



Bradford Teaching Hospitals
NHS Foundation Trust

Annual Report and Accounts 2024/25

Bradford Teaching Hospitals NHS Foundation Trust

**Annual Report and Accounts
2024/25**

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

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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 667,000 and employs over 7,000 people working across seven 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

2024/25 has been another year of significant challenges and achievements for the Trust. Against a backdrop of sustained operational pressures, our colleagues have continued to demonstrate professionalism, resilience, and dedication to ensuring our patients remain our number one priority.

Throughout the year, our hospitals have faced unprecedented demand, particularly in emergency care, while continuing to tackle the backlog of cases exacerbated by the COVID-19 pandemic. Despite these challenges, we have made great strides in improving patient care, investing in innovation, and strengthening our workforce.

We were proud to see our Neonatal Services achieve an 'Outstanding' rating from the Care Quality Commission (CQC) for the exceptional care they provide to newborns and their families. Medical Care Services, including older people's care, at Bradford Royal Infirmary and St. Luke's Hospital received a 'Good' overall rating, recognising the compassion, safety, and leadership within these vital services. While the overall rating for Maternity Services could not be changed in the latest

CQC review as not all domains were assessed, we saw improvements in the ‘well-led’ and ‘safe’ domains, reflecting the team’s commitment to providing high-quality care.

Innovation and investment in technology continue to drive improvements across our hospitals. We introduced artificial intelligence in radiology to enhance the diagnostic accuracy of chest x-rays, expanded virtual clinics to provide care closer to home, and we adopted a new language translation app to assist staff in communicating with non-English speaking patients.

Key developments in our hospital infrastructure have also been a highlight of the year. Construction is underway on our new £24m endoscopy unit at Bradford Royal Infirmary, scheduled to open in 2025, which will enhance our ability to provide timely, high-quality diagnostic and treatment services.

Our new £19m day case surgical unit at St. Luke’s Hospital will increase capacity for over 5,000 additional procedures annually. It brings together the skills and expertise of staff under one roof – reducing waiting times for some of the most common procedures.

The first Community Diagnostic Centre in West Yorkshire opened at Eccleshill, offering much-needed additional diagnostic capacity for earlier treatment and reducing health inequalities.

We have also focused on enhancing patient experience and staff wellbeing. Our new Reflection Garden at Bradford Royal Infirmary offers a tranquil space for patients, colleagues, and visitors. We transformed staff gyms at both main hospitals to better support the wellbeing of colleagues. Our Ramadan ‘fast-pack’ campaign gained national recognition, demonstrating our commitment to supporting staff from all backgrounds, and we extended visiting hours during Ramadan and Eid, to allow people enough time to visit their loved ones during the period of celebration.

Our dedication to research and innovation remains strong. The Bradford Institute for Health Research (BIHR) continues to lead pioneering health studies, including Europe’s first clinical trial using injections to treat asthma and a groundbreaking study into whether better blood pressure management can reduce the risk of falls in older adults. Additionally, Bradford was awarded nearly £7m to set up one of 20 new Commercial Research Delivery Centres (CRDC) and will act as a regional hub for pioneering clinical trials, creating opportunities to test innovative new treatments with the latest equipment and technology.

In line with our ambition to be one of the best NHS employers, we continued our Thrive programme, hosting numerous engagement events and holding monthly staff awards. Our People Charter, co-created with staff, continues to bring our Trust values to life. We were honoured to be recognised as a People Promise exemplar site by NHS England, reflecting our commitment to workplace excellence.

As we look ahead, we remain focused on our mission to provide outstanding care, reduce health inequalities, and improve the lives of the communities we serve. None of these achievements would have been possible without the unwavering dedication of our colleagues, and we extend our heartfelt thanks and appreciation 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 constitution¹](https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/11/BTHFT-Constitution-November-2024-Final.pdf) 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.

¹ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/11/BTHFT-Constitution-November-2024-Final.pdf>

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 Corporate Strategy 2022-2027’, 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 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 Committees of the Board and to the Board² at each meeting.

In March 2025, the Board approved a new Strategic Framework for the last two years of the corporate strategy. The framework reaffirms the vision, values and strategic objectives, improves the monitoring and reporting arrangements and confirms the Trust’s improvement method to support implementation.

Our Emergency Department emergency care standard performance is among the best in the country. Bradford ranks first for hospital trusts across West Yorkshire, fourth for the North East and Yorkshire region, and tenth nationally.

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 vision, objectives and values is below:

² <https://www.bradfordhospitals.nhs.uk/our-trust/bod-meetings/>

Our Vision, Objectives and Values



Image shows our vision, objectives and values

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

Final Clinical Service Unit (CSU) Structure

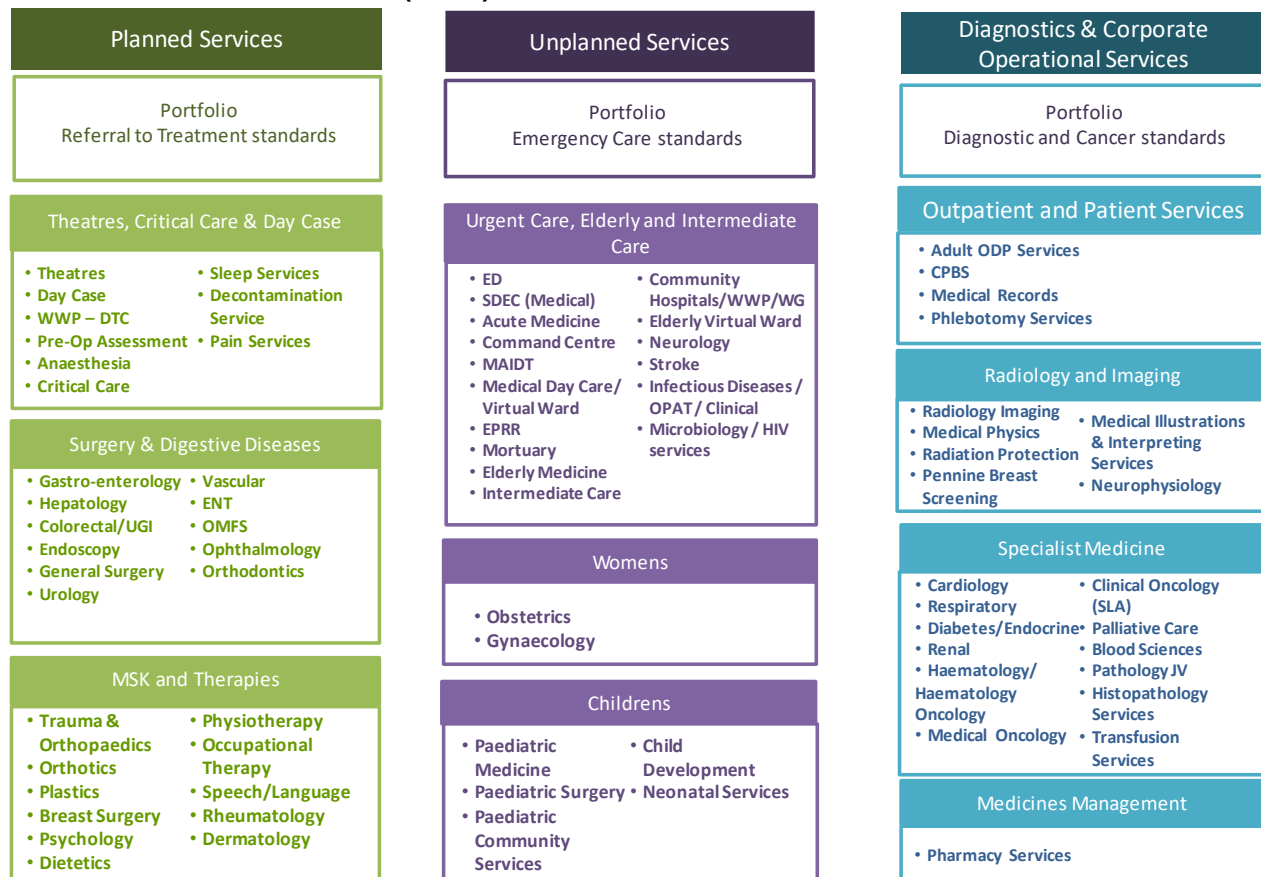


Image shows the Clinical Service Unit (CSU) structure

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](https://www.legislation.gov.uk/ukpga/2003/43/contents)^[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, Eccleshill, Skipton and the Bradford Macula Centre. It serves a population of around 667,000 people from Bradford and the surrounding area. We have approximately 617 acute beds for overnight stays, 61 intermediate/community care beds, and 152 beds for day only admissions, plus a further 145 beds/cots within the Maternity and Neonatal Units. We employ over 7,637 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 177 active volunteers currently supporting our services. In 2024/25 our Trust services delivered 5,283 babies, performed 18,336 operations in theatre and handled 520,626 outpatient appointments. We had 147,534 attendances at our Emergency Department, and a further 11,776 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 Committee 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 2024/25 include maintaining financial stability and sustainability due to the stretching 'Closing the Gap' programme target of £38.9m, maintenance and development of the care environment, management of patient flow and effective board membership and governance arrangements.

Two new strategic risks were added to the BAF during the year:

- If we fail to have a robust clinical workforce model that meets increasing demand, then we will not be able to deliver elective and non-elective care in a timely manner, resulting in delays for our patients, impacting on quality, safety and widening health inequalities (current score 16).
- If we fail to manage patient flow, then we will have patients staying in hospital longer than necessary, resulting in increased risk of deconditioning, hospital acquired infection and patients not being able to be seen in the emergency department and acute admission areas (current score 20).

The risks have been mitigated through a range of controls which are reported on the BAF. This includes tight governance of the financial position through the 'Closing the Gap' programme, development of an Estates Strategy and prioritisation of backlog maintenance, and the implementation of an improvement programme within the Accident and Emergency department.

It is anticipated that the financial position will continue to be challenging during 2025/26, 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 2025/26, the Trust has a projected deficit of £17m, which requires productivity savings of £33m.

Further details, including the Trust's highest scoring operational risks as at March 2025 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 are also creating opportunities to improve our services and patient experience through our new capital developments including a new Community Diagnostic Centre, a dedicated day case unit at St Luke's Hospital, and a new endoscopy suite.

The BAF was maintained by the executive directors throughout the year and presented to the Board of Directors on a quarterly basis. 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

NHS West Yorkshire Integrated Care Board has developed its second edition of its Joint Forward Plan with its partners to help deliver the West Yorkshire Integrated Care Strategy.

The joint forward plan sets out how the NHS West Yorkshire Integrated Care Board will meet local population's health needs and how the partnership intends to arrange and / or provide NHS services to meet the physical and mental health needs of its population.

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 2024/25 which is fully utilised. The capital plan for 2024/25 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 utilised 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 utilise this resource to support 'business as usual' capital schemes, such as backlog maintenance, equipment replacement and IT expenditure.

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

2.1.8. SUMMARY OF PERFORMANCE

2.1.8.1. Performance summary

During the 2024/25 financial year, the Trust has been working to improve its performance against the core contractual targets, including those indicated within the NHS Oversight Framework and those aligned to the operational priorities within the 2024/25 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 2024/25 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-24	83.18%	79.95%	74.12%	64.35%	0	114.79
May-24	83.06%	76.62%	64.48%	64.69%	0	116.36
Jun-24	83.38%	75.21%	72.20%	64.31%	0	116.90
Jul-24	84.15%	79.44%	66.03%	63.30%	1	116.41
Aug-24	83.34%	81.47%	69.73%	62.27%	1	116.35
Sep-24	82.49%	79.02%	70.00%	62.03%	1	116.63
Oct-24	81.41%	80.26%	68.39%	61.77%	0	115.19
Nov-24	81.40%	78.72%	71.99%	61.73%	0	115.64
Dec-24	80.92%	83.24%	78.47%	62.26%	0	116.37
Jan-25	82.10%	78.38%	68.38%	60.62%	0	
Feb-25	82.12%	81.04%	68.09%	60.82%	0	
Mar-25	82.96%	82.49%	76.70%	62.39%	0	
2024/25	82.53%	79.56%	70.76%	62.58%	3	116.37*
2023/24	78.81%	83.13%	70.36%	66.84%	4	114.60

* Latest available Summary Hospital-Level Mortality Indicator (SHMI) is up to Dec-24

During 2024/25 the Trust has increased the amount of elective activity it has undertaken with significant improvement in theatre operating and outpatient attendances. GP referrals, especially for suspected cancer and other urgent conditions, have remained higher than previous years and attendances to the Emergency Department also remained high.

Patients attending the Emergency Department waited less time for a decision about their care during 2024/25 compared to the previous year. The Trust's position compared to other acute providers improved further over this period. The Ambulatory Emergency Care Unit and Urgent Treatment Centre co-located with our main Emergency Department has supported patients to be seen in the area that best meets their needs whilst reducing overcrowding and wait times to be seen. An Acute Care Programme has been launched in 2024/25 and will continue into next year with a focus on improving patient and staff experience, patient flow and addressing overcrowding in the Emergency Department through stakeholder engagement, workshops with colleagues, health planners, and architects for an 'ED Redesign'.

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. Cancer treatment has improved during the year although performance against the overall 62-day first treatment has remained in line with the previous year and national planning target, but below the constitutional standard. Improvements across specific diagnostic phases, in consistent treatment pathways, and patient attendance to appointments are planned for 2025/26 in response to this.

Referral to Treatment (RTT) performance reduced during 2024/25 although the overall waiting list size reduced in line with increased activity. The Trust 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 has reviewed the effectiveness of outpatient appointments to progress and conclude episodes of care and a focus on referral optimisation and the ability to make decisions earlier in a patient's journey has reduced the volume

of waits under 18-weeks, which initially means performance deteriorates but in the longer-term it will improve.

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 Committee, a sub-committee of the Board chaired by a Non-Executive Director. The Quality Dashboard has been reviewed to reflect our quality priorities with a mix of process and outcome measures. Further metrics to support our improvement work around the safe prescription, dispensing and administration of medicines are currently being tested. Our quality metrics are reviewed with clinical teams to support ownership and accountability at the point of care delivery as part of the Trusts Accountability and Governance Frameworks.

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 September 2024.

We have maintained focus on all elements of the National Patient Safety Strategy including the embedding of the Patient Safety Incident Response Framework (PSIRF) and moving to the new national Learning From Patient Safety Events (LFPSE) platform. This includes progress in the improvement programmes identified as part 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.

Health Inequalities Statement

During 2024/25 we have continued to analyse our hospital data to understand if there is variation for those 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 accessing care and develop targeted interventions to address these disparities.

Bradford District and Craven has a young and diverse population. It also has comparatively high levels of deprivation. 30.5% of the overall population are ethnically diverse (38.9% within Bradford District), 46.9% live in CORE20 (most deprived) postcodes, and 23.7% of the overall population are under 18. This picture changes by ward and whilst Trust-level analysis is presented in the following section we have found it essential to review at a more granular level before drawing conclusions.

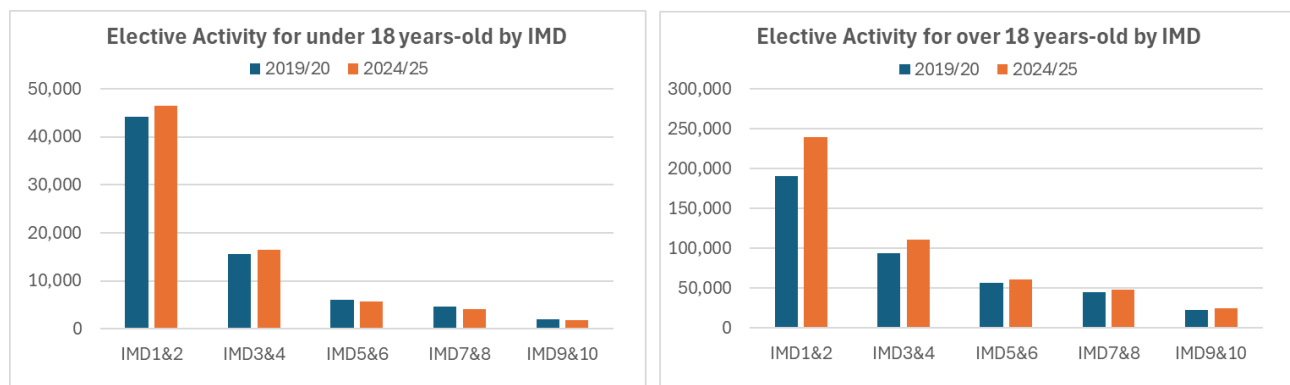
Elective Activity

The Trust has restored its elective activity to levels above what was delivered pre-pandemic (Activity in 2024/25 being 16.7% more than in 2019/20) with waiting time improvements for under 18-year-olds and over 18-year-olds as a result. Demand for elective care is slightly higher for CORE20 postcodes than the population breakdown, although slightly lower for cancer treatment.

Immediately following the pandemic, we identified that patients from more deprived areas were waiting slightly longer and that they were nearly twice as likely to not attend their appointments. Analysis by age and ethnicity showed alignment to the demographics of each element that makes up the Index of Multiple Deprivation (IMD). Significant focus was placed on this, and improvements have been made with the likelihood of not attending reduced and waiting times now comparative by urgency and treatment type.

During 2024/25 we have also focussed on understanding cancer demand by IMD, age, and ethnicity. Variation observed for inner city Bradford primary care networks was used to target work including the offer of free bus travel to those referred from these areas. This focus has supported an increased attendance rate and alongside other initiatives has resulted in a proportional increase in activity for the CORE20 over 18-year-old population.

Figure 2 - Elective Activity 2024/25 compared to pre-pandemic levels by IMD



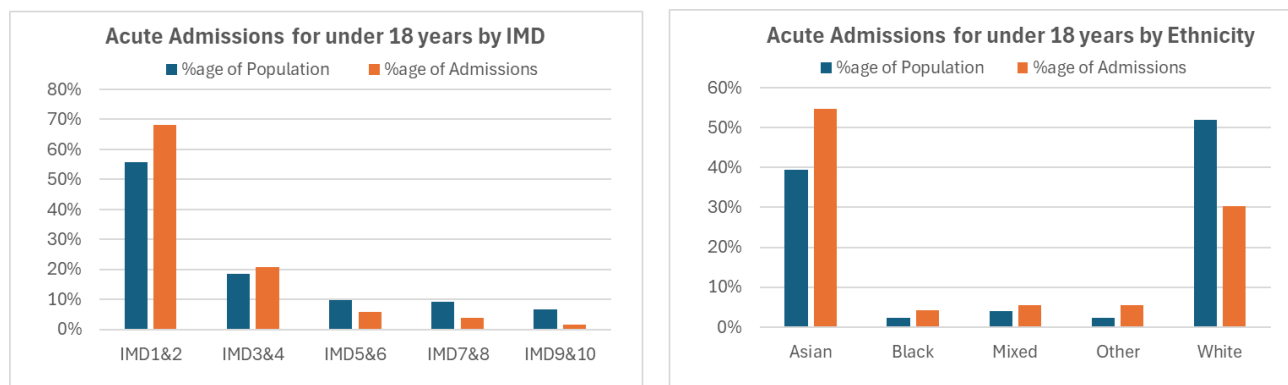
Emergency Admissions for Under 18-year-olds

In Bradford District and Craven, 55.6% of the under 18-year-old population live in CORE20 postcodes and 45.8% are ethnically diverse. Comparing admissions to the demographics of the population suggests higher than expected admissions for these groups.

By IMD, the higher admission for those most deprived reflects ED attendance patterns with no clear variation in admission rates per attendance. As a result, we have worked closely with primary care and community groups to explore whether they represent an unmet need within the more deprived communities. The closer proximity to the ED at Bradford Royal Infirmary (BRI) for the more deprived population explains some of this but further work is planned as part of the Trust's Acute Care Programme in 2025/26.

By Ethnicity, the analysis has shown a higher than expected number of acute admissions for ethnically diverse patients, particularly Asian under 18-year-olds. This is a trend that isn't repeated for the adult population. There is some correlation to IMD but as a rate per ED attendance, admissions of ethnically diverse patients remain higher. The complexity of presentations from these communities is increasing over time and patients can present multiple times over short periods of time. As a partner within the Bradford District and Craven Health and Care Partnership we are committed to working with system partners to ensure services outside of Hospital are in place and supporting care at home wherever possible.

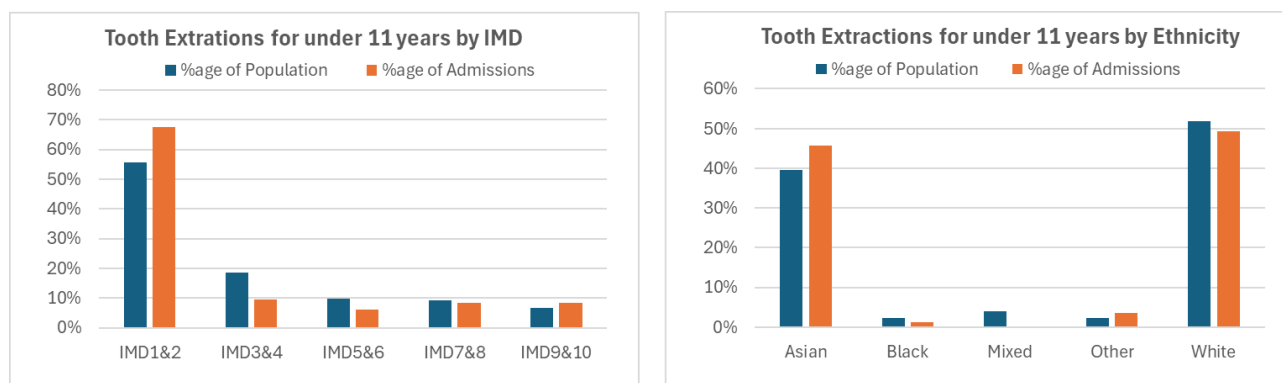
Figure 3 - Acute Admission 2024/25 compared to BD&C demographics



Tooth Extractions

A similar trend to admission can be observed for the number of tooth extractions in Children aged 10 or younger. This is a marker of poor oral health and indicates that this is more prevalent with the more deprived parts of the population. Adjusting the Ethnicity analysis for IMD representation suggests a more proportionate split for Asian and White children whilst increasing the age reduces the variation by IMD. Partnership work to improve oral health and access to dental care for young Children within the CORE20 postcodes is underway in response to this.

Figure 4 - Tooth Extractions in Hospital 2024/25 compared to BD&C demographics



Smoking Cessation

For Acute inpatients we are in the process of expanding the service to eligible wards (adult smokers with at least one overnight stay) therefore we have established that there needs to be support on 24 wards. We are currently covering 9 wards which is 38% of eligible wards. We have focused on these 9 wards as this is where the highest proportion of smokers are admitted as per data from our Business Intelligence Team. We are in the process of recruiting another TDA (Tobacco Dependency Advisor) and we will then aim to be supporting 60% (our target coverage as per West Yorkshire ICB) of patients admitted to the eligible wards and ultimately intend to support all wards. We will monitor the impact on smoking cessation rates.

For Maternity Services, we have four inpatient wards – labour ward, birth centre, M3, and M4, and three outpatient departments – antenatal clinic, maternity assessment centre, antenatal day unit. We cover 100% of our inpatient wards and 33% of outpatient departments.

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 delivered a £4.9m deficit position, which is better than the planned £9.7m deficit, to contribute to the West Yorkshire Integrated Care System's (ICS) overall target set by NHS England (NHSE). The Trust has reported a £0.8m operating deficit for 2024/25. However, this includes an adjustment for net finance costs, Public Dividend Capital (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 deficit of £4.9m, which is £4.8m better than the planned £9.7m deficit position.

Figure 5 - Income and Expenditure Position

	23/24 Actual	24/25 Plan	24/25 Actual	24/25 Variance	Change vs 23/24
Operating Income	600.90	630.20	656.90	26.70	56.00
Operating Expenditure	(580.20)	(616.00)	(638.60)	(22.60)	(58.40)
EBITDA	20.70	14.20	18.30	4.10	(2.40)
Non - Operating Expenditure	(15.50)	(19.90)	(19.70)	0.20	(4.20)
Impairment	(11.50)	0.00	(8.60)	(8.60)	2.90
Margin	(6.30)	(5.70)	(10.00)	(4.30)	(3.70)

Figure 6 - Income and Expenditure Position Excluding Impairment and Depreciation on Donated Assets and Donations

	23/24 Actual	24/25 Plan	24/25 Actual	24/25 Variance	Change vs 23/24
Operating Income	600.90	630.20	656.90	26.70	56.00
Operating Expenditure	(580.20)	(616.00)	(638.60)	(22.60)	(58.40)
EBITDA	20.70	14.20	18.30	4.10	(2.40)
Non - Operating Expenditure	(15.50)	(19.90)	(19.70)	0.20	(4.20)
Impairment	(11.50)	0.00	(8.60)	(8.60)	2.90
Margin	(6.30)	(5.70)	(10.00)	(4.30)	(3.70)
Remove Impairment	11.50	0	8.60	8.60	(2.90)
Remove net finance income, PDC & JV profit	(0.60)	(4.00)	(3.44)	0.56	(2.84)
Margin on control total basis	4.60	(9.70)	(4.84)	4.86	(9.44)

Income

The total income reported for the 2024/25 financial year was £656.9m compared to £600.5m in 2023/24, which is split as follows:

	2024/25	2023/24
• Aligned payment & incentive (API)	£482.0m	£454.8m
• High-cost drugs	£56.9m	£51.3m
• Other clinical income	£32.0m	£19.3m
• Research and development	£30.2m	£25m
• Education and training	£30.0m	£27.9m
• Other operating income	£25.8m	£22.2m

Aligned payment and incentive (API) contract income is primarily income from Integrated Care Boards (ICBs) and NHSE 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 2024/25 was £667m compared to £607.2m in 2023/24, which is split as follows:

	2024/25	2023/24
• Payroll bill for employed and agency staff	£404.4m	£360.3m
• Non-pay costs including drug costs	£234.3m	£219.7m
• Depreciation and amortisation (nil cash impact)	£19.7m	£15.7m
• Impairments (nil cash impact)	£8.6m	£11.5m

2.1.8.3. Capital Investment

In 2024/25, capital investment, underpinned by external investments, was £45.9m. Figures 7 and 8 below show how we have been able to build our level of capital expenditure in the last years.

Figure 7 - Capital Spend Total 2020 – 2025

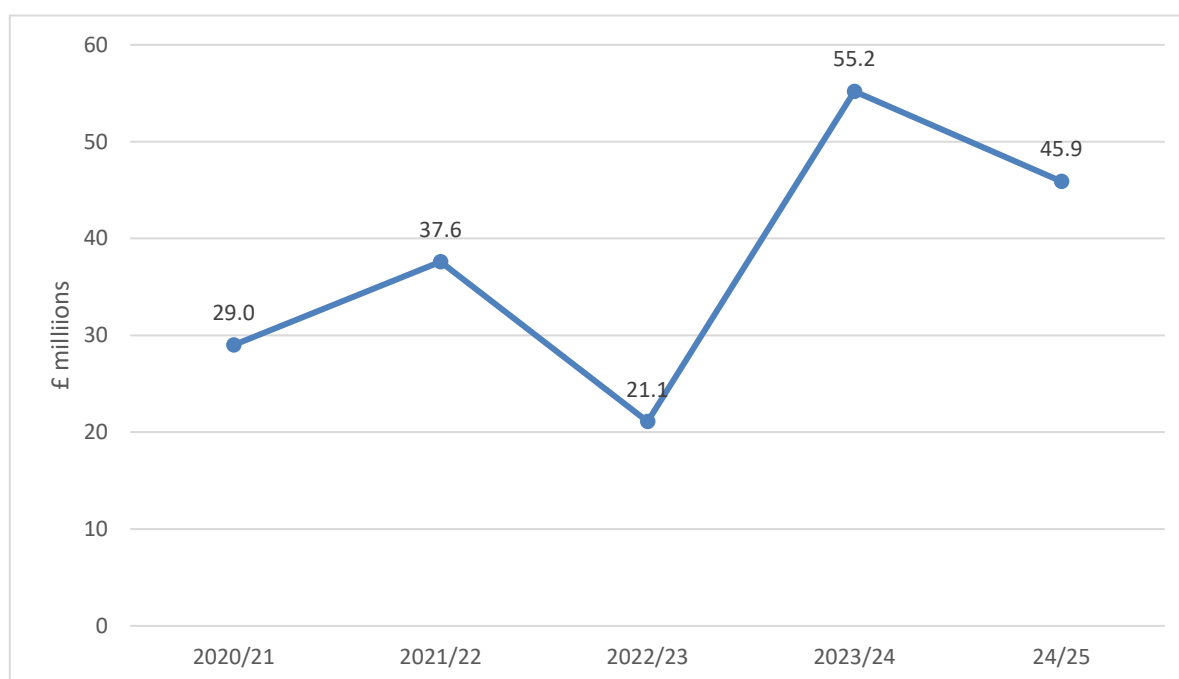


Figure 8 - Capital Spend by Type 2020 – 2025

	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Building and Engineering	11.2	24.2	5.7	31.3	29.1	101.5
Medical and Surgical Equipment	8.2	4.2	9.5	14.8	10.1	46.8
Digital (including software)	9.6	9.2	5.9	9.1	6.7	40.5

Total	29.0	37.6	21.1	55.2	45.9	188.8
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Looking to the Future

The 2024 Autumn Spending Review provided the NHS with a 1-year capital settlement covering 2025/26. NHSE are providing systems with allocations or indicative allocations that cover as many of the capital funding streams available in the year as possible, in parallel with the release of the 2025/26 planning guidance.

The financial position in 2025/26 will be impacted by the continued prevalence of higher inflation due to worldwide events such as the conflict in Ukraine and the impact of financial uncertainty in the financial market.

As a result of the above, there is going to be sizable financial pressure in the system in 2025/26. Capital investment for 2025/26 is planned at £46.7m across three main programmes of work, namely estates, medical equipment and IT. 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 our 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.
- NHS Model Health System measures.
- Getting it Right First Time (GIRFT) and GIRFT Further Faster resource packs.
- National contract quality measures.
- 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 has a Performance and Accountability Framework that provides systems and processes to ensure that current performance information is visible within 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 a committee 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 committees monitor the specific domains related to their work plans and the Board of Directors has oversight of the balanced view of all domains together through the integrated performance report.

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 committee work plans.

2.2.2. ANALYSIS OF PERFORMANCE

2.2.2.1. Quality of Care, Access and Outcomes

Quality Objectives

The Trust's quality priorities are assigned to the appropriate committee of the Board 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 committees on a monthly basis.

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

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 Trusts patient Safety Incident Response Plan including the development of metrics to demonstrate its effectiveness.

Progress against key metrics is monitored at the Board's Quality Committee.

Progress against the 2024/25 Priorities

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

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.

2. Priority 2: Implementing the 3 -year plan for maternity and neonatal services based on the Ockenden review and Saving Babies Lives.

Saving Babies Lives Care Bundle Version 3 was launched in 2023 and the service has met the Year 6 Maternity Incentive Scheme standard and is making good progress towards full implementation. 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, 2025/26 will focus on ensuring that the care bundle is fully embedded and monitored in line with the Maternity Incentive Scheme, Year 7, recommendations.

3. Priority 3: Understanding and tackling health inequalities.

Over 2024/25, we have made significant progress in strengthening our health inequalities programme. We have worked with partners in an increasingly larger number of initiatives and their input has been vital in shaping our health inequalities programme.

Our key achievements include:

- Facilitating a health inequalities focused Board Development Session which was well received by participants and helped to set a strategic direction for the health inequalities work at Bradford Teaching Hospitals.
- Developing capability and knowledge within staff on health equity by integrating health inequalities modules into the staff induction, and promoting opportunities for staff development

- We have launched key initiatives to provide equitable care for patients on the palliative care pathway and for trans/non-binary patients in Nuclear Medicine
- We have carried out the NHS Providers Health Inequalities self-assessment allowing us to identify areas to improve resulting in the creation of the Health Equity Oversight Group.

4. Embedding the Trust's Patient Safety Incident Response Plan (PSIRP) including the development of metrics to demonstrate its effectiveness.

The Trust transitioned to the national Patient Safety Incident Framework in December 2023 publishing our Patient Safety Response Plan and policy at the same time.

Following engagement and feedback from key stakeholders we agreed the following priorities for Patient Safety Incident Investigations for 2024/25.

Figure 9 – Priorities for Patient Safety Investigations for 2024/25

Patient safety Priority area (PSII)	How we will learn	How we will Improve
People (adults & children) admitted in a mental health crisis with medical or surgical needs.	Individual patient safety incident level we will use an After Action Review (AAR) approach. A thematic approach will look at all of the AARs to gather system-wide learning.	We will use our Quality Governance framework to monitor and manage learning generated from our PSII 1 and 2 We will use a range of improvement tools and technique
Safe Internal hospital movement of patients	Low and no harm - individual patient safety events we will use a local level investigation Moderate, harm and above - individual patient safety events multidisciplinary Team Review. A thematic approach will look at all of the local investigation responses and MDT reviews to gather system wide learning.	We will collaborate with our local partner organisations across our system. We will use patient safety audit to monitor systems and processes to provide assurance of patient safety.
Emerging patient safety themes where learning and improvement can be gained	Locally lead PSII	

Following an in depth review of incidents with our stakeholders we identified 4 areas of improvement:

1. Pressure Ulcers
2. Patient Falls
3. Medicines Safety
4. Blood Transfusion

These four incident types have been thoroughly investigated in the past 4 years, and we understand the contributory factors. We have therefore taken an improvement approach, working with our clinical staff and other stakeholders to test out novel interventions to support learning and sustainable change.

This approach is underpinned by the PSIRF aim of doing less but doing it better. This described in the table below.

Figure 10 – Patient Safety Incident Themes

Patient safety incident theme	Planned learning response	Service improvement work underway or planned
-------------------------------	---------------------------	--

Pressure ulcers	<p>Exploring everyday work</p> <ul style="list-style-type: none"> - Observations in clinical areas - Conducting interviews with staff and patients <p>Daily horizon scanning by the tissue viability team to identify new themes and trends.</p> <p>For category 2 and above pressure ulcers ward / department complete local after action review learning response tool.</p>	<p>Build a case for improvement plan managed through the Pressure Ulcer Improvement group reporting into the Patient Safety Group</p> <p>Themes and trends reported into Safety Event Group weekly to identify need for a formal Patient Safety Review</p> <p>Ward Level data used to inform local level improvement programmes which will report into the Pressure Ulcer Improvement group to inform insight involvement and improvement.</p>
Falls	<p>Exploring everyday work</p> <ul style="list-style-type: none"> - Observations in clinical areas - Conducting interviews with staff and patients <p>Daily horizon scanning by the falls lead to identify new themes.</p> <p>All falls ward / department completed hot debrief tool. Where further learning is identified an after action review learning response tool will be completed.</p>	<p>Build a case for improvement plan managed through the Falls Improvement group reporting into the Patient Safety Group</p> <p>Themes and trends reported into Safety Event Group weekly to identify need for a formal Patient Safety Review.</p> <p>Ward Level data used to inform local level improvement programmes which will report into the Falls Improvement group to inform insight involvement and improvement.</p>
Medication Safety	<p>Continued monitoring of patient safety incident records to determine any emerging risks/issues.</p>	<p>Build a case for improvement plan managed through the Medicines Safety group reporting into the Patient Safety Group</p> <p>Themes and trends reported into SEG weekly to identify need for a formal Patient Safety Review</p>
Blood Transfusion	<p>Continued monitoring of patient safety incident records to determine any emerging risks/issues.</p> <p>Transfusion practitioner teamwork with areas with high safety events to establish the cause and work on an action plan.</p>	<p>Review incident reporting data following the Scan for Safety Implementation</p> <p>Monthly reporting to the hospital transfusion team (HTT) meetings observing open incidents, progress and reviewing themes and trends.</p>

The 'INSIGHT' report has evolved over the last 12 months and is intended to bring data together related to claims, litigation, inquests and CQC enquiries and triangulate with our incident reports, PALS and complaints, for the purposes of learning, improvement and assurance. This is a step change in the way we triangulate the data holds to identify themes and trends as well as identify areas for improvement.

Trackers are in place to ensure that local incident investigations that do not meet the PSII priorities are completed within the timeframes stipulated within the Trusts policy and learning is disseminated appropriately.

A nationally approved Learning Response Review and Improvement Tool has been adopted to review the quality of our PSII's and other learning responses. This tool will form the basis of a new panel review model which is being implemented from April 2025.

National Patient Safety Alerts (NPSA)

During the period 1 April 2024 – 31 March 2025, 10 National Patient Safety Alerts were issued. All actions stipulated within the alerts issued were completed within the deadlines set.

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 Senior Quality Governance Lead 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 was a good level of

control of the management and governance of Safety Alerts at that time and there continues to be a robust process to manage alerts within the defined deadlines.

Incident Reporting

The Trust replaced the Datix incident reporting system with a new Integrated Reporting, Learning and Improvement System (IRIS) provided by InPhase in January 2024. This electronic reporting and management system enables staff to report any safety incidents 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 Professional and 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. The Trust is 15 months into the new framework and the Patient Safety Incident Response Plan. The Trust's focus continues to align with its strategic aims, the overarching corporate strategic objectives and the key principles aligned to current and relevant incident data.

Figure 11 shows the number of reported safety events at the Trust, including near misses over the last five years and figure 12 shows the percentage of incidents reported in comparison to patient contacts over the last five years.

Figure 11 – Safety Event/Near Misses relating to a Patient 01/04/2020 – 31/03/2025

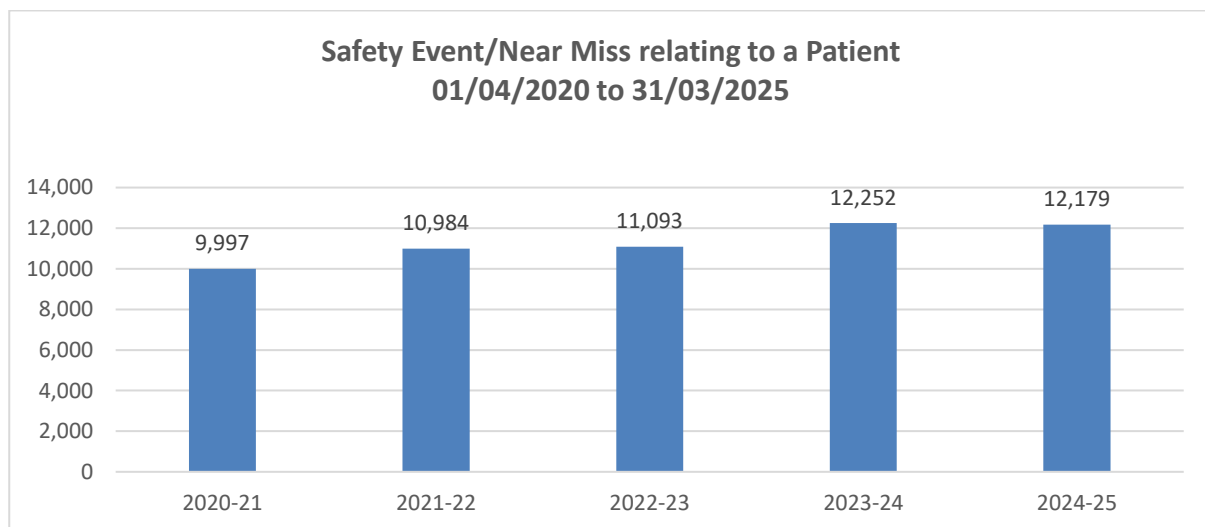
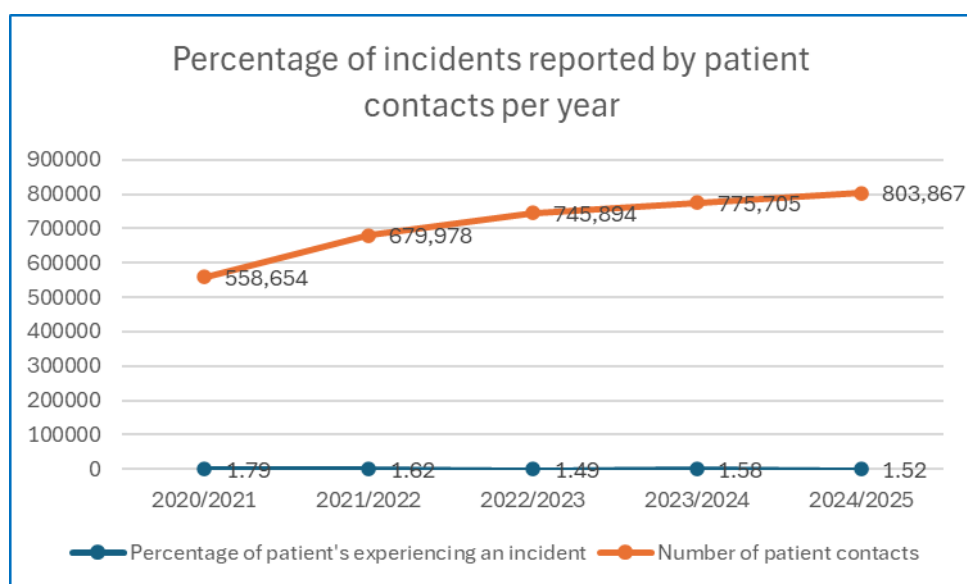


Figure 12 – Percentage of incidents reporting in comparison to patient contacts 01/04/2020 – 31/03/2025



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, processes and learning. 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, the Trust's PSIRP and the wider NHS Patient Safety Strategy. The Trust shares learning from incidents extensively within the organisation and at the West Yorkshire Association of Acute Trusts (WYAAT) forum to facilitate wider learning and improvement across the region and vice versa.

Safety Culture

The Trust has had a dedicated Patient Safety Specialist since April 2022 and also has other leaders within the organisation with the Patient Safety Specialist title as an additional portfolio to their work to support and develop a patient safety culture, working with local regional and national partners. They lead on the implementation of the national NHS Patient Safety Strategy³. To embed the strategy, work has been undertaken with partners and external stakeholders to understand the Trust's safety culture in relation to the Patient Safety Incident Local Priorities. This continues with a focus on retrospective review of harm, learning from the harm and sharing this via multiple communication methods. Importantly, this focusses on how safer systems can be built to provide the right care as intended every time with learning, not just from what does not work well, but also with a focus on what does work well. The work ongoing is having a positive impact on a reduction in patient safety incidents to ensure that patients, their families and carers have a positive experience when accessing healthcare at the Trust.

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 across all disciplines, 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, and openness and support for learning. These features are underpinned by the essential elements of:

³ The NHS Patient Safety Strategy. Safer Culture, safer systems, safer patients (July 2019)

- A just culture, where psychological safety means we will hear more, learn more and can act more to improve care.⁴
- Positivity, kindness and civility, as when these are missing safety is compromised.⁵

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'.

Mortality Data

The Summary Hospital-Level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation or within 30 days of discharge from 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.

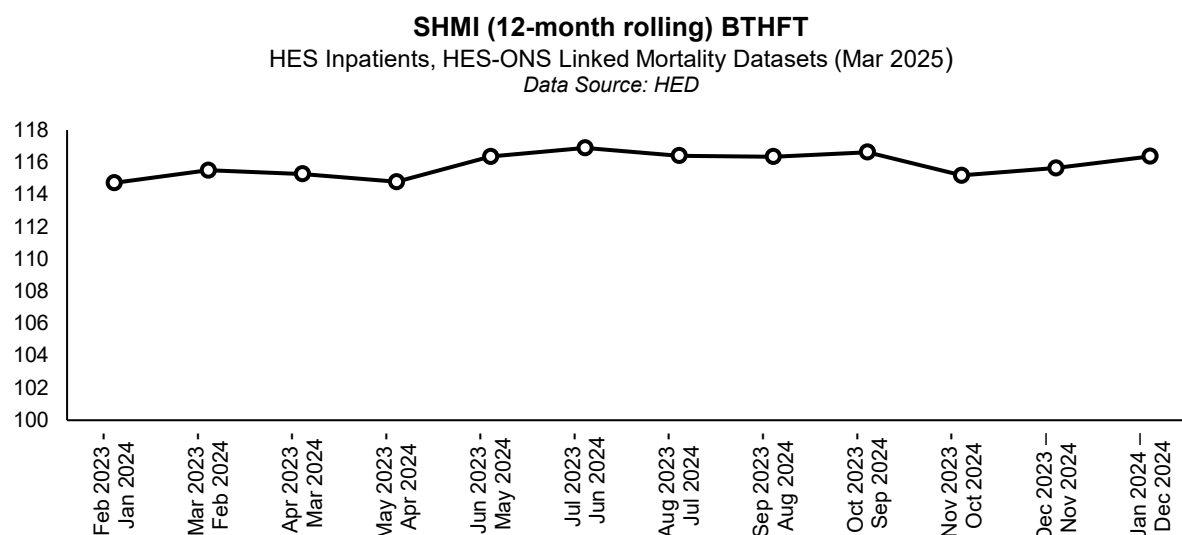
Figure 13 – Summary Hospital-Level Mortality Indicator

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 2023 - Jan 2024	114.73	81,434	1,826	1,591.60
Mar 2023 - Feb 2024	115.51	81,547	1,822	1,577.36
Apr 2023 - Mar 2024	115.28	81,275	1,791	1,553.57
May 2023 - Apr 2024	114.79	81,535	1,776	1,547.14
Jun 2023 - May 2024	116.36	81,247	1,791	1,539.21
Jul 2023 - Jun 2024	116.90	81,407	1,796	1,536.41
Aug 2023 - Jul 2024	116.41	81,475	1,792	1,539.40
Sep 2023 - Aug 2024	116.35	81,430	1,791	1,539.36
Oct 2023 - Sep 2024	116.63	81,081	1,790	1,534.75
Nov 2023 - Oct 2024	115.19	80,755	1,750	1,519.19
Dec 2023 – Nov 2024	115.64	80,252	1,755	1,517.61
Jan 2024 – Dec 2024	116.37	80,416	1,760	1,512.44

⁴ <https://www.england.nhs.uk/patient-safety/a-just-culture-guide/>

⁵ Porath C, Pearson C (2013) The price of incivility. Harvard Business Rev 91(1-2): 114-21, 146.

Figure 14 – Summary Hospital-Level Mortality Indicator – 12 Month Rolling



The current available Healthcare Evaluation Data (HED) covers a period from February 2023 to December 2024 with 12 data points. Our current SHMI value was 116.37, a reduction on our SHMI at this point last year (*SHMI was 119.24 at last report*).

Throughout this year the Trust recognised our SHMI had been high. Following an in-depth review, it was recognised that further work was required to ensure that our coding was accurate and reflective of our complex patient population. A significant amount of work has been undertaken by our Business Intelligence Coding team to address our depth of coding as well as undertaking a retrospective exercise to address historic errors.

This work is ongoing but has already yielded significant results and positive changes to our SHMI throughout this reporting period.

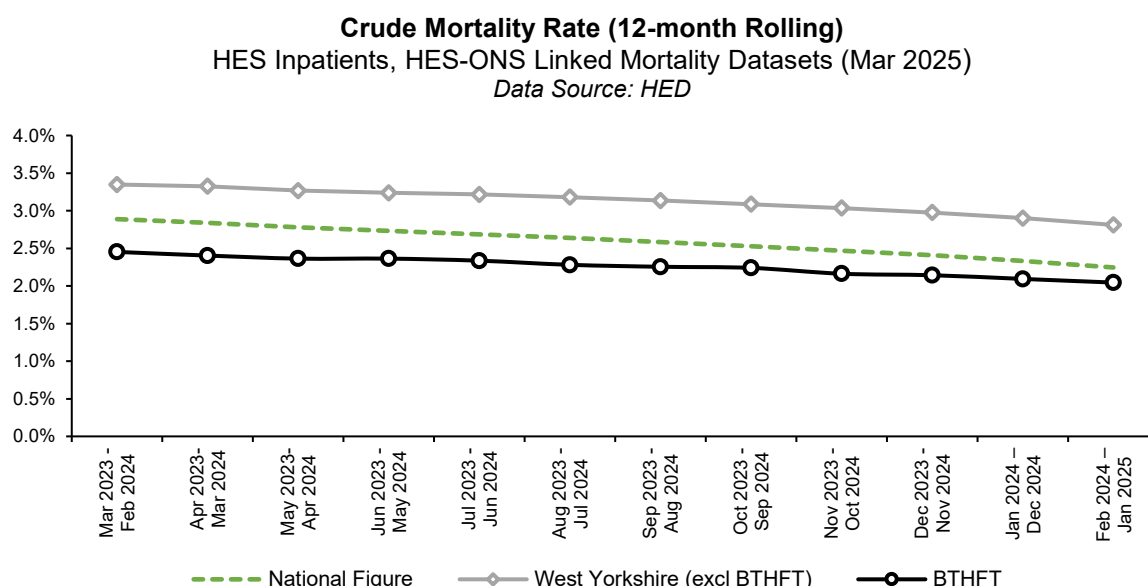
As SHMI is meant to be an indicator of potential excess mortality the Trust has also been monitoring its Crude Mortality Rate. This is calculated by the number of deaths within the Trust against the number of patients seen within a given period. It is a much clearer indicator for mortality when taken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

Figure 15 – Crude Mortality Rate data

Crude Mortality Rate 12-month rolling	Indicator Value	Number of Deaths	Number of Discharges
Mar 2023 - Feb 2024	2.45%	3,040	124,007
Apr 2023- Mar 2024	2.40%	2,966	123,501
May 2023- Apr 2024	2.36%	2,934	124,139
Jun 2023 - May 2024	2.36%	2,936	124,239
Jul 2023 - Jun 2024	2.34%	2,902	124,274
Aug 2023 - Jul 2024	2.28%	2,845	124,783
Sep 2023 - Aug 2024	2.25%	2,809	124,615
Oct 2023 - Sep 2024	2.24%	2,787	124,470
Nov 2023 - Oct 2024	2.16%	2,689	124,661
Dec 2023 - Nov 2024	2.14%	2,655	124,265
Jan 2024 – Dec 2024	2.09%	2,612	124,984
Feb 2024 – Jan 2025	2.04%	2,547	124,853

The current Healthcare Evaluation Data (HED) covers a period from March 2023 to January 2025 with our current 12-month average mortality rate being 2.04% (see figure 16). 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 average mortality rate of all acute trusts in the area over the period reported and well below the national average crude mortality rate.

Figure 16 – Crude Mortality Rate - 12-month rolling



Patient Experience and Involvement

This section of the report provides an Annual overview of some of the work that is being undertaken within the Trust to improve Patient Experience and Engagement. The Patient Experience Team and the workstreams that sit within this portfolio of work are focussed on supporting the delivery of the Foundation Trust's mission; *to provide the highest quality healthcare at all times*.

The Trust ensures patients, friends and family are at the forefront of everything and having Patient and Public Voice Representative, Patient Safety Partners and Governors to meetings enables accountability, transparency and supports our ethos of co-working.

Patient Experience and Engagement Strategy

During 2024/25, the Patient Experience and Engagement Strategy 2023-2028 has continued to be embedded. This strategy takes the work on "*embedding kindness*" from the previous patient experience strategy, 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.

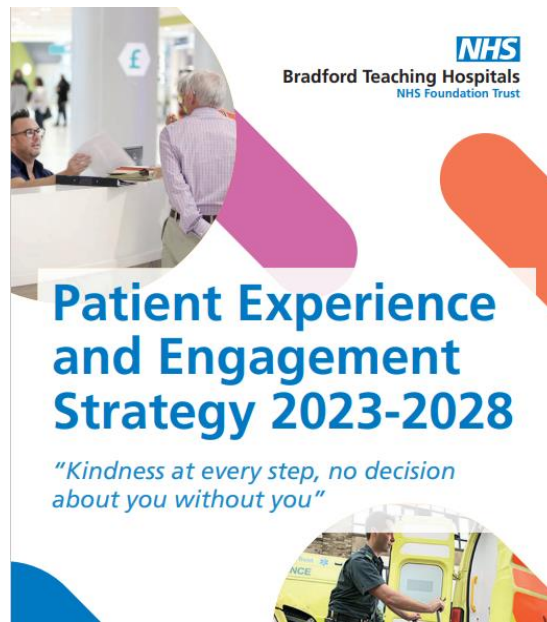


Image shows the patient experience and engagement strategy

The strategy sets out 6 aims:

- High quality and personalised care.
- Listen and understand.
- Co produce.
- Make the change and share the change.
- Develop and use toolkits for engagement.
- Co delivery.

The strategy sets out the framework for improvement of how the 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 in the development of this. Within the organisation 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.

The strategy has been presented at several forums and meetings throughout the year to raise the profile. This includes:

- Quality and patient safety forum.
- Community Engagement meeting.
- District wide Citizen Forum.
- EDI 2022 community event.
- Healthwatch.
- Nursing and Midwifery Excellence event.
- Annual Members' Meeting, ward walks and public events.

Work is planned to continue embedding the strategy and cross pollinating with other Trust strategies to ensure patient experience and involvement are at the centre of all that we do. The strategy has also been produced in an easy read format.

Spiritual, Pastoral and Religious Care (SPaRC) team

The SPaRC model (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 reflected Spaces
- Collaborative practice
- Professional Practice and Data
- Data and Organising

During 2024-25 the team carried out a staggering 39,722 visits and the figure below represents this.

Figure 17 SPaRC visits for patients and visitors during 2024/25

Month	Patient Visits
Apr-24	3,325
May-24	3,463
Jun-24	3,330
Jul-24	3,609
Aug-24	3,825
Sep-24	3,826
Oct-24	3,256
Nov-24	2,978
Dec-24	2,873
Jan-25	3,340
Feb-25	3,137
March	2,760
Total	39,722

Over the last 12 months the SPaRC team has played an active and positive role in supporting our patients and staff in the Emergency Department, committing to providing dedicated time from a SPaRC core team member. This presence has benefitted both staff and patients, whilst waiting to be seen by a clinical or a medical practitioner. The success of this project will now be mirrored in the Intensive Care Unit, with the intention of working closely with the Family Liaison Officer, to support patients, families and staff.

The SPaRC team, work with Education colleagues in the delivery of training sessions. This includes newly appointed Health Care Assistants. Due to the positive feedback from these sessions, practice educators have asked for support from the SPaRC team for cultural competency training sessions.

There has been ongoing work with the voluntary services team to support the return of SPaRC volunteers and increase the numbers. Volunteers play an important role in providing pastoral support to patients whilst in the Trust. This additional support allows for SPaRC work to be delivered to all hospital locations, including our community hospitals.

A SPaRC WebApp has been developed to support patients and staff with understanding individuals spiritually, pastoral, and religious needs whilst in hospital. It holds the world's major

beliefs and various video clips to aid understanding. In addition, it has life scenarios such as feeling lonely, anxiety, baby loss, and receiving bad news.

The App has received positive feedback alongside national interest from several other NHS organisations who would like to develop something similar.

The short video below demonstrates the WebApp so everyone can access these services.

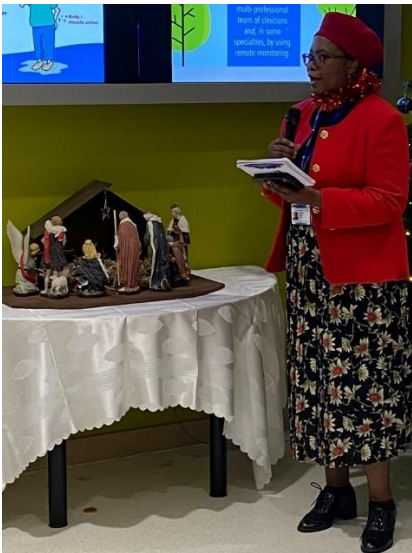
<https://vimeo.com/925951596/0351ffce72?share=copy>.

The SPaRC team have been working very closely with the local communities throughout the year and are actively involved in supporting several festivals and celebrations. The Vaisakhi celebration was held on the main concourse with the Sikh community who provided hot meals, attracting well over 1,000 staff members to their stalls.



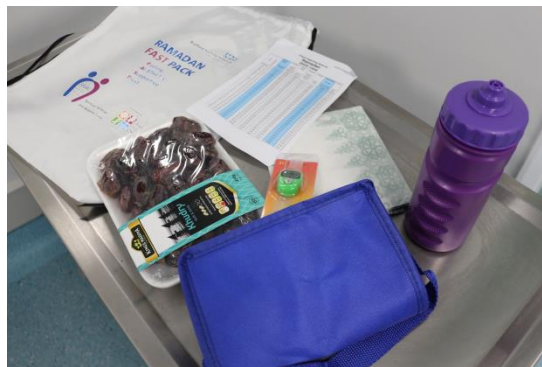
Images show a Vaisakhi celebration

Christmas was celebrated on the main concourse and on the wards with guests from the Bradford Chorale who uplifted the spirits of patients, staff and the public, pulling a large crowd and setting the scenes for other activities with the run up to Christmas.



Images show a Christmas celebration

Ramadan saw the return of *Fast Packs*. These were first delivered in 2022 and include pop up prayer facility packs, dates and water bottles issued to staff. These packs have helped at least 80 plus managers support their colleagues during the Ramadan period. Our fantastic charity has helped fund the Fast Packs for our Muslim staff.



Images show a Ramadan fast pack and contents

The Additional Needs Team

The Additional Needs Team was formed in 2023 and consists of:

- Lead Nurse for Learning Disabilities
- Mental Health Specialist Practitioner
- Care Navigator

These roles have previously existed within the Trust's Safeguarding Adults team. The decision to separate them was in recognition that not everyone with 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.

The role out of the Oliver McGowan Training in Learning Disabilities and/or Autism has been embraced with a high percentage of staff across the organisation completing the first tier. The Trust has recruited staff specifically dedicated to this vital training.

The VIP red bags and VIP passports remain a consistent identifier of people with a learning disability when accessing healthcare at the Trust. The bags were co-produced with Waddiloves and people with a learning disability who expressed their need to be seen as a person who may

require additional support. These bags travel with the patient and contain individual information pertinent to that individual.



Image shows VIP red bag

Multidisciplinary team working has grown through the past year, this can be evidenced through work carried out jointly with Martin House Children's Hospice and community learning disability services to support young people transitioning to adult services to ensure all care needs are considered when accessing services and during admissions to the Trust.

The additional needs team welcomed the role of the care navigator in 2023, the success of this role and the positive response received led to a Health Service Journal (HSJ) nomination recognising the holistic person centred approach that has been delivered. The care navigator role has evolved to meet the needs of people with a learning disability and mental health through training, "out of the box" thinking and challenging professional bias



Image shows care navigator role

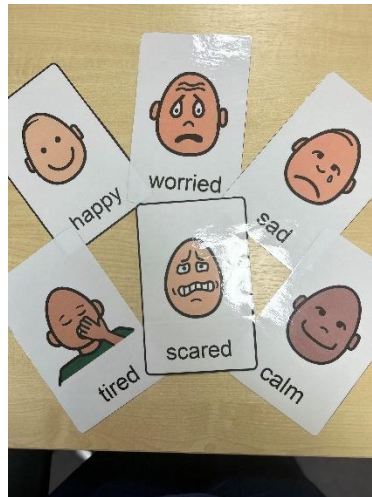


Image shows additional materials used by the additional needs team

Mental Health

There continues to be ongoing awareness around *The Right Care Right Person* across the organisation and partnerships, ensuring the correct professionals are leading on care for a distressed and vulnerable person. Workshops have commenced to support the redesign of the Emergency Department in relation to diagnostics, support, and management of mental health assessment, including work with the Same Day Emergency Care Unit. Trauma informed practice is developing across the Trust, there are trauma informed practitioners within the workforce to support this. Simulation training has been established, providing in house scenarios based on real life events, supporting a trauma informed approach, guiding staff development and confidence to navigate legal and physical pathways. The care navigator role has developed significantly within mental health in the last 12 months, with the care navigator becoming a trauma informed practitioner, mental health first aider and supporting the development pathways through the Trust.

Dementia and Frailty

Over the last year the Trust has embraced the opportunity to incorporate the dementia focused work into the frailty work and look at how acute hospital stays impact on this very vulnerable group of people. The Trust held a conference on deconditioning in hospital in October 2024 to focus attention on the need to keep people up and out of bed and active wherever possible. This was the catalyst for more focused work to be rolled out across the Trust in 2025/26.

The Trust participated in the National Audit of Dementia during 2024. This highlighted that a significant number of admissions (16%) were for people with dementia. This useful audit provided a focus for dementia and frailty improvement work for 2025/26, and these areas specifically include:

- Pain - assessment of and route of administration.
- Discharge - planning.
- Communication - multidisciplinary.
- Work with carers - co-production to include needs and satisfaction
- Training and awareness.

From an environmental perspective, the Trust continues to work to enhance the clinical spaces to be more responsive to the needs of patients and less clinical in their appearance. The estates and facilities team worked with patients and *Lucentia Design* to create a more calming space for patients and relatives at St Luke's Hospital, by producing artwork for the ward corridors. The designs were influenced by conversations with patients and their love of nature and being by the sea. These became the two themes of focus as most can connect to them no matter where they

come from or where they have lived. The hope being that the artwork would stimulate conversations with patients whilst on the ward and support their recovery and wellbeing.

Voluntary services

It's been an exciting year for volunteering at the Trust. After the redesign of Voluntary Services in 2023, the last 12 months have seen a focus on rolling out new and improved recruitment and induction processes for all volunteers, along with the development of a broad range of roles, seeing volunteering go from strength to strength across the whole Trust.

Volunteers are extremely valuable and make a real difference to the people who are accessing services, their carers and families.

Creating the essential role of Volunteer Coordinators within the team has broadened the ability to develop and grow a wider variety of volunteer roles, with many services opting to use volunteers in their departments. There are currently **29** active roles across the Trust which are listed in Figure 18.



Image shows Volunteer

Figure 18 - The wide range of volunteer roles developed across the Trust during 2024/25

Activity Support Volunteer	Neonatal Volunteer
Oncology Day Case Unit Volunteer	Maternity Support Volunteer
Children's Therapy OPD Volunteer	Feedback Volunteer (Alcohol Care Team)
ICU Support Volunteer	Paediatric Unit Volunteer
Charity Volunteer (Bradford Hospitals Charity)	SPaRC Volunteers
AMU Volunteer	Parental Support Volunteer (Paediatric Unit)
Renal Support Volunteer	Skin Cancer Team Support Volunteer
Haematology/Oncology Volunteer	Tobacco Dependency Volunteer
Volunteer Guides (Various locations)	Patient Public Engagement Volunteer
Falls Prevention Volunteers	Education Volunteer
DCU Volunteer (St Luke's Hospital)	Gardening Volunteer (Westwood Park)
PAT Dog Volunteer	Volunteer PLACE Assessors
Fit testing & PPE Hub Volunteer	Volunteer Research Champions
Patient Safety Volunteer	Friends of Tea Bar Volunteers (BRI/SLH)
Radio Volunteers	

This year, there has been a real focus on the recruitment of volunteers and after a successful initial volunteer recruitment following the redesign of Voluntary Services, recruitment has opened on a quarterly basis throughout this year, inviting applicants to apply for their specific role of interest. The Trust has published a total of 46 opportunities (adverts) during this time, which has resulted in 314 applications being received during 2024/25. From these applications there are currently a total of 177 active volunteers (March 2025) across the Trust, with an additional 102 volunteers currently going through the recruitment process.



Image shows Volunteer

Included in this number are 12 volunteers who came through the Volunteer to Career pathway in Maternity. These volunteers were supported with their volunteer role, to develop further skills and experience to secure employment or further education. Some of these volunteers on the programme have secured places at University for both Nursing and Midwifery, and job roles in an NHS setting.

Five volunteers were presented with their completed National Volunteer Certificate, which showed their commitment in giving the Trust 60 hours of their time. This programme has now ended but evidences the commitment volunteers are willing to give to volunteer.

The new Volunteer Management Database, Assemble is now embedded and has become the hub of all the volunteer activity. Not only does this allow accurate data for reporting, but it also supports environmental factors being a paper light service; from creating role profiles, to managing volunteer applications, alongside managing the whole recruitment and induction process.



Image shows Volunteer

Along with the mandatory volunteer induction training, the team introduced a face to face welcome workshop which all volunteers must attend as part of their induction. This introduces all new volunteers to Bradford Teaching Hospitals, giving them an overview of the Trust, whilst ensuring they are aware of the expectations required of a volunteer, and what support they can expect from the Voluntary Services Team and the departments they are volunteering for.

When volunteers feel valued within an organisation, they are more likely to feel connected to the workplace and therefore continue their involvement with the Trust. Early in the year the volunteers began wearing their new branded T-shirts. The Bradford Hospitals Charity kindly funded these, and the feedback received has been amazing giving volunteers a real sense of identity.

“Patients know who we are when we are on the ward. They know we are not members of staff and this is important”.

“Wearing my T-shirt when I’m volunteering makes me feel part of the organisation. People notice me for what I do”.

“I like how people can clearly see that I’m a Volunteer”.

Feedback from Volunteers

During Volunteers week in June 2024, a celebration for all of the wonderful volunteers was held with a thank you event at Carlisle Business Centre in Manningham. Volunteers had a lovely time, hearing updates from the team, enjoying a lunch, and socialising with other volunteers and staff members. The team thanked all the volunteers for the dedicated time they give to the Trust.



Image shows Volunteer Event June 2024

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, the Trust, and other Trusts can no longer measure the response rate based on admission or discharge per clinical area.

During 2024 the Trust continued to work with its contractor to improve and analyse all the FFT data and feedback. 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 figure 19 below.

Figure 19 – Friends and Family Test Responses 2024/25

	Very Good	Good	Neither Good nor Poor	Poor	Very Poor	Don't Know	Grand Total
A&E Feedback	5,378	2,087	799	673	1,814	79	10,830
Inpatient Feedback	12,847	2,284	388	248	441	73	16,281
Outpatient Feedback	20,273	2,611	416	247	320	111	23,978
Maternity Feedback	1,321	153	24	37	40	5	1580
Total Responses	39,819	7,135	1,627	1,205	2,615	268	52,669
Percentage	75.60%	13.55%	3.09%	2.29%	4.96%	0.51%	

Although the overall total responses have gone down from the previous year, the *Very Good* and *Good* response has increased, with 89.15% of the total responses falling in these two categories.

There is ongoing work with the Data Warehouse Team to review the current pipelines which provide the specific feedback from individual areas and consider where new areas of feedback could be captured to enrich the feedback. This should also improve the response rates, alongside the highlighting of the patient experience work in the Ward Insight Reports.



Image of Patient Experience Team and FFT

Patient Led Assessment of the Care Environment (PLACE)

Patient Led Assessments of the Care Environment (PLACE) is a voluntary self-assessment of the care environment, which contributes to health 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 between September and December 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.
- Combined Food Score.
- 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).

Unannounced inspections were carried out at Bradford Royal Infirmary, St Luke's Hospital and the Community Hospital sites. Assessments included wards, outpatient areas, Accident and Emergency Department (AED), communal and external areas.









The number of areas to be assessed is clearly defined in the guidance and on all sites; the assessments met or exceeded these requirements. The PLACE scores are weighted in several ways to take account of a range of variables (such as the size of the site defined by the number of beds).

The guidance aims to make scoring consistent and as objective as possible; however, there are subjective elements to the process which cannot be entirely eliminated (such as food tasting).

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.

The PLACE data (collated and distributed by NHS Digital) has been scrutinised and developed into several informative charts.

Figure 20 - PLACE Assessment Results 2024 and 2023

Domain	2024 score	2023 score	% Difference
Cleanliness Score %	95.63%	96.62%	-0.99% 
Combined Food Score %	85.98%	82.79%	3.19% 
Organisational Food Score %	73.61%	67.36%	6.25% 
Ward Food Score %	89.49%	86.03%	3.46% 
Privacy, Dignity and Wellbeing Score %	86.21%	81.82%	4.39% 
Condition, Appearance and Maintenance Score %	97.31%	96.98%	0.33% 
Dementia Score %	83.84%	81.36%	2.48% 
Disability Score %	83.50%	83.46%	0.04% 

The above table (figure 19) highlights the scores obtained for each domain have shown improvement except for cleanliness. Organisational food scores remain disappointingly low at 73%, but acknowledgement must be given for a 6% improvement. Estates and Facilities colleagues are currently carrying out several transformation improvements including digital ordering of food, serving analysis and variety of options for Halal meals, not always a curry option and the hope is that this improvement work will continue to increase the scores for the 2025 PLACE assessments. The improvements in the privacy and dignity and disability scores are pleasing, particularly as a few projects have taken place to improve the environment and have included walk arounds from people with different disabilities to enable constructive feedback and improvements to be made. There is a PLACE steering group held quarterly which meets to update improvements and actions made and track progress. Updates are provided to the Patient Experience Group at regular intervals and feedback is provided directly to our patient assessors who support this programme.

Patient Information

The Trust recognises that patient information is a crucial part of the patient journey. It is a key element in the overall quality of the patient's experience and is important for achieving informed consent and informed decision making. It also enables patients to choose in certain circumstances what option is best for them.

In January 2024 the Communicating with Patients Approval Group (CPAG) approved 63 new items, reviewed 299 items, approved 42 video scripts linked with the work being undertaken by the virtual hub and logged 78 external resources.

Work to be undertaken over the next 12 months to:

- Streamline the approval process for requests for new patient information.
- Reduce the duplication of information produced within the Trust.
- Produce a digital leaflet library of all patient information used within the Trust to have a more comprehensive governance process to make sure information is current and up to date.

This is in line with the review of the Communication with Patients Policy and Guidelines for the Development of Patient Information. This is to prevent information being produced that has not gone through the correct governance processes and by having a reminder service built in reduces the risk of any information being shared outside the three-year review requirement.

If the process is followed this means that information given out to patients meets Trust and national branding guidelines and most importantly is in date. This is to help to make sure that patients are properly prepared for procedures, treatment, or appointments. It is also a key element in the overall quality of the patient experience.

Complaints

The Patient Experience team receive complaints, Patient Advice and Liaison Service (PALS) contacts and compliments into the organisation and support the CSUs in responding to concerns.

The number of complaints as shown in figure 21 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 21 – Complaints Comparison between 2023/24 and 2023/24

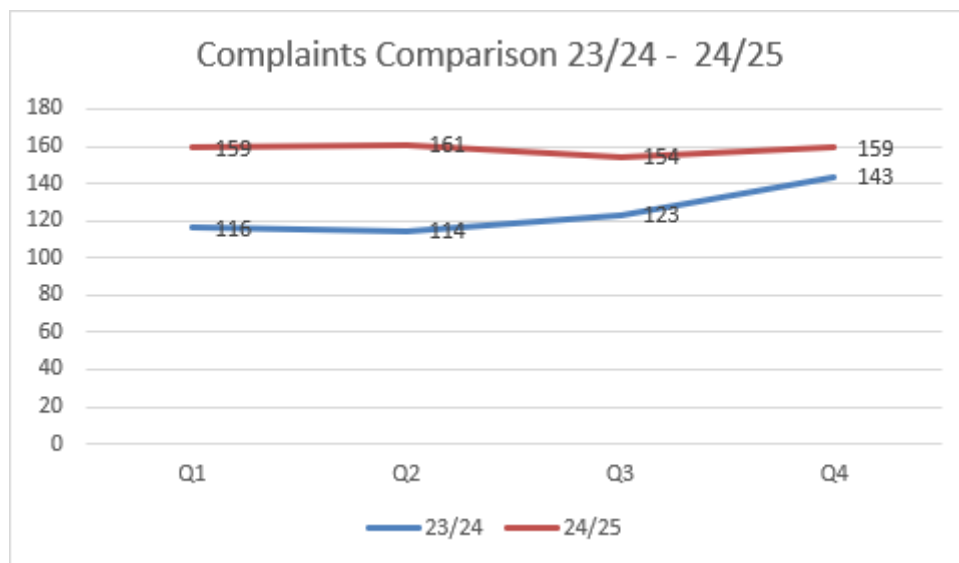
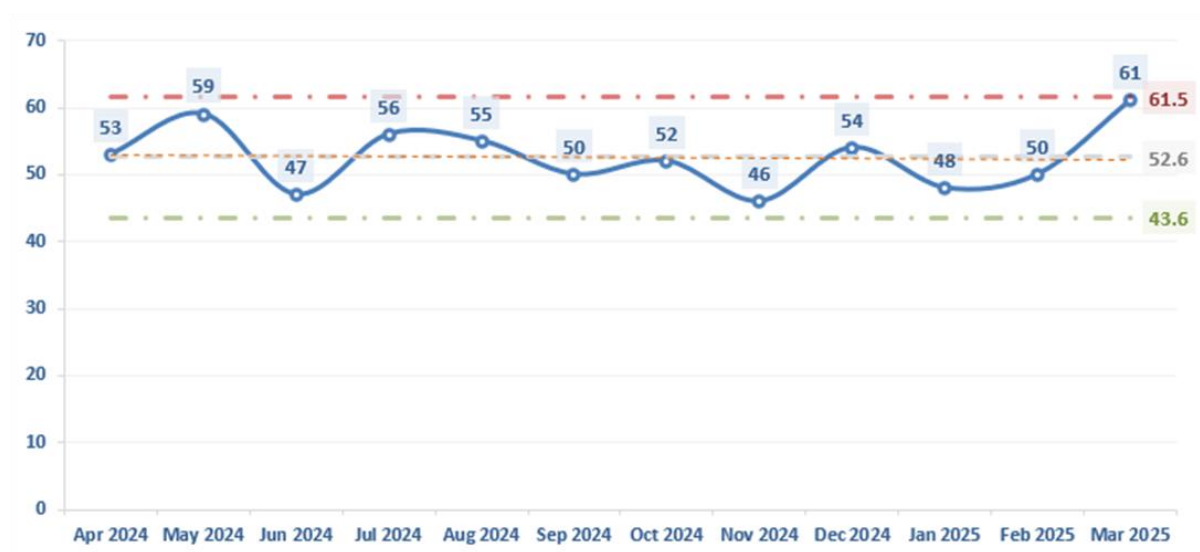


Figure 22 – Annual complaints against the actual upper and lower limited against the calculated fields based on the averages



- 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 seen in several months through the year with no trend on previous years. Work is underway to triangulate data from complaints, and other patient experience metric to enhance learning.

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 feedback where improvements could be made and further learning. The stories are heard from a diverse range of backgrounds and specialities to diversify learning and promote inclusivity. This is a valuable tool for supporting organisational learning.

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) 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. More recently this group has contributed specifically to the Emergency Department improvement project which has received positive feedback from staff running the program as they have been made aware of things they hadn't previously considered and from the participants in the engagement event who felt listened to.

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.

An example of joint work with the EDI team included the annual contribution to the Equality Delivery System 2022 work. A community engagement event took place on 14th January 2025 at Scorex House (centre of Bradford) where a range of evidence and presentations were shared, including discussions with service representatives and colleagues from the Patient Experience & Involvement team. A range of feedback has been received from this event and a summary of this is as follows:

- Good engagement with good representation from diverse communities.
- Positive feedback on the presentations and content/ format of the event
- Some excellent practice taking place in the chosen service discussed (end of life and breast screening) to meet the needs of our diverse patients and communities.
- Recognition that there are still areas where improvements can be made to continue improving access, experience and outcomes.

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 to facilitate and share work in this area. The Trust is a member of the Citizen Voice 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 2025 plans to repeat these listening events following the previous year's success.

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 2024 closer working with the Membership Plan Delivery Group has enabled members access to engage with community members and invite them to become involved in projects.

Examples of just some of the overall engagement work includes:

- Joint work with the Parliamentary Health Service Ombudsman in relation to complaints.
- Engagement with formal bodies CQC when asked for any patient experience information.
- Patient, staff and relatives' feedback on visiting hours.
- Emergency Department feedback and walkarounds to suggest accessibility improvements.
- Patient and public involvement team projects which include breast Screening and Radiology.

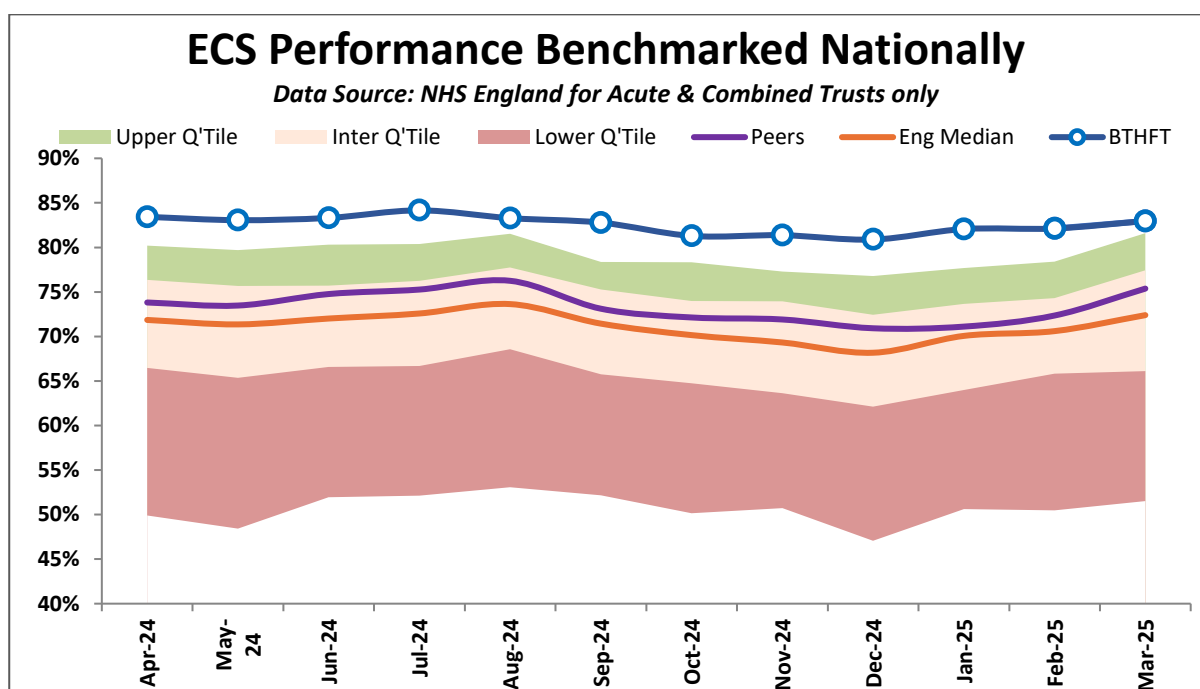
Projects for the Patient Experience and Involvement Team for the year ahead

- Improvement work taking place to create a dashboard of patient experience metrics.
- Re launch of the *Kindness work* and further embed the Patient Experience and Engagement Strategy.
- In partnership with the Bradford College, launch our "Clinical Customer Care" training.
- Continued improvement work for patient information leaflets to include increased accessible formats including easy read and different languages.
- Further development of Bereavement services to include aftercare support for families and feedback.
- Strengthen the learning from complaints, sharing wider in the organisation and evidencing the *You Said We Did* and Triangulation of data.
- Work in collaboration with the Quality Improvement team to support the work around Martha's rule.
- Continue to strengthen our quality objective by further advancing work in equality, diversity and inclusion.

Emergency Care Standard (ECS)

The aim of this standard is for patients to be admitted, transferred, or discharged within four hours of arrival at the A&E. The Trust sustained a comparatively strong ECS performance throughout 2024/25, remaining in the upper decile nationally. This again included a challenging winter where demand increased earlier than forecast.

Figure 23 – 4-hour Emergency Care Standard (Types 1,2 &3) Performance 2024/25



In 2024/25 we strengthened the streaming model to ensure patients were seen in the most appropriate setting. This built on the co-located Urgent Treatment Centre (UTC) and increased utilisation of Same Day Emergency Care pathways, which in November 2023 had become the Ambulatory Emergency Care Unit (AECU). This supported reduced demand on the Emergency Department (ED) and is preventing admission into hospital wards.

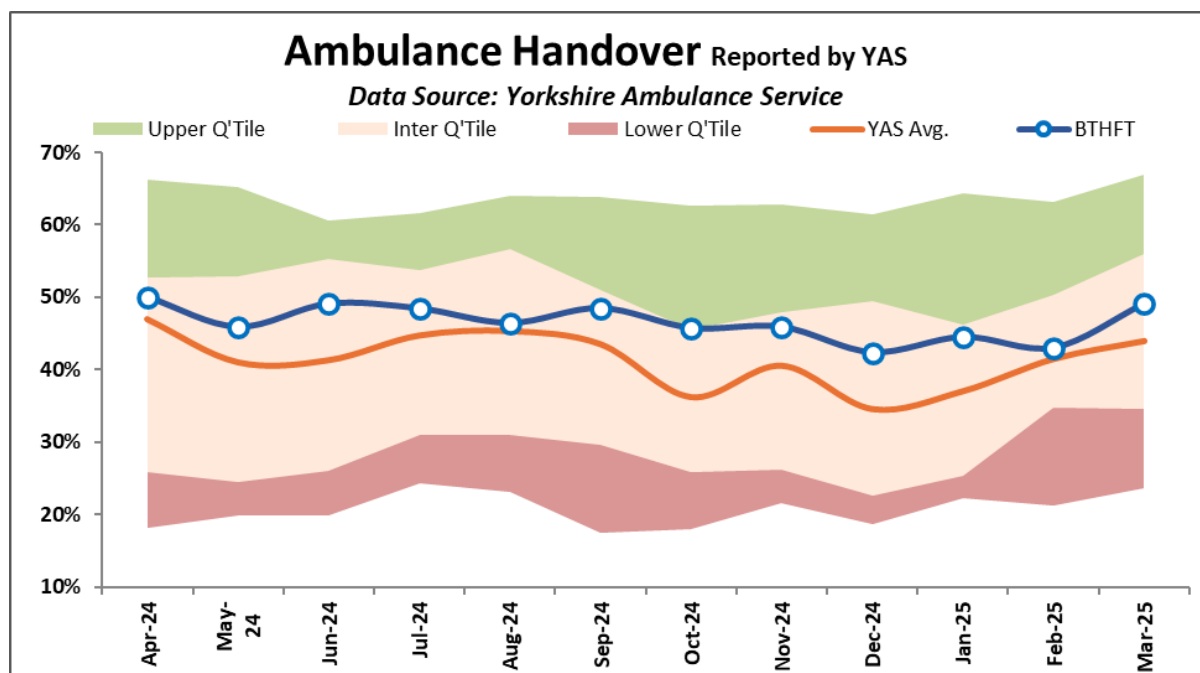
The Trust maintained the multi-disciplinary approaches to the whole patient journey from arrival to discharge which have fostered a significant culture shift in terms of joined up processes and real time support for emerging pressures. Despite this the availability of hospital beds remains a challenge and ensuring patients are discharged from care as soon as ready remains critical to improvements in this area. To progress this the Trust has supported improvements in intermediate care provision, the H-FAST discharge model in partnership with social care and implemented improved discharge coordination. Further work is planned to increase the percentage of patients discharged on the day they are first ready to be, and to increase therapy input so patients are ready for discharge sooner.

In 2024/25 the Trust launched an Acute Care Programme with the aim to improve patient and staff experience, patient flow and address overcrowding in ED. Through stakeholder engagement the programme developed its priorities for 2025/26, aligning to internal and external expectations. This process included workshops with colleagues, health planners, and architects for an 'ED Redesign'. Planning roadshow events with patient groups, staff groups and colleagues across the wider specialities will continue into early 2025/26.

Ambulance Handover

A national priority for 2024/25 was to continue work with Ambulance Trusts to reduce the delay seen in releasing ambulance crews after they bring a patient to an Emergency Department. Average handover performance, as reported by Yorkshire Ambulance Service (YAS), has continued to benchmark well against other Trusts within the region.

Figure 24 – 15-minutes Ambulance Handover Performance 2024/25



Senior YAS presence to support crew clear times and data capture accuracy has been in place during 2024/25. The YAS Liaison Officer (HALO) also provided valuable support to the Trust, targeting delays to handover and crew clear times and providing critical support during peak demand.

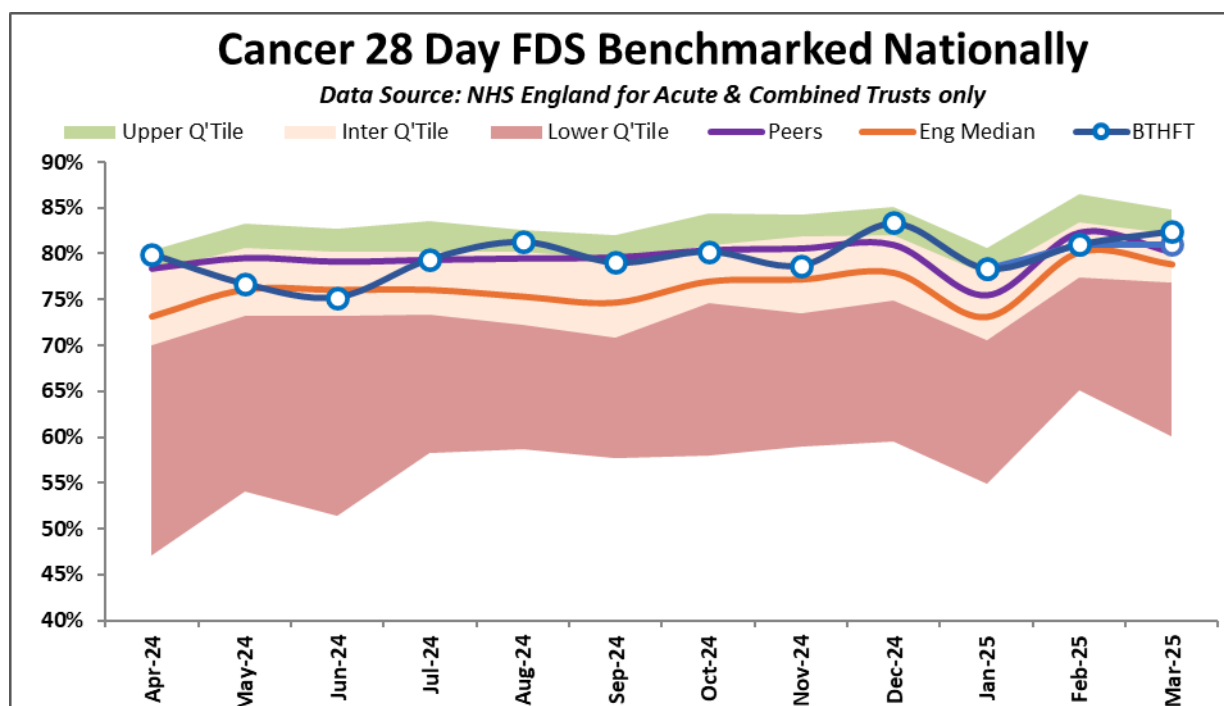
Live data sharing is in place to support the deployment of YAS leads as required. An escalation protocol is also in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions and executive-level oversight continues to ensure rapid intervention for any handover delay of more than one hour.

Joint work with YAS will continue into 2025/26 with a focus on total turnaround and crew clear times. A review is also underway to streamline the ambulance self-handover processes at the front door/ reception to reduce congestion in the waiting area.

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 2024/25 performance has been sustained above the 75% target and compares favourably with other Trusts, being in the upper quartile for most of the year.

Figure 25 – Cancer 28-day FDS Performance 2024/25



Focus on ensuring patients are seen early on in this first stage of the pathway supports performance and therefore strategies to improve time to first appointment directly support this metric. Performance for first appointment within two weeks has been sustained above 93% during 2024/25.

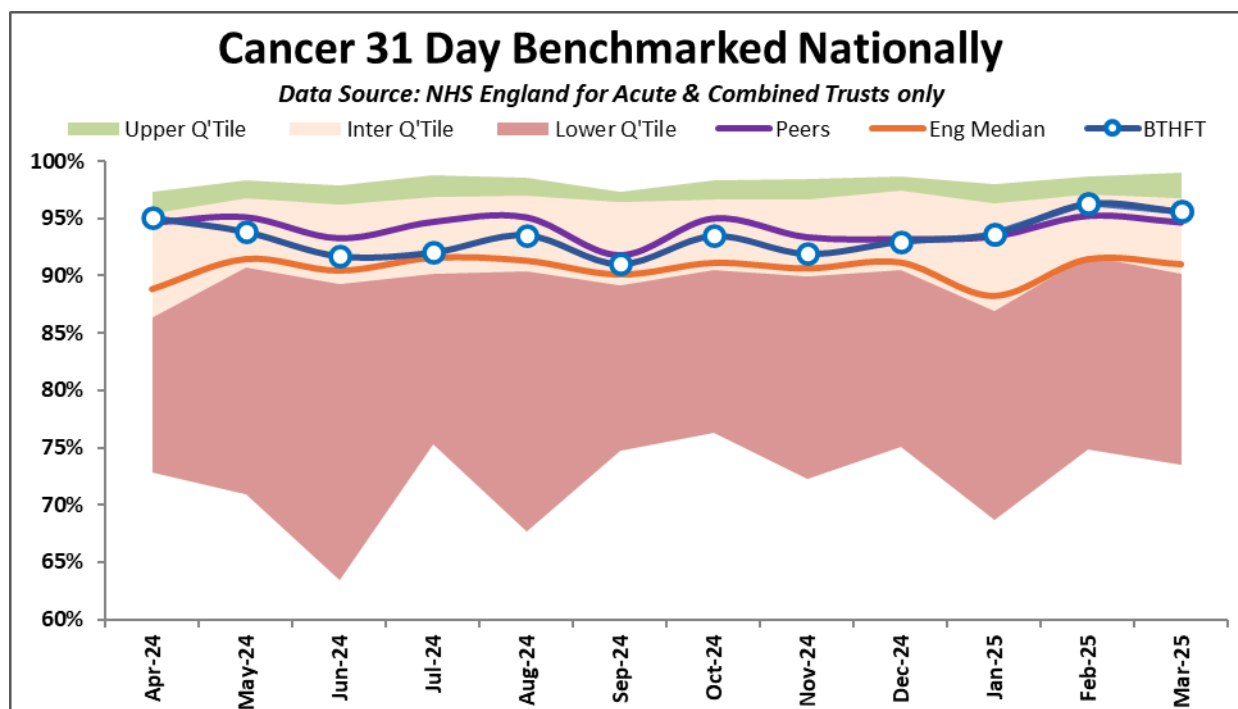
Work continues to increase earlier diagnosis and improve cancer performance for communities where variation in referrals or attendance can't be explained. This increases demand and work has been prioritised to streamline pathways and review referral processes to ensure this doesn't create delays. In Dermatology, the Skin Lesion Investigation Clinic is an example of joint working with primary care to ensure patients access the most appropriate care professionals early in their pathway whilst reducing demand on the cancer service without reducing the amount of cancer being detected and treated.

One stops clinics and straight to test pathways are other examples of work to streamline processes and improve patient experience. In Head & Neck cancer a one stop neck lump clinic was launched during 2024/25 which has reduced diagnostic delays for these patients. There has also been significant focus on fast-track diagnostic turnaround times within Endoscopy and Histopathology. Weekly oversight and escalation processes have helped maintain delivery at a high level.

Cancer 31-day First Treatment

The aim of this measure is to ensure treatment is provided within 31-days of a decision that treatment is needed. BTHFT has tracked above the national average but below target and peer average for much of 2024/25. This was an area of focus for our Cancer Board in December 2024 and since then performance has started to improve.

Figure 26 – Cancer 31-Day First Treatment Performance 2024/25

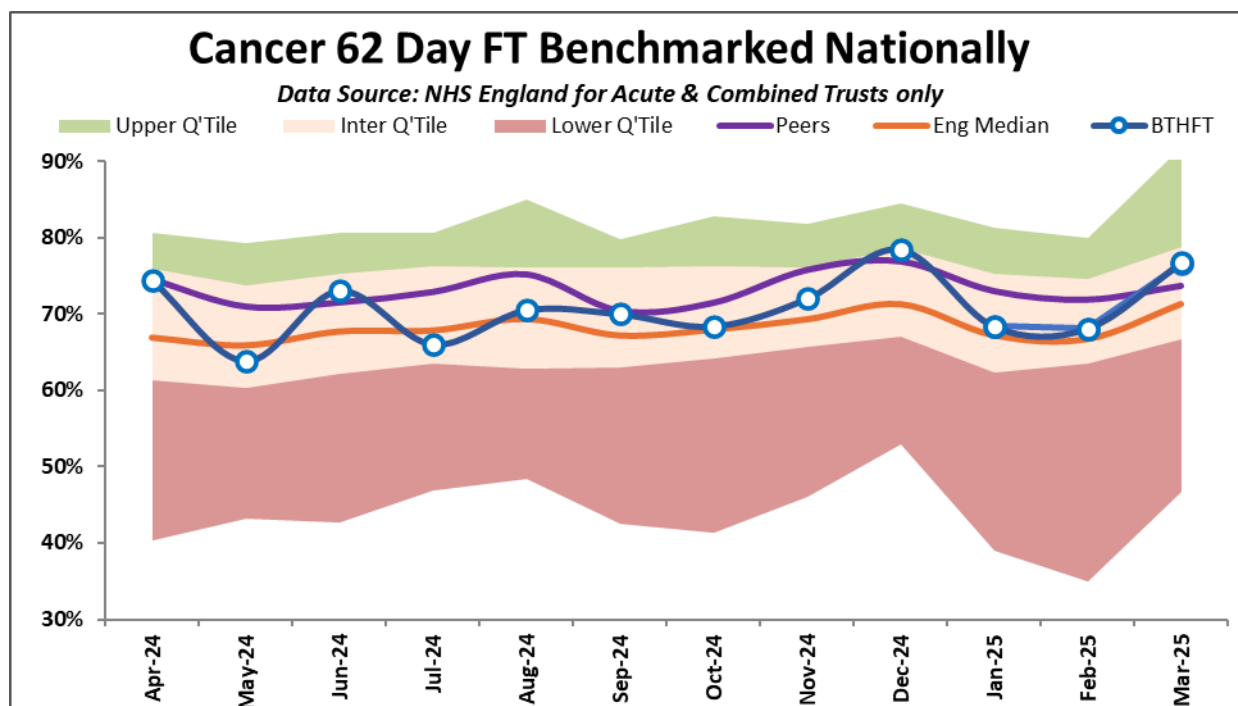


The Trust has targeted improvement work on the first treatment phase which will continue into 2025/26. Analysis by tumour group, patient demographic, and primary care network is supporting this KPI.

Cancer 62-day First Treatment

This standard aims for patients to receive first definitive treatment within 62 days of a referral, either from a GP, cancer screening, or a consultant upgrade. During 2024/25 we have continued to prioritise cancer treatment within available capacity. Despite this, we have not met the 85% standard and performance has averaged around the 70% national planning expectation. This has been due to several reasons with delays in the diagnostic or treatment phases being targeted and patient focussed work progressing to reduce delays due to non-attendance to appointments.

Figure 27 – Cancer 62-Day First Treatment Performance 2024/25



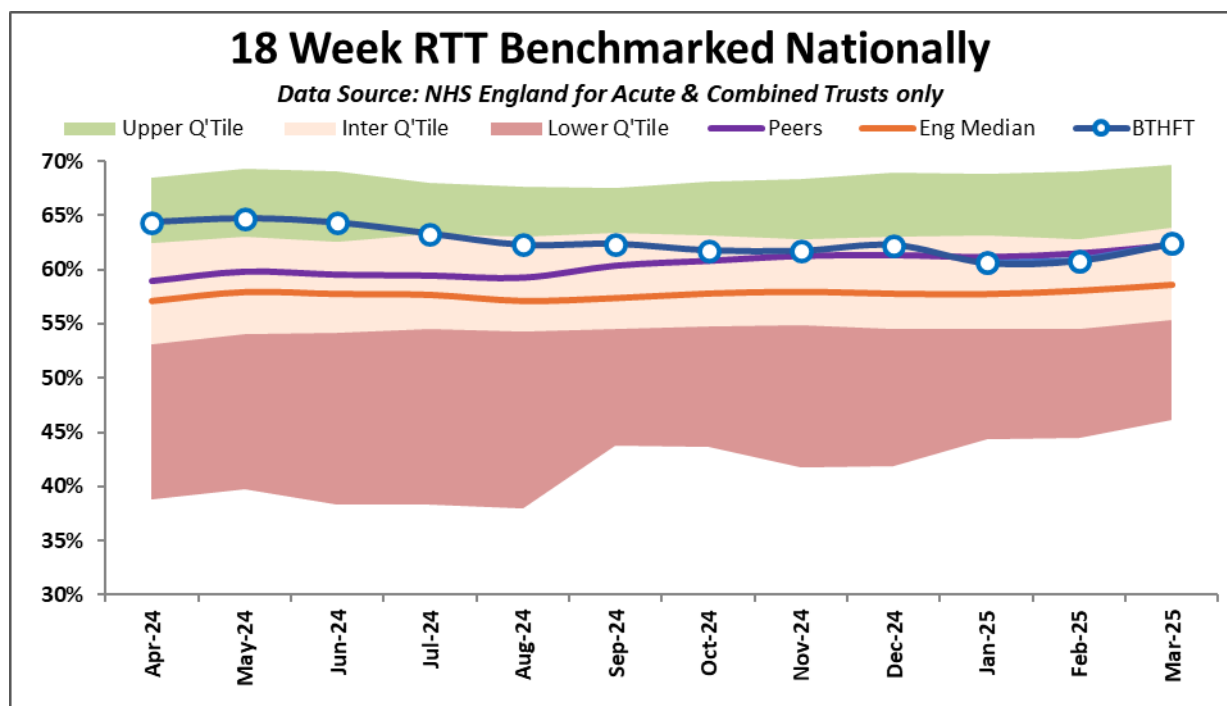
The Trust has engaged proactively with national priorities relating to Cancer services, supporting the West Yorkshire Cancer Alliance to deliver service developments including initiatives focussed on patient experience during and after cancer treatment. The Trust has also worked in collaboration with 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 seek out further opportunities to streamline cancer care.

18-week Referral to Treatment (RTT)

The RTT standard aims for patients to receive first definitive treatment within 62 days of a referral, either from a GP, cancer screening, or a consultant upgrade. Performance has reduced slightly during 2024/25 but the Trust remained above the England average. The overall waiting list has reduced in response to increased activity whilst performance has dipped slightly due to demand management initiatives which have reduced those waiting under 18 weeks. This will have a longer-term benefit to performance.

Figure 28 – 18 Week Referral to Treatment Acute Trust Performance 2024/25



Throughout 2024/25 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. Broader pathway reform opportunities have also been identified with a focus on optimising referrals and reducing time to first appointment helping manage demand and provide earlier intervention, whilst efforts to reduce follow up appointments will release more capacity for this work.

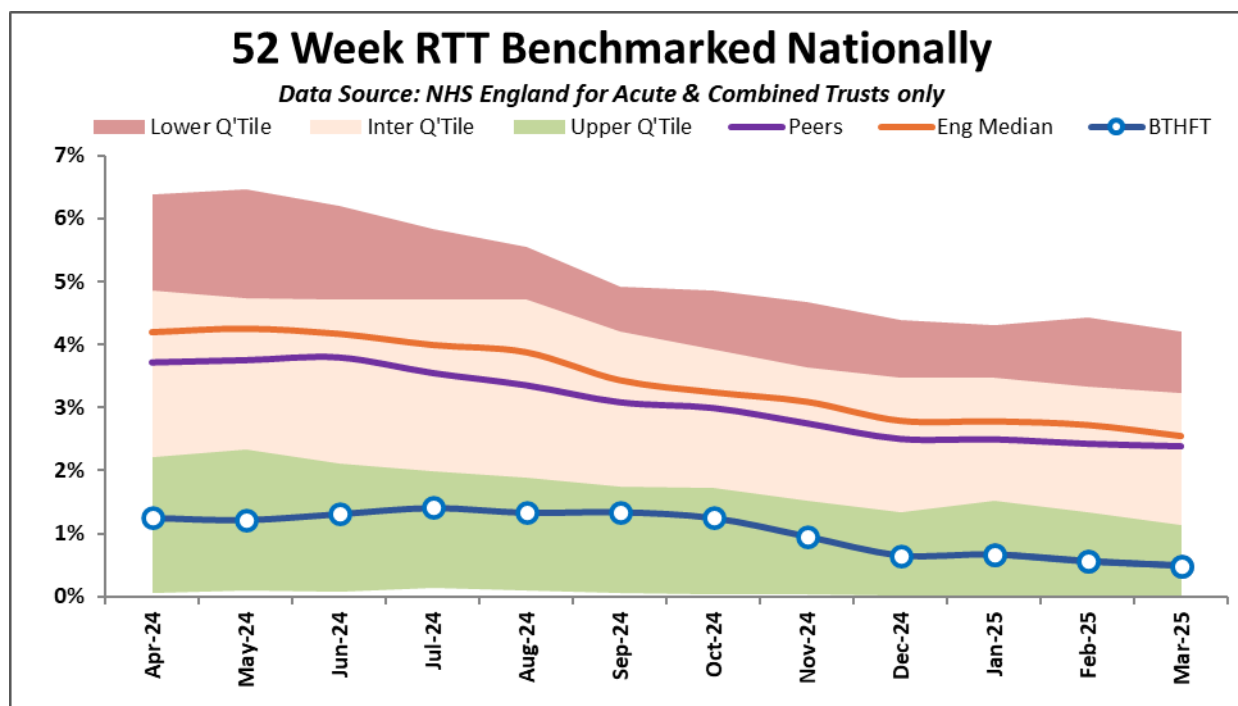
In line with national priorities the additional capacity has been allocated to reducing the longest wait times. Where the Trust has been unable to do this we have worked closely with other Organisations across West Yorkshire to provide alternative appointments or treatment dates earlier in the patient journey.

In addition, we have further strengthened our approach to waiting list management and validation. These processes ensure our waiting list is accurate and patient care progressed as required in as timely a manner as possible. One marker of this is the national waiting list data quality dashboard, against which the Trust has a 99.6% confidence rating.

52-week Referral to Treatment (RTT)

Alongside the work to improve 18-week performance there was a specific focus on continuing to treat those patients who had waited far longer than this due to the ongoing impact of capacity constraints during COVID-19. The Trust was able to make significant progress in this area with performance comparing favourably to others and ahead of the 1% target set by NHS England for 2025/26.

Figure 29 – 52 Week Referral to Treatment Performance 2024/25

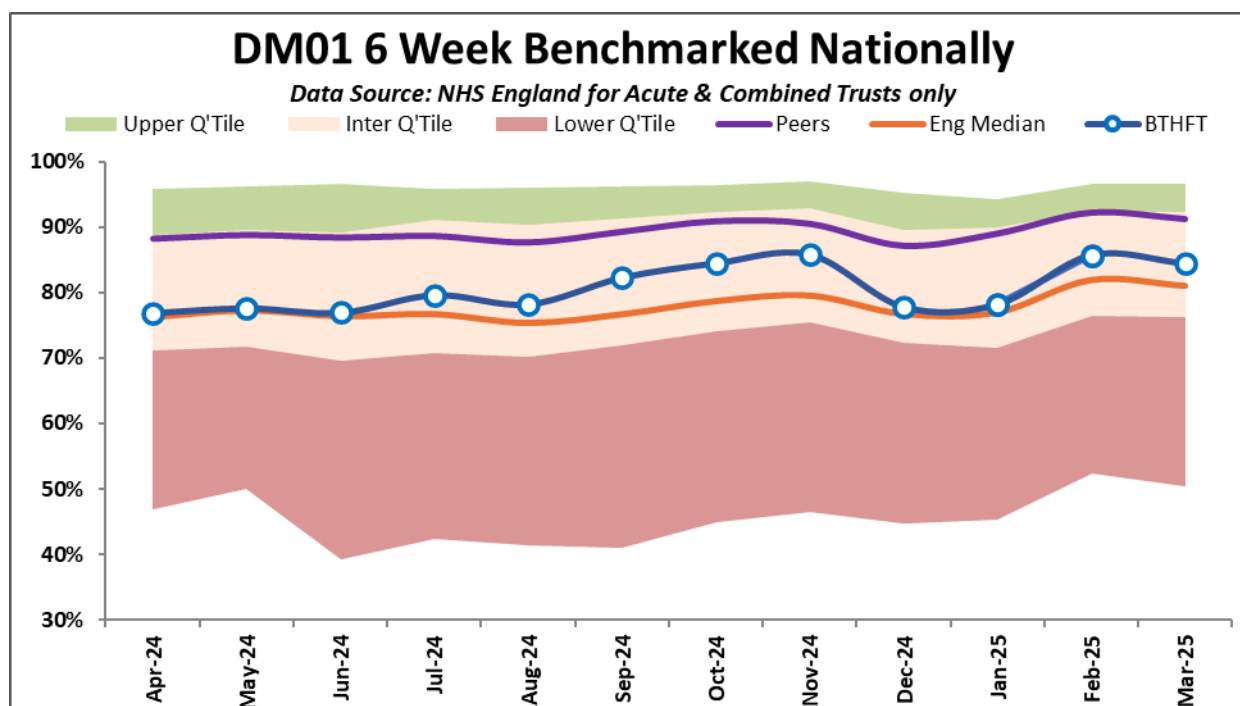


Daily and weekly management processes are in place to monitor future performance against this KPI and expedite care when delays are identified. Targeted supported has been in place across three specialties with ongoing long wait challenges during 2024/25 which has helped recover their position.

Diagnostic Waiting Times

Diagnostic wait times have reduced in line with the plan agreed with NHS England for 2024/25. For those patients referred to us for routine diagnostic services, performance had dipped to the lower quartile nationally in 2023/24 but has recovered to above average and we have plans in place which should improve this further next year. This standard aims to ensure patients wait no longer than 6 weeks for a diagnostic test.

Figure 30 – DM01 6-week Diagnostic Performance 2024/25



The Trust hosts a Community Diagnostic Centre (CDC) which now provides tests for all commissioned modalities. This resource has helped increase activity and mitigate challenges when Trust capacity has been unavailable. Demand for diagnostic tests and the need for earlier or faster access to tests has continue to grow, however with the CDC we have been able to manage this.

During 2024/25 we have predominantly needed to reduce waiting times for modalities with challenges in the previous year, although there has been occasional deterioration caused by unexpected loss of capacity. This is visible during December and January, but performance recovered quickly demonstrating greater resilience in delivery models. Existing improvement plans and broader CDC diagnostic reform initiatives will continue into next year when the Trust expects to meet national targets and return to upper quartile performance.

2.2.2.2. Preventing Ill Health and Reducing Inequalities

During 2024/25, we have made significant progress in strengthening our Health Inequalities Programme. We have worked with partners in an increasingly larger number of initiatives and their input has been vital in shaping our health inequalities programme.

Listed below are the key developments and initiatives the Trust has developed to address health inequalities over the 2024/25 period.

1. Health inequalities Board of Directors development session

We facilitated a health inequalities focused Board Development Session which was well received by participants and helped to set a strategic direction for the health inequalities work at the Trust. The aim of the session was to support our Board of Directors to increase their knowledge of Bradford's population, the people most likely to experience health inequalities and what the trust can do tackle health inequalities.

The Board was provided with an opportunity to consider the Trust's sphere of influence and the opportunities to improve health and wellbeing and address health inequalities. The sphere of

influence facilitates wider thinking around the Trust's various roles – as an anchor organisation, a system partner, a research unit, a teaching hospital and a service provider.

The session involved internal teams such as the Performance and Research teams giving an oversight of their work to tackle health inequalities. Our Performance team have been instrumental in providing insight across the organisation to understand how access (particularly around patients that did not attend (DNA) their appointment waiting list management) is affected by health inequalities and the opportunities the Trust has to tackle them. The Research team also played a key role in the session by discussing how to integrate research and practice to reduce health inequalities.

We also involved the Reducing Inequalities Alliance (a unit of the Bradford ICB) which supported the development of the session and provided the Board with an overview of the population the hospital serves.

The session proved incredibly useful in setting out the focus of our work on health inequalities. Some of the key outputs included:

- Focusing on developing the capability and knowledge across the organisation with respect to health inequalities.
- A shift in language from health inequalities to health equity – this will help focus on what is in our control as well as provide staff with a positive premise in order to increase buy in and engagement.
- Working on a bottom-up design to ensure incremental changes are tried and tested to ensure wider rollout.

2. Developing capability and knowledge within staff on health equity

The Trust has focused on providing staff with a number of routes to improving their knowledge and skills to provide equitable access, outcomes and experiences. As part of the staff induction upon joining the Trust, staff are now introduced to a presentation on the Bradford population, the inequalities they experience and how we as a Trust can contribute towards health equity.

The Trust has also engaged with its Clinical Service Units, corporate teams and clinical cohorts to promote the West Yorkshire Population Health Fellowship. The fellowship provides staff with the opportunity to undertake a health inequalities project related in their service for one year. Uptake this year has far exceeded previous years' applicants combined, resulting in multiple health inequalities projects to be undertaken within the Trust once the programme commences in April 2025.

As part of our Make Every Contact Count (MECC) project, staff are also invited to undertake training in MECC to develop and enhance their interactions with patients. Health inequalities focused modules are also available for staff to enrol on. Webinars, masterclasses and Community of Practice are in their planning stages to improve the offering.

Since late 2024, we have been fortunate to expand our resource allocated to Health Equity (our internal reframing of health inequalities) which now consists of two whole time equivalents dedicated to delivering the programme.

3. Initiatives underway to improve health equity across the Trust

3.1 Improving access to palliative care

Working with Marie Curie, the Trust has delivered a unique palliative care service - the model is the first of its kind nationally. The Responsive Emergency Assessment and Community Team (REACT) provides acute, high-quality palliative care for patients, their families and carers in crisis either in the Emergency Department (ED) or at home.

Palliative care in-reach in the ED proactively identifies patients with palliative care needs, and supports their discharge to a dedicated, rapid response, consultant-led multidisciplinary Virtual Ward for around 72 hours before handing on to existing services. REACT also receives 'step up' referrals directly from community services (primary and palliative care). The service has helped in a reduction of hospital bed days, improved access for patients not previously known to services and reduced inequity to palliative care.

The work has been recognised nationally as a pioneer by being shortlisted in a prominent national awards programme.

3.2 Transgender and non-binary patients' unique healthcare needs and experiences in nuclear medicine

Transgender/non-binary people widely report negative experiences, discrimination, and marginalisation in all facets of healthcare. Patients report their providers having little knowledge of their unique needs, and often the patient must educate the clinician whilst accessing care. Healthcare avoidance is also common, due to anticipated discrimination or provider's lack of knowledge.

This initiative has focused on addressing the above by educating staff so they can make decisions based on sound knowledge and reduce the risk of mistakes occurring. Nuclear Medicine staff initially had low levels of knowledge on transgender/non-binary identities, which significantly improved after training. The training focused on understanding how much do staff know already, what do they need to know about trans/non-binary patients and evaluating their response to training.

3.3 Library Services – health literacy and digital inclusion

Our non-clinical teams have also been involved in the work to tackle health inequalities. Library Services have strived to improve the health literacy of patients by working with operational staff. This project was initiated as the majority of the population in Bradford have low health literacy and the health information is currently too complicated for patients to access. As people with lower health literacy have poorer health outcomes, we have been working to make our communications clearer by employing methods such as Teach Back, Chunk as Check and Readability assessments to improve health literacy and understanding.

Recognising that there is no public library for our local residents in Girdlington, our Library Services have commenced work to provide the public with access to computers with internet access within the Trust's library. This initiative supports the Trust's role as an anchor organisation by providing our premises for public access as well as increasing digital inclusion. Public users are supported with job applications, accessing their medical records and are also signposted to information concerning hypertension, eating well and smoking cessation.

3.4 Utilising the Making Every Contact Count to improve outcomes and experiences

The Trust had a soft relaunch of the Making Every Contact Count (MECC) approach specifically to reduce inequalities by supporting us to facilitate improvements to public health. This is achieved by encouraging our health and care staff to use everyday interactions to promote healthier lifestyles and signpost individuals to appropriate services.

At the Trust, the MECC initiative focuses on equipping staff to engage in meaningful conversations with patients and service users to improve health outcomes, reduce inequalities, and enhance the overall patient experience. To date, we have engaged with several services which we believe will have the most impact as well as services where some holistic care is already provided. These areas include outpatients, pre-assessment, dietetics and physiotherapy with more to follow.

The Core20PLUS5 approach underpins this project with an initial focus on hypertension case finding as a priority area. The MECC implementation also includes signposting and links to child oral health and smoking cessation services (aligned to the Health Inequalities Statement metrics).

3.5 Improving access to psychological support for children and young people with long term health conditions

This initiative focuses on addressing gaps in psychological provision for certain long term health conditions (LTC) and inequity of provision in paediatric health psychology. In particular, the focus has been on paediatric epilepsy and asthma services.

The aim was to understand why children and young people (CYP) with physical and psychological co-morbidity do not receive appropriate co-located multidisciplinary care. At times there has been little recognition that psychological factors are a normal part of a LTC and forms part of an evidence-based, high quality multidisciplinary care. As a result of this initiative, there has been improved access to psychological interventions for children and young people with long term health conditions (epilepsy and asthma). This project has been delivered as part of the West Yorkshire Population Health Fellowship programme.

4. Embedding health equity across the organisation

The Trust carried out the NHS Providers Health Inequalities self-assessment and identified opportunities for strengthening our programme. This was also one of the drivers behind the health inequalities focused Board Development Session.

Since the assessment, the Trust has set up a Health Equity Oversight Group which has been created to amalgamate the work to tackle health inequalities from across the organisation into one forum. This group is chaired by the Director of Strategy and Transformation and reports into the Equality and Diversity Council (chaired by the Chief Executive) – this further highlights our commitment to the health equity agenda with buy in at senior levels of the organisation.

We continue to adhere to internal governance processes by delivering updates on health equity to the Board of Directors and the Quality Committee on a regular basis. We are also working on strengthening our reporting by integrating health equity to key document templates and the agenda of operational meetings.

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 that we create a community where all our people can learn, grow and reach their full potential, that the Trust is a place where everyone is heard, is treated with dignity and respect and trusted to do their job.

In 2024/25 the Thrive portal (our online hub) had over 61,000 visits and continued to grow. Colleagues are accessing the portal from desktops, mobiles and tablets illustrating the accessibility of the site.

During 2024/25, we have continued 'Thrive Live' – a regular 'live' conversation between services and the Executive Management Team. We have also launched the 'Thrive Hive'. The Hive advertises and signposts to a wide range of colleague led activities, groups and clubs within the Trust such as history club, book club, walking club and knit and natter. It also highlights significant national and international days, including observation of a diverse range of religious events for colleagues. Thrive Hive was launched with the aim of bringing together colleagues, creating a sense of belonging and community within the organisation.

In 2024/25, we also concluded 'Thriving Together' (The NHS culture and leadership programme). Colleagues from the change team completed 5 diagnostics which has helped us to understand the culture of the Trust and develop our future priorities based on these findings. These have been built into our People Strategy which will launch in 2025.

Development

Development, at all levels of the organisation, has been a key priority over the last year.

In 2024/25, we delivered eight courses of our Leadership Pathways to a total of 48 delegates. We also developed a new offer for managers, 'Leading at a Higher Level' which is a leadership and management development programme for managers at all levels at the Trust. The course explores purpose and values, worthwhile work and standard, leadership and empowerment, and reinforcement and continuous improvement and we expect to deliver to around 700 managers during 2025/26.

The NHS England Mary Seacole programme is an accredited leadership development initiative designed for aspiring first-time leaders in health and care settings. It equips participants with the skills, knowledge, and confidence to effectively manage teams, drive change, and enhance patient care. The programme emphasises practical learning, enabling participants to develop leadership strategies that align with the NHS's values and challenges. By focusing on self-awareness, communication, and problem-solving, it fosters resilient, inclusive, and effective leaders who can inspire their teams and improve service delivery. Ultimately, the programme supports the creation of a capable leadership pipeline to sustain and advance healthcare excellence. During 2024/25, in partnership with colleagues at Airedale, we obtained a licence to deliver the Mary Seacole programme in house and trained a team of facilitators. The first cohort began in 2024 with 28 colleagues enrolled.

From January – December 2024, 24 induction sessions were delivered by the Trust, supporting a total of 1280 new starters at the Trust.

All colleagues at the Trust can now access a coach via the use of a shared platform, managed by the Humber Coast and Vale Health and Care Partnership. This enables colleagues to connect with external coaches from a variety of organisations, at no cost.

The NHS Board Leadership Competency Framework was published in February 2024. As a result of this, we have developed two new appraisal systems – one for Executive Directors, and one for Non-Executive Directors. We have also developed and implemented a new Board Development Programme which focuses on supporting Board to develop around a number of themes including health inequalities, compassionate leadership, values and vision and creating a high performing team.

Health and Wellbeing

Health and wellbeing has also remained a key priority. We know that the nature of our work impacts 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 also developed a new approach to 1-1s 'Dynamic Conversations' which supports managers and colleagues to have effective conversations around:

The framework is made up of four pillars:

1. Health and Wellbeing
2. Performance Enablement
3. Prioritisation

4. Motivations and Aspirations

This approach has been piloted in 2024/25 with positive feedback and will be rolled out Trust-wide in 2025/26.

This year the Occupational Health department has achieved successful re-accreditation to the Faculty of Occupational Medicine's SEQOHS scheme (Safe, Effective, Quality Occupational Health Service) providing the Trust and its people with assurance that the service complies with industry standards and best practice.

We have facilitated the mobilisation of the new enhanced Employee Assistance Programme offering supported computer based cognitive behaviour therapy. We have recruited a Specialist Occupational Therapist to boost the wider mental health support offer via 1-1 or group work, providing practical strategies to assist staff who are experiencing low mood, stress, fatigue or burn-out. In addition to this, colleagues from the staff support service are now holding clinics from within the Occupational Health department offering psychological support to staff who experience work related trauma.

The staff gyms have been fully refurbished across both sites with the inclusion of some adaptable gym equipment for wheelchair users, supporting the Inclusive Fitness Initiative. The membership costs have been reduced to £10 per month with the aim of encouraging staff to become more physically active.

This year, we have developed 3 crisis management support packs for:

- Managers
- Human Resource Business Partners
- Colleagues affected by a major incident or crisis at work

Crisis Management Packs will support all affected by crisis to act promptly, in a co-ordinated way to ensure those affected are supported in the best way. Crisis Management Response Team guidance has also been created to ensure the right support functions are deployed quickly to support managers and staff.

Reward

In September 2024, over 250 colleagues attended the Brilliant Bradford Awards – our internal celebration of colleagues. This year's ceremony was a chance to celebrate and say thank you for our colleagues incredibly hard work over the past year, helping to shine a light on those who do an incredible job and go above and beyond the call of duty. There were 8 categories, and we received over 300 nominations from colleagues reflecting the hard work, success and innovation of our colleagues and teams across our Trust.

We also celebrated over 50 colleagues who received their Long Service Awards in 2024, recognising their fantastic contribution over many dedicated years working for Bradford Teaching Hospitals and the NHS.

In 2024/25, over 1300 colleagues sent a 'Greatix Award' – an instant thank you for a job well done or to recognise the achievement of a colleague or team in the Trust.

This year, we also refreshed our approach to both employee and team of the month and have successfully encouraged more nominations. Winners are rewarded with a voucher (employee of the month) or hampers (team of the month) and a certificate and runners up receive a letter from a member of the Executive Management Team to congratulate them. We regularly publicise the stories of the winners in our Trust newsletter and the monthly winners also go through to our annual Awards ceremony.

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.

Strategic Risk

The highest scoring strategic risks that the Trust has been exposed to during 2024/25 are as follows:

- ***If we fail to maintain and develop our care environment, then we may not be able to deliver modern, outstanding care for our patients, resulting in poor patient experience and outcomes and limited ability to deliver services*** – The risk score has remained at 20 during the year. The controls in place include backlog maintenance annual condition surveys that prioritise available capital funding, development of an Estates Strategy and the use of Patient Led Assessments of the Care Environment (PLACE) surveys and action plans.
- ***If we fail to manage patient flow, then we will have patients staying in hospital longer than necessary, resulting in increased risk of deconditioning, hospital acquired infection and patients not being able to be seen in the emergency department and acute admission areas*** – This risk was added to the BAF in quarter 3 and is scored at 20. The controls in place include an improvement programme within the Accident and Emergency department, daily command and control and escalation processes.
- ***If we and/or our Integrated Care System (ICS) partners in aggregate fail to deliver our financial plan in the short and medium term, including failure to secure an adequate capital funding allocation, then we may fail to maintain financial stability and sustainability, we may have insufficient internal cash and liquidity to support ongoing day to day expenditure and to support the necessary revenue and capital investments required to maintain safe and sustainable services and to support the corporate strategy, resulting in reduced ability to meet demand, develop services and to maintain / improve the safety and quality of care, impaired patient experience, an increased likelihood of system intervention and / or regulatory action including the potential loss of decision making autonomy 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, and the Closing the Gap programme.
- ***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 score reduced from 20 to 15 during the year following improvements to board and committee arrangements, and implementation of a board development programme. Work is ongoing to improve our governance arrangements with the support of NHS England.

Operational Risk

Our escalation process involves all risks scoring 15 and above being escalated to the Executive Team, Committees 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/Committee, where the effectiveness of mitigating actions is considered.

As at April 2025, the high level risk register contains 26 risks, six 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.
- 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. Mitigations include the approval of business cases to increase renal dialysis and the opening of additional dialysis slots at Skipton Hospital.
- If the Trust is unable to facilitate timely discharge of patients due to changes in the provision of social care, then it will struggle to meet its commitment to close additional winter beds, incur financial costs, and experience an increased in 12-hour breaches, Accident & Emergency Department (AED) overcrowding, bed waits, and ambulance delays. Mitigations include the implementation of the H-FAST (Home First Assessment Support) initiative.
- The Haemonetics Blood Track kiosks at the Trust are now 'end of life'. If there is a mechanical failure Haemonetics will be unable to repair the kiosk/s rendering part / all of the system unusable. This means the paper traceability process will be used to collect blood / blood components and to verify the traceability / fate of all blood / blood components. New Blood Track kiosks have been purchased which will fully mitigate this risk once implemented.
- The number of patients in the emergency department often exceeds its designed capacity and available resources meaning providing safe, timely, and efficient care to current and incoming patients becomes challenging. Mitigating actions include a Trust-wide communications and social media campaign to inform parents of one carer policy once surge commences and the development of a business case for 24/7 consultant cover.
- Concerns re respiratory inpatient capacity, including number of respiratory HDU beds, number of ensuite siderooms and overall inpatient respiratory bed capacity. An options appraisal is being undertaken to assess appropriate ways to increase capacity.

Other risks included on the high level risk register include harms from pressure ulcers, cyber security threats, and capacity constraints in Haematology, Histopathology and Non Surgical Oncology.

2.2.3. DELIVERING A NET ZERO HEALTH SERVICE

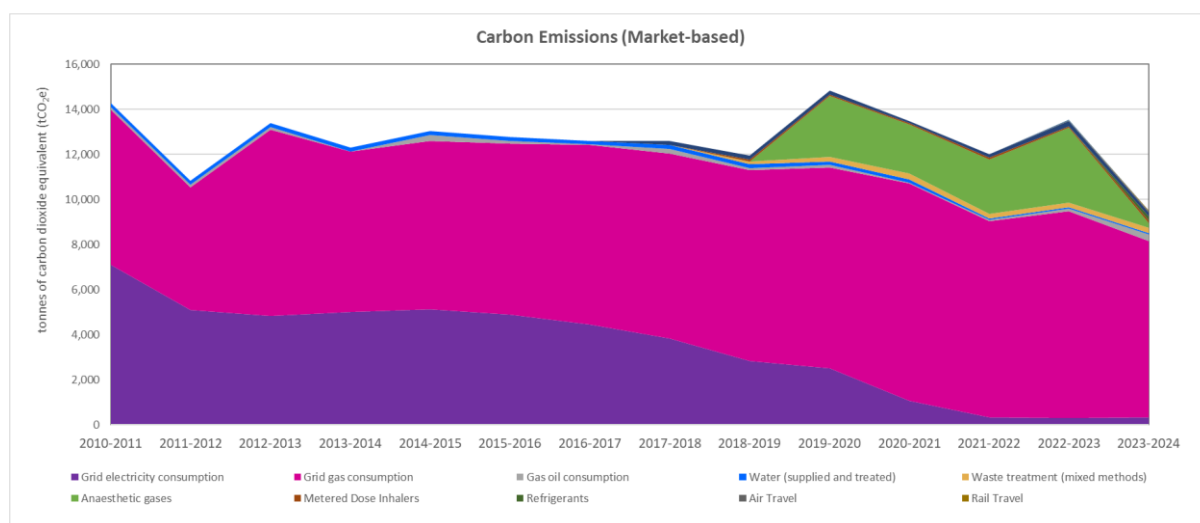
On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets. 'Delivering 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.

Figure 31 Reductions in carbon footprint are primary based on grid electricity decarbonising and the purchase of 'green electricity'



Carbon emissions data for 2024/25 will not be made available until autumn 2025.

Reductions in the Trust's carbon footprint over the past few years to 2023-24 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 32 – Carbon emissions performance for each of the Delivering a net zero NHS carbon footprint parameters

Emissions Source	Emissions in 2010/2011 (tCO2e)	Emissions in 2023/2024 (tCO2e)	Percentage Change (%)
Grid electricity consumption	7,090*	320	-95%
Grid natural gas consumption	6,894	7,850	14%
Gas oil consumption	121	298	147%
Water (supplied and treated)	175	48	-73%
Waste treatment (various methods)	-	219	-

Anaesthetic gases (sevoflurane, Entonox, desflurane, nitrous oxide)	-	216	-
Metered Dose Inhalers	-	122	-
Refrigerants	-	176	-
Transport (fleet and business travel)	-	189	-
Air Travel	-	49	-
Rail Travel	-	18	-
Hotel Stays	-	14	-
Total	14,279	9,518	-33%

**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:

- Successful application for funding to replace all non-LED lighting across the trust estate with lower energy LED replacements.
- Launch of a pilot dry mixed recycling scheme following the retendering of the domestic waste contract. This pilot across clinical and non-clinical areas is intended to lead to a wider roll out across the Trust.
- Review of the pack used for dialysis, removing unneeded items and sourcing smaller drapes to reduce the amount of waste created.

Task force on climate-related financial disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 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, risk management and metrics and targets pillars for 2024/25. These disclosures are provided in this section of the report. Metrics have not been provided because when the Trust Green Plan was developed and published, no detailed targets were included although specific actions were. As the Trust will develop a new Green Plan in 2025, it is anticipated that this will include metrics as appropriate.

The Trust published its first Green Plan in 2020^[1]. Implementation of the Green Plan is overseen by the Green Plan Implementation Group (GPIG) which is made up of managers from Estates and Facilities, and Procurement who led workstreams to deliver the plan. The Green Plan Implementation Group is chaired by the Executive Director of Estates and Facilities. NHS England published revised guidance on the development of a Green Plan for Trusts in February 2025, and a new plan will be developed in 2025 reflecting this guidance. Whilst there were no direct targets in the 2020 Green Plan it is anticipated that new targets will be developed to support the implementation of the new plan. The Green Plan is a sub-plan of the Trust's corporate strategy.

The GPIG 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 2025 Trust Board Meeting. This report includes the above data on the reduction in the Trust's carbon emissions to enable a year on year comparison. Since the beginning of 2025, GPIG also reports to the Finance and Performance Committee twice a year to provide an update on the work being done to achieve net zero.

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. The Trust itself identifies, assesses and manages climate related risks as part of the Trust's risk management process. See section 3.8.5.

The Trust itself has identified a risk within its Board Assurance Framework: If the Trust fails to implement its Green Plan effectively then the Trust may fail to meet its responsibilities in relation to climate change, resulting in an inability to deliver sustainable healthcare. The BAF is reviewed quarterly by the Board; more information on this is in section 2.1.5.

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](#)⁶. As part of our 2024/2025 [Equality Delivery System Review](#)⁷; 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 2025/ 2026. Consideration to the impact on Human Rights (Fairness, Respect, Equality, Dignity and Autonomy) is integral to everything we do as a Trust and is embedded into our Equality, Diversity & Inclusion training for managers. It also forms part of our Trust wide Equality Impact process, ensuring that policies and practices, including our building design and renovations take these principles into consideration. These issues are very important to the Trust, so we have opted to include a full Equality Report in section 3.4. Information about the Trust's anti-fraud, bribery and corruption policy can be found in section 2.2.4.

2.2.5. EVENTS SINCE YEAR END

There are no important events to report since year end.

2.2.6. OVERSEAS OPERATIONS

The Trust has no overseas operations.

2.2.7. DISCLOSURE ON EQUALITY OF SERVICE DELIVERY

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

⁶ <https://www.bradfordhospitals.nhs.uk/patient-stories-and-patient-public-involvement/>

⁷ <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/>

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.

Our Equality, Diversity and Inclusion (EDI) strategy (see 3.4.1) and the roll out of the refreshed Equality Delivery System 2022 (see section 3.4.5), along with other statutory equality frameworks (such as the Workforce Race Equality and Workforce Disability Equality Standards – see Equality Report) play a crucial role in ensuring we are meeting the requirements of the public sector equality duty.

2024/2025 Equality Delivery System 2022 review (EDS): Our Patient Experience and Involvement team once again played a pivotal role in the implementation of this years' Equality Delivery System 2022 review, participating in task and finish group discussions and supporting clinical colleagues from our three chosen Domain 1 service areas to showcase some of the fantastic engagement work they have supported over the previous 12 months, demonstrating how this work is positively impacting the provision of care for our diverse patients and communities.

For EDS Domain 1 (which assesses equality performance for commissioned or provided services), the Trust worked collaboratively with organisations across the West Yorkshire Health and Care Partnership focussing on three services or clinical pathways which align with the Core 20 Plus 5 approach to reducing health inequalities and the West Yorkshire Health and Care Partnership's priorities ([Information about Core 20 Plus 5 can be found in the equality hub section of the NHS England website](#)).⁸ The Trust chose to focus on Palliative Care for both Adults and Children and Young People and also Pennine Breast Cancer Screening service. Each of these areas have provided considerable focus to patient and community engagement and involvement and advancing equality, diversity and inclusion. The Trust showcased evidence and insights at a community engagement event on 14th January 2025 where stakeholder feedback was gathered from a diverse range of participants and the Trust received a rating of *Achieving* for each of the Domain 1 outcome measures focussing on: access, outcomes, safety and experience.

The EDI team have worked alongside the Patient Experience and Involvement team on ensuring EDI is a golden thread throughout their recently launched Patient Experience and Engagement Strategy including the strategy's six key objectives. Our dedicated Patient Experience and Involvement Team provide focus on engaging with under-represented groups and communities in sharing their lived experience and supporting teams and departments in addressing some of the potential health inequalities and challenges that exist in the Bradford district. This co-production is key to meaningful change. The team regularly share their learning at the Trust Equality Diversity Council and also at Trust Board where they facilitate the sharing of patient stories with focus on Trust wide learning and improvement.

The Trust continues to use the equality impact assessment methodology and processes in ensuring equality impact assessments are being carried out on new policies and practices, including building design and renovations. Several completed assessments have taken place with equality considerations built in from the onset, including building and service development projects such as the new Day Case Unit (DCU) at St Luke's Hospital where collaborative work with key stakeholders and engagement with diverse community groups took place to ensure this new facility is as inclusive as possible. This culminated in the provision of EDI training for DCU staff.

⁸ <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

In January 2025 the newly refreshed Bereavement Policy underwent a full equality impact assessment to ensure that any potential impacts were considered and mitigated by colleagues, taking into particular consideration the diverse needs of patients and visitors in respect of cultural, or religious needs and preferences at End of Life. This is an issue that has received significant development over the last 12 months following the establishment of an End-of-Life working group with the opportunity to showcase some of this progress at the Community Engagement event as part of our Equality Delivery System review where the inclusive work of the Trust Adult Palliative Care team was described as “Brilliant”.

2.2.7.2. Equality of service delivery: data

The Trust collects 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](#)⁹, feedback from our [patient experience service](#)¹⁰ which includes thousands of patient contacts per year, and national [Care Quality Commission \(CQC\) surveys](#)¹¹ 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 2024 this has included stories from members of the local community who have protected characteristics.

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, sex, disability, sexual orientation, religion and belief, race, transgender, pregnancy and maternity, marriage and civil partnership. There is continued learning opportunities from patient feedback and complaints, and the 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:

- The Patient Experience Team were approached by the Service Leads to undertake patient engagement for the Pennine Breast Screening Service with the aim of better understanding of why patients are not taking up the offer of a breast screening appointment and explore any potential barriers. This resulted in the development and sharing of a short, animated video addressing some of the concerns raised and to improvements in the accessibility of their appointment letters and service information.
- Accessible Information Standard (AIS) Training is being rolled out across the Trust for reception staff. To date all staff in the Central Patient Booking Service Team have undertaken their training. At the request of the Senior General Managers, there is a requirement for all reception staff within the CSUs to undertake the training, which has also been included as part of the Trust Induction Programme.
- The Trust was asked by Healthwatch to take part in a pilot for the new NHS England self-assessment framework for the AIS. Taking part in the pilot was a chance to test the framework and provide feedback and recommendations to NHSE on clarity, usability, relevance and

⁹ <https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/>

¹⁰ <https://www.bradfordhospitals.nhs.uk/patients-and-visitors/patient-experience/>

¹¹ <https://www.cqc.org.uk/publications/surveys/surveys>

impact of the self-assessment framework. It was an opportunity to test, help shape and improve the self-assessment framework before finalisation. NHS discussions indicate that the self-assessment framework may become a mandatory requirement for health services in the very near future.

- The Trust continues to work with [AccessAble](#)¹². 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 during 2024 included bespoke visual maps to a number of key locations on the BRI site.
- Staff training has been arranged for several staff to undertake British Sign Language Training. We adhere to the [Accessible Information Standard](#)¹³ 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.
- During 2024 the Trust commissioned work with CardMedic. CardMedic is a healthcare translation app helping patients and staff overcome communication issues with instant access to 1000s of clinically-interpreted interactions in 50+ languages and formats. CardMedic bridges the communication gap with immediate access to ready-made content that:
 - Empowers patients with language or literacy needs, or sensory impairment or cognitive issues
 - Saves staff time and supports clearer and more clinically accurate interactions with wider groups of patients

CardMedic content is available in multiple languages and formats, including Easy Read, BSL and Read Aloud in English.

- Independent review of the Trust's website by the Equality and Human Rights Commission.
- The Trust partnered with a company called EIDO Healthcare which specialises in patient information, The EIDO Inform service now provides access to a large range of procedure-specific leaflets written by and updated by health professionals to provide clear, accurate and updated medical information, EIDO Healthcare supports patients to make informed decisions about their health. The comprehensive resources support healthcare professionals by facilitating effective patient education and improving patient satisfaction, whilst helping the Trust mitigate and reduce the risk of litigation and legal claims.

Signed



Mel Pickup
Chief Executive
27 June 2025

¹³ <http://www.england.nhs.uk/ourwork/accessibleinfo/>

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](#)¹⁴ (November 2024), they each share the same responsibility and liability. The chair 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](#)¹⁵ sets out the matters reserved for the Board of Directors in full.

In 2024/25, the Board of Directors included the following positions: Sarah Jones – Chair, Ms Julie Lawreniuk – Deputy Chair and Senior Independent Director, Bryan Machin – Senior Independent Director and Professor Mel Pickup – Chief Executive.

All directors are required to meet the standards of the ['fit and proper persons requirement'](#)¹⁶ and to make annual declarations. The [register of declarations of interests](#)¹⁷ 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](#)¹⁸ was last approved by the Board and the Council of Governors in October and November 2024.

Further information about the [Board of Directors](#)¹⁹ 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:

¹⁴ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2025/01/CG04-2025-Reservation-of-Powers-to-the-Board-and-Scheme-of-Delegation.pdf>

¹⁵ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2025/01/CG04-2025-Reservation-of-Powers-to-the-Board-and-Scheme-of-Delegation.pdf>

¹⁶ <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed>

¹⁷ <https://bthft.mydeclarations.co.uk/declarations>

¹⁸ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/11/BTHFT-Constitution-November-2024-Final.pdf>

¹⁹ <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](#)²⁰, 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 individual executive directors 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](#)²¹. In March 2022 the Board approved our new corporate strategy for 2022-2027 titled '[Our Patients, Our People, Our Place and Our Partners](#)'²². 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](#)²³.

During 2024/25 there have been some challenges associated with Board membership and governance and the Trust has been subject to additional licence conditions which 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 Trust has complied with the regime put in place and continues to work with NHS England, reporting through to the Integrated Quality Improvement Group (IQIG). The Board and Council of Governors remain quorate with meetings taking place. An ongoing programme of board development is in place and improvements have been made to governance arrangements during

²⁰ <https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/>

²¹ <https://www.bradfordhospitals.nhs.uk/our-trust/strategy/>

²² <https://www.bradfordhospitals.nhs.uk/our-trust/strategy/>

²³ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/11/BTHFT-Constitution-November-2024-Final.pdf>

2024/25 including board committees as part of effectiveness reviews. Ongoing investigations are being progressed as quickly as possible.

Figure 33 shows the non-executive members of the Board in 2024/25.

Figure 33 – Non-Executive Directors 2024/25

Name	Role
Sarah Jones	Chair
Professor Louise Bryant	Non-Executive Director
Mohammed Hussain	Non-Executive Director
Julie Lawreniuk	Non-Executive Director
Sughra Nazir	Non-Executive Director
Altaf Sadique	Non-Executive Director
Karen Walker	Non-Executive Director
Zafir Ali	Non-Executive Director
Bryan Machin	Non-Executive Director

Figure 34 shows the executive members of the Board in 2024/25.

Figure 34 – Executive Directors 2024/25

Name	Role
Professor Mel Pickup	Chief Executive
Sajid Azeb	Chief Operating Officer / Deputy Chief Executive
Reneé Bullock*	Chief People and Purpose Officer ²⁴
Professor Karen Dawber	Chief Nurse
Mark Hindmarsh	Director of Strategy and Transformation (from 14/04/2024)
Matthew Horner	Director of Finance (up to 07/07/2024)
David Moss*	Director of Estates and Facilities (from 05/08/2024)
Paul Rice*	Chief Digital and Information Officer (up to 30/05/2025)
Ben Roberts	Chief Finance Officer ²⁵ (from 01/09/2024)
Chris Smith	Acting Chief Finance Officer (from 08/07/2024 - 31/08/2024)
Dr Ray Smith	Chief Medical Officer (up to 31/05/2025)
*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. 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 Board of Directors has considered the independence of the Board at its meeting on 29 May 2025 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' and by 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 [BTHFT Constitution](#)²⁶.

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

²⁴ The Chief People and Purpose Officer filled the position held by the Interim Director of Human Resources.

²⁵ The Chief Finance Officer filled the position held by the Acting Chief Finance Officer

²⁶ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/02/BTHFT-Constitution-February2024.pdf>

Non-Executive Directors

Sarah Jones, Chair



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 the Trust 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



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, Non-Executive Director



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 has strong family connections with Bradford and has both worked and studied in the city. She feels privileged to be a NED for the Trust and to play a part in delivering their vision.

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 Digital²⁷. 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)



²⁷ NHS Digital merged with NHS England on 1 February 2023. All references to NHS Digital now, or in the future, relate to NHS England.

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 (Senior Independent Director)



Bryan joined the Trust having 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 Bradford, to live their best life. Bryan is a retired 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.

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.

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.

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.

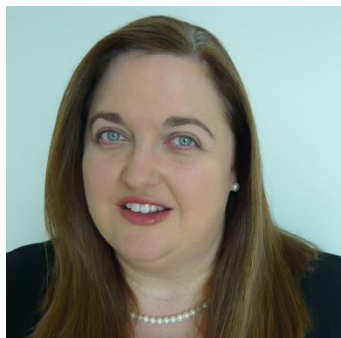
Sajid Azeb, Deputy Chief Executive and Chief Operating Officer



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)



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 14 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.

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.

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) (up to 30 May 2025)



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.

Ben Roberts, Chief Finance Officer (from 1 September 2024)



Ben started his NHS career at York Hospital when he joined the NHS general management training scheme in 2006. He has worked mainly in the acute sector, holding roles in all areas of NHS finance. He is a fellow of the Chartered Institute of Management Accounting (CIMA) and has a BA (Hons) Accounting degree.

He joins us from the West Yorkshire Association of Acute Trusts (WYAAT), where he was associate director of finance, supporting the various programmes across the six acute trusts in WYAAT. Before joining WYAAT Ben worked in senior finance roles across all aspects of finance, providing financial leadership on significant service changes, complex collaborative procurements, and large business cases. He is also the Chair of Healthcare Finance Management Association (HfMA) Digital Council and active member of the One NHS Finance community.

Chris Smith, Acting Chief Finance Officer (from 8 July 2024 to 31 August 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, however, between 2 July to 1 September 2024 was 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 (up to 31/05/2025)



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 2024/25

Board meetings have continued to take place bi-monthly in-person. Agendas along with the meeting papers can be accessed [here](#)²⁸.

Figure 35 reports on the number of meetings attended by Board members in-year.

Figure 35 – 2024/25 Attendance at Board of Directors meetings held in public

Board member	Role	Attendances	Total meetings
Sarah Jones	Chair	5	6
Mel Pickup	CEO	6	6
Sajid Azeb	Deputy Chief Executive / Chief Operating Officer	6	6
Renee Bullock	Chief People and Purpose Officer	6	6
Karen Dawber	Chief Nurse	6	6
Mark Hindmarsh	Director of Strategy and Transformation	6	6
Matthew Horner	Director of Finance	1	1
David Moss	Director of Estates and Facilities	4	4
Paul Rice	Chief Digital & Information Officer	5	6
Ben Roberts	Chief Finance Officer	4	4
Chris Smith	Interim Chief Finance Officer	1	1
Ray Smith	Chief Medical Officer	5	6
Altaf Sadique	Non-Executive Director	2	6

²⁸ <https://www.bradfordhospitals.nhs.uk/our-trust/bod-meetings/>

Julie Lawreniuk	Non-Executive Director	6	6
Karen Walker	Non-Executive Director	5	6
Louise Bryant	Non-Executive Director	5	6
Mohammed Hussain	Non-Executive Director	0	0
Sughra Nazir	Non-Executive Director	0	4
Bryan Machin	Non-Executive Director	6	6
Zafir Ali	Non-Executive Director	6	6

Reasons for non-attendance at Board meetings are not provided here for Data Protection purposes.

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

Committees 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 Committee, Finance and Performance Committee and People Academy. The Terms of Reference for all Board Committees and the Academy are available on the Trust website [here](#)²⁹.

Reports from the Chairs' of the Committees are presented at the Board of Directors meetings held in public and, as part of the Council of Governor meetings.

Audit Committee 2024/25

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 2024/25, 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 2024/25
- Draft and Final Annual Internal Audit Plan 2024/25
- Follow up of Internal Audit Recommendations
- Internal Audit Annual Report 2023/24
- Internal Audit Reports (limited assurance):
 - BH382024 – Medical Records
 - BH432024 – Nursing Assessment and Care Plans
 - BH462024 – Consultant and SAS Doctors Job Planning
 - BH472024 – E-Job Planning

²⁹ <https://www.bradfordhospitals.nhs.uk/our-trust/corp-gov/>

- BH482024 – Estates Procurement
- BH132025 – Risk Management Strategy
- BH122025 – Closing the Gap
- BH222025 – Security Management including violence prevention and reduction standards
- BH252025 – Procurement and Business Cases
- Internal Audit Effectiveness Review
- Internal Audit Progress Reports
- Internal Audit Progress Report 2023/24
- Counter Fraud Annual Report 2023/24
- Counter Fraud Functional Standards Return
- Counter Fraud Progress Reports
- Final Counter Fraud Annual Plan 2024/25
- Counter Fraud Self Review Tool
- 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 2023/24
- Annual Report 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 2023/24
- 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 2023/24
- 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 2023/24 and Draft Letter of Representation 2023/24
- 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 2023/24
- Proposed changes to Scheme of Delegation/Standing Financial Instruction
- Schedule of high-value approvals under the scheme of delegation
- Update on delivery of the Emergency Preparedness Resilience & Response (EPRR) 2023/24 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 2023/24 and certificate of completion
- External Audit Annual Plan 2024/25
- ISA 260 – Charitable Funds
- ISA 260 – Foundation Trust
- Sector update and benchmarking report

Throughout 2024/25 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 2024/25 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
- Zafir Ali, Non-Executive Director
- Mohammed Hussain, Non-Executive Director
- Julie Lawreniuk, Non-Executive Director
- Sughra Nazir, Non-Executive Director

The Audit Committee met seven times during the year. Attendance at these meetings is detailed in figure 36.

Figure 36 – 2024/25 Audit Committee attendance

Committee member	Role	Attendances	Total meetings
Bryan Machin	Chair/Non-Executive Director	7	7
Zafir Ali	Non-Executive Director	6	7
Julie Lawreniuk	Non-Executive Director	2	2
Mohammed Hussain	Non-Executive Director	0	0
Sughra Nazir	Non-Executive Director	0	1

Reasons for non-attendance at Committee meetings are not provided here for Data Protection purposes.

Audit Committee meetings are also attended by the Chief Finance Officer, 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 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 37 – Better Payment Practice Code

	2024/25		2023/24	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in-year	50,882	347,082	55,027	328,196
Total non-NHS trade invoices paid within target	46,470	327,245	50,908	311,634
Percentage of non-NHS trade invoices paid within target	91%	94%	93%	95%
Total NHS trade invoices paid in-year	1,657	21,727	1,767	23,637
Total NHS trade invoices paid within target	1,475	18,091	1,578	20,138
Percentage of NHS trade invoices paid within target	89%	83%	89%	85%

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 has reduced over the past twelve months. Collectively over 90% of invoices are paid within the BPPC target by volume and value. Over the next 12 months the Trust will seek to improve the timeliness of invoice approval to achieve the target.

As at 31st March 2025, the total liability to pay interest due to failing to pay invoices within 30 days was nil (31st March 2024: 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.

NHS England Integrated 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.

Following the receipt of comprehensive assurance in relation to maternity and neonatal services the Quality Improvement Group moved to focus on the Trust's governance arrangements.

The Trust was moved from segment 2 to segment 3 of the NHS Oversight Framework in May 2024 due to the issues facing the Trust and continued governance concerns including a deterioration in relationships between members of the Board. Furthermore, NHS England imposed additional licence conditions on the Trust pursuant to section 111 of the Health and Social Care Act 2012, and the Trust agreed to a number of enforcement undertakings to address the concerns raised.

An Integrated Quality Improvement Group (IQIG) has been set up by NHS England to oversee and support the Trust in addressing the concerns and making the required improvements. The Trust is fully committed to resolving these matters as quickly as possible and welcomes NHS England's and other partners support in this work.

Patient care

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 at both the Bradford Royal Infirmary and St Lukes Hospital sites. 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 2024 within Maternity and Neonatal Services.

Neonatal Services were rated as 'Outstanding' overall, Maternity Services remained as 'Requires Improvement' overall but improved to 'Good' in the Safe domain. Both medical services were rated as 'Good'³⁰. The Trust awaits the outcome of the overarching Well Led inspection.

Stakeholder relations

During 2024/25, 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. In November 2025 the WYAAT Committee in Common (CIC) supported undertaking a fundamental service review across WYAAT, with a target to complete a Case for Change by March 2025 to coincide with the production of the 10 Year Plan. The aim is to identify new ways of working to deliver sustainable services for the next 10 years – in different planning and delivery units.

- **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.

³⁰ <https://www.cqc.org.uk/press-release/cqc-publishes-reports-services-run-bradford-teaching-hospitals-nhs-foundation-trust>

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 was reviewed in 2024 in line with updated guidance from NHS England. The second edition was published in July 2024.

- **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.

‘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 2024/25, [Bradford Hospitals’ Charity](https://bradfordhospitalscharity.org/)³¹ received £376,000 in income (2023/24: £508,000). 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 includes everything else).

³¹ <https://bradfordhospitalscharity.org/>

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

A handwritten signature in black ink, appearing to read 'Mel Pickup', written in a cursive style.

Mel Pickup
Chief Executive
On behalf of the Board of Directors
27 June 2025

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 2024/2025. 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, and
- 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.

The committee considered the recommendations of the Senior Salaries Review body (SSRB) to award the annual pay increase of 5% to Executive Directors. Some executive directors had been appointed after 1 April 2024 and their remuneration was negotiated and agreed as part of the recruitment process during 2024/25. Therefore, the committee awarded the annual pay increase of 5% to Executive Directors who were in post prior to 1 April 2024.

The annual pay increase for April 2025 is yet to be determined. However, it is our intention to accept recommendations made by the Senior Salaries Review body (SSRB).

Finally, the committee approved the search and selection process and remuneration for the new Chief Finance Officer following the retirement of the Director of Finance.

Signed



Sarah Jones

Chair

27 June 2025

3.2.2. SENIOR MANAGERS' REMUNERATION POLICY

Figure 38 – 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.	<p>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.</p> <p>In determining the appropriate starting salary, the committee considers:</p> <ul style="list-style-type: none"> • 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. <p>These factors are taken into account when setting and reviewing the salaries of staff who earn over £150,000.</p> <p>The contract of employment authorises deductions from salary on any amount owed to us including but not limited to any overpayment or rent.</p>	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.	<p>The standard NHS Pension Scheme is operated.</p> <p>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).</p>	As per NHS Pension Scheme regulations	No change

Figure 39 – Non-executive directors' remuneration policy

Position	Remuneration	Policy
Chair	£55,000	<p>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 reference³².</p> <p>The Council of Governors last considered the remuneration of the Chair as part of the deliberations regarding the terms and conditions for the new appointment to the role on 4 March 2024. The Council confirmed that the Chair remuneration should be set at £55,000 per annum.</p> <p>In year there has been no change to Non-Executive Director remuneration which remains at £13,785.</p> <p>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 guidance³³ published in 2019 by NHS Improvement (now NHS England) proposing a 'remuneration structure for NHS provider chairs and non-executive directors'.</p> <p>There are no additional fees payable for other duties and no other items that are considered to be remuneration in nature.</p> <p>The Non-Executive Directors (including the Chair) do not receive pensionable remuneration.</p>
Non-Executive Directors	£13,785	

³² <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2023/08/NRC-Terms-of-Reference-approved-COG-July-2023.pdf>

³³ <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 2024/25 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 Chief People and Purpose Officer (CPPO) is in attendance and will provide employment advice and guidance as necessary. She withdraws from the meeting when any discussions are held with regard to his performance or remuneration. The Associate Director of Corporate Governance/Board Secretary acts as committee secretary.

The committee met three times during the year. Recruitment took place during 2024/25 in respect of Executive appointments. The committee approved the selection process for the Chief Finance Officer. 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 Finance Officer. The committee agreed the maximum remuneration package which could be offered based on the benchmarking data from the NHS Providers Remuneration Report.

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 40 – Attendance and membership during 2024/25

Board NRC membership		Meetings attended
Sarah Jones, Chair		3 of 3
Julie Lawreniuk, Non-Executive Director		1 of 3
Mohammed Hussain, Non-Executive Director		0 of 0
Altaf Sadique, Non-Executive Director		1 of 3
Karen Walker, Non-Executive Director		2 of 3
Sughra Nazir, Non-Executive Director		0 of 2
Professor Louise Bryant, Non-Executive Director		1 of 3
Zafir Ali, Non-Executive Director		3 of 3
Bryan Machin, Non-Executive Director		3 of 3
Professor Mel Pickup, Chief Executive (in attendance)		3 of 3
Renee Bullock, Chief People and Purpose Officer (in attendance)		3 of 3

Reasons for non-attendance at Committee meetings are not provided here for Data Protection purposes.

See section 3.3.2 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 at least six Governors including at least three Public/Patient Governors all appointed by the full Council of Governors. The terms of reference for the committee are available [here](#).

The committee met five times during the year, including meetings by exception, to consider confidential matters. Reports from the Governors NRC are routinely shared with the full Council for information, assurance or approval.

The membership and attendance at the committee for 2024/25 is outlined below.

Figure 41 – Attendance and membership during 2024/25

Governors NRC membership		Meetings attended
Sarah Jones	Chair	1 of 1
David Wilmshurst	Public Governor	5 of 5
Dermot Bolton	Public Governor	5 of 5
Mark Chambers	Public Governor	5 of 5
Alastair Goldman	Partner Governor	4 of 4
Raquel Licas	Staff Governor	5 of 5
Helen Wilson	Staff Governor	3 of 5
Farzana Khan	Staff Governor	3 of 5
Renee Bullock	Chief People and Purpose Officer (in attendance)	2 of 2
Faeem Lal	Director of HR (in attendance)	4 of 4

Bryan Machin	Non-Executive Director (in attendance)	1 of 1
Laura Parsons	Assistant Director of Corporate Governance / Board Secretary (in attendance)	3 of 5
Jacqui Maurice	Head of Corporate Governance (in attendance)	3 of 3

3.2.3.4. Disclosures required by Health and Social Care Act

Salaries over £150,000

There was no new appointment made in 2024/25 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. There were four directors with a salary of over £150,000 during 2024/25. These are the Chief Executive Officer, Deputy Chief Executive/Chief Operating Officer, Chief Medical Officer and the Chief Nurse.

Expenses claimed by directors

The total number of directors holding office during 2024/25 was 21 (the number in 2023/24 was 22). The number of directors receiving expenses during 2024/25 was 4 (the number in 2023/24 was 12). The aggregate sum of expenses paid to directors in 2024/25 was £165 (in 2023/24 was £2,953).

Expenses claimed by governors

The total number of governors holding office during 2024/25 is 23 (the number 2023/24 was 17). The number of governors receiving expenses during 2024/25 is 2 (the number in 2023/24 was 2). The aggregate sum of expenses paid to governors in 2024/25 is £152.40 (in 2023/24 it was £291).

Figure 42 – Remuneration of senior managers 2024/25 (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
2024/25	(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
Sarah Jones (Chair)	50-55	0	0	0	0	50-55
Mel Pickup (Chief Executive)	250-255	0	0	0	22.5-25	275-280
Sajid Azeb (Chief Operating Officer / Deputy Chief Executive)	160-165	0	0	0	25-27.5	190-195
Mark Hindmarsh (Director of Strategy and Transformation) ³⁴	120-125	0	0	0	97.5-100	220-225
Ray Smith (Chief Medical Officer)	230-235	0	0	0	87.5-90	320-325
Karen Dawber (Chief Nurse)	155-160	0	0	0	110-112.5	270-275
Matthew Horner (Director of Finance) ³⁵	40-45	0	0	0	0	40-45
Chris Smith (Interim Director of Finance) ³⁶	15-20	0	0	0	5-7.5	20-25
Ben Roberts (Chief Financial Officer) ³⁷	80-85	0	0	0	15-17.5	95-100
Paul Rice (Chief Digital & Information Officer) ³⁸	85-90	0	0	0	90-92.5	180-185
Renee Bullock (Chief People & Purpose Officer) ³⁹	135-140	0	0	0	37.5-40	170-175
David Moss (Director of Estates & Facilities) ⁴⁰	90-95	0	0	0	72.5-75	160-165
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
2024/25	(Bands of £5,000)	(to the nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)

³⁴ Mark Hindmarsh (Director of Strategy and Transformation) – from 14 April 2024

³⁵ Matthew Horner (Director of Finance) – until 7th July 2024

³⁶ Chris Smith (Interim Director of Finance) – from 8th July 2024 to 31st August 2024

³⁷ Ben Roberts (Chief Financial Officer) – from 1 September 2024

³⁸ Paul Rice (Chief Digital & Information Officer) - In addition to this role, Paul Rice is also the Chief Digital & Information Officer at Airedale NHS Foundation Trust. A recharge at 40% was made by Airedale NHS foundation Trust to Bradford Teaching Hospitals NHS Foundation Trust.

³⁹ Renee Bullock (Chief People & Purpose Officer) – from 1 April 2024

⁴⁰ David Moss (Director of Estates & Facilities) – from 5 August 2024

Name and title	Salary and fees	All taxable benefits	Annual performance related bonuses	Long term performance related bonuses	All pension related benefits	Total
Sughra Nazir (Non-Executive Director)	10-15	0	0	0	0	10-15
Louise Bryant (Non-Executive Director)	10-15	0	0	0	0	10-15
Bryan Machin (Non-Executive Director)	10-15	0	0	0	0	10-15
Zafir Ali (Non-Executive Director)	10-15	0	0	0	0	10-15

Figure 43 – Remuneration of senior managers 2023/24

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) ⁴¹	35 - 40	0	0	0	0	35 - 40
Helen Hirst (Interim Chair) ⁴²	15 - 20	0	0	0	0	15 - 20
Sarah Jones (Chair) ⁴³	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) ⁴⁴	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) ⁴⁵	95 - 100	0	0	0	30.0 - 32.5	130 - 135
Paul Rice (Chief Digital & Information Officer) ⁴⁶	60 - 65	0	0	0	0	60 - 65
Mark Holloway (Director of Estates and Facilities) ⁴⁷	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) ⁴⁸	10 - 15	0	0	0	0	10 - 15
Jon Prashar (Non-Executive Director) ⁴⁹	10 - 15	0	0	0	0	10 - 15

⁴¹ Maxwell Mclean (Chair) – resigned 3 October 2023

⁴² Helen Hirst (Interim Chair) – from 7 November 2023 to 3 March 2024

⁴³ Sarah Jones (Chair) – from 4 March 2024

⁴⁴ John Holden (Director of Strategy and Integration / Deputy Chief Executive) – retired 31 August 2023

⁴⁵ Faeem Lal (Interim Director of Human Resources) – from 1 April 2023

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 Mark Holloway (Director of Estates and Facilities) – until 10 September 2023

⁴⁸ Barrie Senior (Non-Executive Director) – until 31 January 2024

⁴⁹ Jon Prashar ((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
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) ⁵⁰	10 – 15	0	0	0	0	10 - 15
Bryan Machin (Non-Executive Director) ⁵¹	0 – 5	0	0	0	0	0 – 5
Zafir Ali (Non-Executive Director) ⁵²	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.

⁵⁰ Louise Bryant (Non-Executive Director) – from 1 June 2023

⁵¹ Bryan Machin (Non-Executive Director) – from 1 February 2024

⁵² Zafir Ali (Non-Executive Director) – from 1 February 2024

Figure 44 – Pension entitlements of senior managers 2024/25 (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 2025	Lump sum at pension age related to accrued pension at 31st March 2025	CETV at 1st April 2024	Real increase in CETV	CETV at 31st March 2025	Employer's contribution to stakeholder pension
2024/25	(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)	(Nearest £1,000)
Mel Pickup (Chief Executive)	2.5 – 5	0	125 – 130	330 – 335	2,773	48	3,039	36
Sajid Azeb (Chief Operating Officer)	0 – 2.5	0	50 – 55	130 – 135	940	19	1,043	24
Mark Hindmarsh (Director of Strategy and Transformation)	5 – 7.5	7.5 – 10	30 – 35	70 – 75	440	82	570	16
Ray Smith (Chief Medical Officer)	5-7.5	2.5 - 5	90 – 95	270 – 275	2,137	115	2,422	32
Karen Dawber (Chief Nurse)	5 – 7.5	7.5 – 10	60 – 65	160 – 165	1,201	121	1,420	21
Chris Smith (Interim Director of Finance)	0 – 2.5	0 – 2.5	0-5	70-75	523	5	603	2
Ben Roberts (Chief Financial Officer)	0 - 2.5	0	5 – 10	70 – 75	42	7	75	11
Paul Rice (Chief Digital & Information Officer)	5 – 7.5	5 – 7.5	55 – 60	145 – 150	1,135	102	1,331	20
Renee Bullock (Chief People and Purpose Officer)	2.5 – 5	0	25 – 30	0-5	315	29	382	20
David Moss (Director of Estates and Facilities)	2.5 - 5	0	35 - 40	0	444	57	578	13

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

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 2024/25 was £252,500 (2023/24: £242,500). This is a change between years of 4.12% (2023/24: 6.6% change).

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 2024/25 was from £252,500 to £12,500 (2023/24: £242,500 to £12,500). 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 7.64% (2023/24: -0.72%). Average employee remuneration has increased due to the 5.5% pay award issued to staff, and an increase in the workforce which has increased the average. No employees received remuneration in excess of the highest-paid director in 2024/25. 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 45 – Pay Ratio Information 2024-25

2024/25	25 th percentile	Median	75 th percentile
Salary component of pay	£24,071	£36,483	£46,148
Total pay and benefits excluding pension benefits	£24,071	£36,483	£46,148
Pay and benefits excluding pension: pay ratio for highest paid director	10.5: 1	6.9: 1	5.5: 1

Figure 46 – Pay Ratio Information 2023-24

2023/24	25 th percentile	Median	75 th 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

Following the 5.5% pay award issued to staff in 2024/25 median pay has increased to £36,483 (2023/24: £32,398).

Signed

A handwritten signature in black ink, appearing to read 'Mel Pickup'. The signature is fluid and cursive, with a large initial 'M' and a distinct 'P'.

Mel Pickup
Chief Executive
27 June 2025

3.3. STAFF REPORT

3.3.1. ANALYSIS OF STAFF COSTS AND NUMBERS

Figure 47 – Staff Costs 2024/25 (£'000) (subject to audit)

Staff Costs	Permanently employed	Other	2024/25 Total	2023/24 Total
Salaries and wages	325,438	832	326,270	290,238
Social security costs	33,506	0	33,506	30,875
Apprenticeship Levy (pay element)	1,640	0	1,640	1,513
Pension cost - defined contribution plans employer's contributions to NHS pensions	38,460	0	38,460	33,599
Pension cost - employer contributions paid by NHSE on provider's behalf	25,121	0	25,121	14,619
Pension cost - other	0	0	0	1,223
Termination benefits	0	0	0	976
Temporary staff - agency/contract staff	0	6,280	6,280	9,699
Total gross staff costs	424,165	7,112	431,277	382,742

Figure 48 – Average number of employees Whole Time Equivalent for 2024/25 (subject to audit)

	Total Number	Permanent Number	Other Number
Medical and dental	1,036	985	51
Administration and estates	2,159	1,955	204
Healthcare assistants and other support staff	825	813	12
Nursing, midwifery and health visiting staff	2,406	1,960	446
Scientific, therapeutic and technical staff	963	906	57
Other	5	3	2
Total average numbers	7,394	6,622	772
Of which, number of employees (WTE) engaged on capital projects	13	11	2

Figure 49 – 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 50 – 31 March 2025 distribution of staff, male and female

At 31 March 2025 – headcount figures, excluding agency and contract and bank staff			
Group	Female	Male	Total
Directors	8	10	18
Senior Managers	315	156	471
Other Employees	5,544	1,643	7,187
Total	5,867	1,809	7,676

Figure 51 – 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 52 - Sickness Absence Data 1 January 2024 – 31 December 2024

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2024	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
6,033	86,206	14.3	2,202,200	139,845

The [Department for Health and Social Care Group Accounting Manual 2024/25](https://www.gov.uk/government/publications/dhsc-group-accounting-manual-2024-to-2025)⁵³ 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 2024 to 31 December 2024 was 6.35%.

Information about staff turnover for 2024/25 is also available on [the website of NHS Digital](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics)⁵⁴

3.3.2. STAFF POLICIES AND ACTIONS

Review of our People Policies and Practices with an Equality, Diversity and Inclusion (EDI) / Organisational Development (OD) lens

We have recently carried out a comprehensive review of our people policies and practices with an EDI and OD lens which has helped us to strengthen some areas for improvement, ensuring policies are clear, simple and easy to follow. Particular focus has been given to ensuring our recruitment & selection policy and processes are inclusive which has resulted in a number of developments including work to launch a new inclusive recruitment toolkit for managers a new dynamic conversations tool and refreshed career development pathways, success of these new developments will be measured by monitoring data around our senior level recruitment, progression and retention.

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

⁵³<https://www.gov.uk/government/publications/dhsc-group-accounting-manual-2024-to-2025>

⁵⁴<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

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 five years now. It was reviewed in December 2022, and feedback received so far has been positive. However, to ensure we are in line with good practice around disability equality and our ambitions to become a level 3 Disability Confident Leader, we will review the policy and our approaches again in August 2025 in collaboration with colleagues from our disability staff network (Enable). The policy is referenced at induction 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 and Non-binary Equality Policy for Patients and Staff

The Trans and non-binary 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. It has received a further update in February 2025, and we are currently in the process of consulting with our LGBT+ staff inclusion network ensuring terminology remains current and to ensure the inclusion of support for non-binary and non-gender conforming staff within the remit of the policy. 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 on informal conflict resolution and resolving colleague disputes at an early stage. The policy is currently undergoing an extensive review working with our Trade Union colleagues, and will be approved in spring 2025, 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 it is shared widely through internal global communications/CSU and Departmental meetings. It will include the development of new training to empower line managers around informal approaches to conflict resolution. To accompany we also have a Civility and Respect Toolkit, which provides resources for those who witness or experience incivility.

Leave from Work Policy

This policy was reviewed and approved in 2024 and is a policy which covers all aspects of leave for employees within the Trust. Further clarity was provided within the review about the carryover of statutory minimum annual leave when off sick and going into a new annual leave year. The policy also now includes a section on fertility treatment and time off for

employees as the Trust agreed that an employee may be granted up to 5 working days of paid fertility leave in any 12-month period in order to undertake fertility treatment (pro rata for part time employees). Also included is the new legislation changes from April 2024, that a carer is entitled to up to one week of unpaid carer's leave per year and can be taken from half a day up to and including one whole week of leave.

Home Working Policy

This policy was reviewed and approved in 2024 and it was undertaken to make sure that the policy was up to date and not about working from home during covid 19. The references to covid 19 was removed and it is clear for all employees that they need to make any requests for home working via the Trust's Flexible working policy. The policy was also updated to make sure it was compliant with the new section 35: Homeworking and agile/hybrid working (England) from the NHS terms and conditions.

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: 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.

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 July 2024). We introduced a recruitment candidate pack for job candidates, promoting living and working in Bradford and the benefits of working at the Trust. The pack also contains helpful guidance on application and interview practices. The toolkit includes 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 and includes discussion on AI generated applications 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 issues raised. The Committee receives several reports relating to staff health and safety from subgroups covering risk assessments, incidents and a more focused review on issues identified. During 2024/25 the Health and Safety Committee have had a challenging year reviewing all areas of health and safety and refocusing what on what is required to move the Trust forward.

The Health and Safety department during 2024/25 has undertaken numerous risk assessments, formal investigations and reviewed several policies and procedures. The department has continued to work through the actions raised by the previous Trust Health and Safety annual report. Significant improvements have been made with Control of Substances Hazardous to Health (COSHH) with more engagement with the end user. During 2024/25 the department undertook a gap analysis to evaluate 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 2025/26 the health and safety department will continue to review compliance with legislation. They will be focusing on specific areas of health and safety such as health surveillance and overseeing several planned projects.

Occupational Health

See section 2.2.2.3.

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.

3.3.3. 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.

Alongside Thrive, we continue to run 'Thrive Live' sessions, a fortnightly question and answer session with the Executive Team and different services/teams. This enables

colleagues to ask any question they may have and increases the visibility of leadership. We also participate in the quarterly people pulse survey, a national online pulse survey, developed to support local listening and employee engagement activities in the NHS.

This year we have also launched our 'Thrive Hive' which is an interactive hub full of activities, interests and passions that our colleagues have which they want to share with others. We have over 25 clubs, events and groups listed, run by colleagues, for colleagues, with the aim of fostering a sense of belonging and pride at being part of the Trust family.

3.3.3.2. NHS staff survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions have aligned 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.

The response rate to the 2024 survey among Trust staff was 50%. There was a 7% increase in the Trust's staff engaging with the survey compared to the 2023 staff survey (2023 response rate - 43%). This is above the national response rate for Acute and Acute and Community Trusts which is 49%. We have performed well in the areas that were identified as priorities in 2023 – specifically around the role of line managers and teams and we have continued to make improvements relating to civility and respect. In summary, we remain above the national average (compared to other Acute and Acute and Community Trusts) in all but one (we work flexibly which has reduced by just 0.1) of the People Promise themes and elements.

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 53 – NHS Staff Survey People Promise Indicators Scores

Indicators	2024/25		2023/24		2022/23	
	Trust Score	Benchmarking Group Score	Trust Score	Benchmark Group Score	Trust Score	Benchmarking Group Score
We are compassionate and inclusive	7.32	7.21	7.37	7.24	7.3	7.2
We are recognised and rewarded	6.06	5.92	6.12	5.94	5.9	5.7
We have a voice that counts	6.18	6.67	6.87	6.7	6.8	6.6
We are safe and healthy	6.80	6.09	6.12	6.06	5.9	5.9
We are always learning	5.83	5.64	5.94	5.61	5.6	5.4
We work flexibly	6.23	6.24	6.28	6.20	6.1	6.0
We are a team	6.88	6.74	6.88	6.75	6.7	6.6
Staff engagement	6.94	6.84	7.02	6.91	6.9	6.8
Morale	6.06	5.93	6.06	5.91	5.8	5.7

Comparing BTHFT results from 2023/24 to 2024/25, one theme has increased positively (we are safe and healthy), two remain the same (we are a team, and morale) and the remaining six have slightly decreased since 2023/24. However, in five of these areas, the national average benchmarking score has also decreased.

Future Priorities and Targets

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

We are always learning

- Ensuring our people have quality 1-1 conversations and appraisals.
- Creating opportunities for career progression to support colleague development and retention.

Engagement

- To support engagement, networking and peer connection we will establish a BTHFT People Forum.

We are compassionate and inclusive

- Organise and deliver a national EDI/health inequalities conference in collaboration with our Staff Equality Networks.
- Develop a series of bite-size drop in sessions for managers to share their responsibilities in managing disability, equality and reasonable adjustments in the workplace.
- Launch of the Respect, Civility and Resolution policy and Managers Toolkit.

We work flexibly

- Update the flexible working policy and continue to promote opportunities for flexible working to managers and colleagues through meetings, workshops and other conversations.

Our aim is to continue to improve our scores across all of the People Promise themes. Actions to achieve our priority areas are underway and timely objectives have been set. These will be monitored on a quarterly basis through the People Academy.

3.3.3.3. Equality and Diversity

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

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. These action plans are aligned not only to our evolving workforce data, along with legal and contractual requirements, but with dedicated focus on engagement and involvement with our diverse staff in understanding where we need to focus our activity to have the greatest impact. This engagement with our staff equality networks and in understanding our staff survey results is key to our progress on EDI. You can read more about this focus in our Equality Report (section 3.4).

Whilst our EDI staff survey results for 2024 remain above average, we have seen a very slight deterioration in our overall 'Equality & Diversity' score, decreasing from 8.26 to 8.12 (still higher than the national average of 8.08). We have also seen a very slight decrease in the overall 'inclusion' score from 7.0 to 6.94 (still higher than the national average of 6.81). These elements fall under the 'We are compassionate and inclusive' element of the People Promise for 2024 and will be a key focus of activity over the next 12 months. We will be further analysing the most recent staff survey results with an equality lens ensuring any key

trends or themes are considered within the 2025/26 action plans when they are next reviewed and refreshed.

3.3.4. TRADE UNION FACILITY TIME

Figure 54: The total number of employees who were relevant union officials during 2024/25

Number of employees who were relevant union officials during the relevant period	19
Full-time equivalent employee number	16.98

Figure 55 - Percentage of time spent on facility time

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

Figure 56: Percentage of pay bill spent on facility time

Total cost of facility time	£63,530
Total pay bill	£425,833,917
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%

3.3.5. CONSULTANCY AND OFF-PAYROLL ARRANGEMENTS

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 Chief Finance Officer, to be on payroll.

The Trust did not engage in any off-payroll worker engagements at any point during the year ended 31 March 2025 earning £245 per day or greater (nil in 2023/24).

The Trust did not engage off-payroll board member, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025.

Figure 57: Off-Payroll and On-Payroll with significant financial responsibility 2024-25

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	10

In 2024/25 the Trust spent £1,271,000 on consultancy (£1,765,000 in 2023/24).

3.3.6. EXIT PACKAGES (SUBJECT TO AUDIT)

Figure 58 - All exit packages 2024/25

	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	0	0
£10,000 - £25,000	0	0	0
£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	0	0
Total resource cost (£)	0	0	0

Figure 59 - 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 60 - Exit packages, non-compulsory departure

	2024/25 Number of agreements	2024/25 Value of agreements £000	2023/24 Number of agreements	2023/24 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	0	0	1	8
Exit payments following employment tribunals or court orders	0	0	1	12
Non-contractual payment requiring HM Treasury (HMT) approval	0	0	0	0
Total	0	0	2	20

Of which:	0	0	0	0
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary				

3.3.7. GENDER PAY GAP

See section 3.4.9 of the Equality Report.

3.4. EQUALITY REPORT

3.4.1. EQUALITY AND DIVERSITY STRATEGY

Our 3-year Equality Diversity and Inclusion (EDI) strategy was launched in March 2023 and sets out the Trust's ambitions and plan of action to promote and advance equality of opportunity, with sharp focus on belonging and inclusion. Developed in collaboration with our diverse colleagues, patients and communities, the strategy aims to drive a step change in the culture of our organisation, helping us to embed and advance equality, diversity and inclusion across the Trust. It sets out the principles and actions by which Bradford Teaching Hospitals NHS Foundation Trust intends to achieve its mandate of '[We are Bradford: we value diversity and champion inclusion](#)⁵⁵', as well as meeting our legal and contractual obligations.

The strategy includes **5 key strategic objectives** which are accompanied by an EDI Strategy Implementation Plan. 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

The EDI strategy supports our aims of being an employer of choice for all our current and prospective staff and a provider of great care for our patients not because it 'must be done' but because it is the right thing to do. Our EDI Strategy also covers our commitment and action in addressing inequalities for our people, patients and our community with real purpose and action. We value the diversity of our people and commit to championing inclusion and a compassionate workplace. For our patients and community, we want to ensure our services will be accessible and truly inclusive to all, with focus on access, experience and outcomes.

Throughout 2024/25 we have been working with staff networks and key stakeholders to ensure the EDI Strategy is being implemented across the Trust and have developed an implementation plan. This plan is enabling us to ensure we are making progress on the five strategic equality objectives. The implementation plan was shared at the Equality & Diversity Council in October 2024. Work will commence during 2025 to further engage with

⁵⁵ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/04/24040507-EDI-Strategy-2023-2025-PRINT.pdf>

our diverse colleagues and communities as part of a review, refresh and re-launch of the EDI Strategy next year, ensuring our priorities and activity continues to meet both current needs and legal/ contractual requirements, including our ambitions around wider partnership work in developing anti-racist approaches at a district wide level including some targeted focus on cultural competency training. Early discussions are taking place with colleagues in Maternity with a view of piloting this training with maternity colleagues.

3.4.2. DEVELOPING LOCAL EDI ACTION PLANS

A key enabler to implementing the EDI strategy across the Trust, has been the development of local EDI action plans (aligned to the 5 strategic equality objectives) which will create a more targeted approach and greater ownership of the actions within departments and CSU's. Over the last 12 months the EDI team have been engaging with CSU/ Departmental managers and teams on their role and remit as part of the EDI strategy and supporting them to develop local action plans which are tailored to the individual needs of each CSU/ department. This work will continue to be developed throughout 2024/ 2025 and progress will be shared with People Academy, Quality Committee and the Equality and Diversity Council.

3.4.3. 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 in tackling population health inequalities (an area where significant progress has been made over the last 12 months – see section 2.1.8.1). 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.

3.4.4. STAFF EQUALITY 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 established and proactive in helping to raise the profile of EDI across the Trust and have been instrumental in planning and organising a range of national and international celebratory days, for example South Asian Heritage Month, Black History Month, LGBT+ History Month, Disability History Month and a celebration event for our Internationally recruited staff (some of whom have worked for the Trust now for over 20 years).

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. They are supported with 4 hours per month facility time and are allocated a small budget per annum to support their work. 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 change in the culture of the organisation.

In December 2024 we launched a Chair of Chairs Network. Over the next 12 months (led by the Head of EDI), this group will bring together staff equality network chairs and deputy chairs to ensure we are fully meeting the needs of network members as they develop their individual work plans aligned to our Trust EDI priorities, and to ensure each network has a shared vision, promoting inclusion as a collective, taking into account the intersectionality of individual members. The network is keen to organise and deliver a one day EDI Conference with focus on advancing our EDI ambitions with meaningful engagement and involvement.

3.4.5. 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.

Implementation of the [Equality Delivery System \(EDS\)⁵⁶](#) 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 System⁵⁷](#) Review 2024/2025; 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 : Palliative Care for Adults, Palliative Care for Children & Young People and Pennine Breast Cancer Screening service), 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 the wider community including 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 guidance⁵⁸](#)), 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.

⁵⁶ <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/eds2/>

⁵⁷ <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/>

⁵⁸ <https://www.england.nhs.uk/publication/equality-delivery-system-2022-guidance-and-resources/#guidance>

3.4.6. WORKFORCE RACE EQUALITY STANDARD (WRES) AND RACE EQUALITY

We have exceeded our Trust target set in 2020 to have a workforce that is representative of the local community by March 2025. Our 6 monthly updates to the People Academy dashboard demonstrate the percentage of Ethnic Minority staff in the workforce continues to rise and has risen over the past 18 months from 38% in March 2023 to 43% in September 2024. 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 2024 reflected a 2% increase in representation of Ethnic Minority staff at senior leadership levels over the last 18 months (where Ethnic Minority staff currently represent 20% 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.

Our refreshed (2024/2025) [race equality action plan](#)⁵⁹ was approved by the People Academy in October 2024. It has been co-produced with our Race Equality Staff Inclusion Network and in collaboration with key stakeholders from across the Trust and has been developed to reflect targeted focus for all the [WRES indicators that require improvement](#)⁶⁰, with the aim of bringing about positive change across the Trust in terms of race equality and improving our performance on WRES. Key areas of improvement for the Trust include focus on:

- Diversifying our senior leadership
- Staff experience in relation to workplace dignity & respect (including psychological safety in raising concerns)
- Embedding our EDI strategy, including everyone's role in raising the profile of EDI
- Reviewing our recruitment & selection processes, from an EDI lens

3.4.7. WORKFORCE DISABILITY STANDARD (WDES) AND DISABILITY EQUALITY

Considerable efforts have been made over the last few years to improve the working lives of colleagues with a disability or long-term health condition, including the introduction of a disability equality policy (see section 3.3.2 Staff policies and Actions), disability related leave, carer's passport, staff advocacy support and a host of health & wellbeing offers. We co-produced a disability equality video (using funding achieved from the NHS England WDES innovation fund) to raise the profile of disability equality and have shared this widely with other NHS organisations as a best practice approach. The video consists of six contributors who talk positively about their disabilities and how they have been supported by the Trust, the video and accompanying display plays a crucial role in raise the profile of disability across the organisation.

To improve disclosure rates around disability and long term health conditions we have developed an equality census leaflet to inform staff about the benefits of sharing their personal diversity information, how their information will be handled and stored and how this can help us to advance equality across the organisation. However, as a Trust we recognise we have work to do to ensure those with a disability or long-term health condition feel fully supported in the workplace and have the confidence to declare their status. The percentage

⁵⁹ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/10/WRES-Action-Plan-2024-2025-V2.pdf>

⁶⁰ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/10/WRES-2024-Data-Analysis.pdf>

of staff sharing their disability status on ESR has remained fairly static over the last few years. Although we saw a slight rise of just 1% (to 5%) at the point of carrying out our 2023/2024 WDES analysis, and a further rise of 1% in March 2025 (to 6%), we continue to focus on improving this in our 2024/2025 WDES action plan.

Our refreshed (2024/2025) [disability equality action plan](#)⁶¹ was approved by the People Academy in October 2024. It has been co-produced with our Enable Staff Equality Network and in collaboration with key stakeholders from across the Trust and has been developed to reflect targeted focus for all the [WDES metrics that require improvement](#)⁶², with the aim of bringing about positive change across the Trust in terms of disability equality and improving our performance on WDES. Key areas of improvement for the Trust include focus on:

- Improving our disability declaration rates
- Improving the provision of reasonable adjustments (including support for managers and staff in developing open and compassionate relationships)
- Staff experience in relation to workplace dignity & respect (including psychological safety in raising concerns)
- Reviewing our recruitment & selection processes, ensuring inclusivity and fairness is embedded within our recruitment and selection processes.

In December 2024, for the third year running, we held a week-long disability equality festival 'Connected on Ability' 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'. The focus of the event was to challenge our thinking on disability/ long-term health conditions and improve the working lives of colleagues who have an impairment, with this year's festival featuring a number of sessions focussing on Neurodiversity and the Trust EDI team facilitated a session with colleagues from Bradford District Care Foundation Trust entitled "I declared my disability – this is why" The session aimed to de-bunk some of the myths around declaring your personal diversity information and how being open can really help us to develop a compassionate and supportive approach. The session provided lots of opportunity for discussion around lived experience and sharing best practice and colleagues shared information about available support. The sessions were well received by participants.

3.4.8. LGBT+ EQUALITY

Our LGBT+ staff network continues their efforts in raising the profile of LGBT+ equality, we have a new chair who is leading the work of the network. LGBT+ colleagues and network members are currently going through a phase of exploring different options in ensuring the network reaches out to wider LGBT staff across the organisation. The network has gone through some changes in recent months including the appointment of a new network chair and now has a dedicated core group of members in key roles who are excited to take the network forward.

Details of our Trans and non-binary policy for patients and staff can be found in section 3.3.2 (Staff Policies and Actions)

⁶¹ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/10/WDES-Action-Plan-2024-2025-V3.pdf>

⁶² <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/10/WDES-2024-Data-Analysis.pdf>

3.4.9. GENDER PAY GAP AND GENDER EQUALITY

Women continue to make up a significant proportion of our workforce. On 31 March 2024 when our workforce comprised 7,458 staff, of which; 5,716 (76.6%) were women and 1,742 (23.4%) were men.

Some progress has been made on our gender pay gap over the last 12 months with our mean gender pay gap decreasing this year by 2.3% from 24.4% in 2023 to 22.1% in 2024. However, women continue to be under-represented at more senior levels and over-represented at supervisory and middle management levels and we recognise that men are also significantly under-represented in Nursing & Midwifery and some other traditionally female professions.

Our [gender equality action plan](#)⁶³ has been developed in collaboration with our Gender Equality Reference Group who, under the leadership of our Chief People & Purpose Officer, are continuously looking at ways we can accelerate our progress on Gender Equality.

The action plan has again been based around the 3 key areas of focus:

- Increasing both engagement with aspiring females, and representation of women in senior management roles. Exploring development and talent management opportunities and potential “blockers” for women progressing.
- Further developing a culture of flexible working with focus on front line roles
- Address the under-representation of men at all levels in the organisation and challenge traditionally female role stereotypes

Our [Gender Pay Gap](#)⁶⁴ report can be found on the Equality pages of our Trust Website.

Some positive steps have been taken to raise the profile of gender equality across the Trust. In March 2025 we celebrated International Women’s Day with an event that generated a lot of focus in this area. The event was an opportunity for a diverse range of colleagues to share their inspiring lived stories, including perspectives from men, women and non-binary colleagues, and bringing into the discussion the issue of intersectionality and additional challenges that can come with that. The event also provided a platform for the launch of a newly developed Gender Equality Staff Network, and with a focus on inclusivity and allyship, as well as progress. As with other staff equality networks there will be key roles for network members to apply for, an opportunity to develop terms of reference, branding, communications and a network work plan. The chair of the network will join our Chair of Chairs Network (ensuring all our staff networks are working collaboratively and with focus on the intersectionality).

3.4.10. 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 interns and their families.

⁶³ <https://www.bradfordhospitals.nhs.uk/equality-and-diversity/>

⁶⁴ <https://www.bradfordhospitals.nhs.uk/equality-and-diversity/>

Our Head of EDI regularly shares the learning and best practice with other organisations to raise the profile of this fantastic project.

3.4.11. EQUALITY AND DIVERSITY TRAINING

We continue to roll out our half day face-to-face EDI Managers training course, which provides managers and team leaders with key awareness and knowledge in managing diversity in the workplace with sharp focus on the Trust being an inclusive and compassionate employer. The course, which has been really welcomed by participants, provides opportunity for open discussion around real life case studies and is receiving some excellent feedback, including how managers feel empowered to deal with some of the more challenging EDI related issues in the workplace. The course content has been recently updated to reflect some of the feedback received and to ensure we are maximising this fantastic learning opportunity. The course is mandatory for those with line management responsibility and is bookable on ESR, as part of a suite of management development courses. Around 13 sessions have been delivered to a range of front-line managers and team leaders, totalling 146 delegates so far. The team continue to monitor feedback and develop the course to meet the needs of our changing workforce.

As a Trust we have been working to improve our understanding of disability/ neurodiversity. In 2024 we implemented the national Oliver McGowan training as a mandatory requirement for both clinical and non-clinical colleagues. The training provides understanding and practical application of support for patients/ colleagues with a learning disability, learning difficulty or neurodiversity, ensuring staff are empowered and trained in meeting the needs of patients with additional needs. The course combines on-line learning with an interactive webinar to maximise impact. The Additional Needs Team also developed a Think LD screensaver as a reminder to staff around the needs of people with Learning Disabilities.

3.4.12. INVOLVEMENT IN DEVELOPING A SYSTEM WIDE EDI STRATEGY

Following the Trust involvement in some of the initial stakeholder engagement sessions, EDI team have been working with colleagues at West Yorkshire ICB to finalise the WY ICB EDI strategy which has been designed to deliver wider ambitions around Equality, Diversity & Inclusion across our five places. The purpose of the new strategy will be to demonstrate the West Yorkshire Health and Care Partnership commitment to ensuring Equity, Diversity, Inclusion and Justice is at the core of healthcare service delivery and leadership, is embedded into our way of working and becomes “everyone’s business”. It will aim to tackle the issues that cause disparities in health and staff experiences, improving productivity, efficiency and outcomes for all. The strategy will also ensure clear links with equity to West Yorkshire’s Mission, Values and Behaviours and our 10 Big Ambitions, helping us to achieve equity within our programme delivery and link EDI priorities in our workforce and to provide focus in developing a workplan that will help us prioritise our efforts and resources and exploit the benefits of system working.

Key priorities for the strategy have been identified through a process of triangulation between feedback received through the engagement process (including discussions with various boards and other forums), insight from various data intelligence sources, statutory or mandated requirements and recognition of building on current initiatives.

5 high-impact Strategic Objectives have been identified (which include aspirational system targets) providing clear direction over the next 5 years. Within these objectives 3 key priorities have been identified as areas of focus for organisations at place level. These are:

- Reducing Health Inequalities
- Development of a place level anti-racist strategy and approaches
- Advancing diversity in leadership roles and fostering inclusive leadership

More information on the [West Yorkshire Health & Care Partnership Equity & Fairness Strategy](#)⁶⁵ can be found on their website.

3.4.13. BULLYING AND HARASSMENT POLICIES

See section 3.3.2 Staff Policies and Actions.

3.4.14. RECRUITMENT AND SELECTION POLICY AND PRACTICES

See section 3.3.2 Staff Policies and Actions.

3.4.15. INTERPRETING SERVICES

Bradford has a very diverse and multi-cultural population, which is reflected in its patient profile. The language Interpreters play a vital role in ensuring the Trust provides high quality, safe and equitable care to all patients. Accurate communication between clinicians and patients is essential for diagnosis conversations, treatment and care.

The Trusts interpreting services team supported people on no fewer than **57,438** occasions, and in over 60 different languages. It meets the needs of non-English speakers and British Sign Language (BSL) users, primarily through face-to-face interpreting. There is also the ability to support via telephone and video consultation, to ensure 24-hour access, seven days a week. Requests for support in other formats, such as Braille, are also met through the team. The top 10 languages requested are shown below.

Figure 61 - Top 10 languages requested through interpreting services 2024/25

Urdu/Punjabi	29,697
Czech/Slovak	6,781
Bengali	3,731
Polish	3,381
Arabic	3,134
Hungarian	1,258
Pushto	1,106
BSL	946

⁶⁵ <https://www.wypartnership.co.uk/get-involved/equity-and-fairness-strategy>

Kurdish	778
Farsi	769

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.

Other methods of interpreting used include remote interpreting, to increase efficiencies, improve responsiveness and adapt to digital delivery of services. The use of remote Interpreting Services (Telephone/Video) has increased to over 20% during the past year.

BSL Interpreting has also been provided by the team, delivering over 900 sessions during 2024/25.

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](#)⁶⁶ (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 2025, 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 B2.5, C4.7 and E2.2. Regarding E2.2, 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 \(Chair and NED Remuneration Structure\)](#)⁶⁷ 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 2024/25.

The figure below sets out in detail the areas of partial and non-compliance with the code for 2024/25.

Figure 62 - Areas of partial and non-compliance with the code for 2024/25

Provision from the code of governance for NHS Provider Trusts	Statement for 2024/25
B2.5 The chair should be independent on appointment when assessed against the criteria set out in provision 2.6 below. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become	The Senior Independent Director is the Chair of the Audit Committee. NHS England confirmed its support for this interim appointment. The interim appointment was supported by both the Board and the Council of Governors.

⁶⁶ <https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/>

⁶⁷ <https://www.england.nhs.uk/non-executive-opportunities/about-the-team/remuneration-structure-nhs-provider-chairs-and-non-executive-directors/>

chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director.	The Trust is compliant with all other provisions under this section.
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.	The Care Quality Commission (CQC) undertook a well-led Inspection in April 2024. Following the receipt of the outcomes from the CQC well led inspection, an appropriate date for an external developmental review will be agreed.
E2.2 Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure .	<p>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.</p> <p>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 maintained its position that there should be no changes to previously agreed remuneration. The Trust is therefore not compliant regarding NED remuneration.</p>

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](#)⁶⁸.

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](#)⁶⁹.

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,

⁶⁸ <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2024/11/BTHFT-Constitution-November-2024-Final.pdf>

⁶⁹ <https://secure.membra.co.uk/Join/BradfordTeaching>

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 63 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.

Figure 63 - Membership for the period 2024/25 and 2023/24

Membership size and movements		
Public constituency	2024/25	2023/24
At year start (April 1)	32,535	32,892
New members	39	36
Members leaving	345	393
At year end (March 31)	32,229	32,535
Patient constituency	2024/25	2023/24
At year start (April 1)	5,475	5,548
New members	2	1
Members leaving	58	74
At year end (March 31)	5,419	5,475
Staff constituency (eligible members)	2024/25	2023/24
At year start (April 1)	6,196	5,969
New members	675	428
Members leaving	143	201
At year end (March 31)	6,728	6,196

Figure 64 – Summary Analysis of Public and Patient Membership 2024/25

	Public constituency membership	% of public membership	Eligible membership (BMDC population)	% of BMDC area
Age (years)	32,229	100	560,903	100
0-16	2	0.01	130,500	23.27
17-21	10	0.03	37,636	6.71
22+	31,688	98.32	392,767	70.02
not stated	529	1.64	0	0.00
Gender	32,229	100	560,903	100
Not stated	178	0.55	0	0.00
Male	14,355	44.54	275,405	49.10
Female	17,695	54.90	285,498	50.90
Transgender	0	0.00	0	0.00
Prefer not to say	1	0.00	0	0.00
Ethnicity	32,229	100	560,903	100
White	22,638	70.24	333,985	61.12
Mixed	35	0.11	15,023	2.75
Asian or Asian British	8,929	28	175,651	32
Black or Black British	88	0.27	11,005	2.01
Other	16	0.05	10,752	1.97
Not stated	523	1.62	0	0.00

Patient constituency membership	
Age (years)	5,419
0-16	0
17-21	1
22+	5,379
Not stated	39
Gender	5,419
Female	2,506
Male	2,911
Transgender	0
Prefer not to say	0
Not stated	2
Ethnicity	5,419
White	4,731
Mixed	4
Black or Black British	17
Asian or Asian British	590
Other ethnic group	2
Not stated	75

To note for public and patient membership, we have:

- 568 (approx.2%) members with no stated age
- 181 (approx.0%) members with no stated gender
- 598 (approx.2%) members with no stated ethnicity

Membership representation, engagement and communications

Representation

In year, public and patient membership has declined overall by 362 members (1%) leaving the Trust with a total public and patient membership of 37,648 at 31 March 2025. 41 new members have joined the Trust in year.

As can be seen within the table at figure 61, for our public membership constituencies, the number of public members within the 16-21 age group is significantly 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 2025 our Public membership reflects the following compared to our local (BMDC) population and the national population.

Figure 65 - Socio-Economic profile of the Trust's Membership at 31 March 2025

	Public Membership	% of Membership	Base (BMDC)	% of Base (BMDC) area
ONS Classifications	32,199	99.91	207,179	100
AB: Higher managerial roles, administrative or professional.	6,776	21.02	33,961	16.39

Intermediate managerial roles, administrative or professional.				
C1: Supervisory or clerical and junior managerial roles, administrative or professional.	8,742	27.12	59,573	28.75
C2: Skilled manual workers.	7,357	22.83	43,122	20.81
DE: Semi-skilled and unskilled manual workers. State pensioners, casual and lowest grade workers, unemployed with state benefits only.	9,324	28.93	70,523	34.04

Further information about social grade data is available [here](#)⁷⁰.

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 5%. 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 5%.

Member and public engagement

The Trust is currently reviewing membership engagement and recruitment activity as part of an overall larger review undertaken during 2024/25 with our Council of Governors which will also move into 2025/26.

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

- **Annual General Meeting / Annual Members Meeting:** The Trust held an in-person [annual members meeting/annual general meeting](#)⁷¹ (AGM/AMM) on 28 November 2024 to present the annual report and accounts 2023/24 to our members and the public.



⁷⁰<https://www.ons.gov.uk/census/aboutcensus/censusproducts/approximatedsocialgradedata>

⁷¹<https://www.bradfordhospitals.nhs.uk/2022-annual-general-meeting-and-annual-members-meeting/>

Opportunities were provided in advance of the event for questions to be submitted which were addressed at the meeting. All presentations from our Annual Members Meeting are available [here](#)⁷².

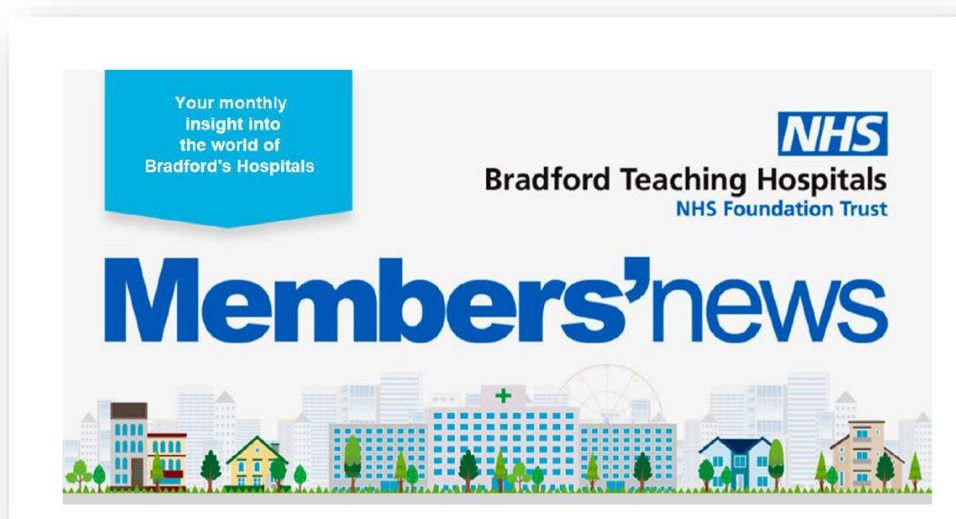
This year's event included a screening of a special video featuring our Neonatal Team, awarded a rating of Outstanding from the Care Quality Commission.



The full video is available alongside the presentations on our Annual Members Meeting page on our website and accessible via the link provided above.

- **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:** Members have been encouraged to sign up to become volunteers at our Trust. Information about volunteering at our Trust is available [here](#)⁷³.

Membership Communications

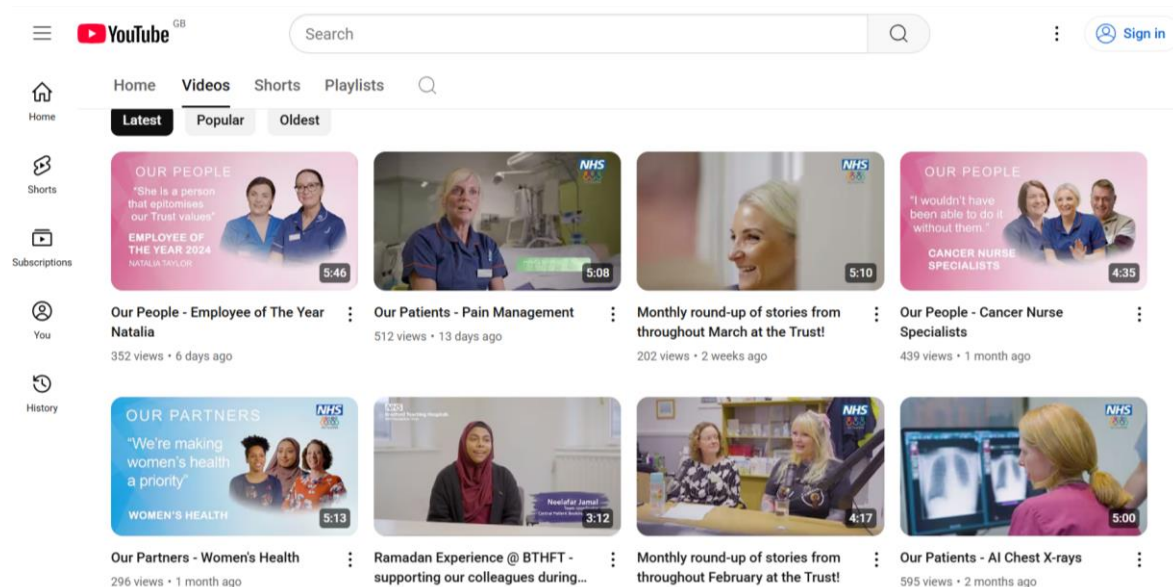


We have continued to improve our communications with our members and the public in year through the routine provision of our (at least) monthly e-communications bulletins. These

⁷² <https://www.bradfordhospitals.nhs.uk/2024-annual-members-meeting/>

⁷³ <https://www.bradfordhospitals.nhs.uk/our-people/volunteering/>

include links to '[Mel's monthly news round ups](#)'⁷⁴ introduced by our Chief Executive, Mel Pickup. Each month these videos provide the very latest information on news from our Trust and they have been very well received. All our recent and past videos are available on our you tube site [here](#)⁷⁵.



Our membership communications bulletins published in year are all available on-line [here](#)⁷⁶.

Contact procedures for the membership

If foundation trust members or members of the public 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](#)⁷⁷.

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

⁷⁴ <https://www.youtube.com/channel/UCbMe0YV6GzoCOXcm34U2uRw>

⁷⁵ <https://www.youtube.com/@BTHFTBradfordTeachingHospitals/videos>

⁷⁶ <https://www.bradfordhospitals.nhs.uk/our-trust/membership-news/>

⁷⁷ <https://secure.membra.co.uk/bradfordteachingapplicationform/>

interests of the Trust's members and members of the public. Governors are elected from the 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

During the year the Council of Governors and Board of Directors approved amendments to the Constitution which saw an increase from 20 to 24 Governors. Of these 24 seats; 13 seats are available for public and patient governors, six seats available for staff governors and, five seats available for partner governors (representing our key stakeholder organisations). The increase in seats provided for two additional staff governors for the nursing and midwifery staff group and the all other staff group; one partner governor from Healthwatch Bradford and, one partner governor to represent mental health, learning disability and autism.

Figure 66 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 formal meetings held in-year.

Figure 66 - Members of the Council of Governors during 2024/25

Public Governors (elected)		Start date	Current term end date	Meetings attended 2024/25
David Wilmshurst	Shipley	07/2016	12/2025	3 of 3
Aleksandra Atanaskovic	Shipley	01/2023	01/2026	3 of 3
Dermot Bolton	Bradford West	12/2019	12/2025	3 of 3
Ibrar Hussain	Bradford West	05/2021	08/2027	2 of 2
Khalid Choudhry	Keighley	05/2022	05/2025	1 of 3
Philip Turner	Keighley	06/2024	06/2027	3 of 3
Kursh Siddique	Bradford East	05/2019	05/2025	3 of 3
John Waterhouse	Bradford East	06/2024	06/2027	3 of 3
Dr Farideh Javid	Bradford South	01/2023	01/2026	3 of 3
Sharon Taylor	Bradford South	08/2024	08/2027	2 of 2
Andrew Waller	Rest of England and Wales	07/2024	07/2027	3 of 3
Patient Governors (elected)				
Mark Chambers		12/2019	12/2025	3 of 3
Staff Governors (elected)				
Helen Wilson	AHPs	12/2019	12/2025	3 of 3
Ruth Houghton	All Other Staff Groups	03/2020	02/2026	3 of 3
Charlotte Walker	All Other Staff Groups	03/2025	02/2028	0 of 0
Sister Raquel Licas	Nursing & Midwifery	05/2022	03/2025	3 of 3
Helen Fearnley	Nursing & Midwifery	03/2025	02/2028	0 of 0
Emma Fleary	Nursing & Midwifery	03/2025	02/2028	0 of 0
Dr Farzana Khan	Medical & Dental	03/2023	05/2025	3 of 3
Partner Governors (appointed by our stakeholders)				
Professor Anne Forster	University of Leeds	05/2021	04/2027	1 of 3
Professor Alastair Goldman	University of Bradford	06/2019	09/2024	1 of 1
Dr William Martin	University of Bradford	02/2025	02/2028	0 of 0
Cllr Fozia Shaheen	BMDC	11/2022	10/2025	0 of 3
Helen Rushworth	Healthwatch	01/2025	12/2027	1 of 1
Lead Governor		Mark Chambers		
Vice Chair of the Council of Governors (up to 10/2024)		David Wilmshurst		

During the year the Council and Board approved the removal of the Vice Chair of the Council of Governors role. This was in line with other Trust's in the West Yorkshire ICB whose usual

practice was for the Deputy Chair of the Board of Directors to deputise in the absence of the Chair.

The maximum term length for a governor is three years. In line with the Constitution governors can serve a maximum of nine consecutive years (generally equivalent to three full term lengths). [Profile information on all our governors⁷⁸](#) is available on our website.

3.5.4.2. Election processes held in-year

There were two election processes which were held and completed in-year.

An election to the Council opened on 7 May 2024 and closed on 2 July 2024. The following governors were elected to the Council.

- Public: Bradford South, Sharon Taylor.
- Public: Bradford East, John Waterhouse.
- Public: Bradford West, Ibrar Hussain.
- Public: Keighley, Philip Turner.
- Public: Rest of England and Wales, Andrew Waller.

An election to the Council opened on 10 December 2024 and closed on 26 February 2025 with the following governors elected to the Council.

- Staff: Nursing and Midwifery, Helen Fearnley.
- Staff: Nursing and Midwifery, Emma Fleary.
- Staff: All Other Staff Groups (admin and clerical, estates and facilities, additional clinical services), Charlotte Walker.
- Staff: Medical and Dental, Helen Jepps (*effective from May 2025 following the term end of the current incumbent*).

A third election process is currently underway. It commenced on 10 March 2024 and will conclude on 28 May 2025. The outcomes from this election will be reported in the next Annual Report 2025/26.

Information regarding our elections is available on the trust website [here⁷⁹](#).

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 [here⁸⁰](#) 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

⁷⁸ <https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/>

⁷⁹ <https://www.bradfordhospitals.nhs.uk/our-trust/become-a-governor/>

⁸⁰ <https://bthft.mydeclarations.co.uk/>

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 Chair and non-executive directors.
- Set the terms and conditions and remuneration of the Chair 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 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.
- 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/Chair 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 2024/25 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](#)⁸¹ meetings are available on our website.

With regard to their statutory duties and responsibilities the Council has, during 2024/25:

- Received the Annual Accounts, Auditor's Report and the Annual Report.
- Received regular reports from the Governors Nominations and Remuneration Committee (NRC) on the business conducted by the NRC.
- Reviewed and approved amendments to the Constitution.

⁸¹ <https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/>

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

- Chair/Interim Chair reports.
- Matters raised with Governors by Members, Patients and the Public.
- Reports from the Chief Executive on progress in relation to Patients, People, Partners and Place.
- Regulation / Oversight of the Trust.
- Matters raised with Governors by members, patients and the public.
- Board Committees and Academy Chair Reports.
- Outcomes of Staff Survey.
- Annual Members Meeting proposal for 2024.
- Establishment of Governor Policy / Procedure task and finish group.
- Establishment of Constitution Review task and finish group.
- External Auditor report (annual report and accounts).
- Feedback from Governor engagement activities.
- Established the Constitution review group.
- Established the Policies and Procedures task and finish group.
- Undertaken the Constitution review.
- Received the Policies and Procedures task and finish group update.

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

- BTHFT Strategy Workshop.
- Patient Experience walk rounds covering the Command Centre / Multi Agency Integrated Discharge Team (MAIDT) / capital works in mortuary / work of Virtual Royal Infirmary (VRI) 'hospital at night' initiative.
- Tours of estates and research facilities.
- NHS Providers Governwell Core Skills sessions.
- 'Clinical Service Unit (CSU) to Academy' events.

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

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 2024/25 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

The Council undertook development sessions with an external consultant in January 2024. This work informed the establishment of the Governors policies and procedures task and finish group. A full day session to support Governor effectiveness scheduled for January 2025 had to be postponed. This will now take place later in 2025 and form part of the work in support of Governor effectiveness.

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](#)⁸² is available on our website.

3.5.4.9. Governor engagement with patients, visitors, and staff

Governors have been invited to attend a number of activities that bring them into contact with staff, patients and visitors such as the patient experience walk rounds and, the 'CSU to Academy' sessions. 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'.

3.5.4.10. External engagement

A number of 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.
- Community Engagement Event (Equality, Diversity & Inclusion).

3.5.4.11. Governors' learning and development

Learning and development has been provided to the full Council through the additional in-depth sessions 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.

The Trust ensures governors 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:

- A summary of the Board discussions from the Chair delivered to Governors shortly after the open Board meeting.
- Access to the Trust's 'Let's Talk' weekly communication to staff.
- Access to the weekly video news round ups from the Trust which are then circulated on a monthly basis to members of the foundation trust.
- Ensuring issues of critical importance are flagged with Governors prior to press releases being circulated.

3.5.4.12. Communicating with governors

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

⁸² <https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/>

- 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 was reappointed as the external auditor by the Council of Governors on 23 April 2020.

Figure 67 - External audit fees

Fee (excluding VAT)	2024/25 £000	2023/24 £000
Audit of Trust	188	151
Value for money	22	21
Additional fees	0	58
Total	210	230

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

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

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

Total independent examination for the audit of the Charity Accounts was £4,000 in 2023/24 (22/23 full audit was £16,000). The 2024/25 independent examination of the Charity Accounts will take place during 2025/26.

3.5.5.2. Internal audit and counter fraud service

Internal audit and counter fraud services are provided by Audit Yorkshire. The Chief Finance Officer 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 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 2024. The Internal Audit Operational Plan has not been fully delivered in-year, and a number of audits have been deferred to 2025/2026.

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 of limited or low assurance level report are asked to attend the Audit Committee to provide further assurance.

A system is in place whereby all internal audit recommendations are shared with the Chief Finance Officer monthly, which is then shared with other Executive Directors. 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 2024/25 was reviewed and approved by the Audit Committee in May 2025. 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 the counter fraud team 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.

The Anti-Fraud, Bribery and Corruption Policy at the Trust is robust and reviewed in line with the correct set timescales. The revision of the policy for 2025 (May 2025) will include/includes reference to the new Failure To prevent legislation coming into force in September 2025, which will complement the work and stance already taken by the Trust at all staffing levels against fraud in all its forms.

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 5 March 2025. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website.⁸³

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 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

⁸³ <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>

- 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

A handwritten signature in black ink, appearing to read 'Mel Pickup', written in a cursive style.

Mel Pickup
Chief Executive
27 June 2025

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 2025 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 68.

Figure 68 - Executive directors' key responsibilities

Executive director	Responsibilities
Chief Finance Officer	Finance Procurement Contracting Capital
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
Chief Nurse	Nurse Leadership and Regulation Patient Experience and Patient Engagement 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 including Tissue Viability, Falls and Ward Accreditation Infection Prevention & Control Allied Health Professional (AHP) / Healthcare Scientists (HCS) Leadership Risk Management
Chief Medical Officer	Medical Leadership and Regulation Responsible Officer 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 Programme Management Partnerships Transformation Team Bradford Hospitals Charity Quality Improvement
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 Senior Information Risk Owner (SIRO)

Executive director	Responsibilities
	Clinical Coding Clinical Informatics Data Quality Clinical Systems Optimisation Business Intelligence
Director of Estates and Facilities	Estates Facilities Capital Programme Health & Safety Clinical Engineering Sustainability Violence Prevention and Reduction

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 2024/25, 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 2024/25 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 2024/25 the submission date for the core standards was 31 October 2024. The Trust's return was submitted by the deadline.

The Trust reported 50 core standards as fully compliant and 12 partially compliant, this is up from 20 fully compliant and 42 partially compliant standards last year. An action plan has been produced for standards that are partially compliant.

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 2024/25 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 four times per year. Our Committees also review the strategic risks within their remit four 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 uses an 'Integrated Reporting and Learning System' (IRIS) provided by Inphase. The system is used to record our operational risks, which links all key elements (including incidents reporting, complaints, claims and inquest management). All of these elements are used to inform the high level risk register, which is also held on the system.

The Trust has recently added further modules to support regulatory activity, policy management as well as an oversight module to support the further development of the 'INSIGHT' report.

The Trust received an Internal Audit Report focusing on how risk management arrangements were operating in 4 of the 9 Clinical Service Units. The report was graded with limited assurance highlighting inconsistencies in how the management teams were interpreting the Trust's Risk Management Strategy and Governance Framework. The Trust has in place a robust action plan to address the 9 recommendations under 7 key areas. Progress will be monitored via the Quality Committee.

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:

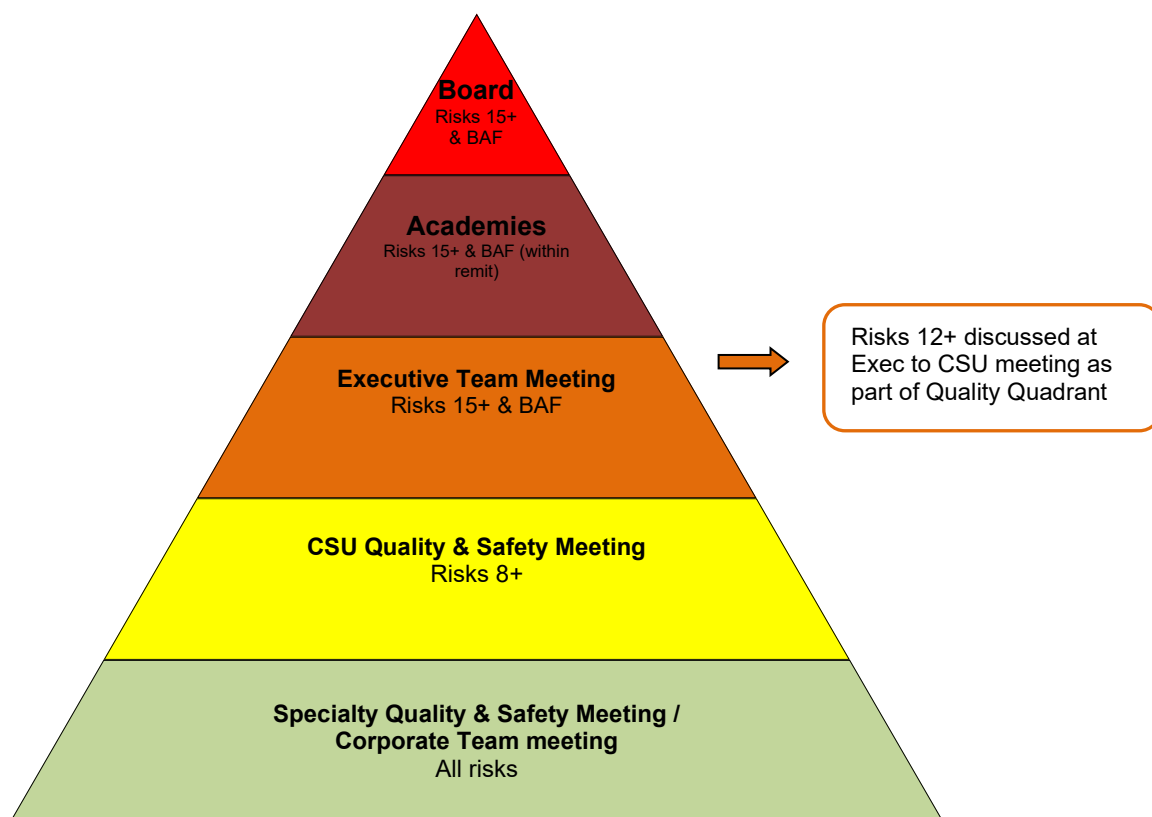


Image shows risk escalation framework

We manage risks at Board, Committee, 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 Committees 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	<i>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.</i>
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	<i>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.</i>
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	<i>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.</i>

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)	<i>The Trust is clear that we will not accept risk where it involves potential exposure to significant harm for employees. Examples include:</i> <ul style="list-style-type: none"> <i>Bullying or harassment of employees by their managers or colleagues</i> <i>Discrimination of employees by their managers or colleagues</i> <i>Exposing employees to faulty machines or equipment</i> <i>Exposing employees to machines or equipment where this may result in a detrimental known impact on the health of the employee.</i> <i>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.</i>
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	<i>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.</i>
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)	<i>We will actively collaborate to increase our influence. We will actively explore opportunities for value added innovation.</i>

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 (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 2025.

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)

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 had 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.

These issues continue and the Board is working through them with the support of NHS England.

In line with the NHS Oversight Framework, enforcement undertakings have been agreed, as follows:

- review of board leadership and governance and subsequent implementation of any recommendations;
- co-operation with 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.

NHS England has also 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.

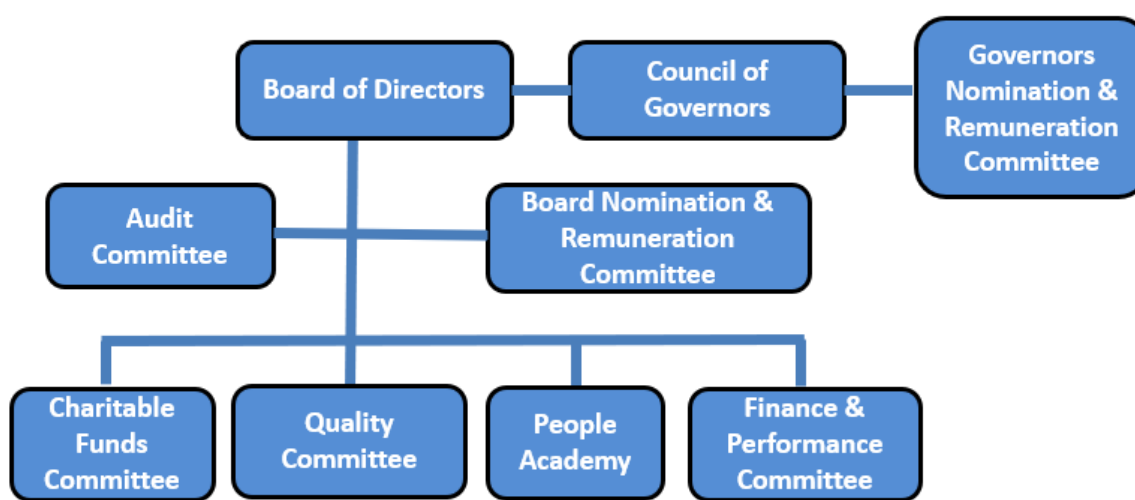
Compliance with the NHS provider licence is formally reviewed on an annual basis. This was last carried out by the Executive Management Team and reported to the Audit Committee and Board of Directors in May 2025. The Board agreed the outcome of the review which was that the Trust was compliant with all conditions of the licence, other than those for which NHS England has reported a suspected breach (NHS2.2, 2.4, 2.5(a), (b), (d) and (f) and 2(6)). In respect of the additional licence condition, the Trust has complied with the regime put in place and continues to work with NHS England, reporting through to the Integrated Quality Improvement Group (IQIG). The Board and Council of Governors remain quorate with meetings taking place. An ongoing programme of board development is in

place and improvements have been made to governance arrangements during 2024/25 including board committees as part of effectiveness reviews. Ongoing investigations are being progressed as quickly as possible.

Compliance with the code of governance for NHS provider trusts is also formally reviewed on an annual basis. The review for 2024/25 concluded that the Trust is compliant with all provisions other than B2.5, C4.7 and E2.2. Full information regarding these provisions is available within this annual report at section 3.5.1. (statement of compliance).

The current governance structure is outlined below.

Figure 69 – 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 **committees and academy** 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 committee, two of whom act as the Chair and Deputy Chair.

Quality Committee - the committee's role relates to all aspects of quality and is aligned to the [NHS Patient Safety Strategy](https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/)⁸⁴ 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.

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.

⁸⁴ <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>

Finance and Performance Committee – the committee’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, the effective management of all performance-related matters and estates and facilities functions. 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 Committees reviewed their effectiveness in March 2025 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 were clear on their role and the remit of the Committee. Suggestions for further improvement included reducing the time spent on the presentation of reports to allow more time for discussion, and inviting staff from CSUs to present deep dives on specific topics to share learning and improvement.

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.

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. Throughout 2024/25, the Academy has also received updates relating to the Trust's response to the NHS People Plan and updates on our nursing recruitment and retention plans.

The People Academy also receives a monthly report providing an update on the mandatory nurse and midwifery staffing data in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Reports (2018). This information relates to the staffing levels in all inpatient wards including adult, children, and maternity. There are six monthly establishment reviews to ensure safe, effective and sustainable staffing in the right place, at the right time with the right skills. This is undertaken with consideration given to NHSE Professional judgement Framework for Safe Staffing.

3.8.5.11. Data security

The Chief Digital and Information 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](#)⁸⁵ guidance.

3.8.5.14. NHS Pension Scheme

As an employer with staff entitled to membership of the [NHS Pension Scheme](#)⁸⁶, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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.

⁸⁵ <https://www.england.nhs.uk/long-read/managing-conflicts-of-interest-in-the-nhs/>

⁸⁶ <https://www.nhsbsa.nhs.uk/nhs-pensions>

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 2024/25 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 Committee, 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 2024/25, five internal audits were conducted within the Finance Domain, with two receiving significant assurance (procurement and key financial controls), one receiving limited assurance (waste reduction programme), and one receiving low assurance (business cases, pre and post

authorisation). One audit was a controls improvement audit and therefore was not given an assurance rating.

External Validation and Value for Money

Our external auditors independently assess the effectiveness of our resource management strategies. The most recent Value for Money review (June 2025, covering the 2024/25 financial year) identified a significant weakness concerning the Trust's governance arrangements, which was first reported in the 2023/24 audit. Last year the auditors recommended that management ensure that the Trust acts upon the recommendations made by NHS England and addresses any findings that may be made by the Care Quality Commission (CQC) when they report the results of their review.

Further to inspections undertaken in March and May 2024, the CQC published three reports in November 2024. Neonatal Services were rated as 'Outstanding' overall, Maternity Services remained as 'Requires Improvement' overall but improved to 'Good' in the Safe domain. Medical services at Bradford Royal Infirmary and St Luke's Hospital were both rated as 'Good'. The publication of the well led inspection held in April 2024 is awaited and the Trust will develop and implement an action plan in order to address any findings, which will be overseen by the Board. The Trust has worked closely with NHS England through regular Integrated Quality Improvement Group (IQIG) meetings since July 2024. The meetings have been positive and good progress has been made to address governance concerns, including the implementation of a development plan for the Board and the Council of Governors, improvements to Board meetings and committee arrangements, and ongoing investigations have been progressed as quickly as possible. IQIG meetings have been taking place on a monthly basis and this has now reduced to every other month due to the assurances provided and the progress made.

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 4 externally reportable incidents 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 2025.

Figure 70 - Personal data breaches reported to ICO 2024/25

Date of incident (month)	Nature of incident	Nature of Data involved	Number of Data subjects potentially affected	Notification steps
April 2024 IRIS 2813	Unauthorised Disclosure	Personal	1	Reported to ICO, no action taken
August 2024 IRIS 8097	Unauthorised Disclosure	Personal	4	Reported to ICO, no action taken
January 2025 IRIS 15045	Unauthorised Disclosure	Personal	1	Reported to ICO, no action taken
September 2024 IRIS 9998	Unauthorised Access	Personal	1	Reported to ICO, no action taken

Figure 71 - Other personal data incidents 2024/25

Category	Breach type (ICO categorisation)	Total number of incidents in this category
Confidentiality	Unauthorised or accidental disclosure	17 Data emailed to wrong recipient
		17 Data posted/faxed to wrong recipient
		4 Failure to redact data
		27 Verbal disclosures
		40 Accessing records.
		0 Cyber security misconfiguration (e.g. inadvertent publishing of data on website; default passwords)
Availability	Unauthorised or accidental loss	13 Loss or theft of paperwork
		2 Data left in insecure location
Availability	Unauthorised or accidental destruction	1 Insecure disposal of paperwork
Integrity	Unauthorised or accidental alteration	21 Other principle seven failure (information incorrect on patient record)

3.8.8. DATA QUALITY AND GOVERNANCE

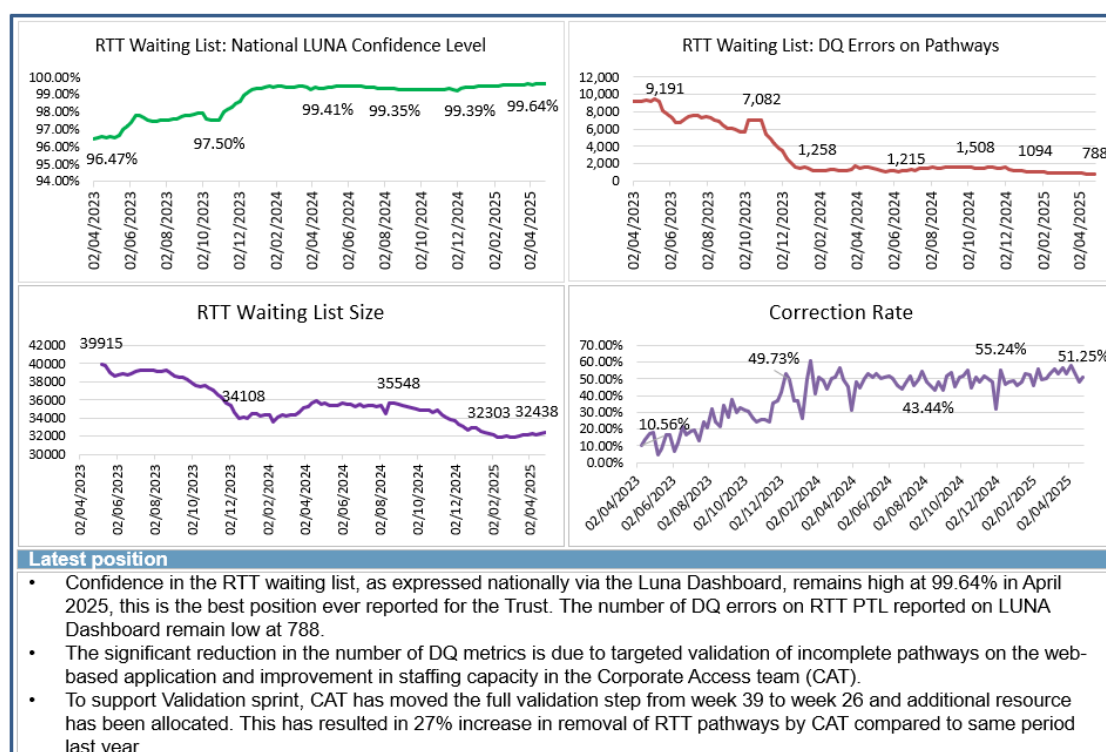
We have ensured that there are systems and processes in place for the collection, recording, analysis, and reporting of data. Robust controls are in place to continually evaluate data and ensure it remains accurate, valid, reliable, timely, relevant, and complete on use. These controls are visible via 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 an App that provides near real time waiting list validation for Access colleagues, service sign-off processes for mandatory reports, and meaningful engagement with services in validation and development. We are applying Making Data Count principles to board reports and an all-user accessible Insights Centre by using clear, meaningful data visualisations, reducing reliance on tables, and providing real-time insights to encourage ownership, engagement, and informed decision-making across all levels of the organisation.

The visualisation below demonstrates positive progress in relation to waiting list management.

Figure 72 - Shows positive progress in relation to waiting list management



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 Issue Resolution Group Meeting.

Figure 73 - Data quality corrections by month for 2024

Work Item	Priority	DBA required	Complexity (1 lowest, 10 highest)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Patient Adoption records managed		Yes	9	1	1	2	1	1	1	3	3	1	1	2	0	14
Patient Transgender records managed		Yes	9	0	0	2	1	0	0	1	0	0	0	0	0	4
Duplicate MRN records merged in EPR		Yes	8	108	42	70	62	74	58	86	78	267	485	55	19	845
Duplicate MRN records merged in Galaxy		Yes	8	46	13	20	18	22	20	66	47	108	162	34	0	360
Confused records investigated/corrected in EPR		Yes	10	3	1	1	1	4	2	2	2	0	1	0	1	16
Confused records in investigated/corrected in Galaxy		Yes	10	3	1	1	1	4	2	2	2	0	0	0	0	16
Datix/Complaints investigated		No	Varies	4	3	3	3	1	4	2	2	0	1	1		24
Clinical Coding Queries completed		No	3	230	192	165	234	257	164	168	136	164	170	162	158	1710
Mortuary data corrections		No	2	6	3	0	2	2	1	2	1	2	1	3	1	19
Ad hoc queries		Some	Varies	905	612	827	183	117	209	1502	148	274	129	155	202	5263
Airedale EPR migration investigations/corrections		No	2	377	26	0	0	0	8	0	0	0	0	1		411
Duplicate NHS numbers in EPR merged		Yes	8	46	34	6	6	13	14	16	11	19	12	8	159	165
Duplicate NHS numbers in Galaxy merged		Yes	8	46	34	1	2	1	0	1	3	3	4	2	0	91
Deceased patient records synchronised /traced to SPINE		No	2	1255	839	895	841	563	929	868	379	642	750	663	471	7211
MPI corrections - LUNA		No	3	5503	1506	1786	3111	4147								16053
MPI - Postcode data corrections									1665	118	0	0	0	0	0	1783
Data Warehouse - patient records impacting Daily load issues		No	7	2	5	46	2	0	0	0	0	0	0	1	0	55
IP/Daycase long stay patient record queries		No	2	214	299	260	135	201	435	598	265	165	115	112	224	2572
PDS DOB differences		No	3	563	126	96	137	124	121	129	112	30	32	16	4	1438
PDS invalid NHS numbers		No	7	262	256	68	265	309	548	810	955	4	3	19	33	3477
PDS Key fields differences		No	5	9	15	25	43	30	23	27	83	2	3	10	4	257
Patient records impacting correspondence due to PDS errors		No	6	157	220	207	62	1	6	7	10	9	2	8	0	679
NHS number change investigation		Yes	9	24	14	34	18	13	14	30	17	17	11	6	1	181
Maternity DQ errors		No	3	382	278	164	330	30	0	0	0	0				1184
Access Team Pathway Queries		Some	Varies	75	155	140										370
Access Referral Discharges		No	Varies				184	35	26	1	5	0	0	1	0	252
Non Elective to Elective conversions		Yes	Varies				22	29	19	18	22	9	140	473	23	755
Treatment Function specialty changes		No	4				36	0	0	34	1	37	22	24	12	108
Failed correspondence / GP Issue		No	2				23	31	32	45	26	24	22	7	1	181
PDS Trace		No	6				75	83	56	69	52	61	64	48	96	396
Undo Check in		No	3				52	46	39	47	53	46	30	26	50	283
Total				10221	4675	4819	5850	6138	4396	4652	2413	1884	2161	1836	1459	46173

Figure 74 - Data quality corrections by month for 2025 (up to April 2025)

Work Item	Priority	DBA required	Complexity (1 lowest, 10 highest)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Patient Adoption records managed		Yes	9	0	2	1	0									3
Patient Transgender records managed		Yes	9	0	0	0	0									0
Duplicate MRN records merged in EPR		Yes	8	43	21	33	22									119
Clinical coding Multiple Slice errors		Yes	8	620	383	401	393									1797
Confused records investigated/corrected in EPR		Yes	10	0	2	0	1									3
MPI - Postcode data corrections		No	2	121	159	68	91									439
Datix/Complaints investigated		No	Varies	1	2	0	2									5
Clinical Coding Queries		No	3	168	99	143	174									584
Mortuary data corrections		No	2	7	0	4	2									13
Ad hoc queries		Some	Varies	164	184	133	153									634
Clinical Coding Deceased errors		Some	7	131	102	89	81									403
Duplicate NHS numbers in EPR merged		Yes	8	9	5	1	1									16
Clinical Coding Daycase errors		Yes	8	37	49	54	44									184
Deceased patient records synchronised /traced to SPINE		No	2	1099	592	827	523									3041
Data Warehouse - patient records impacting Daily load issues		No	7	0	1	0	0									1
PDS Incomplete Person Data		No					116									
PDS DOB differences		No	3	26	19	16	18									79
PDS invalid NHS numbers		No	7	5	1	0	2									8
PDS Key fields differences		No	5	11	10	6	7									34
Patient records impacting correspondence due to PDS errors		No	6	0	0	0	0									0
NHS number change investigation		Yes	9	0	0	6	0									6
IP/Daycase long stay patient record queries		No	2	90	133	119	175									517
Undo Check in		No	3	58	39	38	51									186
Access Referral Discharges		No	Varies	0	0	1	1									2
Non Elective to Elective conversions		Yes	Varies	23	42	29	41									135
IP / OP Treatment Function specialty changes		No	4	0	13	46	23									82
Failed correspondence / GP Issue		No	2	1	2	1	9									13
PDS Trace		No	6	79	75	95	77									326
Total				2693	1935	2111	2007	0	0	0	0	0	0	0		8630

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. A similar set of metrics and approach are in development following the TACC EPR solution go-live in November.

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.

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 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 14 May 2025. The overall opinion for the 2024/25 reporting period is as follows – 'Significant assurance can be given 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 low 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 Committees routinely review contemporaneous and quality assured data in relation to quality, finance, performance and workforce.
- 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 2025.
- 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 and oversight of the process is in place through NHS England.
- 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.
- In the 2024 staff survey we have scored above the national average on eight of the overall People Promise elements and themes, with one (we work flexibly) just 0.1 under the national average;
- No immediate concerns were raised by the CQC in their inspections undertaken during March to May 2024; and
- 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
27 June 2025

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	2.1.3, 3.8.6

Relating to	Code section	Summary of requirement	Section reference within the annual report
		sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	
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: <ul style="list-style-type: none"> • 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 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.	3.1.1
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

Relating to	Code section	Summary of requirement	Section reference within the annual report
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
Nominations Committee(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: <ul style="list-style-type: none"> • 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 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.	3.5.4.9
Audit Committee	D.2.4	The annual report should include: <ul style="list-style-type: none"> • 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

Relating to	Code section	Summary of requirement	Section reference within the annual report
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, e.g. 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 in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation 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.	3.5.4.1
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, e.g. 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

Relating to	Code section	Summary of requirement	Section reference within the annual report
Chair/Council of Governors	Additional requirement of FT ARM resulting from legislation	<p>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.</p> <p>* 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).</p> <p>** As inserted by section 151 (6) of the Health and Social Care Act 2012)</p>	3.5.4.7

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2025

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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 2025 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 Statement 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**

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

We considered the nature of the Foundation Trust and its control environment, and reviewed the Foundation Trust's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit, local counter fraud, about their own identification and assessment of the risks of irregularities, including those that are specific to the National Health Service and public sector.

We obtained an understanding of the legal and regulatory framework that the Foundation 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 Foundation 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, 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:

- determination of whether an expenditure is capital in nature, and for major projects the value of work completed at 31 March 2025, are subjective: we tested a sample of expenditure to assess whether the items selected met the relevant accounting requirements to be recognised as capital in nature; and
- the judgemental nature of key assumptions used in property valuations: we worked with our property specialists to assess the assumptions and methodology used to value the estate.

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.

In our audit report dated 30 August 2024 on the 2023/24 financial statements, we reported a significant weakness in the Foundation Trust's governance arrangements. The significant weakness reported was in relation to how the organisation monitors and ensures appropriate standards are met, such as meeting legislative/regulatory requirements. This weakness has not yet been addressed and actions to address this weakness were ongoing during the financial year. Our recommendations for improvement included ensuring the Foundation Trust acts upon 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 2025 by the time of the issue of our audit report. 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.

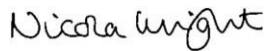
- ***Delay in certification of completion of the audit***

As at the date of this audit report, we have not received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete.

In accordance with Auditor Guidance Note 07, we are therefore unable to certify that we have completed our audit of Bradford Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of the National Health Service Act 2006 and the National Audit Office Code of Audit Practice. We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

- **Use of our report**

This report is made solely to the Council 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.



Nicola Wright (Key Audit Partner) For and on
behalf of Deloitte LLP Appointed Auditor
Newcastle upon Tyne, United Kingdom 30 June 2025

5. FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2025 have been prepared by Bradford Teaching Hospitals NHS Foundation Trust (the NHS foundation trust) in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

Signed:

A handwritten signature in black ink, appearing to read 'Mel Pickup', written in a cursive style.

Name: Mel Pickup (Chief Executive)
Dated: 26 June 2025

6. STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2025

	Note	2024/25 £000	2023/24 £000
Operating income from patient care activities	2.1	570,866	525,531
Other operating income	2.1	85,992	75,400
Operating expenses	3.1	(666,883)	(607,218)
OPERATING DEFICIT		(10,025)	(6,287)
FINANCE COSTS			
Finance income	5	3,025	3,972
Finance expense	6.1	(497)	(432)
Public Dividend Capital dividends payable	6.2	(5,711)	(4,367)
NET FINANCE COSTS		(3,183)	(827)
Other losses	6.3	(250)	0
Share of profit of associates / joint ventures	10	160	165
DEFICIT FOR THE YEAR		(13,298)	(6,949)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairment losses	17.1	(1,380)	(4,584)
Revaluation gains	17.1	396	4,462
TOTAL COMPREHENSIVE EXPENDITURE FOR THE YEAR		(14,282)	(7,071)

All income and expenses shown relate to continuing operations.

The notes on pages 13 to 56 form part of these accounts.

7. STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2025

	Note	31 Mar 2025 £000	31 Mar 2024 £000
Non-current assets			
Intangible assets	7.1	10,418	8,785
Property, plant and equipment	8.2, 8.4	254,083	237,933
Right of use assets	9.1	7,997	9,750
Investments in associates and joint ventures	10	299	288
Trade and other receivables	12.1	1,962	2,069
Total non-current assets		274,759	258,825
Current assets			
Inventories	11	11,561	10,014
Trade and other receivables	12.1	19,609	22,605
Cash and cash equivalents	18.1	31,857	64,154
Total current assets		63,027	96,773
Current liabilities			
Trade and other payables	13	(72,603)	(85,441)
Borrowings	15.1	(1,075)	(3,086)
Lease liabilities	15.1	(1,294)	(1,432)
Provisions	16.1	(2,865)	(5,529)
Other liabilities	14	(11,433)	(12,404)
Total current liabilities		(89,270)	(107,892)
Total assets less current liabilities		248,516	247,706
Non-current liabilities			
Borrowings	15.1	(9,480)	(10,532)
Lease liabilities	15.1	(6,867)	(8,376)
Provisions	16.1	(3,351)	(4,561)
Other liabilities	14	0	(938)
Total non-current liabilities		(19,698)	(24,407)
Total assets employed		228,818	223,299
Financed by taxpayers' equity			
Public Dividend Capital		208,322	188,522
Revaluation reserve	17.1, 17.2	37,791	40,009
Income and expenditure reserve		(17,295)	(5,232)
Total taxpayers' equity		228,818	223,299

These accounts together with notes on pages 13 to 56 were approved by the Board of Directors on 26 June 2025.

Signed:



Name: Mel Pickup (Chief Executive)
Dated: 26 June 2025

8. STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2025

	Total	Public Dividend	Revaluation reserve	Income and
	£000	Capital	£000	expenditure reserve
		£000		£000
Taxpayers' equity at 1 April 2024	223,299	188,522	40,009	(5,232)
(Deficit) for the year	(13,297)	0	0	(13,297)
Other transfers between reserves	0	0	(1,234)	1,234
Net impairments	(1,380)	0	(1,380)	0
Revaluations – property, plant and equipment	396	0	396	0
Public Dividend Capital received	19,800	19,800	0	0
Taxpayers' equity at 31 March 2025	228,818	208,322	37,791	(17,295)
Taxpayers' equity at 1 April 2023	196,694	154,846	51,811	(9,963)
(Deficit) for the year	(6,949)	0	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)

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 NHS trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the DHSC 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 2025

	Note	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating (deficit)		(10,025)	(6,287)
Non-cash income and expense			
Depreciation and amortisation	3.1	19,650	15,737
Net impairments	3.4	8,559	11,506
Income recognised in respect of capital donations (cash and non-cash)	2.1	(669)	(205)
Decrease in trade and other receivables		2,096	4,607
(Increase) in inventories		(1,547)	(328)
(Decrease) in trade and other payables		(4,887)	(20,319)
(Decrease) in other liabilities		(1,909)	(709)
(Decrease) / increase in provisions		(3,931)	1,636
Net cash flows from operating activities		7,337	5,638
Cash flows from investing activities			
Interest received	5	3,025	3,972
Proceeds from sales / settlements of financial assets / investments		149	312
Purchase of intangible assets	7	(5,028)	(4,146)
Purchase of property, plant and equipment		(48,785)	(39,117)
Sale of property, plant and equipment and investment property		101	0
Initial direct costs or up front payments in respect of new right of use asset (lessee)		0	(18)
Receipt of cash donations to purchase capital assets		584	167
Net cash flows used in investing activities		(49,954)	(38,830)
Cash flows from financing activities			
Public Dividend Capital received		19,801	33,676
Repayment of loans to the DHSC	15	(3,052)	(3,052)
Capital element of lease liability repayments	15.2	(1,289)	(1,406)
Interest paid on DHSC loans		(240)	(282)
Interest element of lease liability repayments	15.2	(211)	(101)
Public Dividend Capital dividend paid		(4,689)	(4,551)
Net cash flows from financing activities		10,320	24,284
Decrease in cash and cash equivalents		(32,297)	(8,908)
Cash and cash equivalents at 1 April		64,154	73,062
Cash and cash equivalents at 31 March	18.1	31,857	64,154

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 2024/25 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 NHS foundation trust accrues income relating to performance obligations satisfied in that year. Where the NHS foundation 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 NHS foundation trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to NHS trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. 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 based on actual usage or at a fixed baseline in addition to the price of the related service.

The NHS foundation 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 and paid in line with actual activity performed.

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. NHS 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 NHS foundation trust contributes to system performance and therefore the availability of funding to the NHS foundation trust's commissioners.

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 24.45% (2023/24: 23.07%).

Grants and donations

Government grants are grants from government bodies other than income from NHS 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 2024/25 was £1,238,000 (2023/24: £1,160,000). Where these funds are paid directly to an accredited training provider from the NHS foundation trust's apprenticeship service 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 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; and
- 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 valued on an alternative site basis where this would meet the location requirements.

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 Statement of Comprehensive Income 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 2024/25 the impairment is £9,939,000 and in 2023/24 there was an impairment of £16,090,000.

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. 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.

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	52
Dwellings	26	44
Plant & machinery	5	15
Transport equipment	7	7
Information technology	4	10
Furniture & fittings	7	10

1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the NHS foundation trust. They are capable of being sold separately from the rest of the NHS foundation trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the 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 where it meets the recognition criteria.

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. 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 only intangible assets held by the NHS foundation trust are software licences which have useful lives 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.

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

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 NHS foundation trust does not apply lease accounting to new contracts for the use of intangible assets.

The NHS foundation 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 NHS foundation 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 NHS foundation 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 NHS foundation trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The NHS foundation 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 NHS foundation 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 NHS foundation 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 NHS foundation 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.

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 2.40% in real terms (2023/24: 2.45%).

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/guidance-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 outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of 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 NHS trust (s519A (3) to (8) ICTA 1988), but, as at 31 March 2025, 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 2025;
- 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 2024/25.

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

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts

The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements

The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures

The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation

Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £178,306,000 as at 31 March 2025. Assets valued on an alternative site basis have a total book value of £154,786,000 at 31 March 2025.

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 NHS foundation 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 rebuild cost reflects improvements to the estate such as the need to meet current energy efficiency standards and consideration of flood risk.

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 2025 provisions amounted to £6,216,000 (31 March 2024: £10,090,000) and contingent liabilities amounted to £67,000 (31 March 2024: £30,000).
- ii. When accounting for lease agreements 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 2025 amounted to £8,161,000 (31 March 2024: £9,808,000).
- iii. 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 2025 was £170,634,000 (31 March 2024: £170,011,000). For every 5% change, the valuation could differ by £8,500,000, with a consequent effect on the PDC dividend payable balance in note 6.2.

9.1.2. NOTE 2 OPERATING INCOME

Note 2.1 Income from patient care (by nature)

	Note	2024/25 £000	2023/24 £000
Income from activities			
Income from commissioners under API contracts ¹		481,955	454,787
High cost drugs income from commissioners		56,872	51,341
Other NHS clinical income		3,128	1,911
Private patient income		342	226
Agenda for change pay award central funding ²		1,323	286
Additional pension contribution central funding ³		25,121	14,619
Other clinical income	2.2	2,125	2,361
Total income from activities		570,866	525,531
Other operating income from contracts with customers			
Research and development		21,469	19,435
Education and training		28,758	26,693
Income in respect of employee benefits accounted for on a gross basis	2.4	6,948	6,008
Other income	2.5	17,641	15,397
Other non-contract operating income			
Research and development (non-contract)		8,704	5,602
Education and training		1,238	1,160
Receipt of capital grants and donations		669	205
Charitable and other contributions to expenditure		158	487
Revenue from operating leases	2.9	407	413
Total other operating income		85,992	75,400
Total		656,858	600,931

¹Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2024/25 National Tariff payment systems documents. West Yorkshire ICB and NHSE agreed to trial an alternative payment system in 2023/24 which was based on fixed income. The 2024/25 contract was based on the national scheme which included a greater amount of variable income. [NHS England » 2023-25 NHS Payment Scheme \(amended\)](#)

²Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after

the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

³Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers behalf. The full cost of employer contributions (2024/25: 23.7% and 2023/24: 20.6%) and related NHS England funding (2024/25: 9.4% and 2023/24: 6.3%) have been recognised in these accounts.

Note 2.2 Other clinical income

Other clinical income of £2,125,000 (2023/24: £2,361,000) in the main comprises Road Traffic Accident (RTA) income £1,097,000 (2023/24: £1,137,000), cystic fibrosis £245,000 (2023/24: £477,000), and income from overseas patients £779,000 (2023/24: £640,000).

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2024/25 £000	2023/24 £000
Income recognised this year	779	640
Cash payments received in-year	30	67
Amounts added to provision for impairment of receivables	507	480
Amounts written off in-year	263	108

Note 2.4 Income in respect of employee benefits accounted for on a gross basis

	2024/25 £000	2023/24 £000
Provider to provider income¹		
Calderdale and Huddersfield NHS Foundation Trust	501	339
Airedale NHS Foundation Trust	1,819	1,653
Individual posts and services:		
Leeds Teaching Hospitals NHS Trust	318	264
Bradford District Care Trust	606	538
Other hospitals across Yorkshire	498	208
Funding for other initiatives		
West Yorkshire ICB	505	964
DHSC and NHS England	235	99
Non-NHS organisations including MacMillian Cancer Support and Marie Curie Hospice for doctors, nurses, Allied Health Professionals and administrative staff	2,466	1,943
Total	6,948	6,008

¹Provider to provider income relates to services provided by the NHS foundation trust to other NHS 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 and local authorities £14,420,000 (2023/24: £12,160,000), pharmacy sales £1,190,000 (2023/24: £1,286,000), car parking income £1,134,000 (2023/24: £1,152,000), catering

£205,000 (2023/24: £230,000), clinical excellence awards £357,000 (2023/24: £378,000) and staff accommodation £335,000 (2023/24: £300,000).

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 NHS foundation 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)

	2024/25 £000	2023/24 £000
Income from activities		
NHS England	116,092	105,289
Integrated care boards	452,311	417,645
NHS Foundation Trusts	9	209
NHS Trusts	236	376
NHS other (including Public Health England)	0	9
Non-NHS: private patients	342	226
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	779	640
Injury cost recovery scheme	1,097	1,137
Total income from activities	570,866	525,531

Note 2.8 Income from activities arising from commissioner requested services

	2024/25 £000	2023/24 £000
Income for services designated as commissioner requested services	568,403	522,934
Income from services not designated as commissioner requested services	2,463	2,597
Total	570,866	525,531

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

	2024/25	2023/24
	£000	£000
Lease receipts recognised as income in year:		
Variable lease receipts / contingent rents	407	413
Total in-year operating lease income	407	413

2.10 Future lease receipts

	31 March 2025 £000	31 March 2024 £000
Future minimum lease receipts due at 31 March:		
- not later than one year	431	426
- later than one year and not later than two years	436	431
- later than two years and not later than three years	439	444
- later than three years and not later than four years	452	458
- later than four years and not later than five years	47	473
- later than five years	29	1,993
Total	1,834	4,225

9.1.3. Note 3 Operating expenses

Note 3.1 Operating expenses

	Note	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC bodies		1,920	1,954
Purchase of healthcare from non NHS bodies and non-DHSC bodies		4,059	9,642
Staff and executive directors costs		404,417	360,331
Remuneration of non-executive directors		113	97
Supplies and services – clinical (excluding drug costs)		61,394	57,815
Supplies and services – general		25,513	24,229
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)		59,527	53,763
Inventories written down		0	7
Consultancy costs		1,217	1,765
Establishment		2,770	3,301
Premises – business rates collected by local authorities		2,174	1,939
Premises – other		11,399	9,580
Transport – business travel only		501	600
Transport – other (including patient travel)		6	6
Depreciation on property, plant & equipment and right of use assets		16,255	13,093
Amortisation on intangible assets		3,395	2,644
Net impairments	3.4	8,559	11,506
Movement in credit loss allowance: contract receivables / assets		235	220
Change in provisions discount rate ¹		(37)	(163)
Audit services – statutory audit ²		254	243
Internal audit costs		240	233
Clinical negligence – amounts payable to the NHS Resolution (premium)		16,907	16,343
Legal fees		766	188
Insurance		712	551
Research and development – staff costs		12,833	11,176
Research and development – non-staff		14,666	10,341
Education and training – staff costs		12,772	11,235
Education and training – non-staff		1,214	2,076
Education and training – notional expenditure funded from apprenticeship fund		1,238	1,160
Expenditure on short term leases (current year only)		518	238
Car parking and security		23	12
Hospitality		(4)	(27)
Other losses and special payments – non-staff		129	22
Other services (e.g. external payroll)		1,198	1,098
Total		666,883	607,218

¹2024/25 Change in provisions discount rate excludes £8,000 relating to the 2019/20 clinicians pension reimbursement which is reported within provisions but is held by NHS England and excluded from operational expenditure (2023/24: £173,000).

² 2024/25 Audit Services – statutory audit fee includes irrecoverable VAT. The audit fee net of VAT is £210,000 (2023/24: £203,000).

Note 3.2 Other audit remuneration

There were no non-audit fees payable to the external auditor in 2024/25 (2023/24: 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 2025 is £1,000,000 (31 March 2024 £1,000,000).

Note 3.4 Impairment of assets

	2024/25 £000	2023/24 £000
Changes in market price	8,559	11,506
Total net impairments charged to operating surplus	8,559	11,506
Impairments charged to the revaluation reserve	1,380	4,584
Total net impairments	9,939	16,090

9.1.4. NOTE 4 EMPLOYEE EXPENSES

Note 4.1 Employee expenses

	2024/25 £000	2023/24 £000
Salaries and wages	326,270	291,461
Social security costs	33,506	30,875
Apprenticeship Levy	1,640	1,513
Employer's contributions to NHS Pensions	63,581	48,218
Pension cost – other	0	1,223
Temporary staff - Agency / contract staff	6,280	9,985
Total	431,277	383,275
Of which:		
Costs capitalised as part of assets	1,255	533

All employer pension contributions in 2024/25 and 2023/24 were paid to the NHS Pensions Agency.

The operating employee expense, excluding costs capitalised as part of assets, of £430,022,000 (2023/24: £382,742,000) is reported in note 3.1 Operating expenses as Staff and executive directors costs of £404,417,000 (2023/24: £360,331,000), Research and Development – staff costs £12,833,000 (2023/24: £11,176,000) and Education and training – staff costs £12,772,000 (2023/24: £11,235,000). In 2024/25 special payments – staff costs were nil (2023/24: nil).

Salaries and wages include £30,230,000 for internal temporary bank staff (2023/24: £26,833,000). Included in the above figures are the following balances for executive directors:

	2024/25	2023/24
	£000	£000
Directors' remuneration	1,402	1,268
Employer pension contributions in respect of directors	196	117

Note 4.2 Average number of employees

	2024/25	2023/24
	WTE	WTE
Medical and dental	1,036	1,008
Administration and estates	2,159	2,048
Healthcare assistants and other support staff	825	811
Nursing, midwifery and health visiting staff	2,406	2,233
Scientific, therapeutic and technical staff	963	905
Other	5	4
Total	7,394	7,009
Of which:		
Number of employees engaged on capital projects	13	8

Note 4.3 Exit package cost band (including any special payment element)

	2024/25	2024/25	2023/24	2023/24
	Total number of exit packages	Total cost of exit packages £000	Total number of exit packages	Total cost of exit packages £000
<£10,000	0	0	1	8
£10,000 - £25,000	0	0	1	12
Total	0	0	2	20

Note 4.4 Exit packages: other (non-compulsory) departure payments

	2024/25	2024/25	2023/24	2023/24
	Agreements	Total value of agreements	Agreements	Total value of agreements
	Number	£000	Number	£000
Contract payments in lieu of notice	0	0	1	8
Exit payments following employment tribunals or court orders	0	0	1	12
Total	0	0	2	20

Note 4.5 Early retirements due to ill health

	2024/25	2024/25	2023/24	2023/24
	£000	Number	£000	Number
Number of early retirements on the grounds of ill-health	0	11	0	4
Value of early retirements on the grounds of ill-health	440	0	271	0

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

Termination benefits were nil in both 2024/25 and 2023/24 for value and number.

Note 4.7 Pension Costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. The costs for 2024/25 and 2023/24 are shown in Note 4.1.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2024, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside 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.

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

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 NHS 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 March 2025, the NHS foundation trust made contributions totalling £56,000 into the NEST fund (31 March 2024 £82,000).

9.1.5. NOTE 5 FINANCE INCOME

	2024/25	2023/24
	£000	£000
Interest on bank accounts	3,025	3,972
Total	3,025	3,972

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.

	2024/25 £000	2023/24 £000
Interest expense:		
Interest on loans from the DHSC	229	273
Interest on lease obligations	211	101
Total interest expense	440	374
Unwinding of discount on provisions	57	58
Total finance costs	497	432

Interest expense on loans from the DHSC of £229,000 (2023/24: £273,000) 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	9,468	10,532	221
19 September 2016	8 Years	16,000	0	16,000	0	8
		36,000	0	25,468	10,532	229

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2024/25 or 2023/24.

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 £5,711,000 (2023/24: £4,367,000), which is the average relevant net assets for the year of £222,300,000 (2023/24: £206,170,000) less average daily cleared cash balance £59,146,000 (2023/24: £81,397,000) at 3.50%.

Note 6.3 Other gains / (losses)

2024/25	2023/24
---------	---------

	£000	£000
Gains on disposal of assets	4	0
Losses on disposal of assets	(254)	0
Total (losses) on disposal of assets	(250)	0
Total other gains / (losses)	(250)	0

Note 6.4 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 2024/25 the NHS foundation trust has had 254 (2023/24: 126) separate losses and special payments, totalling £412,000 (2024/25: £234,000). 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.

	2024/25	2024/25	2023/24	2023/24
	Total Number of Cases Number	Total Value of Cases £000	Total Number of Cases Number	Total Value of Cases £000
Losses				
Cash losses	77	27	30	23
Bad debts and claims abandoned	143	276	67	116
Total losses	220	303	97	139
Special Payments				
Ex-gratia payments	34	109	29	95
Special severance payment	0	0	0	0
Total special payments	34	109	29	95
Total losses and special payments	254	412	126	234

9.1.7. NOTE 7 INTANGIBLE ASSETS

Note 7.1 Intangible assets 2024/25

	Total £000	Software licences £000
Valuation / gross cost at 1 April	27,122	27,122

Additions – purchased / internally generated	5,028	5,028
Gross cost at 31 March	32,150	32,150
Accumulated amortisation at 1 April	18,337	18,337
Provided during the year	3,395	3,395
Amortisation at 31 March	21,732	21,732
Net book value at 31 March 2025	10,418	10,418
Net book value at 31 March 2024	8,785	8,785

Note 7.2 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

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).

9.1.8. NOTE 8 PROPERTY, PLANT AND EQUIPMENT

Note 8.1 Property, plant and equipment 2024/25

	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	276,083	10,330	157,043	3,095	16,315	59,939	170	29,071	120
Additions – purchased	40,235	69	16,108	(3)	12,910	9,022	7	2,120	2
Additions – donations / grants	669	0	51	0	84	534	0	0	0
Impairments charged to revaluation reserve	(1,521)	0	(1,518)	(3)	0	0	0	0	0
Reversal of impairments credited to revaluation reserve	141	0	131	10	0	0	0	0	0
Revaluations	(12,923)	663	(13,480)	(106)	0	0	0	0	0
Disposals	(5,620)	0	0	0	0	(5,620)	0	0	0
Valuation/Gross cost at 31 March	297,064	11,062	158,335	2,993	29,309	63,875	177	31,191	122
Accumulated depreciation at 1 April	38,150	0	457	0	0	23,117	55	14,410	111
Provided during the year	14,859	0	5,953	106	0	5,005	19	3,775	1
Impairments	9,254	0	9,254	0	0	0	0	0	0
Reversal of impairments	(695)	(430)	(265)	0	0	0	0	0	0
Revaluations	(13,319)	430	(13,643)	(106)	0	0	0	0	0
Disposals	(5,268)	0	0	0	0	(5,268)	0	0	0
Accumulated depreciation at 31 March	42,981	0	1,756	0	0	22,854	74	18,185	112
Net book value at 31 March 2025	254,083	11,062	156,579	2,993	29,309	41,021	103	13,006	10
Net book value at 1 April 2024	237,933	10,330	156,586	3,095	16,315	36,822	115	14,661	9

A desktop valuation for land, buildings and dwellings was carried out at 31 March 2025 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 £5,620,000 were disposed of in 2024/25 (2023/24: £2,012,000). The vast majority of these assets had a nil net book value. The 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 2024/25

	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	250,242	11,062	154,761	2,993	29,164	39,143	103	13,006	10
Donated	3,841	0	1,818	0	145	1,878	0	0	0
Net book value at 31 March	254,083	11,062	156,579	2,993	29,309	41,021	103	13,006	10

There are no restrictions imposed by the donors on the use of donated assets.

Note 8.3 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 operating expenses	(6,822)	0	(6,530)	(292)	0	0	0	0	0
Impairments charged 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	15,362	0	15,362	0	0	0	0	0	0
Reversal of impairments	(3,856)	0	(3,856)	0	0	0	0	0	0
Revaluations	(16,150)	0	(16,035)	(115)	0	0	0	0	0
Disposals Reclassifications	(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
Net book value at 31 March 2024	237,933	10,330	156,586	3,095	16,315	36,822	115	14,661	9
Net book value at 1 April 2023	208,560	10,330	156,718	3,459	718	25,578	56	11,701	0

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	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

9.1.9. NOTE 9 LEASES

This note details information about leases for which the NHS foundation 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 2024/25

	Total	Property (land and buildings)	Plant & machinery	Of Which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024	12,597	11,551	1,046	10,730
Additions	430	430	0	430
Remeasurements of the lease liability	(424)	(463)	39	(463)
Disposals / derecognition	(716)	(446)	(270)	(401)
Valuation/gross cost at 31 March 2025	11,887	11,072	815	10,296
Accumulated depreciation at 1 April 2024	2,847	2,365	482	2,094
Provided during the year	1,396	1,191	205	1,059
Disposals / derecognition	(353)	(156)	(197)	(111)
Accumulated depreciation at 31 March 2025	3,890	3,400	490	3,042
Net book value at 31 March 2025	7,997	7,672	325	7,254
Net book value at 1 April 2024	9,750	9,186	564	8,636
Net book value of right of use assets leased from NHS providers				941
Net book value of right of use assets leased from other DHSC group bodies				6,313

Note 9.2 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 9.3 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.

	2024/25	2023/24
	£000	£000
Carrying value at 31 March	9,808	10,899
Lease additions	430	315
Lease liability remeasurements	(424)	0
Interest charge arising in year	211	101
Early terminations	(364)	0
Lease payments (cash outflows)	(1,500)	(1,507)
Carrying value at 31 March	8,161	9,808

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 2025

	Of which leased from DHSC group bodies:		Of which leased from DHSC group bodies:	
	Total 31 March 2025 £000	31 March 2025 £000	Total 31 March 2024 £000	31 March 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year	1,490	1,203	1,528	1,161
- later than one year and not later than five years	5,158	4,723	5,313	4,626
- later than five years	2,229	2,186	3,338	3,272
Total gross future lease payments	8,877	8,112	10,179	9,059
Finance charges allocated to future periods	(716)	(702)	(371)	(348)
Net lease liabilities at 31 March	8,161	7,410	9,808	8,711
Of which:				
- Leased from other NHS providers		954		1,085
- Leased from other DHSC group bodies		6,456		7,626

9.1.10. NOTE 10 INVESTMENTS IN JOINT VENTURES

	2024/25 £000	2023/24 £000
Carrying value at 1 April - brought forward	288	435
Share of profit	160	165
Disbursements / dividends received	(149)	(312)
Carrying value at 31 March	299	288

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 organisations 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:

	2024/25			2023/24		
	Profit £000	Gross Assets £000	Net Assets £000	Profit £000	Gross Assets £000	Net Assets £000
Integrated Laboratory Solutions LLP	481	4,830	807	342	5,891	586
Integrated Pathology Solutions LLP	1	1,186	92	153	3,428	229
Total	482	6,016	899	495	9,319	815

9.1.11. NOTE 11 INVENTORIES

31 Mar 25 £000	31 Mar 24 £000
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Consumables	5,223	4,948
Drugs	6,038	4,952
Energy	300	114
Total	11,561	10,014

Inventories recognised in expenses for the year were £59,527,000 (2023/24: £53,973,000). Write-down of inventories recognised as expenses for the year were nil (2023/24: £7,000).

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 NHS foundation trust received £226,000 of items purchased by DHSC. Distribution of inventory by DHSC ceased in March 2024.

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 25	31 Mar 24
	£000	£000
Current		
Contract receivables	10,395	14,893
Allowance for impaired contract receivables / assets	(1,319)	(1,250)
Prepayments	8,019	5,709
PDC dividend receivable	0	1,007
VAT receivables	1,805	1,597
Other receivables	709	649
Total	19,609	22,605
Non-current		
Contract receivables	1,141	1,269
Other receivables – revenue	821	800
Total	1,962	2,069
Of which receivables from NHS and DHSC group bodies		
Current	3,589	6,488
Non-current	821	800

Note 12.2 Allowances for credit losses 2024/25

2024/25	2023/24
Contract receivables and	Contract receivables and contract assets

	contract assets £000	£000
Allowances as at 1 April – brought forward	1,250	1,097
New allowances arising	337	279
Changes in existing allowances	(70)	(9)
Reversals of allowances	(32)	(50)
Utilisation of allowances (write offs)	(166)	(67)
Total	1,319	1,250

Note 12.3 Exposure to credit risk

The NHS foundation trust receives the majority of its 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 25 £000	31 Mar 24 £000
Current		
Trade payables	14,127	13,390
Capital payables	13,486	21,452
Other taxes payable	8,805	8,152
PDC dividend payable	15	0
Pension contributions payable	5,342	4,841
Other payables	4,528	5,454
Accruals	26,300	32,152
Total	72,603	85,441
Of which payables from NHS and DHSC group bodies:		
Current	3,528	3,565

9.1.14. NOTE 14 OTHER LIABILITIES

	31 Mar 25 £000	31 Mar 24 £000
Current		
Deferred income: contract liabilities	11,304	12,404
Deferred grants	129	0

Total other current liabilities	11,433	12,404
Non-current		
Deferred income: contract liabilities	0	938
Total other non-current liabilities	0	938

9.1.15. NOTE 15 BORROWINGS

Note 15.1 Borrowings

	31 Mar 25	31 Mar 24
	£000	£000
Current		
Loans from DHSC (capital loans)	1,075	3,086
Lease liabilities	1,294	1,432
Total	2,369	4,518
Non-current		
Loans from DHSC (capital loans)	9,480	10,532
Lease liabilities	6,867	8,376
Total	16,347	18,908

Note 15.2 Borrowings Reconciliation of liabilities arising from financing activities 2024/25

	Loans from DHSC	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2024	13,618	9,808	23,426
Cash movements:			
Financing cash flows – payments and receipts of principal	(3,052)	(1,289)	(4,341)
Financing cash flows – payments of interest	(240)	(211)	(451)
Non-cash movements:			
Additions	0	430	430
Lease liability remeasurements	0	(424)	(424)
Application of effective interest rate	229	211	440
Early terminations	0	(364)	(364)
Carrying value at 31 March 2025	10,555	8,161	18,716

Note 15.2 Borrowings Reconciliation of liabilities arising from financing activities 2023/24

	Loans from DHSC	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2023	16,679	10,899	27,578
	(3,052)	(1,406)	(4,458)

Cash movements:

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	Current	Non-current	Non-current
	31 Mar 25	31 Mar 24	31 Mar 25	31 Mar 24
	£000	£000	£000	£000
Pensions – Injury benefits	149	128	1,733	1,727
Legal claims	0	318	459	1,682
Equal pay	2,231	4,698	0	0
Other	485	385	1,159	1,152
Total	2,865	5,529	3,351	4,561

Note 16.2 Provisions for liabilities and charges analysis 2024/25

	Total	Pensions – Injury benefits	Legal Claims	Equal Pay	Other
	£000	£000	£000	£000	£000
At 1 April 2024	10,090	1,855	2,000	4,698	1,537
Change in the discount rate	(45)	(38)	0	0	(7)
Arising during the year	445	122	0	0	323
Utilised during the year	(365)	(104)	(100)	0	(161)
Reversed unused	(4,008)	0	(1,441)	(2,467)	(100)
Unwinding of discount rate	99	47	0	0	52
At 31 March 2025	6,216	1,882	459	2,231	1,644
Expected timings of cash flows:					
-not later than one year	2,865	149	0	2,231	485
-later than one year and not later than five years	3,351	1,733	459	0	1,159
Total	6,216	1,882	459	2,231	1,644

Pensions related provisions represent amounts payable to the NHS Business Services Authority - Pensions Division to meet the costs of early retirements and industrial injury benefits.

Legal claims relate to a provision for claims relating to high risk employment relations. 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 £789,000. 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 £856,000 (2023/24: £803,000). 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 2025 the provisions of NHS Resolution include £256,432,000 (31 March 2024: £221,119,000) 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 – 2024/25

	Note	Total revaluation reserve £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April		40,009	40,009
Net impairments	3.4	(1,380)	(1,380)
Revaluations		396	396
Transfers to other reserves		(1,234)	(1,234)
Revaluation reserve at 31 March		37,791	37,791

Note 17.2 Revaluation reserve movement – 2023/24

	Note	Total revaluation reserve £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April		51,811	51,811
Net impairments	3.4	(4,584)	(4,584)
Revaluations		4,462	4,462
Transfers to other reserves		(11,680)	(11,680)
Revaluation reserve at 31 March		40,009	40,009

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.

	2024/25 £000	2023/24 £000
At 1 April	64,154	73,062

Net change in year	(32,297)	(8,908)
At 31 March	31,857	64,154
Broken down into:		
Cash at commercial banks and in hand	20	32
Cash with the Government Banking Service	31,837	64,122
Cash and cash equivalents as in SoFP and SoCF	31,857	64,154

Third party assets held by the NHS foundation trust at 31 March 2025 were £3,000 (31 March 2024: £3,000). Third party assets are held separately from the cash and cash equivalents.

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 £16,982,000 (31 March 2024: £2,459,000). Capital commitments include £12,915,000 for the construction of a new Endoscopy department, £3,612,000,000 for the remodelling of the maternity building ground floor and £454,000 for fire alarm infrastructure upgrade.

Note 19.2 Other financial commitments

Other financial commitments at the reporting date were £1,889,000 (31 March 2024: £1,236,000). 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 25	31 Mar 24
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	67	30
Total	67	30

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 2024/25 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 Business Service Authority 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

	2024/25 Income £000	2024/25 Expenditure £000	2023/24 Income £000	2023/24 Expenditure £000
Value of transactions with other related parties				
Charitable fund	936	0	561	0
Non-consolidated joint ventures	85	13,070	28	11,804
Total	1,021	13,070	589	11,804
	2024/25 Receivables	2024/25 Payables	2023/24 Receivables	2023/24 Payables

	£000	£000	£000	£000
Value of balances with other related parties				
Charitable fund	53	0	0	0
Non-consolidated joint ventures	17	211	33	1,830
Total as at 31 March	70	211	33	1,830

In line with the DHSC interpretation of IAS 24 related parties the NHS foundation trust only disclose 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 2024/25 and 2023/24 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 £12,000,000 for no more than 6 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 25 £000	31 Mar 24 £000
Assets as per SoFP at 31 March		
Trade and other receivables excluding non-financial assets – with NHS and DHSC bodies	4,406	6,280
Trade and other receivables excluding non-financial assets – with other bodies	7,341	10,081
Cash and cash equivalents at bank and in hand	31,857	64,154
Total	43,604	80,515

All financial assets are held at amortised cost.

Note 24.2 Financial liabilities by category

	31 Mar 25 £000	31 Mar 24 £000
Liabilities as per SoFP at 31 March		
Borrowings excluding finance lease and PFI liabilities	10,555	13,618
Obligations under leases	8,161	9,808
Trade and other payables excluding non-financial liabilities – with NHS and DHSC bodies	3,045	3,433
Trade and other payables excluding non-financial liabilities – with other bodies	53,249	70,523
Provisions under contract	3,701	7,657
Total	78,711	105,039

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 25	31 Mar 24
	£000	£000
In one year or less	61,481	83,974
In more than one year but not more than five years	11,238	12,679
In more than five years	7,775	10,053
Total	80,494	106,706

10. ACRONYMS

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
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

