- monetary items are translated at the spot exchange rate on 31 March 2024;
- 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 SoFP 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.

1.20 Third party assets

Assets belonging to third parties in which the NHS foundation trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in note 18.1 to the accounts in accordance with the requirements of HM Treasury’s FReM.

1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the NHS 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.

1.22 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.

1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

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

IFRS 17 Insurance Contracts

The standard is yet to be adopted by the FReM and therefore early adoption is not permitted. Work has not yet started on understanding the impact that this standard will have in the NHS.

At this stage and subject to any interpretation by the FT ARM, we do not envisage a material impact on the NHS foundation trust's financial statements as a result of adopting IFRS 17.

1.25 Critical accounting judgements

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the NHS foundation trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Valuation of land and buildings

The valuation of land and buildings has been identified as a critical accounting judgement. The valuation is provided by an independent valuer, Cushman & Wakefield, who have applied the modern equivalent asset valuation. This assumes that rather the Trust would rebuild the hospital to a modern design that is significantly different than the existing estate. The modern equivalent is based on a single site and has a more efficient use of space due to technological advances in plant and machinery or reduced operational use.

The valuation of the NHS foundation trust's estate is based on reports from a Chartered Surveyor on a five-year rolling basis. The last full valuation was carried out at 31 March 2023. Desktop valuations are used to update the valuation in the intervening period. These property valuations and useful economic lives are based on the Royal Institute of Chartered Surveyors valuation standards. The valuation indices include estimates for building costs including materials and adjustments for local market values. The net book value of the NHS foundation trust's land, buildings and dwellings as at 31 March 2024 was £170,011,000 (31 March 2023: £170,507,000).

1.26 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:

i. The NHS foundation trust hold a number of provisions where the actual outcome may vary from the amount recognised in the financial statements. Provisions are based on the most reliable evidence available at the year-end, however by their nature they are a matter of estimation. Provisions that carry a high degree of uncertainty include those relating to legal settlements yet to be finalised. These include employment tribunals, claims relating to employee contracts and third party and employee liability claims. Details surrounding provisions held at the year-end are included in Note 16 Provisions. Uncertainties and issues arising from provisions and contingent liabilities are assessed and reported in Note 16 Provisions and Note 20 Contingent liabilities / assets. As at 31 March 2024 provisions amounted to £10,090,000 (31 March 2023: £8,396,000) and contingent liabilities amounted to £30,000 (31 March 2023: £75,000).

ii. When accounting for lease agreement the NHS foundation trust has applied a deemed life where appropriate to estimate the period for which the lease will be in place. This can include assumptions around taking up contractual extension periods or estimating the period a lease will be in place for a rolling contract. The total liability arising for these lease arrangements as at 31 March 2024 amounted to £9,808,000 (31 March 2023: 10,899,000).

9.1.2. NOTE 2 OPERATING INCOME

Note 2.1 Income from patient care (by nature)

	Note	2023/24 £000	2022/23 £000
Income from activities			
Income from commissioners under API contracts - variable element[1]		877	0
Income from commissioners under API contracts – fixed element[1]		453,910	409,373
High cost drugs income from commissioners		51,341	48,426
Other NHS clinical income		1,911	0
Private patient income		226	138
Elective recovery fund		0	12,004
Agenda for change pay award central funding[2]		286	10,867
Additional pension contribution central funding[3]		14,619	13,145
Other clinical income	2.2	2,361	2,029
Total income from activities		**525,531**	**495,982**
Other operating income from contracts with customers:			
Research and development		19,435	19,639
Education and training		26,693	24,040
Reimbursement and top up funding		0	2,593
Income in respect of employee benefits accounted on a gross basis	2.4	6,008	5,536
Other Income	2.5	15,397	17,441
Other non-contract operating income			
Research and development (non-contract)		5,602	5,820
Education and training		1,160	1,015
Receipt of capital grants and donations		205	0
Charitable and other contributions to expenditure		487	1,193
Revenue from operating leases	2.9	413	329
Total other operating income		**75,400**	**77,606**

Total	**600,931**	**573,588**
Of Which:		
Related to continuing operations	600,931	573,588
Related to discontinued operations	0	0

[1]Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/24 National Tariff payment systems documents. https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

[2]Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

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

Note 2.2 Other clinical income

Other clinical income in the main comprises Road Traffic Accident (RTA) income £1,137,000 (2022/23: £1,021,000), cystic fibrosis and maternity pathway £477,000 (2022/23: £580,000), and income from overseas patients £640,000 (2022/23: £427,000).

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24 £000	**2022/23 £000**
Income recognised this year	640	427
Cash payments received in-year	67	43
Amounts added to provision for impairment of receivables	480	345
Amounts written off in-year	108	38

Note 2.4 Income in respect of employee benefits accounted for on a gross basis

	2023/24 £000	2022/23 £000
Provider to provider income[1]		
Calderdale and Huddersfield NHS Foundation Trust	339	294
Airedale NHS Foundation Trust	1,653	1,733
Individual posts and services:		
Leeds Teaching Hospitals NHS Trust	264	239
Bradford District Care Trust	538	557
Other hospital across Yorkshire	208	209
Funding for other initiatives		
West Yorkshire ICB	964	614
DHSC and Health Education England	99	332
Non-NHS organisations including McMillian Cancer Support and Marie Curie Hospice for doctors, nurses, Allied Health Professionals and administrative staff	1,942	1,558

[1]Provider to provider income relates to services provided by the NHS foundation trust to other trusts or commissioners. Income recorded under this heading relates to Oral Surgery work, Ear, Nose and Throat, Ophthalmology, Vascular, Orthodontics and Optical services.

Note 2.5 Other income

Other income, in the main, includes income associated with services provided to other NHS and Non NHS organisations & local authorities £12,160,000 (2022/23: £11,412,000), pharmacy sales £1,286,000 (2022/23: £1,172,000), car parking income £1,152,000 (2022/23: £1,111,000), catering £230,000 (2022/23: £175,000), clinical excellence awards £378,000 (2022/23: £372,000) and staff accommodation £300,000 (2022/23: £262,000).

Note 2.6 Segmental analysis

The Chief Operating Decision Maker (CODM) is the Board of Directors because it is at this level where overall financial performance is measured and challenged. The Board of Directors primarily considers financial matters at a trust wide level. The Board of Directors is presented with information on clinical divisions but this is not the primary way in which financial matters are considered.

The NHS foundation trust has applied the aggregation criteria from IFRS 8 operating segments because the clinical divisions provide similar services, have homogenous customers, common production processes and a common regulatory environment. Therefore the NHS foundation trust believes that there is one segment and have reported under IFRS 8 on this basis.

To effectively manage financial performance the Board of Directors review organisation wide income and expenditure, cash, liquidity and capital programme delivery against an approved annual plan. The Board of Directors also review operational performance including waiting lists, achievement of the emergency care standard, length of stage and bed occupancy.

Note 2.7 Income from patient care (by source)

Income from activities	2023/24 £000	2022/23 £000
NHS England	105,289	108,842
Clinical commissioning groups	0	95,222
Integrated care boards[1]	417,645	289,751
NHS Foundation Trusts	209	187
NHS Trusts	376	393
NHS other (including Public Health England)	9	1
Non-NHS: private patients	226	138
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	640	427
Injury cost recovery scheme	1,137	1,021
Total income from activities	**525,531**	**495,982**
Of which:		
Related to continuing operations	525,531	495,982
Related to discontinued operations	0	0

[1] Integrated Care Boards (ICB) replaced Clinical Commissioning Groups (CCG) from 1 July 2022. Total income from ICBs and CCGs in 2023/24 was £417,645,000 (2022/23: £384,973,000).

Note 2.8 Income from activities arising from commissioner requested services

	2023/24 £000	2022/23 £000
Income for services designated as commissioner requested services	522,934	493,815
Income from services not designated as commissioner requested services	2,597	2,167
Total	**525,531**	**495,982**

Under the terms of its provider license, the NHS foundation 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 license and are services that commissioners believe would need to be protected in the event of provider failure.

Note 2.9 Operating leases - NHS foundation trust as lessor

This note discloses income generated in operating lease agreements where Bradford Teaching Hospitals NHS Foundation Trust is the lessor.

Operating lease income relates to letting out catering and retail space within both the Bradford Royal Infirmary and St Luke's Hospital and for the housing of telephone masts.

Operating lease income

	2023/24 £000	2022/23 £000
Lease receipts recognised as income in year:		
Variable lease receipts / contingent rents	413	329
Total in-year operating lease income	**413**	**329**

2.10 Future lease receipts

	31 March 2024 £000	31 March 2023 £000
Future minimum lease receipts due at 31 March:		
- not later than one year	426	420
- later than one year and not later than two years	431	430
- later than two years and not later than three years	444	435
- later than three years and not later than four years	458	435
- later than four years and not later than five years	473	438
- later than five years	1,993	491
Total	**4,225**	**2,649**

9.1.3. **Note 3 Operating expenses**

Note 3.1 Operating expenses

	Note	2023/24 £000	2022/23 £000
Purchase of healthcare from NHS and DHSC bodies		1,954	1,819
Purchase of healthcare from non NHS bodies and non-DHSC bodies		9,642	13,038
Staff and executive directors costs		360,331	346,730
Non-executive directors		97	104
Supplies and services – clinical (excluding drug costs)		57,815	54,638
Supplies and services – general		24,229	25,541
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)		53,763	47,710
Inventories written down		7	8
Consultancy costs		1,765	1,145
Establishment		3,301	2,410
Premises – business rates collected by local authorities		1,939	1,707
Premises – other		9,580	8,731
Transport – (business travel only)		600	539
Transport – other (including patient travel)		6	5
Depreciation on property, plant & equipment and right of use assets		13,093	11,791
Amortisation on intangible assets		2,644	5,205
Impairments net of (reversals)	3.4	11,506	9,217
Movement in credit loss allowance: contract receivables / assets		220	306
Change in provisions discount rate[1]		(163)	(654)
Audit services – statutory audit		243	132
Internal Audit – non-staff		233	233
Clinical negligence – amounts payable to the NHS Resolution (premium)		16,343	15,630
Legal fees		188	198
Insurance		551	461
Research and development – staff costs		11,176	10,791
Research and development – non-staff		10,341	10,366
Education and training – staff costs		11,235	9,454
Education and training – non-staff		2,076	1,163
Education and training – notional expenditure funded from apprenticeship fund		1,160	1,015
Expenditure on short term leases (current year only)		238	371
Redundancy costs		0	45
Car parking and security		12	10
Hospitality		(27)	11
Other losses and special payments – staff costs		0	377
Other losses and special payments – non-staff		22	112
Other services (e.g. external payroll)		1,098	1,040
Total		**607,218**	**581,399**

[1]2023/24 Change in provisions discount rate excludes £173,000 relating to the 2019/20 clinicians pension reimbursement which is reported within provisions but is held by NHS England and excluded from operational expenditure.

Note 3.2 Other audit remuneration

There were no non-audit fees payable to the external auditor in 2023/24 (2022/23: nil).

Note 3.3 Limitation on auditor's liability

In accordance with SI 2008 no.489, the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreement) Regulations 2008, the limitation on auditor's liability for the year ended 31 March 2024 is £1,000,000 (31 March 2023 £1,000,000).

Note 3.4 Impairment of assets

	2023/24 £000	2022/23 £000
Unforeseen obsolescence	0	215
Changes in market price	11,506	9,002
Total net impairments charged to operating surplus	**11,506**	**9,217**
Impairments charged to the revaluation reserve	4,584	5,873
Total net impairments	**16,090**	**15,090**

9.1.4. NOTE 4 EMPLOYEE EXPENSES

Note 4.1 Employee expenses

	2023/24 £000	2022/23 £000
Salaries and wages	291,461	284,093
Social security costs	30,875	28,991
Apprenticeship Levy	1,513	1,406
Employer's contributions to NHS Pensions	48,218	43,202
Pension cost – other	1,223	0
Temporary Staff - Agency / contract staff	9,985	9,807
Total	**383,275**	**367,499**
Included within :		
Costs capitalised as part of assets	533	147

All employer pension contributions in 2023/24 and 2022/23 were paid to the NHS Pensions Agency.

The operating employee expense, excluding costs capitalised as part of assets, of £382,742,000 (2022/23: £367,352,000) is reported in note 3.1 Operating expenses as Staff and executive directors costs of £360,331,000 (2022/23: £346,730,000), Research and Development – staff costs £11,176,000 (2022/23: £10,791,000) and Education and training – staff costs £11,235,000 (2022/23: £9,454,000). In 2023/24 special payments – staff costs were nil (2022/23: £377,000).

Salaries and wages include £26,833,000 for internal temporary bank staff (2022/23: £24,883,000).

Included in the above figures are the following balances for executive directors:

	2023/24 £000	2022/23 £000

Directors' remuneration	1,268	1,418
Employer pension contributions in respect of directors	117	125

Note 4.2 Average number of employees

	2023/24	2022/23
	WTE	WTE
Medical and dental	1,008	946
Administration and estates	2,048	1,929
Healthcare assistants and other support staff	811	749
Nursing, midwifery and health visiting staff	2,233	2,031
Scientific, therapeutic and technical staff	905	807
Other	4	4
Total	**7,009**	**6,466**
of which		
Number of employees engaged on capital projects	8	3

Note 4.3 Exit package cost band (including any special payment element)

	2023/24	2023/24	2022/23	2022/23
	Total number of exit packages	Total cost of exit packages £000	Total number of exit packages	Total cost of exit packages £000
<£10,000	1	8	1	3
£10,000 - £25,000	1	12	1	24
£25,001 - £50,000	0	0	0	0
£50,001 - £100,000	0	0	0	0
Total	**2**	**20**	**2**	**27**

Note 4.4 Exit packages: other (non-compulsory) departure payment

	2023/24	2023/24	2022/23	2022/23
	Agreements		Agreements	

	Number	Total value of agreements £000	Number	Total value of agreements £000
Contract payments in lieu of notice	1	8	1	16
Exit payments following employment tribunals or court orders	1	12	0	0
Total	**2**	**20**	**1**	**16**

Note 4.5 Early retirements due to ill health

	2023/24 £000	2023/24 Number	2022/23 £000	2022/23 Number
Number of early retirements on the grounds of ill-health	-	4	-	5
Value of early retirements on the grounds of ill-health	271	-	103	-

The costs of early retirement due to ill health are estimated on an average basis and the costs will be borne by the NHS Pension scheme.

Note 4.6 Analysis of termination benefits

	2023/24 £000	2023/24 Number	2023/23 £000	2023/23 Number
Number of cases		0		0
Cost of cases	0		0	

Note 4.7 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. The costs for 2023/24 and 2022/23 are shown in Note 4.1. The estimated costs for 2024/25 are £47,500,000.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The DHSC has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost of the cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contributions rates.

Auto-enrolment / NEST Pension Scheme

On 1 April 2013, the NHS foundation trust signed up to an alternative pension scheme, NEST, to comply with the Government's requirement for employers to enrol all their employees into a workplace pension scheme, to help people to save for their retirement.

From 1 April 2013, any employees not in a pension scheme were either enrolled into the NHS Pension Scheme or, where not eligible for the NHS Scheme, into the NEST Scheme. Employees are not entitled to join the NHS Pension Scheme if they:

- are already in receipt of an NHS pension;
- work full time at another trust; or
- are absent from work due to long-term sickness, maternity leave, etc. when the statutory duty to automatically enrol applies.

The NHS foundation trust is required to make contributions to the NEST pension fund for any such employees enrolled. From April 2019 onwards the combined contribution rate (employee and employer) is 8%, with a contribution of 3% from the NHS Foundation Trust.
Employees are permitted to opt out of the auto-enrolment, from either the NHS Pension Scheme or NEST, if they do not wish to pay into a pension, but they will lose the contribution made by the NHS foundation trust.

In the financial year to 31 Mar 2024, the NHS foundation trust made contributions totalling £82,000 into the NEST fund (31 March 2023 £115,000).

9.1.5. NOTE 5 FINANCE INCOME

	2023/24 £000	2022/23 £000
Interest on bank accounts	3,972	1,773
Total	**3,972**	**1,773**

Interest receivable relates to interest earned with the Government Banking Service and the National Loans Fund.

9.1.6. NOTE 6 FINANCE COSTS AND PUBLIC DIVIDEND CAPITAL DIVIDEND

Note 6.1 Finance costs

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

	2023/24 £000	2022/23 £000
Interest expense:		
Interest on loans from the DHSC	273	315
Interest on lease obligations	101	109
Total interest expense	**374**	**424**
Unwinding of discount on provisions	58	41
Total finance costs	**432**	**465**

Interest expense on loans from the DHSC of £273,000 (2022/23: £315,000) was due on the following loans.

Date Total Loan Taken	Duration of Loan	Total Loan Amount (£000)	Remaining Amount to Withdraw (£000)	Amount Repaid (£000)	Balance Outstanding (£000)	Total Interest (£000)
20 June 2016	20 Years	20,000	0	8,416	11,584	242
19 September 2016	8 Years	16,000	0	14,000	2,000	31
		36,000	**0**	**22,416**	**13,584**	**273**

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2023/24 or 2022/23.

Note 6.2 Public dividend capital dividend

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 Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as PDC dividend. See accounting policy 1.16 for an explanation of how this dividend is calculated.

The amount payable this year is £4,367,000 (2022/23: £3,640,000), which is the average relevant net assets for the year of £206,170,000 (2022/23: £195,129,000) less average daily cleared cash balance £81,397,000 (2022/23: £91,143,000) at 3.50%.

Note 6.3 Losses and special payments

NHS Foundation Trusts are required to record cash and other adjustments that arise as a result of losses and special payments. These losses to the NHS foundation trust will result from the write off of bad debts, compensation paid for lost patient property, or payments made for litigation claims in respect of personal injury. In year the NHS foundation trust has had 126 (2022/23: 115) separate losses and special payments, totalling £234,000 (2022/23: £519,000). The bulk of these were in relation to bad debts and ex gratia payments in respect of personal injury claims.

Losses and special payments are reported on an accruals basis but excluding provisions for future losses.

	2023/24 Total Number of Cases Number	2023/24 Total Value of Cases £000	2022/23 Total Number of Cases Number	2022/23 Total Value of Cases £000
Losses				
Cash losses	30	23	17	5
Bad debts and claims abandoned	67	116	56	69
Total losses	**97**	**139**	**73**	**74**
Special Payments				
Ex-gratia payments	29	95	42	445
Special severance payment	0	0	0	0
Total special payments	**29**	**95**	**42**	**445**
Total losses and special payments	**126**	**234**	**115**	**519**

Included within 2023/24 ex-gratia payments are salary sacrifice lease car VAT refunds of £41,000 (2022/23: £377,000). These payments were made following a refund to the NHS Foundation Trust for VAT paid on salary sacrifice lease cars. The refund was paid to staff who incurred these costs through their salary sacrifice agreements between October 2012 and August 2021.

9.1.7. NOTE 7 INTANGIBLE ASSETS

Note 7.1 Intangible assets 2023/24

	Total	Software licences
	£000	£000
Valuation / gross cost at 1 April	**24,268**	**24,268**
Additions – purchased / internally generated	2,854	2,854
Gross cost at 31 March	**27,122**	**27,122**
Accumulated amortisation at 1 April	**15,693**	**15,693**
Provided during the year	2,644	2,644
Amortisation at 31 March	**18,337**	**18,337**
Net book value at 31 March 2024	**8,785**	**8,785**
Net book value at 31 March 2023	**8,575**	**8,575**

Note 7.2 Intangible assets 2022/23

	Total	Software licences
	£000	£000
Valuation / gross cost at 1 April	22,538	22,538
Additions – purchased / internally generated	1,730	1,730
Gross cost at 31 March	**24,268**	**24,268**
Accumulated amortisation at 1 April	10,488	10,488
Provided during the year	5,205	5,205
Amortisation at 31 March	**15,693**	**15,693**
Net book value at 31 March 2023	**8,575**	**8,575**
Net book value at 31 March 2022	**12,050**	**12,050**

All assets classed as intangible meet the criteria set out in IAS 38 (2) in terms of identifiability, control (power to obtain benefits from the asset), and future economic benefits (such as revenues or reduced future costs). The cost less residual value of an intangible asset with a finite useful life is amortised on a systematic basis over that life, as required by IAS 38 (97).

The electronic patient records system is a material asset within the NHS foundation trusts intangible assets balance. The closing net book value of the asset was £1,040,000 (2022/23: £2,079,000) which will be amortised over the life of the service contract which expires on 31 January 2025.

9.1.8. NOTE 8 PROPERTY, PLANT AND EQUIPMENT

Note 8.1 Property, plant and equipment 2023/24

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April	**242,183**	**10,330**	**157,081**	**3,459**	**718**	**47,040**	**101**	**23,344**	**110**
Additions – purchased	**52,424**	0	15,827	43	15,536	14,767	69	6,172	10
Additions – donations / grants	**205**	0	0	0	61	144	0	0	0
Impairments charged to revaluation reserve	**(6,822)**	0	(6,530)	(292)	0	0	0	0	0
Reversal of impairments credited to revaluation reserve	**2,238**	0	2,238	0	0	0	0	0	0
Revaluations	**(11,688)**	0	(11,573)	(115)	0	0	0	0	0
Disposals	**(2,457)**	0	0	0	0	(2,012)	0	(445)	0
Valuation/Gross cost at 31 March	**276,083**	**10,330**	**157,043**	**3,095**	**16,315**	**59,939**	**170**	**29,071**	**120**
Accumulated depreciation at 1 April	**33,623**	**0**	**363**	**0**	**0**	**21,462**	**45**	**11,643**	**110**
Provided during the year	**11,628**	0	4,623	115	0	3,667	10	3,212	1
Impairments charged to operating expenses	**15,362**	0	15,362	0	0	0	0	0	0
Reversal of impairments charged to operating expenses	**(3,856)**	0	(3,856)	0	0	0	0	0	0
Revaluations	**(16,150)**	0	(16,035)	(115)	0	0	0	0	0
Disposals	**(2,457)**	0	0	0	0	(2,012)	0	(445)	0
Accumulated depreciation at 31 March	**38,150**	**0**	**457**	**0**	**0**	**23,117**	**55**	**14,410**	**111**

A desktop valuation for land, buildings and dwellings was carried out at 31 March 2024 by the independent valuer Cushman & Wakefield. The modern equivalent asset valuation was applied based on a single site replacement of the NHS foundation trust's buildings based at the Bradford Royal Infirmary.

Plant and Machinery assets with a total gross value of £2,012,000 were disposed of in 2023/24 (2022/23: £4,313,000). The vast majority of these assets had a nil net book value. The large disposal includes assets which have been held for over 7 years and were no longer in use.

Note 8.2 Property, plant and equipment financing 2023/24

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	**234,266**	10,330	154,766	3,095	16,254	35,036	115	14,661	9
Donated	**3,667**	0	1,820	0	61	1,786	0	0	0
Net book value at 31 March	**237,933**	**10,330**	**156,586**	**3,095**	**16,315**	**36,822**	**115**	**14,661**	**9**

There are no restrictions imposed by the donors on the use of donated assets.

Note 8.3 Property, plant and equipment 2022/23

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April	**240,326**	**10,877**	**156,001**	**3,100**	**9,205**	**41,892**	**56**	**19,084**	**111**
Additions – purchased[1]	**19,419**	0	6,173	13	(552)	9,461	45	4,280	(1)
Additions – donations / grants	**0**	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	**(9,750)**	0	(9,750)	0	0	0	0	0	0
Impairments charged to revaluation reserve	**3,877**	0	3,819	58	0	0	0	0	0
Reclassifications	**0**	0	7,935	0	(7,935)	0	0	0	0
Revaluations	**(7,356)**	(547)	(7,097)	288					
Disposals	**(4,333)**	0	0	0	0	(4,313)	0	(20)	0
Valuation/Gross cost at 31 March	**242,183**	**10,330**	**157,081**	**3,459**	**718**	**47,040**	**101**	**23,344**	**110**
Accumulated depreciation at 1 April	**31,981**	**0**	**362**	**0**	**0**	**22,083**	**39**	**9,390**	**107**
Provided during the year	**10,389**	0	4,624	104	0	3,379	6	2,273	3
Impairments charged to operating expenses	**12,438**	600	11,623	0	0	215	0	0	0
Reversal of impairments charged to operating expenses	**(3,221)**	0	(3,221)	0	0	0	0	0	0
Revaluations	**(13,729)**	(600)	(13,025)	(104)	0	0	0	0	0
Reclassifications	**0**	0	0	0	0	0	0	0	0
Disposals	**(4,235)**	0	0	0	0	(4,215)	0	(20)	0
Accumulated depreciation at 31 March	**33,623**	**0**	**363**	**0**	**0**	**21,462**	**45**	**11,643**	**110**

Note 8.4 Property, plant and equipment financing 2023/24

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - Purchased	**204,573**	10,330	154,608	3,459	718	23,701	56	11,701	0
Donated	**3,987**	0	2,110	0	0	1,877	0	0	0
Net book value at 31 March	**208,560**	**10,330**	**156,718**	**3,459**	**718**	**25,578**	**56**	**11,701**	**0**

[1]2022/23 Capital expenditure for Assets under construction includes the unwinding of expenditure accrued in 2021/22 for large building schemes. The final billing for these schemes was less than the amount accrued and is reported as negative in year capital expenditure.

9.1.9. NOTE 9 LEASES

This note details information about leases for which the Trust is a lessee. In the main the NHS foundation trust leases community based buildings from other NHS organisations. The NHS foundation trust also leases some items for medical equipment which are used for a range of services.

Note 9.1 Right of use assets 2023/24

	Total	**Property (land and buildings)**	**Plant & machinery**	**Of Which: leased from DHSC group bodies**
	£000	**£000**	**£000**	**£000**
Valuation / gross cost at 1 April 2023	**12,284**	**11,218**	**1,066**	**10,416**
Additions	**333**	333	0	314
Disposals / derecognition	**(20)**	0	(20)	0
Valuation/gross cost at 31 March 2024	**12,597**	**11,551**	**1,046**	**10,730**
Accumulated depreciation at 1 April 2023	**1,402**	**1,170**	**232**	**1,042**
Provided during the year	**1,465**	1,195	270	1,052
Disposals / derecognition	**(20)**	0	(20)	0
Accumulated depreciation at 31 March 2024	**2,847**	**2,365**	**482**	**2,094**
Net book value at 31 March 2024	**9,750**	**9,186**	**564**	**8,636**
Net book value at 1 April 2023	**10,882**	**10,048**	**834**	**9,374**
Net book value of right of use assets leased from NHS providers				1,075
Net book value of right of use assets leased from other DHSC group bodies				7,561

Note 9.2 Right of use assets 2022/23

	Total	Property (land and buildings)	Plant & machinery	Of Which: leased from DHSC group bodies
	£000	£000	£000	£000
IFRS 16 implementation - adjustments for existing operating leases / subleases	**11,919**	11,218	701	10,416
Additions	**365**	0	365	0
Valuation/gross cost at 31 March 2023	**12,284**	**11,218**	**1,066**	**10,416**
Provided during the year	**1,402**	1,170	232	1,042
Accumulated depreciation at 31 March 2023	**1,402**	**1,170**	**232**	**1,042**
Net book value at 31 March	**10,882**	**10,048**	**834**	**9,374**
Net book value of right of use assets leased from NHS providers				1,209
Net book value of right of use assets leased from other DHSC group bodies				8,165

Note 9.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 15.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March	**10,899**	**0**
IFRS 16 implementation - adjustments for existing operating leases	0	11,883
Lease additions	315	343
Interest charge arising in year	101	109
Lease payments (cash outflows)	(1,507)	(1,436)
Carrying value at 31 March	**9,808**	**10,899**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure. These payments are disclosed in Note 3.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 9.4 Maturity analysis of future lease payments at 31 March 2024

	Total 31 March 2024	Of which leased from DHSC group bodies: 31 March 2024	Total 31 March 2023	Of which leased from DHSC group bodies: 31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,528	1,161	1,495	1,091
- later than one year and not later than five years;	5,313	4,626	5,389	4,363
- later than five years.	3,338	3,272	4,451	4,364
Total gross future lease payments	**10,179**	**9,059**	**11,335**	**9,818**
Finance charges allocated to future periods	(371)	(348)	(436)	(400)
Net lease liabilities at 31 March 2024	**9,808**	**8,711**	**10,899**	**9,418**
Of which:				
- Leased from other NHS providers		1,085		1,215
- Leased from other DHSC group bodies		7,626		8,203

9.1.10. NOTE 10 INVESTMENTS IN JOINT VENTURES

	2023/24	2022/23
	£000	£000
Carrying value at 1 April - brought forward	**435**	**0**
Share of profit	165	865
Disbursements / dividends received	(312)	(430)
Carrying value at 31 March	**288**	**435**

The NHS foundation trust has a 33.33% equity share and voting rights in both Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP, with losses limited to £1 each. Neither Integrated Pathology Solutions, nor Integrated Laboratory Solutions hold capital assets.

The NHS foundation trust established Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP with Airedale NHS Foundation Trust in February 2016. Both organisations held a 50% equity share. In October 2019 Harrogate and District NHS Foundation Trust became a partner in both organisation and all three partners now hold a 33.33% equity share. Control is shared equally between the three partners and both organisations are considered to be joint ventures.

Interests in Joint Ventures:

	2023/24			2022/23		
	Profit £000	**Gross Assets £000**	**Net Assets £000**	**Profit £000**	**Gross Assets £000**	**Net Assets £000**
Integrated Laboratory Solutions LLP	342	5,891	586	711	3,570	932
Integrated Pathology Solutions LLP	153	3,428	229	330	1,506	373
Total	**495**	**9,319**	**815**	**1,041**	**5,077**	**1,305**

9.1.11. NOTE 11 INVENTORIES

	31 Mar 24 £000	**31 Mar 23 £000**
Consumables	4,948	4,379
Drugs	4,952	5,217
Energy	114	90
Total	**10,014**	**9,686**

Inventories recognised in expenses for the year were £53,973,000 (2022/23: £48,625,000). Write-down of inventories recognised as expenses for the year were £7,000 (2022/23: £8,000).

In response to the COVID 19 pandemic, the DHSC centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £226,000 of items purchased by DHSC (2022/23: £911,000).

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

9.1.12. NOTE 12 RECEIVABLES

Note 12.1 Trade receivables and other receivables

	31 Mar 24	31 Mar 23
	£000	£000
Current		
Contract receivables	14,893	21,724
Allowance for impaired contract receivables / assets	(1,250)	(1,097)
Prepayments	5,709	3,235
PDC dividend receivable	1,007	823
VAT receivables	1,597	2,002
Other receivables	649	410
Total	**22,605**	**27,097**
Non-current		
Contract receivables	1,269	1,020
Other receivables – revenue	800	980
Total	**2,069**	**2,000**
Of which receivables from NHS and DHSC group bodies		
Current	6,488	15,659
Non-current	800	980

Note 12.2 Allowances for credit losses 2023/24

	2023/24	2022/23
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April – brought forward	**1,097**	**805**
New allowances arising	279	235
Changes in existing allowances	(9)	46
Reversals of allowances	(50)	25
Utilisation of allowances (write offs)	(67)	(14)
Total	**1,250**	**1,097**

Note 12.3 Exposure to credit risk

The NHS foundation trust receives the majority of it's income from West Yorkshire ICB, NHS England and statutory bodies and therefore the credit risk is negligible.

9.1.13. NOTE 13 TRADE AND OTHER PAYABLES

	31 Mar 24 £000	31 Mar 23 £000
Current		
Trade payables	13,390	10,711
Capital payables	21,452	9,270
Other taxes payable	8,152	7,983
Pension contributions payable	4,841	4,189
Other payables	5,454	5,667
Accruals	32,152	55,758
Total	**85,441**	**93,578**
Of which payables from NHS and DHSC group bodies:		
Current	3,565	5,669

9.1.14. NOTE 14 OTHER LIABILITIES

	31 Mar 24 £000	31 Mar 23 £000
Current		
Deferred income: contract liabilities	12,404	11,664
Total other current liabilities	**12,404**	**11,664**
Non-current		
Deferred income: contract liabilities	938	2,387
Total other non-current liabilities	**938**	**2,387**

9.1.15. NOTE 15 BORROWINGS

Note 15.1 Borrowings

	31 Mar 24 £000	31 Mar 23 £000
Current		
Loans from DHSC (capital loans)	3,086	3,095
Lease liabilities	1,432	1,397
Total	**4,518**	**4,492**
Non-current		
Loans from DHSC (capital loans)	10,532	13,584
Lease liabilities	8,376	9,502
Total	**18,908**	**23,086**

Note 15.2 Borrowings Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2023	**16,679**	**10,899**	**27,578**
Cash movements:	(3,052)	(1,406)	(4,458)
Financing cash flows – payments and receipts of principal			
Financing cash flows – payments of interest	(282)	(101)	(383)
Non-cash movements:			
Additions	0	315	315
Application of effective interest rate	273	101	374
Carrying value at 31 March 2024	**13,618**	**9,808**	**23,426**

9.1.16. NOTE 16 PROVISIONS

Note 16.1 Provisions for liabilities and charges

	Current 31 Mar 24 £000	Current 31 Mar 23 £000	Non-current 31 Mar 24 £000	Non-current 31 Mar 23 £000
Pensions – Injury benefits	128	126	1,727	1,737
Legal claims	318	0	1,682	486
Equal pay	4,698	0	0	3,581
Other	385	1,064	1,152	1,402
Total	**5,529**	**1,190**	**4,561**	**7,206**

Note 16.2 Provisions for liabilities and charges analysis 2023/24

	Total	Pensions – Injury benefits	Legal Claims	Equal Pay	Other
	£000	£000	£000	£000	£000
At 1 April 2023	**8,396**	**1,863**	**486**	**3,581**	**2,466**
Change in the discount rate	**(336)**	(141)	0	0	(195)
Arising during the year	**3,418**	174	1,861	1,117	266
Utilised during the year	**(443)**	(88)	(32)	0	(323)
Reversed unused	**(1,055)**	0	(315)	0	(740)
Unwinding of discount rate	**110**	47	0	0	63
At 31 March 2024	**10,090**	**1,855**	**2,000**	**4,698**	**1,537**
Expected timings of cash flows:					
-not later than one year	**5,529**	128	318	4,698	385
-later than one year and not later than five years	**4,561**	1,727	1,682	0	1,152
Total	**10,090**	**1,855**	**2,000**	**4,698**	**1,537**

Legal claims relate to a provision for claims relating to high risk employment relations, pay and pension claims. Equal pay claims relate to a provision for claims relating to employment contracts.

Other contains amounts due as a result of third party and employee liability claims of £734,000. The values are based on information provided by the NHS Resolution, NHS Business Services Authority and NHS Pensions.

Other also includes clinician pension tax reimbursement of £803,000 (2022/23: £983,000). This relates to a commitment to repay clinicians the tax charge they incur when their pension grows above the annual allowance threshold. Payment will be made on retirement and the scheme is only open to members of the NHS Pension scheme.

As at 31 March 2024 the provisions of NHS Resolution include £221,119,000 (31 March 2023: £252,376,000) in respect of clinical negligence liabilities of the NHS foundation trust.

9.1.17. NOTE 17 REVALUATION RESERVE MOVEMENT

Note 17.1 Revaluation reserve movement – 2023/24

	Note	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April		51,811	0	51,811
Net Impairments	3.4	(4,584)	0	(4,584)
Revaluations		4,462	0	4,462
Transfers to other reserves		(11,680)	0	(11,680)
Revaluation reserve at 31 March		**40,009**	**0**	**40,009**

Note 17.2 Revaluation reserve movement – 2022/23

	Note	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April		52,912	0	52,912
Net Impairments	3.4	(5,873)	0	(5,873)
Revaluations		6,373	0	6,373
Transfers to other reserves		(1,601)	0	(1,601)
Revaluation reserve at 31 March		**51,811**	**0**	**51,811**

9.1.18. NOTE 18 CASH AND CASH EQUIVALENTS

Note 18.1 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24 £000	2022/23 £000
At 1 April	**73,062**	**81,139**
Net change in year	(8,908)	(8,077)
At 31 March	**64,154**	**73,062**
Broken down into:		
Cash at commercial banks and in hand	32	17
Cash with the Government Banking Service	64,122	73,045
Cash and cash equivalents as in SoFP and SoCF	**64,154**	**73,062**

Third party assets held by the NHS foundation trust at 31 March 2024 were £3,000 (31 March 2023: £3,000).

Note 18.2 Pooled budgets

The NHS foundation trust is not party to any pooled budget arrangements in 2023/24 or 2022/23.

9.1.19. NOTE 19 CONTRACTUAL CAPITAL COMMITMENTS AND EVENTS AFTER THE REPORTING PERIOD

Note 19.1 Contractual capital commitments

Commitments under capital expenditure contracts at the reporting date were £2,459,000 (31 March 2023: £1,328,000). The NHS foundation trust has capital commitments for a number of capital schemes which include the purchase of a number of pieces of medical equipment, a number of pieces of IT hardware and software, and a number of estates enabling work schemes.

Note 19.2 Other financial commitments

Other financial commitments at the reporting date were £1,236,000 (31 March 2023: £2,523,000). The NHS foundation trust has financial commitments for the ongoing support and maintenance charges for the electronic patient records system.

Note 19.3 Events after the reporting period

There are no events after the reporting period to disclose.

9.1.20. NOTE 20 CONTINGENT LIABILITIES / ASSETS

	31 Mar 24 £000	31 Mar 23 £000
Value of contingent liabilities		
NHS Resolution legal claims	30	75
Total	**30**	**75**

NHS Resolution contingent liabilities consist entirely of non-clinical claims, such as for personal injury, where the probability of settlement is very low.

9.1.21. NOTE 21 RELATED PARTY TRANSACTIONS

Note 21.1 Related party transactions

The NHS foundation trust is a public interest body authorised by NHSE, the Independent Regulator for NHS foundation trusts.

During the year none of the Board members nor members of the key management staff, nor parties related to them, has undertaken any material transactions with the NHS foundation trust.

The Register of Interests for the Council of Governors for 2023/24 has been compiled in accordance with the requirements of the Constitution of the NHS foundation trust.

The DHSC is regarded as a related party. During the year the NHS foundation trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These include NHS England, NHS Resolution, HM Revenue and Customs, NHS Pension Service, Health Education England, NHS Bradford Districts CCG, NHS Bradford City CCG and NHS Airedale, Wharfedale and Craven CCG and West Yorkshire ICB.

The NHS foundation trust has also received capital payments from a number of funds held within the Charity, the trustee of which is the NHS foundation trust. Furthermore, the NHS foundation trust has levied a management charge on the Charity in respect of the services of its staff. The Charity accounts have not been consolidated into the NHS foundation trust's accounts (see note 1.3).

Note 21.2 Related party balances

	2023/24 Income £000	2023/24 Expenditure £000	2022/23 Income £000	2022/23 Expenditure £000
Value of transactions with other related parties				
Charitable fund	561	0	464	0
Non-consolidated joint ventures	28	11,804	149	11,358
Total	**589**	**11,804**	**613**	**11,358**

	2023/24 Receivables £000	2023/24 Payables £000	2022/23 Receivables £000	2022/23 Payables £000
Value of balances with other related parties				
Charitable fund	0	0	13	0
Non-consolidated joint ventures	33	1,830	179	362
Total as at 31 March	**33**	**1,830**	**192**	**362**

In line with the DHSC interpretation of IAS 24 related parties the NHS foundation trust only collect details of transactions and balances with bodies or persons outside of the whole of government accounts boundary.

9.1.22. NOTE 22 PRIVATE FINANCE TRANSACTIONS

The NHS foundation trust is not party to any Private Finance Initiatives. There are therefore no on-SoFP or off-SoFP transactions which require disclosure.

9.1.23. NOTE 23 FINANCIAL INSTRUMENTS

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 NHS foundation trust actively seeks to minimise its financial risks. In line with this policy, the NHS foundation 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 NHS foundation trust in undertaking its activities.

Liquidity risk

Liquidity risk is the NHS foundation trust's ability to meet its cash obligations in delivering services to patients.

The NHS foundation trust's net operating costs are predominantly incurred to deliver, one year, nationally mandated healthcare contracts with a range of Commissioners. Commissioners are financed from resources voted annually by Parliament. In 2023/24 and 2022/23 the NHS foundation trust received contract income in accordance with set block payments paid on a monthly basis.

The NHS foundation trust currently finances the majority of its capital expenditure from internally generated funds and funds made available from Government, in the form of additional Public Dividend Capital, under an agreed limit. In addition, the NHS foundation trust can borrow, both from the DHSC Financing Facility and commercially, to finance capital schemes. Financing is drawn down to match the spend profile of the scheme concerned and the NHS foundation trust is not, therefore, exposed to significant liquidity risks in this area.

Interest rate risk

Interest rate risk is the NHS foundation trust's exposure to interest rates fluctuations.

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

Foreign currency risk

Foreign currency risk is the NHS foundation trust's exposure to changing currency exchange rates impacting income, expenditure or the value of assets and liabilities.

The NHS foundation trust has negligible foreign currency income, expenditure, assets or liabilities.

Credit risk

Credit risk is the potential for lost income should creditors be unable to pay debts owed to the NHS foundation trust.

The NHS foundation trust receives the majority of its income from NHS England, West Yorkshire ICB and statutory bodies and therefore the credit risk is negligible.

The NHS foundation trust's treasury management policy minimises the risk of loss of cash invested by limiting its investments to:

- the Government Banking Service and the National Loans Fund;
- UK registered banks directly regulated by the FSA ; and
- UK registered building societies directly regulated by the FSA.

The policy limits the amounts that can be invested with any one non-government owned institution and the duration of the investment to between £3,000,000 and £12,000,000 for no more than 3 months.

Price risk

Price risk is due to increases or decreasing market prices leading to high costs or reduced income for the NHS foundation trust.

The NHS foundation trust is not materially exposed to any price risks through contractual arrangements.

9.1.24. NOTE 24 FINANCIAL ASSETS AND LIABILITIES

Note 24.1 Financial assets by category

	31 Mar 24	31 Mar 23
	£000	£000
Assets as per SoFP at 31 March		
Trade and other receivables excluding non-financial assets – with NHS and DHSC bodies	6,280	15,816
Trade and other receivables excluding non-financial assets – with other bodies	10,081	7,221
Cash and cash equivalents at bank and in hand	64,154	73,062
Total	**80,515**	**96,099**

All financial assets are held at amortised cost.

Note 24.2 Financial liabilities by category

	31 Mar 24	31 Mar 23

	£000	£000
Liabilities as per SoFP at 31 March		
Borrowings excluding finance lease and PFI liabilities	13,618	16,679
Obligations under leases	9,808	10,899
Trade and other payables excluding non-financial liabilities – with NHS and DHSC bodies	3,433	5,604
Trade and other payables excluding non-financial liabilities – with other bodies	70,523	79,991
Provisions under contract	7,657	5,849
Total	**105,039**	**119,022**

All financial liabilities fall within "other financial liabilities" and are held at amortised cost.

Note 24.3 Fair values

For all of the NHS foundation trust's financial assets and financial liabilities, fair value approximates carrying value.

Note 24.4 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 Mar 24	31 Mar 23
	£000	£000
In one year or less	83,974	91,260
In more than one year but not more than five years	12,679	17,411
In more than five years	10,053	12,356
Total	**106,706**	**121,027**

10. ACRONYMS

CCG	Clinical Commissioning Group
CQUIN	Commissioning for Quality and Innovation
DHSC	Department of Health and Social Care
DHSC GAM	Department of Health and Social Care Group Accounting Manual
FT ARM	NHS Foundation Trust Annual Reporting Manual
FReM	Financial Reporting Manual
FSA	Financial Services Authority
IAS	International Accounting Standards
ICB	Integrated Care Board
ICTA	Income and Corporate Taxes Act
IFRIC	International Financial Reporting Interpretations Committee
IFRS	International Financial Reporting Standards
MEA	Modern Equivalent Asset
NEST	National Employment Savings Trust
NHS	National Health Service
ONS	Office for National Statistics
PDC	Public Dividend Capital
SoCI	Statement of Comprehensive Income
SoCF	Statement of Cash Flows
SoFP	Statement of Financial Position
The Charity	Bradford Hospitals' Charity
VAT	Value Added Tax
WTE	Whole Time Equivalents