Bradford District Care
NHS Foundation Trust

Annual Report and Accounts 2019/20

Bradford District Care NHS Foundation Trust

Annual Report and Accounts for the period 1 April 2019 to 31 March 2020

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

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Foreword by our Chair, Cathy Elliott

I am delighted to introduce our Annual Report for 2019/20, my first as Chair, which provides an overview of the work undertaken by our staff, the services we have provided and some of the achievements and challenges experienced during the last 12 months. This report is part of our regulatory requirements as a Foundation Trust (FT). I hope it is informative and helps our members and other stakeholders gain an insight into our work and how we have supported local people across a wide range of mental health and community services in Bradford, Airedale, Wharfedale, Craven and Wakefield.

Our staff embraced our approach to quality improvement, known as the Care Trust Way, which was especially evidenced in an improvement in our Care Quality Commission re-rating of our mental health inpatient services in May 2020 from 'Inadequate' to 'Good'. We have introduced more opportunities for staff to grow, learn and development together and put in place greater recognition of their work, such as through the Living Our Values awards and support of our Aspiring Cultures Network, which have been welcomed by our teams.

During 2019/20, we have seen the Trust grow and develop the quality of its services and relationships with partners across different sectors and places in line with our strategy, **better lives, together**. You will read later in the report about how we have further developed our relationships both locally in our system and more widely across the West Yorkshire and Harrogate Partnership to ensure we are able to embrace future opportunities of integrated care, align with the regional Partnership strategy and respond to any changes in national policy across health and social care.

I would also like to focus my introduction on the importance of listening to our service users, patients, and carers. The work we have undertaken to develop a new participation and involvement strategy, *Your Voice Matters*, has meant that we are now well placed to deliver a strategy that focuses on supporting recovery and wellbeing through co-production and continuous improvement.

I would like to thank Michael Smith who was Chair of the Trust for the first half of this reporting period, particularly for his support, advice, and handover when I took over as Chair on 17 September 2019. During the year we had some planned Board membership changes, notably Rob Vincent, who was Deputy Chair and Senior Independent Director, and David Banks, Chair of the Audit Committee. Thank you to them for their commitment and support of the Trust over many years. I am delighted that two new Non-Executive Directors were then appointed by the Council of Governors, welcoming Andrew Chang (in December 2019) as our new Audit Committee Chair and Maz Ahmed (appointed in May 2020) as the new Chair of our Finance, Business and Investment Committee. Our unitary Board has been further strengthened by the appointment of Dr David Sims as Medical Director and Phillipa Hubbard as Director of Nursing, Professionals and Care Standards. At the time of submitting this annual report, we are currently recruiting for a new Chief Executive as a result of Brent Kilmurray being appointed as Chief Executive of a large mental health trust in the North East of England, making a move nearer to home, which will then complete our changes to the Trust Board in 2020.

In March 2020, like all NHS organisations, we have had to address the significant and ongoing challenges of the COVID-19 pandemic in supporting our service users, patients and carers, whilst ensuring we keep our staff as safe as possible and support them effectively through these uncertain times. Our Board and Senior Leadership Team have managed well with the many difficult decisions and changes required to our services, ensuring proactive business continuity planning and a robust incident management framework. Whilst we are not yet out of the command and control arrangements introduced across the Trust and the wider NHS, the pandemic has provided us with an opportunity to strengthen our governance processes further still, with the use of technology and virtual meetings, and to look at how services will be delivered differently post-COVID-19, including via Learning Weeks with staff and service users.

During the COVID-19 pandemic, evidence quickly emerged of the disproportionate impact of the virus on our BAME communities and staff. As a consequence of this, the Trust responded by establishing a COVID-19 Protected Characteristics Staff Health and Wellbeing Taskforce which included members of our Aspiring Cultures (BAME) Staff Network, staff side representatives, members of the Board and senior leaders. This group has been influential in fostering open conversations, addressing staff concerns and guiding the approach of the Trust in identifying the risks and mitigating their impact on our BAME staff. This has included taking rapid action to design and roll out a BAME Staff Risk Assessment process across the Trust that also encompassed our temporary workforce and staff working within our teams from partner organisations. The Taskforce and the issues it has been tackling have highlighted the importance of listening and working with our staff to address the long standing inequalities faced by our communities and our staff with protected characteristics that the COVID-19 crisis has thrown into sharp relief.

I would like to thank all our staff in dealing with this unprecedented challenge with such energy, spirit, commitment, and determination.

Finally, I would like to say thank you to all our Governors, service users, carers, partners from across sectors, and volunteers in helping us to deliver **better lives, together** for the benefit of the diverse communities which we serve.

Cathy Elliott
Chair

Message from our Chief Executive, Brent Kilmurray

Welcome to the Trust's Annual Report for 2019/20, a year that has seen us gain some real momentum in delivering our strategy, **better lives, together** and demonstrate how the introduction of our own quality improvement methodologies can have a major effect on the positive culture of our organisation and the quality of services we can provide.

Just over 12 months ago, the Board took the decision to invest in, and develop, our own approach to quality improvement now known as the Care Trust Way. In this short space of time we have been able to train 26 senior leaders in advanced quality improvement techniques and 150 managers across the organisation have experienced our Care Trust Way Leaders programme. This has enabled us to introduce Daily Lean Management processes and deliver Rapid Process Improvement Workshops involving over 300 staff that have resulted in significant changes across a wide variety of services. More details of how the Care Trust Way has made a difference can be found within the report.

I am delighted to say that a full year into using the Care Trust Way, the Care Quality Commission returned in March 2020 to carry out a further inspection of the core service Acute Wards for Working Age Adults and Psychiatric Intensive Care Units. Whilst slightly out to the scope of this reporting period, the report into this inspection was published in May 2020, resulting in a re-rating of that core service to 'Good' overall, with 'Good' in each of the five domains of caring, responsive, effective, safe and well-led. The report recognised the work and commitment of our staff on the wards, to deliver such improvements in just under a year. The rating is testimony to the efforts of all the staff involved and our Care Trust Way approach to driving continuous quality improvement across all services. This means nine of the Trust's 14 core services are now rated either good or outstanding.

2019/20 has also seen positive changes to our 0-19 services and strengthened relationships with our local commissioner, the City of Bradford Metropolitan District Council. Working in partnership with the local authority, we have developed an innovative digital offer where expectant parents and families caring for babies or small children now have access to a 24/7 online resource, with useful guides and trusted information all in one place from our health visiting and school nursing teams. Our *Better Lives, Healthy Futures* website, designed with the dual focus of saving staff time and allowing families easy access whenever they need it, was recognised nationally in the HTN awards. The Trust has continued to work with Bradford Council's Children's Services team to really integrate Early Help and Prevention work for younger children, further strengthening our arrangements.

The Board has focused on a small number of strategic priorities to help deliver our long-term strategy and I am pleased that services are now being recognised for this work through external accreditation or awards. You will see further in the report that our staff have celebrated success in a number of other regional and national awards during the year, including the National Service User awards, Positive Practice awards, the Nursing Times, Charity Times and National BAME Health and Care awards, to

name but a few. Whilst not without our own challenges going forward, I am confident that such recognition will continue into 2020 and beyond.

As the Accountable Officer of the Trust, I have been struck by how well our workforce have risen to the challenge of dealing with the COVID-19 pandemic. I am very grateful to each and every member of staff for the work they have done, and continue to do, since the pandemic started. Whether that has been our inpatient staff in dealing with the personal protection equipment challenges of a mental health ward setting, our district nursing and other community teams in continuing to provide high quality care to local people in their own homes, or our corporate teams in ensuring our procurement routes, technology enablers and staff wellbeing processes function effectively, I thank you all. Whilst we cannot be complacent in tacking the coronavirus, we have already started to involve our workforce in considering how our services can use technology differently and enhance the service user experience. Much of this work will be taken forward by my successor.

Finally, I would like to say that I am leaving the Care Trust with a heavy heart. As you may know, I am leaving to work closer to my family home. However, I have thoroughly enjoyed my time at the Care Trust making new friends and working with some truly fabulous colleagues. We have been able to create the Care Trust Way and have demonstrated how systematic quality improvement methods and a great staff team can move a service from Inadequate to Good in all CQC domains in less than 12 months. The potential of this Trust with further development of the Care Trust Way and the right leadership is phenomenal. I would like to thank all my colleagues on the Board, my Executive and senior leadership colleagues and our excellent partners and commissioners for all your support. However, I reserve the last words for our service users and staff. Thank you and best wishes.

Brent Kilmurray
Chief Executive

Introduction

Bradford District Care NHS Foundation Trust ('BDCFT' or 'the Trust') was authorised as an FT on 1 May 2015, having previously been established as Bradford District Care Trust in 2002, a specialist Care Trust under section 5 of the National Health Service and Community Care Act 1990 and section 45 of the Health and Social Care Act 2001.

The Trust is a provider of mental health, learning disabilities and community health services across a diverse district comprising urban and rural Bradford, Airedale, Wharfedale and Craven. The population is one of the most multicultural in Britain with over 100 languages. Some areas of Bradford are amongst the most deprived in the country reflected in higher than average demand for health services and reduced life expectancy.

The Trust employs almost 3,000 staff who provide healthcare and specialist services to local people across mental health, learning disability, community health and dental services. From 1 April 2017, the Trust started to provide a number of services in the Wakefield area having been commissioned by Wakefield Metropolitan District Council to provide public health services to children aged 0 to 19 year old and by NHS England to provide vaccination and immunisation services for children aged 5 to 19 years old. Our care and clinical expertise are spread over 100 sites and over the last year we provided over 50 different services.

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

Delivering our new strategic framework - better lives, together

Our vision is to 'Connect people to the best quality care, when and where they need it and be a national role model as an employer' and 2019/20 has been the first full year of the operating within our new strategic framework, **better lives, together**. This report highlights how the Trust's staff have worked hard to deliver against our four strategic objectives:

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

During the year we have identified, through the Operational Plan, a number of strategic priorities that would be developed during the next two years to support the delivery of our strategic framework, which were as follows:

- Introduction of the ‘Care Trust Way’ to all staff;
- Transformation of Children and Adolescent Mental Health Services (CAMHS) services;
- Implementation of a new 0-19 service model;
- Introduction of a new approach to talent management;
- Development and launch of a new participation and involvement strategy;
- Transformation of dementia services;
- Working with local primary care networks to provide flexible, integrated community services; and
- Delivery of our ‘care closer to home’ programme to improve the safety and responsiveness of mental health services for working age adults.

Our approach to Quality Improvement – the Care Trust Way

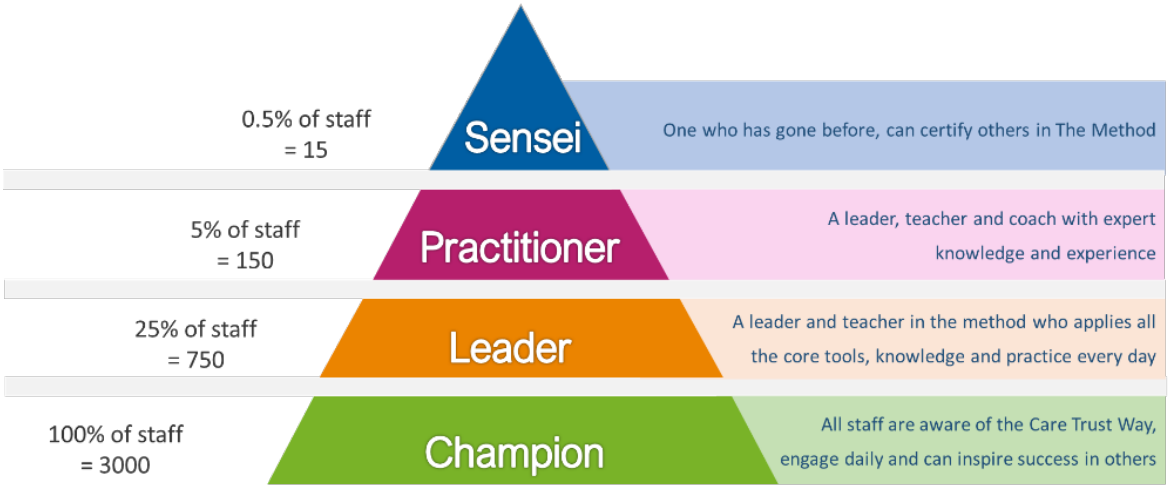
One key element of the strategic framework has been the introduction of a quality improvement methodology. The Trust has been working hard to bring its continuous improvement system to fruition, more commonly identified across the organisation as the Care Trust Way (CTW), which is defined as, ‘a way of working with a common language, tools and techniques, to embed purposeful conversations, continuous improvement, innovation and growth’. The CTW is how we will deliver our Trust strategy, **better lives, together** but also brings our values and behaviours to life through a way of working with respect for people at its centre.

The CTW is a lean management system that incorporates strategy deployment, Daily Lean Management, and cross-functional management, supported by a coaching approach. Combining these elements builds a stronger foundation for transformational change in organisational culture and how services are delivered.

In 2018, there was a commitment from the Trust Board to adopt a quality improvement system. The benefits identified early on would be to maximise opportunities to deliver better outcomes at a lower cost (improving value); eliminating the variations in care and addressing overuse, misuse and underuse of treatment; but more importantly, to provide the best quality services and seamless access for the people who use our services.

By March 2020, a Kaizen Promotion Office was established, as the custodians of the method and taking the lead on improvement activity across the organisation. The main focus of the method is empowering staff to identify areas for improvement within their services and enable them with the tools, techniques and coaching to improve the process themselves; this is achieved through a comprehensive programme of quality improvement training that is being rolled out across the Trust. The CTW has two levels of certified training. During the year, 38 staff members have completed the Care Trust Way

Leader programme with 115 in progress and 140 waiting to commence. Remaining on this trajectory will ensure that the target of 25% of staff are trained by 2024. Our second tier of training, CTW Practitioners, consists of advanced lean training and CTW coaches training, and we have 26 members of staff currently undertaking this training with 18 more scheduled to start in 2020. The improvement system is supported by the implementation of the ThinkOn coaching method, heralding improved and purposeful conversations within services; empowering staff to identify solutions and encourage continuous improvement. During the year, 14 staff are in training with a further 11 to commence training.



Our CTW training programme

The underpinning philosophy of the CTW Leader programme is Daily Lean Management (DLM). DLM drives cycles of learning from the point of care, which is integral to the delivery of the ambition of high quality, adaptive services. Its strength lies in the ability to adapt to local circumstances and facilitate local ownership. Staff are taught key tools and techniques that will ensure teams and services know the business, run the business and are then ultimately able to improve the business. Embedded within DLM is a process of escalation which allows additional resource and expertise to be marshalled where local improvement processes fail to address an issue. Escalation is managed through a series of frequent senior communication cells. These allow for conversations that consider an increasingly broad perspective and facilitate check and challenge at multiple levels. Ultimately, information from these communication cells is escalated to the Director concerned communication cells, which reports into Senior Leadership Team (SLT) meetings. This approach allows the organisation to take a strategic view of the issues being escalated and the actions for improvement being made, and how these align to the strategic delivery priorities of the Trust.

Our CTW toolkit

The CTW has a set of core tools that are the foundation of the method; these tools allow staff at every level of the organisation to know their service, run their service and improve their service, moreover the empowering of a team to make the changes they identify to provide the services they strive for. There are vital principles in the method around wellbeing, teamwork, collaboration, and co-production that aids the delivery of the Trust's fourth strategic objective, to provide our staff with the best place to work.

The Trust identified some key strategic priorities that the CTW has directly supported during 2019/20. The Trust has organised a series of Rapid Process Improvement Workshops (RPIWs) and Kaizen events that help support the cross-functional processes within the organisation, aligned to the strategic priorities, with 30, 60 and 90 day follow up check-ins. RPIWs completed in 2019/20 include:

- **New Starters from Day 1:** ensuring new starters have everything they need to start on their first day at work. At the 90 day follow up there had been a 50% increase in new starters receiving their IT equipment on the first day. In addition, improved stock management has led to a £30k cost saving;

- **Recruitment process:** reducing the lead time for the recruitment process. The recruitment department has experienced a 25% improvement in days taken for vacancies to move from advert to offer stage, a change from 76.5 days to 59.7 days;

- **Ward Leave: Streamlining the leave process:** ensuring 100% accuracy and recording. Feedback indicates that all wards are now working to the new leave system, improving the quality and therapeutic value for patients, as well as being more efficient and visual for staff;

- **Serious Incident (SI) investigations:** Improving the timeliness and support around SI investigations. Improvements included a revision in the way investigations are undertaken, progress has been demonstrated, and there is a strong commitment to achieving 100% of cases allocated a lead investigator within 24 hours;

- **First Response service:** There was a clear scope to reduce the time taken to answer a First Response call and reduce the number of calls that were not relevant to the service. The data currently indicates that 52% of calls are answered before 60 seconds compared to the 48% baseline. Calls are completed within 22.5 minutes from the moment of contact to the completion of the call, which is a reduction from the original 56 minutes.

- **CAMHS referral to an appointment:** A focus on referral to the assessment process for urgent/non-urgent referrals to the core CAMHS service, eliminating variation in the process, resulting in equity of access for patients.

- **Pressure Ulcers:** Improving how pressure ulcer risk is assessed, including identification and removal of root cause resulting in a reduction/elimination of omissions in care. Changes to the pressure ulcer template have been made as a priority to enable a speedier processing of referrals, IR-e reporting and the

selection and ordering of equipment. Data continues to be collated to measure against the baseline metrics.

- **Insulin errors:** Reduce the number of reported errors associated with the administration on insulin. Agreed improvements to the process during the RPIW week have observed a reduction in insulin errors and have levelled the home visits to diabetic patients across the day, which has reduced the number of early morning appointments resulting in an enhanced workflow.

Example of a Rapid Process Improvement Workshop

Over the past 12 months, we have experienced high levels of engagement from staff members in both the improvement workshops and the training programme. As a result, we are starting to observe daily use of the tools and techniques supporting the implementation of DLM.

Stakeholder relationships

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

During 2019/20, we have been working with the Bradford Care Alliance (and other GP Alliances) to develop a model of care coordination aligned to the Primary Care Networks established across the district. The introduction of integrated community

teams with specialist community service hubs is something that the Trust will be actively pursuing over the next 12 months.

The Trust already has strong working relationships with a number of organisations across the Voluntary and Community Sector (VCS) and wishes to see further developments take place to support the Happy, Healthy and at Home vision supported by all health and care partners across Bradford and Craven. As part of this development, the Trust hosted a Conversation Workshop in March 2020 with leaders from across the VCS about how new ways of working could be developed for mental health services. Over 80 people took part and the outputs on the discussions will be followed up after the COVID-19 pandemic.

VCS Steering Group partners

Supporting elected Members of Parliament and elected representatives of our local authority areas with enquiries about the Trust is important us. Board members and senior managers have worked closely with elected members and provided information both through Overview and Scrutiny Committees and routine business. Since her appointment, the Trust Chair has held meetings with MPs both in London and their constituencies and regularly keeps them in touch with developments at the Trust.

In January 2020, the Trust invited key stakeholders (at Chief Executive level or equivalent) to take part in a series of qualitative telephone interviews and provide comments on how our organisation communicated with partners, our strategic contribution to system working and our role as a community connector. The results of the evaluation concluded that our **better lives, together** strategy and approach to collaboration had been received positively by our key stakeholders and that the Trust was uniquely placed to champion integration between physical and mental health. In addition, stakeholders believed there was potential to scale up and widen our work with the VCS and further develop our work with GP Alliances. The results of the evaluation will help inform the Trust's future strategic priorities.

Stakeholder engagement – a year of partnerships

The Trust encourages visits from other external stakeholders as a way of learning from their observations, sharing best practice and celebrating the work of our staff. During 2019/20, we have welcomed several national and international visitors to the Trust. We also worked closely with a variety of different partners as shown below.

In April, the Trust hosted a delegation of hospital workers from **Satu Mare Hospital, Romania**, as part of a series of exchanges. The six visitors, made up of the director of nursing, two psychiatrists and three mental health nurses, visited Trust sites including Lynfield Mount, Waddiloves and Airedale Centre for Mental Health. The visitors used the information collected from the visit to develop new patient care practices and are hoping to repeat this again.

Board members and the Romanian delegation

In June, the Trust hosted separate visits from both NHS England and Helpforce to discuss the importance of volunteering. **Dr Neil Churchill, Director for Experience, Participation and Equalities at NHS England** met members of staff, service users and carers and discussed the Trust's work on volunteering, patient experience and involvement, our work on the Triangle of Care accreditation scheme and our Carer's Hub. We also welcomed **Roz Tinlin, Regional Lead of Helpforce**, the national charity established to help improve the lives of NHS staff, patients, and communities through the power of volunteering. This visit led to the Trust and Helpforce working closely on a number of initiatives and identifying volunteers to work at the Trust through their national campaign.

In October, staff from our Champions Show the Way team were invited to speak at a national conference organised by the **King's Fund**, entitled 'Community is the Best Medicine' to highlight the positive impact that our service has had over its ten year journey in providing a volunteer-led service of social prescribing in local communities. This led to the service being highlighted as an example of good practice by **Public Health England** as part of its library of community centre approaches nationally.

In November, our Chief Executive, Brent Kilmurray was appointed to the **NHS Providers** Board of Trustees, joining Chief Executives and Chairs from other Trusts across the country to represent provider views in discussions, drawing on experiences of their own organisation. NHS Providers is a national membership body for all NHS organisations and facilitates shared learning across its membership, represents provider views on key sector-wide issues such as funding, and helps shape national policies that impact on providers.

In March, we hosted a visit for **Professor Wendy Burns, President of the Royal Society of Psychiatrists** to look round Lynfield Mount Hospital.

The Trust is developing an exciting strategic outline business case for the redevelopment of inpatient services and other accommodation at our Lynfield Mount Hospital and Professor Burns visited to lend her support to this much needed investment.

Professor Wendy Burns, Brent Kilmurray and Dr David Sims at LMH.

Safety Nets campaign with Bradford City FC

Throughout the year we have worked closely with our local rugby and football clubs to promote the importance of mental health. In December, we joined forces with **Bradford City Football Club** and Dr Ryan Dias, a Yorkshire leadership fellow in the Humber Deanery, to run Safety Nets, a new initiative to support young people in Bradford, Airedale, Wharfedale and Craven experiencing emotional and mental health issues. The project enables young people with mental health needs, who are accessing CAMHS, to set goals and get advice about the importance of exercise. The groups enabled young people to learn about how and why anxiety and low mood occur, as well as giving them the tools and techniques to manage their mental wellbeing. Over the eight-week period, young people also gained a clearer understanding of the direct links between physical activity and emotional wellbeing, as well as reflecting on their own emotional wellbeing, diet, relationships, sleep and relaxation techniques.

Working with **Ilkley Grammar School**, our Vaccination team highlighted the importance of eligible children having access to HPV vaccination sessions. In January, we worked closely with **Public Health England** to produce a short video showcasing the national vaccination programme that is operating successfully in Bradford.

In February, the Trust worked with various partners including **Bradford Bulls**, City of Bradford Metropolitan District Council, Keighley and Shipley Colleges, and other health partners in the district to promote the local Time to Talk campaign, which culminated with the Time to Talk Day on 6 February. Using the approach, "Would you rather…?" this year's campaign aimed to get people not only thinking about mental health but talking about it and seeking help if necessary. The Time to Talk campaign led nationally by Time to Change, aims to reduce the stigma surrounding mental illness by getting people to do just that – talk openly about issues that can affect us all.

Time to Talk with Bradford Bulls

Promoting the 'Stay at Home' message with partners

Finally, in March, we worked closely with other health and care partners both across Bradford and West Yorkshire to respond to the Coronavirus pandemic (COVID-19). The Trust was involved in the initial campaign to help promote the message to stay at home to protect people from COVID-19, working closely with City of Bradford Metropolitan District Council and John Wright of the Bradford Institute of Health Research. The Senior Leadership Team quickly reviewed business continuity plans, established the necessary command and control structures to support core services, and provided mutual aid to other health and care partners around personal protective equipment. The Trust Board ensured its governance structures were equipped to daily monitor the ongoing situation and provide the necessary leadership and wellbeing support to staff across the organisation.

Overview of performance

The NHS Long Term Plan committed that funding for community health services and mental health services would increase faster than the total national NHS revenue spend across the five years from 2019/20 to 2023/24. The Operational Planning Guidance 2019/20 was significant for the Trust due to a higher than national average revenue resource limit uplift for Bradford City Clinical Commissioning Group (CCG) (15.25%). Linking CCG allocations to more closely defined and monitored mental health and community investment standards meant that the Trust was able to secure funding to address the financial sustainability of a number of core mental health inpatient services, as well as to progress core Mental Health Five Year Forward View and NHS Long Term Plan requirements.

As part of the delivery of our strategic framework, the Trust set out seven priorities to ensure progress on our strategic goals:

- become financially sustainable;
- introduce the Care Trust Way to all staff;
- improve access to services;
- enable an engaged and valued workforce;
- increase service user and carer representation;
- work with partners to deliver shared outcomes; and
- provide freedom to innovate and grow.

During 2019/20, we have progressed a number of strategic priorities including the introduction of the Care Trust Way, a new delivery model for our 0-19 services, approved an investment in our Care Closer to Home programme, launched *Your Voice Matters*, our new participation and involvement strategy, developed a new talent management strategy and progressed more integrated working with primary care. Further work during 2020/21 will embed these areas and continue to develop other areas such as our dementia pathway, transforming CAMHS and workforce equality across the Trust.

Performance reporting

The Trust's performance management framework aims to provide a comprehensive understanding of how the services and the organisation are performing across quality and safety, outcomes, workforce, activity and finance. The Board of Directors monitors performance through the Integrated Performance Report. Board Committees review performance in further detail through their own dashboards or, where necessary, a 'deep dive' process. In 2019/20 the Trust performed well against national, contractual and local performance indicators. Table 1 below outlines our performance against the operational performance metrics used by NHS Improvement to oversee NHS providers.

NHS Improvement indicators	2018/19 performance	2019/20 Standard	2019/20 performance	Trust position
Maximum time of 18 weeks from point of referral to treatment (community dental service)	97.7%*	92%	80.4%*	Target not met Impacted by cancellation of theatre sessions in March 2020 as a result of Covid-19 pandemic
People with a first episode of psychosis begin treatment with a NICE recommended care package within 2 weeks of referral	79.7%**	56%	85.0%**	Achieved target
Improving Access to Psychological Therapies (IAPT) / talking therapies:				
• proportion of people completing treatment who move to recovery	53%*	50%	50%***	Achieved target
• waiting time to begin treatment within 6 weeks	97%*	75%	96%***	Achieved target
• waiting time to begin treatment within 18 weeks	100%*	95%	99%***	Achieved target
Data Quality Maturity Index – mental health services dataset score	77.5%*	95%	91.9%***	Target not met – See below (i)
Inappropriate out-of-area placements for adult mental health services – total number of bed days patients have spent out of area	201 bed days	41 bed days per quarter/ 164 bed days per annum	2402 bed days	Target not met – See below (ii)

Table 1: Performance against NHS Improvement targets

* March data
** Quarter 4 data
*** February 2020 data published by NHS Digital

(i) From December 2018 NHS Digital gradually introduced new data items to the DQMI dataset score. From April 2019, 36 metrics were included in the formal score. Performance improved month on month from 82.7% in April 2019 to 91.9% as at February 2020. Prior to COVID-19 the Trust had projected meeting the 95% target by the 31st March 2020. The metric is a 2019/20 Commissioning for Quality and Innovation (CQUIN) indicator, applicable from quarter 3. Due to the pandemic, CQUIN schemes have been suspended.

(ii) the Trust experienced sustained high occupancy across all adult acute inpatient wards during 2019/20 and as a consequence needed to place a number of individuals who required an admission with other providers. Actions to reduce length of stay and readmissions in order to reduce occupancy and eliminate Inappropriate Out of Area placements have been prioritised through the Trust's Care Closer to Home strategic programme. This will see investment in services to provide alternatives to admission, prevent readmission and to reduce higher than national average lengths of stay.

Performance Overview of Informatics

2019/20 was a key year in terms of improving the enabling technology required to meet the current and future needs of the Trust. The most important was the upgrade to the Trust's network infrastructure. This change increased the bandwidth across our sites and provided greater bandwidth capacity to the internet. This increase has enabled improvements to remote working and provides seamless access to new

collaborative and communication services such as Office 365 and the use of Microsoft Teams.

The replacement of N3 to the new Health and Social Care Network (HSCN) was completed and enables us to share patient information with other accredited organisations and provide access to all the national applications used across the NHS. This upgrade was completed in October 2019 and work continues to monitor and improve the ongoing user experience.

The Trust does not use the NHS Email service and chose to use an alternative, Microsoft 365. For the Trust to transact securely across the NHS, it had to meet strict security requirements as stipulated by NHS Digital. The Trust achieved its accreditation and was the first Mental Health organisation to meet this standard and one of over 30 nationally who use alternative email systems across the NHS.

Continuing our compliance journey, the Trust met the mandated requirement to upgrade its device operating system (Laptops/Desktops) to Windows 10. This ensures that the latest cyber security controls can be used, such as advance threat protection. This was delivered 5 months ahead of the stipulated deadline as set by NHS Digital.

Phase one of the managed print project was completed, which provided the opportunity to reduce the printer fleet across sites and to introduce software that provides management information regarding our print volumes and use. This information has enabled the Trust to reduce its use of colour and print volumes, seeing a monthly decrease overall. The second phase is on its final stage of implementation. The Informatics Department took the opportunity to be one of the first to use our CTW methodology to help improve its internal business processes and focused on the distribution of equipment to new starters (as described earlier in the report). The outcome delivered an overall improvement to the time and efficiency of equipment distribution and improved user satisfaction overall.

The service team have also increased their visibility across the Trust and hold monthly IT surgeries at different sites across Bradford, Wakefield and Craven to help users directly with issues and requests. In addition, Informatics held a week of engagement which involved time spent with services to understand and support their IT needs and requirements.

The Clinical Systems Development Team continued to support and optimise the development of SystmOne, across both Community and Mental Health services. The team have actively supported several RPIW events, resulting in some key system changes to support and improve its clinical and business use. Key improvements have included the Care Plan for inpatient services and a number of service optimisation for MHA, First Response, Community Health and Perinatal services.

Our Cyber security programme has continued to identify, advise, and mitigate risks throughout the year and orchestrated a number of assurance and improvement activities. This has included an ongoing cyber campaign to help raise the awareness of cyber threats and to advise on mitigation and best practice approaches. The Trust also had two independent audits. One involved an external consultancy endorsed by NHS Digital, to provide assurance aligned to our achievement of Cyber Essential Plus.

The other related to an internal audit resulting in a significant assurance rating. Finally, the Trust met its compliance objectives against the Data Security Protection toolkit for 2019/20, by the original deadline of the 31 March. More information can be found in the Annual Governance Statement later in the report.

Informatics in 2020/21

COVID-19 has undoubtably had an impact on the way we work and the use and reliance on digital tools and technologies has never been so prevalent. The Trust continues to utilise the available technology, such as Microsoft Teams, which prior to COVID-19 was in the early stages of use and formed part of the Trust's strategic programme called, Digital Workplace, Workforce. The onset of COVID-19 has accelerated the adoption of new digital capabilities by at least 18 months. The use of Microsoft Teams is a good example of this and has helped both the corporate and clinical services communicate and collaborate throughout this time of national need. In addition, the fast-paced introduction of softphone technology for call centre settings also enabled staff to work remotely shortly after the lockdown. Further to our use of Microsoft Teams, analysis regarding other patient/service user engagement platforms of this type will form part of our video consults approach later this year.

The Trust's digital strategy is due to be refreshed and recent events will inform our ambitions to think differently, digitally. An important and key part of this strategy will address digital literacy and inclusion. This will focus on how we support our workforce through digital change and our dependency and reliance on technology in the future. This refresh will ensure that the organisational strategy and associated enabling strategies are supported and that the Trust has a clear digital vision for the future. Key work already identified for 2020/21 forms part of the Digital Workplace, Workforce programme and will involve the development of new capabilities such as robotic process automation (RPA) which aims to seek out high volume, repetitive business process to help release time for staff to work on more valued added work. Our journey into RPA also sets out our initial ambitions to understand how Artificial Intelligence (AI) can support the organisation in the future.

The Trust is also in the process of renewing its mobile phone contract, where we aim to seek greater efficiencies, reliability and connectivity for mobile staff who depend heavily on remote connectivity to critical services, such as SystmOne.

All other work will focus on our ability to maintain an effective, responsive, safe and reliable service for the business. This will be monitored and evidenced by the agreed service level agreements and other related performance monitoring requirements, as necessary.

Performance against Patient-Led Assessment of the Care Environment (PLACE) in 2019/20

NHS England and the Department of Health and Social Care recommend that all hospitals, hospices, and independent treatment centres providing NHS-funded care undertake an annual assessment of the quality of non-clinical services and condition of their buildings. These assessments are referred to as Patient-Led Assessments of the Care Environment (PLACE). The assessments review:

- how clean the environments are;
- the condition – inside and outside – of the building(s), fixtures and fittings;
- how well the building meets the needs of those who use it, for example through access arrangements, signage and car parking facilities;
- the quality and availability of food and drinks;
- how dementia-friendly the environments are; and
- how well the environment protects people's privacy and dignity.

PLACE information is used by a range of public bodies such as the Care Quality Commission, NHS England, the Department of Health and Social Care, clinical commissioning groups and local Healthwatch. All the results are published by NHS Digital and are made publicly available. The Trust scored above the national average in inpatient areas of the PLACE assessment as shown in Table 2 below:

	National Average 2019	BDCFT Average 2019	ACMH	LMH
Cleanliness	98.6%	98.5%	98.7%	98.5%
Food (overall)	92.9%	98.2%	96.7%	98.8%
Organisation Food	92.2%	96.2%	96.2%	96.2%
Ward Food	92.6%	99.3%	97.4%	100%
Privacy Dignity & Wellbeing	86.1%	98.6%	97.5%	99.0%
Condition Appearance & Maintenance	96.4%	98.1%	97.2%	98.4%
Dementia	80.7%	89.8%	92.5%	88.8%
Disability (accessibility)	82.5%	90.4%	91.6%	89.9%

Table 2: Performance against PLACE targets

Lynfield Mount Hospital

Airedale Centre for Mental Health

Research and Development performance

We have continued to make excellent progress in research and development across the Trust during 2019/20. Our aim is to become established as a recognised centre of excellence for conducting applied health research in mental health and community health, in collaboration with academic partners. Three key goals have been highlighted and a summary of performance is shown below:

- To further increase our capacity and reputation for high quality research;
- To develop and undertake programmes of research that will deliver real benefit to our patients and communities; and
- To be at the forefront of evidence based innovative care and services.

Increasing our capacity and our reputation

Over the past year, our investment in research, together with Clinical Research Network Yorkshire and Humber (CRN-Y&H) funding, has resulted in continued progress in achieving and exceeding the goals of our research strategy. The number of patients receiving NHS services provided or sub-contracted by the Trust that were recruited during the year to participate in research approved by a research ethics committee was 1,107, with 1,054 recruited to National Institute for Health Research (NIHR) portfolio studies.

The recruitment on the National Research Performance Database (Central Performance Monitoring System – CPMS) is higher due to the additional recruits that have attributed to BDCFT for the work done by Dr Peter Day and his dental team as part of a Public Heath England initiative. His work as a member of BDCFT staff resulted in the recruitment being allocated to BDCFT with an extra 868 for 2109/20 and 987 for 2108/19.

Recruitment April 2019 - March 2020

	Patient	Carer	Staff	Total
Portfolio	**625**	**71**	**252**	**1054**
Portfolio Dental PH	**868**			**868**
Non Portfolio	**21**	**0**	**32**	**53**
				1975

Table 3: Patients recruited for research

Once again, the work of the team had consistently outperformed the target set by the Comprehensive Research Network – Yorkshire & Humber (CRN-Y&H).

Recruitment Tracker with YTD target

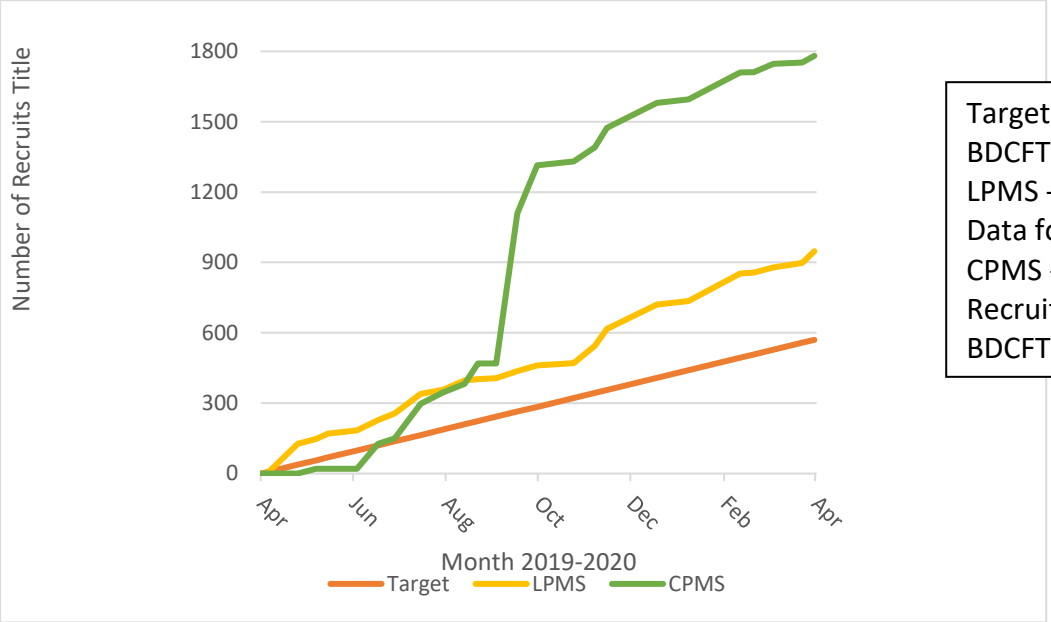


Diagram 1: Recruitment Tracker against research targets

Study recruitment continues to come from all areas of the Trust (with the exception of Learning Disabilities), and we continue with a ratio of approximately 4:1 observational to interventional studies.

Research that benefits our patients

Research Capability Funding (RCF) based on the amount of NIHR grants received by the Trust in the previous year, has been significant this year, as a result of the success of Grant for Applied Research, for which we are the lead NHS organisation. For the next four years we will have significant RCF to invest in developing a self-sustaining research programme, based around local interest, which will continue to:

- develop grant-based work, for which we will continue to be the lead NHS organisation;
- support Clinical Academic posts in the Trust, one new one in Old-Age Psychiatry and one in Community Dentistry; and
- support and develop in house capacity for grant management.

Significant progress continues in developing an effective partnership with the Bradford Institute of Health Research as part of the City of Research Initiative. The Trust is contributing to a number of projects in relation to the Born in Bradford and Patient Safety programmes. In addition, all Trusts within Bradford and Airedale Integrated Care System have been designated as a Patient Recruitment Centre (PRC) model to promote delivery of commercial research. Few have been awarded in the UK, and we are pleased to be a part of the only one in our region. Opportunities also exist for further collaborations with the Universities of Leeds and particularly Bradford's Institute of Applied Dementia Studies.

Evidenced based innovative care

When our research and development team have involvement opportunities, we are able to promote these to our existing Public and Patient Involvement (PPI) members and also others who are registered with our involvement team so we now potentially have access to an increased pool of research-interested individuals.

The Trust's involvement team invite PPI members to 6-weekly network meetings for training and peer support. The past few months have seen Patient Research Ambassador (PRA) involvement at Research Forum Business meetings and research management meetings. The PRA input has included PPI updates, participant recruitment, agreeing codes from research findings, a research study celebration event and workshop analysis of research findings in the areas of mental health and community health.

Objective 1: To provide excellent quality services

High quality services can be delivered most effectively through working in partnership with service users, patients and other stakeholders whilst drawing on the intrinsic motivation of our staff to deliver the best possible care within the resources available. Our **better lives, together** strategy highlights the importance of supporting recovery and enabling wellbeing, using innovative ways for care co-ordination and co-production, and adopting methods of continuous improvement to help support staff achieve this objective.

Advice from our regulators to prioritise our response to COVID-19 during the last quarter of the year, has meant that the statutory Quality Account does not form part of this year's Annual Report; this will be published by December 2020. In order to demonstrate our commitment to excellent quality services, we have included a description of how quality governance has progressed during 2019/20. Other quality-related highlights are included throughout the report and, as part of the other strategic objectives.

Quality Governance reporting

Quality Governance is key to ensuring the Trust has systems in place maintain and improve the quality of service we provide and to ensure compliance against regulated activities. Our system of quality governance provides evidence and assurance against the Well-Led Framework. The key elements of delivering quality governance in the Trust are:

- making governance part of our everyday business;
- identifying areas of improvement using the information available to us;
- sharing best practice and learning;
- identifying and managing risks to quality of care; and
- using Quality Improvement to drive innovation and development.

During 2019/20, the Trust has made significant progress in developing and implementing a consistent approach to quality improvement, the Care Trust Way. This has allowed the Trust to refine and further develop its quality governance and assurance processes to ensure they align with this new way of working. Quality governance within the Trust can be described as having three streams, as shown in the Diagram 2 below.

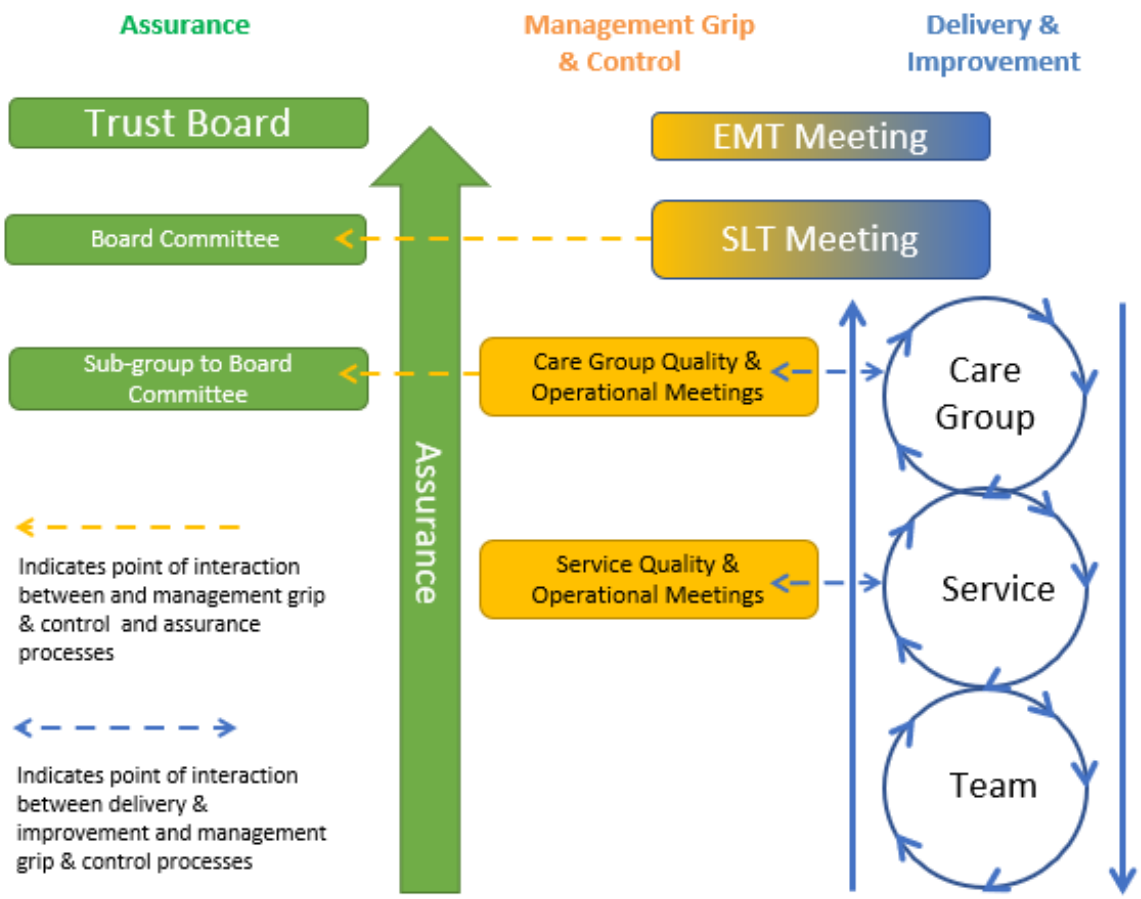


Diagram 2: Quality Governance framework

Delivery & Improvement is driven by the DLM process (part of the Care Trust Way) and allows the identification of issues in real time, local ownership of solution finding and delivery of improvements. Escalation is through a series of increasingly senior communication cells (daily or weekly focussed meetings which support purposeful conversations to drive improvement) taking into account an increasingly broad perspective and facilitating check and challenge at multiple levels. Information from communications cells is escalated to the Director level communications cell, which reports into the Senior Leadership Team meeting, allowing the organisation to take a strategic view of issues escalated and actions for improvement.

Management grip and control is achieved through governance structures within each Care Group. Quality and Operations (QuOps) meetings at service and Care Group level support local assurance of delivery of high quality, effective and sustainable care. Management grip and control interacts closely with delivery & improvement structures and processes and directly influences the prioritisation of improvement actions, monitoring their impact on service delivery. Information is escalated through QuOps meetings at increasingly senior levels and ultimately to the SLT meeting. Care Group level QuOps also interact directly with Trust assurance processes at both sub-group and Committee level.

The Executive Management Team (EMT) provides an additional level of oversight through their EMT meetings.

Assurance of the performance and delivery of the organisation is the responsibility of the Trust Board and its Committees, supported by the Trust Executive Team. DLM, through its relationship with management grip and control, informs the level of assurance that Senior Leaders are able to provide to the Board and its Committees.

For Quality Governance specifically, the Care Groups are represented at the Compliance Group and Patient Safety and Learning Group, both of which are sub-groups to the Quality and Safety Committee of the Board. The remit of Compliance Group is to understand if the Trust is meeting its statutory and regulatory requirements, and where there are gaps to gain assurance about and oversee plans to recover. This includes the oversight of the Trust's response to CQC feedback from inspections. The remit of the Patient Safety and Learning Group is to understand any current or potential risks or issues relating to patient safety, what mitigations are in place and to gain assurance about and oversee plans to address.

The Trust will continue to refine and develop the process of Quality Governance throughout 2020/21, considering the continued progress in embedding the Care Trust Way and the implementation of the Trust's strategic priorities.

Objective 2: To provide seamless access to the best care

As the ‘community connector’ across the district, our aim is to become central to co-ordinating care across the communities we serve, so that seamless access to the best and most appropriate care can become the norm We have included some examples below from services that highlight activities during 2019/20 which promote seamless access.

Bradford-wide Breastfeeding Strategy

Giving babies the very best start in life whilst reducing infant mortality and childhood obesity was the motivation behind the launch of a new district-wide campaign to protect, promote, support and normalize breastfeeding. The Trust, together with City of Bradford Metropolitan District Council and other key services (including maternity services, the voluntary sector organisation Doulas, and the Bradford Breastfeeding Buddies), developed the Bradford District Breastfeeding Strategy during 2019/20. The strategy sets out how, by working collaboratively, services across the district which make a difference for women, babies, and families to support and normalize breastfeeding, can be improved. Having declined rapidly since the 1970s, breastfeeding rates in England are now amongst the lowest in the world, yet evidence shows that human milk is linked to improved educational and social outcomes and a lower risk of infections, obesity, and mortality. As the strategy is rolled out over the next four years, more people across the district will be trained in supporting mums who have breastfeeding issues. In addition, improved communication between different professional and voluntary services will enable health inequalities to be addressed by identifying areas where additional support is needed. Outside of healthcare environments, work is also underway to advocate breastfeeding ‘here, there and everywhere’, ensure all public places are breastfeeding welcome, and encourage businesses to adopt breastfeeding policies for staff and the public.

Care Trust staff promoting the strategy

Providing a digital offer of support from our 0-19 services

Expectant parents and families caring for babies or small children now have a 24/7 online resource through the launch of a new website provided by the Trust's Family Health services, which include our health visiting, school nursing and oral health teams. These services are now located with the local authority's Prevention and Early Help services in 'Family Hubs', so that they are easier to find for families across the Bradford District. Reflecting this joined-up approach, the new website betterliveshealthyfuturesbw.nhs.uk has been designed as a single place of reference for mums, dads, families and carers. Resources include what to expect on the six important contacts families have with our Health Visiting service together with lots of useful information and advice on topics such as caring for a crying baby, a baby's development, feeding, mental health, immunisations, safe sleep and oral health. The website links to a broad range of other trusted information sites and has emergency and out-of-hours contact numbers all in one place. The *Better Lives, Healthy Futures* website, designed with the dual focus of saving staff time and allowing families easy access whenever they need it, was recognised nationally in the HTN awards.

Better Lives, Healthy Futures website for family health services

Wakefield 0-19 services

The 0-19 service continues to work closely with multi-agency partners to support the Wakefield Families Together plan, focusing on integration of partner agencies to ensure early intervention for children, young people and their families via teams around the early years, school and family. To support this piece of work the service has made great progress, with detailed planning and preparation allowing redefining of the boundaries of its teams to mirror those of the Local Authority, which will ensure the ongoing close working relationships continue. The service has managed its resources effectively, thus enabling both the meeting of the increased demand of acute unscheduled child protection work as well as continuing to deliver the scheduled healthy child pathway contacts.

During recent months the service were chosen to be involved in a national communication project to support the development of speech and language tools, and improve assessments and packages of care delivery. Recently the service

successfully re-tendered for the school aged vaccination programme contract, enabling the 0-19 service and the Vaccination and Immunisation Service provision to remain together within BDCFT. This is significant and will hopefully support the successful retender of the 0-19 contract as the service moves forward though the latter years of the extended current contract. The Family Nurse Partnership remains an integral part of the service provision and our Family Nurses have undertaken further training and development to allow them to implement and facilitate the personalised delivery model of provision, which delivers care specific to client's individual needs.

'One Stop Shop' event for Looked After Children

Our Looked After Children's team devised an approach to create a friendly, informal, resource efficient way to reach the small group of children and young people who do not access key health services despite being under the auspices of Social Care Services and/or Youth Justice Services. The 'One Stop Shop' event, targeted 200 children and young people new to the care system, with a focus on those who were not up to date with dental and immunisation, those in residential homes and children and young people from the service's caseloads who had other outstanding support needs. To support the event the service engaged a variety of partners including our Community Dental Service, Oral Health, HALE – Sexual Health and Safe Relationships, Mental Health and Wellbeing teams, First Aid, Sleep Clinic, School Nursing Teams, Smoking Cessation, Orthoptists and our Vaccinations Team, to create a seamless access event for these vulnerable young people.

Celebrations at the One Stop Shop event

Dental services supporting mouth cancer action week

In support of Mouth Cancer Action Month, which took place in November, our Community Dental service once again raised awareness about the potential warning signs and symptoms of mouth cancer, as well as the factors that could put people at risk. According to the Oral Health Foundation, more than 8,300 people were diagnosed with mouth cancer last year in the UK. The disease has grown by a third in the last decade – and remains one of the very few cancers which are predicted to increase further in the coming years.

The service used a social media campaign to make people more aware of mouth cancer and the lifestyle choices they make that can lead to mouth cancer developing. The team highlighted that early detection increased chances of survival and encouraged people to check their mouths regularly and visit the dental surgery if they noticed anything abnormal to reduce the risks.

Dental staff supporting Mouth Cancer Action Week

Supporting Young People's mental health

In October 2019, the Trust supported, Kooth, a free, anonymous, online counselling and support service for children and young people experiencing emotional and mental health issues that has been launched by Healthy Minds. Commissioned by NHS Bradford District and Craven Clinical Commissioning Groups, as part of a wider partnership with the Trust and Healthy Minds, Kooth is available for young people aged 11-18 living in Bradford, Airedale, Wharfedale and Craven. Children and young people have access to articles written by young people, can join forums to receive peer-to-peer support, access self-help materials and keep a daily journal. This innovative online service enables children and young people to access the right help at the right time – including expert counselling and emotional wellbeing support all year round. Young people can also drop-in or book a one-to-one online 'chat' session with a trained counsellor. We recognise that the stigma of mental health is still a common barrier for young people accessing mental health and wellbeing services and can sometimes prevent people from getting early help and support. Children and young people can sign up to the service via their laptop, tablet or smartphone and can access all the self-help materials, articles and forums linked to emotional wellbeing at www.kooth.com

Trust supports Infant Mental Health

As part of infant mental health awareness week in June 2019, a number of Better Start Bradford projects, including Little Minds Matter (which is a Better Start Bradford Project run in partnership between the Trust and Family Action), delivered a range of events and workshops to raise awareness of some of the difficulties parents can face and the way in which such difficulties can affect their baby. The campaign also highlighted the range of support available to help parents and babies who may be experiencing difficult beginnings.

Employment support

The IPS (Individual Placement and Support) Employment Service was established as a pilot in 2015 to support clients with severe and enduring mental health conditions to seek meaningful employment using an evidence-based model. The service has a small team of Employment Specialists who are integrated within Community Mental Health Teams working closely with health and social care professional. Since the service was established, the Trust has successfully supported service users in over 200 paid jobs. Year on year the team have continued to excel and following an external Fidelity Review (audit) by the Centre for Mental Health in 2019, the service was re-accredited and nationally recognised as a 'Centre for Excellence' achieving a 'Good Fidelity' rating, beating their previous score, demonstrating we are following the IPS model to a high standard. The service is currently the only Centre of Excellence in Yorkshire and Humber and the North East.

Being nationally recognised as a Centre of Excellence, the service has made a wider contribution to the development of IPS services, including hosting visits and sharing good practice with other NHS services setting up new IPS services, including presenting at a regional IPS launch event held by NHSE and IPS Grow in 2019 to share learning from the Bradford Experience. The service has achieved further success in 2019/20 by publishing articles in a national IPS Grow newsletter highlighting the work of the team as well as achieving international status by sharing learning with IPS services in the USA.

Complaints and compliments

Patient Advice and Complaints service

The Trust takes complaints and all forms of feedback seriously, as this is a way to help improve our services. The Patient Advice and Complaints team supports patients, families, and carers to resolve complaints. The team works with business units and the senior managers and as part of this process, complainants are offered a meeting to discuss the complaint. This can include a meeting with a senior manager, Director or the Chief Executive. In 2019/20, the service assisted patients/families with the local resolution of 690 concerns. This is a decrease on the previous year. During 2019/20, 81 formal complaints were received, which is an increase on the previous year. The table below shows the high number of cases that are locally resolved.

Number of cases received 2017/18 to 2019/20:

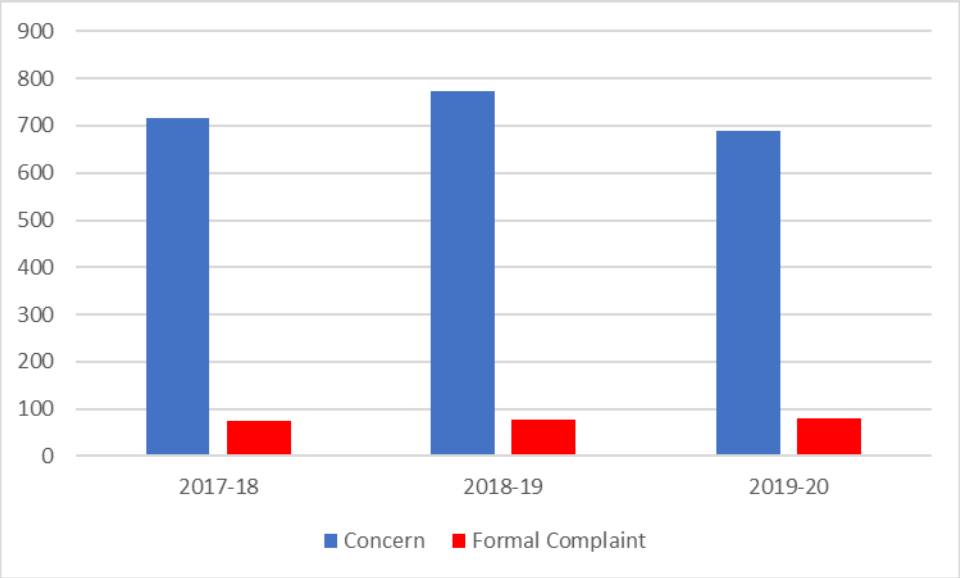


Diagram 3: Formal complaints and concerned received over last three years

2018/19 – 2019/20 top categories of formal complaints:

Category	2018-19	2019-20	Category	2018-19	2019-20
Information	26	44	Breach Of Confidentiality By Staff	5	7
Attitude Of Staff	30	19	Failure to Follow Procedures	3	8
Lack Of Support	17	27	Risk Assessment	8	2
Customer Services	14	20	Service Provision	3	6
Medication	15	10	Corporate Decision/Policy Decision	3	5
Discharge Arrangements	9	14	Medical Care (Doctor)	6	2
Nursing Care	8	11	Mental Health Act (Inc S17 Leave)	6	2
Waiting For Appointment/visit	8	11	Damage/Loss/Theft To Personal Property	4	2

Table 4: Formal complaints analysis by category

It should be noted that each formal complaint may have more than one component, therefore the total figures above do not reflect the number of actual formal complaints.

When considering the themes arising from complaints, there has been a decrease in complaints about staff attitude and increases in cases about information and lack of support. These categories are consistently the top reported categories. Complaints about waiting for appointment/waiting times have increased and predominantly related to psychological therapy provision. This was escalated to the management of the team and a decrease was noted towards the end of the year. Themes are highlighted to Care Groups throughout the year when issues arise.

Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is dissatisfied with the outcome of a complaint investigation, they are given the option to contact the Trust again to explore issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

There has been a decrease in cases referred to the PHSO and them requesting files for assessment. (9 Complaints had been referred in 2018/19.) One complaint was referred in 2019/20. This was closed at assessment stage as the PHSO felt the Trust had undertaken a full investigation and had already identified learning.

2019/20 data	
Referred in 2019/20	1
Closed - Upheld	0
Closed – Partially Upheld	0
Closed – Not Upheld	1
Intention to investigate/under investigation	0
Closed at Assessment stage	1
Total	**1**

Table 5: Number of PHSO cases

How we learn from complaints

Action plans developed as a result of a formal complaint investigation are uploaded to the electronic action plan module. The Trust continues to monitor actions arising from complaints and they are reviewed and monitored in the care group QuOps meetings. In addition to this, learning from formal complaints and locally resolved concerns is shared via the learning network.

Complaints Review panel

The panel meets twice a year and membership includes the Patient Advice and Complaints team, a Non-Executive Director, a public Governor and service user representative. During the meeting a formal complaint, a locally resolved concern and compliments are reviewed using a questionnaire which considers the quality of reports and responses. The Panel continue to meet every 6 months prior to the Quality and Safety Committee.

Compliments our services have received

The team continue to collect and record compliments. There have been 751 received this year, which is an increase. Examples of some of the compliments we have received during 2019/20 are as follows:

"outstanding personal care by 2 staff members, to say that they went above and beyond in their availability, their time, and their compassion, is really an understatement" ***CAMHS Service (Airedale & Craven)***

" I would like to thank XX for listening to me the other night as we as a family are going through a lot of emotional distress and no one has helped us since January, but the other night when I rang FRS you listened and it was the first time I felt we as a family were being supported and recommending safer space is going to a great help. Thank you again" ***First Response Team***

"I will never forget the life changing help you and your team have given me ever! Thanks to everyone at the BDCFT who has made me believe in myself again and go on to make lots of positive life changes. Thank you from the bottom of my heart" ***CMHT - Adult (Bradford North)***

"Thanks to X for all of her advice and support. She is a credit to her profession." **HV East (Tuscany Way)**

"This is a big thank you for looking after me to get through a difficult recovery. Your kindness and help is really appreciated." ***DN Allerton And Thornton Team***

"X has been a real good support in hospital. She has helped me cook, sing and laugh again. She is a good soldier. Helping me out with getting better." **LMH Ward: Clover (PICU Unit)**

Objective 3: To support people to live to their fullest potential, to be as healthy as possible

Supporting people to be as healthy as possible is important to the Trust. Our objective aligns closely with the ambitions set out in the Bradford and Craven place-based strategy, *Happy, Health and at Home,* and supports the West Yorkshire and Harrogate Health and Care Partnership strategy which focuses on delivering better health and care for everyone. A number of highlights have been selected that demonstrate the work undertaken with service users, patients and carers during 2019/20.

Patient/Carer Experience and Involvement

The involvement of service users, patients and carers is critical to the success of **better lives, together** and 2019/20 has seen a significant amount of work undertaken to develop a stronger emphasis on the relationship between involvement, experience and continuous improvement across services.

Involvement

From May to October 2019, a robust and comprehensive process of dialogue and discussion, shaped by the Trust Wide Involvement Group was delivered to develop a new participation and involvement strategy entitled, *Your Voice Matters*. Supporting the Trust Strategic Framework 2019-23, particularly the strategic enabling goals of supporting recovery and wellbeing, connecting communities and co-production, a series of 'community conversations' took place across a range of geographical and service areas. Working with several key partners this approach provided opportunities for patients, service users, carers, Foundation Trust members, community organisations, staff, Governors and Board members to contribute their views. 400 people were involved and over 850 ideas and comments generated. The resulting strategy builds on the learning and successes of the previous strategy, and sets a new vision and wider focus, in response to what people have told us and taking account of key legal responsibilities, national guidance, relevant research, best practice and Trust strategic priorities.

Two core drivers were defined as 'Reaching In' to services and 'Reaching Out' to connect, build relationships and work with communities, wherever there is experience, expertise, and insight to draw on. A fundamental objective is further development of a culture of valuing the expertise and experiences of all whose voice can have a positive influence as an essential element of what we do and how we do it. The strategy has a strong emphasis on inclusion, working in partnership and making decisions together that will help to support high quality services and ten strategic objectives (available on request through involve@bdct.nhs.uk or 01274 228387). A co-production group developed the format and style for the strategy materials illustrated below. This principle of co-production will be maintained in future strategic and operational development.

Diagram 4: Your Voice Matters illustration

The strategy was previewed at a very successful festive celebration event with our Involvement Partners and others who had been part of its development in December and formally launched in February 2020. The Involvement Strategy is also one of the Trust's strategic priority programmes, signalling the Trust's commitment to it, and good progress has been made on meeting the early milestones and targets. The adoption of this strategy is based on a premise of Trust-wide ownership and so successful delivery and optimum progress depends on mainstreaming involvement activity across all services and teams with the involvement team providing vision, expertise, oversight, resources, and support.

It has been encouraging to see the numbers and diversity of people getting involved with us increase already as a result of the work undertaken during 2019/20.

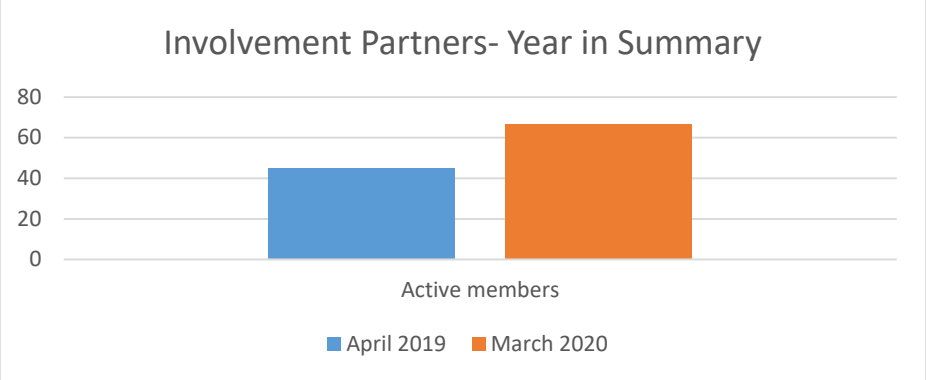


Diagram 5: Increase in Involvement Partners

In addition, more i2i (Introduction to Involvement) induction sessions have been delivered and offered for the first time in Craven. Two of the team participated in a Tees Esk and Wear Valley NHS Foundation Trust training programme in leadership skills for patients, service-users, advocates and carers, as preparation for offering a similar BDCFT course in 2020/21, along with other training to support our Involvement Partners. The i2i Network and Carers in Action Groups also met regularly to offer peer support to members and provide a forum for discussion and co-design work with a range of staff.

During the year we have encouraged Board Committees and other groups to move from a model of having a sole patient/service-user representative to having a minimum of two representatives, with one place ring-fenced for a carer. The aim of this is to strengthen the voice of people who use our services and of carers, provide greater diversity of views and experience, provide peer-support and improve the dynamic of decision-making.

Patient Experience

Good quality and quantity of feedback from people who use our services and those who help to care for them (e.g. unpaid carers/family) is a fundamental requirement of being able to provide high-quality care. One mechanism for this is the national NHS Friends and Family Test (FFT). In recent years this has been implemented in the Trust with an additional survey on a number of aspects of experience. A summary of the core data from this (numbers participating and 'would recommend' scores) is provided in Table 6 below.

BDCFT Friend and Family Test
Participation & Recommend Rates 2019-2020
(% scores rounded to one decimal place)

Time Period	Q1	Q2	Q3	Q4
Trust Overall				
Responses	1014	1053	1180	719
% Recommend	94.2	93.5	94.6	95.7
Care Group				
Adult Services				
Response Rate	505	417	245	271
% Recommend	99.2	98.8	98.0	99.6
Children's Services				
Responses	244	376	232	256
% Recommend	91.9	90.4	92.3	93.8
Mental Health Services				
Responses	257	255	206	129
% Recommend	86.0	89.4	87.8	89.2

Table 6: FFT data by quarter

The proportion of negative, positive, and neutral comments each month is shown in Diagram 5 below. Comments are categorised and analysed to highlight themes and trends to evidence good experience or suggest areas for action and improvement.

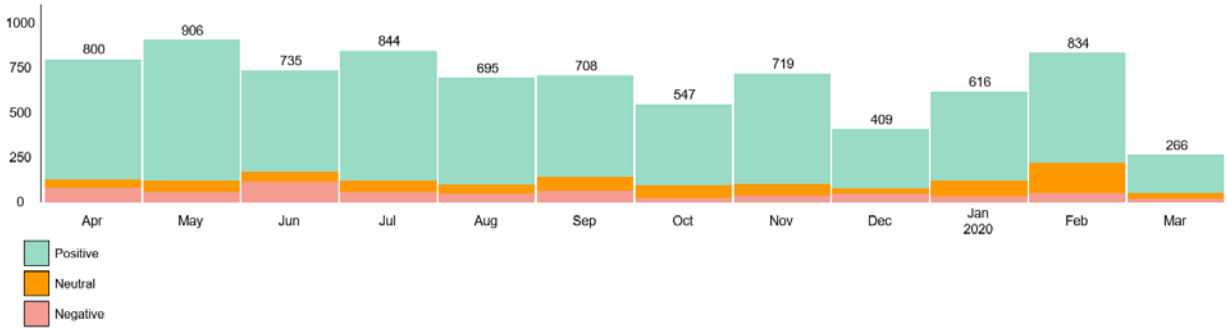


Diagram 6: Categories of feedback

The publication of a national review of the Friends and Family Test and new NHS England guidance in September 2019 provided an opportunity, alongside preparing to implement these changes in a way that would improve participation to more robust levels across all services, to consider our wider approach to feedback about people's experience, and lay foundations for developing an approach that would generate more useful qualitative data and intelligence to inform continuous quality improvement of care and experience.

This led to a proposal to move to implement the revised Friends and Family Test questions with only a few additional questions which was approved in February 2020, followed by co-design of new, user-friendly FFT materials and a plan to introduce new ways to participate to enable and encourage participation. Implementation has been delayed due to the Covid19 pandemic, but after a period to support services to embed the new FFT process the Trust will build on this by developing and encouraging the use of a wider range of methods being used to gather more in-depth feedback in services.

In 2019/20 the team and two members of the clinical staff have been working with the Yorkshire and Humber Improvement Academy on an initial informal pilot, in the Occupational Health run groups, of the Yorkshire Patient Experience Toolkit, which is the output of research funded by NIHR. The conclusion of this research is in line with the Trust's own view that the way patient experience feedback is currently collected and used is generally inadequate to inform meaningful improvements. The toolkit uses a very different approach to our current patient experience survey, and links clearly to Quality Improvement methodology. The pilot has been proving successful and has also included training staff to be coaches in its use. The intention is to extend this pilot to other settings in 2020/21, and to support staff to think about and use the most appropriate methods and tools to use in the context of their service and the purpose of the feedback. The Trust continues to use other feedback mechanisms including:

- online feedback;
- Governor feedback;
- other involvement groups run by services. In 2019/20 this has included the development of the new 'Patients Say So' and 'SURF' (Service User Rights Forum) groups run by Occupational Therapy, the 4 Seasons Café group, and groups led by Podiatry, Continence, Learning Disability and Psychological services; and
- participation in national and local (service-based) surveys.

Supporting Carers

There are three main strands to the work to support unpaid carers (which we define as anyone who plays a significant role in helping to look after someone else – family, friends, neighbours) and improve their experience of Trust services: Triangle of Care; our Carer Hub service; and carer involvement.

Triangle of Care (ToC)

The Triangle of Care accreditation sets out six standards on how carers, service users and professionals should work together to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers. It has six standards which are:

- Carers and the essential role they play are identified at first contact or as soon as possible thereafter;
- Staff are 'carer aware' and trained in carer engagement strategies;
- Policy and practice protocols regarding confidentiality and sharing information are in place;
- A defined post responsible for carers is in place;
- Introduction letter to services for carers with a relevant range of information across the care pathway; and
- A range of carer support services.

The Carers Trust are currently finalising the new accredited programme with the Royal College of Nursing (RCN) which aims to widen strategic drivers for the Triangle of Care and further strengthen its priorities. The RCN was due to take over the Triangle of Care scheme from the Carers Trust in April 2020 however this has been paused due to the COVID-19 pandemic. New guidance to support implementation of Triangle of Care with children and young people's mental health services has been published this year and will be used in conjunction with those services at the Trust.

The Trust's vision and that of our carers is to develop and embed better partnership working between service users, carers, and professionals. Since successfully achieving our first gold star in March 2019 across inpatient and crisis teams (Phase 1), progress has continued with this therapeutic alliance into Phase 2 in Community Mental Health services (Phase 2), with improvement opportunities beginning to be identified, new Carer Champions recruited and progress made on the assessment and action planning process. Active involvement of the team to support progress across Community Mental Health services has been paused due to a temporary staffing shortage, and a decision was taken to defer the Trust's submission to obtain Phase 2 accreditation from March 2020 until Autumn 2020.

Carer Hub

During 2019-20 the Carers Hub has been accessed on 556 occasions by carers. 289 carers regularly receive updates from the Carer Hub. A summary of this is shown in Table 7 below.

Carer Hub Activity 2019/20 Horton Park Health Centre	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Number of attendances	64	65	61	42	31	57	69	52	45	33	26	11
Number of new Carers	3	5	4	4	0	3	5	2	1	2	1	0
Carer Hub Activity 2019/20 Lynfield Mount	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Carer Contacts	8	n/a	n/a	1	2	2	1	1	0	2	1	2

Table 7: Carers Hub activity

Attendance at Horton Park Hub has fallen slightly when compared to the previous 6 months and the same period last year, but new activities offered at the Hub include:

- Mindfulness sessions;
- Information sessions with BDCFT Infection Control Team) Horton Park and Lynfield Mount);
- Autism in Adults information session delivered by Specialist Autism Services Bradford;
- Information session with the Worth Connecting Project delivered by Positive Minds;
- Monthly Dementia coffee morning supported by the Alzheimer's Society;
- Termly support session with Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS) delivered by Barnardo's;
- Mental Health Capacity Act information session delivered by BDCFT Mental Health Act Office; and
- A Staff Carers day which was well attended and provided useful feedback that was shared with Human Resources and Wellbeing at Work teams.

Carer involvement

The regular Carers in Action group, which meets in Bingley, is a lively and productive forum and voice for carers, with a solid spirit of working together as partners to provide feedback on and improve all aspects of carer experience as well as providing peer support. The numbers attending have increased, and a range of staff have visited the group to enable information sharing and discussion on a range of topics important to

carers. The Trust benefits from the support, input and expertise of Carers Resource and Making Space in a variety of ways including facilitating the involvement of carers, representing them and providing supportive 'time-out' or information sessions for them in our Carer Hubs.

Carers have also taken part in a range of other involvement activities, both general opportunities, and some dedicated activities for carers, for example, input into the involvement strategy development and the review of the Friends and Family Test. As a result, there is a specific carer objective in the involvement strategy. Work has begun to increase the number of carers who are Involvement Partners and to work with them to overcome obstacles to their involvement related to their caring role. The Trust has also recognised the importance of strengthening the voice and input of carers by introducing dedicated carer representative places on the Quality and Safety Committee, Mental Health Legislation Committee and other groups.

Champions Show the Way

Champions Show the Way (CSTW) has continued to deliver a variety of activity during 2019/20 to support people to live their fullest potential. Over the year, 148 Volunteer Community Health Champions (CHCs) have delivered 79 group activities, including walking groups, singing, craft and friendship groups. We have seen an increase in the demand for condition specific peer support groups and this now includes groups supporting mental health, Fibromyalgia, Chronic pain, Arterial fibrillation and Bereavement. We have also started to support well established groups to move beyond CSTW to free up capacity to work in new areas. This has included Craven where we now have a part time member of staff dedicated to developing activities in the area.

In 2019-20, 2,551 individual sessions were delivered, with 1,711 people attending of which 588 were new to the service. Those 1,711people attended the activities 27,039 times. Of the 388 new group participants who completed feedback, 95% said participating in the group improved their mood and 63% said their physical health had improved. As well as the health benefits experienced by the group participants, the CHCs also experience health benefits, many have long term physical or mental health conditions and credit being a volunteer for CSTW in supporting them to stay well, "I cannot thank CSTW enough for all their help in my continuing journey to stay well. CSTW have been a beautiful light on my hardest darkest days and I will be eternally grateful for all of their help and support." (from a CHC).

Raising the profile of Volunteering

The Trust recognises that volunteering can have a positive effect not only on our organisation but on the volunteers themselves. During 2019/20, 21 new volunteers were recruited to the Trust, with 44 people volunteering over the course of the year. Volunteers were placed across the organisation in a variety of services, both physical and mental health, the main area that saw a significant increase was the Four Seasons Café at Lynfield Mount, with volunteers supporting the café to be open 7 days a week. During the year work continued with several services to develop the next 3-year strategy for volunteering within the Trust aligned with the Care Closer to Home

Programme. With a focus on recovery, phase one of the strategy identified volunteering in the inpatient areas would support the delivery of therapeutic activity and enable both previous and current service users to volunteer as part of their recovery journey. Phase two of the strategy focuses on the community, including peer support groups to support discharge from CMHT, and delivering the NHS Cadets programme. NHS Cadets is a new national programme led by NHS England and the Trust was invited to be in the first eight Trusts in the country to deliver the programme. In partnership with St John Ambulance, young people (aged 13-18) in Bradford District will be invited to become NHS Cadets. They will undertake learning activities with St John Ambulance whilst undertaking involvement and volunteering opportunities with the Trust. The programme is due to begin in September 2020.

Re-Launch of our Charity – Better Lives

In February, the Board supported an investment to re-launch its charity, *Better Lives*, with the aim to support patients and staff across Bradford, Airedale, Wharfedale, Craven and Wakefield. Our vision is to create better lives by improving the physical and mental wellbeing of patients, service users and families across the communities. Launched in May 2019 due to the impact of COVID-19, *Better Lives*, aims to use its resources to help improve patient experience and outcomes, further enhance its care (or caring) environments and support the wellbeing of its staff, during the COVID-19 (coronavirus) pandemic, and into the future.

Members of the public can become involved through our Just Giving page:
www.justgiving.com/bdctnhs;
Charity email:
betterlivescharity@bdct.nhs.uk
or social media:
@betterlivescharity_bdcft

Better Lives, logo

Objective 4: to provide our staff with the best place to work (Our Staff Report)

Our staff account for 80% of our expenditure so it is important that the Trust uses its resources wisely and is able to recruit, retain and develop a high-quality workforce. The behaviours, values and skills of each member of staff can have a direct impact on patient care and we recognise the need to provide the right environment to support individuals and teams, provide career development opportunities, access to flexible working and provide good leadership and management across all levels of the organisation. During the year, the Trust has worked hard to create a supportive environment for staff through the CTW, Best Place To Work campaign and other local initiatives.

Workforce overview

A new People Development Strategy was ratified in 2019. The overarching goal of the strategy is to make the Trust the best place to work. There are five key themes that support this main goal: recruiting, retaining and developing quality staff that will enable us to overcome the shortages; developing and implementing a range of strategies that optimise talent across the Trust; developing an inclusive and diverse culture; building a range of engagement and involvement strategies and developing leadership; and managerial capacity and capability. The strategy continues to support work that is already underway around greater collaboration across local place-based areas and the wider West Yorkshire and Harrogate Health and Care Partnership.

The Trust has a wide range of development programmes including the Mary Seacole programme for staff who wish to develop their management and leadership skills; Moving Forward which aims to support BAME staff to move into more senior roles and the Bradford Managers course which has been further enhanced to support manager's continuous professional development.

However, like many other NHS providers, the Trust continues to have recruitment challenges in areas such as nursing, specialist therapy and medical roles. The level of staff turnover at 13.33% is a slight increase on the previous year (12.24% in 2018) and above the Trust's annual target of 10%. Information about sickness absence is reported later in this section.

The Trust has continued to develop new roles, including Nurse Associates and apprentice nurses to help mitigate the national shortage of nurses and doctors, and provide career paths for staff in support roles. Significant work was undertaken to build the Trust's internal staff bank to reduce our reliance on agency staff. 197 new staff bank workers were hired in 2019.

In 2019/20, there were a total of 35 Apprenticeship starts including: Degree Nurse, Nurse Associate, Degree Physiotherapist and Occupational Therapist, Senior Leader Master level, Team Leader, Operational Department Manager, Professional Accounting/Taxation technician, Business Administrator, Lead Care Workers and Adult Care Worker Apprenticeships.

The Trust's staff survey showed a modest improvement on last year's response rate, from 45% to 47% on average. This included an encouraging increase in response rate from the Mental Health Care Group from 34% in 2018 to 41%. Overall scores were broadly similar to last year, although 11% were classed as significantly worse, and 2% as significantly better. 32% of individual questions were classed as significantly worse than comparable organisations. However, analysis of our results against 11 national theme areas concluded there was no significant variances to either the 2018 results or those of comparable organisations. The Trust Board has discussed the results and identified a number of actions to address issues including focusing on staff engagement, embedding the new vision and values of the Trust and adopting a standard approach to quality improvement to ensure staff are fully engaged in service changes and improving the quality of care. Further information on the staff survey is provided later in this chapter.

Workforce Planning

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

Work on implementation of these recommendations is underway for all Trust services, however, the following systems and strategies are in place currently:

- The eRostering system is fully utilised by the Trust's Acute Mental Health Inpatient service, including the use of MHOST (Mental Health Optimal Staffing Tool), to determine the safe staffing levels for each specialism within mental health. The system supports the calculation of baseline and short term (live) planning of staffing levels based on the acuity of patients;
- The monitoring of staffing levels to Board is reported via the Safer Staffing Steering Group, which reviews staffing levels daily (as part of operational PIPA meetings), weekly, as part of eRostering planning meetings, and reported monthly to the steering group as exception reporting on CHPPD (Care Hours Per Patient Day), unused contract hours, working time directive breaches, and fill rates/staffing levels; and
- The eRostering system and MHOST calculations are also utilised for medium to longer term establishment setting objectives on an annual basis.

An objective set by NHS Improvement to ensure all clinical staff are rostered electronically by March 2021 is currently in development, and the Trust is part of the West Yorkshire and Harrogate Strategic Partnership programme to deliver this plan to timescale. This would include implementing a rostering system to the Trust's Adult Community Health Services and Children's 0-19 services. Following implementation, the recommendations from the 'Developing Workforce Safeguards' document will be implemented. Current workforce planning in these areas is undertaken by analysing capacity and demand within these services and using professional judgement to set staffing levels. The outputs of the planning ensuring recruitment and training plans are in place to deliver the safe staffing

levels required. Reporting on exceptions for these services is via the Safer Staffing Steering Group and monitored by the Board.

Step into Nursing: 20 January 2020

One example of creating a sustainable nursing workforce fit for the future has been our approach to recruitment. In January, the Trust hosted a Step into Nursing event to promote celebrations in support of International Year of the Nurse 2020 and target local people interested in starting, progressing or returning to a career in nursing. Designed as a one stop shop for information and advice, the day was supported by universities from across the region and highlighted the work of nurses including in mental health, children's services, learning disability nursing and adult physical health as well as specialist teams. The Trust provided a variety of exhibition stands together with 'pop up' presentations, where speakers shared their first-hand knowledge, including student nurses, nursing associates and nurse ambassadors, talking about global nursing and their areas of work.

Workforce targets

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

Internal Board Indicators	2019/20 Target	2019/20 Performance	2018/19 Performance	Trust Position
Mandatory training (excluding information governance compliance)	80%	92.56%	93.52%	Achieved target
Information Governance training	95%	94.47%	89.05%	Not achieved
Staff receiving appraisal	80%	86.14%	82.63%	Achieved target
Labour turnover	10%	13.33%	12.24%	Not achieved

Table 8: Workforce performance targets

Workforce analysis

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

Average number of employees	2019/20 Total Number	2018/20 Permanent Number	2018/20 Other Number
Medical and dental	91	69	23
Ambulance staff	0		
Administration and estates	773	739	34
Healthcare assistants and other support staff	473	456	17
Nursing, midwifery and health visiting staff	1104	1073	30
Nursing, midwifery and health visiting learners	0		
Scientific, therapeutic and technical staff	480	453	28
Healthcare science staff	0		
Social care staff	0		
Agency and contract staff	0		
Bank staff	0		
Other	0		
Total average numbers	**2922**	**2790**	**132**
Number of employees (WTE) engaged on capital projects	0		

Table 9: Staff breakdown by occupational group

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

Category	Female	Male
Directors (voting members of the Board)	3	2
Other senior employees	53	23
Employees	2458	553
Total	2514	578

Table 10: Breakdown of Directors and senior employees by gender

Sickness absence

The Trust Board recognises that sickness absence can have a detrimental impact on the organisation from both a quality and financial perspective. During the year the Board and its Finance, Business and Investment Committee regularly reviewed sickness performance against a target set at 4%. At the end of March 2020, the Trust recorded a sickness level of 5.60%. Sickness absence has been discussed at Care Group performance meetings

and support is provided to all staff through our Wellbeing@Work programme. Details of our sickness absence rates from previous years are shown below:

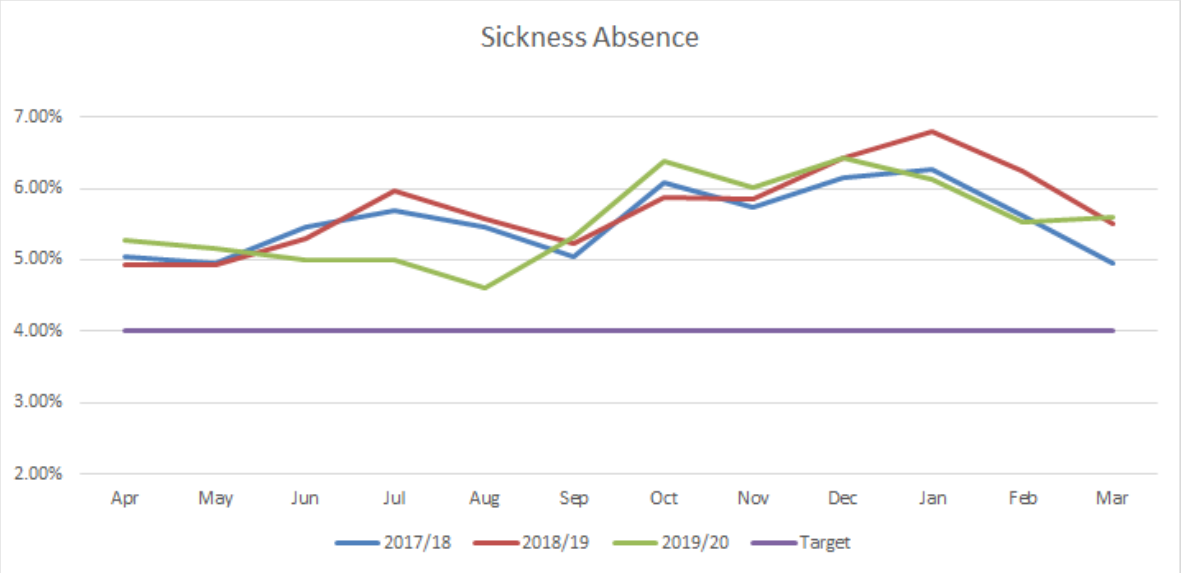


Diagram 7: Sickness absence data over last three years

For 2019/20, staff sickness absence data is not required by the Annual Reporting Manual for Foundation Trust or the Department of Health and Social Care Group Accounting Manual to be disclosed in annual reports. This disclosure may be replaced with a link to where information is published by NHS Digital, which is shown below:

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

Staff policies and actions

The Trust has a number of policies in place that supports good governance and over the last year a number of policies have been revised and updated in response to new national terms and conditions designed to support organisations and staff deal with the challenges presented by COVID-19. This include guidance on paying for additional hours, flexible working, new steam-lined recruitment and selection processes.

In addition, the Trust revised the following policies: Disciplinary, Grievance, Management Performance and the Consultant Job Planning process to ensure they reflect current best practice and legislative requirements.

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities.

The Trust has a comprehensive Employment Policy in place, supported by a range of procedures to guide managers. The policy conforms to the Equality Act 2010 and ensures that full and fair consideration is given to applications received from disabled persons. The Trust also has achieved Level 2 accreditation for the Disability Confident Scheme

(previously the Positive about being Disabled accreditation) which includes evidence that the Trust is:

- actively looking to attract and recruit disabled people;
- providing a fully inclusive and accessible recruitment process;
- offering an interview to disabled people who meet the minimum criteria for the job;
- flexible when assessing people so disabled job applicants have the best opportunity to demonstrate that they can do the job;
- proactively offering and making reasonable adjustments as required;
- encouraging our suppliers and partner firms to be Disability Confident; and
- ensuring employees have appropriate disability equality awareness.

Training is provided to recruiting managers on the Trust's approach to recruitment and selection to ensure that decision is taken in a fair and equitable manner. In addition, the Trust's service user and carer Involvement Strategy, *Your Voice Matters,* has ensured a greater involvement in the recruitment and selection process and decision making of service user, patient and carer representation, including all the senior appointments that have taken place during 2019/20.

Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period.

The Trust requests appropriate advice, including medical, where reasonable adjustments are required to be implemented to ensure employees can continue to work where they have a long term or enduring condition. Dedicated HR Advisers ensure that there is ongoing and proactive engagement and discussion between the employee and line manager to ensure that the appropriate support, including training, is put in place as quickly as possible along with identified workplace adjustments. The HR team has updated advice to managers about reasonable adjustments to help ensure these are made in a timely manner.

Policies applied during the financial year for the training, career development and promotion of disabled employees.

The Trust's annual appraisal process provides the opportunity to discuss and agree support for any career progression, training and development needs for all employees. Our policies are equality impact assessed at the point of development to ensure all equality strands are assessed and evidenced prior to policy implementation. Reasonable adjustments can be made to accommodate the needs of disabled staff attending training (e.g. access to a loop / reasonable adjustment within the workplace).

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees.

The Trust deploys a range of strategies to provide staff with timely information about matters that may be of concern to them. This ranges from weekly e-communications and the Chief Executive's blog to more formal meetings involving staff side representatives when changes occur within the Trust which have a direct impact on the workforce –

organisational changes for example – and has a formally agreed consultation process, including the completion of equality impact assessments.

Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests.

The Trust meets formally with staff side representatives on a regular basis through a range of formal and informal meetings including formally agreed consultation processes. The Trust engages and cascades information through a range of formats across its workforce via one to ones, team briefings, weekly electronic communications, newsletters, the Chief Executive blog and via its intranet pages called Connect. The Trust utilises the Equality Delivery System to report on its commitments to equality. Wider consultation and engagement exercises are undertaken by the Trust including the annual staff survey which is used to determine action plans to affect a stepped change in employee satisfaction levels based on staff engagement, a rolling programme of engagement events where Directors meet with staff, Board quality and safety walkabouts across services and a range of service development and quality engagement forums.

Actions taken in the financial year to encourage the involvement of employees in the NHS Foundation Trust's performance.

The Council of Governors, who comprise clinical and non-clinical staff, as well as the staff side representatives are briefed on a regular basis about the Trust's performance such as finance and workforce KPIs and encouraged to give their feedback and ideas. In addition, staff are briefed on the Trust's planning processes and performance at the beginning of the financial year and then throughout the year and through a programme of briefings on Trust business plans and objectives from the Chief Executive.

New crowd sourcing technology is being used to support 'conversations' with staff about areas for improvement and what to start, stop or do differently. For example, during 2019/20 crowd sourcing was used to help engage staff in the development of our Best Place to Work campaign.

Information on health and safety performance and occupational health.

Health and Safety is governed through the Trust's Health and Safety Group (not a Board Committee but an operational group) which meets quarterly to identify actions and plan progress against Trust requirements. Regular reports on performance for both health and safety and occupational health are discussed regularly at Committee meetings – for example, the Health and Safety Group and the Finance, Business and Investment Committee – as well as the Workforce Transformation Steering Group. The Trust offers a comprehensive range of interventions to support its health and wellbeing requirements for the workforce including fast track physiotherapy, MSK workshops, psychological resilience and mental health support, weight management, increasing physical activity and mindfulness.

Information on policies and procedures with respect to countering fraud and corruption.

The Trust has an annual declaration of interest process in place and the annual reminder was issued to staff in April 2019, with the returns assessed so that any risks identified could be mitigated.

Valuing our diversity

NHS Rainbow Badge initiative

In October, NHS organisations, across Bradford and Craven, including our own Trust, united to promote inclusivity and reduce health inequalities for lesbian, gay, bisexual and transgender (LGBT+) people who access healthcare by launching the NHS Rainbow Badge initiative. The launch of the scheme raised awareness amongst NHS staff of the health inequalities facing LGBT+ people and ensure people feel safe and included when accessing healthcare. Staff across the Trust have signed up for training and awareness sessions on the health inequalities LGBT+ people face when accessing healthcare, on how to provide help and where to signpost to local support.

Valuing long service in the NHS

In September, we celebrated with the staff and their guests the long service awards for those who have given 25 and 40 years of service to the NHS.
The lunchtime celebration event saw 19 of the 31 staff eligible for the awards honoured at the event, with a total of over 805 years of NHS service between them.
The Trust annually acknowledges long service and recognises the importance to have this wealth of experience and knowledge supporting people who use our services users and staff in the delivery of high quality services.

Long service awards celebrations

Supporting activities in Saltaire

With our Trust Headquarters based in New Mill, Saltaire, the Trust is keen to be actively involved in the local community. We are a member of the Saltaire World Heritage Site Steering Group, supporting the development of the long-term plan for the village.

In June 2019, the Trust competed in the annual Bradford Dragon Boat Festival, held at Robert's Park, Saltaire. The three-day festival is a major event across Bradford and the Trust's boat, Saltaire Swans, competed against 45 other teams in the Multi Charity Championship. The Trust raised over £600 for its own charity which will be invested to support a wide variety of additional activities for service users and patients.

Saltaire Swans paddlers

Living Advent Calendar, New Mill

In December, the Trust supported the Living Advert Calendar in Saltaire. Each year, windows in Saltaire homes and offices are illuminated with a festive scene, with one scene being 'opened' daily from 1 December to 24 December and then remaining to view until 1 January. We were delighted to be invited to take part in this activity, which has been running in the village since 2006.

You're A Star Awards

Each year we celebrate the achievements of our staff through our You're A Star Awards (YASA) ceremony where staff can nominate their colleagues during the year who have gone the extra mile to support local communities. Now in its fifteenth year, and proudly sponsored by Sovereign Healthcare, YASA is one of the highlights of the Trust's calendar. Our 2019 winners are listed below.

The **Unsung Hero Award Category** went to Mohammed Idris, a dedicated recovery coordinator for the early intervention psychosis team, who 'often goes the extra mile to ensure that the needs of the patients he serves are met'.

Our winner of the **Working Together Award Category** went to the homeless and new arrivals team, who help connect the most vulnerable people in society with meaningful and helpful activities, resources and support.

The winner of the **Non-Clinical Stars Award Category** went to the health, safety and security team, who have been noted for their customer focus and 'can do' attitude in delivering essential support for staff and patients across the Trust.

Our winner of the **Improving Patient Experience Award Category** went to Lisa Milne, a committed parent-infant therapist, who has been delivering outstanding person-centred care and making a real difference to the mental health of mothers and their infants.

The winner of the **Innovation and Quality Award Category** went to Sophie Woode, a staff nurse on Thornton Ward at Lynfield Mount Hospital, who has found innovative ways to support patients and improve the service to enhance patient experience.

Living Our Values Awards

Our Trust values – We Care, We Listen, and We Deliver – are an important part of what defines our organisation. Every month, colleagues and teams are encouraged to nominate members of staff in recognition of how they have been living our values in the workplace. Staff are invited to nominate colleagues for each of the three value awards for the Chief Executive to select the winners who receive a values certificate and go forward to our annual staff awards event, where we announce one overall winner for each category. During 2019/20, we celebrated with 36 different award winners and a sample of staff are shown below.

We Care

November 2019
We Care – Steven Clarke, Physical Health Admin team

“Consistent team player… knowledgeable across five different service areas and willingly shares his knowledge to support colleagues… Due to low staffing levels, there wasn’t enough phone cover for some of our services and Steven offered to stay behind so that cover could be provided… Steven is a rock within our team.”

December 2019
We Care – Kensington District Nursing team

‘Collectively decided to spend time with an elderly patient, "S", who was no longer under the team's care, in a local nursing home during the final stages of her life. All the team in turn popped in to sit with her and re-prioritised their work to ensure “S” wasn’t alone… "I am so proud that the team behaved in this way without questioning, with just compassion and a joint need that they needed to care for this lady."’

We Listen

October 2019
We Listen – Dr Sushanth Kamath, Consultancy Psychiatrist, Craven Centre

In a letter of thanks sent to Brent Kilmurray, Chief Executive, a service user said, "I am a lucky patient", praising Dr Kamath's responsiveness, kindness and friendly, courteous, polite and gentle manner.

July 2019
We Listen - Linzi Maybin

‘So responsive to parents and feedback. Had received feedback on an appointment letter not being clear enough. Rather than pass this on, Linzi reviewed the information and changed the template… a rapid change that didn’t need authorisation, using her professional judgement. Very proud.’

We Deliver

December 2019
We Deliver – Jaspreet Sohal, Chief Pharmacist

‘Took the time to support a family who were struggling to get a medicine that was running short in the UK. The patient was not receiving care from our services, but she still rang companies in Europe and arranged to get the medication within two days… This is typical of her to go the extra step to make things happen.’

March 2020
We Deliver – Laura Grimshaw

‘Dealt with two complex safeguarding incidents and received feedback from the Safeguarding team: “Laura’s call displayed a knowledge and understanding of the safeguarding needs and care needs of both the client they were seeing and his main carer, his son”; “compassionate leadership, caring client-focused approach…”; “Laura is an absolute credit to the team, her profession and to our service.

Wider recognition of our staff

External recognition is also important, and we encourage our staff to benchmark themselves against other providers through regional and national external awards. The breadth of award winning or shortlisted services (shown below) demonstrates how our staff continue to work collaboratively and innovatively, seeking to achieve improved outcomes for service users, patients, and carers. The Trust Board host an annual event for all shortlisted and award-winning entries in December.

Shortlisted finalists of regional or national awards	
Children's Immunisation Preparation for Children with Autism and Learning Disabilities	Children and Young People Now - Early Intervention award
Aspiring Cultures	National BAME Health and Care Awards
Laura Ellis Occupational Therapist	Rising Star category in Advancing Healthcare Awards
The Virtual Community Placement - LEND team	Community Placement of the year award - Student Nursing Times Awards
Fire safety team - Estates	Safe and Health Excellence awards 'Campaign on the Year'
Winners of regional or national awards	
Annette Whomack Brown/Chris Weston	National service user award 2019
Sue Francis CAMHS Trainer/Facilitator	Learning and Education category at the Positive Practice National Children and Young Peoples Mental Health Awards
Debbie Cromack, Sally Smith, and Rachel Woodington	Queens Nurse award
Sarah Metcalfe	Mentor of the Year
Tom Rhodes	National Association of Healthcare Fire Officers - Research & Education in Healthcare Fire Safety
Podiatry Biomechanics team - Orthochoice	NHS Sustainability Awards
HR Department	Silver Employer Recognition Scheme Award
Helen Muff Case Manager Leyland's/Wrose GP practice	CCG Healthcare Heroes award `Above and beyond category`
iCare team	Nursing Times Workforce Award, Best Employer for Staff Recognition
Pamela Shaw Health Visitor, Practice Educator, and staff Governor	National BAME Health and Care Awards
BDCFT, Cellar Trust & Bradford Council	Charity Times Awards, Cross Sector Partnership of the Year 2019

Trust-wide	Silver Employer Recognition Award for work with Reservists
Trust-wide	Skills for Health Quality Mark
Daisy Hill House, Lynfield Mount Hospital	Gold accreditation from the Dementia Services Development Centre (DSDC) at the University of Stirling
Estates and Facilities team	City Connect's Bike Friendly Business Silver award
Making Work, Work, IPS Employment service	UK Centre of Excellence from Centre for Mental Health
Primary Care Wellbeing Service	Clinical Improvement Award for Chronic Conditions in General Practice Awards
Family Health services (children's, communications)	'Bright Ideas and Innovation' award in Health Tech Newspaper People and Partnership Awards

Table 11: Shortlisted finalists and winners of regional and national awards

Listening to our staff

We have a range of communication channels to gather staff views and more importantly, ensure two-way engagement, so that staff are actively involved in key developments and have direct communication routes to the Senior Leadership Team.

The Executive team has continued to run **quarterly staff briefings** to update staff on the current Trust-wide priorities but more importantly, give staff an opportunity to put their questions to the senior team. The sessions are run as part of existing team meetings and cover a broad range of services across all our locations, and provide a valuable two way engagement opportunity with staff, identifying what's working well and areas where we might need to do more. Staff are positive about the sessions and positive feedback has included 'makes the Executive Team accessible and I feel that the staff voice is being heard'.

We have a range of other opportunities to actively engage staff and more importantly give staff an opportunity to feedback directly to senior management including a **Chat2Brent email** to contact the Chief Executive directly and Executive-sponsored crowdsourcing campaigns to gather staff views, for example on creating the 'best place to work', and help shape our approach. Staff have also had the opportunity to influence Trust-wide initiatives including qualitative and quantitative research on our internal communications channels and approach, and further development of our Trust charity. Alongside this, our Forward to Excellence programme has actively engaged our wider senior leadership team from across all service and corporate areas in our key Trust-wide initiatives including developing our strategic framework and business planning.

The Trust values the use of **Schwartz Rounds** which are open to all staff whatever their job role. These meetings give colleagues the chance to share and learn, in a confidential space, about each other's experiences working in healthcare and the emotional impact that this can have. During the year we have had a number of staff speak about their experiences. COVID-19 presented some challenges, but the Trust developed a process of undertaking

'virtual' Schwartz Rounds via Microsoft Teams to ensure staff had the opportunity to share their different experiences of working through the pandemic.

The Trust has continued its **Best Place to Work campaign** via a crowdsourcing platform to engage with all staff in an online conversation. We asked staff to tell us:

• what makes them happy or content in their work place;
• what helps and what gets in the way; and
• most importantly, what are the practical things we can collectively do to create the best place to work

Staff contributed to over 5,860 votes, ideas, and comments and based upon subsequent discussions we are now pursuing the top five themes and ideas which were: work and social relationships; well-connected workplace (IT systems); communication and staff involvement in the big decisions; Trust commitment to the wellbeing of staff; and having a green and clean place to work. As a result of the campaign, we have also introduced a biannual publication for staff across the Trust, entitled **Shining Bright**, featuring news and celebrations from across our services.
Staff are encouraged to contact the **Freedom To Speak Up Guardian** (FTSUG) and local champions where they have concerns and our FTSUG and Deputy Guardian have dedicated time on a weekly basis to review cases, chase and update actions, receive feedback and liaise with services. During 2019/20, the FTSUG received 58 cases, an increase from the previous year with higher reporting seen as a positive development highlighting the visibility of the role and that staff feel comfortable in raising issues through this route.

Staff partnerships

The Trust continues to enjoy a positive relationship with its staff side representatives. The Staff Partnership Forum meets on a quarterly basis to discuss key strategic issues which may impact on staff. The forum is jointly chaired by the Staff Side Chair and the Chief Executive. During 2019/20 the forum has discussed a range of key issues including health and wellbeing, leadership development, staff survey results and the impact of COVID-19.

Trade Unions – support to engagement

The Trust has a track record of working positively with staff side representatives and supports a number of employees to undertake work associated with the work of the Staff Side Partnership Forum and to support individual colleagues. There are 14 employees (11.59 whole time equivalent) that undertake the role of trade union officials. There is one dedicated staff side representative who works three days a week at a cost of £22.8k.

For the other staff side representative's the time commitment varies and in some cases is very small. One employee spends up to 20 percent of their time on trade union related activities. None of the other employees spend more than 10 percent of their time on such

activities. Of the Trust's total pay bill the costs associated with employees undertaking facility time is approximately 0.61%. The proportion of the facility time spent by the employees on paid union activities is approximately 4.38%.

Continuing to support innovation – our iCare programme

The Trust's iCare programme – providing the opportunity for staff to make suggestions about improving services, reducing waste or bringing new ideas to the market – has continued to gain traction and recognition both within the organisation and externally. We were delighted to be chosen as the winner in the Best Employer for Staff Recognition in the Nursing Times Workforce Awards 2019 for our iCare staff innovation programme.

Nursing Times Workforce Summit & Awards Winner

Commenting about iCare, the judges said, "This winning project values multi-disciplinary staff in their contribution towards delivery improvements in quality, safety and patient experience as well as cost improvement benefits and income generation. The judges liked the focus on valuing staff through investing in their ideas which both empowers and engages the workforce and the organisation."

Our **iCare Social** continues to be a popular and relaxed forum to share innovation. Throughout the year colleagues from a range of clinical services across the Trust have shared the stage with external experts from local organisations and further afield. During the year iCare has also worked with staff to develop of a range of products and resources, including:

- The Resilience Passport – a fun and child-friendly resource to support emotional resilience in primary school children;
- About Stammering – an e-learning resource to break down stigma and raise awareness about stammering;
- Bradford Immunisation Preparation Programme – A step-by-step process, using simple illustrations and a mantra, which helps children with social, communication or learning difficulties to feel less stressed about having a vaccination or nasal spray; and
- Better Learning together – exploring commercial Continuous Professional Development and training opportunities with the Trust's Medical Education Team.

NHS Staff Survey 2019

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. Staff are our key resource; the engagement, satisfaction and health and wellbeing of the workforce are critical to

optimal performance and enabling achievement of our new vision and strategic objectives. The annual NHS Staff Survey is an important means of providing workforce assurance and highlighting areas for improvement actions.

Trust results were received from provider Picker between December 2019 and April 2020. National benchmarking and thematic results were received from the NHS Co-ordination Centre in February and March 2020. Key findings were reported to the Board, Managers and Staff Partnership Forum throughout this period, in the form of briefing notes, papers and presentations. The final Trust-wide results, analysis and actions have also been fed back to all staff via an infographic published on the Trust Intranet.

Locality results were cascaded to Managers for team discussion and feedback in early March 2020 – although due to the Trust's essential work around COVID-19, response and analysis of this feedback has been postponed. Managers and staff teams are exploring key themes arising around areas for improvement and areas for celebration in their particular service; seeking to embed responses into existing improvement work rather than generate new action plans. Their responses will be fed back to the Senior Leadership Team for coordination and ongoing monitoring.

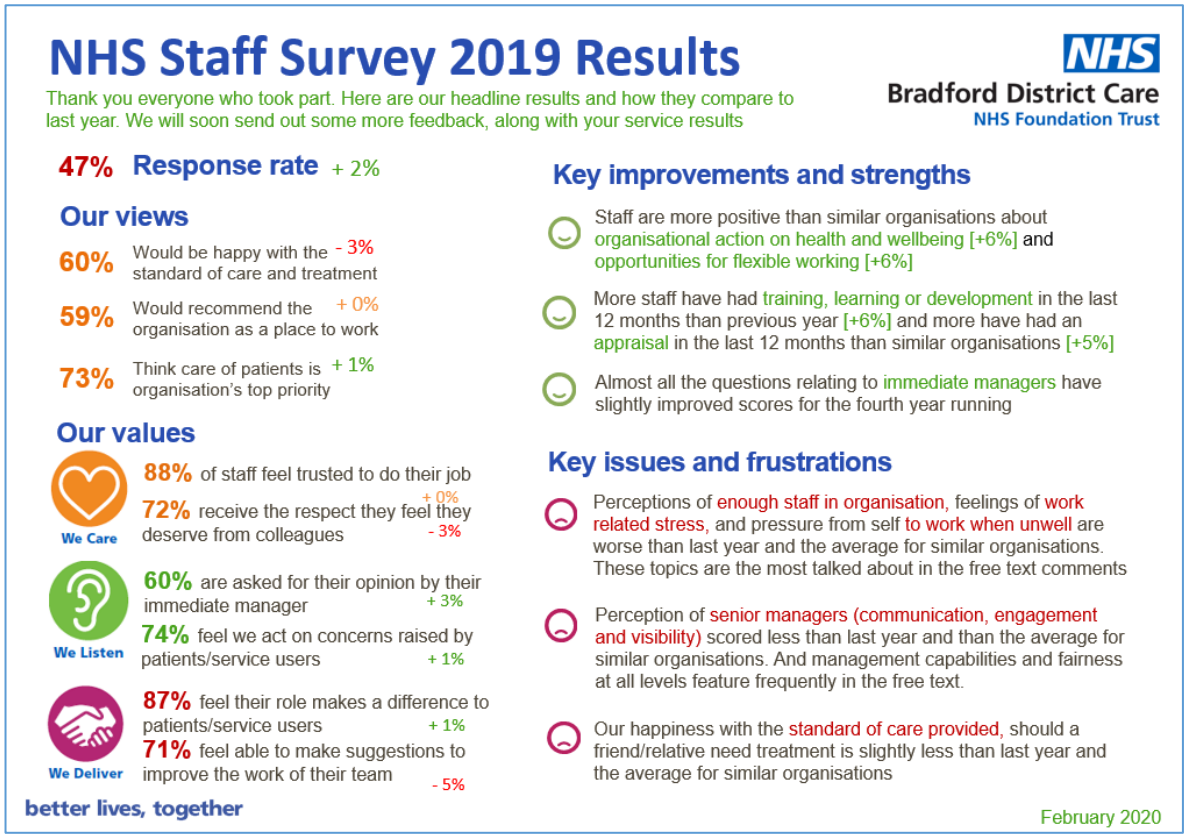


Diagram 8: Staff Survey infographic

Summary of Performance

The response rate to the 2019 survey was 47% (up from 45% in 2018). This included an encouraging increase in response rate from the Mental Health Care Group from 34% in 2018 to 41%. Scores for each of eleven theme areas, together with that of the survey benchmarking group (combined mental health, learning disability and community trusts) are presented below:

	2019		2018		2017	
THEME	**BDCFT**	Benchmark Group	BDCFT	Benchmark Group	BDCFT	Benchmark Group
Equality, diversity and inclusion	**9.0**	9.1	9.0	9.2	8.9	9.2
Health and wellbeing	**5.9**	6.1	6.0	6.1	5.8	6.1
Immediate managers	**7.1**	7.2	7.1	7.2	7.0	7.1
Morale	**6.1**	6.3	6.2	6.2	n/a	n/a
Quality of appraisals	**5.5**	5.7	5.7	5.5	5.5	5.4
Quality of care	**7.2**	7.4	7.2	7.4	7.2	7.4
Safe environment – bullying and harassment	**8.0**	8.2	8.2	8.2	8.2	8.3
Safe environment - violence	**9.5**	9.5	9.5	9.5	9.4	9.5
Safety culture	**6.7**	6.8	6.7	6.8	6.9	6.7
Staff engagement	**6.8**	7.1	6.9	7.0	6.8	7.0
Team working	**6.8**	6.9	n/a	n/a	n/a	n/a

Table 12: Staff Survey performance over last three years

The following table provides information about the five highest and lowest scores from our staff survey results for 2019 compared to the previous year. All scores below are those released by the national coordination centre and may vary slightly from the initial scores released by Picker, which had no national adjustment.

KEY:

*combined mental health, learning disability and community trusts
** Improvement since 2018
**Deterioration since 2018

	BDCFT 2018	BDCFT 2019	Benchmarking group average 2019*	Trust improvement / deterioration **
Response Rate				
	45%	47%	48%	
Staff Engagement Score				
	6.98	6.8	7.1	
Top 5 individual question scores				
Q20. Had training, learning or development in the last 12 months	66.1%	72.4%	72.5%	
Q8d. Immediate manager asks for my opinion before making decisions that affect my work	56.7%	59.6%	61.4%	
Q12c. Experienced physical violence from other colleagues	3.1%	1.2%	1%	
Q5b. Satisfied with support from immediate manager	71.8%	74.3%	75.4%	
Q5h. Satisfied with opportunities for flexible working patterns	63.9%	65.8%	60.9%	
Bottom 5 individual question scores				
Q19e. Appraisal/performance review: organisational values definitely discussed	46.1%	40.1%	41.6%	
Q22b. Receive regular updates on patient/service user feedback in my directorate/department	70%	64.1%	60.8%	
Q11g. Put myself under pressure to come to work when not feeling well enough (This question was only answered by people who responded to Q11d - In the last 3 months have you ever come to work despite not feeling well enough)	89.3%	95.1%	93.8%	
Q9b. Communication between senior management and staff is effective	44.4%	38.7%	43.3%	
Q4g. Enough staff at organisation to do my job properly	34%	29.7%	33%	

Table 13: Staff Survey best and worst scores

Proposed areas of action

The priority themes arising from the results are not dissimilar from those arising from last year's survey, the Best Place to Work engagement campaign in 2019, and various other topic consultation activity held over the last twelve months. These include staff morale, and the perception of engagement.

Board and Senior Leadership Team discussions have focused on ensuring recent and current activity to support these priorities continues and is well communicated until their benefits are felt more fully throughout the organisation. Emerging actions include:

- The establishment of a Best Place to Work Steering Group (comprising staff at all levels) to continue monitoring and advancing actions in relation to social workplace and wellbeing; involvement in the big decisions; digital workspace and physical workspace;
- Clear, varied and timely communications in relation to actions from the Best Place to Work campaign and the Staff Survey. This includes being clear what we are doing within our power to escalate and address the impacts of change and not enough staff; and clearer communication of current strategies (such as quality improvement work/Care Trust Way; communication cells and huddles), acknowledging they will take some time to embed;
- Continued commitment to supporting and developing manager capability, including enhancing and expanding the Bradford Manager learning and development programme to all managers; and
- Encouragement and support to managers to discuss Locality survey findings within teams and generate timely and appropriate responses.

Whilst these remain the priorities for the Trust, COVID-19 has meant that the local discussion of the staff survey results and agreement of actions, has been delayed and now needs to be re-framed as part of the return to 'business as usual', and discussions regarding the learning that has emerged from supporting staff and patients during this time.

Equality, Diversity, and Inclusion

In April 2020, we published our third set of Equality Objectives under the Specific Duties of the Equality Act 2010. These objectives build upon the last two sets published in 2012 and 2016 and were agreed with staff and the local voluntary sector and are shared with local NHS providers Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust and the Bradford and Airedale CCG. The objectives set out what we want to enhance over the following four years which are:

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

Key achievements during 2019/20 include developing a suite of management and leadership programmes aimed at supporting the implementation of the Equality, Diversity

and Inclusion Workforce Strategy, reducing the Trust's Bonus Gender Pay Gap from 37% in 2018 to 16% in the 2020 results, improving interpreting quality and access for non-English speaking service users including trialling new technologies such as video and telephone interpreting options and working across NHS organisations to procure services together. In addition, the Workforce Race Equality Standard data has been analysed and an action plan developed to respond to the findings. A Group Reciprocal Mentoring session was held in December 2019 between Board members and staff from Black, Asian, and Minority Ethnic backgrounds. Those participating agreed three priorities for the Trust to progress as well as making personal pledges to workforce race equality. Further sessions are planned for staff who are LGBT+, Disabled or have Long Term Health Conditions.

The Trust published the Workforce Disability Equality Standard data in August 2019 for the first time. The data led to continuity in reasonable adjustments, increasing disclosure rates and bullying and harassment being identified as key priorities for 2020 – 2024.

Information about all of the Trust's equality work can be found online here https://www.bdct.nhs.uk/about-us/key-information/equality-and-diversity/

Brent Kilmurray, Chief Executive
Date: 25 June 2020

Financial performance

Introduction

This section and the Annual Accounts have been prepared in line with relevant guidance, including the Group Accounting Manual (GAM) for the Health and Social Care sector for 2019/20 and under a direction issued by NHS Improvement under the National Health Service Act 2006. The Accounts are fully compliant with accounting practice required through International Financial Reporting Standards (IFRS). The Trust's accounting policies are set out in the Annual Accounts and have been consistently applied over the period.

Financial Performance for the year ending 31 March 2020

The Trust faced another challenging year financially; needing to target a stretching £6.31 million cost reduction plan to deliver a deficit of £2.998m, secure access to £2.998m planned national Provider Sustainability and Financial Recovery Funding and achieve a break-even Control Total. Control Totals are nationally determined targets against which a provider's financial performance is individually assessed. The Trust generated a surplus of £400k which was £400k better than plan and reflected:

- Urgent National Mental Health provider support of £457k allocated to the Trust during March which improved the outturn position;
- Despite a challenging year, throughout which inpatient occupancy and high acuity drove significant additional staffing and out of area placement costs, outturn performance against service budgets of £4k better than planned; and
- An increase in accrued untaken annual leave as staff supported the response to the Coronavirus pandemic. This generated a £61k permitted deterioration from the surplus that the Trust was expected to achieve.

The Trust had turnover of £160.6 million in 2019/20 and, after expending £160.2 million, generated a surplus excluding technical adjustments of £0.4 million, or 0.25% as shown below:

Income and expenditure performance for the year ending 31 March 2020

	£000's
Income from Patient Care Activities	149,619
Other Operating Income	10,988
Total Income	**160,607**
LESS:	
Operating Expenses	(159,072)
Interest Paid and Received	69
Public Dividend Capital	(1,204)
Surplus excluding technical adjustments	**400**
Impairments (incl. in Operating Expenses)	(2,068)
Deficit including technical adjustments	**(1,668)**

Table 14: Income and expenditure summary

The reported surplus of £400k includes compensating income from NHS England for £157k additional costs incurred during March as part of the Trust's response to the Coronavirus incident.

Income

Income from Patient Care Activities was £149.6 million and represented 93.2% of total income, including:

- **68.6% or £110.2 million from healthcare contracts with Clinical Commissioning Groups** (CCGs), including the Trust's three local commissioners; Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCGs;
- **11.7% or £18.8 million from Local Authority Commissioners**, including Public Health Grant funded contracts with Bradford Metropolitan District Council (BMDC) for 0-19 services (Health Visiting, School Nursing and Oral Health Promotion) and substance misuse services and with Wakefield Metropolitan District Council (WMDC) for Health Visiting and School Nursing services;
- **10.54% or £16.9 million from NHS England,** including £11.3 million healthcare contracts for Low Secure Mental Health provision, Community Dental Services and Vaccination and Immunisations. NHS England funded Agenda for Change pay deal costs non-recurrently in 2019/20 for those providers with non-NHS contracts, whose values did not benefit from an Agenda for Change NHS tariff uplift. This amounted to £0.6 million for the Trust. In 2019/20 an increase of 6.3% in Employers' Contributions to the NHS Pensions Scheme was funded nationally but reported in the annual accounts for each organisation. This is reflected through equal and opposite adjusting entries equivalent to £5.037 million in the Trust's 2019/20 income and expenditure accounts, shown as income from NHS England; and
- **2.32% or £3.7 million from other sources** including Speech & Language Therapy, Cost per Case activity and other income from patient care activities.

Other Operating Income was £10.99m and represented 6.8% of total income, including:

- **1.9% or £3 million from Provider Sustainability Funding and Financial Recovery Funding** (income accessible by providers who planned to achieve, and achieved, their Control Totals); and
- **4.97% or £8 million from other operating income**.

Contracts with commissioners included 1.25% (or a maximum of £1.29 million) linked to achievement by the Trust of Commissioning for Quality and Innovation (CQUIN) indicators. From 1 April 2019 CQUIN schemes were reduced in value from 2.5% to 1.25%, with a corresponding increase in core contract values, to allow more certainty around funding for provider costs. Having agreed a 'fixed income' contract with the Trust, local CCG Commissioners added the 1.25% income attributable to 2019/20 CQUINs into the Trust's fixed value contract.

Income from CCGs included cost per case income of £2 million relating to mental health inpatient and community activity. NHS England income included £0.59 million volume-based payments for vaccinations and immunisations.

The following chart analyses all sources of Trust income:

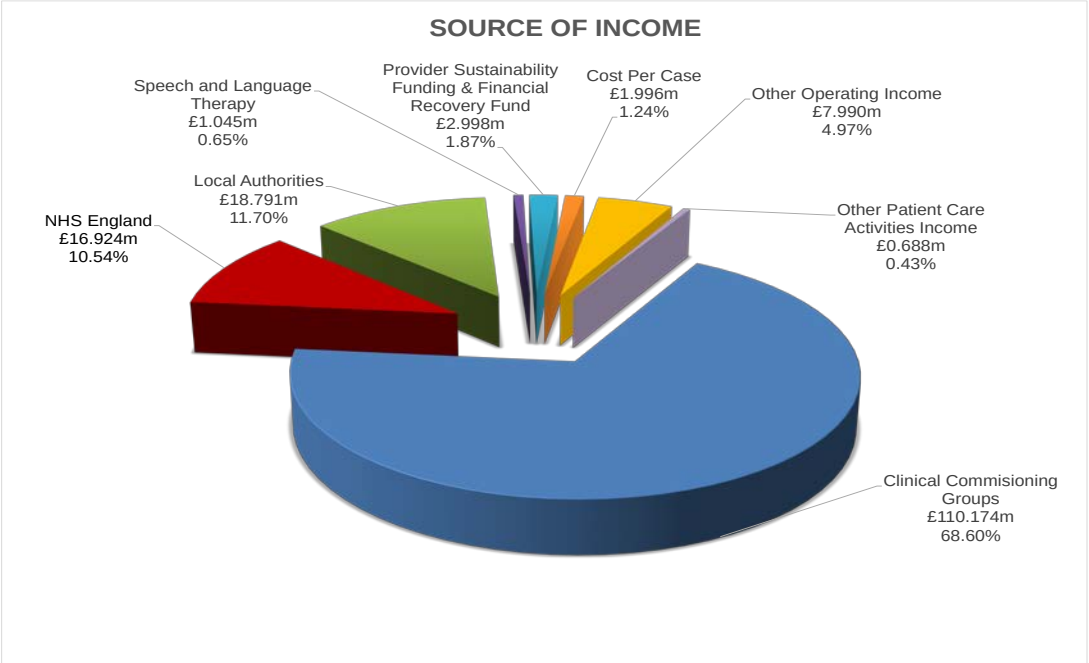


Diagram 9: Sources of Trust income

Expenditure

Operating expenses were £159.1 million. Staffing costs are the largest driver of cost and represent for £127.4 million, or 80% of the Trust's Operating Expenditure. During the year, the Trust incurred additional temporary staffing costs due to high levels of inpatient ward occupancy and acuity and higher than planned medical and rostered ward staffing vacancies and sickness absence. An analysis of operating expenditure is given in the chart below:

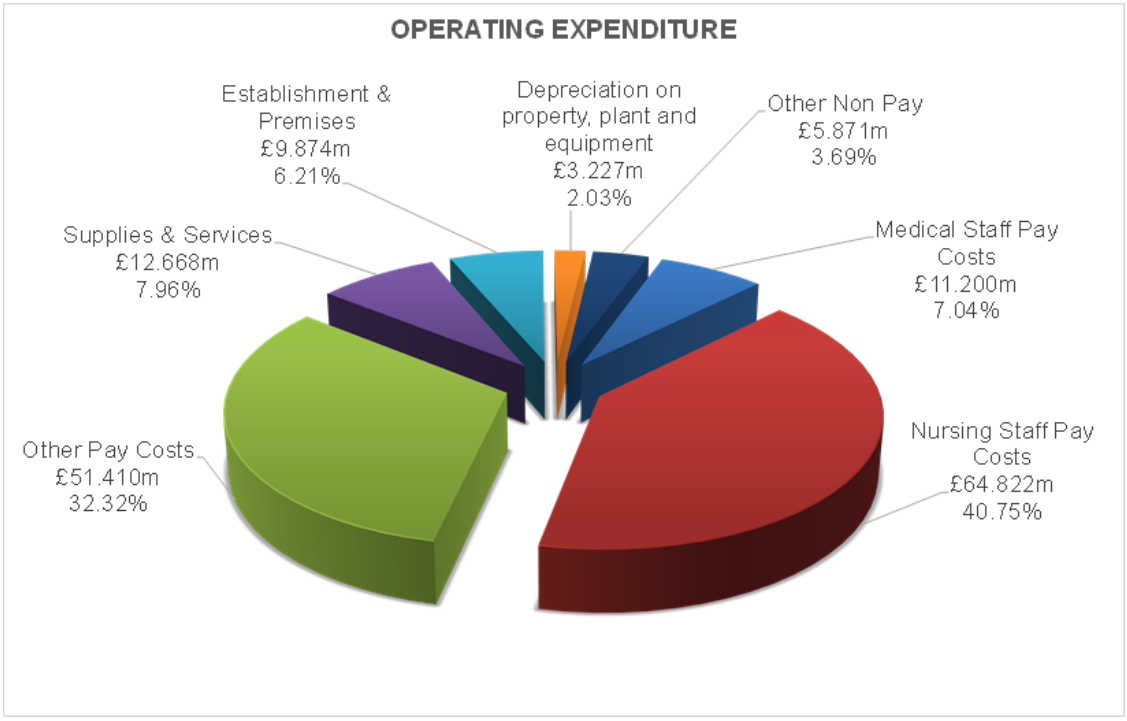


Diagram 10: Summary of Trust expenditure

NHS Oversight Framework

NHS Improvement's Single Oversight Framework was used to segment Provider organisations by reviewing risk factors and using these to identify potential support needs. The framework incorporates 5 areas:

- New Service Models;
- Preventing ill health and reducing inequalities;
- Quality of care and outcomes;
- Leadership and workforce; and
- Finance and use of resources.

Based on information from these areas, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach, or suspected breach, of its licence.

The Trust has ended the year with a Use of Resources rating of '2' compared to a plan of '1', which reflects the increase in temporary staffing costs required to support the demand and acuity pressures within inpatient services.

Finance and Use of Resources:

The finance and use of resources theme scores five measures from '1' to '4', where '1' reflects the strongest (or lowest risk) performance. The five individual scores are weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

During 2019/20 the Single Oversight Framework for assessing providers was integrated with that for Commissioning organisations. This complemented the integration of NHS England with NHS Improvement to NHSE/I. The succeeding NHS Oversight Framework will therefore change for 2020/21 and will be characterised by several key principles:

- NHS England and NHS Improvement teams speaking with a single voice, setting consistent expectations of systems and their constituent organisations;
- Greater emphasis on system performance, with metrics that are intended to hold providers and commissioners to account consistently, alongside the contribution of individual healthcare providers and commissioners to system goals;
- Working with and through system leaders, wherever possible, to tackle problems;
- Matching accountability for results with improvement support, as appropriate; and
- Greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

Use of Resources (UoR) 2019/20

Area	Metric	2019/20
Financial sustainability	Capital Service Cover Rating	1
	Liquidity Rating	1
Financial efficiency	I&E Margin Rating	2
Financial controls	I&E Margin: distance from financial plan	1
	Agency Rating	3
Overall UoR Risk Rating		**2**

Table 15: Use of Resources score in 2019/20

Improving efficiency and ensuring value for money

The Trust has demonstrably targeted successive cost efficiencies, as shown through materially lower than national average unit costs for mental health and community physical health services; and a Reference Cost Index of 76.

Notwithstanding this, we aim to become more efficient in our use of resources by continuously reviewing systems and processes, evaluating skills mix, deploying and optimising technology to increase productivity and quality, using benchmarking as a tool to identify possible inefficiency and improving value for money through robust procurement practices. During 2019/20 the Trust achieved cost reductions of £6.3 million using a combination of recurrent, but increasing proportions of non-recurrent, measures.

The Trust had signalled that achievement of the 2019/20 plan would be challenging. Inpatient services faced sustained occupancy, acuity and staffing pressures throughout the year, generating over-spending against 2019/20 opening budgets of upwards of £5m. The positive end of year position was achieved through rigorous financial management, weekly tracking and dynamic management of significant high risk inpatient pressures, the commitment of Trust staff and helpful Commissioner responses through the 2019/20 contract round.

Capital expenditure

The Trust Board approved a £3.76 million capital programme budget for 2019/20. This was both at a level initially felt to be required by the Trust, and affordable within the overall capital programme budget prescribed for the West Yorkshire and Harrogate Health and Care Partnership.

However, in developing rapid responses to significant feedback received through a Care Quality Commission Warning Notice at the end of March 2019, significant new capital expenditure was agreed as being necessary to improve safety on the Trust's inpatient wards. A Clinical Summit in June 2019 informed the development of responses to the CQC, including consideration of capital investment options. Feedback from the summit informed Board discussion and approval of a business case in July 2019 to install nurse

call alarms and anti-barricade fixtures and to install a first phase of new-to-market full surround door alarms. Approval of the business case led to re-prioritisation of previously programmed commitments through the Trust's Capital Planning and Investment Group. Final outturn capital costs of £3.9 million included:

- £1.2 million refurbishment, maintenance and upkeep of the Trust's inpatient environments at the Lynfield Mount Hospital (LMH) and Airedale Centre for Mental Health sites and including initial fees to draft a strategic outline case to redevelop the main 1960's central adult acute inpatient and supporting services block at LMH;
- £1.2 million investment in nurse call alarm technology and anti-barricade fixtures deployed across the Trust's inpatient wards and a first phase installation of new-to-market full door alarms;
- £1.2 million investment in information technology; and
- £0.3 million purchases of medical, catering, dental and other equipment to support our ongoing compliance with relevant regulatory requirements.

The capital programme is funded by depreciation of £3.27 million supplemented by cash reserves of £0.49 million.

Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £19.02 million as at 31 March 2020.

Cash balances have accumulated over a number of years, with increased cash balances resulting from the proceeds of asset sales, prior year surpluses and national Sustainability and Transformation Funding. Most recently, in 2019/20 national Urgent Mental Health funding and movements in working balances, including those linked to more equally phased and block contracted CQUIN funding, have supported a higher than forecast end of year cash balance.

Financial governance – Treasury Management

As an NHS Foundation Trust, the Trust is able to generate income by investing cash. Following national changes to the calculation of Public Dividend Capital (PDC) in 2013/14, the Trust has maintained most cash balances with the Government Banking Service (GBS). The Trust manages working capital proactively and consistent with the NHS Better Payment Practice Code. The Trust's cash balance was sufficient to meet operational and capital outgoings throughout 2019/20.

Late Payment of Commercial Debts (Interest) Act

The Trust made no payments under the Late Payment of Commercial Debts (Interest) Act 1998 in 2019/20.

Valuation of assets

All property, plant and equipment assets are measured initially at cost, representing the costs that are directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to operate in the manner intended by management. Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- land and non-specialised buildings – market value for existing use; and
- specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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

Auditor remuneration

External Auditor fees were £72,600 for the year to 31 March 2020 and incorporate fees relating to the Trust's Annual Accounts and Quality Accounts. As per recent updated guidance from NHSI, assurance over the quality report is not required this year and so this element (£13,800) will be held in credit for the work over the 2020/21 quality report. The fee for the audit of the Trust's Charitable Fund Accounts is yet to be confirmed.

Accounting information and Directors' Statement

The accounts are independently audited by KPMG LLP as external auditors in accordance with the National Health Service Act 2006 and Monitor Code of Audit Practice. As far as the Directors are aware, all relevant audit information has been fully disclosed to the auditor. No relevant audit information has been withheld or not made unavailable and there have been no undisclosed post balance sheet events.

The Trust made no political or charitable donations during the year ending 31 March 2020.

Accounting policies for pensions and other retirement benefits are set out in Note 8 to the full annual accounts and details of senior managers' remuneration can be found on Page170 of the Annual Report.

Better Payment Practice Code

The Better Payment Practice code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. Performance for the year to 31 March 2020 was as follows:

	2019/20	
	Number of Invoices	Value of Invoices £000's
Non NHS Creditors		
Total bills paid in the year	12,965	31,486
Total bills paid within target	11,976	30,157
Percentage of bills paid within target	**92.37%**	**95.78%**
NHS Creditors		
Total bills paid in the year	1,192	9,473
Total bills paid within target	1,149	9,130
Percentage of bills paid within target	**96.39%**	**96.37%**

Table 16: Performance against the Better Payment Practice Code

In a Government-wide effort to minimise adverse economic impacts from the Coronavirus pandemic, all public bodies (including NHS bodies) have been asked to ensure prompt payments to suppliers; within 7 days of receipt of goods or services. This requirement is effective from April 2020, and therefore will be relevant to the 2020/21 accounting period.

Overseas operations

The Trust does not have any overseas operations.

Going concern disclosure

Through the financial statements and financial performance indicators the Trust can demonstrate strong financial management and a clear understanding of its underlying financial position. The Trust's draft 2020/21 financial plan submitted at the beginning of March 2020 targeted delivery of a deficit of not more than £2.2 million, to secure access to equivalent Financial Recovery Funding (FRF) of £2.2 million and deliver a composite break-even Financial Improvement Trajectory (FIT).

FITs were determined nationally and are used to assess financial performance of NHS organisations and to target the return of the provider sector and NHS in aggregate to financial balance. The Trust has, despite successive challenging annual financial targets, delivered all national requirements through robust and responsive financial governance.

Non-recurrent support, through Finance Recovery Funding, is welcome and set alongside essential Commissioner investment to fund Agenda for Change pay deal costs on an equitable basis and in Community and Mental Health services, will permit a more realistic trajectory to deliver recurrent financial recovery.

The Directors' view is that the Trust is a going concern and can make the disclosure as recommended by the accounting standards board that:

"After making enquiries the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts".

Non-NHS income disclosures

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

Financial outlook for 2020/21

The Trust established a Sustainability Programme Board in early 2019/20, chaired by the Chief Executive, to ensure sufficient focus to recover the underlying financial position during 2019/20. Analysis of benchmarks, the Trust's very cost-efficient Reference Cost Index (nationally benchmarked provider unit costs) and sustained achievement of real cost reductions of in excess of 5% per annum for a sustained period, led the Trust to adopt a twin-track approach during 2019/20. This aimed to continue pursuit of productivity, skills mix, service transformation and pricing efficiencies set alongside a focus on ensuring national Long Term plan commitments and nationally determined pay deal cost pressures materially impacting the Trust were considered for funding equitably alongside other system financial pressures.

Significant progress was made during 2019/20 and up to draft 2020/21 plan stage, including:

- Securing £2.9 million CCG investment in baseline cost pressures;
- Negotiations to secure the allocation, over two years, of £2.12 million Mental Health Investment Standard contractual uplift to address adult acute care pathway pressures. Plans have been developed, through Care Closer to Home phase 1 and phase 2 investment plans, and using funding phased across 2019/20 and 2020/21, to bolster inpatient rostered staffing and therapeutic interventions and including developing pathways that better support individuals with a diagnosis of psychosis who account for the majority of trust admissions and typically experience longer lengths of stay, and individuals whose diagnosis is more typically associated with repeat admission;
- Receiving advice from NHSE/I that local authorities would be funded for, and expected to adjust contract values to include, Agenda for Change pay deal costs. This provides helpful material mitigation for the Trust's two Public Health contracts;
- Receiving funding to support Children's Social Care through the Integrated 0-19 service, with potential for this non-recurrent arrangement to be reviewed and extended; and
- Lobbying persistently through NHS Providers, NHSE/I and other national bodies to make the case for funding to offset the differential cost impact on community and mental health providers of the Agenda for Change pay deal on NHS commissioned contracts. Helpfully, after 2 years of uncertainty, and needing to mitigate an accumulating underlying pressure, 2020/21 planning guidance required Commissioners to 'have due regard for the impact of the Agenda for Change reforms on actual cost inflation, where this can be shown to have a significant differential impact'. The place draft operational plan submission on 5 March reflected additional Trust income and CCG expenditure of £2.2 million, albeit that

contract and planning activities were suspended indefinitely during March following the declaration of the national Coronavirus incident.

Due to the extended period throughout which the Coronavirus was expected to adversely impact and potentially overwhelm the NHS, unprecedented arrangements were agreed by Government and implemented by NHSE/I during March 2020. Current arrangements to implement temporary, nationally determined, monthly block contract payments for all providers have been initiated and will operate, using a series of Coronavirus cost and monthly top-ups payments, to return all provider positions to break-even. These arrangements will operate until 31 July 2020. Finance Directors have been advised that revised block payment arrangements will operate for a further extended period, from 1 August to 31 October 2020. Whilst those arrangements are expected to benefit from revision nationally, there remains a commitment to, for example, ensure funding of the Mental Health Investment Standard. Strong indications have been given that similar arrangements may well be extended throughout 2020/21 as the NHS continues to need to respond to the Coronavirus and maintain other essential services.

Significant investment nationally in adult social care alongside NHS funding to support appropriate accelerated hospital discharges has already supported service innovation, with freedom from financial barriers supporting rapid and transformative collaborations, many of which are expected to continue beyond the duration of the Coronavirus incident response.

Working in partnership to develop sustainable services

Since the Partnership began in 2016, we have worked hard with our partners to build the relationships needed to deliver better health and care in West Yorkshire and Harrogate so we can better support people to improve their lives with them.

Key achievements across the Partnership include:

- Developing an award-winning programme to support 260,000 carers;
- Launching the Yorkshire & Humber Care Record to improve people's care;
- Setting up a new community eating disorder service;
- Establishing a health and care champions network for people with learning disabilities;
- Working with organisations like Healthwatch who talked to over 1800 people about the NHS Long Term Plan;
- Securing the largest share of national capital investment totaling £883m for 10 schemes, including:
    - investment to commence construction of a new, larger inpatient unit in Leeds for Children and Adolescent Mental Health admissions, to prevent young people being admitted to units outside of our region; and
    - a new acute hospital in Leeds, which will benefit the whole area;
- Setting up the first suicide bereavement service for West Yorkshire and Harrogate.

We know that more needs to be done to give everyone the very best start and every chance to live a long and healthy life. This includes working with partners in the wider economy to create good jobs and increase everyone's prosperity with investment in skills, housing, culture and infrastructure.

Our local and West Yorkshire and Harrogate relationships are very important to us because we have the biggest impact on people's lives when there is shared commitment by all. We are active partners on the Partnership Board and have signed a memorandum of agreement to set out our commitment to work together. This has included the Trust being an active part of the Mental Health, Learning Disabilities and Autism Programme Board.

The Partnership's Draft Five Year Plan sets out the ambitions for the 2.7million people living across the West Yorkshire area and also highlights the priorities where we have agreed to work on together across West Yorkshire and Harrogate, for example mental health, cancer, urgent care, maternity services, and tackling health inequalities.

Our ambitions, as a Partnership, include:

- Increasing the years of life that people live in good health, and reducing the gap in life expectancy by 5% in our most deprived communities by 2024;
- Reducing the gap in life expectancy for people with mental health, learning disabilities and autism by 10% by 2024;
- Reducing health inequalities for children living in households with the lowest incomes, including halting the trend in childhood obesity;
- Reducing suicide by 10% overall by 2020/21 and achieving a 75% reduction in targeted areas by 2022;
- Reducing anti-microbial resistance infections by 10% by 2024 and reducing antibiotic use by 15%
- Having a more diverse leadership that better reflects the broad range of talent in our area; and
- Strengthening local economic growth by reducing health inequalities and improving skills.

Our shared goal is to join things up locally and at a West Yorkshire and Harrogate level, to connect organisations and people in ways that make better care easier - whether this is support delivered by local groups, services delivered in people's homes or the treatment that is best provided in a hospital.

Cost Improvement Plans (CIPs) 2020/21

In 2020/21, the Trust needs to address an opening financial plan gap of £9.58 million, or 5.95% of planned expenditure (before efficiencies). The requirement is driven by national efficiency requirements on all NHS Commissioner contracts, local cost pressures, Public Health contract reductions and unfunded pay inflation.

The Trust identified 13 priority work programmes for 2019/20 to support the delivery of our ambitions and aims that will contribute towards our cost reduction requirements. Through Strategy Deployment and Business Planning processes the Trust had agreed to

streamline those priorities to achieve high impact programmes of work. A number of the Trust's strategic programmes are central to financial sustainability, including the integration of Children's services (responding to reducing Public Health contract sums) and Care Closer to Home (transforming the adult acute mental health pathway) to ensure a focus on recovery, reduced lengths of stay and readmissions and reducing inpatient ward occupancy to best practice levels.

Capital programme 2020/21

The Trust's £4.9 million draft capital programme for 2020/21 is funded by depreciation of £2.8 million supplemented by cash reserves of £2.1 million. A Business Case to propose redevelopment of the Bradford Assessment and Treatment Unit is being progressed through the West Yorkshire and Harrogate Health and Care Partnership as part of proposals to transform rehabilitation services using pre-approved national capital funding.

Capital requests have been rigorously prioritised and risk assessed to identify key service and business critical schemes. The draft capital plan includes £2.9 million estates schemes including emergency repairs, the implications from environmental risk assessments, medical equipment replacement and the reconfiguration of space to observe COVID-19 social distancing requirements. £1.8 million IM&T schemes will support transformation and service development. A small capital contingency of £0.2m is held to service in year emergency capital requirements.

Signed: ……

Brent Kilmurray, Chief Executive
Date: 25 June 2020

Accountability Report – how we are governed

Board of Directors

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

- establishing and upholding Trust values and culture;
- setting the strategic direction;
- ensuring the Trust provides high quality, safe, effective and service user and carer focused services;
- promoting effective dialogue with the Trust's local communities and partners;
- monitoring performance against Trust objectives, targets, measures and standards;
- providing effective financial stewardship; and
- ensuring high standards of governance are applied across the Trust.

The Chair is responsible for ensuring that the Board of Directors focuses on the strategic development of the Trust and that robust governance and accountability arrangements are in place. The Chair of the Trust chairs both the Board of Directors and the Council of Governors and ensures there is effective communication between the two bodies and that, where necessary, the views of the Governors are taken into account by the Board.

Whilst the Executive and Associate Directors individually are accountable to the Chief Executive for the day-to-day operational management of the Trust they 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 sets out the Trust's vision, values and standards of conduct, whilst ensuring that its obligations to Trust members and the wider public are understood, clearly communicated and met. This is achieved by ensuring that the Board is made up of individuals who have the appropriate balance of skills, experience, independence and knowledge to enable the Board to discharge its duties and responsibilities effectively. The Board provides entrepreneurial leadership in a transparent manner and supports Trust colleagues in accordance with the Trust's values and accepted standards of behaviour in public life, including the Nolan Principles of:

- Selflessness;
- Integrity;
- Objectivity;
- Accountability;

- Openness;
- Honesty; and
- Leadership.

The composition of the Board is in accordance with the Trust's Constitution. During 2019/20 there were 11 changes to individual members of the Board, outlined as follows:

- Dr Andy McElligott, stood down as the Medical Director in June 2019 to return to GP practice;
- Michael Smith, retired as Chair in September 2019 as he reached the end of his second term of office;
- Cathy Elliott, was appointed as Chair in September 2019 by the Council of Governors;
- Debra Gilderdale, retired as the Director of Nursing and Professions in October 2019;
- Phil Hubbard, was appointed as Director of Nursing, Professions and Care Standards in November 2019, have previously undertaken the role of Deputy Director of Nursing at the Trust;
- Dr David Sims, was recruited as the Medical Director in November 2019; David was Acting Medical Director from Spring 2019;
- David Banks stood down as a Non-Executive Director in November 2019 as he reached the end of his second term of office;
- Andrew Chang, was appointed as a Non-Executive Director in December 2019 by the Council of Governors;
- Rob Vincent, stood down as a Non-Executive Director, Senior Independent Director, and Deputy Chair in February 2020 as he reached the end of his second term of office;
- Professor Gerry Armitage, Non-Executive Director was appointed as the Deputy Chair in February 2020; and
- Carole Panteli, Non-Executive Director was appointed as the Senior Independent Director in February 2020.

The Board comprises seven Non-Executive Directors (including the Chair of the Trust), six Executive Directors (including the Chief Executive) and two Associate Directors (Chief Information Officer; Director of Corporate Affairs). Taking into account the wide experience of the whole Board, the Board believes that its membership is balanced, complete and appropriate and that no individual group or individuals dominate the Board. There is a clear division of responsibilities between the Chair of the Trust and Chief Executive which ensures a balance of power and authority. The Board has a wide range of skills and a significant number of members have a medical, nursing or other health professional background. Non-Executive Directors have wide ranging expertise and experience with backgrounds in finance, audit and regulation, business and organisational development, healthcare, human resources. commercial, legal, and third sector.

Further details about the role and responsibilities of the Board of Directors are included in Annex 7 of the Trust's Constitution (Standing Orders of the Board of Directors). All Non-Executive Directors are considered to be independent (demonstrated through

annual appraisals, declarations of interest and independence, and Board and sub-committee minutes).

Board Profiles

Non-Executive Directors

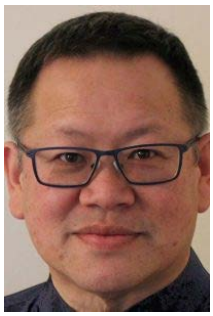
Cathy Elliott, Chair of the Trust
Alongside her Chair role, Cathy also has a Ministerial appointment as the independent Chair of Community and Business Funds for the Government's High Speed 2 (HS2) project and is a leading social policy advisor.

In her advisory role, Cathy works with a range of not-for-profit organisations, particularly the national Power to Change Trust that supports community businesses, and the international Savannah Wisdom Foundation that tackles social inequalities.

Cathy's previous experience includes being a Non-Executive Director for Tameside and Glossop Integrated Care NHS Foundation Trust, Chief Executive of Community Foundations for Lancashire and Merseyside, and interim Chief Executive of the national Cohesion and Integration Network charity, working with the Ministry of Housing, Communities and Local Government.

Professor Gerry Armitage, Deputy Chair of the Trust Non-Executive Director, Chair of the Quality and Safety Committee
Professor Gerry Armitage was a Registered Nurse, mostly in the field of acute child healthcare.

After 13 years, he moved to the university sector and then to the University of Bradford in 1996, where he initially worked in a teaching and course leadership role, before moving to a primarily research role.



Andrew Chang, Non-Executive Director, Chair of the Audit Committee
Andrew has a senior level background in governance, risk and internal audit, and has undertaken a range of non-executive appointments across both the public and private sectors.

Andrew's previous experience includes being a Non-Executive Director and Chairman of the Audit Committee at Bradford College; Chairman of Training for Bradford Ltd that trades as City Training Services; Trustee for Bradford Grammar School; Treasurer for Yorkshire WaterAid and Chief Internal Auditor at Yorkshire Water. More recently, Andrew also provided assurance consultancy services to Stantec UK Ltd.

Alongside his Board role, Andrew is also a Trustee of the Chartered Institution of Water and Environmental Management, a Governor of Leeds City College and Vice Chairman of the Audit Committee of the Luminate Education Group.

Dr Zulfi Hussain, Non-Executive Director, Chair of the Charitable Funds Committee

Dr Hussain has worked with a variety of health authorities and trusts within the NHS on strategic leadership management issues.

Dr Hussain has extensive Board experience and in the past has been a member of a number of Boards including: BT's regional Board for Yorkshire and Humber, Business in the Community Advisory Board and the University of Huddersfield's Business School Advisory Board.

Simon Lewis, Non-Executive Director, Chair of the Workforce and Equality Committee

Simon Lewis brings considerable legal and commercial experience. Simon is a barrister whose key areas of interest include employment issues, equality and discrimination, human rights and mental health legislation. Simon has additional experience implementing change management strategies in other organisations, at the General Optical Council and as Non-Executive Director for the West Riding County Football Association.

Carole Panteli, Senior Independent Director, Non-Executive Director, Chair of the Mental Health Legislation Committee

Carole has worked in the NHS for 42 years in a variety of roles including as a nurse, midwife and district nurse, followed by two years as Director of Nursing and Quality for NHS England's Lancashire Area Team.

Carole has also worked as a specialist advisor to the Care Quality Commission (CQC), the independent regulator of health and care services, and as a Fitness to Practice panel member for the Nursing and Midwifery Council.

Executive and Associate Directors

Brent Kilmurray, Chief Executive, Accountable Officer
Brent has been an NHS executive director since 2005, working in senior roles across a range of acute, community health and mental health NHS organisations.

His Board level experience includes joint Managing Director at NHS South of Tyne and Wear Community Health Services, Executive Director of Business Strategy and Performance for South Tyneside Foundation Trust, and Chief Operating Officer and Deputy Chief Executive for Tees, Esk and Wear Valleys NHS Foundation Trust.

Alongside his Trust role, Brent also sits on the NHS Providers Board of Trustees, a national membership body for all NHS organisations, where he represents provider views in discussions alongside other Trust Chief Executives and Chairs from across the country.

Brent has a strong track record of working with staff, service users and partners to lead service improvements, and of developing a culture of continuous improvement to improve patient care.

Liz Romaniak, Director of Finance Contracting and Facilities, Deputy Chief Executive
Liz is a CIMA qualified accountant and has worked in the NHS for 24 years where she has enjoyed roles in both Commissioner and Community and Mental Health provider organisations.

Liz worked in North Yorkshire from 2000, working to establish Scarborough, Whitby and Ryedale PCT, where she became Associate Director of Finance. On the merger of the four former 4 North Yorkshire Primary Care Trusts, to form North Yorkshire and York PCT, Liz became Assistant Director of Capital and Financial Accounting.

Liz joined the Care Trust in 2007 to provide Foundation Trust project management. Following a period as Head of Financial Management, Liz was Deputy Director of Finance, Planning and Performance from 2009 until her appointment as Director of Finance, Contracting and Facilities in June 2014.

Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Director of Infection Prevention and Control

Phil's career spans 33 years across hospital, primary, mental health, and community care settings.

Since joining the Trust in 2012, she has held a number of senior roles and has a strong track record of leading large-scale service improvements, working with partners across the District.

Phil, who is a registered nurse, was instrumental in reshaping the Trust's children's service and also worked alongside primary care providers to establish new community partnerships, to better support local communities' health and care needs.

Previously, as a nurse consultant at Bradford and Airedale Community Health services, she was responsible for several initiatives including developing a specialist clinical service to support people with learning disabilities.

Sandra Knight, Director of Human Resources and Organisational Development

Sandra has worked in a variety of corporate, human resources and organisational development roles at regional, district, hospital, community, and primary care level.

She joined the Trust in May 2007 having worked previously as Director of Corporate Development in Bradford City Teaching PCT and as interim director leading the HR, Communications and PALS/Patient and Public Involvement work streams, as the four PCTs merged to form Bradford and Airedale Teaching PCT. She is a qualified executive Coach, ACAS trained mediator and a fellow of the Chartered Institute of Personnel and Development.

Patrick Scott, Chief Operating Officer

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

Patrick started his NHS career as a healthcare assistant. He then joined East Yorkshire Community Mental Health Trust as a community psychiatric nurse before moving to Humber NHS

Foundation Trust as a clinical nurse specialist and manager of the department of psychological medicine and crisis services, and then head of the Trust's forensic offender health and addiction services.

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

Dr David Sims, Medical Director, Caldicott Guardian
David is a child and adolescent psychiatrist and has worked as a consultant for the Care Trust since 2002, initially in Airedale and then as an autism and intellectual disability specialist. He was quality lead for the development of a parent training programme about the Autistic Spectrum, which is now used internationally.

Following the development of new special schools, he supported the Care Trust's Child and Adolescent Mental Health Service (CAMHS) to run consultation clinics with special school nurses and moved clinical work into special schools. He has had a number of education roles for doctors in training, including six years as Training Programme Director for child and adolescent psychiatrists in Yorkshire. He was Deputy Medical Director at the Trust, with responsibility for medical staffing, for a number of years.

David is governor of a local special school for communication and interaction difficulties. He is a tutor for PRIME, a faith based medical education charity that aims to improve standards of health care education worldwide, and has made a number of short term visits to Nepal over the last ten years teaching mental health as part of multi-national teams.

Paul Hogg, Director of Corporate Affairs, Trust Board Secretary
Paul has over 25 years' experience in policy and corporate governance roles across various Government departments, regional government agencies and the NHS.

A graduate of the Nye Bevan leadership programme, Paul joined our Trust in 2009 as Trust Board Secretary and was appointed as Director of Corporate Affairs in October 2017.

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

Tim Rycroft, Chief Information Officer Move down after Voting Execs

Tim joined the organisation from Airedale NHS Foundation Trust, following seven years as head of information technology and information governance. During his time at Airedale, Tim managed the pilots and early implementation of the multi-agency telemedicine service for people with long term conditions. This was developed further by the 'Airedale Hub' that achieved national award recognition for its innovative work in supporting care homes. Before joining Airedale, Tim was head of technology business solutions at the National Policing Improvements Agency where he led the IT delivery for a new state-of-the-art £12 million forensic training centre and introduced a range of innovative technologies to support operational learning.

Tim brings considerable information management and technology experience to the new role, both within the NHS and national policing agencies. He is a non-voting member of the Board as an Associate Director.

We have also said farewell to a number of long serving Board members: Michael Smith, Chair; Rob Vincent, Deputy Chair; David Banks, Non-Executive Director and Chair of the Audit Committee; Andy McElligott, Medical Director; and Debra Gilderdale, Director of Nursing and Professions.

Mike Smith

David Banks

Rob Vincent

Removal of a Non-Executive Director requires the approval of three quarters of the members of the Council of Governors at a general meeting as outlined in the Standing Orders (Annex 6 in the Trust Constitution).

The Board holds bi-monthly public meetings and discharges its day-to-day management of the Trust through the Chief Executive, individual Executive and Associate Directors and senior staff through a scheme of delegation which is approved by the Audit Committee. Attendance at Board meetings is outlined in Table 17.

During the financial year a Special Advisor, Sarah Jones, was appointed. Mrs Jones provided expert advice on business development and innovation, working closely with the Head of Business and Service Development at the Trust. Mrs Jones was a regular attendee of the Board; Finance Business and Investment Committee and jointly facilitated a Board Development Session on Business Development during the year.

Name	Number of business meetings attended	25 April 2019	23 May 2019***	30 May 2019	27 June 2019*	25 July 2019	26 September	31 October 2019*	28 November	19 December	30 January 2020	27 February 2020*	26 March 2020
Non-Executive Directors													
Michael Smith	5/5	X	X	X	X	X							
Cathy Elliott	7/7						X	X	X	X	X	X	X
Gerry Armitage	10/12	X	-	X	-	X	X	X	X	X	X	X	X
David Banks	8/8	X	X	X	X	X	X	X	X				
Andrew Chang	4/4									X	X	X	X
Zulfi Hussain	11/12	X	X	X	X	X	X	X	X	-	X	X	X
Simon Lewis	12/12	X	X	X	X	X	X	X	X	X	X	X	X
Carole Panteli	11/12	X	X	X	X	X	X	X	X	X	-	X	X
Rob Vincent	11/11	X	X	X	X	X	X	X	X	X	X	X	
Executive and Associate Directors													
Brent Kilmurray	11/12	X	X	X	X	X	X	-	X	X	X	X	X
Liz Romaniak	12/12	X	X	X	X	X	X	X	X	X	X	X	X
Debra Gilderdale	6/7	X	X	X	-	X	X	X					
Paul Hogg	12/12	X	X	X	X	X	X	X	X	X	X	X	X
Phil Hubbard	5/5				**			**	X	X	X	X	X
Sandra Knight	12/12	X	X	X	X	X	X	X	X	X	X	X	X
Andy McElligott	0/3	-	-	-									
Tim Rycroft	10/12	X	X	-	X	X	X	X	X	X	X	-	X
Patrick Scott	11/12	X	-	X	X	X	X	X	X	X	X	X	X
David Sims	10/12	**	**	**	-	X	X	X	-	X	X	X	X

*indicates private meeting only
**indicates attendance in deputising capacity
***indicates extraordinary meeting
-indicates apologies

Table 17: Attendance at formal Board meetings by Board members

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

The Board receives a performance report at each public Board meeting measuring performance against national and local targets relating to finance, quality and governance indicators. Where there is any deviation from plan, exception reports are presented for consideration of any necessary remedial action. The report has, over the year, been refined to reflect new targets or other areas requested by the Board to ensure it monitored new areas of performance. At the Board meeting held in public on 30 March 2020, the Board approved a refresh of the report to support the Trust's continuous improvement journey on quality governance.

The Trust has robust processes in place for annual performance evaluation of the Board, its Directors and its sub-committees in relation to performance. The main components of this are:

- The Chair conducts individual performance evaluations of the Non-Executive Directors and the Chief Executive, which involves obtaining feedback from a variety of stakeholders;

- The Senior Independent Director conducts a performance evaluation of the Chair, which involves obtaining feedback from a variety of stakeholders;
- The Chief Executive conducts performance evaluations of the Executive and Associate Directors;
- The Board has an ongoing development programme in place and held 12 individual sessions during the year over nine days. In additional, a Time Out was scheduled during Autumn 2019;
- The outcomes of the performance evaluation of the Chair and Non-Executive Directors is presented to the Council of Governors Remuneration Committee and reported to the Council of Governors in line with the agreed process;
- The outcomes of the performance evaluation of the Chief Executive, Executive and Associate Directors are presented to the Board of Directors Remuneration Committee; and
- Continued engagement with Deloitte LLP on the recommendations from the external Well-Led review that was undertaken during the end of the 2018/19 financial year, including a discussion, 'one year on' from the original review.

The external Well Led review against the Care Quality Commission well-led framework further strengthened the Trust's existing internal governance arrangements and the systems of internal control. It supported discussions around where decisions are taken and where risks or issues are escalated to, where accountability sits and what effective assurance looks like.

The recommendations from the review support the Trust's commitment to continuous improvement and provided a comprehensive system of monitoring, evaluating and reporting on performance. Ongoing developments throughout the year have ensured that the Trust is clear about the performance measures required to report against and where these are reported to internally and externally. The Trust refreshed its Board Assurance Framework and has further strengthened quality governance reporting. For each exercise best practice was reviewed alongside benchmarking.

The key arrangements that are in place to ensure the Trust is well-led are:

- An experienced leadership team with the skills, abilities, and commitment to provide high quality services. The Trust recognises the training needs of managers at all levels, including those of the leadership team, and provide development opportunities across the organisation;
- The Board and Senior Leadership Team has set a clear vision and values that are at the heart of all the work within the Trust and ensures they are understood at all levels by colleagues in relation to their daily roles;
- The recently developed Trust strategy is directly linked to the vision and values of the Trust, with a variety of stakeholders involved with the strategy development;
- The Board visit all parts of the Trust and feed back to the Board to inform the discussion in relation to the challenges colleagues and the services face and provide an opportunity for triangulation;
- The Trust is actively engaged in collaborative work with external partners, including NHS partners, primary care, Local Authorities, the voluntary sector, and the local integrated care system plans;

- The Board has sight of the most significant risks and mitigating actions through the Board Assurance Framework and Corporate Risk Register;
- Appropriate governance arrangements are in place in relation to Mental Health Act administration and compliance;
- The Trust has a structured and systematic approach to engagement;
- The Board reviews performance reports that included data about its services; and
- The Trust is committed to continuous improvement with the Care Trust Way being a key strategic priority for the Trust. The Trust actively seeks feedback, and uses this to identify learning and ongoing development.

Foundation Trust Code of Governance

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

The Trust is able to comply with the Code in all areas except the following requirements:

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

Board Sub-Committees

The Board discharges its responsibilities through eight sub-committees. The main duties of each Committee is set out below. To support effectiveness reviews, Committees undertake an annual evaluation and submit an Annual Report to the Board. These reports are considered by the Board as assurance against the wider context of the Annual Report. At each Board meeting following a Committee, there is a report from Committee Chairs.

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

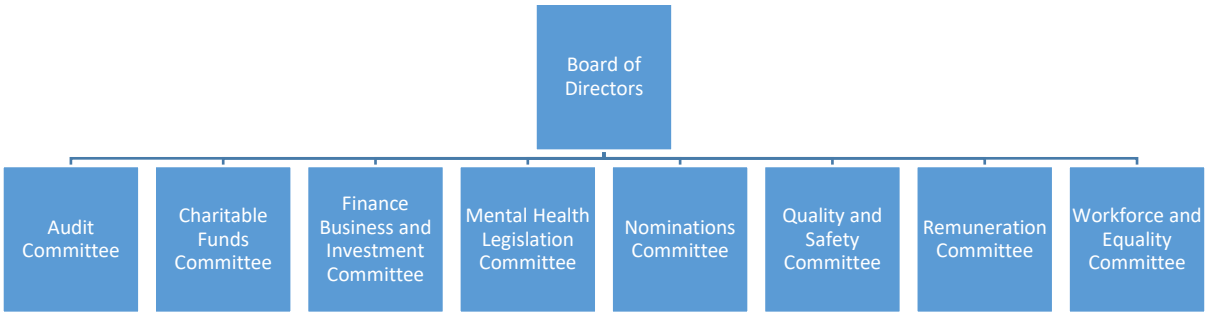


Diagram 11: Board sub-committees that support the Board of Directors

Audit Committee (Chair: David Banks until 30 November 2019, Andrew Chang from December 2019)

The Audit Committee is responsible for the Trust's systems of internal control and comprises solely of Non-Executive Directors, supported by the Director of Finance, Contracting and Facilities, Director of Corporate Affairs and senior staff from the Finance Directorate. It provides the Board with an independent and objective review of financial and corporate governance, risk management, external and internal audit programmes. It is responsible for making sure the Trust is well governed. Taking a risk based approach, the Committee has worked to an annual plan covering the main elements of the Assurance Framework. The Committee validates the information it receives through the work of Internal Audit and External Audit, again through reports and attendance by key personnel at its meetings to present papers on specific matters. Assurance is also brought to the Committee through the knowledge that Non-Executive Directors gain from other areas of their work, not least their own specialist areas of expertise, visiting services, and talking to colleagues and Governors.

The Audit Committee is authorised by the Board to investigate any activity within its terms of reference. This includes:

- reviewing the maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- ensuring that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board;
- reviewing the work and findings of the external auditors and considering the implications and management's responses to their work; and

- satisfying itself that the organisation has adequate arrangements in place for countering fraud and shall review outcomes of counter fraud work.

The Committee has appointed internal auditors (Audit Yorkshire) and during the year:

- reviewed and approved the internal audit strategy, operational plan and more detailed programmes of work;
- considered the major findings of internal audit work (and management's response);
- considered whether the internal audit function is adequately resourced/has the appropriate standing within the organisation;
- considered the Head of Internal Audit Opinion on the overall adequacy and effectiveness of its system of internal controls.

KPMG LLP are the Trust's external auditors. The Committee has reviewed the work and findings of the external auditor, its annual audit plan and fee. Following a competitive tender process, the Audit Committee recommended to the Council of Governors the re-appointment of KPMG for three years from 1 April 2019. The Council accepted the recommendation, noting that a panel which included Governors, the Director of Corporate Affairs and Audit Committee Chair had been convened to support the process.

The Committee has also:

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

The Audit Committee met five times in 2019/20 as outlined below.

Name	Number of business meetings attended	15 April 2019	21 May 2019	2 September 2019	25 November 2019	24 February 2020
David Banks	4/4	X*	X*	X*	X*	
Andrew Chang	1/1				**	X*
Zulfi Hussain	4/5	X	X	-	X	X
Rob Vincent	5/5	X	X	X	X	X

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

Table 18: Attendance of members at the Audit Committee

Charitable Funds Committee (Chair: David Banks until 30 November 2019, then Zulfi Hussain from December 2019)

The Charitable Funds Committee oversees the Trust's charitable activities and ensures it is compliant with the law and regulations set by the Charity Commissioners for England and Wales. The Board is responsible for this area but this Committee looks

in detail at charitable matters and works with the Charity Commissioners where necessary.
The Charitable Funds Committee met twice in 2019/20 as outlined below.

Name	Number of business meetings attended	2 September 2019	24 February 2020
David Banks	1/1	X*	
Andrew Chang	1/1		X
Zulfi Hussain	1/1	-	X*
Rob Vincent	2/2	X	X
Paul Hogg	2/2	X	X
Liz Romaniak	2/2	X	X
Patrick Scott	0/2	-	-

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

Table 19: Attendance of members at the Charitable Funds Committee

Finance, Business and Investment Committee (Chair: Rob Vincent until 29 February 2020 when a new Non-Executive Director was appointed by the Council of Governors)
The Finance, Business and Investment Committee has responsibility for monitoring financial performance of the Trust against plan (reporting any proposed remedial action to the Board as necessary) considers the Trust's medium to longer term financial strategy and provides an oversight of the development and implementation of financial systems across the Trust. During the year, the Committee focused on the Trust's financial position, quarterly returns to NHS Improvement, financial re-forecasting and control total discussions, health and safety, property disposals and the market development plan/bid and tender pipeline. There was also a strong focus on workforce risks and mitigations and informatics risks and mitigations.

The Finance, Business and Investment Committee met nine times in 2019/20 as outlined below.

Name	Number of business meetings attended	8 May 2019	17 June 2019	22 July 2019	16 September 2019	28 October 2019	9 December 2019	21 January 2020	19 February 2020**	23 March 2020
Rob Vincent	8/9	X*	X*	X*	X*	X*	X*	X*	X*	
Andrew Chang	3/3							X	X	X*
David Banks	5/5	X	X	X	X	X				
Cathy Elliott	1/1									X
Simon Lewis	6/9	X	X	-	X	X	X	-	X	-
Brent Kilmurray	7/9	X	X	X	X	-	X	-	X	X
Sandra Knight	8/9	X	X	X	X	X	X	X	X	-
Liz Romaniak	8/9	X	X	X	X	X	X	X	X	-
Tim Rycroft	6/7			X	X	X	X	X	X	-
Patrick Scott	6/9	X	X	X	-	X	X	X	-	-
Sarah Jones	3/9	X	X	-	-	-	X	-	-	-

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

Table 20: Attendance of members at the Finance, Business and Investment Committee

Mental Health Legislation Committee (Chair: Carole Panteli)

The Mental Health Legislation Committee has a wide cross section of attendance comprising Non-Executive and Executive Directors, an Associate Hospital Manager, senior clinicians and Involvement Partners. The Committee has responsibility to monitor, review and report to the Board on the adequacy of the Trust's processes relating to all mental health legislation. During the year the Committee focused its discussions on reports received on Mental Health Act visits by the CQC, the CQC action plan, reports from the Mental Health Legislation Forum and Associate Hospital Manager meetings, its performance dashboard and specific items such as a review of Community Treatment Orders and an update on blanket restrictions.

The Mental Health Legislation Committee met six times in 2019/20 as outlined below.

Name	Number of business meetings attended	23 May 2019	18 July 2019	19 September 2019	21 November 2019	23 January 2020	24 March 2020
Carole Panteli	5/6	X*	X*	X*	X*	-	X*
Andrew Chang	1/1					X	
Cathy Elliott	1/1						X
Zulfi Hussain	6/6	X	X	X	X	X*	X
Simon Lewis	5/6	X	X	X	X	-	X
Patrick Scott	5/6	-	X	X	X	X	X
David Sims	5/6	X	-	X	X	X	X

*indicates Chair of the meeting
-indicates apologies at the meeting
**indicates joined the meeting as an honorary member

Table 21: Attendance of members at the Mental Health Legislation Committee

Nominations Committee (Chair: Michael Smith until 16 September 2019, then Cathy Elliott from 17 September 2019)

The Nominations Committee has the responsibility to review the structure, size and composition of the Board and, where necessary, be responsible for identifying and nominating for appointment candidates to fill posts within its remit. All Non-Executive Directors are members of this Committee. The Committee had five key areas of work during 2019/20: to support the Governors to appoint two new Non-Executive Directors; to recruit to the post of Medical Director; to recruit to the post of Director of Nursing, Professions and Care Standards; and to conclude the appointment process for a new Chair of the Trust.

Where the vacant post is for a Non-Executive Director, the Nominations Committee provides the Council of Governors' Nominations Committee with details of the suggested skills and experience required. Where the vacant post is for an Executive Director, a panel constituted in accordance with the NHS Act 2006, made up of a majority of Non-Executive Directors, will lead on the appointment process to appoint to the agreed skill set by a process agreed by the Nominations Committee. The Committee met seven times during 2019/20 as outlined below.

Name	Number of business meetings attended	10 April 2019	25 April 2019	3 June 2019	27 June 2019	16 August 2019	26 September 2019	28 November 2019
Michael Smith	**5/5**	**X***	**X***	**X***	**X***	**X***		
Cathy Elliott	**2/2**						**X***	**X***
Professor Gerry Armitage	**6/7**	**X**	**X**	**X**	**-**	**X**	**X**	**X**
David Banks	**7/7**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Zulfi Hussain	**7/7**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Simon Lewis	**7/7**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Carole Panteli	**7/7**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Rob Vincent	**7/7**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Brent Kilmurray	**4/4**		**X**		**X**		**X**	**X**
Paul Hogg	**4/4**		**X**		**X**		**X**	**X**
Sandra Knight	**3/3**		**X**				**X**	**X**
Liz Romaniak	**1/1**				**X**			

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

Table 22: Attendance of members at the Nominations Committee

Quality and Safety Committee (Chair: Gerry Armitage)

The Quality and Safety Committee has responsibility to monitor, review and report to the Board the adequacy of the Trust's processes in the areas of clinical governance and where appropriate facilitate and support existing systems operating across the Trust. This includes the monitoring of incidents and complaints, clinical policies, research and development, clinical audit and service improvements.

During the year, Committee business has included receiving feedback from Involvement Partners; updates from the Compliance Group, Safer Staffing Group and Patient Safety and Learning Group; received updates from the Mental Health Care Group and the Adult and Children's Care Group; received the Board Assurance Framework and the Corporate Risk Register; received assurance on risk management and incident management; and received assurance on the functional medical model.

The Quality and Safety Committee met seven times in 2019/20 as outlined below.

Name	Number of business meetings attended	2 May 2019	20 June 2019	2 August 2019	13 September 2019	1 November 2019	13 December 2019	7 February 2020
Gerry Armitage	6/7	X*		X*	X*	X*	X*	X*
Andrew Chang	1/1							X
Zulfi Hussain	5/7	X	X	X	X	-	-	X
Carole Panteli	7/7	X	X*	X	X	X	X	X
Debra Gilderdale	3/4	X	X	X	-			
Paul Hogg	7/7	X	X	X	X	X	X	X
Phil Hubbard	6/7	**	-	**	**	X	X	X
Tim Rycroft	1/1					X		
Patrick Scott	4/7	-	-	X	X	X	X	-
David Sims	6/7	X	X	X	X	X	X	-

*indicates Chair of the meeting
-indicates apologies at the meeting
**indicates attended as Deputy Director

Table 23: Attendance of members at the Quality and Safety Committee

Workforce and Equality Committee (Chair: Simon Lewis)

Following substantial discussion at the Trust, recommendations following the externally commissioned Well Led review and a benchmarking exercise, the Board approved a proposal on 28 November 2019 to formally establish a Board sub-committee that would focus on workforce and equality topics for members of staff. The Committee is underpinned by the Trust's People Development Strategy, with the five supporting priorities for the strategy forming the focus for the annual work plan for the new Committee. They cover topics on: staff engagement; recruitment and retention; talent management; leadership and management development; and diversity and inclusion.

The Workforce and Equality Committee met once during 2019/20 as outlined below.

Name	Number of business meetings attended	2 March 2020
Simon Lewis	1/1	X*
Cathy Elliott	1/1	X
Brent Kilmurray	1/1	X
Paul Hogg	1/1	X
Phil Hubbard	0/1	-
Sandra Knight	1/1	X
Liz Romaniak	1/1	X
Patrick Scott	0/1	-
David Sims	1/1	X

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

Table 24: Attendance of members at the Workforce and Equality Committee

Division of responsibilities of Chair and Chief Executive

The Trust has a clear statement outlining the division of responsibilities between the Chair and the Chief Executive. Handover discussions between the outgoing and

incoming Chair, and subsequent discussions with the Lead Governor and Deputy Lead Governors resulted in some new objectives being added to the in-year objectives for the incoming Chair:

- Work with colleagues to move the Trust's Well-led rating from Requires Improvement to Good and build on previous development work within this area;
- Ensure the necessary improvements to governance are robust and embedded;
- Ensure the Board is focused on successful delivery and evolution of its business plans in the context of an Integrated Care System;
- Act as a senior Trust ambassador and relationship manager with Trust stakeholders to contribute to the delivery of the **better lives, together** strategy and wider system plans;
- Embed and develop the Board in line with national requirements and guidance, Trust values and ambition, and the NHS Long Term Plan; and.
- Ensure the Board invests time in developing leadership effectiveness and succession plans.

The Chief Executive's objectives for 2019/20 were to:

- Progress the **better lives, together** strategy;
- Lead the successful delivery of the operational plan and development of sustainable forward plans within the context of the NHS Long Term Plan;
- Lead the Board and staff in progressing critical enablers for and risks to sustainable delivery;
- Play a leading role in the Bradford, Airedale, Wharfedale and Craven placed-based Health and Care Partnerships and our Trust contributions to the West Yorkshire and Harrogate Integrated Care System, in line with the **better lives, together** strategy; and.
- Build leadership capacity and personal development across the Trust.

Directors consider the Annual Report and Accounts, taken as a whole, to be a fair, balanced and understandable report which provides the information necessary for service users and carers, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Register of Director's Interests

Under the provisions of the Trust Constitution, the Trust is required to have a register of interests to formally record any declarations of interests of members of the Board of Directors. The register includes details of all directorships and other relevant material interests, which Executive, Associate and Non-Executive Directors have declared.

On appointment and annually thereafter, members of the Board declare any interests, which might place, or be seen to place them in a potential conflict of interest between their personal or private interests and those arising from their membership of the Board. None of the interests declared, conflict with their role as a Director. Directors are also offered the opportunity to make a declaration in respect of agenda items to be discussed during the formal meetings. The register of interests is maintained by

the Corporate Governance Manager and is available for inspection on the Trust's website.

It is also reported that Michael Smith, former Chair of the Trust, nor Cathy Elliott, Chair of the Trust, had no other significant commitments during the year that affected either of their ability to carry out the duties to the full for the Chair role, and they were both able to dedicate sufficient time to undertake the duties.

The Board has also demonstrated a clear balance in its membership through extensive debate and development. All Directors have met the Fit and Proper Persons Test described in the NHS Improvement provider licence.

Council of Governors

An integral part of the Trust is the Council of Governors who bring the views and interests of the public, service users, staff and other stakeholders into the heart of our governance framework. This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments in order to help improve the quality of services and care for all our service users and carers. The Council of Governors is chaired by the Chair of the Trust, who ensures a link between the Council and the Board of Directors; the Deputy Chair of the Trust is also the Deputy Chair of the Council of Governors.

During 2019/20 there was no change to the composition of seats within our Council of Governors. The composition ensures the Council is representative of our members and the public. Table 25 shows the composition of seats within the Council of Governors.

	Constituency	Number of seats
Elected	Public: Bradford East	3
	Public: Bradford South	3
	Public: Bradford West	3
	Public: Craven	1
	Public: Keighley	2
	Public: Rest of England	1
	Public: Shipley	2
	Staff: Clinical	3
	Staff: Non-clinical	2
Appointed	Barnardo's	1
	Bradford Assembly	1
	Bradford Council	2
	Bradford University	1
	Craven Council	1
	Sharing Voices	1
	Total	**27**

Table 25: Composition of our Council of Governors

Governors are either elected or appointed to seats on the Council of Governors for a period of up to three years. Elected governors consist of public and staff (clinical and

non-clinical) Governors. Appointed governors are nominated individuals from partner organisations as outlined in the Trust Constitution. Elected governors can stand to be re-elected for two terms of office holding a seat for up to a maximum of six years. Elections are carried out in accordance with the election rules in Annex 4 of the Trust Constitution. Further details about the elections we have held during 2019/20 can be found below. Appointed Governors can be nominated by their partner organisation again as their representative and can serve a maximum of two terms of three years on the Council of Governors.

Elected Governors

2019/20 saw two election campaigns taking place on behalf of the Council of Governors. The election was due to their being a number of vacancy seats on the Council caused by Governors stepping down early or because a Governor had reached the end of their term of office. The Spring 2019 campaign concluded on 30 April, and saw four out of seven seats filled as outlined below:

Constituency	Result	Number of seats included in the election
Public Bradford South	Vacant	2
Public: Craven	David Pearson	1
Public: Keighley	Nicky Green (re-elected)	1
Public: Rest of England	Safeen Rehman	1
Public: Shipley	Surji Cair	1
Staff Non-Clinical	Vacant	1

Table 26: Results of the Spring 2019 Election Campaign

The second election campaign run on behalf of the Council of Governors concluded on 5 September 2019, and saw all five seats being filled as outlined below:

Constituency	Result	Outcome
Public Bradford South	Stan Clay	Elected unopposed
Public Bradford South	Joyce Thackwray	Elected unopposed
Staff Clinical	Belinda Marks	Ballot (12.3% turnout)
Staff Clinical	Linzi Maybin	Ballot (12.3% turnout)
Staff Non-Clinical	Abdul Khalifa	Ballot (25.0% turnout)

Table 27: Results of the Summer 2019 Election Campaign

The Trust would like to welcome Governors have had been elected during 2019/20.

Appointed Governors

Appointed Governors are nominated by those organisations the Trust has identified as our partner organisations, for the purpose of the Council of Governors, and are set out in Table 28. During 2019/20 there were six changes to the Appointed Governors, as follows:

- Professor Shirley Congdon stood down on 13 May 2019;
- Councillor Naveed Riaz stood down on 13 June 2019;

- Councillor Wendy Hull stood down on 9 June 2019;
- Professor John Bridgeman joined on 13 May 2019;
- Councillor Richard Foster joined 10 June 2019; and
- Councillor Robert Hargreaves joined on 14 June 2019.

The Board of Directors would like to thank all the Appointed Governors it has worked with through the year for all their hard work, supporting the development of the services the Trust provides, and the Trust would like to welcome those newly appointed to the Council of Governors.

Role of the Council of Governors

Governors do not undertake operational management of the Trust. The responsibility of the Governors is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and the wider public. This includes scrutinising how well the Board is working, challenging the Board in respect of its effectiveness and asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust, questioning Non-Executive Directors about the performance of the Board and of the Trust, and to ensure that the interests of the Trust's members and public are represented. Governors on the Council meet the 'fit and proper persons test' described in the Trust's Provider Licence and outlined in the Trust Constitution.

The roles and responsibilities of the Council are set out in our Constitution. The Council's statutory responsibilities include:

- to appoint or remove the Chair and other Non-Executive Directors of the Trust;
- to decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and Non-Executive Directors;
- to approve the appointment by Non-Executive Directors of the Chief Executive;
- to appoint or remove the Trust's external auditor;
- to be consulted on and provide views to the Board in the preparation of the Trust's annual plan;
- to receive the Trust's Annual Report and Accounts, and the report of the auditor on them;
- to consider decisions on significant transactions and on non-NHS income; and
- to amend/approve amendments to the Trust's Constitution.

The Health and Social Care Act 2012 requires the Board of Directors to empower Governors by:

- holding open Board meetings;
- providing a copy of the agenda to the Council in advance of every Board meeting;
- providing copies of the approved minutes to the Council as soon as practicable after holding a Board meeting; and
- ensuring that Governors are equipped with the skills and knowledge they need to undertake their role.

The Council of Governors is required to meet “sufficiently regularly to discharge its duties effectively, but in any event, shall meet not less than four times each financial year.” During 2019/20 the Council of Governors had five business meetings. All general Council meetings were held in public, although items which are of a confidential nature (as defined by pre-determined criteria and in accordance with the Constitution) were taken in a private session. The table below shows attendance at those meetings.

Notice of public Council of Governors’ meetings along with the agenda and papers are published on The Trust website. Governors also hold an Annual Members’ Meeting, which was held September 2019. It is a public meeting and members were encouraged to attend to hear more about the work of the Trust and the Council of Governors. Table 28 shows those governors who attended the Annual Members’ Meeting.

			Council of Governors meeting				Annual Members' Meeting
Name	**Appointed (A) or Elected (E)**	**Number of business meetings attended**	**Attendance at 16 May 2019**	**Attendance at 18 July 2019**	**Attendance at 12 December 2019**	**Attendance at 26 February 2020**	**Attendance at 10 September 2019**
Councillor Aneela Ahmed	A	4/5	X	X	-	X	X
Ishtiaq Ahmed	A	3/5	X	-	-	X	X
Craig Berry	E	3/5	X	X	-	X	-
Professor John Bridgeman	A	1/4	-	-	X	-	-
Dr Sid Brown	E	5/5	X	X	X	X	X
Tina Butler	A	5/5	X	X	X	X	X
Surji Cair	E	5/5	X	X	X	X	X
Stan Clay	E	3/3			X	X	X
Professor Shirley Congdon	A	1/1	X				
George Deane	E	0/3	-	-	-		
Councillor Richard Foster	A	1/4		X	-	-	-
Nicky Green	E	4/5	X	X	X	-	X
Jane Haigh	E	0/1	-				
Rupy Hayre	E	1/5	-	-	X	-	-
Councillor Richard Hargreaves	A	0/4		-	-	-	-
Councillor Wendy Hull	A	0/1	-				
Abdul Khalifa	E	3/3			X	X	X
Mahfooz Khan	E	3/5	-	X	-	X	X
Belinda Marks	E	2/3			X	X	-
Linzi Maybin	E	2/3			X	X	-
Zahra Niazi	E	3/5	X	X	X	-	-
Ruth Omenyo	E	2/3	X	X	-		
Stephen Oversby	A	4/5	X	X	X	X	-
David Pearson	E	3/3	X	X	X		
Colin Perry	E	5/3	X	X	X	X	X
Safeen Rehman	E	2/5	-	X	X	-	-
Councillor Naveed Riaz	A	0/1	-				
Kevin Russell	E	4/5	X	X	-	X	X
Pamela Shaw	E	3/5	X	X	-	X	-
Nick Smith	E	4/5	X	X	-	X	X
Joyce Thackwray	E	1/3			-	-	X

Table 28: Attendance at formal Governor meetings during 2019/20; - indicates apologies at the meeting

Board Members and Governors Working Together

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

The Executive and Non-Executive Directors regularly attend Council meetings, presenting agenda items as required and participating in open discussions that form part of each meeting. The Senior Independent Director actively pursues an effective relationship between the Council and the Board, and regularly attends Council meetings. Governors can contact the Senior Independent Director if they have concerns regarding any issues which have not been addressed by the Chair, Chief Executive, or Director of Corporate Affairs (as Trust Board Secretary).

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

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

	Council of Governors meeting					Annual Members' Meeting
Name	Number of business meetings attended	16 May 2019	18 July 2019	12 December 2019	26 February 2020	10 September 2019
Michael Smith	3/3	X	X			X
Cathy Elliott	2/2			X	X	X*
Andrew Chang	2/2			X	X	
Professor Gerry Armitage	2/5	-	-	X	X	-
David Banks	2/3	-	X			X
Zulfi Hussain	2/5	-	X	-	-	X
Simon Lewis	4/5	-	X	X	X	X
Carole Panteli	4/5	-	X	X	X	X
Rob Vincent	1/4	-	-	X		-
Brent Kilmurray	5/5	X	X	X	X	X
Debra Gilderdale	1/3	-	X			-
Paul Hogg	5/5	X	X	X	X	X
Phillipa Hubbard	3/3			X	X	X**
Patrick Scott	4/5	X	X		X	X
David Sims	2/2		X			X
Liz Romaniak	3/3			X	X	X
Tim Rycroft	1/1					X
Sandra Knight	1/1					X

*indicates attended as Chair Designate
-indicates apologies at the meeting
**indicates attended as Deputy Director

Table 29: Board member attendance at formal Governor meetings during 2019/20

The Council of Governors has not, during the financial year, exercised its powers under paragraph 10C of Schedule 7 of the NHS Act 2016 to require any Director to attend a Council of Governors meeting. The Chair leads Governor 'Open House' meetings which enable engagement between Governors and Directors in between Council of Governor meetings.

Governor Training and Development

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

During the year the Trust has hosted or provided Governors with access to a range of training and development opportunities with the purpose of enhancing their knowledge and understanding of the organisation. All Governors have undertaken a comprehensive induction programme which is regularly reviewed and updated. Induction is mandatory for new Governors but is also made available as a

refresher for more experienced Governors. New Governors are offered the opportunity to benefit from a buddying system whereby a named buddy will make contact with any new Governors, will meet them before their first Council meeting, and will also sit with them during the meeting to support them and introduce them to their fellow Governors and the Board members.

During 2019/20 there have been various opportunities for providing support to Governors with their training and development including:

- an induction session covering information about the Trust, the Governor role and the type of information Governors receive;
- Bite Size training sessions on: Mental Health Awareness; Wellness Recovery Action Planning; and
- a series of visits to the Trust's services to enable Governors to achieve an overview of the breadth and depth of the services the Trust provides and have an opportunity to witness the performance of the Non-Executive Directors.

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

In line with good governance practice, an annual effectiveness review took place on the work of the Council of Governors. Feedback was reported on 26 February 2020 which contained a series of recommendations to further improve the work of the Council of Governors. The survey captured future training development aspirations which will be scheduled during 2020.

Council of Governors Sub-Committees

The Council of Governors has established three committees in order to carry out its functions. The membership and terms of reference for each have been approved by the Council of Governors and are reviewed regularly.

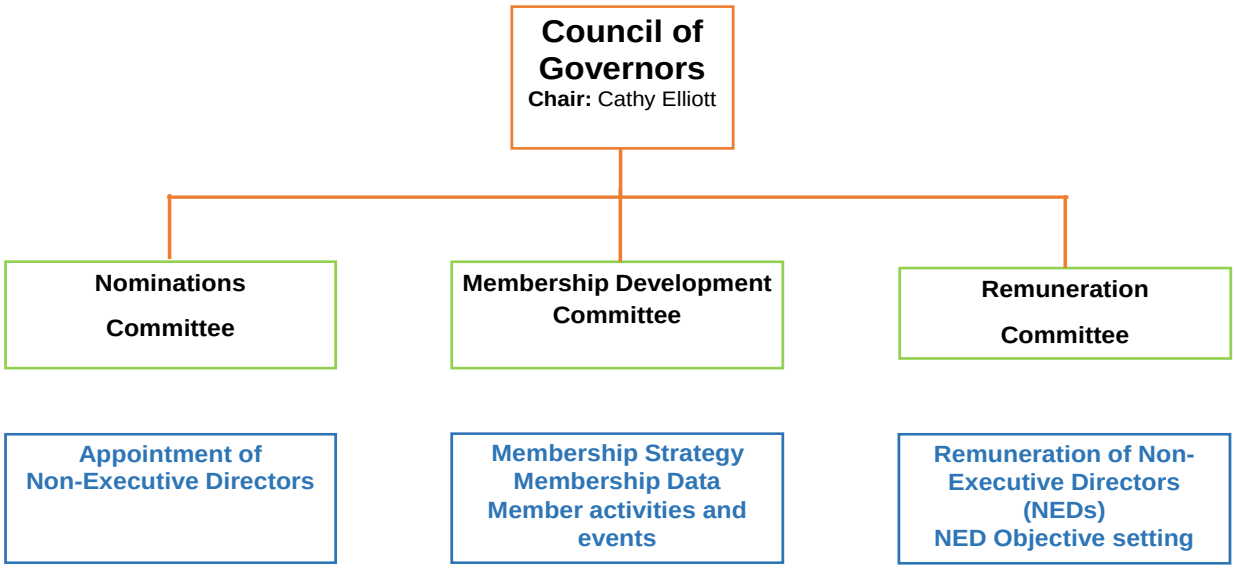


Diagram 12: Formal meeting structure for the Council of Governors

Nominations Committee

The Nominations Committee is responsible for the process of appointing Non-Executive Directors (including the Chair) when a vacancy arises or the re-appointment of existing Directors once their term in office expires. The Committee consists of five members, comprised of three Governors and two members of the Board of Directors (at least one of these is a Non-Executive Director). The Committee met during 2019/20 to discuss the recruitment strategy and supporting timeline for the appointment of the Chair of the Trust; and two Non-Executive Directors.

The Nominations Committee met three times during 2019/20 as outlined below.

Name	Number of business meetings attended	18 July 2019	5 December 2019	6 March 2020
Michael Smith	1/1	X*		
Cathy Elliott	2/2		X*	X
Zulfi Hussain	1/1	X		
Brent Kilmurray	1/1			X
Paul Hogg	2/2	X	X	
Sandra Knight	1/1		X	
Ishtiaq Ahmed	1/1			X
Craig Berry	1/2	X	-	
Tina Butler	1/2	X	-	
Nicky Green	2/3	X	-	X*
Rupy Hayre	1/1			X
Linzi Maybin	2/2		X	X
Stephen Oversby	1/2	X	-	
Colin Perry	2/2	X	X	

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

Table 30: Attendance at the Nominations Committee

Remuneration Committee

The Remuneration Committee is responsible for considering the remuneration and allowances set for the Chair and Non-Executive Directors of the Trust Board. The Committee met during 2019/20 to discuss the appraisal and objectives for the Non-Executive Directors including the Chair of the Trust; and national guidance received from NHS Improvement on Remuneration and Appraisals for Chairs and Non-Executive Directors.

The Remuneration Committee met three times during 2019/20 as outlined below.

Name	Number of business meetings attended	14 May 2019	18 February 2020	26 February 2020
Michael Smith	1/1	X		
Cathy Elliott	2/2		X	X
Paul Hogg	3/3	X	X	X
Sandra Knight	1/1	X		
Nicky Green	2/3	X*	X*	-
Sid Brown	3/3	X	X	X
Craig Berry	2/3	X	X	-
Stan Clay	2/2		X	X
Stephen Oversby	0/2		-	-
Colin Perry	1/1			X*

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

Table 31: Attendance at the Remuneration Committee

Membership Development Committee

This Committee is responsible for developing the membership of the Trust and considering how the interest of members might be better represented. The Committee met periodically to define and approve the development of the refreshed membership engagement strategy entitled *Governors, Representing You.*

The Membership Development Committee met once time during 2019/20 as outlined below.

Name	Number of business meetings attended	2 October 2019
Nicky Green	1/1	X*
Tina Butler	1/1	X
Surji Cair	0/1	-
Rupy Hayre	0/1	-
Zahra Niazi	0/1	-
Ruth Omenyo	0/1	-
David Pearson	1/1	X
Colin Perry	1/1	X
Paul Hogg	1/1	X

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

Table 32: Attendance at the Membership Development Committee

Resolution of disputes between the Council of Governors and the Board of Directors

The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved. This is included in Annex 6 of the Trust's Constitution (Standing Orders for the Council of Governors). If Governors have concerns they wish to raise, they have been advised to contact the Chair, Senior Independent Director or Director of Corporate Affairs (as Trust Board Secretary) as appropriate.

Membership Report

Membership

Foundation Trust membership is designed to offer local people, service users, carers and staff a greater influence in how the Trust's services are provided and developed. The membership structure reflects this composition and is made up of three categories of membership:

- **Public:** All members of the public aged 14 years or older can join the Trust and fall within a constituency area based on their postal address. From the outset the Trust made the conscious decision not to create separate membership categories for service users or carers. Both service users and carers are represented within the public membership group of the Council of Governors. The Trust's involvement and participation framework ensures that the voice of carers and service users is heard in other ways in the Trust;
- **Staff members:** All Trust staff are automatically part of the staff membership group provided they are on a permanent contract or on a fixed-term contract of at least 12 months' duration. Staff can opt out of membership if they wish, although few chose to do so; and
- **Appointed:** As outlined in the Trust's Constitution, there are seven seats available on the Council of Governors for appointed representatives from a selection of our partner organisations. They cover the voluntary and community sector; education; and local authorities. These individuals not only bring a wealth of knowledge and experience with them, they represent the voice of their organisations and further enhance the Trust's partner relationships.

Continually Developing a Representative Membership

Working with the Governors, the Trust is responsible for ensuring that the membership is representative of the people that it serves. The profile of the current membership in terms of ethnicity, gender and age continues to be broadly in line with that of the respective constituencies, with no significant deficits. A review of membership has been undertaken by the Trust and results from this confirmed that membership numbers remain high and representative.

We value the contribution of our membership and our focus will be on qualitative rather than quantitative membership levels and engagement. A focused approach to membership engagement and recruitment continues, which allows for campaigns to maintain a representative membership. We have a varied approach to facilitating engagement between Governors, members and the wider public. In particular, each year we hold our Annual Members Meeting. This not only incorporates the statutory annual meeting where the Council accounts for how it has carried out its duties on behalf of members, it also has an opportunity for wider engagement. The Trust continues to ensure that Governors are central to the event which allows them to engage with a diverse range of individuals whilst fulfilling their statutory duties.

Strategic Vision

During the year, the Membership Development Committee worked together to formulate and agree on the proposal for the refresh for the Trust's membership strategy. Building on the success of previous strategies as the third strategy for the Trust, *Governors: Representing You*, seeks to further enhance engagement with members and the wider public, and ensure that it is meaningful.

It is essential that the Trust establishes appropriate and meaningful two-way conversations with its members. The conversations should go beyond broadcasting information and should seek to actively engage those members who want to be involved in shaping the future of the Trust, and other involvement initiatives.

Communication with members will be in line with our Trust values and based on the NHS Communications standard: open and honest; efficient; integrated; credible; planned; clear; targeted; two way; timely; and consistent. Having successfully recruited to a large and broadly representative body of public members, Governors and the Trust are now concentrating on engagement. The new strategy was approved by the Council of Governors on 26 February 2020.

Public and staff membership data

Public membership:

Demographic	Number of Members
Age:	
0-16	8
17-21	352
22+	8772
Not Stated	561
Gender:	
Unspecified	135
Male	3713
Female	5845
Ethnicity:	
White	5452
Mixed	222
Asian or Asian British	3188
Black or Black British	459
Other	117
Not Stated	255
Total	**9693**

Table 33: Public membership demographics (as at 31 March 2020)

Representativeness by constituency areas:

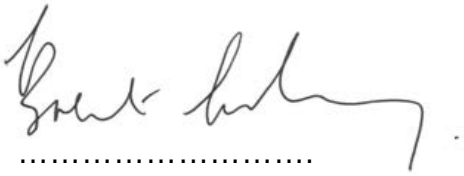
Constituency	Current Membership	Number of Governors
Bradford East	2017	3
Bradford South	1291	3
Bradford West	2188	3
Shipley	1135	2
Keighley	1117	2
Craven	448	1
Rest of England	1497	1
Total	**9693**	

Table 34: Membership by constituency (as at 31 March 2020)

Staff membership:

Constituency	Current Membership	Number of Governors
Clinical	2345	3
Non-Clinical	754	2
Total	**3099**	

Table 35: Membership by staff constituency (as at 31 March 2020)



Signed: ……

Brent Kilmurray, Chief Executive
Date: 25 June 2020

Lead Governor, Nicky Green (from 18 July 2019)

NHS Improvement requires each Foundation Trust to have a Lead Governor. Colin Perry was the Lead Governor until 18 July 2019, when fellow Governors elected Nicky Green to fulfil the post. We would like to thank Colin for his dedication to the role of Lead Governor during his time of appointment and welcome Nicky to the role.

The role of the Lead Governor is to:

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

Report from Lead Governor

On 1 May 2019, I commenced my second term as a Public Governor for Keighley at the Trust. I was elected as Lead Governor by fellow Governors on 18 July 2019. On behalf of the Council, I would like to thank Colin Perry who had previously undertaken the Lead Governor role. Mr Perry, in his second term as a Public Governor for Bradford West was elected as Deputy Lead Governor on 18 July 2019 and continues to provide valuable input into the duties undertaken by Governors and is a huge support to me.

During 2019/20, there were two election campaigns to the Council of Governors. The first which concluded on 1 May 2019 saw three new Governors join the Council, representing Public constituencies in: Craven; Shipley; and the Rest of England. I was re-elected for a second term. The Governors were welcomed to the Trust on 30 April 2019 at the Governor Induction that was led by the Chair of the Trust.

The second election campaign ran over Summer 2019, where five seats were filled involving one ballot. The campaign concluded on 5 September 2019 and saw new Governors join the Council representing the following constituencies: Public Bradford South (two seats); Staff Clinical (two seats); and Staff Non-Clinical (one seat). As a result of the campaign, a ballot for the Staff Clinical seats; and Staff Non-Clinical seat took place. Governors were welcomed to the Trust on 29 October 2019 at the Governor Induction that was led by the Chair of the Trust. This was an opportunity for all Governors who attended to engage with fellow Governors, undertake the induction for the first time or as a refresher, and to network with key Trust colleagues who interact with the Council of Governors.

During 2019/20, three individuals joined the Council as appointed Governors representing: Bradford Council; Bradford University; and Craven Council. I would like to thank the Governors that stood down from those roles during 2019/20, for their time and valuable insights at meetings and events. I am delighted that the newly elected or appointed Governors have hit the ground running and are making valuable contributions at meetings.

During the 2019/20 financial year, Governors contributed views of constituents and the wider public through their involvement in a variety of meetings and events as detailed earlier in this report. These activities enabled them to further develop their knowledge about the work of the Trust and provided them with opportunities to provide feedback on behalf of the membership and the wider public. Building on the success of the **better lives, together** strategy at the Trust, 2019/20 saw the development and supporting consultation for the involvement and participation strategy: *Your Voice Matters*; and the membership engagement strategy: *Governors, Representing You*. Governors were actively involved with the development of both these strategies.

Governors have carried out their duties in many ways during 2019/20, including the following: appointment the Chair of the Trust; being consulted on the strategic direction of the Trust; engaging with members and formally representing their constituents at the Council of Governors meeting; receiving the Annual Report and Accounts and the Auditors Report on them at the Annual Members' Meeting; appointing a new Non-Executive Director; holding the Non-Executive Directors to account; attending regional meetings to represent the Trust across West Yorkshire; and continually engaging with their constituents and the wider public throughout the membership workstream.

A programme of Board Quality and Safety Walkabout visits has taken place and Governors have attended these to observe the Non-Executive Directors undertaking their role and statutory duties. The visits also provide an opportunity for Governors to hear more about the services and for Staff Governors to engage with their constituents. Another opportunity for Governors to observe the performance of the Non-Executive Directors is by observing the Board of Directors and sub-committee meetings. At the formal Council of Governors meetings, the Non-Executive Directors present a report from the Board sub-committee meetings that outline areas of discussion and answer questions from Governors around levels of assurance. The reports outline the discussion that had taken place at the Board sub-committee meeting and provides a summary of Non-Executive Director and Trust performance to Governors. At each formal meeting, a nominated Non-Executive Director will also present the Performance Report to the Council.

Engagement opportunities throughout the year have seen Governors attending: the Annual Members' Meeting; a regional Governor and Non-Executive Director event, regarding the work of the West Yorkshire and Harrogate Integrated Care System where they were able to present their views; Open House meetings with the Chair of the Trust; external training and networking provided by NHS Providers; and question and answer sessions with the Chair of the Trust, and the Chief Executive. Governors are encouraged to share their experiences and feedback, which is shared by email to the wider Council or presented at the formal Council of Governors meetings. Governors continue to receive the Governor Friday Folder newsletter that is prepared by the Chair of the Trust. The newsletter contains key updates on topical items, and information about regular meetings and other upcoming opportunities.

There has been no occasion during the year for the Council of Governors to contact either NHS Improvement or the CQC. The Council of Governors have been involved with a variety of activities and I hope this report highlights how the Governors have been effectively carrying out their duties and how the Trust continues to benefit from their input.

Nicky Green
Lead Governor

Register of Governors' Interests

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

How to contact the Council of Governors

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

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

Email: ft@bdct.nhs.uk

Phone: 01274 363430

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

Remuneration Report

Remuneration Committee

The Remuneration Committee comprises exclusively of Non-Executive Directors and has delegated authority from the Board to decide appropriate remuneration and terms of service for the Chief Executive and Executive Directors, including all aspects of salary, provision for other benefits including pensions and cars, arrangements for termination of employment including redundancy and other contractual terms.

The Committee also has a key role in:

- reviewing pay, terms and conditions for the most senior staff below Executive Director level;
- the applicability of any national agreements for staff on local terms and conditions or pay arrangements that are not determined nationally;
- receiving information on the outcome of Clinical Excellence Awards Rounds and any new proposals;
- reviewing and approving all redundancy business cases and any proposed payments to staff that do not fall within contractual entitlements e.g. settlement agreements; and
- reviewing Trust strategies and proposals around pay and reward including FT freedoms, flexibilities, and options.

Sandra Knight, Director of Human Resources and Organisational Development, provides advice and guidance to the Committee and the Committee is provided with administrative support by the PAs to the Chief Executive and Chair.

The Committee met five times in 2019/20 to consider the in-year performance and future objectives of the Trust Chair and Non-Executive Directors and deferred a decision on remuneration due to guidance awaited from NHS Improvement. Attendance is shown below.

Name	Number of business meetings attended	1 Feb 2019	23 May 2019	27June 2019	28 Nov 2019	27 Feb 2020
Michael Smith	3/3	X*	X*	X*		
Zulfi Hussain	5/5	X	X	X	X	X
Rob Vincent	4/4	X	X	X	X	
Cathy Elliott	2/2				X*	X*
Andrew Chang	1/1					X

*indicates Chair of the meeting
Table 36: Attendance at the Board Remuneration Committee

Performance Review process

Executive Directors and the Chief Executive are remunerated on a spot salary in line with the benchmark evidence. No other external support or advice was sought by the Committee during 2019/20.

The Trust is required to indicate in the annual report the expenses paid to Directors in the financial year and the sum paid in 2019/20 was £4,282 to nine Directors and Non-Executive Directors (against a total of £4,295 in 2018/19 to nine Directors).
The expenses paid to three Governors in the same financial year was £268 with 21 not claiming any expenses (against a total of £326 in 2018/19 to five Governors, with 20 not claiming any expenses). As at 31 March 2020, the Trust had 24 Governors and 3 public vacancies.

Executive Director remuneration

There is one officer in the Trust at Executive level who is paid more than £150,000 following a benchmarking review of that role as part of the review of remuneration for that type of role in similar Trust's nationally. Pay for Executive Directors has been benchmarked in the past using nationally available data through e-Reward or NHS Providers information which in the former is a year behind and in the latter only reports against data from Trusts who responded to the request for information by NHS Providers. NHS Improvement is now compiling comprehensive data across Trusts and their benchmark reports will be used in future.

Service Contract Obligations

Following the introduction of the Fit and Proper Persons Requirements (FPPR) for Executive Directors and Non-Executive Directors, Regulation 5 of the Health and Social Care Act, the Trust continues to discharge its responsibility in ensuring that existing and new role holders are reviewed against the FPPR standards and has incorporated this following the initial self-declaration into the appraisal process, also ensuring inclusion in employment contracts.

Senior Managers' Remuneration Policy/Pay Framework

The pay policy framework remains that the terms and conditions for staff reflect nationally determined arrangements under Agenda for Change. The Committee continues to operate the employer-based Clinical Excellence Award scheme and has revised is policy in line with national guidance, which means awards made from 1 April 2018 are non-consolidated and non-pensionable and time limited. The Committee's wish is that the scheme rewards clinical excellence linked to delivery of the Trust's strategic goals, values and contribution to leadership and service transformation remains.

Non-Executive Directors are appointed for a three-year term and can be re-appointed for a further term; any term beyond six years (e.g. two three year terms) is subject to rigorous review. There are no Executive Directors appointed on fixed term contracts. All Executive Directors are subject to a three month notice period, no provision for compensation for early termination is included in staff contracts and any provision for compensation for termination would be considered on an individual basis by the Committee. Two new appointments of a Non-Executive Director were agreed during 2019/20: Cathy Elliott, Chair/Non-Executive Director; and Andrew Chang, Non-Executive Director.

Accounting policies for pensions and other retirement benefits and details of senior employees' remuneration can be found below and are also set out in Note 8 to the accounts. Apart from Non-Executive Directors who are appointed for a fixed-term, no other Directors of the Trust are appointed on fixed term contracts; therefore, there are no unexpired terms and contracts do not contain provision for early termination of a contract. The information contained on Page 170 relating to the salary and pension entitlements of senior managers within the Trust is subject to audit and is taken from the Trust's accounts for 2019/20.

Remuneration information

Details about the remuneration levels for 2019/20 are provided below. Also included is information about the relationship between the highest paid Director of the Trust and the median remuneration of the organisation's workforce.

Name and Title	2019/20			
	Salary	Expense payments (taxable) to nearest £100 *	All pension-related benefits**	Total
	(Bands of £5,000) £ 000	Rounded to nearest £100	(Bands of £2,500) £ 000	(Bands of £5,000) £ 000
M Smith - Chair (to 16th September 2019) (e)	20 - 25	100		20 - 25
C Elliott - Chair (from 1st September 2019) (f)	25 - 30	0		25 - 30
G Armitage - Non Executive Director	10 - 15	0		10 - 15
S Lewis - Non Executive Director	10 - 15	0		10- 15
C Panteli - Non Executive Director	10 - 15	0		10 - 15
D Banks - Non Executive Director (to 1st December 2019) (g)	5 - 10	0		5 - 10
A Chang - Non Executive Director (from 13th December 2019) (h)	0 - 5	0		0 - 5
R Vincent - Non Executive Director (to 2nd March 2020) (i)	10 - 15	0		10 - 15
Z Hussain - Non Executive Director	10 - 15	0		10 - 15
B Kilmurray - Chief Executive	145 - 150	8,300	67.5 - 70	220 - 225
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive	130 - 135	0	25 - 27.5	155 - 160
S Knight - Director of Human Resources & Organisational Development	100 - 105	4,700	10 - 12.5	120 - 125
P Hogg - Director of Corporate Affairs	95 - 100	0	50 - 52.5	145 - 150
D Gilderdale - Director of Nursing & Professions (to 21st November 2019) (a)	70 - 75	100	0	70 - 75
A McElligott - Medical Director (to 23 May 2019) (b)	140 - 145	0	0	140 - 145
T Rycroft - Chief Information Officer	85 - 90	0	27.5 - 30	115 - 120
P Scott - Chief Operating Officer	110 - 115	8,000	47.5 - 50	165 - 170
P Hubbard - Director of Nursing, Professions & Care Standards (from 1st November 2019) (c)	45 - 50	100	65 - 67.5	115 - 120
D Sims - Medical Director (Acting from 24th May 2019, Permanent from 1st December 2019) (d)	100 - 105	0	257.5 - 260	360 - 365

Name and Title	2018/19			
	Salary	Expense payments (taxable) to nearest £100 *	All pension-related benefits**	Total
	(Bands of £5,000) £ 000	Rounded to nearest £100	(Bands of £2,500) £ 000	(Bands of £5,000) £ 000
M Smith - Chairman	40 - 45	200		40 - 45
G Armitage - Non Executive Director	10 - 15	0		10 - 15
S Butler - Non Executive Director (to 16th September 2018) (g)	5 - 10	0		5 - 10
S Lewis - Non Executive Director (from 19th November 2018) (h)	0 - 5	0		0 - 5
C Panteli - Non Executive Director (from 3rd December 2018) (i)	0 - 5	0		0 - 5
R Vincent - Non Executive Director	10 - 15	0		10 - 15
D Banks - Non Executive Director	10 -15	0		10 - 15
Z Hussain - Non Executive Director	10 - 15	0		10 - 15
N Lees - Chief Executive (to 29th April 2018)	10 - 15	500	0	10 - 15
B Kilmurray - Chief Executive (from 20th August 2018)	85 - 90	5500	932.5 - 935	1025 - 1030
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive	130 - 135	0	5 - 7.5	135 - 140
S Knight - Director of Human Resources & Organisational Development	100 - 105	3800	0	105 - 110
P Hogg - Director of Corporate Affairs	90 - 95	100	45 - 47.5	135 - 140
A McElligott - Medical Director	135 - 140	2900	30 - 32.5	170 - 175
D Gilderdale - Director of Nursing & Professions	115 - 120	200	0	115 - 120
T Rycroft - Chief Information Officer	80 - 85	0	65 - 67.5	150 - 155
P Scott - Chief Operating Officer (from 1st February 2019)	15 - 20	1100	1165 - 1167.5	1180 - 1185
N Cook - Interim Director of Finance (from 17th May to 9th September 2018)	45 - 50	0	0	45 - 50

Table 37: Remuneration of Directors

Notes:
* Expense payments relate to taxable travel allowances and to benefits in kind relating to lease cars.
** Pension benefits only relate to Officer Scheme membership and do not include any practitioner i.e. GP pension benefits. This was only applicable to A McElligott.
*** The Trust has made no payments (current or long term) for performance pay or bonuses.

(a) Debra Gilderdale retired as Director of Nursing and Professions on 21 November 2019 and received her pension from December 2019.
(b) Andrew McElligott resigned as Medical Director effective from 23 May 2019 and received his contractual entitlement to salary in lieu of notice (this is also detailed within the Exit Packages note), leaving the Trust on 30 September 2019.
(c) Phil Hubbard was appointed Director of Nursing, Professions and Care Standards from 1 November 2029.
(d) David Sims was appointed part time Acting Medical Director from 24 May 2019, and full time Permanent Medical Director from 1 December 2019. Of the total salary figure shown in the table above, £35,105 relates to his clinical role between 24 May 2019 and 30 November 2019.
(e) Michael Smith left his role as Chair on 16 September 2019.
(f) Cathy Elliott was appointed as Chair Designate from 1 September 2019 and formally took up the role of Chair from 17 September 2019.
(g) David Banks left his role as Non-Executive Director on 1 December 2019.
(h) Andrew Chang was appointed as Non-Executive Director from 13 December 2019.
(i) Rob Vincent left his role as Non-Executive Director on 2 March 2019.

The Trust has one Executive for whom their total salary plus benefits is just above £150,000. The value includes a salary sacrifice lease car with expenses. This has been reviewed by the trust and deemed to be reasonable, including by reference to benchmarks for other similar organisations.

In respect of pension related benefits, taking one year compared to the next, due to the number of factors affecting both the benefits accrued in-year and the movement in Cash Equivalent Transfer Value (CETV) it is not possible to define which factor has led to those changes. Factors that can affect the reported pension related benefits are: relevant Total Pensionable Pay (TPP) which can be affected cost of living inflation or salary deductions via salary sacrifice schemes; length of service of a pensionable employee and whether they have reached the maximum pensionable contributions; which of the two current schemes being operated within the NHS and the effect of the resulting protection arrangements employed by each scheme. Further details on the NHS Pension Scheme arrangements can be found at www.nhsbsa.nhs.uk/Pensions.

All pension related benefits in the table above are adjusted for inflation at the CPI rate of 2.35% in 2019/20 (3.0% in 2018/19).

Name and title	Real increase in pension at pension age (Bands of £2,500)	Real increase in Pension Lump sum at pension age (Bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (Bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (Bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2019	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020
	£000	£000	£000	£000	£000	£000	£000
B Kilmurray - Chief Executive	2.5 - 5	2.5 - 5	45 - 50	100 - 105	724	79	820
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive	0 - 2.5	0	45 - 50	110 - 115	802	44	865
S Knight - Director of Human Resources & Organisational Development (a)	0 - 2.5	2.5 - 5	45 - 50	135 - 140	0	0	0
P Hogg - Director of Corporate Affairs	2.5 - 5	2.5 - 5	40 - 45	95 - 100	710	65	791
D Gilderdale - Director of Nursing & Professions (to 21st November 2019) (b)							
A McElligott - Medical Director (to 23rd May 2019) (c)	0	0	10 - 15	0	598	0	140
T Rycroft - Chief Information Officer	0 - 2.5	0	10 - 15	0	164	29	197
P Scott - Chief Operating Officer	2.5 - 5	5 - 7.5	55 - 60	135 - 140	930	74	1,025
P Hubbard - Director of Nursing, Professions & Care Standards (from 1st November 2019) (d)	2.5 - 5	7.5 - 10	40 - 45	120 - 125	671	72	861
D Sims - Medical Director (Acting from 24th May 2019, Permanent from 1st December 2019) (e)	10 - 12.5	35 - 37.5	45 - 50	145 - 150	758	282	1,106

Table 38: Pension benefits of Directors

Notes:

(a) There is no Cash Equivalent Transfer Value as at 31 March 2019 for Sandra Knight, as she has reached normal retirement age during the previous financial year.
(b) Debra Gilderdale retired as Director of Nursing & Professions on 21 November 2019 and received her pension from December 2019.
(c) Andrew McElligott resigned as Medical Director effective from 23 May 2019, claiming pension benefits under the 1995 Pension Scheme from June 2019. The amounts shown above represent residual benefits relating to the 2015 Pension Scheme.
(d) Phil Hubbard was appointed Director of Nursing, Professions & Care Standards from 1 November 2019. The Real Increase values shown in the table above are for the period 1 November 2019 – 31 March 2020.
(e) David Sims was appointed Acting Medical Director from 24 May 2019 and Permanent Medical Director from 1 December 2019. The Real Increase values shown in the table above are for the period 24 May 2019 – 31 March 2020.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown related to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other

pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Real Increase in CETV – this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end period. CPI inflation of 2.35% has been used in accordance with NHS Business Services Authority guidance in 2019/20 (3.0% in 2018/19).

No Director has a stakeholder pension.

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

Fair Pay Multiple - Median Pay

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in Bradford District Care NHS Foundation Trust in the financial year 2019/20 was £150,000 - £155,000 (2018/19 £150,000 to £155,000). This was 5.1 times (2018/19 - 5.1 times) the median remuneration of the workforce which was £30,112 (2018/19 - £29,608).

The median salary has been calculated by using the salary costs as set out below for all employees as at 31 March 2020. Where employees work part time, the salary cost has been grossed up to the full time equivalent salary. The calculation does not include bank or agency staff as these staff are engaged on a need to cover a shift basis rather than a full time equivalent basis. Information on the annual salary costs for individual bank and agency staff is not available. Any other form of proxy methodology to calculate a salary cost would not be deemed to provide a fair representation of the median salary of the organisation.

In 2019/20 three employees (2018/19 - one) received remuneration in excess of the highest paid director. Remuneration ranged from £17,652 to £190,008 (2018/19 £17,460 to £155,358). Total remuneration includes salary and benefits in kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. In 2019/20, the highest paid director was the Chief Executive. The median pay in 2019/20 included the impact of the national 3 year pay deal. This has resulted in an increase to the median pay.

	2019/20	**2018/19**
Mid-Point of the banded remuneration of the highest paid director	153,245	152,074
Median Total Remuneration (£)	30,112	29,608
Ratio	5.1	5.1

Other remuneration information

The Trust is required to report on other remuneration related information. Exit packages for 2019/20 and 2018/19, and off payroll expenditure are shown in the note below. Expenditure on consultancy costs in 2019/20 was £189,270.

Exit Packages 2019/20

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	1	1
£10,001 - £25,000	0	0	0
£25,001 - £50,000	0	0	0
£50,001 - £100,000	0	1	1
£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**	**£69,454**	**£69,454**

Table 39: Exit packages in 2019/20

Exit packages 2018/19

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,001 - £25,000	0	1	1
£25,001 - £50,000	2	1	3
£50,001 - £100,000	1	0	1
£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	**3**	**2**	**5**
Total resource cost	**£141,128**	**£50,000**	**£191,128**

Table 40: Exit packages in 2018/19

There were no compulsory redundancy costs in 2019/20. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table. This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Exit packages: non-compulsory departure payments 2019/20

	Agreements (number)	Total Value of Agreements
Contractual payment in lieu of notice	2	£69,454
Total	**2**	**£69,454**

Table 41: Exit packages: non-compulsory departure payments 2019/20

Exit packages: non-compulsory departure payments 2018/19

	Agreements (number)	Total Value of Agreements
Exit payments following employment tribunals or court orders	2	£50,000
Total	**2**	**£50,000**

Table 42: Exit packages: non-compulsory departure payments 2018/19

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

Off Payroll Engagements

In 2019/20, the Trust had one off payroll engagement. The disclosure requirements for off payroll engagements are as follows:

- For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last for longer than six months;

Number of existing engagements as of 31 March 2020	
of which ….	
Number that have existed for less than one year at time of reporting	1
Number that have existed for between one and two years at time of reporting	
Number that have existed for between two and three years at time of reporting	
Number that have existed for between three and four years at time of reporting	
Number that have existed for more four or more years at time of reporting	

Table 43: Off-payroll engagements in 2019/20

- For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months; and

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	
Of which:	
Number assessed as within the scope of IR35	
Number assessed as not within the scope of IR35	1
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	
Number of engagements reassessed for consistency/assurance purposes during the year	
Number of engagements that saw a change to IR35 status following the consistency review	

Table 44: Off-payroll engagements in 2019/20

- The Trust had no off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020.

Signed: 

Brent Kilmurray, Chief Executive
Date: 25 June 2020

Staff Report Modern Slavery and Human Trafficking Act 2019/20 Annual Statement

Bradford District Care NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain. The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

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

Brent Kilmurray
Chief Executive

Date: 25 June 2020

Cathy Elliott
Chair

Date: 25 June 2020

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

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bradford District Care NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bradford District Care NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

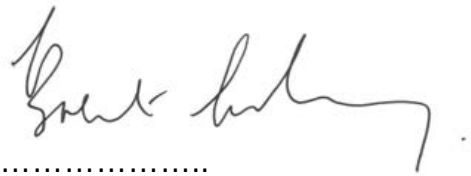
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



Signed……..

Brent Kilmurray, Chief Executive

Date: 25 June 2020

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation 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*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bradford District Care NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bradford District Care NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

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

Oversight and assurance to the Board on the Trust's risk management arrangements (both clinical and non-clinical) are provided by the Audit Committee. The Chief Executive has delegated responsibility for implementation of risk management as outlined below. The delegated responsibility for the overall coordination of risk management for 2019/20 was the responsibility of the Director of Nursing, Professions and Care Standards (see table below).

The table below summarises where Directors have had a lead for specific areas of risk during 2019/20:

Director lead role / risk areas	Area of responsibility
Medical Director	Leads on quality, medicines management, safe standards of medical practice and is the Trust's Caldicott Guardian.
Director of Nursing, Professions and Care Standards	Leads on clinical governance and risk management, patient safety, compliance with Care Quality Commission standards, safeguarding, staff development, nursing, AHPs and infection control.
Chief Operating Officer	Leads on effective application of risk management across clinical and operational services, including quality and emergency planning and quality improvement (Care Trust Way methodology).
Director of Finance, Contracting and Facilities	Leads on financial risk and manages risk in relation to the development, management and maintenance of the Trust estate and matters relating to fire safety.
Director of HR and OD	Leads on workforce capacity, retention of staff, absence management and business development.
Associate Director of Informatics	Leads on informatics and information governance risks and is the Trust's Senior Information Risk Owner (SIRO).
Associate Director of Corporate Affairs	Leads on patient experience, involvement and communications risks and has oversight of the Board Assurance Framework.

Table 45: Directors' responsibility for specific areas of risk

Care Group management teams review and manage related risks to their services. Each member of staff employed by the Trust holds a responsibility for risk management which is integral to their role and is included as part of the job description. Staff are expected to identify and report issues of risks and incidents.

Training of risk management

Ultimately all who work at the Trust have a responsibility for the delivery of high quality, safe care and therefore we ensure there are high quality risk training packages in place to support staff in this responsibility. Experienced staff specialising in risk management develop, coordinate and deliver a variety of risk management training packages. All staff are required to attend a corporate induction on commencing work within the Trust and a refresher risk management on a five yearly basis. This is offered on a face to face basis or via e-learning. Specialist training is required where appropriate for specific roles such as risk guardians and incident managers. This is delivered upon commencement within the role of a risk guardian, then refresher training is offered on a quarterly basis. The risk management team are available to answer queries or support any training needs at any point in between the refresher training dates. Clinical risk training is delivered through a combination of an e-learning package and a face to face session every three years.

The risk and control framework

Work is ongoing with the Trust's Risk Management Strategy, and development work is being carried out with the Board, with a view to approving the strategy in early to mid-2020. The strategy sets out a plan for the Trust to follow over the coming months in order to continue to mature its approach to the management of risk within the organisation. The strategy contains five ambitions which, once implemented will provide an approach to risk appetite that is practical and pragmatic and that makes a difference to the quality of decision making, so that decision makers understand the risk in any proposal and the degree of risk which they are permitted to expose the organisation whilst encouraging enterprise and innovation. A learning network is available on the Trust's intranet site, Connect. Identified learning is logged by month and by subject matter to enable access by staff. The network has learning leads in each Care Group who have responsibility to share the learning from the network and to capture and provide learning from their Care Group, logging it on the network for others to learn from.

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

Risk Management Process

The Trust uses a number of different risk assessment tools additional to the Trust 5 x 5 risk matrix, which are specific assessments applied to specific tasks for example clinical risk assessment, quality impact assessment, COSHH assessments and falls assessments. Risks are identified, assessed and logged on a risk register from wherever they present themselves and the Trust seeks to anticipate potential risks proactively putting controls and mitigation actions in place to prevent the risk materialising where possible.

Additional sources for identifying risks are varied and can include, but are not limited to:

- Incident and Serious Incident reports
- Coroner reports
- Patient and Staff Surveys
- Multi-disciplinary reviews
- Safety Huddles
- Service Reviews
- Audits (clinical and non-clinical)
- Quality and Safety Meetings
- Patient safety incidents
- Freedom to Speak Up cases
- Health and Safety Assessments
- Fire Assessments
- National guidance and reports
- Trust 'Walkabouts'
- Activation of Business Continuity Plans
- Validation Exercise of Major Incident Plans
- Care Trust Way methodology

Each service in the Trust has a number of risk guardians with responsibility for maintaining their risk registers. All risk registers are held on the Safeguard Risk Management System, maintained on Connect which all staff can access to 'read only' any risk logged. Each risk has a residual/target risk rating set and mitigating actions identified. Closed risks are reviewed periodically to confirm they are still under control.

The Audit Committee monitor, review and report to the Trust Board on internal control and risk management processes ensuring they are efficient and effective. Individual Directors have responsibility for ensuring the Trust's services continue to deliver efficient and effective care and compassion in a safe environment. Directorates, services and local teams review their risk register routinely in their Quality and Safety meetings and/or local team meeting.

It is proposed that a new Risk and Assurance Group will be established in 2020. It is proposed that the group will monitor and review the corporate risk register for consistency as well as those risks with an initial score of 12 or above. Actions identified to manage these risks will be reviewed to ensure they are sufficient to manage the identified risks. The group will be accountable to the Quality and Safety Committee.

Risk registers are available at team level to enable teams to better manage their risks at that level with an option to escalate them through the risk management levels up to the corporate risk register when appropriate. The governance and quality framework provides a forum for risks to be identified, assessed, managed and mitigated at all levels.

The reporting of incidents is actively encouraged in the Trust. This is covered at induction and the discussion of incident data is routinely embedded in Care Group governance processes. Any learning identified as a result of incidents occurring is uploaded to the Trust's learning network, housed on Connect.

Board Assurance Framework and Corporate Risk Register

The Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) define and assess the principle strategic and operational risks against the Trust's strategic priorities. There is a robust reporting process of the BAF and CRR which is presented bi-monthly to the Board or escalated by exception if required. Any risks which scores a risk rating of 15 or above are also reviewed by the Board on a bi-monthly basis.

A revised BAF format was produced for 2019/20 to reflect the Trust's new organisational strategy, its revised strategic goals and the learning which emerged from a Board Workshop about managing strategic risks, which was held on 26 March 2019. The key risks to delivery of the Trust's strategic objectives identified in the BAF have remained relatively constant during the financial year, with the following changes recorded:

- The risk score for risk 2295 (BAF Risk 2.1) decreased in January 2020 (from 20 to 15) and the residual score also decreased (from 9 to 4)
- The residual risk score for risk 2303 (BAF Risk 5.1) decreased in March 2020 (from 20 to 16)
- The risk score for risk 2304 (BAF Risk 5.2) decreased in January 2020 (from 20 to 12) and the residual risk also decreased (from 20 to 12)
- Risk 2372 (BAF Risk 6.1) was added in March 2020, reflecting the risks faced in the light of the Covid-19 pandemic. This also resulted in a new strategic objective being created.

The strategic risks in the BAF are as follows:

Board Assurance Framework	
Strategic Goal	Strategic Risks
To provide seamless access to the best care	• 1.1 If demand exceeds capacity, then service quality, safety and performance could deteriorate • 1.2 If we fail to recognise and adopt advances in digital technology in the design and support of business and clinical services, then our ability to remain competitive, sustainable and deliver quality, safe and effective care will be affected.
To provide excellent quality services	• 2.1 If regulatory standards are not met, then we will experience intervention from regulators and/or damage our reputation • 2.2 If we fail to recruit and retain a skilled workforce, then the quality of our services may deteriorate, and our agency costs increase • 2.3 If we fail to fully implement and embed the Care Trust Way (QI), then we may not see the projected improvements in quality
To provide our staff with the best places to work	• 3.1 If we do not develop an engaged and motivated workforce, then the quality of our services may deteriorate • 3.2 If we fail to attract a diverse workforce, then we will not reflect our local population and effectively understand their needs potentially impacting on patient experience and outcomes. • 3.3 If we fail to facilitate a dynamic culture of innovation, then we are unlikely to meet the challenges which threaten our position in the marketplace
To support people to live to their fullest potential, to be as healthy as possible	• 4.1 If we do not reduce variation in outcome and experience, across the Place H&CP and WH&H H&CP, then we may not be responsive to individuals' needs • 4.2 If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements
To deliver a financially sustainable organisation	• 5.1 If we do not meet financial objectives, then we will not be able to provide sustainable services • 5.2 If we do not collaborate to deliver system-wide efficiencies, then our financial position (and that of the Place H&CPs and the WY&H HCPs) will be undermined
Covid-19	• 6.1 Covid-19. Impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period.

Table 46: BAF Strategic Goals and Risks

The Trust Board reviewed the CRR and all significant risks on a bi monthly basis during 2019/20. There have been between 10 and 12 corporate risks on the CRR during the year. Following discussions, three risks were removed, and three new risks were added as summarised below:

Removed risks	
Risk 2241	Regarding consultant psychiatry vacancies in general adult psychiatry. This was closed on 20 May 2019.
Risk 1827	Regarding the risk of reputational and developmental loss if existing services are not expanded or new services secured. This was closed on 4 July 2019.
Risk 2042	Problematic SystmOne implementation. This was closed on 16 August 2019.
New CRR risks/risks escalated to the CRR that remain live	
Risk 2266	Physical assaults by service users on staff. This was added directly to the CRR on 20 June 2019 (increased from 8 to 16).
Risk 2342	Medical devices not receiving planned maintenance at the appropriate frequency. This was added directly to the CRR on 21 November 2019 (score remained at 12 since date of input).
Risk 2370	The impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period. This was added directly to the CRR on 20 March 2020 (score remained at 25 since date of input).
Summary of other current/live risks on CRR	
Risk 1821	Failure to accurately forecast and fully mitigate in-year pressures (score increased from 15 to 20).
Risk 1825	Demands on the Trust's community services (score remained at 16 all year).
Risk 1826	Case for investment in mental health (score remained at 9 all year).
Risk 1831	Recruitment, retention and engagement of a diverse workforce (score remained at 12 all year).
Risk 2046	Breaches of information governance law (DPA / GDPR) resulting in significant financial penalties and / or reputational damage (score increased from 8 to 15).
Risk 2102	Risk of service user harm through ligature within inpatient or CMHT environment (score remained at 15 all year).
Risk 2151	No deal Brexit from the EU (score remained at 12 all year).
Risk 2164	Sustained high number of serious incidents (score decreased from 12 to 9).
Risk 2207	IT/clinical systems affected by a cyber incident (score remained at 15 all year).

Table 47: Summary of corporate risks

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

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

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

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

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

During 2019/20, the Board has further considered its well-led assessment results through a review, one year on, from its original external review. This has identified good progress and further development areas in preparation for the next formal assessment by the CQC.

Workforce strategy and safer staffing

The Trust has an approved Workforce Strategy in place and different elements have been reviewed during 2019/20 by the Board, the Finance, Business and Investment Committee and then the Workforce and Equality Committee, a new Committee established to provide an oversight of workforce development, workforce performance and implementation of the Trust's People Development Strategy. There is an ongoing requirement that all NHS organisations present a six-monthly report to Trust Board regarding nursing and midwifery staffing. The reports in May and November 2019 included an analysis of wider workforce plans to provide assurance that the standards required to deliver safe and effective care are being met.

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

The Trust's Operational Plan is approved and monitored by the Board of Directors on a monthly basis through key performance indicators (including those required by NHS Improvement) within the Integrated Performance Report (IPR) and a wider 6-month review of the Plan in November. Board Committees review performance in further detail through the use of individual Committee performance dashboards. The data pack for Board/Committees was revised and approved in March 2020. The

Trust's resources are managed within an approved framework set by the Board, which includes Standing Financial Instructions (SFIs), were reviewed by the Audit Committee in November 2019. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

The Senior Leadership Group, comprising Directors, Deputy Directors and Heads of Professions met weekly until July 2019 to oversee strategy, business delivery and quality and performance issues. A review in July 2019 established a smaller Senior Leadership Team which now reviews performance through a series of weekly themes, supported by Care Trust Way methodologies and daily lean management meetings at Care Group levels. The Trust's Performance Management Framework for 2019-21 was approved by the Trust Board at its meeting in June 2019.

Internal Audit undertakes a review and reports on the risk management processes annually, reporting to the Audit Committee. This Committee has a timely reporting process in place to ensure that identified actions from audit reports are progressed to satisfactory conclusion through the implementation of the agreed recommendations. Internal Audit's opinion for 2019/20 (based upon and limited to the work performed) was that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

In terms of deterrents against fraud, the Trust has a very proactive nominated Local Counter Fraud Specialist provided via the Audit Yorkshire, who is fully accredited by the NHS Counter Fraud and Security Management Service. The Audit Committee approved the Annual Counter Fraud Plan for 2019/20 in April 2019 and received regular updates on progress of counter fraud work during the year. In May 2019, the Committee discussed and endorsed the 2018 Fraud Self-Review standards which presented an overall score of Green, with 19 standards reported as Green, two Amber, two neutral and no Red ratings.

Data security

Data security is actively managed by a dedicated Cyber Security team. Information governance and data security risks are monitored by the Information Governance Group (IGG) and are included in the Data Security and Protection (DSP) Toolkit assessment.

The Senior Information Risk Owner (SIRO) acts as chair of the IGG, together with the Caldicott Guardian as the deputy chair. Other members include the Data Protection Officer (DPO), information governance specialists, the Head of Informatics, and the Cyber Security Manager.

The IGG met every two months and reported quarterly to the Informatics Board. The Technology Board oversees the strategic aspects of the Trust's IT and digital technology agenda. The Cyber Security Manager provides fortnightly reports directly to the Director of Informatics identifying events, actions and any security enhancements made to progress the security targets set by the Trust. Weekly CareCERT bulletins are reviewed, risks identified and escalated appropriately, with immediate remediation work scheduled.

The security of IT systems is continually monitored, and initial cyber security assessments of new systems are made prior to implementation at project initiation stage. IT systems also undergo an annual external audit.

The Cyber Security team has been very proactive in implementing new cyber defences, taking an innovative approach to data security with the creation of a new Cyber Security Awareness campaign.

This campaign will ensure staff are aware of the cyber security risks around them and be more comfortable in reporting the same. The team has implemented a series of new systems and programmes of work to monitor the security of the IT environment and has been working to further enhance the Trust's data protection and infrastructure defence. The Trust is a national leader in email security being the first to fully implement NHS Digital's new e-mail security standard.

The team has also engaged in partnership with other trusts and organisations in tackling system-wide attacks which enhances the security of our system and processes in taking reactive actions affecting regional/national systems.

Information governance

Any incidents and near misses are reported internally through the web-based incident reporting system (IR-e) and notified immediately to the Information Governance and Records Manager/DPO. Incidents are logged on the 'Serious Incidents Requiring Investigation' section of the DSP Toolkit and, if appropriate, with the Trust's Serious Incident Lead. Incident data is regularly reported to, and monitored by, the IGG, investigated and lessons learnt shared.

There was one case reported to the Information Commissioner's Office (ICO)* and Department of Health (DH) in the year 2019/20. This related to an incident where two appointment letters for an initial assessment for a child, following a referral into the Child and Adolescent Mental Health Service (CAMHS), were sent to the family's previous address in November and December 2019. The incident was reported because information (basic demographics of the child and the fact that the child had an appointment with CAMHS) had gone to the wrong address and consequently the child missed their appointment.

Details are provided below in the required format:

Date of incident (month)	Nature of incident	Number affected	How patients were informed	Lesson learned
February 2020	Two appointment letters for an initial assessment for a child, following a referral into the Child and Adolescent Mental Health Service (CAMHS), were sent to the family's previous address in November and December 2019.*	**One**	When the issue came to light the clinical manager contacted the family. The parents and child were given a full apology and a new appointment made.	A new process has been introduced to prevent a reoccurrence. This involves an initial telephone contact from a CAMHS worker to the parent when a referral is received into the service.

Table 48: Information Governance Incidents

*The ICO contacted the Trust to say that they are satisfied with the swift and transparent action taken and have closed the incident.

Data quality and governance

Quality Governance is key to ensuring the Trust has systems in place maintain and improve the quality of service we provide and to ensure compliance against regulated activities. Our system of quality governance provides evidence and assurance against the Well-Led Framework. The key elements of delivering quality governance in the Trust are:

- making governance part of our everyday business;
- identifying areas of improvement using the information available to us;
- sharing best practice and learning;
- identifying and managing risks to quality of care; and
- using Quality Improvement to drive innovation and development.

Quality governance within the Trust can be described as having three streams: assurance, management grip and control, and delivery and improvement, as outlined earlier in the Annual Report. During 2019/20 the Trust has made significant progress in developing and implementing a consistent approach to quality improvement, the Care Trust Way. This has allowed the Trust to refine and further develop its quality governance and assurance processes to ensure they align with this new way of working.

During 2019/20, the Trust made significant progress in relation to compliance with Care Quality Commission regulations. In September 2019, the Trust had a re-inspection by the Care Quality Commission, to test compliance with the Warning Notice issued under Section 29A of the Health and Social Care Act 2008, in March 2019. The Care Quality Commission identified in the published report that improvements had been made within the agreed time frame and therefore the warning notice was lifted.

In 2019, the Trust continued to make significant progress on the action plan developed to meet the outstanding breaches of regulation from the March 2019 well led inspection. Between 10 and 12 March 2020, the CQC returned to the Trust to carry out a further inspection of the core service Acute Wards for Working Age Adults and
Psychiatric Intensive Care Units. This inspection, resulted in a re-rating of that core service to Good overall, with Good in each key question. In April 2020, the Quality and Safety Committee, agreed to close the existing CQC action plan.

The Trust's Data Quality Policy provides the framework to ensure that high standards of data quality are clearly set, achieved and maintained for clinical and non-clinical information. The key elements of the Trust's approach are:

- establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical and corporate records;
- undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times;
- setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows;
- providing tools to monitor data quality and data quality compliance to agreed standards;
- ensuring managers take ownership of, and seek to improve, the quality of data within their services;
- wherever possible, assuring data quality at the point of entry, and/or at each interaction with the data to address issues as close as possible to the point of entry; and
- promoting data quality through regular reviews, procedures/user manuals and training.

The Trust's Data Quality Group identifies and addresses data quality issues and risks in clinical and non-clinical systems.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Quality and Safety Committee, Finance, Business and Investment Committee, Mental Health Legislation Committee and Workforce and Equality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed in a number of other ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of the internal audit work. A significant assurance opinion has been given for 2019/20. There was one limited assurance report from the internal auditors: on Data Security and Protection Toolkit, however this was re-audited and received significant assurance, leaving no extant limited assurance reports. Robust procedures are in place for following up all internal audit recommendations. Internal audits are undertaken to report on effectiveness throughout the year; all internal audit reports are presented at Audit Committee.

Executive and Associate Directors who have responsibility for the development and maintenance of the system of internal control, also provide me with assurance, through individual letters of representation.

The Trust's BAF provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its strategic intents have been reviewed. Finally, my review is informed by external assessments carried out by:

- CQC reports (covered elsewhere in the Annual Report);
- KPMG (our external auditors – at a cost of £49,000 for 2019/20);
- National patient and staff surveys;
- Local Healthwatch reports; and
- Bradford & Airedale and North Yorkshire Overview and Scrutiny Committees.

Statement as to disclosure to auditors

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

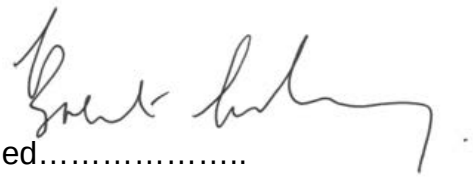
- so far as each Director is aware, there is no relevant audit information of which the Trust's auditor is unaware; and
- each Director has taken all the steps that he/she ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the company's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

Conclusion of Annual Governance Statement

I would highlight one specific area in relation to significant issues of internal control:

- COVID-19 pandemic: the Trust has put in place effective Gold, Silver and Bronze command and control structures during the pandemic and has regularly updated the Trust Board and its Committees about how management is continuing to deliver services safely and effectively. In the early stages of the incident a Board panel reviewed the Trust's business continuity plans to gain assurance as to their robustness. An Internal Audit review of the Trust's financial governance arrangements was commissioned and the Trust undertook a self-assessment into the wider governance considerations, using a checklist circulated by Audit Yorkshire, the Trust's internal audit provider. The Trust has also commenced a programme of reset and recovery work across the organisation in preparation for when the pandemic has ended. COVID-19 is a national challenge for the whole NHS (rather than a gap in local controls); uncertainties remain about both the immediate and longer term impact of the pandemic and how the Trust will address these issues in line with national guidance.

I am satisfied that no other significant control issues have been identified for the period 2019/20.



Signed……..

Brent Kilmurray, Chief Executive

Date: 25 June 2020

Sustainability Report

Sustainability is defined by the Brundtland Commission as follows:

"Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs."

Sustainability includes not only environmental impacts such as use of resources and emissions from our activities, but also other activities to help achieve the relevant UN Sustainable Development Goals, including social and economic sustainability of our communities, and consideration of poverty and its physical and psychological effects.

Within the Energy and Environment team, we continue to build on the success of previous years and our award from NHS Improvement, the Sustainable Development Unit and HFMA in early 2019 which demonstrates our commitment to environmental, social and financial sustainability.

Carbon reduction and energy efficiency

In 2019 the Government committed the UK to net zero carbon emissions by 2050 compared with the previous target of at least 80% reduction from 1990 levels, which goes beyond an 80% reduction previously enshrined in the Climate Change Act 2008. As a large employer, the Trust aims to be an exemplar anchor institution, demonstrating to staff, patients and the wider public that we will play our part in achieving this stretching target.

In response to this challenge we are working hard to reduce our carbon emissions and the amount of energy we use. We are using 49% less electricity and 62% less gas than in 2007/08. We are also emitting 4,109 fewer tonnes of carbon dioxide per year, a 65% reduction in our historic baseline emissions, as shown in the consumption table and trend chart below. However, the Trust recognises the challenges to continue to build on this success and has expanded the Energy and Environment Team in 2020 to help the Trust achieve more in the future.

Other activities that have improved our environmental performance in the last year include:

- Operation of solar panels at Lynfield Mount Hospital; and
- Installation of solar panels at Airedale Centre for Mental Health.

Diagram 12: Annual Trust gas and electricity use and associated carbon emissions

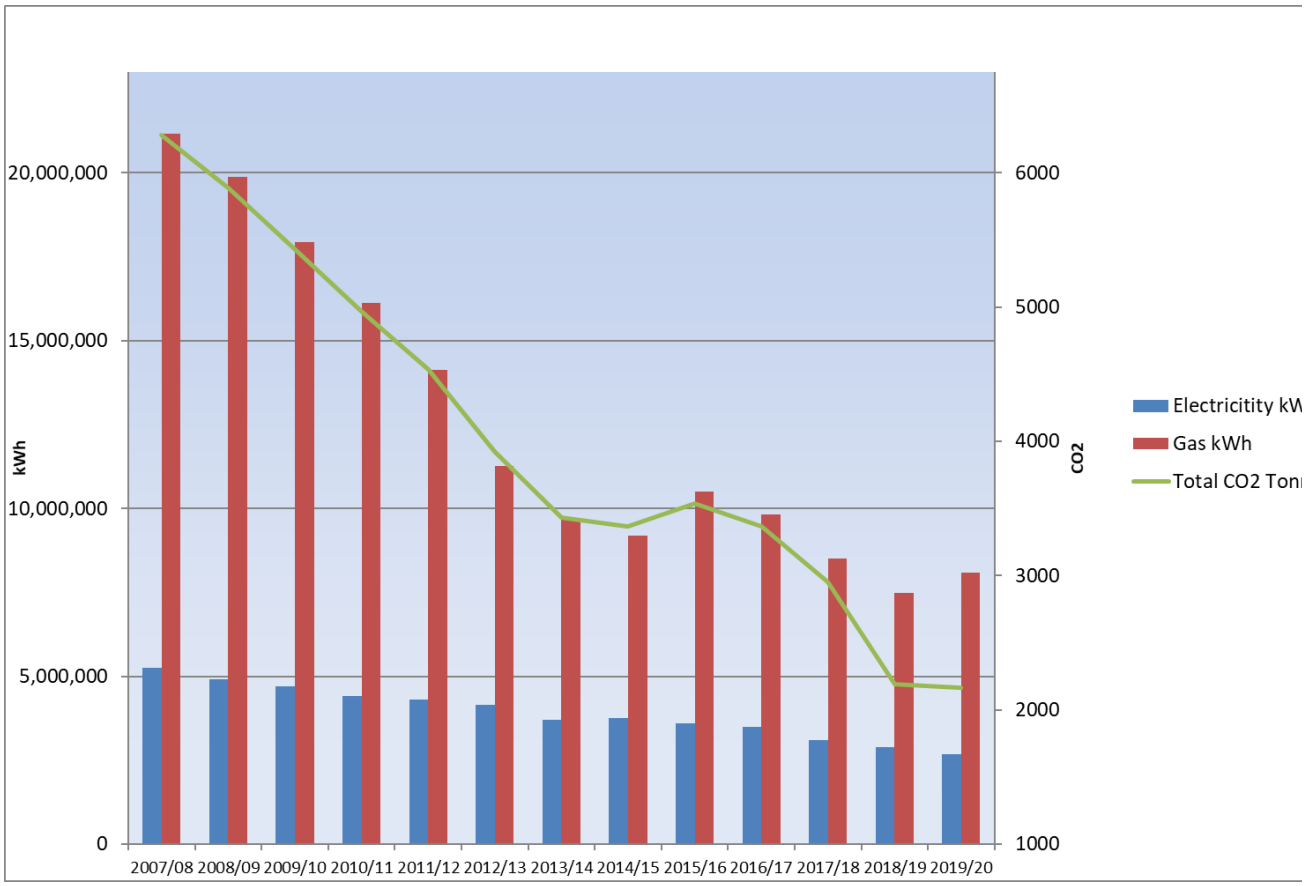


Table 49 Annual Trust gas and electricity use and associated carbon emissions

	Electricity			Gas				
YEAR	kWh	Conversion Factor	CO2e Tonnes	kWh	Conversion Factor	CO2e Tonnes	Total CO2e Tonnes	CO2e Reduction from Base Year
2007/08	5246000	0.43	2256	21163000	0.19	4021	6277	
2008/09	4915000	0.43	2113	19861000	0.19	3774	5887	6%
2009/10	4700000	0.43	2021	17921000	0.19	3405	5426	14%
2010/11	4425000	0.43	1903	16130000	0.19	3065	4967	21%
2011/12	4305000	0.43	1851	14114000	0.19	2682	4533	28%
2012/13	4140884	0.43	1781	11270934	0.19	2141	3922	38%
2013/14	3708351	0.445	1650	9679725	0.184	1781	3432	45%
2014/15	3763976	0.445	1675	9195738	0.184	1692	3367	46%
2015/16	3610932	0.445	1607	10503047	0.184	1933	3540	44%
2016/17	3504169	0.445	1559	9810768	0.184	1806	3365	46%
2017/18	3112488	0.445	1385	8506848	0.184	1566	2951	53%
2018/19	2896734	0.281	814	7484738	0.184	1377	2191	65%
2019/20	2691252	0.254	682	8073833	0.184	1486	2168	65%

Electricity consumption was 7% lower in 2019/20[1] than 2018/19 but due to de-carbonisation of the National Grid (reduction in coal generation and an increase in renewable generation), our CO2e emissions associated with electricity were 16% lower than the previous year. Gas consumption increased by 8% compared to 2018/19 however this coincides with a 7% increase in degree days in the UK[2]. CO2e emissions from gas consumption were higher than 2018/19 by 8%, therefore the overall impact of our gas and electric was a marginal reduction in emissions from the year before (1%).

Other carbon reduction and energy efficiency initiatives during the year included:

- Solar PV Installation: the solar photovoltaic panels installed on two buildings at Lynfield Mount Hospital in 2018/19 became operational in May 2019. Installation of solar PV panels has now taken place on the roof of ACMH and is expected to be operational in the second quarter of 2020/21.

- Bike Friendly Business: the Trust has received further recognition as a City Connect Bike Friendly Business, gaining a silver award in 2019 following the initial bronze award in 2018/19. This is for our efforts to actively encourage travel by bike through the provision of cycle facilities, changing facilities and showers. Funding was secured for the purchase of two electric bikes which are available for staff to borrow.

Display Energy Certificate (DEC) performance

DEC performance continues to be a priority for NHS Trusts. A performance rating of 100 (grade D) is considered to be typical performance compared with other buildings of the same type and use. We have eight properties requiring annual DECs (over 1,000m² of floor area). Of these, four have a better than typical performance rating and we are focusing the energy efficiency of the four remaining sites, commissioning consultants to identifying energy efficiency opportunities.

The Trust also has six properties over 500m² floor area, requiring DECs every 10 years. These were completed in 2012. All these properties already have performance ratings better than 100 (grade D). From July 2015, properties over 250m² also require DECs every 10 years. The Trust has two buildings in this category, and both have performance ratings better than 100 (Grade D).

Climate Change Levy

The Climate Change Levy (CCL) replaced the Carbon Reduction Commitment energy efficiency scheme (CRC). CCL is a tax on electricity and gas for non-domestic consumers aimed at incentivizing energy efficiency and carbon reduction. CRC applied to organisations with annual electricity consumption above 6000MW and ceased in 2018/19. CCL has similar thresholds but unlike the CRC, is applied directly to an organisation's invoices. Our low consumption at each individual site means we have little commitment under the CCL.

[1] Expected to be as a result of lower use of air conditioning and electric fans as Summer 2019 was cooler than summer 2018.
[2] A degree day compares the recorded outdoor temperature at a location to a standard temperature, therefore more extreme outside temperatures mean a higher number of degree days.

Food Services

All food contracts procured align to Government Buying Standards (GBS) such as Farm Assured, RSPSA accreditation, Marine Stewardship Council (MSC) and other accredited marks. Organic lines are also evaluated and procured where feasible to do so. Tea, coffee, bananas and other imported fruit lines are sourced from Ethically Traded producers.

A strategy for environmentally responsible use of plastic cups and service ware has been implemented and is under continuous review as part of our commitment to the Plastics Pledge. The service has already transitioned away from plastic plates and cups to Vegware products. Any remaining catering plastic waste is segregated for recycling or processed for Refuse Derived Fuel (RDF).

The Trusts production kitchens have LED lighting and the equipment used for cooking has recently been renewed and is more energy efficient with reduced British Thermal Unit (BTU) usage.

NHS Plastics Pledge

The Trust is a signatory of the NHS Plastics Pledge, committing us to:

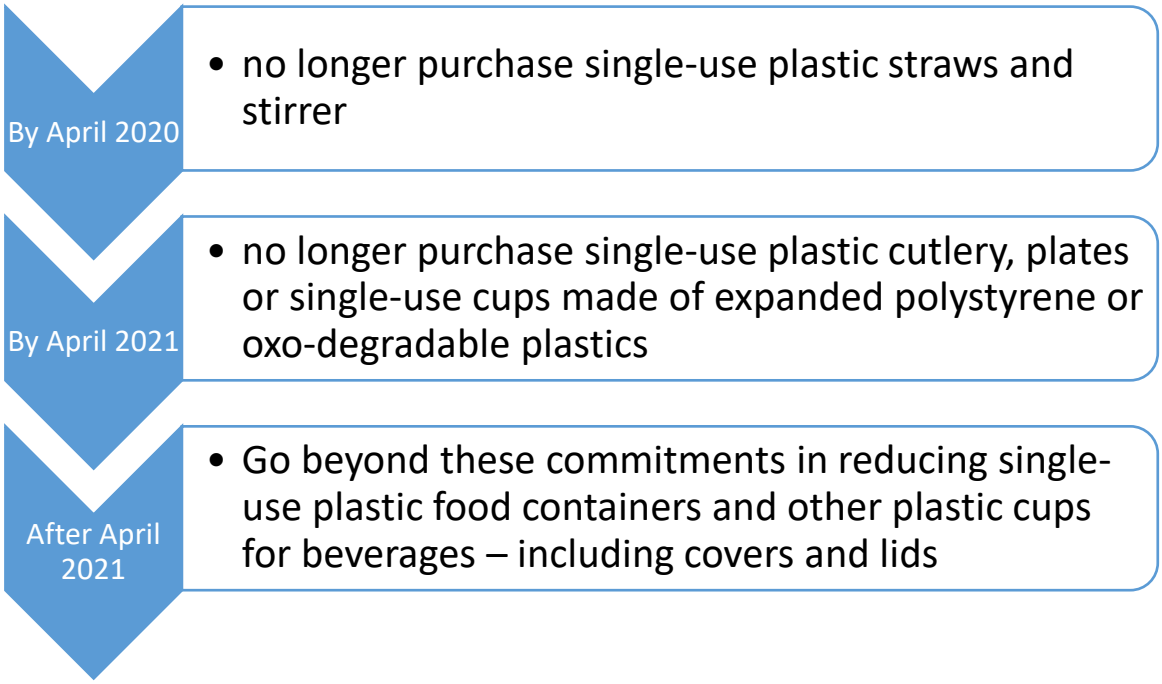


Diagram 14: NHS Plastics Pledge

BDCFT has already gone beyond the initial requirements for April 2020 and we will continue to strive towards increased plastic reduction, taking account of the environmental impacts of the alternatives.

Water efficiency

The Trust has worked with Inenco (a Utility Consultancy) to identify areas of the estate where water efficiency can be achieved. The Trust will act on the recommendations in the report in 2020 and beyond.

Domestic Waste and Recycling

The Trust waste recycling contract for all non-clinical wastes (offices, office kitchens, toilet paper towel bins, clinical room paper towel bins) covers all Trust properties and a number of client sites where we are contracted to provide waste disposal services. Our contract since 2011 is a zero landfill contract with high quality wastes (paper (including shredded confidential waste), cardboard, tin cans, and plastic bottles) being recycled and low quality wastes (those contaminated with food, drink or glass) being sorted post collection where further wastes are removed for recycling and the remaining waste goes for energy production. In 2019/20 BDCT recycled 63.5% of our waste (excluding clinical).

The Trust tendered the waste and recycling contract in 2019 and awarded the contract to the incumbent provider, meaning the Trust can continue zero (general) waste to landfill.

In addition, the Trust has systems in place to recycle other wastes including batteries, food oils from main kitchens, toners and ink cartridges, and all electrical wastes, including mobile phones and IT equipment.

In 2019/20, 34 tonnes of food waste from the main kitchens at Lynfield Mount Hospital and Airedale Centre for Mental Health were collected by Re-Food (our food waste recycler) and treated in an anaerobic digester. This process diverts the waste from disposal to sewer or general waste, saving nearly 15 tonnes of CO2e emissions. The anaerobic digestion process captures the gas produced to be used for electricity generation which supplies the National Grid.

To comply with the 2011 Waste Hierarchy Regulations, waste/unwanted items must be reused in preference to recycling or disposal. Trust staff can now, with approval from line management, take unwanted equipment for personal reuse. Waste items where possible, are also passed to charities, furniture being a good example. In 2020/21 the Trust aims to start recording the items reused.

Clinical Waste Management

The Trust's clinical waste is segregated as per HTM07-01 Safe Management of Healthcare Waste, into incineration, alternative treatment, and offensive waste streams. Following clinical waste industry difficulties in 2018/19, BDCFT continued to be serviced by PHS, under sub-contract to Mitie. BDCFT has been working with neighbouring and regional Trusts to ensure we are provided with the most efficient and compliant service possible.

To support the industry, in 2019 NHSE&I asked Trusts to:

- Segregate waste according to a preferred split of 20% incineration, 20% alternative treatment and 60% offensive waste;
- Appoint a competent and qualified Waste Manager;
- Conduct annual pre-acceptance audits and supply these to the Environment Agency.
- Compile accurate data and maintain good record keeping; and
- Remove plastics from high temperature incineration, consider UK approved reusable sharps and pharmacy containers.

We have a qualified Waste Manager in post, conduct annual pre-acceptance audits as required and in 2019/20 we maintained records of waste consignments, as data from the contractors allowed. We will strive to increase our use of the offensive waste stream to support the target split of 20% incineration, 20% alternative treatment and 60% offensive waste in 2020/21. We will also review the feasibility of reusable sharps containers within the Trust.

Sustainable travel plan

Many of the Trust's staff provide services in the community, resulting in a significant environmental impact from transport. Therefore, the Trust is committed to preventing pollution and encouraging active travel choices (e.g. public transport, walking and cycling) as well as making infrastructure available for electric car users to charge their vehicles. In 2018/19 the Trust installed additional electric car charging infrastructure at New Mill.

Sustainable procurement

In partnership with Airedale NHS Foundation Trust Supplies Department, the Trust is developing a Sustainable Procurement Strategy. The overarching aim is to ensure that the goods and services we purchase are manufactured, delivered, used and managed at end-of-life in a safe and socially and environmentally responsible manner, and that the associated risks are appropriately managed. The Trust is using the NHS Procuring for Carbon Reduction Framework (P4CR) to assess our performance against agreed milestones from Foundation and Embedding through to Practicing, Enhancing and Leading.

Procurement emissions data is often limited and poorly understood; therefore, we aim to continue to work with Procurement to look at improving data accuracy and calculation of emissions.

Environmental sustainability projects in 2019/20

1) Energy and Environment Team restructure

   Due to the retirement of the Trust's Waste Manager in 2019 and the Trust's wider sustainability ambitions, the Energy and Environment Team has been re-organised during 2019/20 with an Energy, Waste and Sustainability Manager recruited. The new team will continue to identify waste, energy and water efficiency opportunities and ensure compliance with national regulations and guidance. In 2020/21 the Team aims to increase staff engagement and awareness to reduce both the cost and environmental impact of our waste and utilities.

2) Climate change adaptation and planning

   The Trust began to consider the climate change resilience and adaptation of the Trust, taking account of external policies. An external review was commissioned to identify areas to focus on in 2020/21. We will build on this within our internal policies to ensure the impacts of extreme weather events are mitigated for our staff and service users.

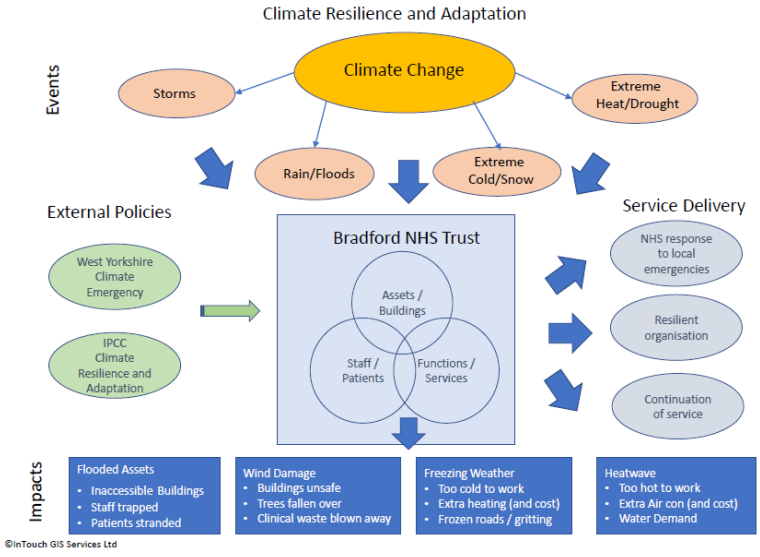


Diagram 15: Climate resilience and adaptation plan

NHS Green Plan

Previously, a Board approved Sustainable Development Management Plan (SDMP) has been a cornerstone of the NHS England Sustainable Development Strategy. During 2019/20, NHSE launched the 'For a greener NHS' programme as a response to concerns that climate change is a major threat to the health of the population as well as our planet.

NHSE also announced that the Sustainable Development Management Plan is to be replaced by a Green Plan, to include actions to deliver the sustainable development elements of the NHS Long Term Plan. All NHS organisations must consider environmental sustainability as an element of all operational planning. In 2020/21, we will review our existing plans and policies to ensure we are adhering to NHSE requirements and contributing to the national NHS Net Zero Plan.

Bradford District Care NHS Foundation Trust

Annual accounts for the year ended 31 March 2020

Foreword to the accounts

Bradford District Care NHS Foundation Trust

These accounts, for the year ended 31 March 2020, have been prepared by Bradford District Care NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed  **……**

Name	**Brent Kilmurray**
Job title	**Chief Executive**
Date	**25 June 2020**

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	149,619	137,308
Other operating income	4	10,988	10,084
Operating expenses	5, 7	(159,072)	(143,328)
Operating surplus/(deficit) from continuing operations		**1,535**	**4,064**
Finance income	10	160	138
Finance expenses	11	(91)	(106)
PDC dividends payable		(1,204)	(1,265)
Net finance costs		**(1,135)**	**(1,233)**
Surplus for the year before impairment accounted for through statement of comprehensive income [1]		**400**	**2,831**
Impairments charged to statement of comprehensive income	6	**(2,068)**	**(1,014)**
Surplus / (deficit) for the year		**(1,668)**	**1,817**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(3,432)	(1,244)
Revaluations	16	(1)	-
Total comprehensive income / (expense) for the period		**(5,101)**	**573**

Trust performance for 2019/20 against a break even control total (the target against which financial performance is assessed) was a surplus of £400k, or £400k better than plan, before adjusting for £2.068m in respect of impairments of non-current assets charged to expenditure. The favourable position reflects receipt of national Mental Health provider support and better than projected budgetary performance of £4k offset by increased untaken annual leave accruals due to the Trust's COVID-19 response.
- Urgent National Mental Health provider support of £457k was allocated to the Trust on the expectation that this improved the Trust's end of year position.
- The Trust was able to claim income to offset £157k additional costs incurred in responding to the National Coronavirus Emergency. Whilst income could not be claimed for a £61k increase in annual leave accruals from staff deferring leave to support the Trust's COVID-19 response, this was a permitted deviation from the surplus that the Trust was expected to achieve.
Further details in respect of impairments can be found in Note 6.

[1] Trust performance is assessed against a break even control total, meaning the Trust needed to deliver a planned deficit of £2.998m in order to access national Provider Sustainability Funding (PSF) of £1.108m and Financial Recovery Funding (FRF) of £1.890m. Trust performance excluding PSF, FRF and impairments charged to the statement of comprehensive income is a deficit of £2.598m or £400k better than planned.

Measurement of adjusted financial control total performance	**2019/20 £000**
Financial performance surplus/(deficit) including PSF and FRF funding	(1,668)
Provider sustainability fund (PSF), financial recovery fund (FRF) funding	2,998
Adjusted financial performance surplus/(deficit) excluding PSF and FRF	**(4,666)**
Less impairments	2,068
Financial performance excluding PSF, FRF, and impairments	**(2,598)**
Control total surplus / (deficit) excluding PSF and FRF funding	(2,998)
(Adverse) / Favourable variance against control total	**400**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	13	572	724
Property, plant and equipment [1]	14	45,833	50,308
Receivables	18	130	-
Total non-current assets		**46,535**	**51,032**
Current assets			
Inventories	17	78	9
Receivables	18	5,877	6,254
Non-current assets for sale and assets in disposal groups	19	160	349
Cash and cash equivalents	20	19,022	17,301
Total current assets		**25,137**	**23,913**
Current liabilities			
Trade and other payables	21	(11,278)	(9,349)
Borrowings	22	(323)	(308)
Provisions	23	(143)	(89)
Total current liabilities		**(11,744)**	**(9,746)**
Total assets less current liabilities		**59,928**	**65,199**
Non-current liabilities			
Borrowings	22	(1,533)	(1,856)
Provisions	23	(686)	(533)
Total non-current liabilities		**(2,219)**	**(2,389)**
Total assets employed		**57,708**	**62,809**
Financed by			
Public dividend capital		34,653	34,653
Revaluation reserve		8,431	11,899
Other reserves		10,196	10,196
Income and expenditure reserve		4,428	6,061
Total taxpayers' equity		**57,708**	**62,809**

[1] The main movement in Property, plant and equipment values relates to a Modern Equivalent Asset valuation of the Trust's two specialised assets, Lynfield Mount Hospital and the Airedale Centre for Mental Health. There has been no change to the accounting policy for these assets, which are valued at depreciated replacement cost, however there has been a change in the Trust's application of the policy in the 2019/20 accounts. Supporting information is provided at accounting policies Notes 1.26 and 1.27 and under Note 16 (Revaluation of Property, Plant and Equipment).

The notes on pages 7 to 42 form part of these accounts.

Signature 

Name **Brent Kilmurray**

Position **Chief Executive**

Date 25 June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**34,653**	**11,899**	**10,196**	**6,061**	**62,809**
Surplus/(deficit) for the year	-	-	-	(1,668)	**(1,668)**
Impairments	-	(3,432)	-	-	**(3,432)**
Revaluations	-	1	-	-	**1**
Other reserve movements	-	(37)	-	35	**(2)**
Taxpayers' and others' equity at 31 March 2020	**34,653**	**8,431**	**10,196**	**4,428**	**57,708**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**34,579**	**13,150**	**10,196**	**4,237**	**62,162**
Prior period adjustment	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2018 - restated	**34,579**	**13,150**	**10,196**	**4,237**	**62,162**
Surplus/(deficit) for the year	-	-	-	1,817	**1,817**
Impairments	-	(1,244)	-	-	**(1,244)**
Transfer to retained earnings on disposal of assets	-	(7)	-	7	**-**
Public dividend capital received	74	-	-	-	**74**
Taxpayers' and others' equity at 31 March 2019	**34,653**	**11,899**	**10,196**	**6,061**	**62,809**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves

Other reserves of £10.196 million represent the value of assets from the former Bradford Community Health NHS Trust (which dissolved and became Bradford District Care NHS Foundation Trust). The assets were excluded from the initial PDC for the Trust and therefore need to be shown as 'Other reserves'.

Income and expenditure reserve

The balance of this reserve is the accumulated surplus of the Trust.

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(533)	3,050
Non-cash income and expense:			
Depreciation and amortisation	5	3,227	2,886
Net impairments	6	2,068	1,014
(Increase) / decrease in receivables and other assets		330	(210)
(Increase) / decrease in inventories		(69)	(6)
Increase / (decrease) in payables and other liabilities		1,756	1,701
Increase / (decrease) in provisions		207	(319)
Other movements in operating cash flows		-	1
Net cash flows from / (used in) operating activities		**6,986**	**8,118**
Cash flows from investing activities			
Interest received		160	138
Purchase of intangible assets		-	(294)
Purchase of PPE and investment property		(3,737)	(4,083)
Net cash flows from / (used in) investing activities		**(3,577)**	**(4,239)**
Cash flows from financing activities			
Public dividend capital received		-	74
Capital element of PFI, LIFT and other service concession payments		(308)	(294)
Interest paid on PFI, LIFT and other service concession obligations		(91)	(106)
PDC dividend (paid) / refunded		(1,289)	(1,361)
Net cash flows from / (used in) financing activities		**(1,688)**	**(1,687)**
Increase / (decrease) in cash and cash equivalents		**1,721**	**2,192**
Cash and cash equivalents at 1 April - brought forward		**17,301**	**15,109**
Cash and cash equivalents at 31 March	20	**19,022**	**17,301**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

The Trust has achieved the control total set by NHS Improvement for 2019/20, Trust performance for 2019/20 against a break-even control total (the target against which financial performance is assessed) was a surplus of £400k. Through the financial statements and financial performance indicators, the Trust can demonstrate strong financial management and a clear understanding of its underlying financial position. The Trust has, despite successive challenging annual financial targets, delivered all national requirements through robust and responsive financial governance. The Trust has never been in special measures, in breach of their Foundation Trust license, or received distressed financing.

The Trust's financial performance is monitored externally by NHS Improvement through monthly reporting and regular meetings throughout the financial year. Internally, the Trust's financial performance has been monitored, reviewed and approved on a monthly basis, by the Executive Directors, the Board and at Finance, Business & Investment Committee.

The Trust's liquidity remains very strong with circa £19m in the bank at year-end, which was £3m above the planned cash target. The Trust has sufficient cash resources to meet all its liabilities in 2020/21. The Trust has never required DHSC temporary revenue (loans) to support its cash needs.

The Trust has low levels of outstanding debt; the majority of the block contract income is paid in month.

The 2019/20 CQC assessment of the Trust's service delivery rated services to be Good overall.

The Trust has prepared a draft financial plan for 2020/21; this plan demonstrates achievement of the target breakeven position and a risk rating of 1. The Board considers the matter of the Trust as a going concern through its robust financial planning processes, ongoing assessment of sustainability and the resources needed to ensure it continues in operational existence for the foreseeable future.

The Board is an experienced executive team. The Board has a wide range of skills, and a significant number of members have a medical, nursing or other health professional background. Non-Executive Directors have wide-ranging expertise and experience with backgrounds in finance, audit and regulation, business and organisational development, healthcare, human resources. commercial, legal, and third sector. The Trust appointed a new Chair in September 2019. During the year the Trust have

also seen two Non-Executive Directors retire after completing two terms of office. Two new Non-Executive Directors were appointed during 2019/20 by the Council of Governors; new Audit Committee Chair and the new Chair of our Finance, Business and Investment Committee.
In 2020/21, in response to the Covid-19 pandemic, all detailed financial planning was suspended. In addition, the requirement for Trusts to agree contracts with its commissioners was removed. Instead, Trusts are receiving regular monthly 'block' payments, together with top-up payments designed to ensure that there are sufficient funds available to adequately deal with the crisis.
The Directors' view is that the Trust is a going concern, and can make the disclosure as recommended by the accounting standards board that:
After making enquiries the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Note 1.3 Interests in other entities

The Trust does not hold any interest in other entities, associates, joint ventures or joint operations.
From 2013/14 NHS Trusts were required to consolidate the results of Charitable Funds over which they considered they had the power to exercise control in accordance with International Accounting Standards (IAS) 27 requirements. The Trust is not required to consolidate as the value of the Bradford District Care Foundation Trust Charitable Fund is not material.
The Trust is the Corporate Trustee of the Charity and is governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 1993, as amended by the Charities Act 2011. The Trust Board of Directors has devolved responsibility for the ongoing management of the funds to the Charitable Funds Committee, which administers the funds on behalf of the Corporate Trustees.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).
Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.
The timing of the satisfaction of performance obligations relates to the typical timing of payment (i.e. credit terms). Due to the nature of the Trust's block contract arrangement with commissioners, there is no impact to revenue recognition under IFRS 15.

Revenue from NHS contracts

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

may be incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.
The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

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

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial control totals and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition of the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.
Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment. "

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Note 1.8.1 Recognition

Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably;
• the item has cost of at least £5,000; or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.
Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is

replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Note 1.8.2 Measurement

Valuation

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

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

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

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis is applied to Trust’s Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and VAT on such costs is recoverable by the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are 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.

Note 1.8.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria 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. 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.

Note 1.8.4 Donated and grant funded assets

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

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

Note 1.8.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

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

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.
The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.8.6 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 Trust's range of useful lives is shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	3	50
Plant & machinery	5	20
Transport equipment	7	7
Information technology	2	5
Furniture & fittings	1	7

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

Note 1.9 Intangible assets

Note 1.9.1 Recognition

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

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.
Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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

Note 1.9.2 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 over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.9.3 Useful lives of intangible assets

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

	Min life	Max life
	Years	Years
Information technology	5	5

Note 1.10 Inventories

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

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport carbon dioxide (CO2) emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.13 Financial assets and financial liabilities

Note 1.13.1 Recognition

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

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

Note 1.13.2 Classification and measurement

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

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

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

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

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

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

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

Note 1.13.3 De-recognition

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

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

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

Finance leases

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

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

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

Operating leases

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

Leases of land and buildings

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

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020.

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 23.1 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

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

Note 1.16 Contingencies

The Trust has no contingent assets.

Contingent liabilities are not recognised, but are disclosed in note 24, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

(i) donated and grant funded assets;

(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility; and

(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Note 1.18 Value added tax

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

Note 1.19 Corporation tax

The Trust is not within the scope of Corporation Tax.

Note 1.20 Foreign exchange

The functional and presentational currency of the Trust is sterling.

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

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

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

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.
Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.21 Third party assets

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

Note 1.22 Losses and special payments

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

Note 1.23 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.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.
IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.
On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be

measured equal to the lease liability adjusted for any prepaid or accrued lease payments.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.
The Trust has estimated the impact of applying IFRS 16 in 2021/22 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2021 statement of financial position	
Additional right of use assets recognised for existing operating leases	9,128
Additional lease obligations recognised for existing operating leases	(9,178)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2021	**(50)**
Estimated in-year impact in 2021/22	
Additional depreciation on right of use assets	(2,242)
Additional finance costs on lease liabilities	(101)
Lease rentals no longer charged to operating expenditure	2,308
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2021/22	**(35)**
Estimated increase in capital additions for new leases commencing in 2021/22	**-**

The estimated value reported within the table above is based on the lease costs that were available in 2019/20. The costs will be revised during 2020/21 to account for annual inflationary increases in lease charges and any change in the incremental borrowing rate defined by HM Treasury.

Other standards, amendments and interpretations

The following table presents a list of recently issued IFRS Standards and amendments that have not yet been adopted within the FReM and are therefore not applicable to DHSC group accounts in 2019/20.

Standards issued or amended but not yet adopted in FReM	
IFRS 14 Regulatory Deferral Accounts	Not EU-endorsed.*
	Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
IFRS 16 Leases	Standard is now effective at 1 April 2021 per the FReM.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.
HM Treasury accepts that the following are fundamental differences within the DHSC group leading to some agreed departures from the FReM.	
Companies Act 2006 disclosures on directors' benefits and remuneration	The information on directors' other benefits required by section 413 of the Companies Act 2006 (set out in paragraphs 5.71 to 5.72 of the GAM) must be disclosed in a note to the accounts, separate from the directors' remuneration report.
	The requirements for the directors' remuneration report are to be presented separately as part of the annual report, as guided by the FT ARM.
	The table in Chapter 2 Annex 1 in the GAM lists the parts of the Companies Act that apply and where guidance can be found in the ARM.

Note 1.26 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Trust has identified the valuation of the Trust estate as a critical accounting judgement and key source of uncertainty. Cushman and Wakefield provide third party assurance of the value of the estate and have supported the completion of a full modern equivalent asset (MEA) valuation exercise for 2019/20 using a revised approach.

The Trust amended its approach regarding valuation of specialised buildings in 2019/20. In previous years, the Trust has applied the MEA approach to existing buildings based on their actual locations. For the 2019/20 annual accounts the Trust has applied the MEA approach to an optimally sized and configured estate, based on occupied / contracted bed numbers at 31st March 2020.

Whist there is no change to the accounting policy for accounting for specialised buildings as depreciated replacement cost (DRC) valuations based on modern equivalent assets, there has been a change in the Trust's application of the policy in the 2019/20 annual accounts.

Note 1.27 Sources of estimation uncertainty

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

An asset valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Red Book Global Valuation Global Standards 2020, the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The valuer's report clarifies that "the inclusion of the 'material valuation uncertainty' declaration ... does not mean that the valuation cannot be relied upon. It is used in order to be clear and transparent with all parties, in a professional manner that – in the current extraordinary circumstances – less certainty can be attached to the valuation than would otherwise be the case". The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Note 2 Operating Segments

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

A significant Segment is one which:-

- Represents 10% or more of the income or expenditure of the entity; or

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

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

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

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)

	2019/20	2018/19
	£000	£000
Mental health services		
Cost and volume contract income	7,596	6,057
Block contract income	77,623	70,812
Community services		
Community services income from CCGs and NHS England	39,112	37,471
Income from other sources (e.g. local authorities)	19,490	21,299
All services		
Agenda for Change pay award central funding [1]	603	1,669
Additional pension contribution central funding [2]	5,037	
Other clinical income [3]	158	-
Total income from activities	**149,619**	**137,308**

[1] £1.67m relating to the first year cost of the three-year Agenda for Change pay reform was paid directly to the Trust by the Department of Health and Social Care in 2018/19. From 2019/20 NHS Commissioners were required to include funding towards both the first and the second year costs in Provider contracts, via a nationally determined inflationary (tariff) uplift. This arrangement did not extend to non-NHS contracts including the Trust's local authority funded Public Health contracts, for which NHS England made a direct non-recurrent payment of £0.603m to the Trust in 2019/20.
[2] The employer contribution rate for NHS pensions increased from 14.3% in 2018/19 to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to remit employer contributions at the 2018/19 rate with the additional 6.3% being funded directly by NHS England on providers' behalf. To ensure transparency, the full costs and related funding have been recognised in these accounts.
[3] Approved costs associated with COVID-19 related activities have been centrally funded by NHS England in 2019/20.

Note 3.2 Income from patient care activities (by source)

	2019/20	2018/19
Income from patient care activities received from:	**£000**	**£000**
NHS England	16,924	11,153
Clinical commissioning groups [1]	112,164	101,738
Department of Health and Social Care	-	1,669
Other NHS providers	612	510
Local authorities [2]	19,021	21,129
Non-NHS: overseas patients (chargeable to patient)	5	-
Non NHS: other	893	1,109
Total income from activities	**149,619**	**137,308**
Of which:		
Related to continuing operations	149,619	137,308

[1] The significant increase in Clinical Commissioning Group (CCG) income includes additional investment in Mental Health Services that is consistent with the national Mental Health Investment Standard (MHIS). The MHIS requires that CCGs invest with providers an uplift that is at least equivalent to the percentage annual uplift in their revenue allocations. For 2019/20 the Bradford City CCG received the largest uplift in England, at around 15.25%, largely in acknowledgement of the health needs and disproportionate health inequalities of the population which it serves. The Trust's two other host CCGs, Bradford District and Airedale Wharfedale and Craven CCGs, received near average annual uplifts of around 5.4%. The Trust's annual host CCG contracts were uplifted by around £9.3m (£6.6m for mental health including tariff uplift, growth and MHIS and £2.7m for community physical health services including tariff uplift and growth). Additional projects were commissioned by Bradford City CCG to directly address health inequalities during 2019/20. A significant percentage; around £3.7m of host CCG income, funded the nationally determined tariff uplift for Agenda for Change.

[2] Lower income from Local Authorities reflects the phased de-commissioning of substance misuse services and the part-year impact of a reduced contract value following re-procurement of 0-19's services in Bradford. Both services are commissioned through Public Health contracts with Bradford Metropolitan District Council. The 0-19s contract commenced from 1 August 2019.

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

	2019/20	2018/19
	£000	£000
Income recognised this year	5	-

The income relates to 1 directly chargeable patient accessing community physical health services.

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development [1]	1,028	-	**1,028**	865	-	**865**
Education and training [2]	2,538	174	**2,712**	2,161	99	**2,260**
Non-patient care services to other bodies [3]	2,925		**2,925**	3,165		**3,165**
Provider sustainability fund (PSF)	1,108		**1,108**	2,439		**2,439**
Financial recovery fund (FRF)	1,890		**1,890**			
Other income [4]	1,325	-	**1,325**	1,355	-	**1,355**
Total other operating income	**10,814**	**174**	**10,988**	**9,985**	**99**	**10,084**
Of which:						
Related to continuing operations			**10,988**			**10,084**

[1] Higher research & development income reflects a successful DIAMONDS project bid, associated expenditure for which is shown in note 5 of the Operating expenses.
[2] Higher education and training income reflects an increase in Post Graduate Education Medical & Dental (PGEMD) funding in 2019/20 and an increase in Service Increment for Teaching (SIFT) funding. The Trust also received additional funding for nursing students and nursing associates.
[3] Lower income from non-patient care services to other bodies reflects a reduction in income for the Occupational Therapist training scheme which is offset by a corresponding reduction in expenditure. The Safe Haven is now commissioned by the CCG which has resulted in a reduction in pass through income.
[4] Lower levels of other income reflect non-recurrent income received in 2018/19 relating to an insurance claim for vandalism (£66k) and lower 2019/20 contributions via a West Yorkshire Mental Health provider collaboration project (£36k).

Note 4.1 Income from activities arising from commissioner requested services

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

	2019/20	2018/19
	£000	£000
Income from services designated as commissioner requested services	110,862	99,488
Income from services not designated as commissioner requested services	49,745	47,904
Total	**160,607**	**147,392**

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

The Trust has not disposed of any property, plant or equipment in 2019/20.

Note 5 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	1,970	1,626
Purchase of healthcare from non-NHS and non-DHSC bodies [1]	2,168	962
Staff and executive directors costs [2]	126,888	113,536
Remuneration of non-executive directors	134	118
Supplies and services - clinical (excluding drugs costs)	5,822	5,584
Supplies and services - general	1,121	1,260
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,587	1,505
Inventories written down	(8)	(6)
Consultancy costs	189	390
Establishment	3,745	3,975
Premises [3]	5,508	7,151
Transport (including patient travel) [4]	434	155
Depreciation on property, plant and equipment	3,075	2,841
Amortisation on intangible assets	152	45
Net impairments	2,068	1,014
Movement in credit loss allowance: all other receivables and investments [5]	158	26
Change in provisions discount rate(s)	24	(20)
Audit fees payable to the external auditor		
audit services- statutory audit	59	59
other auditor remuneration (external auditor only)	14	14
Internal audit costs	104	107
Taxation advisory services (VAT)	33	13
Clinical negligence	255	234
Legal fees	248	266
Insurance	260	272
Research and development	1,152	1,028
Education and training	599	763
Education and training - notional expenditure from apprenticeship fund	174	99
Rentals under operating leases [6]	2,517	640
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	303	353
Hospitality	2	8
Losses, ex gratia & special payments	8	122
Other [7]	377	202
Total	**161,140**	**144,342**
Of which:		
Related to continuing operations	161,140	144,342

[1] Higher purchase of healthcare costs from non-NHS and non-DHSC bodies relate to elevated Out of Area placements arising from sustained high inpatient occupancy levels.
[2] The increase in Staff expenditure includes the second year impact of the three-year Agenda for Change pay reform, equivalent to £5.7m (inclusive of Pension and National Insurance cost) plus a non-consolidated payment of £0.4m; increased temporary staffing costs of £0.6m linked to elevated inpatient occupancy levels; the 6% increase in employers' NHS pension contributions of £5.04m (funded by NHS England in 2019/20); and £1.57m costs associated with new services and training posts.
[3] Costs reported as premises costs have reduced overall due to a re-classification of leases as rental costs in 2019/20 linked to pre-IFRS16 implementation work. This masks increased costs arising from an upgrade of the Trust's wide area network capacity; licences for additional staff and new software applications amounting to £195k, in part due to the COVID-19 incident.
[4] Costs reported as transport costs have increased overall due to a re-classification of some vehicle rental contracts (which are not operating leases) in 2019/20, linked to pre-IFRS16 implementation work. There was also an increase in patient transport costs, linked to the increase in Out of Area placements arising from sustained high inpatient occupancy levels.

[5] The higher credit loss allowance relates to an outstanding prior year accommodation charge with a Non NHS tenant.

[6] During 2019/20 the Trust performed a detailed review of all leases, rental, hire and licencing agreements, in preparation for the planned implementation of IFRS16 from 1st April 2020. As a result of this review, the Trust has reclassified a number of agreements (mainly those with NHS Property Services and Community Health Partnerships) as leases. This has resulted in a presentational change within the accounts, reclassifying costs between premises, establishment, transport, and rental under operating leases cost categories. As a result of the COVID-19 pandemic, implementation by the NHS of IFRS16 has now been deferred to April 2021.

[7] Other Expenditure has increased as a result of reclassifying expenditure from premises and increased annual CQC fees.

Note 5.1 Other auditor remuneration

	2019/20	2018/19
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit-related assurance services	14	14
2. All other taxation advisory services	33	13
Total	**47**	**27**

£14k in 2019/20 'Audit-related assurance services' relates to the audit of the Quality Accounts. As per recent updated guidance from NHSI, assurance over the quality report is not required this year and so this element will be held in credit for the work over the 2020/21 quality report.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2018/19: £1m).

Note 6 Impairment of assets

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	2,068	1,014
Total net impairments charged to operating surplus / deficit	**2,068**	**1,014**
Impairments charged to the revaluation reserve	3,432	1,244
Total net impairments	**5,500**	**2,258**

As referenced in accounting policy note 1.7, a revaluation decrease that does not result from a loss of economic value or service potential, e.g. as a result of the annual revaluation exercise, is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit, e.g. site disposal or change in use, should be taken to expenditure.
An increase arising on revaluation is taken to the revaluation reserve, except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

The table below illustrates the key impacts on asset values arising from impairments following the 2019/20 MEA revaluation exercise and revised approach as described above.

Property, Plant & Equipment	Impairments	Reversal of Previous Impairments	Total
Buildings excluding dwellings:	**£000**	**£000**	**£000**
Airedale Centre for Mental Health	2,756	-	**2,756**
Lynfield Mount Hospital - Whole site	3,596	(1,029)	**2,567**
New Mill, Saltaire		(28)	**(28)**
Waddiloves Hospital	5	-	**5**
Somerset House	11	-	**11**
Ingrow Centre, Keighley (Asset Held for Sale)	189	-	**189**
Total	**6,557**	**(1,057)**	**5,500**

Note 7 Employee benefits

	2019/20 Total	2018/19 Total
	£000	**£000**
Salaries and wages [1]	92,100	86,183
Social security costs	8,955	8,309
Apprenticeship levy [2]	446	416
Employer's contributions to NHS pensions [3]	17,006	11,026
Temporary staff (including agency) [4]	9,258	8,648
Total gross staff costs	**127,765**	**114,582**
Of which		
Costs capitalised as part of assets	333	549

[1] An explanation for key increases in Staff costs is provided at Note 5 Operating Expenses.
[2] The Apprenticeship Levy scheme was introduced by the UK Government on 6 April 2017 and requires all employers operating in the UK with an annual pay bill of more than £3 million to invest in apprenticeships via the Levy. The levy represents 0.5% of the Trust's total pay bill (defined as earnings subject to Class 1 secondary National Insurance Contributions), less an allowance of £15,000. The Trust can then access funding for apprenticeships through a digital apprenticeship service (DAS) account. These funds will be used to make payments directly to approved apprenticeship training providers.
[3] Employers' NHS Pensions contributions increased in 2019/20 to 20.68% amounting to an uplift of £5.04m, with these costs being funded by NHS England in year.
[4] Temporary staff costs increased during the year by £0.61m, comprising £0.51m bank and £0.1m agency staffing. Cost increases relate to inpatient staffing and medical locum cost pressures experienced by the Trust driven principally by inpatient acuity and increased occupancy levels. Costs also increased in relation to COVID-19, with these costs being funded centrally.
The Trust salaries and wages costs includes £362k relating to permanent staff who are on secondment to other external organisations. In 2018/19 the Trust salaries and wages costs included £397k relating to permanent staff on secondment.

Note 7.1 Retirements due to ill-health

During 2019/20 there were 2 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £175k (£107k in 2018/19).
These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme

is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.
The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.
The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.
The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 the Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Auto-enrolment / National Employment Savings Trust (NEST) Pension Scheme

From July 2013, the Trust offers an alternative pension scheme to all employees who are not eligible to be members of the NHS pension scheme at the Trust. This includes employees who are members of the NHS pension scheme through another role outside of the Trust and those that are not eligible to join the NHS pension scheme.
The auto-enrolment was carried out in July 2016. Every three years all eligible employees are auto-enrolled in either the NHS or alternative pension scheme. The auto-enrolment exercise was carried out in July 2019 and following this process, all employees who meet the criteria for the alternative pension scheme are enrolled each month on a continuous basis, unless they specifically opt out.
The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates were a combined minimum of 5% (with a minimum 2% being contributed by the Trust) from April 2018 and then from April 2019 the combined contribution rate is 8% (with a minimum 3% being contributed by the Trust).
In the period to 31 March 2020, the Trust made contributions totalling £43,028 into the NEST fund (Contributions of £20,965 were made for the full year of 2018/19).

Note 9 Operating leases - Bradford District Care NHS Foundation Trust as a lessee

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

During 2019/20 the Trust performed a detailed review of all leases, rental, hire and licencing agreements, in preparation for the original implementation of IFRS16 from 1st April 2020. As a result of this review, the Trust has reclassified a number of agreements (mainly those with NHS Property Services and Community Health Partnerships) as leases, despite the implementation of IFRS16 now being deferred until April 2021.

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

The reclassification of these agreements has resulted in a significant increase in reported Operating Lease expenditure in 2019/20, with corresponding changes in costs categorised as Premises, Establishment and Transport (lease cars).

The value of future liabilities for Operating Leases has also significantly increased due to this reclassification, based on an assumed 5 year lease for all agreements with NHS Property Services and Community Health Partnerships.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	2,517	640
Total	**2,517**	**640**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	2,451	415
- later than one year and not later than five years;	8,311	391
Total	**10,762**	**806**

Note 10 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	160	138
Total finance income	**160**	**138**

Note 11 Finance expenditure

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

	2019/20	2018/19
	£000	£000
Interest expense:		
Main finance costs on PFI and LIFT schemes obligations	91	106
Total interest expense	**91**	**106**

Note 11.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust incurred no interest or other payments relating to the late payment of commercial debits in either 2019/20 or 2018/19.

Note 12 Other gains / (losses)

The Trust incurred no gains or losses on the disposal of assets in 2019/20.

Note 13 Intangible assets - 2019/20

Note 13.1 Intangible assets - 2019/20

	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**769**	**-**	**769**
Valuation / gross cost at 31 March 2020	**769**	**-**	**769**
Amortisation at 1 April 2019 - brought forward	**45**	**-**	**45**
Provided during the year	152	-	**152**
Amortisation at 31 March 2020	**197**	**-**	**197**
Net book value at 31 March 2020	**572**	**-**	**572**
Net book value at 1 April 2019	**724**	**-**	**724**

Note 13.2 Intangible assets - 2018/19

	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**-**	**475**	**475**
Valuation / gross cost at 1 April 2018 - restated	**-**	**475**	**475**
Additions	294	-	**294**
Reclassifications	475	(475)	**-**
Valuation / gross cost at 31 March 2019	**769**	**-**	**769**
Amortisation at 1 April 2018 - restated	**-**	**-**	**-**
Provided during the year	45	-	**45**
Amortisation at 31 March 2019	**45**	**-**	**45**
Net book value at 31 March 2019	**724**	**-**	**724**
Net book value at 1 April 2018	**-**	**475**	**475**

The Trust has one intangible asset, a Mental Health Clinical Information System. The system was internally developed, and went live in November 2018. The system has a remaining asset life of 3.75 years at 31st March 2020.

Property, plant and equipment - 2019/20

Note 14.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**7,897**	**38,937**	**1,727**	**289**	**15,933**	**1,648**	**66,431**
Transfers by absorption	-	-	-	-	-	-	**-**
Additions	-	2,476	267	-	1,164	3	**3,910**
Impairments	(2,002)	(4,555)	-	-	-	-	**(6,557)**
Reversals of impairments	-	1,057	-	-	-	-	**1,057**
Revaluations	-	(1,094)	-	-	-	-	**(1,094)**
Transfers to / from assets held for sale	-	189	-	-	-	-	**189**
Valuation/gross cost at 31 March 2020	**5,895**	**37,010**	**1,994**	**289**	**17,097**	**1,651**	**63,936**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**1,095**	**892**	**283**	**13,158**	**695**	**16,123**
Provided during the year	-	1,302	142	5	1,300	326	**3,075**
Revaluations	-	(1,095)	-	-	-	-	**(1,095)**
Accumulated depreciation at 31 March 2020	**-**	**1,302**	**1,034**	**288**	**14,458**	**1,021**	**18,103**
Net book value at 31 March 2020	**5,895**	**35,708**	**960**	**1**	**2,639**	**630**	**45,833**
Net book value at 1 April 2019	**7,897**	**37,842**	**835**	**6**	**2,775**	**953**	**50,308**

Note 14.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**7,967**	**40,645**	**1,353**	**289**	**14,901**	**870**	**66,025**
Valuation / gross cost at 1 April 2018 - restated	**7,967**	**40,645**	**1,353**	**289**	**14,901**	**870**	**66,025**
Additions	-	1,870	374	-	1,032	778	**4,054**
Impairments	-	(2,258)	-	-	-	-	**(2,258)**
Revaluations	-	(1,041)	-	-	-	-	**(1,041)**
Transfers to / from assets held for sale	(70)	(279)	-	-	-	-	**(349)**
Valuation/gross cost at 31 March 2019	**7,897**	**38,937**	**1,727**	**289**	**15,933**	**1,648**	**66,431**
Accumulated depreciation at 1 April 2018 - as previously stated	**-**	**1,041**	**792**	**278**	**11,776**	**436**	**14,323**
Accumulated depreciation at 1 April 2018 - restated	**-**	**1,041**	**792**	**278**	**11,776**	**436**	**14,323**
Provided during the year	-	1,095	100	5	1,382	259	**2,841**
Revaluations	-	(1,041)	-	-	-	-	**(1,041)**
Accumulated depreciation at 31 March 2019	**-**	**1,095**	**892**	**283**	**13,158**	**695**	**16,123**
Net book value at 31 March 2019	**7,897**	**37,842**	**835**	**6**	**2,775**	**953**	**50,308**
Net book value at 1 April 2018	**7,967**	**39,604**	**561**	**11**	**3,125**	**434**	**51,702**

Note 14.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	4,970	33,507	960	1	2,639	630	**42,707**
On-SoFP PFI contracts and other service concession arrangements	925	2,201	-	-	-	-	**3,126**
NBV total at 31 March 2020	**5,895**	**35,708**	**960**	**1**	**2,639**	**630**	**45,833**

Note 14.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019							
Owned - purchased	6,972	35,214	835	6	2,775	953	**46,755**
On-SoFP PFI contracts and other service concession arrangements	925	2,628	-	-	-	-	**3,553**
NBV total at 31 March 2019	**7,897**	**37,842**	**835**	**6**	**2,775**	**953**	**50,308**

Note 15 Donations of property, plant and equipment

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

Note 16 Revaluations of property, plant and equipment

All land and buildings were revalued for the first time on a Modern Equivalent Asset basis in 2009/10; using valuations provided by the District Valuer.

In 2016/17 the Trust moved to an alternative asset valuation method, informed by an external property advisors and valuers, Cushman & Wakefield. This involved a review of all land and buildings (down to component level) in the Trust portfolio, including the remaining economic life of each asset. The revaluation exercise was performed again for 2017/18, 2018/19 and 2019/20.

Cushman & Wakefield have sufficient current knowledge of the relevant markets, and the skills and understanding to undertake the valuation competently. A Partner Cushman & Wakefield has overall responsibility for the valuation and is in a position to provide an objective and unbiased valuation and is competent to undertake the valuation. Finally, we confirm that they have undertaken the valuation acting as an External Valuer, as defined in the RICS Red Book.

Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. HM Treasury agreed that NHS Trusts must apply the new valuation requirements by 1 April 2010 at the latest. The Trust first applied these requirements during 2009/10, using valuations provided by the District Valuer.

The asset revaluation exercise conducted during 2019/20 provided asset valuations effective as at 31st March 2020. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate decrease of £5.5m; of which £2.068m was charged to the Statement of Comprehensive Income and £3.432m to the Revaluation Reserve.

The most significant changes in valuation were at the Trust's two inpatient locations (Airedale Centre for Mental Health & Lynfield Mount Hospital). The Trust conducted a detailed review of these sites in 2019/20 to calculate the optimum sized and configured estate required to provide these services. The MEA valuations for these sites are based on the results of this exercise. Whist there is no change to the accounting policy for these specialised assets as depreciated replacement cost (DRC) valuations

based on modern equivalent assets, there has been a change in the Trust's application of the policy in the 2019/20 annual accounts.

	TOTAL	Charged to Statement of Comprehensive Income	Charged to Revaluation Reserve
Asset Revaluation Exercise	**March 2020**	**March 2020**	**March 2020**
	£000	**£000**	**£000**
Airedale Centre for Mental Health - Building	(2,409)	(2,290)	(119)
Airedale Centre for Mental Health - Land	(348)	-	(348)
Lynfield Mount Hospital - Buildings	(912)	205	(1,117)
Lynfield Mount Hospital - Land	(1,655)	-	(1,655)
Others	13	17	(4)
SUBTOTAL (Impairment) / Valuation Increase	**(5,311)**	**(2,068)**	**(3,243)**
Other Revaluations - Asset Held for Sale			
Ingrow Centre - Market Value	(189)	-	(189)
TOTAL (Impairment) / Valuation Increases	**(5,500)**	**(2,068)**	**(3,432)**
Comprising:			
Impairment charged to I&E	(2,068)		
Impairment to Revaluation Reserve	(3,432)		
TOTAL (Impairment) / Valuation Increase	**(5,500)**		

Note 16.1 Revaluation Reserve

The Trust's Revaluation Reserve decreased by £3.468m during 2019/20, mainly due to the effects of the March 2020 asset revaluation exercise. The movements in the Revaluation Reserve are shown in the table below.

	£000
Revaluation Reserve 01/04/2019	**11,899**
Asset Revaluation 31/03/19 - Impairments	(3,432)
Asset Revaluation 31/03/19 - Increases	1
Transfer to I&E Reserve - Revaluation Reserve for Ingrow Centre	(37)
Revaluation Reserve 31/03/2020	**8,431**

Note 17 Inventories

	31 March 2020	31 March 2019
	£000	**£000**
Drugs [1]	61	-
Energy [2]	17	9
Total inventories	**78**	**9**

[1] Previously outsourced Pharmacy Services were transferred in house from 9th December 2019 alongside responsibility for managing Pharmacy stocks as at 31st March 2020.
[2] Increased energy inventories of £17k (2018/19: £9k) reflect increases in both the unit rate and volume of fuel stock held at 31st March 2020.

Note 18 Receivables

	31 March 2020	31 March 2019
	£000	£000
Current		
Contract receivables [1]	3,870	4,467
Allowance for other impaired receivables [2]	(234)	(76)
Prepayments (non-PFI)	1,411	1,114
PDC dividend receivable	269	184
VAT receivable	488	511
Other receivables [3]	73	54
Total current receivables	**5,877**	**6,254**
Non-current		
Other receivables [3]	130	-
Total non- current receivables	**130**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	3,301	3,623
Non-current	130	-

[1] The reduction in Contract Receivables is largely due to national changes in Commissioning for Quality and Innovation (CQUIN) scheme incentive arrangements from 2019/20. In prior years £2.9m CQUIN incentive payments were attributable to performance against quality scheme milestone targets, assessed after each quarter end. Payments were most heavily weighted in the final 6 months of the year, meaning that accrued income was recorded in the accounts. From 2019/20 national contracts were revised to transfer 50% of income previously attributed to CQUIN into provider baseline contracts. Locally, remaining CQUIN income was incorporated into Fixed Income Contracts agreed with the Trust's 3 host CCGs and paid in equal quarters, with no residual accrued income.
[2] The higher allowance for other impaired receivables relates to outstanding prior year accommodation charges with a Non NHS tenant.
[3] The movement in other receivables relates to accrued medical pensions tax income from NHS England. Note 23, Provisions, provides further detail.

Note 18.1 Allowances for credit losses

	2019/20 All other receivables	2018/19 All other receivables
	£000	£000
Allowances as at 1 April - brought forward	**76**	**50**
Allowances as at 1 April - restated	**76**	**50**
New allowances arising	158	26
Allowances as at 31 Mar 2020	**234**	**76**

Note 18.2 Exposure to credit risk

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

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

	2019/20	2018/19
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**349**	**-**
Assets classified as available for sale in the year [1]	160	349
Assets no longer classified as held for sale, for reasons other than sale	(349)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**160**	**349**

[1] The Trust had one asset (the Ingrow Centre in Keighley) classified as held for sale on 31 March 2020. The Ingrow Centre accommodated Community Mental Health Services prior to their relocation to Meridian House during 2018/19, leaving the building vacant. The building is over 100 years old and no longer meets the requirements of the Trust in providing healthcare. The sale process commenced in accordance with Health Building Note 00-08: EstateCode, with completion targeted during 2019/20, however the property has not yet been sold. At 31st March 2020, the Net Book Value (NBV) of the Ingrow Centre is £160k.

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
At 1 April	**17,301**	**15,109**
Net change in year	1,721	2,192
At 31 March	**19,022**	**17,301**
Broken down into:		
Cash at commercial banks and in hand [1]	108	54
Cash with the Government Banking Service	18,914	17,247
Total cash and cash equivalents as in Statement of Financial Position	**19,022**	**17,301**
Total cash and cash equivalents as in Statement of Cash Flows	**19,022**	**17,301**

[1] Through the Trust's business continuity planning in response to COVID-19 cash balances in the commercial bank were increased to ensure service resilience and prompt supplier payments.

Note 20.1 Third party assets held by the trust

Bradford District Care NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	31	37
Total third party assets	**31**	**37**

Note 21 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
Current		
Trade payables	2,506	3,119
Capital payables	247	74
Accruals [1]	3,790	2,082
Receipts in advance and payments on account	41	45
Social security costs	1,354	1,290
Other taxes payable	1,013	967
Other payables	2,327	1,772
Total current trade and other payables	**11,278**	**9,349**
Of which payables from NHS and DHSC group bodies:		
Current	1,170	1,780

[1] The higher level of accrual for 2019/20 includes £0.43m accrued temporary staffing costs and £0.43m in respect of final pay controls arising from NHS Pensions liabilities and the combination of a number of other small movements.

Note 22 Borrowings

	31 March 2020	31 March 2019
	£000	£000
Current		
Obligations under PFI, LIFT or other service concession contracts	323	308
Total current borrowings	**323**	**308**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	1,533	1,856
Total non-current borrowings	**1,533**	**1,856**

Note 22.1 Reconciliation of liabilities arising from financing activities - 2019/20

	PFI and LIFT schemes	Total
	£000	£000
Carrying value at 1 April 2019	**2,164**	**2,164**
Cash movements:		
Financing cash flows - payments and receipts of principal	(308)	(308)
Financing cash flows - payments of interest	(91)	(91)
Non-cash movements:		
Application of effective interest rate	91	91
Carrying value at 31 March 2020	**1,856**	**1,856**

Note 22.2 Reconciliation of liabilities arising from financing activities - 2018/19

	PFI and LIFT schemes	Total
	£000	£000
Carrying value at 1 April 2018	**2,457**	**2,457**
Cash movements:		
Financing cash flows - payments and receipts of principal	(294)	**(294)**
Financing cash flows - payments of interest	(106)	**(106)**
Non-cash movements:		
Application of effective interest rate	106	**106**
Other changes	1	**1**
Carrying value at 31 March 2019	**2,164**	**2,164**

Note 23 Provisions for liabilities and charges analysis

	Pensions: injury benefits [1]	Legal claims [2]	Other [3]	Total
	£000	£000	£000	£000
At 1 April 2019	**571**	**51**	**-**	**622**
Transfers by absorption	**-**	**-**	**-**	**-**
Change in the discount rate	24	-	-	**24**
Arising during the year	39	43	167	**249**
Utilised during the year	(39)	(27)	-	**(66)**
Reclassified to liabilities held in disposal groups	**-**	**-**	**-**	**-**
Reversed unused	**-**	**-**	**-**	**-**
Unwinding of discount	**-**	**-**	**-**	**-**
At 31 March 2020	**595**	**67**	**167**	**829**
Expected timing of cash flows:				
- not later than one year;	39	67	37	**143**
- later than one year and not later than five years;	156	-	7	**163**
- later than five years.	400	0	123	**523**
Total	**595**	**67**	**167**	**829**

[1] Injury Benefits provisions of £595k (previous year £571k) reflect an estimated liability for 4 individuals based on information provided by the NHS Pensions Agency.
The discount rate used in the calculation of the above provisions changed during 2019/20, from 0.29% as at March 2019 to (0.50)% as at March 2020.
[2] Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by NHS Resolution equivalent to £67k (previous year £51k).
[3] Other provisions relate to clinicians who are members of the NHS Pension Scheme and who, as a result of work undertaken in this tax year (2019/20), face a tax charge in respect of growth in their NHS pension benefits above the annual allowance for pensions, and who will be eligible to have this charge paid by the NHS Pension Scheme.
NHS provider organisations have been asked to create a provision broadly equal to the tax charge owed by clinicians who want to take advantage of the 2019/20 NHS Pensions Scheme offset. This will in turn be offset by a commitment from NHS England and the Government to fund the payments to clinicians as and when they arise. The pre-calculated national 'average discounted value per nomination' of £3,345, has been provided to the Trust by NHS Business Services Authority and Government Actuary's Department. The Trust has 50 consultants in the pension scheme with a provision required amounting to £167k.

Note 23.1 Clinical negligence liabilities

At 31 March 2020, £1,451k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2019: £1,041k).

Note 24 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	(47)	(46)
Gross value of contingent liabilities	**(47)**	**(46)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(47)**	**(46)**

The £47k NHS Resolution (formerly NHS Litigation Authority) contingent liability shown above is the calculated member liability for third party insurance claims.

Note 25 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	247	74
Total	**247**	**74**

Note 26 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has one remaining PFI scheme that is included on the Statement of Financial Position relating to the Horton Park Centre.

The Horton Park lease has been in operation since 2000/01 and was for a period of 25 years until 2025/26. The lease includes a unitary payment for the provision of building maintenance, facilities management, services and insurance.

The property is treated as an asset of the Trust and has been subject to revaluations and depreciation in accordance with Trust policies. The current net book value for Horton Park Health Centre is £3,126k.

The Trust has the option to purchase Horton Park Centre at the end of the lease.

Note 26.1 Imputed finance lease obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the Statement of Financial Position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**2,097**	**2,496**
Of which liabilities are due		
- not later than one year;	399	399
- later than one year and not later than five years;	1,598	1,597
- later than five years.	100	500
Finance charges allocated to future periods	(241)	(332)
Net PFI, LIFT or other service concession arrangement obligation	**1,856**	**2,164**
- not later than one year;	323	308
- later than one year and not later than five years;	1,437	1,379
- later than five years.	96	477
	1,856	**2,164**

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

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

	31 March 2020	31 March 2019
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**3,687**	**4,701**
Of which payments are due:		
- not later than one year;	702	753
- later than one year and not later than five years;	2,809	3,008
- later than five years.	176	940

Note 26.3 Analysis of amounts payable to service concession operator

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

	2019/20	2018/19
	£000	£000
Unitary payment payable to service concession operator	**702**	**753**
Consisting of:		
- Interest charge	91	106
- Repayment of balance sheet obligation	308	294
- Service element and other charges to operating expenditure	303	353
Total amount paid to service concession operator	**702**	**753**

Note 27 Financial instruments

Note 27.1 Financial risk management

IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Trust actively seeks to minimise its financial risks. In line with this policy, the Trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Credit risk

The Trust receives the majority of its income from CCGs, Local Authority, NHS England, and statutory bodies and so the credit risk is negligible. The Trust's treasury management policy minimises the risk of loss of cash invested by limiting its investments to:

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

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

Liquidity risk

The Trust's net operating costs are incurred under purchase contracts with local CCGs, NHS England and Local Authority commissioners which are financed from resources voted annually by Parliament. The Trust receives contract income via block contract arrangements, which is intended to match the income received in year to the activity delivered in that year. The Trust receives cash each month based on annually agreed contract values.

The Trust currently finances its capital expenditure from internally generated funds of depreciation and cash.

Interest rate risk

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

Price risk

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

Foreign currency risk

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

Note 27.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	3,839	**3,839**
Cash and cash equivalents	19,022	**19,022**
Total at 31 March 2020	**22,861**	**22,861**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	4,445	**4,445**
Cash and cash equivalents	17,301	**17,301**
Total at 31 March 2019	**21,746**	**21,746**

Note 27.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Obligations under PFI, LIFT and other service concession contracts	1,856	**1,856**
Trade and other payables excluding non financial liabilities	7,350	**7,350**
Provisions under contract	67	**67**
Total at 31 March 2020	**9,273**	**9,273**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Total book value
	£000	£000
Obligations under PFI, LIFT and other service concession contracts	2,164	**2,164**
Trade and other payables excluding non financial liabilities	5,578	**5,578**
Provisions under contract	52	**52**
Total at 31 March 2019	**7,794**	**7,794**

Note 27.4 Fair values of financial assets and liabilities

Due to the nature of the Trust financial assets and liabilities (mainly payables, receivables and cash), book value is considered a reasonable approximation of fair value.

Note 27.5 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	7,740	5,938
In more than one year but not more than two years	337	323
In more than two years but not more than five years	1,100	1,056
In more than five years	96	477
Total	**9,273**	**7,794**

Note 28 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses [1]	2	-	2	-
Stores losses and damage to property	-	-	1	81
Total losses	**2**	**-**	**3**	**81**
Special payments				
Compensation under court order or legally binding arbitration award	1	6	4	12
Ex-gratia payments	20	2	32	29
Total special payments	**21**	**8**	**36**	**41**
Total losses and special payments	**23**	**8**	**39**	**122**
Compensation payments received [2]		-		66

[1] The two cases relating to cash losses for 2019/20 had a total value of £90. The two cases relating to cash losses in 2018/19 also had a total value of £90.
[2] In 2018/19 the Trust received an insurance settlement of £66k following an act of vandalism that caused extensive damage to windows at Lynfield Mount Hospital.

Note 29 Gifts

The Trust has received no gifts exceeding £300,000 in 2019/20.

Note 30 Related parties

The Trust is a Foundation Trust, a public interest body authorised by NHS Improvement, the Independent Regulator for NHS Foundation Trusts.

During the year there was a transaction with a related party associated with one non-executive director. A charge of £19,618 was paid in 2019/20 to the related party relating to a contract for room hire. The contract was in place prior to the non-executive director becoming a Trustee with, and registered Director of, the related party. No other Board members nor members of the key management staff, nor parties related to them, have undertaken any material transactions with the Trust.

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

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

The Trust manages charitable funds on behalf of the Bradford District Care Trust Charitable Fund whose accounts are published in the Charity Commission website. An administration charge of £13,536 in 2019/20 was levied on the charity for services provided by the Trust.

	Receivables 31 March 2020	Payables 31 March 2020
	£000	£000
NHS Airedale, Wharfedale and Craven CCG	54	-
NHS Bradford City CCG	33	40
NHS Bradford Districts CCG	732	179
NHS England	1,348	153
Health Education England	109	-
Airedale NHS Foundation Trust	44	147
Bradford Teaching Hospitals NHS Foundation Trust	105	356
Bradford City Council	620	20
Wakefield City Council	26	-
NHS Resolution	-	9
Bradford District Care NHS Foundation Trust Charitable Funds	-	-
	3,071	**904**

	Income 2019/20	Expenditure 2019/20
	£000	£000
NHS Airedale, Wharfedale and Craven CCG	23,566	-
NHS Bradford City CCG	24,198	-
NHS Bradford Districts CCG	64,020	212
NHS England	14,979	4
Health Education England	2,876	-
Airedale NHS Foundation Trust	86	1,747
Bradford Teaching Hospitals NHS Foundation Trust	1,067	2,548
Bradford City Council	12,327	48
Wakefield City Council	7,164	22
NHS Resolution	-	445
Bradford District Care NHS Foundation Trust Charitable Funds	14	-
	150,297	**5,026**

Note 31 Prior period adjustments

There are no prior period adjustments.

Note 32 Events after the reporting date

On 30th January the first phase of the NHS's preparation and response to the Global Coronavirus pandemic (COVID-19) was triggered with the declaration of a Level 4 National Incident. In light of Scientific Advisory Group for Emergencies (SAGE) advice and Government decisions, on 17th March the NHS initiated a far-reaching repurposing of NHS services, staffing and capacity. During 2019/20 relatively modest revenue costs were incurred by the Trust as part of the early days of this first phase COVID-19 response; the greatest financial impacts being experienced by Acute hospital providers. These amounted to £157k of costs for which NHS England accrued income was approved and £61k elevated annual leave accrual, for which a permitted deterioration in financial performance has been reported. It is envisaged that significant impacts on service delivery will be experienced by the Trust throughout 2020/21. At the time of writing a Level 4 incident remains in force. The Government and NHS England / Improvement responded rapidly to the Incident, establishing revised NHS funding arrangements to operate between 1 April and 31 July 2020 initially, and providing assurance that appropriate and reasonable costs will be reimbursed.

Bradford District Care NHS Foundation Trust

Independent Auditor's Statement

Independent auditor's report

to the Council of Governors of Bradford District Care NHS Foundation Trust

. REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Bradford District Care NHS Foundation Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

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

Overview	
Materiality: financial statements as a whole	£2m (2019:£2m) 1.3% (2019: 1.5%) of income from operations

Risks of material misstatement		**vs 2018/19**
Recurring risks	Valuation of land and buildings	▲
	Fraudulent revenue recognition	◄►
	Fraudulent expenditure recognition	◄►

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on:the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows:

	The risk	Our response
Valuation of land and buildings (£41.6 million; 2019: £45.7 million) *Refer to note 1.8 (accounting policy) and note 16 (financial disclosures)*	**Subjective valuation:** Land and buildings are required to be maintained at up to date estimates of year- end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEA). The Trust's accounting policy requires an annual review for impairment, a periodic desk top valuation (usually every three years) and a full valuation (usually in five yearly intervals). When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic. The valuation is undertaken by an external expert engaged by the Trust, using construction indices and so accurate records of the current estate are required. Valuations are inherently judgmental. There is a risk that the methodology, assumptions and underlying data, are not appropriate or correctly applied. The Trust commissioned a full valuation at 31 March 2020. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole, and possibly many times that amount.	Our procedures included: — **Assessing valuer's credentials**: We assessed the competence, capability, objectivity and independence of the Trust's external valuer. — **Test of detail:** We critically assessed the Trust's formal consideration of indications of impairment and surplus assets within its estate, including the process undertaken. — **Test of detail:** We tested the accuracy of the estate base data provided to the valuer to complete the full valuation to ensure it accurately reflected the Trust's estate. — **Methodology choice:** We critically assessed the assumptions used in preparing the full revaluation of the Trust's land and buildings to ensure they were appropriate, including assessing the reasonableness of assumptions underpinning the alternative site model used as a basis for valuation. — **Accounting analysis:** We undertook work to understand the basis upon which any movements in the valuation of land and buildings had been classified, treated and accounted for in the financial statements and determined whether they had complied with the requirements of the DHSC Group Accounting Manual 2019/20. — **Methodology implementation and re-performance**: We compared the asset value movements from the valuer's report to the entries in the fixed asset register This included a re-performance of the entries to confirm that any material movements in the value of land and building assets had been accounted for correctly. — **Review of MEA model:** We held discussions with management and reviewed in detail the floor area model used to determine the area of amalgamated MEA. We also checked the accuracy of underlying data and reasonableness of different assumptions used in the model. — **Inquiries with valuation expert:** We have held inquiries with Trust's valuation expert on the valuation basis used to determine the value of assets in their valuation report for the year.

2. Key audit matters: our assessment of risks of material misstatement (cont.)

	The risk	Our response
Valuation of land and buildings *(continued)*	**Subjective valuation:** **Accounting Treatment** There is a risk that the valuation is not applied to the financial statement balances appropriately to recognise the valuation gains and impairment losses in line with the requirements of the Department of Health and Social Care (DHSC) Group Accounting Manual 2019/20. **Disclosure Quality** There is a risk that uncertainties expressed by the Trust's valuers around the impact of the Covid-19 pandemic on the values of land and buildings will be inappropriately disclosed.	Our procedures included: — **Assessing transparency:** We considered the adequacy of the disclosures about the key judgements and degree of estimation involved in concluding whether there has been any material movement in the value of land and buildings since 31 March 2019. Specifically we considered the adequacy of disclosures made around the uncertainty caused by the Covid-19 pandemic on market data used to underpin the valuer's assumptions, and management's consideration of these factors when arriving at the year-end valuation figures. — **Assessing transparency:** We ensured that the disclosures made were in line with the requirements of the DHSC Group Accounting Manual 2019/20, supplemented by additional guidance issued by NHS Improvement in April 2020.

2. Key audit matters: our assessment of risks of material misstatement (cont.)

	The risk	Our response
NHS and Non-NHS revenue recognition (£160 million; 2019: £147 million) *Refer to notes 1.4 (accounting policy) and notes 3 and 4 (financial disclosures)*	**Effect of irregularities:** Professional standards require us to make a rebuttable presumption that the fraud risk from income recognition is a significant audit risk. We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial covenants, rather than broader share based management concerns. We have classified block contract income and other operating income as a significant risk to respond to this requirement. There is limited incentive and opportunity for the manipulation of income from block contracts as they are agreed at the start of the year. However, the nature and size of this figure is significant. There is greater scope for manipulation of revenue recognition in non-routine or contracted service provision. Revenue from these sources is forecasted to be above our materiality level and therefore we did not deem it appropriate to rebut the risk in relation to this income stream.	Our procedures included: **Test of detail:** We reviewed the information provided by the Trust as part of the 2019/20 Agreement of Balances exercise to ensure it was consistent with the information in the accounts. Where there were significant mismatches with commissioners we sought explanations from the Trust, ensured thse were supported by appropriate documentation and evidence and, where applicable, traced adjustments to the Trust's accounts. **Test of detail:** We compared the sample actual income recognised from the Trust's most significant commissioners against the contracts agreed at the start of the year and confirmed that income was received to the Trust bank account. **Test of detail:** We agreed the receipt and recognition of Provider Sustainability Fund and Financial Recovery Fund monies to correspondence from NHS Improvement. **Test of detail:** For all other material income streams we sample tested back to supporting documentation and performed cut-off testing on the year-end transactions to confirm that they were accounted for in the correct financial year. **Test of detail:** We agreed sample accrued or deferred income balances to supporting documentation to confirm they are accounted for correctly.

2. Key audit matters: our assessment of risks of material misstatement (cont.)

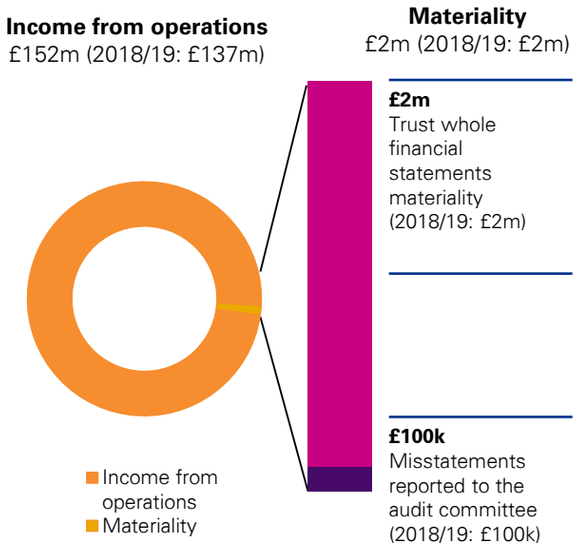
	The risk	Our response
Fraudulent expenditure recognition Total expenditure (£161 million; 2019: £144 million) Area of significant risk (Non-Pay expenditure £34 million; Current liabilities £11.2 million; 2019: Non-Pay expenditure £30.6 million; Current liabilities £9.3 million) *Refer to notes 1.6-1.7 (accounting policy) and note 5 (financial disclosures)*	**Effect of irregularities** In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets. As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so the auditor has regard to this when planning and performing our audit procedures. We do not consider this risk to apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and opportunities lie within creditors, accrued non-pay expenditure at year-end, as well as completeness of the recognition of provision or inappropriate release of existing provisions. We will reassess this risk profile once the year-end outturn position is known, including performance against control totals and updated forecast submissions.	Our procedures included: **Our sector experience:** We assessed the pressure upon the Trust to achieve a particular year-end outturn position and whether it is normal for expenditure to exceed income for the year; **Control design and operation:** We considered the application of appropriate segregation of duties between those responsible for monitoring budgets and those preparing the financial statements which helps to prevent fraudulent manipulation of expenditure; **Test of detail:** For a sample of expenditure items for March and April 2020, we tested that they had been accounted for in the correct financial year by reference to bank statements and cashbooks; **Test of detail:** We have tested sample of expenditure invoices as at year end by comparing them with underlying records of when the related goods and services had been received to ensure that expense had been recorded in the correct accounting period; **Test of detail:** We have performed year-on-year comparison of accruals to ensure completeness of the accruals balance; also tested specific sample items back to underlying accrual basis to check the reasonableness of the balance; **Test of detail:** We have focused on any new provision, material change in the current year balance and those reversed unused, if any. We have tested completeness of the material provision balance, reviewed accounting policies for provision and held inquiries with management; and **Test of detail:** For a sample of high risk journals we have ensured that there is appropriate segregation of duties between the preparer and reviewer of the journal.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £2 million (2018/19: £2 million), determined with reference to a benchmark of income from operations (of which it represents approximately 1.3%, 2018/19 1.5%. We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £100,000 (2018/19:£100,000), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was performed at the Trust's headquarters in Saltaire, and remotely.



4. We have nothing to report on going concern

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

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Covid-19 and Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.2 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

KPMG

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement of the 'Accounting Officer's responsibilities', the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— 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.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in April 2020, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
External inspection - CQC Report	Given the February 2018 CQC inspection outcome of 'Requires Improvement' there is a risk that the Trust does not have proper arrangements in place to secure economic, efficient and effective use of resources. In 2018/19 the Trust also received a Section 29A warning notice, issued by the CQC in March 2019.	Our work included: - Reviewing the progress made against the CQC inspection report action plan which was approved by the Trust Board in March 2018; - Confirming that the action plan is continuing to be monitored at each meeting of the Quality and Safety Committee/Mental Health Legislation Committees with quarterly submission to Trust Board in 2019/20; - Reviewing the progress against actions taken as response to the Section 29A notice issued by CQC in March 2019; and - Reviewing the key correspondence received by the Trust from CQC. **Our findings on this risk area:** We have noted that the Trust has made progress against their action plan following their previous CQC rating of 'requires improvement'. There is regular monitoring of this action plan by both the Mental Health Legislation Committee (MHLC) and the Quality and Safety (QSC) committee to ensure timely implementation of the plans. In addition following a further inspection in March 2020 the Trust's acute mental health facilities have been give a 'good' rating demonstrating the improvements made. On the basis of above, we concluded that the Trust had proper arrangements in place to secure economic, efficient and effective use of resources.

Significant Risk	Description	Work carried out and judgements
Financial Resilience	We are required to work to the NAO Code of Audit Practice and be satisfied that the Trust 'has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources', which includes ensuring that the Trust has secured sustainable resource deployment. Given the continued financial pressures to reduce spending there is a risk that finances may not be effectively planned to ensure sustainable delivery of strategic priorities whilst maintaining the required statutory functions.	Our work included: - Reviewing the core assumptions including cashflow in the Trust's Annual Plan submission; - Considering the extent to which recurrent cost improvement schemes were achieved in 2019/20 and identified for 2020/21; - Reviewing the number of material contracts with commissioners that have been agreed for 2020/21 and the supporting risk analysis as reported to the Board; - Reviewing the new funding arrangements for 2020/21 made with NHSI due to Covid-19 issue (Phase I); and - Reviewing the planning and discussions between Trust and NHSI for phase 2 and phase 3 of 2020/21 funding. **Our findings on this risk area:** We identified from our review of the Trust's Annual Plan cash flow that the central assumptions appeared reasonable and consistent with what we have seen in the sector. These assumptions were drafted in March 2020. We noted that the Trust had a small shortfall of £1.5m in its cost improvement plans for 2019/20, creating additional pressure to achieve higher recurrent cost improvements in 2020/21. We further note that there will be pressure for the Trust to deliver improvement in services when funding arrangements have been drastically changed for the NHS through the national model of block payments introduced in response to Covid-19. These arrangements have temporarily replaced the anticipated commissioner contracts the Trust was negotiating for 2020/21. It remains unclear what funding regime will apply beyond July 2020 although assurances around stability of funding have been made by NHSI and the Trust's draft financial plans for 2020/21 were not dependent on contingent revenue support. On the basis of above, we concluded that the Trust had adequate arrangements for securing sustainable resource deployment.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Bradford District Care NHS Foundation Trust for the year ended 31 March 2020 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Robert Jones
for and on behalf of KPMG LLP

Chartered Accountants
One St Peter's Square
Manchester
M2 3AE
25 June 2020

Appendix 1: Information about the Trust Board of Directors

Register of Interests – Board of Directors

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Non-Executive Directors								
Cathy Elliott	Director: EJ Consultancy Limited	Nil	Nil	Consultant: Power to Change Trust	Nil	Nil	Chair: HS2 Community and Business Fund	Nil
Gerry Armitage	Nil	Nil	Nil	Nil	University of Bradford: Emeritus Professor	University of Bradford: Emeritus Professor	Nil	Nil
Andrew Chang	Chartered Institution of Water and Environmental Management: Trustee Leeds City College: Governor	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Zulfi Hussain	Global Promise: Director Zedex Limited (Deera Restaurant): Director Pavilion Café Bar: Director	Nil	Nil	Inspired Neighbourhoods: Trustee	Inspired Neighbourhoods: Trustee	Nil	Nil	Nil
Simon Lewis	West Riding County Football Association: Non-Executive Director	Nil	Nil	Nil	Practising Barrister: instructed to act for or advise national and local organisations.	Court Examiner	General Optical Council: Independent Statutory Case Examiner Court Examiner and Junior Counsel to the Crown British Cycling: Independent Advisor on disciplinaries or appeals England Boxing: Independent Advisor on disciplinaries or appeals	Eldwick Primary School: Employee
Carole Panteli	UCS Consultants: Director	Nil	Nil	Nil	Nil	Nil	Nursing and Midwifery Council: Fitness to Practice Panellist and Chair	UCS Consultants: Managing Director
Executive Directors								
Brent Kilmurray	Nil	Nil	Nil	NHS Providers: Trustee	Nil	Nil	Nil	Putney North Limited: Director Cumbria, Northwest, Tyne and Wear NHS Foundation

								Trust: Employee
Paul Hogg	Nil	Nil	Nil	Nil	Nil	Nil	Leeds Becket Student Union: Lay Trustee Leeds Becket Student Union: Chair	Nil
Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Langtry Langtons: Employee
Sandra Knight	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Liz Romaniak	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Patrick Scott	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Sims	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Declarations pertaining to directors being a Fit and Proper Person under the Care Quality Commission Regulation 5 and meeting all the criteria in the Provider Licence and the Trust's Constitution to be and continue to be a Director

Each Director has been checked in accordance with the criteria for fit and proper persons and have completed the necessary self-declaration forms to show that they do not fit within any definition of an "unfit person" as set out in the provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 or the Trust's Constitution; that they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008; and that there are no other grounds under which I would be ineligible to continue in post.

		Non-Executive Directors							Executive Directors							
		CE	**GA**	**AC**	**ZH**	**SL**	**CP**		**BK**	**PHo**	**PHu**	**SK**	**TR**	**LR**	**PS**	**DS**
a	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No		No	No	No	No	No	No	No	No
b	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No		No	No	No	No	No	No	No	No
c	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No		No	No	No	No	No	No	No	No
d	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No		No	No	No	No	No	No	No	No
e	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Appendix 2: Information about the Council of Governors

Register of Interests – Council of Governors

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Sid Brown	Nil	Nil	Nil	Nil	Prosper Research Group: Researcher	Nil	Nil	Nil
Craig Berry	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Surji Cair	CNet: Director	Nil	Nil	Nil	Mind: Relief supporter NGYE Sybah: Community Engagement Coordinator	Nil	Bradford District Care NHS Foundation Trust: Associate Hospital Manager	Nil
Stan Clay	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nicky Green	Greenhealth Care: Owner	Nil	Nil	Bradford Bereaved: Trustee	Haworth Patient Participation Group : member	Nil	Nil	YDS Reinsurance: Executive
Rupy Hayre	KAB Global Distribution: Director KAB Vape Solutions: Director BRH Corporate Consultant: Director	Nil	Nil	Nil	Nil	Nil	Hillside Practice: Specialist Consultant of Human Resources and Legal Services Whetley Hill Practice: Specialist Consultant of Human Resources and Legal Services	Superlabs Limited: Director
Abdul Khalifa	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Mahfooz Khan	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Belinda Marks	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Linzi Maybin	Nil	Nil	Nil	Happy Teeth: Founder	Health Education England: Trainee Dentist Leader	Nil	Life Church: Student Team; Leeds Connection Team	Nil
Zahra Niazi	Nil	Nil	Nil	Nil	Stronger Communities Partnership Board: Project Support	Nil	Bradford for Everyone Integration and Cohesion Programme: Programme Lead	Local place Clinical Commissioning Groups: Collaboration Senior Lead
Colin Perry	Nil	Nil	Nil	Vital: Trustee	Nil	Nil	Nil	Nil
Safeen Rehman	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Wardell Armstrong: Director
Kevin Russell	Nil	Nil	Nil	Nil	Nil	Nil	Labour Party: member	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nick Smith	Nil	Missing Peace: Non-Executive Director	Missing Peace: Non-Executive Director	Missing Peace: Non-Executive Director	Nil	Nil	Nil	Nil
Joyce Thackwray	Thackwray Building Contractors: Director	Nil	Nil	Cowgill Patient Participation Group: Chair	Nil	Nil	Nil	Thackwray Building Contractors: Director
Appointed Governors								
Councillor Aneela Ahmed	Shoes Direct International: Director	Nil	Nil	Nil	Yorkshire Ambulance Service NHS Trust: Employee	Bradford Metropolitan District Council: Elected Member	Bradford Metropolitan District Council: Elected Member ; Dementia Champion	Shoebox Retail: Director
Ishtiaq Ahmed	Nil	Nil	Nil	Sharing Voices: Employee	Sharing Voices: Employee	Nil	Nil	Nil
Professor John Bridgeman	Nil	Nil	Knighlow Healthcare Services Limited: Director	Cellar Trust: Trustee	Nil	Nil	Nil	Knighlow Healthcare Services Limited: Director

								Brookside Surgery: Employee
Tina Butler	Nil	Nil	Nil	Relate Bradford: Chief Executive	Relate Bradford: Chief Executive	Nil	Nil	VTK Investments: Managing Director
Councillor Richard Foster	Nil	Nil	Nil	Nil	Nil	Craven District Council: Elected Member and Leader of the Council	Leeds City Region Partnership Committee Leeds City Region Local Enterprise Partnership Board Local Government Group General Assembly Local Government North Yorkshire and York North Yorkshire Police and Crime Panel North Yorkshire District Councils' Network - Executive Board North Yorkshire Strategic Housing Partnership North Yorkshire, York and East Riding Local Enterprise Partnership Board North Yorkshire, York and East Riding Local Enterprise Partnership : Infrastructure Partnership Board West Yorkshire Combined Authority - The Panel Place Yorkshire and Humber (Local Authorities) Employers Committee Yorkshire Dales National Park Yorkshire Dales National Park Management Steering Group	Nil
Councillor Robert Hargreaves	Queensbury Community Programme Limited: Director	Nil	Nil	Queensbury Community Programme: Director and Trustee	Nil	Bradford Metropolitan District Council: Elected Member	Bradford Metropolitan District Council: Elected Member	Nil
Stephen Oversby	Barnardo's: Director	Nil	Nil	Barnardo's: Director	Barnardo's: Director	Barnardo's: Director	Nil	Nil

Appendix 3: Tables and Diagrams

Tables in the Annual Report

Diagrams in the Annual Report

Appendix 4: Feedback on Annual Report

It is important our Annual Report is easy to read and understand and is available in a variety of versions including other languages and large print. In producing the Annual Report we have used guidance from the Department of Health and looked at how other Trusts have reported on their own performance.

We would value your feedback on this year's report. Please complete the feedback form below and post the page to the address shown below. Alternatively you may email your comments to communications@bdct.nhs.uk

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

Please post any feedback to:

Communications Department
Bradford District Care Trust
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Victoria Road
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BD18 3LD

Or telephone: 01274 228351
www.bdct.nhs.uk

Your opinions are valuable to us. If you have any views about this report please contact us at the above address.
If you need any help to understand this document please contact our communications team on 01274 363551.