Bradford District Care
NHS Foundation Trust

Annual Report and Accounts 2020/21

Bradford District Care NHS Foundation Trust

Annual Report and Accounts for the period 1 April 2020 to 31 March 2021

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Foreword by our Chair, Cathy Elliott

I am delighted to introduce our Annual Report for 2020/21 which provides an overview of the work undertaken by our staff, how we are governed, and some of the achievements and challenges experienced during the last 12 months. I would like to particularly focus my introduction on how the Trust Board has adapted its working practices during the Coronavirus pandemic (COVID-19), the importance of governance, diversity and visibility of the Board in supporting staff during this challenging period, and to highlight the importance of collaboration with local and regional partners to achieve seamless access to care.

I wanted to thank every member of staff across the Trust, including our Chief Executive and Executive team, for their phenomenal efforts during the pandemic to respond to the challenges brought by COVID-19 whilst also continuing to support and serve our service users and carers.

During the last 12 months we have seen changes to the composition of the Trust Board to further strengthen our skills and experience and become more representative of the communities we serve in line with national NHS England/Improvement (NHSE/I) guidance. At the start of the year, we were pleased to welcome Maz Ahmed to the Board as a Non-Executive Director with valuable private sector experience, appointed by the Council of Governors in April 2020. We were delighted as a Board to appoint with colleagues, Governors and external stakeholders our Chief Executive Therese Patten confirmed in post in September 2020, bringing a wealth of health and care leadership experience within the NHS and in international development. Our previous Chief Executive, Brent Kilmurray, moved back home to the North East in June last year for personal reasons and career development, and we valued our Chief Operating Officer, Patrick Scott, taking on the role of Interim Chief Executive last summer. Due to our most recent Board changes, I would like to thank Susan Ince, Deputy Director of Planning and Performance, and Claire Risdon, Deputy Director of Finance, who covered interim roles on the Board very effectively until Mike Woodhead joined the Trust in February 2021 as Director of Finance, Contracting and Estates. Mike brings significant experience of working in jointly funded finance roles across health and social care, further strengthening our knowledge of collaborative working.

These developments in Board membership during 2020/21 have meant that we have increased the diversity of our Board significantly in the last two years with three of the last four Board members appointed being from a minority group background. This means that our Board now fully reflects the diverse local communities we serve, and this was supported by the Board standing with the Black Lives Matter movement in June last year and continuing to do so, demonstrating our commitment at a senior level to equality, diversity and inclusion. The diversity of our Board also reflects well a balanced mix of people in terms of gender and age, alongside diversity of thinking from a range of professional sectors and expertise, such as Non Executive Directors from a range of private, public, voluntary, healthcare and academic sectors. This step-change in Board membership for greater diversity of views and thinking supports the Board's improvement journey against the national Well-Led framework.

The importance of effective governance during COVID-19 has been a priority for the Trust Board to ensure that staff have had the necessary support to be able to deliver services in a safe, efficient and responsive manner. At some points in the year we have introduced additional governance processes, such as: establishing an Ethics Committee to consider the ethical dilemmas faced by our clinicians, especially in mental health service settings; putting in place additional assurance reporting when the Board was required to approve arrangements for setting up local Community Vaccination Centres (CVCs) to administer vaccinations to our local health care workforce and communities; and arranged regular COVID-19 briefings for Non-Executive Directors to keep them informed about Trust performance, emerging risks and wellbeing of staff. Our governance work has been in line with NHSE/I national guidance and was audited by Audit Yorkshire in summer last year to demonstrate good practice during the pandemic. In response to national guidance, we have ensured that core governance processes have been maintained or adapted, such as moving Board service visits online, working closely as a Unitary Board through a streamlined structure of Board and Committee meetings to deal with more urgent COVID-19 related matters, such as during the set-up of CVCs in early 2021. This work is strongly aligned to the Board's preparations for the anticipated next core and Well-Led inspection by the Care Quality Commission (CQC), in improving our existing rating. The Trust's compliance with the Well-Led domain has been a regular item on our Board and Committee agendas, tracking our progress and improvement against the CQC's Well-Led framework throughout 2020/21.

One important decision taken early in the pandemic was to ensure that our Council of Governors was kept involved and well informed about COVID-19 issues through attendance of accessible online meetings. Virtual Open House sessions with Governors provided them with the opportunity to hear directly from Executive Directors on the Trust's response to the pandemic, led by me as Trust Chair, with open question and answer sessions. Open House sessions enabled Governors throughout 2020/21 to both seek assurance and offer support as appropriate to the Board on specific topics such as Personal Protective Equipment (PPE) stock, service provision, staff wellbeing, feedback on the delivery of our CVCs, and myth busting about the virus in communities. We continued with our formal Council of Governors meetings via Microsoft Teams, held regular meetings with our Lead and Deputy Lead Governors, met Staff Governors regularly to focus on staff health and wellbeing and internal communications, and encouraged Governors to continue to join online Board and Committee meetings as observers within our Foundation Trust model and commitment to open governance. These arrangements resulted in increased engagement with Governors, signposting of important information to local communities via Governor networks, and greater understanding of the wider challenges faced by health and care providers. This work in the last 12 months has strengthened the working relationship between the Council of Governors and the Board.

The importance of workforce and equality issues has also been strongly emphasised by Board members during the pandemic. The establishment of a Board-level Workforce and Equality Committee has provided the opportunity to: review Trust-wide workforce issues and risks; support the appointment of a new Freedom to Speak Up

Guardian with a new strategic approach; promote and invest in tackling equality and diversity issues such as standing with the Black Lives Matter movement and backing the Rainbow Badge initiative; seek assurance on staff wellbeing and staff feedback results; and look at new and innovative approaches to staff recruitment and retention. I am personally very proud of how the Trust has taken a proactive approach to inclusion, including being featured in a national King's Fund report on tackling race inequalities in the workplace in summer 2020, and the Board's recent decision to develop a new Belonging and Inclusion Plan, led by our Chief Executive Therese Patten. All of this work aims to ensure our Trust is a place where difference is positively welcomed and is the best place to work.

Moving to collaborative working and our ambitions for the future, you will read from our Chief Executive how the pandemic has significantly accelerated integrated care partnership working across providers. Board members have been heavily involved in regional and local discussions about how the Trust can help support further integrated working whether through the local *Act as One* programme at Integrated Care Partnership (ICP) place level, developments around the Integrated Care Partnership (ICS) at West Yorkshire and Harrogate level, or through regional mental health, learning disability and autism services ICS Provider Collaborative for which I am currently the Chair. The Trust responded to the NHSE/I 2020/21 consultation on the future of integrated care and continues to work proactively in partnership at ICP and ICS levels in line with the plans outlined in the Government's White Paper of February 2021 on the future of integrated care.

We undertook lobbying in 2020/21 for national investment for the re-design and capital development of our Lynfield Mount mental health inpatient site to create modern mental health facilities for the communities we serve, ensuring parity of esteem in capital investment for NHS mental health services. We are grateful to our external stakeholders for their support of our plans as we continue to seek £70m investment, including the support of our ICP and ICS partners.

My final message is to our service users, patients and carers, Governors, volunteers and Involvement Partners. In last year's Annual report, I reported on the importance of listening to feedback and our new participation and involvement strategy *Your Voice Matters* has, despite the pandemic, become effectively embedded in our work. I would like to sincerely thank you for all you do to support, encourage and challenge the work of this Trust. We are here to support you both during and after the pandemic, and I look forward to working with you in the weeks and months to come.

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Cathy Elliott, Chair

Message from our Chief Executive, Therese Patten

Welcome to the Trust's Annual Report for 2020/21, my first as Chief Executive. I would first like to say thank you to Patrick Scott, our Chief Operating Officer, who undertook the role of Interim Chief Executive whilst the recruitment process was progressing, kept the Trust running efficiently and effectively and I am delighted to now have him as my deputy.

It is no understatement to say that the last year has been like no other for the NHS, due to COVID-19 which has affected us all – staff, our families, service users, patients and carers alike. We began the year in a lockdown, and as I write this message, are expected to be coming out of a third one soon. The pandemic has presented us with a significant number of challenges but also some opportunities, and it is it with great pride that I have seen staff from across all our clinical and corporate areas rise to meet these challenges. It is amazing how we all have embraced innovative ways of working, most notably using digital tools to ensure our essential services could be maintained.

During the year the Trust's senior leadership – my Executive Management Team (EMT) and the wider Senior Leadership Team (SLT) – have effectively maintained a command and control emergency planning structure. The setting up of this Bronze, Silver and Gold arrangement, for much of the year seven days a week, ensured that we could react to both rapidly changing local service need and guidance from national policy makers including NHSE. I am extremely grateful to all our staff who have been involved in managing the pandemic and for the support and guidance from all my fellow Board members.

The personal impacts of the pandemic meant we had to be proactive in supporting our staff with their wellbeing. We were one of the first trusts nationally to undertake extensive COVID-19 risk assessments for all our staff, and quickly moved to put in place a wide range of innovative wellbeing support offers utilising expertise from our psychological services and human resources services to whom I am very grateful.

As the pandemic progressed, there was much work to be done to make our clinical areas COVID safe, to manage the distribution of PPE and we ensured that where it was appropriate to do so, our staff had the tools and equipment to work remotely. My thanks to our estates, facilities and IT teams who worked incredibly hard to enable this to happen.

In January 2021, we opened our first COVID-19 Community Vaccination Centre (CVC) at the Helios Centre, Lynfield Mount Hospital to administer vaccinations to health and care staff. This was followed by two further CVC sites at Jacob's Well and Bradford College Old Building, providing Astra Zeneca and Pfizer vaccinations to the general public. For this work, and earlier in the pandemic the setting up of COVID-19 testing sites, I must thank particularly Phil Hubbard our Director of Nursing who also holds responsibility as our Director of Infection Prevention and Control (DIPC). This has been a remarkable year and she and the IPC team have been incredible.

We know the cost of the pandemic has been significant for so many of our staff, service users, patients and communities. It is with great sadness that I have to report that we

lost five service users in our care and two staff members as a result of contracting COVID-19 during the year, and I know that each and every one has been touched by the pandemic in so many ways. We have tried to support our bereaved families sensitively and in accordance with their wishes, and are currently discussing an appropriate memorial as a mark of our respect and to enable all of us to remember and grieve our losses.

On a more positive note, COVID-19 saw local health and care partners pull together strongly and work in innovative ways to ensure that our communities continued to receive the essential care they needed. The pandemic accelerated integrated working and broke down the traditional barriers between local government, health, the voluntary sector and community organisations. We have seen the establishment of the *Act as One* programme across Bradford and Craven, with a vision held by all partners to work together so our communities can be 'Happy, Healthy and at Home'. As a Trust we have also taken a proactive leadership role across the West Yorkshire and Harrogate Integrated Care System working alongside our colleague mental health and community trusts to provide better quality services through collaboration.

As we move out of the pandemic we are reviewing how our services are provided and how we can retain some of the best innovations that we discovered in challenging times. This process of reset and recovery is driven by our passion as a learning organisation to strive to ensure that we learn and improve health and care experiences whenever and wherever possible. Our *Care Trust Way* methodology is central for us, we cannot get things right every time but we can and we do learn, improve and innovate continuously.

In conclusion, I would like to thank every individual member of staff for their hard work, dedication and resilience over this very difficult year. I would like to also thank our partners for standing alongside us in our commitment to deliver better lives together.

Signed: .....

Therese Patten, Chief Executive

Introduction

Bradford District Care NHS Foundation Trust ('BDCFT' or 'the Trust') has been a Foundation Trust since 1 May 2015 and is a provider of mental health, learning disabilities and community health services across a diverse district comprising urban and rural Bradford, Airedale, Wharfedale and Craven. The population is one of the most multicultural in Britain with over 100 languages spoken. 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 years old and by NHSE to provide vaccination and immunisation services for children aged 5 to 19 years old. During 2020/21, the Trust also provided COVID-19 vaccination services from three different sites (the Helios Centre at Lynfield Mount Hospital, Jacob's Well and Bradford College Old Building). Our care and clinical expertise spans across over 100 sites and over the last year we provided over 50 different services.

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

Delivering our 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 2020/21 was the second full year of operating within our 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 developed a number of key strategic priorities to support the delivery of our strategic framework, which are as follows:

- Community Collaborative;
- Children and Young People Pathway;
- Learning Disability Pathway;
- All Adults Pathway for Mental Health;

- Best Place to Work programme;
- Digital programme; and
- The Care Trust Way methodology.

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

Two years ago, the Trust embarked on a journey of continuous improvement, innovation and growth. The ambition to embed a tried and tested QI methodology with a people focused coaching approach and ensure the *Care Trust Way* is at the heart of everything we do. The focus is geared towards a change in the culture of the organisation. At the core of this change is the relationship with staff and how engagement can be improved and continually built upon. The *Care Trust Way* is built on the ethos of co-production, service improvement, staff and patient satisfaction. We believe it is different to other QI methods, whilst there is a focus on zero defects and waste reduction, people are at the heart of what we do. A focus on culture, coaching, empowerment and developing the people that develop the services.

The engagement of staff has been crucial during the past 12 months and The *Care Trust Way* tools have been pivotal during the COVID-19 crisis, in particular the implementation of communications cells – a daily conversation that focuses on not only the day-to-day business, but also the wellbeing of others and the opportunity for improvements. This process has been integrated into the incident control structure during COVID-19 and is becoming a standard way of working, leading to open communication and decision making.

The past year has highlighted more than ever the importance of working together, to promote innovation and problem solving. The *Care Trust Way* methodology has helped teams navigate through these unprecedented times in a number of ways and more details are included in the COVID-19 section later in the report and in our separate Quality Report for 2020/21.

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 NHSE. The Trust is actively involved in system wide discussions across West Yorkshire (through the West Yorkshire and Harrogate Health and Care Partnership and the West Yorkshire Mental Health, Learning Disability and Autism Collaboration) and at Place level (through the Bradford and Craven Strategic Partnering Agreement and the Bradford and Airedale, Wharfedale and Craven Provider Alliances).

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

a Conversation Workshop with VCS leaders just before COVID-19 and followed this with a Learning Week, using our *Care Trust Way* methodology, to identify how close working relationships can be further progressed around mental health services.

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

Working in partnership to develop sustainable services

Since the West Yorkshire and Harrogate Health and Care 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.

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.

Our local Bradford, District and Craven 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.

Towards the end of 2020, both the Bradford and the Airedale, Wharfedale and Craven, Health and Care Partnership Boards set out to bring together a number of different areas of work, now known as the *Act as One* programme. COVID-19 has accelerated this approach to deliver greater partnership working across local organisations and a joined-up approach to health and care, so we can better achieve the Place-based vision for our communities of being 'Happy, Healthy and at Home'.

The Act as One programme has brought together seven priority areas of work: Access to healthcare; Diabetes; Children and Young People's mental health; Respiratory issues (breathing problems); Better births; Cardiovascular issues (heart and blood vessels); and Ageing well. The Trust is an active partner in many of these areas and is committed to developing and delivering joined-up health care with our local communities, to better meet people's needs.

Diagram 1: *Act as One* logo

Overview of Performance

Performance reporting

The Trust's integrated performance management framework aims to provide a comprehensive understanding of how services and the organisation are performing across quality and safety, outcomes, workforce, activity, finance and regulatory requirements. The framework supports operational processes to ensure continuous improvement in the quality and delivery of services and the assurances required by the Trust Board and Committees, with a clear and dynamic line of sight of issues from 'ward to Board'.

The Trust's Performance Management Framework 2019 – 2021 was approved by the Trust Board in June 2019 and was recently refreshed in May 2021. This revised Framework reiterates the over-arching principles and has been updated to reflect developments impacting on the Trust's performance management approach and arrangements, including:

- implementation of the Care Trust Way including the embedding of Daily Lean Management (DLM) at all levels in the organisation and the introduction of communication cells as the process for escalating concerns;
- the implementation of a revised and strengthened operational governance structure and reporting arrangements, including review of the SLT terms of reference and refresh of the supporting work plan aligned to the themed SLT agendas;
- changes to the scheduling of the Board and its Committees to allow robust data flow throughout the Trust's governance structures to further strengthen oversight and assurance;
- refresh of the Care Trust Integrated Governance Guide;
- preparations for and learning from inspections by the Trust's regulators, including the Well-Led Development Plan, and the findings from the corporate governance effectiveness survey;
- learning from the Trust's response to the COVID-19 pandemic, specifically the development of core metrics including metrics to understand and monitor backlog, forward demand and acuity; support for work on monitoring and reducing health inequalities;
- embedding of the Trust's Involvement Strategy 2019-23 (Your Voice Matters);
- the behaviours outlined in the Trust's staff charter; and
- development of partnership arrangements and ways of working within the Bradford District and Craven health and care partnership and within the West Yorkshire and Harrogate Integrated Care System (ICS).

The following principles underpin the Trust's Performance Management Framework:

- **Culture of improvement:** these arrangements are intended to drive an organisational culture of continuous quality improvement, delivered for the benefit of patients/service users and carers. The Trust's approach to performance management will recognise and share learning and best practice (internally and externally) and celebrate success. Using the *Care Trust Way*

methodology, particularly DLM, the expectation is that feedback in relation to the effectiveness of processes that underpin strong performance will be dynamic and daily (where needed) and that the mechanisms to develop and role model rapid process improvement will be complementary to, and support, performance management.

- **Accountability:** The measures and evidence used to assess performance will be clear, with defined roles and responsibilities across Care Groups and corporate functions and strong assurance and oversight. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability, supported by the Trust's appraisal process.
- **Delivery focus:** The performance management approach will be action oriented with empowerment and ownership of decision making. The focus will be on delivering planned performance and sharing good practice, to develop and provide excellent services and support our partners to do the same. A balance between challenge and support will be maintained with the aim of achieving continuous improvement both internally and when benchmarked against the best in the country.

Throughout 2020/21, the COVID-19 pandemic has impacted on levels of activity, demand for services, capacity and performance. Table 1 below outlines our performance against the operational performance metrics used by NHS England and NHS Improvement to monitor and assess NHS providers, though some reporting is suspended during the COVID-19 pandemic.

NHS Oversight Framework measure	2019/20 performance	2020/21 standard	2020/21 performance	Trust position
Maximum time of 18 weeks from point of referral to treatment (community dental service – dental treatment under general anaesthesia)	80.4%*	92%	33.1%*	Target not met Impacted by suspension of theatre sessions as a result of COVID-19
People with a first episode of psychosis begin treatment with a NICE recommended care package within 2 weeks of referral	85.0%**	60%	75.0%**	Achieved target
Improving Access to Psychological Therapies (IAPT):				
• proportion of people completing treatment who move to recovery	45.1%*	50%	56.5%*	Achieved target
• proportion of people waiting 6 weeks or less to begin treatment	96.5%*	75%	97.1%**	Achieved target
• proportion of people waiting 18 weeks or less to begin treatment	99.3%*	95%	99.3%**	Achieved target
Data Quality Maturity Index – mental health services dataset score	91.9%*	70% 95% by 2023/24	93.4%***	Achieved target
Inappropriate out of area placements for adult mental health services – total number of bed days patients have spent out of area	2402 bed days	No more than 3091 bed days	5672 bed days	Target not met Impacted by high levels of acuity and actions to maintain COVID safe ward environments

* March data
** Quarter 4 data
*** January 2021 data published by NHS Digital

Table 1: Performance against NHS Oversight Framework metrics

Performance overview of informatics and plans for 2021/22

2020/21 has been unprecedented in many ways, but none more so than our reliance on Digital and IT to help support our day-to-day operations and the opportunity for our digital transformation ambitions to be accelerated alongside the continued delivery of safe and effective care to our service users and patients.

The Trust's Informatics Department have provided a consistent service throughout this time, with the initial response at the start of the pandemic that enabled over 1,800 staff to work from home within a matter of days. The Trust was already well prepared and positioned to meet this requirement, due to previous investment in agile/remote technologies, but further investment and support was provided. IT also enabled other supporting services to work from home with the implementation of soft phones so that operational support teams could continue to deliver services to both internal and external users.

The Trust had already an established Microsoft Office 365 platform which enabled the Trust to take advantage of Microsoft Teams to help facilitate our communication and collaboration needs across services, teams, and individuals. This application has proven to be our most business-critical asset with thousands of virtual meetings taking place this past year.

In addition to business communication tools the Trust adopted the use of other video communication technologies, Attend Anywhere and AccuRx, to support virtual care delivery across a number of clinical services. Work is ongoing to ensure that where applicable services continue to adopt and embed a digital first approach towards care delivery.

Building on our previous year's investment to improve the network infrastructure, further capacity was enabled to help meet the additional needs of homeworking, such as video conferencing. Daily network monitoring has evidenced that sufficient capacity has been made available to the business ensuring our ongoing investment is serving the business well.

As a result of the global pandemic our reliance on technology has increased, so has the cyber threat across all industries globally. In response our continued commitment to cyber security remains a priority and this was conformed when the Trust achieved Cyber Essential Plus, being one of only a small number of public organisations to attain this level of compliance.

Although Informatics has played its part in supporting an unpresented year the department has also continued to support a number of new developments and improvement activities to support the business including:

- continuing to support and optimise the development of SystmOne, across both Community and Mental Health services;
- rapidly responding to COVID-19 requirements supporting the urgent 'Out of Hospital' work and the COVID-19 Hot Team as well as supporting data handling activity for the locality wide input of COVID-19 test results;

- actively supporting several improvement events, resulting in some key system changes to support and improve its clinical and business use. Key improvements have included care planning for inpatient services and a number of service optimisation for Mental Health Act office, First Response, Community Health and Perinatal services.

The department has also supported the implementation of electronic pathology requesting and results across mental health inpatient services and plans to implement this service into the community are now in progress. This implementation will result in more efficient clinical service and improvement in the quality of pathology services to the locality.

The migration of the Trust intranet Connect to a new platform on Office 365 has been completed enabling greater stability, security and importantly from a user perspective, ease of use which was one of the main drivers for change.

Informatics have also completed the migration of mobile phone contract to a new provider offering significant saving to the Trust. This work involved the migration of over 2,300 phone accounts to the new service provider and where required the replacement of old devices providing users with an enhanced experience in mobile technology, such as improved connectivity when tethering and greater App experience.

IT Services have also implemented a new IT service management tool to improve its ability to be more responsive to the business by utilising new features such as ticket tracking, improved reporting and internal escalation process. The tool has also been implemented to payroll and Clinical Administration services, including First Response, in place of an obsolete system.

Finally, and in recognition of a busy and productive year the Informatics department have been recognised as one of the finalists in the COVID-19 category at this year's You're A Star Awards.

Looking ahead – 2021/22

The stakeholder engagement work has already commenced with regards to the refresh of our new Digital Strategy. A recent engagement campaign has seen over 170 new ideas generated and over 1,000 contributions from a range of corporate, clinical and place-based stakeholders with a service user and patient involvement event to follow as part of validating our proposed digital offer. The Digital Strategy is a key enabler alongside the Estates and Workforce strategies in support of our organisational strategy, *Better Lives, Together*.

The Trust is also about to start the implementation of electronic prescribing across mental health inpatient services. This is a major project with significant patient safety benefits as we move from paper-based prescribing to electronic means, with Phase two addressing community services later in the year.

The Trust's Chief Information Officer, Chief Clinical Information Officer and Head of Informatics are also actively involved at Place level to ensure that our digital offer is

best positioned to support place-based priorities for the delivery of care to our public, patients, services users and carers across Bradford and Airedale.

Our response to COVID-19

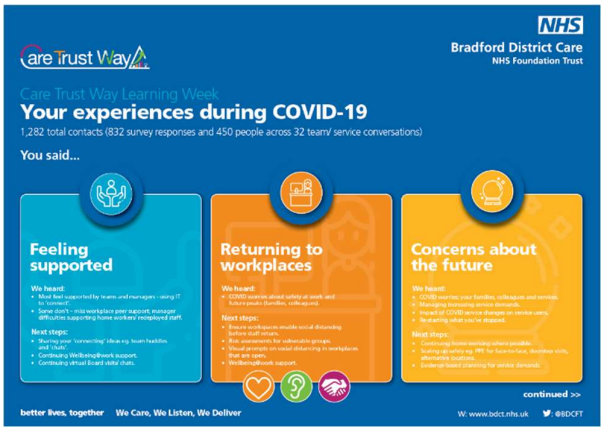
During the pandemic, the Trust established an effective command and control emergency planning structure of meetings to ensure that it could react to local service user needs and guidance from national policy makers including NHSE. We were one of the first trusts nationally to undertake extensive COVID-19 risk assessments for all our staff and quickly moved to put in place a number of innovative wellbeing support structures. As the pandemic progressed, we ensured that where it was clinically appropriate to do so our staff had the tools and equipment to work remotely. The Trust's Quality Report provides a more extensive summary of service delivery during 2020/21. Summarised below is a selection of other work that has taken place across services during the last 12 months, in response to COVID-19.

April 2020: District Nurses help vulnerable people during COVID-19. Staff worked with the Chapel House pub in Low Moor, Bradford help to raise money for support packages which they delivered to vulnerable people who live alone, have no family or are self-isolating at home. District Nursing Sister Rachel Ash, 'All our patients are vulnerable and most of them are elderly and isolating so these bags are truly welcome'.

April 2020: Launch of the MH 1 Car. In response to the significant increase in Section 136 and mental health related calls to the police during lockdowns, the Trust, local authority and West Yorkshire Police established a 24 hour at scene response and support service for people calling the police in a mental health crisis.

May 2020: Re-launch of Better Lives Charity. The Trust relaunched its charity, *Better Lives*, with the aim to support patients and staff across Bradford, Airedale, Wharfedale, Craven and Wakefield. Throughout COVID-19, we have received some moving examples of generosity from local and national businesses to support our staff.

May 2020: Learning from COVID-19. The Trust organised a week-long learning event, using *Care Trust Way* methodology, to understand the impact of the pandemic on staff, new ways of working and the impact on the quality of services we offer. Using surveys and online conversations we were able to engage with over 1,200 staff members. Outcomes included effectively embedding new ways of working, the creation of more flexible working environments for staff and ensuring safe working practices. A similar event was arranged in August 2020 to support VCS partners.



May 2020: Good rating received from CQC. The Trust's adult wards and psychiatric intensive care unit (PICU) were inspected during COVID-19 and rated as 'good' across all five areas of caring, responsive, effective, safe and well-led, giving an overall rating of good for the service. Of the Trust's 14 core services, this service is now one of nine that are rated good or outstanding.

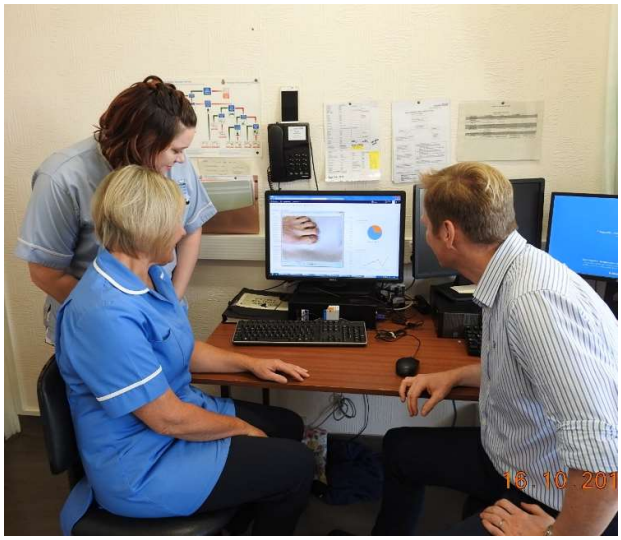
June 2020: Supporting Carers through COVID-19. Many people took on more caring responsibilities for their relatives and friends who needed support during the pandemic and this campaign was aimed at making caring more visible. The Trust marked Carers Week (8-14 June 2020), with a new online virtual carers café service available to local carers providing the opportunity for carers to come together online to share their experiences and meet others in similar circumstances.

June 2020: My Wellbeing Service offers online support. In response to social distancing guidance, the service switched its face-to-face appointments to a phone or video call service where people could join group or 1-2-1 online appointments to help with low mood or anxiety during COVID-19. Psycho-Educational Courses Lead Jayne Chapman, 'People are worried not just about the virus, but jobs and finances, and lockdown has also highlighted feelings of loneliness and relationship pressures. We're here to help anyone who is feeling stressed, worried, anxious or low'.

June 2020: iCare Innovative Stories during COVID-19. The iCare team organised a campaign with staff to recognise innovative ideas and practices across the Trust. From personalised palliative care to photography-based triage processes, team-led wellbeing initiatives and extended use of video consultations, these stories demonstrated what could be achieved through teamwork and collaboration. Over 40 stories were complied with the work shortlisted nationally in the Nursing Times Workforce Awards in the category of Best Employer for Staff Recognition.

July 2020: COVID-19 Home Visiting team established.
A dedicated, multi-disciplinary COVID-19 Home Visiting team for adults was set up to visit people in the community requiring treatment in their homes with either confirmed or suspected COVID-19 symptoms. The team included the Out of Hours District Nursing Team, supported by colleagues redeployed from the Immunisation and Vaccination team, School Nursing, Specialist Services, Community Dentistry and Infection Prevention.

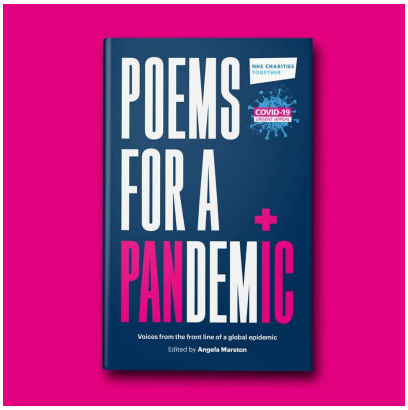
July 2020 onwards: Podiatry services use online technology to enhance patient care. The service was unable to provide biomechanic face-to-face appointments during different periods of the pandemic, so developed a digital option using AccurX to allow a flexible service provision. Benefits included reduced waiting times for patients and enabled vulnerable staff to work from home to deliver this service. This development will continue post-COVID to provide a blended approach to service provision and is being extended to other areas (such as nail surgery pre-assessments).



August 2020: (and throughout COVID-19): Psychological staff support service developed. The Trust established a bespoke psychological support service for staff incorporating a telephone consultation helpline, triage and assessment, team workshops and recovery rooms on inpatient wards to enhance the psychological aspects of our wider health and wellbeing offer.

September 2020: Annual Members Meeting goes online. Our engagement with Governors and Foundation Trust members went digital due to COVID-19 providing an opportunity for members to question Board members about the pandemic and plans for the future through an online meeting.

October 2020: Trust part of national *Poems for a Pandemic* campaign. Five members of staff and one service user were involved in the national campaign to raise awareness of COVID-19 through the publication of a poetry anthology. All poems were written around the subject of the pandemic and published to raise money for NHS Charities Together. As a result, the Trust has now started to develop its own internal project for using poetry as a therapeutic tool with service users and carers.



November 2020: Beyond Words campaign. To celebrate equality, diversity and inclusion during COVID-19, staff submitted innovative practices based upon three themes: widening access to services; bringing your whole self to work; and raising awareness. The campaign demonstrated our commitment to ensuring services are inclusive and accessible to everyone.

December 2020: Trust celebrates involvement work during COVID-19. The Lord Mayor of Bradford was our keynote speaker when the Trust hosted a special, online celebratory event for service users, carers and staff, in recognition of their valuable contribution during the pandemic. Our involvement processes rapidly moved online in response to the pandemic including our Introduction-2-Involvement training and Trust-wide Involvement Group (TWIG) meetings.

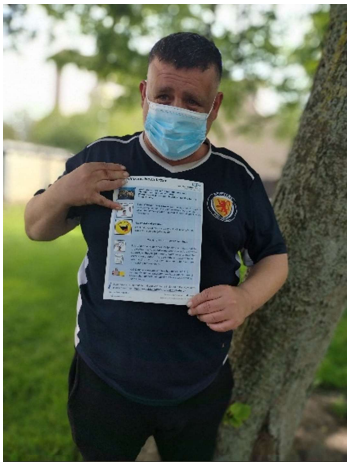
January 2021: Palliative Care services work showcased during COVID-19. Throughout the year, the Trust Board continued to hold public meetings and provide updates on services, how the Trust was supporting the roll-out of COVID-19 vaccinations across the district and patient stories, such as how our Palliative Care service continued to support families throughout the pandemic.

January to March 2021: Vaccination and Immunisation service bus clinic. The team worked with local authority colleagues and HALE to set up Saturday flu vaccination bus clinics across the Bradford district. The bus clinic helped vaccinate children who may not have received their vaccine as a result of school closures due to COVID-19. The Saturday clinic worked well and the Trust received positive feedback from parents and other professionals.

February 2021: Community Vaccination Centre (CVC) opens at Jacob's Well. As part of a district-wide programme, local partners across Bradford and Craven worked together to open a CVC at Jacob's Well, Bradford as part of the national NHS plans to step-up capacity and roll out the vaccine more widely to local people. A second CVC was established by the Trust at Bradford College Old Building in March 2021 to further increase public vaccination capacity.

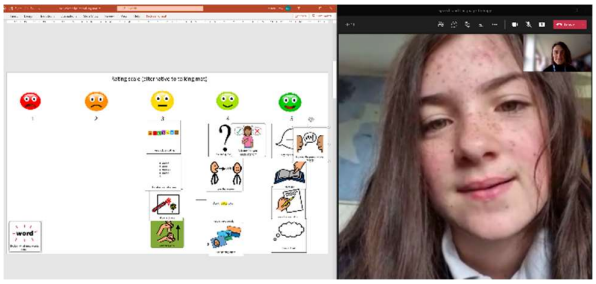
February 2021: *Let's Chat* App. Our *Let's Chat* podcast was launched during the third lockdown by Sharon Walker from the Community Dental Service who invited special guests to share their experiences with staff on a variety of topics including exercise and healthy eating, financial planning advice and mental health experiences. A co-produced series of podcasts supported staff to reflect and discuss how COVID-19 has affected their personal and professional lives.

February 2021: Learning Disability services promoting 'keep in touch' newsletters. Our Assessment and Treatment Unit ensured that families have been kept informed of developments in the service, including when visiting was not possible due to the pandemic, through a series of individual newsletters. Staff at Waddiloves have also adopted this approach to keep service users and carers informed as shown by one of our volunteers.



March 2021: Oral Health promotion in Care Homes. Our Oral Health Promotion Team delivered its first virtual oral health training to Care Home staff. An accumulation of two years of work by the team to secure funding to deliver this vital training, the work underpins the CQC recommendations in the Smiling Matters report on Oral Health in Care Homes.

March 2021: Speech and Language Therapy Service use of telehealth systems. Our service developed various interactive therapy tools and telehealth systems during COVID-19 to provide assessments, therapy and advice to service users and their families online. These interventions helped to provide a more holistic service involving interpreters and a multi-disciplinary approach from various clinicians.



Signed: .....

Therese Patten, Chief Executive
Date: 10 June 2021

Staff Report

Introduction

Our staff account for over 75% of our expenditure so it is important that the Trust uses its resources wisely and is able to recruit, retain and develop a high quality workforce. The behaviours, values and skills of each member of staff can have a direct impact on patient care and it is therefore important that we provide the right environment to support individuals and teams, provide career development opportunities, access to flexible working and provide good leadership and management across all levels of the organisation. During the year, the Trust has worked hard to create a supportive environment for staff through the *Care Trust Way*, Best Place to Work campaign and other local initiatives including an enhanced Reward and Recognition scheme ('Thanks a Bunch') that enables us to recognised those staff who go the extra mile to support colleagues and service users on a monthly basis.

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, the Mental Health Collaborative as well as 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 staff from minority groups to move into more senior roles and the Bradford Manager 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. Despite this the Trust's turnover did reduce slightly from the previous year (see Diagram 3) and remains an annual target of 10%. Further information on turnover and also 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. 325 new staff bank workers were hired in 2020/21. Of these 92 were hired to work specifically for the Community Vaccination Programme.

The Trust continues to use the apprenticeship levy to help new and existing staff develop their careers and also support the creation of new roles within services. We

are currently in the process of recruiting 11 Apprentice Health Care Support Workers, two Occupational Therapists Apprentices, one member of staff is undertaking a Leadership and Management qualification using the apprenticeship levy and another one is undertaking a MBA apprenticeship.

Workforce planning

In October 2018, NHSI 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 Compliance Group and Safer Staffing Steering Group as exception reporting on CHPPD (Care Hours Per Patient Day), unused contract hours, working time directive breaches and fill rates/staffing levels; and
- The eRostering system and MHOST calculations are also utilised for medium to longer term establishment setting objectives on an annual basis.

An objective set by NHSI to ensure all clinical staff are rostered electronically by December 2021 is currently in development, with the Trust (as part of the West Yorkshire and Harrogate Strategic Partnership programme) currently implementing eRostering and eJob planning to timescale. This includes 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.

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	2020/21	2020/21	2019/20	Trust Position
	Target	Performance	Performance	
Mandatory training (excluding information governance compliance)	80%	94%	92.56%	Achieved target
Information Governance training	95%	90%	94.47%	Not achieved
Staff receiving appraisal	80%	91.87%	86.14%	Achieved target
Labour turnover	10%	12.96%	13.33%	Not achieved

Table 2: Workforce performance targets

Workforce analysis

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

Average number of employees	2020/21 Total Number	2020/21 Permanent Number	2020/21 Other Number
Medical and dental	91	66	25
Ambulance staff			
Administration and estates	757	708	49
Healthcare assistants and other support staff	487	444	43
Nursing, midwifery and health visiting staff	1112	1070	42
Nursing, midwifery & health visiting learners			
Scientific, therapeutic and technical staff	510	463	47
Healthcare science staff			
Social care staff			
Agency and contract staff			
Bank staff			
Other			
Total average numbers	**2957**	**2751**	**206**
Number of employees (WTE) engaged on capital projects			

Table 3: Staff breakdown by occupational group

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

Category	Female	Male
Directors (voting members of the Board)	3	3
Other senior employees	55	22
Employees	2618	581
Total	**2676**	**607**

Table 4: Breakdown of Directors and senior employees by gender

Sickness absence

The Trust Board recognises that sickness absence can have a detrimental impact on the organisation from both a quality and financial perspective. During the year the Board and its Finance, Business and Investment Committee regularly reviewed sickness performance against a target set at 4%. At the end of March 2021, the Trust recorded a sickness level of 5.14%. Sickness absence has been discussed at Care Group performance meetings and support is provided to all staff through our Wellbeing@Work programme. Details of our sickness absence rates from previous years are shown below:

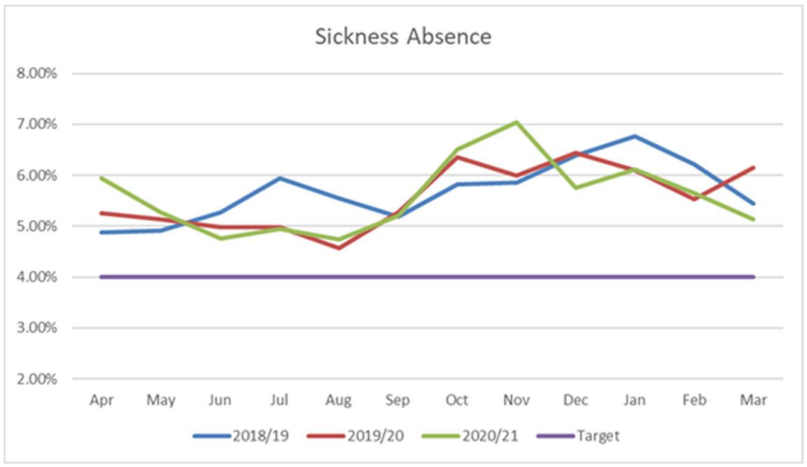


Diagram 2: Sickness absence data over last three years

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

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

Labour turnover

The Trust Board recognises that labour turnover can also have a detrimental impact on the organisation from both a quality and financial perspective. During the year the Board and its Finance, Business and Investment Committee regularly reviewed turnover performance against a target set at 10%. At the end of March 2021, the Trust recorded a turnover level of 13%. Labour turnover has been discussed at Care Group performance meetings and exception reports/ hotspot areas escalated to Risk and Compliance Group and Board. Details of our labour turnover rates for 2020/21 is shown below:

Diagram 3: Labour turnover data for 2020/21

For 2020/21, labour turnover data is not required by the Annual Reporting Manual for Foundation Trust or the Department of Health and Social Care Group Accounting Manual to be disclosed in annual reports. A link to information published by NHS Digital, however, is shown below:

NHS workforce statistics - NHS Digital

Staff policies and actions

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 managers and staff deal with the challenges presented by COVID-19. This includes guidance on paying for additional hours, flexible working, new streamlined recruitment and selection processes and absence management.

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 decisions are 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 by service users, patients and carers.

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, the Executive Broadcast and the Chief Executive's Vlog to more formal meetings involving staff side representatives when changes occur within the Trust which have a direct impact on the workforce. At the height of the pandemic, the Trust established a formal staff side meeting to discuss COVID-19 related issues on a weekly basis which proved very effective in managing workforce issues quickly. A strategic Equality, Diversity and Inclusion Group has been established to help engage and involve with the staff networks on key issues. A dedicated Freedom to Speak Up Guardian has also been appointed.

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 including one to ones, team briefings, weekly electronic communications, newsletters, the Executive Broadcast, the Chief Executive Vlog and via the intranet pages called Connect. 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 Key Performance Indicators (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.

Regular meetings were held with staff side colleagues, members of the staff networks and staff Governors to provide updates on how the Trust was supporting staff through COVID-19 and to listen and respond to any concerns or issued raised. This approach enabled issues to be dealt with in a timely manner.

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. 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.

Over the last financial year wellbeing support has been enhanced to include an in-house mental wellbeing and therapy service as well as workshops and support groups covering a range of subject areas that impact on both physical and mental wellbeing. Additional support has also been introduced to support staff experiencing financial hardship and difficulties. The Trust has also introduced a programme to support people who are experiencing symptoms of Long COVID.

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

The Trust has an annual declaration of interest process, now streamlined using the Electronic Staff Record. The published register of interests was refreshed in September 2020 and a full revalidation process took place in March 2021.

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 sixteenth year, and proudly sponsored by Sovereign Healthcare, YASA is one of the highlights of the Trust's calendar. Our 2020 winners are listed below.

The **Unsung Hero Award Category** went to Laura Ellis, an occupational therapist who established an exercise programme for service users at Lynfield Mount Hospital, available even after discharge, for continued support and wellbeing. Laura reached out to the local rugby club, Bradford Bulls, and met with their coaches to establish a bespoke physical exercise programme.

Our winner of the **Working Together Award Category** went to Katy Grainger, a music therapist supporting the recovery and wellbeing of inpatient service users. She has been the driving force behind the *Lynfest* and *Lynfrost* festivals of music and arts and service user-led Jam Sessions. When writing and developing scripts and songs, Katy created and facilitated a shared focus, empowering service users and ensuring that all had a voice and role to play.

The winner of the **Non-Clinical Stars Award Category** went to the Physical Health Administration team, who went above and beyond during the year whilst providing telephony and administrative support for podiatry, speech and language therapy, continence, tissue viability and palliative care services, as well as co-ordinating orders of uniforms and equipment.

The winner of the **Improvements and Innovation Award Category** was the Community Dental Service who provide dental care to the most vulnerable and hard to reach groups in society. The service won this award for their 'Adam goes to the Dentist' anxiety management film, which supports children attending hospital for dental extraction.

Our winner of the **Service User, Carer and Volunteer Contribution Category** went to Jack James Allinson, a valued volunteer within the Learning Disability service and active in the Bradford Voluntary/Advocacy services. Jack is also involved in virtual training for student nurses, as well as the recruitment of Trust staff, helping people to feel at ease when they are attending interviews.

The winner of **Team of the Year Category** was our City Cluster District Nursing teams, who provide complex nursing care across five inner city teams in Bradford. They embraced the *Care Trust Way* and were the first group of nurses to set up and introduce the Communication Cell process, with all staff working together to identify and deliver improvements in clinical practice.

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 values 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. A selection of the winners during the year is shown below.

We Care

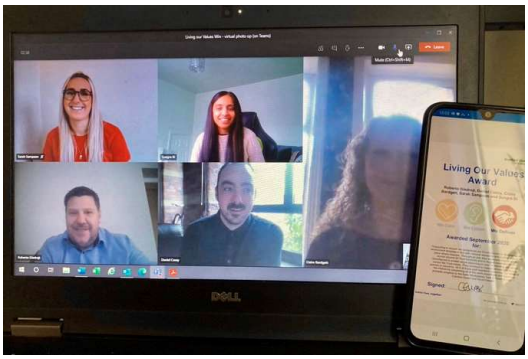
July 2020, Lynne Harper, Health Visitor, Wakefield 0-19 service: 'Lynne helped me enormously, she got me the right services and gave me a listening ear… Today our family is on an upwards spiral thanks to Lynne Harper. She is a brilliant health visitor and such a lovely lady. Thank you'. (taken from a letter received by the Trust).

We Listen

April 2020, Dr Sarfaraz Shora: 'Sarfaraz has been at the heart of the work being done across our inpatient services to prepare and work with service users and staff with COVID-19. He has worked with colleagues across the Trust to listen to their needs. In particular, he listened to the requests from junior doctors and other staff to have support available across the bank holiday weekend and was present daily to listen to all'.

We Deliver

Roberto Giedrojt, Daniel Casey, Claire Bardgett, Sarah Sampson from our Health, Safety and Security Team and Suegra Bi, Project Coordinator, for the work the team have done across our workplaces during COVID-19. The team developed an assessment template in line with national standards to assess and check how COVID-19 secure our environments were across the Trust, which involved work to assess and reconfigure over 40 meeting rooms and group rooms across the Trust estate.



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

Shortlisted finalists of regional or national awards	
Pharmacy Team and Clozapine Clinic at Lynfield Mount Hospital	HSJ Patient Safety Awards 2020, Mental Health Initiative of the Year for creating and embedding a systematic approach to side effect monitoring of patients prescribed Clozapine.
School Nursing Special Needs Team	RCNi Nurse Awards 2020, Child Health category.
iCare Innovation Stories	Nursing Times Workforce Awards.
The *Care Trust Way* Team	HSJ Awards 2020, Staff Engagement Award.
Linzi Maybin Community Dental Officer and Staff Governor	Community Organisation Award for Disability category in the ITV National Diversity Awards.
COVID-19 Community Nursing Home Visiting team	Nursing Times Awards 2020, Infection Prevention and Control category.
Winners of regional or national awards	
Health and Safety Team	Secured a sixth successive RoSPA Gold Award.
Linzi Maybin, Community Dental Officer and Staff Governor	British Society of Paediatric Dentistry's 2020 Outstanding Innovation Award.
Dr Mahmood Khan, Consultant Psychiatrist and Undergraduate Medical Education Team	Clinical Teaching Excellence Awards-Individual Award, Leeds Institute of Medical Education.
Cyber Security and informatics Team	Cyber Essentials and Cyber Essentials Plus accreditation award from the National Cyber Security Centre.
Saliha Sadiq	Telegraph and Argus Community Stars Award for Fundraiser of the Year.

Table 5: Shortlisted/winners of regional or national awards

Internal communications with and from 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 senior management.

Ensuring effective internal communications has been critical over the last 12 months to support service continuity during the pandemic, with a number of staff working from home due to national restrictions. Staff received regular operational e-updates on COVID-19, linking to a bespoke area on the staff intranet that provided current guidance and support. The Executive team quarterly staff briefings to update staff on the current Trust-wide priorities were replaced with a weekly live **Executive Broadcast** using Microsoft Teams. Led by the members of the Trust's Executive with senior clinicians providing additional expert advice, these Broadcasts gave live updates on the pandemic, often focusing on current issues such as infection prevention and more importantly, gave staff an opportunity to put their questions to senior leaders. These ran alongside the existing weekly all-staff e-bulletin that was refreshed earlier in the year, to better meet staff needs, with a mix of both operational and staff news. A weekly Vlog from our Chief Executive gave staff a personal perspective on current priorities for the Trust and an opportunity to recognise the good work that is happening across all areas of the Trust.

Diagram 4: Executive Broadcast

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 held nine Schwartz Rounds and two Team Time Out sessions for a number of staff speaking about their experiences, including members of our senior management team. These 'virtual' Schwartz Rounds were organised via Microsoft Teams to ensure staff had the opportunity to share their different experiences of working through the pandemic and included topics entitled 'The best of times, the worst of times', 'You're on mute, can you hear me?' and 'Thinking about transitions'.

Freedom to speak up is a wider strategic approach to positive cultural transformation and improvement and we want to create a culture of listening, where all staff feel safe and able to speak up about any obstacles to delivering high quality care. Our **Freedom to Speak Up Guardian** (FTSUG) and Deputy Guardian are independent, impartial and work alongside the SLT to ensure concerns are addressed promptly and

effectively; all staff can speak to them in confidence. During the year, 57 staff contacted the FTSUG to raise a variety of issues, which have been investigated and acted upon to improve services. Further information about the FTSUG developments is included the Trust's Quality Report.

Staff partnerships

The Trust continues to enjoy a positive relationship with its staff side representatives. The Staff Partnership Forum has been meeting on a more regular basis to deal with the issues the pandemic has brought the Trust, and to discuss key strategic issues which have impacted on staff.

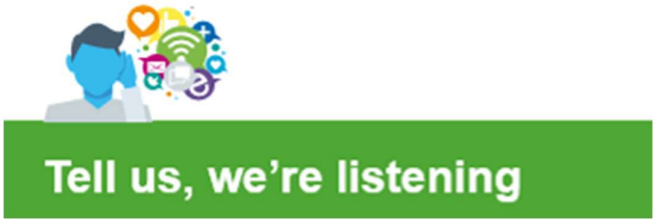
Trade unions – support to engagement

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 11 employees 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 representatives, the time commitment varies and in some cases is very small. Two employees spend up to 20 percent of their time on trade union related activities. None of the other employees spend more than 10 percent of their time on such activities.

Continuing to support innovation – our iCare Crowdsourcing programme during COVID-19

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.



During 2020, two online conversations were successfully facilitated and held through the iCare crowdsourcing platform by the iCare Team. In October 2020, we supported colleagues in our Learning, Education and Nursing Development Team (LEND) to co-create a practice learning model which would maintain and enhance the quality of student supervision and assessment. This online conversation sought ideas and comments on four key themes: placement capacity across the system; quality of practice learning; implementing the role of practice assessor; and ideas for innovation and improvement. The conversation attracted 180 contributions from nursing staff across the Trust.

Debbie Cromack, LEND Manager: ‘The crowdsourcing exercise really did help us achieve the outcomes that we wanted …. our co-production method helped us to shape a robust 12 month development programme and action plan.’

We worked with colleagues in our Risk Management Department to carry out a campaign to create a positive culture of risk management in the Trust in May 2020. The risk management team structured the campaign to capture views and ideas on effective engagement, involving staff and teams in decision making, making the patient and service user voice integral to the management of risk and how the management of services during the pandemic might influence risk management in the future. Nearly 1,200 people from across the Trust engaged in the campaign and contributed to over 1,400 ideas, votes and comments to help plan the next steps for improving and developing work in this vital area.

Paula Reilly, Risk and Safety Manager: ‘We used crowdsourcing as it reached every single member of the organisation … By getting this interaction from staff we can demonstrate that our final approved strategy has truly been developed in conjunction with staff.’

In 2021/22, the iCare team is planning three more Trust-wide crowdsourcing conversations and is currently helping to inform and co-create a new Digital Strategy for Trust.

Staff engagement

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

The annual NHS Staff Survey is an important means of providing workforce assurance and highlighting areas for improvement actions. It forms part of a wide blended approach to engagement that ranges from Trust-wide conversations through crowdsourcing; learning weeks; the engagement of senior leadership with staff which has included, due to COVID-19, the use of online workshops, Vlogs, live broadcasts and Q&As with the Executive team; and monthly engagement through the NHS People Pulse.

In addition, significant engagement has happened during the pandemic to ensure individual risk assessments were completed, with managers supporting their staff in this and staff networks and staff side providing feedback and support.

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

NHS Staff Survey 2020

The NHS Staff Survey ran from 5 October to 27 November 2020. Picker were again appointed to independently manage the Survey. Results in various formats were received between January and March 2021 from both Picker and the national coordination centre. The embargo on results was lifted on 11 March 2021. Trust-wide results were reviewed at the corporate level then cascaded to staff.

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

Scores for each indicator together with that of the survey benchmarking group (combined mental health, learning disability and community trusts) are presented in Table 6 below. These demonstrate that there are no significant differences to the national average scores for 52 comparable organisations. However, they show significant improvement in 8 of the 10 themes compared to last year.

Other Trust-wide headlines:

- The response rate to the 2020/21 survey among BDCFT staff was 44% (2019/20: 47%);
- Trust-wide question results show similar scores to comparable organisations (80% questions no significant change) and marked improvement from last year (43% of questions significantly better; 57% no significant change);
- Trust ranked #3 out of 27 for positive score change since last year (Picker Trusts only);
- Core questions are also similar to other comparable organisations and improved significantly from last year. For example, the score for *'Would you recommend the organisation as place to work?*' is up from 58% to 66% since last year (68% comparable organisations*);
- The Staff Engagement Score (made up from questions around advocacy, involvement and motivation) for 2020 is 7.0 (7.2 for comparable organisations*), up from 6.8 in 2019, and slightly less than the average. Nationally this local improvement is classed as one of the highest;
- Better scores in comparison with both average for 52 similar organisations and last year were received for 27 questions, for example,
  - Q11a – organisation positive action on health and wellbeing, increased from 37% to 45%, and above the national average of 39%;
  - Q4f – adequate materials, supplies and equipment to do work, increased from 56% to 71% and above the national average of 64%;
- Worse scores in comparison with both average for 52 similar organisations and last year were received for 10 questions, for example,
  - Q11b – experienced musculoskeletal (MSK) problems as a result of work, increased from 32% to 34% and above the national average of 27%

  - Q11f – of those feeling under pressure to come to work when unwell, the number feeling pressure from colleagues increased from 17% to 21%, and above the national average of 18%
- Local questions, bespoke to the Trust, were offered again against three theme areas: career development; improvement and engagement; leadership and values. Responses showed an improvement in 7 of the 9 questions.
- Free text comments were invited this year in relation to two COVID-19 related questions, against which 937 responses were received from staff. Themed analysis of these comments is awaited from the national coordination centre.

*Note – 'Comparable organisations' refers to other combined mental health/learning disability and/or community Trusts, of which there were 27 in total in the Picker reports; and 52 in total in the coordination centre reports.

Locality results were cascaded via General Managers and Deputy Directors at the end March 2021. 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 SLT for coordination and ongoing monitoring.

	2020/21		**2019/20**		**2018/19**	
THEME	BDCFT	Benchmark Group	BDCFT	Benchmark Group	BDCFT	Benchmark Group
Equality, diversity and inclusion	**9**	9.1	9.0	9.1	9.0	9.2
Health and wellbeing	**6.3**	6.4	5.9	6.1	6.0	6.1
Immediate managers	**7.3**	7.3	7.1	7.2	7.1	7.2
Morale	**6.4**	6.4	6.1	6.3	6.2	6.2
Quality of care	**7.4**	7.5	7.2	7.4	7.2	7.4
Safe environment – bullying and harassment	**8.4**	8.3	8.0	8.2	8.2	8.2
Safe environment - violence	**9.6**	9.5	9.5	9.5	9.5	9.5
Safety culture	**6.9**	6.9	6.7	6.8	6.7	6.8
Staff engagement	**7.0**	7.0	6.8	7.1	6.9	7.0
Team working	**7.0**	7.0	6.8	6.9	n/a	n/a

Table 6: Staff Survey performance over last three years

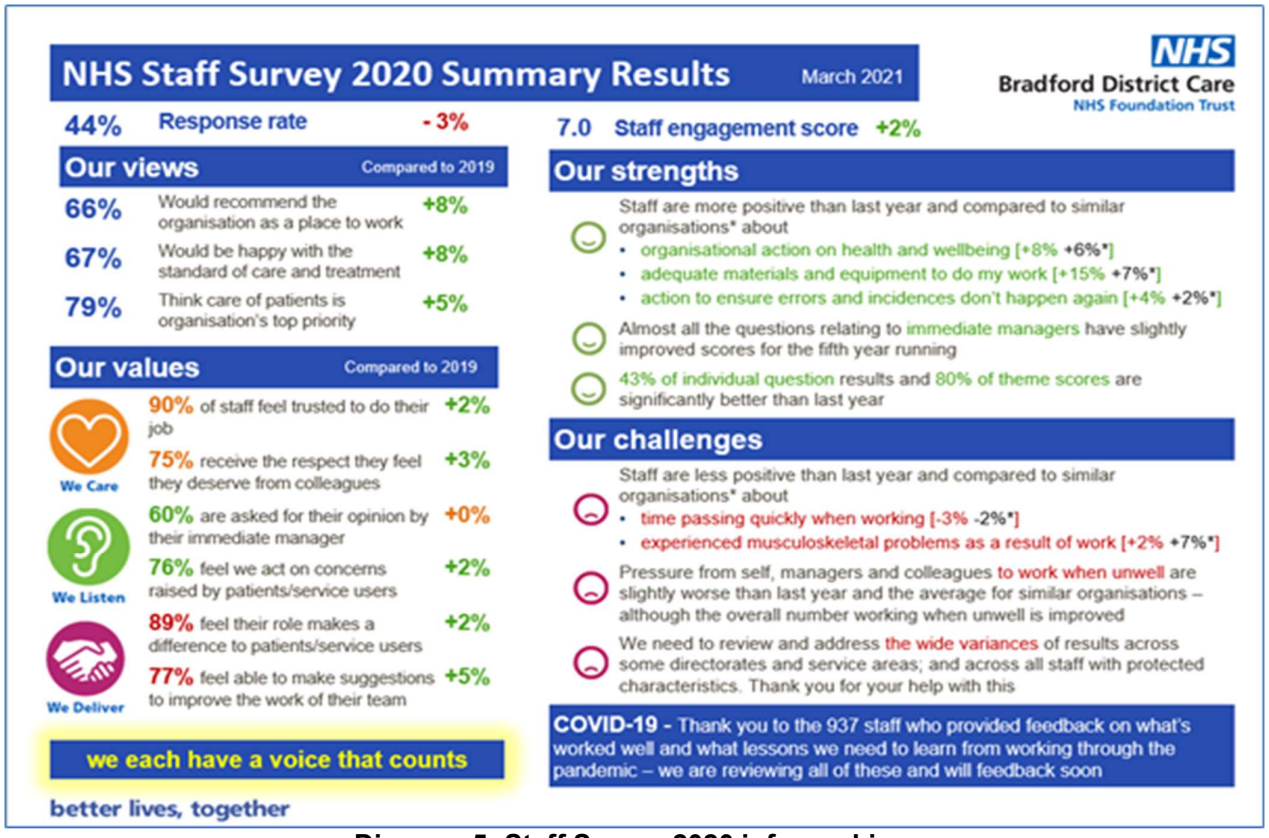


Diagram 5: Staff Survey 2020 infographic

Future priorities and targets

The Trust Board and senior leaders have discussed the results and identified a number of actions to address around sustaining and building on this year's improvements; addressing variances across staff experience; and responding to the learning from working through COVID-19 during the recovery phase.

Future priorities include:

Sustaining and building improvements

- The Best Place to Work workplan will continue to be implemented as will the actions in place to tackle inequalities in the Trust and at a place and ICS level.
- Work to address our workplace culture and embedding values will continue, including a programme to create a fair and compassionate culture, promoting and embedding the NHS People Promise and the launch of Our Staff Charter.
- The Health and Wellbeing offer to staff will continue to develop and be promoted. This includes supporting the mental and physical health of the workforce, including the Long COVID Programme; and supporting the continued shift for many staff to home and remote working accelerated by the pandemic.
- Quality improvement work and coaching through the *Care Trust Way* will continue to embed and support work to deliver transformation that supports staff wellbeing, quality improvement, innovation and financial sustainability.

- Wide ranging methods to communicate and engage with staff will continue with hybrid engagement methods likely to be most effective post COVID-19.

Addressing variances across staff experience

- Feedback from Directorates and services following the cascade of results will be gathered promptly through April 2021. The SLT will take responsibility for discussing and addressing the responses.
- The three staff networks for protected characteristics will provide an important vehicle for discussing the results variances for these protected groups and for feeding back recommendations to senior leaders and to the Strategic Equality, Diversity and Inclusion Staff Partnership.
- Those teams identified as least responsive to the Staff Survey, and/or with the lowest Staff Engagement Scores will be invited to form focus groups to discuss what would enable them to be more engaged.

COVID-19 learning and recovery

- Staff are telling us that many of the new ways of working and communicating through the pandemic have been effective and should continue. There are other areas where lessons can and should be learnt.
- Once the breakdown and reports of the two free-text COVID-19 questions have been received, detailed analysis will be triangulated with other data, including results of the COVID-19 learning week held summer 2020; results from the NHS People Pulse Survey which highlighted staff views on wellbeing and support needs during the pandemic; and other data received directly by managers and senior leaders and through questions and answers generated by the weekly Executive Broadcast.

Progress against these priorities will be monitored via the Board, Executives and SLT and measured through the results of the quarterly Pulse Survey planned for 2021/22 to monitor staff engagement scores on a regular basis.

Equality, diversity and inclusion

The Trust has a set of Equality Objectives which were launched in April 2020 and will run until April 2024. These built upon the previous objectives introduced in 2012 and 2016. 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.

COVID-19 has brought equality to the forefront of our minds once again. Over the past year the Trust has worked hard to ensure every member of staff has had a COVID-19 risk assessment with their manager to discuss their health and wellbeing, equality characteristics, any associated additional risk factors and what can be done to mitigate those risks. Clinical services have done all that they can to maintain COVID-19 safe

delivery of services and respond to the health inequalities exacerbated by COVID-19 in a coordinated response to the pandemic.

Key achievements made during 2020/21 include:

- Launching a Beacon Staff Network for staff who have long-term health conditions, disabilities or are carers to come together and discuss their experiences and provide a collective voice that influences our strategic equality, diversity and inclusion work.
- A Trust Board Pledge to Race Equality which required all staff to do three things: have conversations about race and racism, challenge racist language and actions and use their voice to speak out; make a small change, do something as well as say something; and to continue to educate ourselves. This led to services leading ongoing dialogue about equality, diversity and inclusion throughout the year and implementing training and virtual events for their teams.
- Further reducing the Trust's Bonus Gender Pay Gap so that it is no longer in favour of males.
- Moving to a digital interpreting offer that enabled ongoing communication with service users and carers for whom English is not their first language during the pandemic.
- Celebrating LGBT+ History Month and Black History Month with programmes of events aimed at increasing visibility and understanding.
- A Beyond Words Campaign that collected stories of inclusion innovation from across the Trust. The brochure included information about the 17 stories can be found on the BDCFT website in the Equality Pages.

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/

Diversity and Inclusion Policies

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

- Trans Equality Policy;
- Inpatients Standard Operating Procedure;
- Spiritual Care Policy;
- Interpreting and Translation Policy;
- Management of Racial and Other Forms of Discrimination and Harassment of Staff by Service Users, Carers and Relatives Policy; and
- Dignity and Respect Policy.

Signed: 

Therese Patten, Chief Executive
Date: 10 June 2021

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 2020/21 and under a direction issued by NHSI under the National Health Service Act 2006. The Accounts are fully compliant with accounting practice required through International Financial Reporting Standards (IFRS). The Trust's accounting policies are set out in the Annual Accounts and have been consistently applied over the period.

Financial performance for the year ending 31 March 2021

Temporary nationally determined funding arrangements were put in place during Half 1 of 2020/21 to ensure that the NHS had the required resources to safely deliver services during the pandemic with funding being made available to cover all reasonable costs. For Half 2 of 2020/21, NHSE/I allocated fixed funding envelopes to each ICS in England, taking into account the need to continue to deliver core services alongside managing the ongoing demands of responding to the pandemic. The Trust, along with other constituent partners of the West Yorkshire and Harrogate ICS, agreed on a distribution of the Half 2 envelope which would allow each organisation within the ICS to deliver at least a break even position for the full year. In addition, national funding was made available to support the roll out of the CVCs and nationally supplied PPE.

Throughout 2020/21 NHS Contracts were suspended, including performance targets, CQUIN requirements and the Finance use of resource ratings.

The Trust delivered a £3.811m surplus excluding impairments, against a deficit plan of £1.747m which reflects:

- additional investment of £2.5m secured for the increase in untaken annual leave at 31 March 2021
- national funding for the loss of non-NHS income of £0.7m
- increase in NHS income of £0.9m; and
- reduced costs of £1.5m

The Trust had turnover of £190.1 million in 2020/21 and, after expending £186.3 million, generated a surplus excluding technical adjustments of £3.8 million, or 0.20% as shown below:

Income and expenditure performance for the year ending 31 March 2021

	£000's
Income from Patient Care Activities	167,604
Other Operating Income	22,455
Total Income	**190,059**
LESS:	
Operating Expenses	(185,503)
Interest Paid and Received	(71)
Loss on Disposal	(23)
Public Dividend Capital	(651)
Surplus excluding technical adjustments	**3,811**
Impairments (incl. in Operating Expenses)	(5,001)
Deficit including technical adjustments	**(1,190)**

Table 7: Income and expenditure summary

The reported surplus of £3.811m includes compensating income from NHSE for £4.02m additional costs incurred during April to September as part of the Trust's response to COVID-19.

Income

Income from Patient Care Activities was £167.6million and represented 88.2% of total income, including:

- **66.8% or £126.8million from healthcare contracts with Clinical Commissioning Groups** (CCGs), including the Trust's main commissioner; Bradford District and Craven CCG;
- **10.0% or £19.1million from Local Authority Commissioners**, including Public Health Grant funded contracts with Bradford Metropolitan District Council (BMDC) for 0-19 services (Health Visiting, School Nursing and Oral Health Promotion) and with Wakefield Metropolitan District Council (WMDC) for Health Visiting and School Nursing services;
- **10.3% or £19.6million from NHS England,** including £11.8 million healthcare contracts for Low Secure Mental Health provision, Community Dental Services and Vaccination and Immunisations. In 2020/21 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 £5.346million in the Trust's 2020/21 income and expenditure accounts, shown as income from NHSE; and
- **1.1% or £2.1million from other sources** including Speech & Language Therapy, Cost per Case activity and other income from patient care activities.

Other Operating Income was £22.5m and represented 11.8% of total income, including:

- **6.5% or £12.4million from 'Top up' income from NHSE** income available to cover COVID-19 related costs; and
- **5.3% or £10.0million from other operating income**.

From 1 April 2020 Commissioning for Quality and Innovation (CQUIN) schemes were suspended due to the pandemic.

The following chart analyses all sources of Trust income:

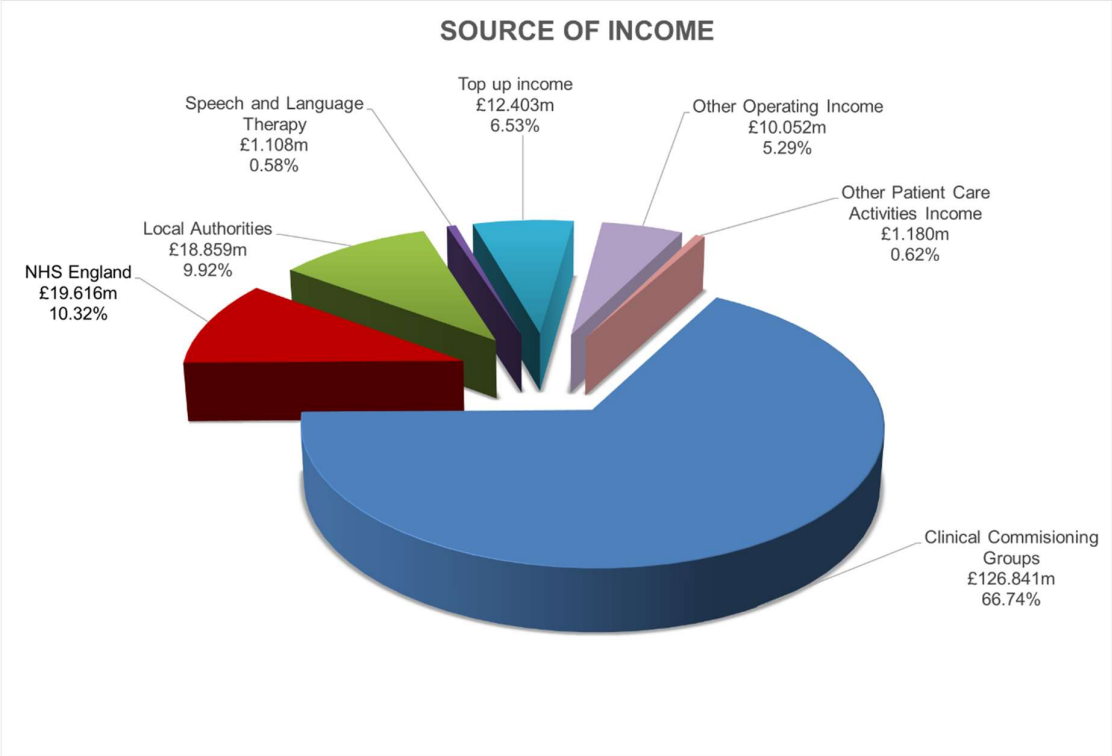


Diagram 6: Sources of Trust income

Expenditure

Operating expenses were £190.5million. Staffing costs are the largest driver of cost and represent for £143.77million, or 75.3% 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:

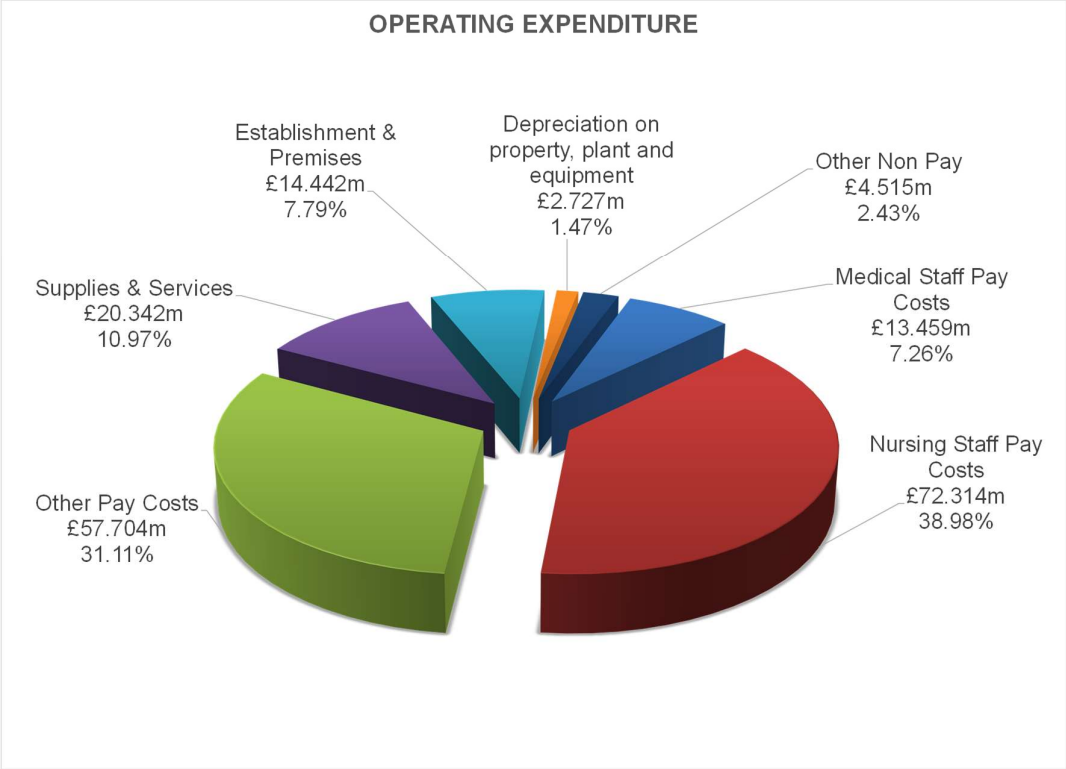


Diagram 7: Summary of Trust expenditure

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 (2018/19).

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 2020/21 the Trust achieved cost reductions of £4.7 million using a combination of recurrent and non-recurrent measures. Going into 2021/22, the Trust is looking at how to optimise some of the new methods of delivering services that have developed over the last 12 months in response to the pandemic.

Capital expenditure

The Trust Board approved a £4.932 million capital programme budget for 2020/21, 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. The capital programme was supplemented in year with additional national capital for COVID-19 expenditure, e-rostering and electronic prescribing developments bringing the total capital allocation to £5.742m. The capital costs for the year amount to £6.63m which exceeds the capital allocation

by £0.9m, and which relates to the Assessment and Treatment Unit development which was supported by an agreed, corresponding underspend across the wider ICS.

The capital programme has supported the investment of £6.63m in the following developments:

- £1.5 million investment in information technology;
- £1.4 million further enhancements for anti-ligature doors and windows at the Trusts two mental health inpatient facilities;
- £1.3 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 a new Assessment and Treatment Unit which is due for completion in 2021/22;
- £0.6 million investment to develop COVID-19 safe environments and IT equipment;
- £0.3 million purchase of land adjacent to the Lynfield Mount Hospital site; and
- £0.3 million purchases of medical, catering, dental and other equipment to support our ongoing compliance with relevant regulatory requirements.

The capital programme was funded by depreciation of £2.7 million supplemented by cash reserves of £3.2 million. The Trust also received £0.7 million of Public Dividend Capital (PDC), to fund national capital projects and support capital investment for COVID safe environments.

Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £30.7 million as at 31 March 2021.

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 2020/21 national funding has been made available to support the loss of non-NHS income of £0.7 million and an interim payment for the increase in annual leave untaken of £0.96 million.

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 2020/21.

Late Payment of Commercial Debts (Interest) Act

The Trust made no payments under the Late Payment of Commercial Debts (Interest) Act 1998 in 2020/21.

Valuation of assets

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

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

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

Auditor remuneration

External Auditor fees for 2020/21 were £59,000 and incorporate fees relating to the Trust's Annual Accounts and the additional responsibilities in forming a value for money risk assessment. In line with updated guidance from NHSI, assurance over the Quality Report is not required this year. The fee for the audit of the Trust's Charitable Fund Accounts is yet to be confirmed.

Accounting information and Directors' Statement

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

The Trust made no political or charitable donations during the year ending 31 March 2021.

Accounting policies for pensions and other retirement benefits are set out in Note 8 to the full annual accounts and details of senior managers' remuneration can be found on pages 97-101 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 2021 was as follows:

	2020/21	
	Number of Invoices	Value of Invoices £000's
Non NHS		
Total bills paid in the year	14,720	41,526
Total bills paid within target	14,009	40,079
Percentage of bills paid within target	**95.17%**	**96.51%**
NHS		
Total bills paid in the year	739	7,700
Total bills paid within target	624	7,075
Percentage of bills paid within target	**84.44%**	**91.88%**

Table 8: Performance against the Better Payment Practice Code

In a Government-wide effort to minimise adverse economic impacts from the COVID-19 pandemic, all public bodies (including NHS bodies) have been asked to ensure prompt payments to suppliers; within 7 days of receipt of goods or services. This requirement is effective from April 2020, and therefore is relevant to the 2020/21 accounting period.

Overseas operations

The Trust does not have any overseas operations.

Going concern disclosure

The Trust agreed a 2020/21 deficit plan of £1.747 million with NHS Improvement. Trust performance for the year has exceeded that plan, with a surplus of £3.811 million. Through the financial statements and financial performance indicators, the Trust can demonstrate strong financial management and a clear understanding of its underlying financial position. The Trust's liquidity remains very strong with c£30 million cash balances at the year-end.

After consideration of the funding offered by NHSI for 2021/22 in conjunction with the ICS and local commissioners, taking account of the interim financial regime put in place during COVID-19, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, these accounts have been prepared on a going concern basis.

Non-NHS income disclosures

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

Cost Improvement Plans (CIPs) 2021/22

The national planning requirements for the first half of 2021/22 requires the Trust to develop plans to target efficiencies of 0.27%. Draft plans have been developed to target £787k cost improvements.

Further work is underway to re-start the Trust's Strategic Programmes and wider approach to waste reduction. Plans will be aligned in readiness for the agreement of the Half 2 settlement for the NHS.

Capital programme 2021/22

The Trust's £6.03 million capital programme for 2021/22 is funded by depreciation of £3.4 million supplemented by cash reserves of £2.6 million.

Capital requests have been rigorously prioritised and risk assessed to identify key service and business critical schemes. The capital plan includes £4.27 million estates schemes including completion of the Assessment and Treatment Unit, anti-ligature doors and windows in high risk ward areas, development of the Trust's Strategic Outline Case for the development of the Lynfield Mount Hospital site, emergency repairs, the implications from environmental risk assessments and medical equipment. £1.56 million IM&T schemes will support transformation and service development. A small capital contingency of £0.2 million is held to service in year emergency capital requirements.

Financial outlook for 2021/22

The COVID-19 pandemic had a major impact on the NHS and resulted in wide ranging changes to the financial and contracting regime. The temporary regime, which includes additional funding to mitigate the costs of responding to COVID-19, has been extended to 30 September 2021 to provide some financial certainty to NHS organisations. The Trust has, on that basis, submitted a break-even financial plan to NHSE/I for the first half of 2021/22. Financial plans for the second half of the year will be developed during Quarter 1.

Whilst the Trust has reported a surplus for 2020/21 (before impairments) and is planning on a break-even for Half 1 of 2021/22, that picture masks the true underlying financial performance and the significant risks facing the Trust for the next year and beyond.

We are still responding to the pandemic and there is a real risk of further surges of COVID-19 during the year, which could impact significantly on staff and service users. COVID-19 has already had the effect of materially increasing costs and reducing

productivity, notably with a big increase in the number of service users that have had to be treated in beds outside of the Trust and outside of the local area.

We have experienced significant increases in demand for our services and in acuity of cases, and we have growing backlogs and waiting lists. Some national funding has been made available to address these issues, but it is far from clear whether it will be sufficient to meet the population's needs and expectations.

These risks and pressures are exacerbated by the historic low levels of funding that the Trust receives (we are amongst the lowest in the country in terms of benchmarking of NHS units costs, known as 'Reference Costs').

The future NHS landscape remains uncertain - we need to adapt to the proposals in the government's White Paper and the development of the West Yorkshire and Harrogate Integrated Care System (ICS) and the Bradford and Craven Integrated Care Partnership (ICP). The Trust's financial performance is increasingly linked to the fortunes of partner organisations across the developing ICS and ICP, and those partner organisations are, like us, facing unprecedented pressures and uncertainties.

It is our assessment that we need to identify at least £7 million of efficiency improvements and savings to address our underlying deficit (this is on top of the £0.7 million efficiencies already included in the Half 1 break-even plan and is subject to change as the Half 2 regime and funding settlements are firmed up). Work is underway to identify and prioritise strategic efficiency and sustainability programmes during Quarter 1 of 2021/22. Our focus will continue to be the pursuit of productivity, skills mix, service transformation and pricing efficiencies. This will increasingly be in the context of collaborative working with system partners. We will also continue to lobby for equitable funding across the system and for a shift of resources from 'in-hospital' to 'out of hospital' care. Efficiency programmes will, of course, take account of our Long-Term Plan commitments and the impact of our proposals on the quality of services, service user experience and outcomes, equality, and the environment.

Despite these pressures and risks, there are some positive aspects to the financial outlook. The new ways of working we developed in response to COVID-19 present great opportunities to improve efficiency and reduce waste, at the same time as contributing to our Green Plan. Increased collaboration across the ICS and ICP also bring opportunities to achieve better value for money and work smarter together, for the benefit of service users. The Government's continued commitment to parity of esteem and their prioritisation of mental health is welcomed (although we need a similar focus on community physical health services too). The Trust has a good track record of delivering efficiencies and hitting financial targets. 2021/22 will be a challenging year, especially going into Half 2, but we are well equipped to rise to that challenge.

Signed: 

Therese Patten, Chief Executive

Date: 10 June 2021

Accountability Report – How We Are Governed

Board of Directors

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

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

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

Whilst the Executive and Associate Directors individually are accountable to the Chief Executive for the day-to-day operational management of the Trust they, along with the Non-Executive Directors, are part of the unitary Board. They all share corporate responsibility and liability for ensuring that the Trust operates safely, effectively and economically. They do this by making objective decisions in the best interests of the Trust. The Non-Executive Directors will assure themselves of performance by holding the Executive Directors to account for the achievement of the agreed goals, objectives, targets and measures.

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

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

- Openness;
- Honesty; and
- Leadership.

The composition of the Board is in accordance with the Trust's Constitution. During 2020/21 there were 12 changes to individual members of the Board, outlined as follows:

- Maz Ahmed, was appointed as a Non-Executive Director in April 2020 by the Council of Governors.
- Professor Gerry Armitage, Non-Executive Director was appointed for a second term in office following delivery of ongoing satisfactory performance in July 2020.
- Brent Kilmurray, stood down as the Chief Executive in June 2020 following his appointment to another Foundation Trust.
- Patrick Scott, was appointed through a competitive recruitment process as Interim Chief Executive in July 2020 undertaking the role until September 2020.
- Phil Hubbard, became Interim Chief Operating Officer in July 2020 until September 2020.
- Gill Findlay, was appointed through a competitive recruitment process as Interim Director of Nursing in July 2020 until September 2020. Following this point, Mrs Findlay became Interim Associate Director for Risk, Governance and Compliance in September 2020 until November 2020.
- Therese Patten, was appointed through a competitive recruitment process as Chief Executive in September 2020.
- Patrick Scott, was appointed as Deputy Chief Executive in September 2020.
- Liz Romaniak, stood down as Director of Finance, Contracting and Facilities in October 2020 following her appointment to another Foundation Trust.
- Claire Risdon, was appointed as Interim Director of Finance in October 2020 until January 2021.
- Susan Ince, was appointed as Interim Associate Director of Planning and Performance in October 2020 until January 2021.
- Mike Woodhead, was appointed through a competitive recruitment process as Director of Finance, Contracting and Estates in February 2021.

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

business and organisational development, healthcare, human resources, commercial, legal, and third sector.

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

Non-Executive Directors

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

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

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

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.

Alongside his Trust role, Gerry also sits on the Bradford and Airedale Healthwatch Board.

Maz Ahmed, Non-Executive Director, Chair of the Finance, Business & Investment Committee

Maz, who is a qualified chartered accountant, is currently Operations Director for Morrisons Supermarkets plc. and has held a number of senior finance roles for the national retailer. Previously he was Finance Director responsible for leadership of the finance team, with financial accountability for Morrisons' 18 manufacturing sites, as well as the fresh trading division.

Maz brings extensive commercial and financial experience to the NED role. He has a strong track record of leading organisational change and wide-ranging improvement initiatives, to meet customer needs.

Maz started his career at Morrisons in 2008 as part of the newly formed internal audit function. Since then Maz has led the implementation of a business-wide financial reporting system and strategic reviews of the manufacturing division, including the acquisition of new businesses. His leadership role includes building and promoting a culture of talent management, building capability and improving diversity. He is also the sponsor of Morrison's Black, Asian and Ethnic Minority (BAME) programme, to improve diversity of staff from minority groups, and has recently been recognised in the 2020 Empower Ethnic Minority Role Model list.

Prior to Morrisons, Maz worked in external audit with a national audit firm, supporting clients across a range of industries including the public sector.

Andrew Chang, Non-Executive Director, Chair of the Audit Committee

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

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

College and Vice Chairman of the Audit Committee of the Luminate Education Group.

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

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.

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

Simon Lewis, Non-Executive Director, Chair of the Workforce and Equality Committee
Simon Lewis brings considerable legal and commercial experience to the Trust Board and is the chair of the Trust's Workforce & Equality Committee.

Simon is a barrister whose areas of interest include employment issues, equality and discrimination, human rights and mental health legislation.

Simon also holds a number of regulatory roles, including at the General Optical Council, the Association of Chartered Certified Accountants, England Boxing and British Cycling.
In addition, Simon is a board member of the Asda Foundation and a Non-Executive Director of 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

Therese Patten, Chief Executive, Accountable Officer
Therese has extensive NHS Board level experience, working across community, mental health, acute and specialist healthcare in the NHS.

Therese joined our Trust from Southport and Ormskirk Hospital NHS Trust, where she was Deputy Chief Executive and Director of Strategy. In this role, Therese led both Trust and district-wide sustainability programmes, working closely with clinicians and key stakeholders. She was also Chair of a provider alliance of 15 health, care and voluntary organisations, working together to provide an integrated service and improve health outcomes for local people.

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

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

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

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

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

Phil's career spans 33 years across hospital, primary, mental health and community care settings. Since joining the Trust in 2012, she has held a number of senior roles and has a strong track record of leading large-scale service improvements, working with partners across the district.

Phil, who is a registered nurse, was instrumental in reshaping the Trust's children's service and also worked alongside primary care providers to establish new community partnerships, to better support local communities' health and care needs. Previously, as a nurse consultant at Bradford and Airedale Community Health services, Phil was responsible for several initiatives including developing a specialist clinical service to support people with learning disabilities.

Sandra Knight, Director of Human Resources and Organisational Development

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

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

Dr David Sims, Medical Director, Caldicott Guardian

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

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

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

Mike Woodhead, Director of Finance, Contracting and Estates

Mike is a highly experienced finance professional with a broad range of experience in the public sector, in senior leadership roles across health and care organisations.

Prior to joining our Trust, Mike was joint Chief Finance Officer (CFO) for Bury Clinical Commissioning Group and Bury Council, where he was also Vice-Chair of the Bury Strategic Estates Group. Mike has 17 years in consultancy roles including interim Deputy CFO for Bury CCG, where he led the outline financial case for Greater Manchester (GM) Devolution, working with providers, CCGs and national commissioners.

His experience also includes leading the learning disability and mental health workstreams at Tameside and Glossop CCG, as part of a wider programme to establish an integrated care organisation.

Paul Hogg, Director of Corporate Affairs, Trust Board Secretary

Paul has over 30 years experience in policy and corporate governance roles across various Government departments, regional government agencies and the NHS.

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

Tim Rycroft, Chief Information Officer

Tim joined the organisation from Airedale NHS Foundation Trust, following seven years as Head of Information Technology (IT) and Information Governance (IG). During his time at Airedale, Tim managed the pilots and early implementation of the multi-agency telemedicine service for people with long term conditions. This was developed further by the 'Airedale Hub' that achieved national award recognition for its innovative work in supporting care homes.

Before joining Airedale, Tim was head of technology business solutions at the National Policing Improvements Agency where he led the IT delivery for a new state-of-the-art £12 million forensic training centre and introduced a range of innovative technologies to support operational learning.

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

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

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

Name	Number of business meetings attended	30 April 2020	28 May 2020	25 June 2020***	30 July 2020	24 September 2020	29 October 2020***	26 November 2020	17 December 2020	28 January 2021	25 February 2021	25 March 2021
Non-Executive Directors												
Cathy Elliott	10/11	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gerry Armitage	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maz Ahmed	10/10	*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Chang	10/11	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓
Zulfi Hussain	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Lewis	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carole Panteli	10/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓
Executive and Associate Directors												
Brent Kilmurray	3/3	✓	✓	✓								
Therese Patten	7/7				*	✓	✓	✓	✓	✓	✓	✓
Gill Findley	3/3				**	**	**					
Paul Hogg	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phil Hubbard	11/11	✓	✓	✓	**	✓	✓	✓	✓	✓	✓	✓
Susan Ince	4/4						**	**	**	**		
Sandra Knight	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claire Risdon	4/4				*	*	**	**	**	**		
Liz Romaniak	5/5	✓	✓	✓	✓	✓						
Tim Rycroft	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patrick Scott	10/11	✓	-	✓	**	✓	✓	✓	✓	✓	✓	✓
David Sims	11/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mike Woodhead	2/2							*	*	*	✓	✓

*** indicates attendance in observational capacity**
**** indicates attendance in interim role**
***** indicates extraordinary meeting held in public**
- indicates apologies

Table 9: Attendance of Board members at formal Board meetings

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

The Board receives a performance report at each public Board meeting measuring performance against national and local targets relating to finance, quality and governance indicators. Where there is any deviation from plan, exception reports are presented for consideration of any necessary remedial action. The report has, over the year, been refined to reflect new targets or other areas requested by the Board to ensure it monitored new areas of performance. The Board maintained a strong level of governance across the Trust and continued with development and improvement initiatives throughout the COVID-19 pandemic. When deviation from the agreed work plan took place, a system to report progress made on those items through a 'Management of Deferred Items Log' was updated and formally reported to each meeting. At the Board meeting held on 30 April 2020, oversight and assurance reports on the Trust's governance arrangements in response to the pandemic, revised quality governance arrangements and revised corporate governance arrangements in response to the pandemic were presented. Areas of continuous improvement for key priority areas for the Trust and where developments continue to be made throughout the pandemic include:

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

The Board has continued to review its governance arrangements in the light of the challenges the Trust was facing as a result of the pandemic and took account of the guidance from NHSE/I on 'reducing the burden' on Boards. The Board agreed that it was important to continue with its underpinning corporate governance arrangements and retain its planned Board and Committee meetings. Agendas were reviewed to ensure that appropriate focus and time was provided to key issues and where possible non time-bound reports and discussions were either carried forward and/or circulated outside of the meetings.

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

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

- The Board has an ongoing development programme in place and held ten individual sessions during the year. The Annual Time Out was deferred until April 2021 as part of the streamlined governance processes to support the Trust's response to the pandemic;
- The outcomes of the performance evaluation of the Chair and Non-Executive Directors is presented to the Council of Governors' Remuneration Committee and reported to the Council in line with the process agreed by the Council;
- The outcomes of the performance evaluation of the Chief Executive, Executive and Associate Directors are presented to the Board of Directors' Remuneration Committee; and
- Engagement with specialist providers on the Well-Led workstream and developments was undertaken during June 2020 to January 2021, working with Make It Happen Solutions and Advancing Quality Alliance.

Using the *Care Trust Way* methodology and Master Coaches, the Trust held an internal 'Learning Week' in June 2020 to capture learning and feedback from colleagues, service users and carers from temporary adaptions that had been made to service delivery as a result of the pandemic. Following the success of the event, the Trust delivered a similar event to partners across the Place to support further learning and shared best practice.

The Trust also established a Recovery and Resilience Cell to support continuous improvement in response to the pandemic. Clinical and corporate services maintained a level of 'business as usual' throughout the pandemic, with revised service models providing an opportunity to learn and innovate. To help the sustainability of service delivery it was also important for the Trust to understand elements of work that would need to return to a more routine 'business as usual' as part of the reset phase of responding to the pandemic.

The Recovery and Resilience Cell focused on five workstreams, of which Workstream Two addressed corporate governance. To support learning and innovation for this workstream, a survey was conducted to understand changes and effectiveness of identified corporate governance meetings. The survey specifically focused on the work of the Board and some of its supporting Committees (Audit; Finance, Business and Investment; Mental Health Legislation; and Quality and Safety) across six target areas: performance reporting; risk management; meeting management (excluding technology); use of technology; flow of information and communication; and stakeholder engagement.

In conjunction with the learning opportunities in response to the pandemic, the Trust has maintained its focus on Well-Led developments and improvements, building on previous findings from the Care Quality Commission Well-Led findings, and the external Well Led review, undertaken by Deloitte LLP in 2018, with ongoing support and engagement taking place during 2019. During summer 2020, the Trust completed four additional areas of well led work: receipt of a desktop review of well led documents from Make It Happen Solutions and a facilitated Board Development Session;

consideration of the results of an evaluation questionnaire seeking views on the Board's readiness for a well led inspection; undertaking the majority of 'check, challenge and coaching sessions' with individual Board and Senior Leadership Team members; and discussion of the results from the corporate governance effectiveness review, as outlined above, with supporting recommendations agreed by the Board and forming the Action Plan.

Continuous improvement work on the oversight and assurance process has continued to take place, resulting in a Trust-wide review of the operational meeting structure, ongoing development of the core metrics performance management framework, refresh of SLT meetings, and refresh of the visibility and engagement framework launched as 'Go See'.

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 provides development opportunities for the future of the organisation;
- The Board and SLT have set a clear vision and values that are at the heart of all the work within the Trust, ensuring 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 providing an opportunity for triangulation;
- The Trust is actively engaged in collaborative work with external partners, including NHS partners, primary care, local authorities, the VCS, and the local integrated care system plans;
- The Board has sight of the most significant risks and mitigating actions through the Board Assurance Framework;
- 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 include data about the services; and
- The Trust is committed to continuous improvement with the *Care Trust Way* being a key strategic enabling programme for the Trust. The Trust actively seeks feedback, learns from when things go well and when they go wrong.

In line with the Trust Constitution, a Board Assurance Group was established in January 2021 to support the Trust's participation in the partnership agreement to mobilise the Community Vaccination Centres. The Trust worked closely with Bradford Teaching Hospitals NHS Foundation Trust as the lead provider for the service and utilised the *Care Trust Way* framework and methodology to support the workstream.

The Group met in January and March 2021 prior to the Board meeting to review the documentation required to formalise the initiation of the sites, with the decisions formally ratified by the Board of Directors at the subsequent meeting.

As part of the Trust's response to the pandemic, an Ethics Committee was established in March 2020 with the purpose of providing advice and support to the Chief Executive and SLT on any substantial organisational decisions or risks with discrete ethical implications and which required immediate attention, especially in emergency planning situations. The Committee also had the purpose of assuring staff that difficult decisions being made had formal approval within the organisation at a senior level. The Committee met four times and was convened as required, supported by an Ethical Advisory Group with membership comprising of senior clinical and operational leaders from across the Trust. In January 2021, the Medical Director commissioned an effectiveness review of the Committee on activities undertaken and to consider the future of the Committee, noting the work that had taken place during 2020 to further strengthen the Trust's oversight and assurance processes and operational meeting structure. A proposal was presented to the Committee and subsequently the Board during a *Care Trust Way* Board Development Session within the private Board meeting on 25 February 2021 to agree the future governance arrangements for the workstream.

Foundation Trust Code of Governance

The Trust has applied the principle of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based upon the principles of the UK Corporate Governance Code issued in 2012. Areas of disclosure are covered in the Accountability Report section. The Trust is able to comply with the Code in all areas except the following requirement	Explanation
D.1.1: Performance-related elements of the remuneration of Executive Directors.	The Trust does not operate any performance-related bonus scheme for Executive Directors.

Board Committees

The Board discharges its responsibilities through eight Committees. The main duties of each Committee is set out below. To support effectiveness reviews, Committees undertake an annual evaluation and submit an Annual Report to the Board. These reports are considered by the Board as assurance against the wider context of the Annual Report. At each Board meeting following a Committee, there is a report from Committee Chairs. Following a benchmarking exercise in support of continuous improvement, a review of assurance and escalation processes for Committees to Board meetings in other NHS organisations was undertaken in October 2020, with the Trust adopting a reviewed reporting template of 'Alert, Advise, Assure' reporting. The

framework has been recognised as good practice by partners across the West Yorkshire and Harrogate system, with the Trust's template being adopted by partnership collaborations.

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

Diagram 8: Board Committees that support the Board of Directors

Audit Committee (Chair: Andrew Chang)

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

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

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

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

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

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

KPMG LLP are the Trust's external auditors. 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 to re-appoint 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 auditors' opinion;
- received briefings and learning from Local Counter Fraud; and
- received technical updates from the external auditors on issues relevant to operating in a health and care environment.

The Audit Committee met five times in 2020/21 as outlined below:

Name	Number of business meetings attended	26 May 2020	22 June 2020	8 October 2020	9 November 2020	8 February 2021
Andrew Chang	5/5	*✓	*✓	*✓	*✓	*✓
Maz Ahmed	5/5	✓	✓	✓	✓	✓
Zulfi Hussain	3/4	✓	✓	✓	-	
Simon Lewis	0/1					-

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

Table 10: Attendance of members at the Audit Committee

Charitable Funds Committee (Chair: Zulfi Hussain)

The Charitable Funds Committee oversees the Trust's charitable activities and ensures it is compliant with the law and regulations set by the Charity Commissioners for England and Wales. The Board is 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 2020/21 as outlined below:

Name	Number of business meetings attended	13 May 2020	8 October 2020
Zulfi Hussain	2/2	*✓	*✓
Andrew Chang	2/2	✓	✓
Paul Hogg	2/2	✓	✓
Liz Romaniak	2/2	✓	✓
Patrick Scott	0/2	-	-

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

Table 11: Attendance of members at the Charitable Funds Committee

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

The Finance, Business and Investment Committee has responsibility for monitoring financial performance of the Trust against plan (reporting any proposed remedial action to the Board as necessary), to consider the Trust's medium to longer term financial strategy, and provide an oversight of the development and implementation of financial systems across the Trust. During the year, the Committee focused on the Trust's financial position; quarterly returns to NHS Improvement, financial re-forecasting and control total discussions, health and safety, property disposals and the market development plan/bid and tender pipeline. There was also a strong focus on COVID-19 financial management, and plans for the Lynfield Mount Hospital redevelopment.

The Finance, Business and Investment Committee met five times in 2020/21 as outlined below, with one formal business meeting that had been scheduled for January 2021 being deferred in line with the Trust's streamlined governance processes due to the pandemic.

Name	Number of business meetings attended	26 May 2020	20 July 2020	21 September 2020	16 November 2020	22 March 2021
Maz Ahmed	5/5	✓	*✓	*✓	*✓	*✓
Andrew Chang	5/5	*✓	✓	✓	✓	✓
Zulfi Hussain	0/1					-
Simon Lewis	4/4	✓	✓	✓	✓	
Brent Kilmurray	0/1	-				
Therese Patten	3/3			✓	✓	✓
Phil Hubbard	2/2		**	✓		
Susan Ince	1/1				**	
Sandra Knight	5/5	✓	✓	✓	✓	✓
Claire Risdon	1/1				**	
Liz Romaniak	3/3	✓	✓	✓		
Tim Rycroft	5/5	✓	✓	✓	✓	✓
Patrick Scott	5/5	✓	**	✓	✓	✓
Mike Woodhead	1/1					✓

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

Table12: 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 four times as an independent Committee in 2020/21 as outlined below:

Name	Number of business meetings attended	21 May 2020	23 July 2020	17 September 2020	19 November 2020
Carole Panteli	4/4	*✓	*✓	*✓	*✓
Zulfi Hussain	4/4	✓	✓	✓	✓
Simon Lewis	4/4	✓	✓	✓	✓
Gill Findley	1/1		**		
Phil Hubbard	2/3		**	✓	-
Patrick Scott	2/3	✓		-	✓
David Sims	2/4	✓	-	-	✓

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

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

Extraordinary Joint Mental Health Legislation and Quality and Safety Committee

(Chair: Gerry Armitage)

During 2020/21 extraordinary Joint Committee meetings took place to provide scrutiny of the Trust's Care Quality Commission (CQC) workstream, and as part of the pandemic response in streamlined governance arrangements. The first extraordinary joint meeting had been convened to support further assurance and oversight for the Trust's quality governance workstream and ongoing developments. Two Board Development Sessions on CQC preparations and development had taken place, in July and November 2020, with additional scrutiny and development scheduled as part of a refreshed programme from November 2020 onwards. In line with NHSE/I guidance on reducing the burden in the NHS due to the pandemic, streamlined governance was in operation during Quarter 4 of 2020/21, with an agreement to temporarily merge the Mental Health Legislation Committee and Quality and Safety Committee during the period. The Joint Committee met three times as outlined below.

Name	Number of business meetings attended	18 November 2020	21 January 2021	18 March 2021
Gerry Armitage	3/3	*✓	*✓	*✓
Andrew Chang	3/3	✓	✓	✓
Zulfi Hussain	1/3	-	✓	-
Simon Lewis	2/3	✓	-	✓
Carole Panteli	3/3	✓	✓	✓
Therese Patten	1/1	✓		
Phil Hubbard	2/3	✓	✓	-
Paul Hogg	3/3	✓	✓	✓
Sandra Knight	1/1	✓		
Claire Risdon	1/1	**		
Tim Rycroft	1/1	✓		
Patrick Scott	3/3	✓	✓	✓
David Sims	3/3	✓	✓	✓

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

Table 14: Attendance of members at the Extraordinary Joint Mental Health Legislation and Quality and Safety Committee

Nominations Committee (Chair: Cathy Elliott)

The Nominations Committee has the responsibility to review the structure, size and composition of the Board and, where necessary, is responsible for identifying and nominating for appointment candidates to fill posts within its remit. All Non-Executive Directors are members of this Committee, which met nine times in 2020/21 due to the resignation of two Executive Directors and completing the recruitment governance process to support appointments being made. The Committee had three key areas of work during 2020/21: to support the appointment two new Executive Directors (the Chief Executive, and Director of Finance, Contracting and Estates); and to support the interim appointment process of Executive and Associate roles to the Board whilst the two substantive roles were being recruited.

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

Of the nine meetings recorded below during 2020/21, six formal meetings took place, with three virtual meetings.

Name	Number of business meetings attended	9 April 2020	1 July 2020	21 July 2020	30 July 2020	28 August 2020*	16 September 2020	28 September 2020*	19 October 2020*	26 November 2020
Cathy Elliott	9/9	*✓	*✓	*✓	*✓	*#	*✓	*#	*#	*✓
Gerry Armitage	9/9	✓	✓	✓	✓	#	✓	#	#	✓
Maz Ahmed	6/9	-	✓	-	✓	#	-	#	#	✓
Andrew Chang	8/9	✓	✓	✓	✓	#	✓	#	#	-
Zulfi Hussain	9/9	✓	✓	✓	✓	#	✓	#	#	✓
Simon Lewis	8/9	✓	✓	-	✓	#	✓	#	#	✓
Carole Panteli	8/9	✓	✓	✓	✓	#	-	#	#	✓
Brent Kilmurray	1/1	✓								
Therese Patten	4/4						✓	#	#	✓
Sandra Knight	9/9	✓	✓	✓	✓	#	✓	#	#	✓
Patrick Scott	4/4			**	**	# **	**			

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

Table 15: 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; received assurance on the Medicines Management Strategy and supporting workstreams.

The Quality and Safety Committee met independently six times in 2020/21 as outlined below:

Name	Number of business meetings attended	3 April 2020	15 May 2020	3 July 2020	4 September 2020	16 October 2020	11 December 2020
Gerry Armitage	6/6	*✓	*✓	*✓	*✓	*✓	*✓
Andrew Chang	6/6	✓	✓	✓	✓	✓	✓
Carole Panteli	5/6	-	✓	✓	✓	✓	✓
Therese Patten	1/1					***	
Gill Findley	2/2				**	**	
Paul Hogg	4/6	✓	✓	-	-	✓	✓
Phil Hubbard	5/6	✓	-	**	**	✓	✓
Patrick Scott	3/4	✓	✓			-	✓
David Sims	6/6	✓	✓	✓	✓	✓	✓

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

Table 16: Attendance of members at the Quality and Safety Committee

Workforce and Equality Committee (Chair: Simon Lewis)

In its first year of establishment by the Board of Directors, the Committee focused 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 relatively 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 twice during 2020/21 as outlined below:

Name	Number of business meetings attended	22 June 2020	28 September 2020
Simon Lewis	2/2	*✓	*✓
Cathy Elliott	2/2	***	***
Maz Ahmed	2/2	✓	✓
Zulfi Hussain	2/2	✓	✓
Brent Kilmurray	1/1	✓	
Therese Patten	1/1		***
Phil Hubbard	1/2	-	✓
Sandra Knight	2/2	✓	✓
Liz Romaniak	2/2	✓	✓
Patrick Scott	2/2	✓	✓
David Sims	2/2	✓	✓

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

Table 17: 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. Each year a discussion takes place on the performance achieved on objectives and role delivery that is linked to agreeing future objectives to be achieved. For the Non-Executive Directors, including the Chair, this discussion includes the Lead Governor and Deputy Lead Governor, with the Chair discussion being facilitated by the Senior Independent Director. The objectives for the Chair are:

- Contribute to the Trust's quality improvement journey, including leading with Chief Executive the organisation from a CQC rating of Requires Improvement to Good, especially for Well-Led;
- Play a strategic leadership role to ensure delivery of the Trust's strategic plan whilst exploring and creating emerging local integration plans and aligning these with the Trust's strategy and the local and regional healthcare strategies, working with the Executive team and external stakeholders; and
- Embed a new Board to function successfully as a Unitary Board and fulfil the Well-Led Framework.

Following the departure of Brent Kilmurray as Chief Executive on 30 June 2020, a handover of agreed objectives for the Chief Executive role took place to Patrick Scott who undertook the Acting Chief Executive role from 1 July to 20 September 2020. Therese Patten became the substantive Chief Executive on 21 September 2020 and agreed the following priorities for Ms Patten's first three months within the role during 2020/21, with a full handover taking place between Mr Scott and Ms Patten:

- quality, safety, and risk management;
- governance and Board assurance;
- our staff – skills, learning and wellbeing; and
- Trust strategy.

During the three month period, Ms Patten worked closely with the Human Resources Team to undertake a review of the appraisal and objective setting framework for all colleagues within the Trust. The review was supported by an external benchmarking exercise to learn best practice from peer organisations. The revised framework was presented to the Board on 25 March 2021 where it was approved for use from 1 April 2021.

The revised framework is based on the *Better Lives, Together* strategy with all colleagues working towards the same goal of strategy deployment personalised to the role they deliver. The framework will have the following shared objectives:

- Engage with our patients and service users, ensuring they are equal partners in care delivery;
- Prioritise our people, ensuring they have the right skills, suitable workspaces and feel valued and motivated;
- Provide our people with the tools and coaching to support innovation, quality improvement through the *Care Trust Way*;

- Empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity; and
- Value partnership ensuring that we collaborate to deliver maximum impact on health inequalities.

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

Register of directors' interests

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

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

The register of interests is maintained by the Corporate Governance Team and is available for inspection on the Trust's website.

It is also reported that Cathy Elliott, Chair of the Trust had no other significant commitments during the year that affected her ability to carry out the duties to the full for the Chair role, and she was able to dedicate sufficient time to undertake the duties.

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

Council of Governors

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

During 2020/21 there was no change to the composition of seats within our Council of Governors. The composition ensures the Council is representative of our members

and the public. Table 18 shows the composition of seats within the Council of Governors.

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

Table 18: Composition of our Council of Governors

Governors are either elected or appointed to seats on the Council of Governors for a period of up to three years. Elected governors consist of public and staff (clinical and non-clinical) Governors. Appointed governors are nominated individuals from partner organisations as outlined in the Trust's Constitution. Elected governors can stand to be re-elected for two terms of office holding a seat for up to a maximum of six years. Elections are carried out in accordance with the election rules in Annex 4 of the Trust Constitution. No elections were undertaken during 2020/21, with the Council of Governors supporting the deferment of the elections to vacant seats to a point in time during the pandemic to support maximum outreach and engagement work taking place. 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

2020/21 had three vacant seats for public Governors carried forward from 2019/20 where Governors had stepped down before the end of their term of office. The seats were:

- Public: Bradford South (one seat)
- Public: Bradford West (one seat)
- Public: Craven (one seat)

An election campaign was due to take place Spring 2020 that the Council of Governors deferred due to the uncertainty of the pandemic at that time and to ensure that the election took place at an appropriate time in line with national guidance and recommendations on the pandemic, and at the time to ensure maximum engagement.

At the Council of Governors' meeting on 3 December 2020 a discussion took place on the timeframe to support delivery of an election campaign with the Council noting that four elected Governors would reach the end of their second term of office on 30 April 2021, with five Governors reaching the end of their first term of office on 30 April. A proposal to hold a Governor election Spring 2021 was support by the Council on 3 March 2020, with the Council noting that two Appointed Governors would also reach the end of their term of office on 30 April 2021, as outlined further below.

To support with outreach, raising awareness and engagement of the campaign, the Council commissioned Just R, a specialist digital recruitment consultancy, to provide additional engagement support for the campaign. The Spring 2021 election will conclude on 30 April 2021 with further details provided on the Trust's website and within the 2021/22 Annual Report.

The seats that were included within the Spring 2021 election were:

- Public: Bradford East (three seats)
- Public: Bradford South (one seat)
- Public: Bradford West (three seats)
- Public: Craven (one seat)
- Public: Keighley (one seat)
- Public: Shipley (one seat)
- Staff: Clinical (one seat)
- Staff: Non-clinical (one seat)

The Trust would like to sincerely thank all Governors who reached reach the end of their first or second term of office on 30 April 2020 for their hard work and commitment to fulfilling the Governor role. The Trust would also like to thank all nominees who applied to the Governor role for their interest in the Trust and this opportunity.

Appointed governors

Appointed Governors are nominated by those organisations the Trust has identified as our partner organisations, for the purpose of the Council of Governors, and are set out in Table 18. During 2020/21 there were two changes to the Appointed Governors, as follows:

1. Councillor Robert Hargreaves stood down on 22 March 2021 as Appointed Governor – Bradford Council.
2. Councillor Matthew Bibby became the Appointed Governor – Bradford Council on 23 March 2021.

Two Appointed Governors will reach the end of their term of office on 30 April 2021, with work taking place to engage with the partner organisations to identify new Appointed Governors. The seats are:

- Barnardo's, owing to Stephen Oversby due to complete two full terms of office as an Appointed Governor.
- Bradford Assembly, with Tina Butler due to complete one full term of office as an Appointed Governor.

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

Role of the council of governors

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

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

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

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

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

The Council of Governors is required to meet 'sufficiently regularly to discharge its duties effectively, but in any event, shall meet not less than four times each financial year'. During 2020/21 the Council of Governors had four business meetings. All general Council meetings are held in public, although items which are of a confidential nature (as defined by pre-determined criteria and in accordance with the Constitution) will be taken in a private session. The table below shows attendance at those four meetings.

Notice of public Council of Governors' meetings along with the agenda and papers are published on the Trust's website. Governors also hold an Annual Members' Meeting, which was held in September 2020 as a digital event. It is a public meeting and members are encouraged to attend to hear more about the work of the Trust and the Council of Governors. Table 19 shows those governors who attended the Annual Members' Meeting.

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

			Council of Governors' meeting				Annual Members' Meeting
Name	**Appointed (A) or Elected (E)**	**Number of business meetings attended**	**2 April 2020**	**2 July 2020**	**3 December 2020**	**4 March 2021**	**29 September 2020**
Councillor Aneela Ahmed	A	4/5	-	✓	✓	✓	✓
Ishtiaq Ahmed	A	3/5	✓	✓	-	-	✓
Craig Berry	E	3/5	-	✓	-	-	✓
Professor John Bridgeman	A	5/5	✓	✓	✓	✓	✓
Dr Sid Brown	E	5/5	✓	✓	✓	✓	✓
Tina Butler	A	5/5	✓	✓	✓	✓	✓
Surji Cair	E	3/5	✓	-	✓	✓	-
Stan Clay	E	5/5	✓	✓	✓	✓	✓
Councillor Richard Foster	A	0/5	-	-	-	-	-
Nicky Green	E	5/5	✓	✓	✓	✓	✓
Rupy Hayre	E	4/5	✓	✓	✓	✓	-
Councillor Robert Hargreaves	A	1/5	✓	-	-	-	-
Abdul Khalifa	E	3/5	✓	✓	-	-	✓
Mahfooz Khan	E	1/5	-	-	-	-	✓
Belinda Marks	E	3/5	-	✓	✓	✓	-
Linzi Maybin	E	5/5	✓	✓	✓	✓	✓
Zahra Niazi	E	0/5	-	-	-	-	-
Stephen Oversby	A	3/5	-	-	✓	✓	✓
Colin Perry	E	5/5	✓	✓	✓	✓	✓
Safeen Rehman	E	5/5	✓	✓	✓	✓	✓
Kevin Russell	E	5/5	✓	✓	✓	✓	✓
Pamela Shaw	E	4/5	✓	✓	✓	✓	-
Nick Smith	E	3/5	-	✓	✓	✓	-
Joyce Thackwray	E	5/5	✓	✓	✓	✓	✓

- indicates apologies at the meeting

Table 19: Attendance at formal Governor meetings during 2020/21

Working together

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

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

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

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

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

		Council of Governors' meeting				Annual Members' Meeting
Name	**Number of business meetings attended**	**2 April 2020**	**2 July 2020**	**3 December 2020**	**4 March 2021**	**29 September 2020**
Cathy Elliott	5/5	*✓	*✓	*✓	*✓	*✓
Maz Ahmed	3/5	-	✓	✓	✓	-
Andrew Chang	5/5	✓	✓	✓	✓	✓
Gerry Armitage	4/5	-	✓	✓	✓	✓
Zulfi Hussain	3/5	✓	✓	-	-	✓
Simon Lewis	5/5	✓	✓	✓	✓	✓
Carole Panteli	5/5	✓	✓	✓	✓	✓
Brent Kilmurray	1/1	✓				
Therese Patten	3/3			✓	✓	✓
Paul Hogg	5/5	✓	✓	✓	✓	✓
Phil Hubbard	4/5	-	**	✓	✓	✓
Susan Ince	1/1			**		
Sandra Knight	1/5	-	-	-	-	✓
Claire Risdon	0/1			-		
Liz Romaniak	1/3	-	-			✓
Tim Rycroft	2/5	-	-	-	✓	✓
Patrick Scott	4/5	-	**	✓	✓	✓
David Sims	1/5	-	-	-	-	✓
Mike Woodhead	1/1				✓	

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

Table 20: Board member attendance at formal Governor meetings during 2020/21

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

Governor training and development

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

During the year the Trust has hosted or provided Governors with access to a range of training and development opportunities with the purpose of enhancing their knowledge and understanding of the organisation. 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 2020/21 there have been various opportunities for providing support to Governors with their training and development including:

- NHS Providers GovernWell conferences and training sessions;
- attendance at West Yorkshire and Harrogate system training events facilitated by NHS Providers on the GovernWell programme;
- attendance at West Yorkshire and Harrogate Integrated Care System Governor and Non-Executive Director engagement events for Mental Health, Learning Disability and Autism providers;
- Open House engagement events;
- Staff Governor meetings with the Chair and the Chief Executive;
- Lead Governor and Deputy Lead Governor meetings with the Chair;
- ongoing opportunity to observe Board and Committee meetings as part of the Governor role, with many Governors highlighting how accessible they are delivered digitally; and
- a series of visits to the Trust's services to enable Governors to achieve an overview of the breadth and depth of the services the Trust provides and have an opportunity to witness the performance of the Non-Executive Directors.

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

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 was originally due to be scheduled as a 'You Said, We Did' update during Autumn 2020, but that was deferred slightly in light of the pandemic and the Governor Election Spring 2021 to capture views and feedback of those Governors that join the Council at that time.

Council of governors sub-committees

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

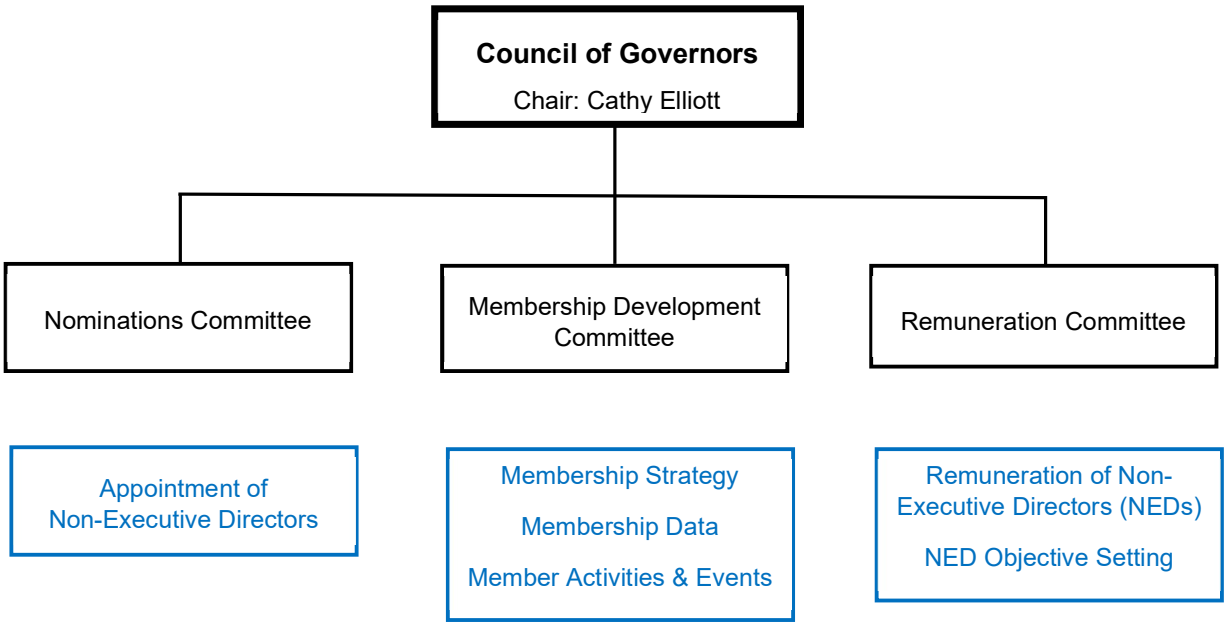


Diagram 9: Formal meeting structure for the Council of Governors

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 once during 2020/21 to discuss the re-appointment of one Non-Executive Director following satisfactory performance and appraisal and completion of one term of office.

The Nominations Committee met once during 2020/21 as outlined below.

Name	Number of business meetings attended	23 June 2020
Cathy Elliott	1/1	✓
Paul Hogg	1/1	✓
Tina Butler	1/1	✓
Nicky Green **	1/1	*✓
Linzi Maybin	1/1	✓

* indicates Chair of the meeting
** indicates Lead Governor

Table 21: 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 once during 2020/21 to discuss the appraisal and objectives for the Non-Executive Directors including the Chair of the Trust; receive assurance on compliance with the Fit and Proper Person regulation; and to discuss the NHSI supplementary payment framework for Non-Executive Directors.

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

Name	Number of business meetings attended	23 June 2020
Cathy Elliott	1/1	✓
Carole Panteli	1/1	✓
Nicky Green **	1/1	*✓
Sid Brown	1/1	✓
Craig Berry	1/1	-
Stan Clay	1/1	✓
Stephen Oversby	1/1	-

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

Table 22 – Attendance at the Remuneration Committee during 2020/21

Membership development committee

This Committee is responsible for developing the membership of the Trust and considering how the interests of members might be better represented. Due to the pandemic response, following national guidelines and supporting delivery of key areas of business identified through the Trust emergency response and resilience planning, the Committee did not meet during 2020/21.

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

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

Membership report

Foundation Trust membership is designed to offer local people, service users, carers and staff a greater influence in how the Trust's services are provided and developed.

The membership structure reflects this composition and is made up of three categories of membership:

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

Continually developing a representative membership

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

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

Strategic vision

During 2019/20 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. The Strategy was approved by the Council of Governors in February 2020 and features a supporting action plan. Due to the pandemic response, following national guidelines and supporting delivery of key areas of business identified through the Trust emergency response and resilience planning, the agreed strategy deployment initiatives did not take place during 2020/21.

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 concentrating on engagement.

Public and staff membership data

Public membership (as at 31 March 2021):

Demographic	Number of Members
Age:	
0-16	8
17-21	359
22+	8799
Not Stated	561
Gender:	
Unspecified	135
Male	3713
Female	5879
Ethnicity:	
White	5466
Mixed	222
Asian or Asian British	3198
Black or Black British	459
Other	117
Not Stated	255
Total	**9727**

Table 23: Foundation Trust Public membership

Representativeness by constituency areas (as at 31 March 2021):

Constituency	Current Membership	Number of Governors
Bradford East	2027	3
Bradford South	1295	3
Bradford West	2193	3
Shipley	1140	2
Keighley	1125	2
Craven	449	1
Rest of England	1497	1
Total	**9727**	

Table 24: Representativeness by constituency area

Staff membership:

Constituency	Current Membership	Number of Governors
Clinical	2291	3
Non-Clinical	977	2
Total		

Table 25: Foundation Trust Staff Membership

Signed: 

Therese Patten, Chief Executive
Date: 10 June 2021

Statement from Lead Governor, Nicky Green

NHS Improvement requires each foundation trust to have a Lead Governor, Nicky was elected by fellow Governors to the Lead Governor post on 18 July 2019 and is supported in the role by Colin Perry, Deputy Lead Governor. Colin will reach the end of his second term of office as a Governor on 30 April 2021 and will subsequently stand down from the role. On behalf of the Trust, thank you Colin for fulfilling the Governor and Deputy Lead Governor role, noting that Colin had also been elected as Lead Governor until 18 July 2019.

The role of the Lead Governor is to:

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

Report from Lead Governor

On 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 all Governors for their continued support, commitment and hard work to delivering the role at what has been an unprecedented time due to the pandemic. I would especially like to recognise those Governors that will reach their end of the first or second term of office on 30 April 2021 and thank them on behalf of the Council of Governors. A special thanks also goes to Colin Perry who will undertake the Deputy Lead Governor role until 30 April, alongside the Governor role, as he reaches the end of his second term of office at that time. Colin has continued to provide valuable input into the duties undertaken by Governors and has been a huge support to me.

2020/21 proved a challenging year for many due to the unprecedented nature of the pandemic, throughout which the Trust maintained clear communication and engagement opportunities with Governors to support the continuation of the service delivered by the Council. The opportunities were made accessible, with many Governors reporting that attendance at digital events assisted with diary management due to the ease of connecting.

Governors contributed views of constituents and the wider public through their involvement in a variety of meetings and events as detailed earlier in this report. These activities enabled them to further develop their knowledge about the work of the Trust and provided them with opportunities to feedback on behalf of the membership and the wider public.

Governors have carried out their duties in many ways during 2020/21. Including: being consulted on the strategic direction of the Trust; engaging with members and formally representing their constituents at the Council of Governors meeting; receiving the Annual Report and Accounts and the Auditors Report on them at the Annual Members' Meeting; re-appointing a Non-Executive Director; holding the Non-Executive Directors to account; contributing to the Chair and Non-Executive Director 360 degree feedback process within the Annual Appraisal; agreeing remuneration of Non-Executive Directors in line with NHS Improvement guidance; and continually engaging with their constituents and the wider public throughout the membership workstream.

A programme of Board Walkabouts, quality and safety visits, has taken place virtually for some of the year, Governors have attended these to observe the Non-Executive Directors undertaking their role and statutory duties. The engagement and visibility framework was refreshed in Autumn 2020 following a period of reflection and learning from the pandemic, which has been rebranded as the 'Go See' Framework. 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 Committee meetings. At the formal Council of Governors meetings, the Non-Executive Directors present a report from the Board Committee meetings that outlines areas that they had been assured on and areas for further development. The reports outline the discussion that had taken place at the Board Committee meeting and provides a snapshot of Non-Executive Director and Trust performance to Governors. Governors have reported that they are able to join more Committee meetings to observe due to them being online digital events to help with accessibility.

Engagement opportunities throughout the year have seen Governors attending the Annual Members' Meeting; regional Governor and Non-Executive Director event, regarding the work of the West Yorkshire and Harrogate Integrated Care System where they were able to present their views; Open House meetings with the Chair of the Trust; external training and networking provided by NHS Providers; West Yorkshire and Harrogate Mental Health collaborative development events facilitated by NHS Providers; Staff Governors met with the Chair and the Chief Executive; and Colin and I continue to meet with the Chair. Governors are encouraged to share their experiences and feedback. This is shared by email to the wider Council or presented at the formal Council of Governors meetings. Governors continue to receive the Governor Folder newsletter that is authored by the Chair of the Trust. The newsletter contains key updates on topical items, and information about regular meetings and other upcoming opportunities. In line with national guidelines on emergency response and infection prevention and control, the events and meetings have taken place digitally.

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

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 or telephone through the Membership Office.

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

Email: ft@bdct.nhs.uk

Phone: 01274 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 Corporate Governance team.

The Committee met 5 times in 2020/21 to consider the in-year performance and future objectives of the Trust Chair and Non-Executive Directors. Attendance is shown below.

Name	Number of business meetings attended	15 June 2020	1 July 2020	30 July 2020	7 December 2020	11 January 2021
Cathy Elliott*	5/5	✓	✓	✓	#	✓
Andrew Chang	5/5	✓	✓	✓	#	✓
Zulfi Hussain	4/5	-	✓	✓	#	✓
Gerry Armitage	1/1	✓				

*indicates Chair of the meeting
 # indicates virtual meeting

Table 26: 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 2020/21.

The Trust is required to indicate in the annual report the expenses paid to Directors in the financial year and the sum paid in 2020/21 was £1,208 to seven Directors and Non-Executive Directors (against a total of £4,282 in 2019/20 to nine Directors).

There we no expenses paid to Governors in 2020/21 (against a total of £268 in 2019/20 to three Governors, with 21 not claiming any expenses). As at 31 March 2021, 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. For 2020/21 the CEA budget was split equally amongst the eligible consultants in line with National guidance.

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. One new appointment of a Non-Executive Director was made during 2020/21 (Maz Ahmed) and one re-appointment to a second term (Gerry Armitage).

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 pages 97-103 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 2020/21.

Remuneration information

Details about the remuneration levels for 2020/21 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.

Table 27: Remuneration information

Name and Title	2020/21			
	Salary	Expense payments (taxable) to nearest £100 *	All pension-related benefits**	Total
	(Bands of £5,000) £ 000	Rounded to nearest £100	(Bands of £2,500) £ 000	(Bands of £5,000) £ 000
C Elliott - Chair	40 - 45	0		40 - 45
G Armitage - Non Executive Director	10 - 15	0		10 - 15
S Lewis - Non Executive Director	10 - 15	0		10 - 15
C Panteli - Non Executive Director	10 - 15	0		10 - 15
A Chang - Non Executive Director	10 - 15	0		10 - 15
M Ahmed - Non Executive Director (from 29 April 2020) (j)	10 - 15	0		10 - 15
Z Hussain - Non Executive Director	10 - 15	0		10 - 15
B Kilmurray - Chief Executive (to 28 June 2020) (a)	35 - 40	1,600	0	35 - 40
T Patten - Chief Executive (from 7 September 2020) (b)	80 - 85	0	77.5 - 80	160 - 165
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive (to 18 October 2020) (c)	70 - 75	0	25 - 27.5	95 - 100
C Risdon - Interim Director of Finance (from 19 October 2020 to 31 January 2021) (d)	30 - 35	0	15 - 17.5	45 - 50
M Woodhead - Director of Finance, Contracting & Estates (from 1 February 2021) (e)	20 - 25	0	2.5 - 5	25 - 30
S Knight - Director of Human Resources & Organisational Development	105 - 110	0	27.5 - 30	135 - 140
P Hogg - Director of Corporate Affairs	100 - 105	0	57.5 - 60	160 - 165
T Rycroft - Chief Information Officer	90 - 95	0	22.5 - 25	110 - 115
P Scott - Chief Operating Officer, Interim Chief Executive (from 29 June 2020 to 6 September 2020) and Deputy Chief Executive (from 19 October 2020) (f)	120 - 125	7,000	80 - 82.5	210 - 215
P Hubbard - Director of Nursing, Professions & Care Standards, and Interim Chief Operating Officer (from 29 June 2020 to 6 September 2020) (g)	115 - 120	0	197.5 - 200	315 - 320

S Ince - Interim Associate Director of Performance, Planning & Estates (from 19 October 2020 to 31 January 2021) (h)	25 - 30	0	10 - 12.5	35 - 40
D Sims - Medical Director	115 - 120	0	0 - 2.5	115 - 120

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 16 September 2019)	20 - 25	100		20 - 25
C Elliott - Chair (from 17 September 2019)	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 1 December 2019)	5 - 10	0		5 - 10
A Chang - Non Executive Director (from 13 December 2019)	0 - 5	0		0 - 5
R Vincent - Non Executive Director (to 2 March 2020)	10 - 15	0		10 - 15
Z Hussain - Non Executive Director	10 - 15	0		10 - 15
B Kilmurray - Chief Executive	145 - 150	8300	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	4700	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 21 November 2019)	70 - 75	100	0	70 - 75
A McElligott - Medical Director (to 23 May 2019)	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	8000	47.5 - 50	165 - 170
P Hubbard - Director of Nursing, Professions & Care Standards (from 1 November 2019)	45 - 50	100	65 - 67.5	115 - 120
D Sims - Medical Director (Acting from 24 May 2019, Permanent from 1 December 2019)	100 - 105	0	257.5 - 260	360 - 365

NOTES:

* Expense payments relate to taxable travel allowances and to benefits in kind relating to lease cars.
** Pension benefits only relate to Officer Scheme membership and do not include any practitioner i.e. GP pension benefits. This was only applicable to the Medical Director.

The Trust has made no payments (current or long term) for performance pay or bonuses.
(a) Brent Kilmurray left his role as Chief Executive on 28 June 2020. He also left the NHS Pension Scheme on 31 March 2020, and therefore received no pension related benefit in 2020/21.
(b) Therese Patten was appointed Chief Executive from 7 September 2020.
(c) Liz Romaniak left her role as Director of Finance, Contracting & Facilities (and Deputy Chief Executive) on 18 October 2020.
(d) Claire Risdon was appointed Interim Director of Finance from 19 October 2020 to 31 January 2021.
(e) Mike Woodhead was appointed Director of Finance, Contracting & Facilities from 1 February 2021.
(f) Patrick Scott was appointed Interim Chief Executive from 29 June 2020 to 6 September 2020. He was then appointed Deputy Chief Executive from 19 October 2020.
(g) Phil Hubbard was appointed Interim Chief Operating Officer from 29 June 2020 to 6 September 2020.
(h) Susan Ince was appointed Interim Associate Director of Performance, Planning & Estates from 19 October 2020 to 31 January 2021.
(i) Gill Findley was appointed Interim Director of Nursing, Professions and Care Standards from 6 July 2020 to 13 September 2020 (On secondment from NHS County Durham CCG).
(j) Maz Ahmed was appointed as a Non Executive Director from 29 April 2020.

The Trust has no Executives for whom their total salary plus benefits is above £150,000 for 2020/21.
In respect of pension related benefits, taking one year compared to the next, due to the number of factors affecting both the benefits accrued in-year and the movement in Cash Equivalent Transfer Value (CETV) it is not possible to define which factor has led to those changes. Factors that can affect the reported pension related benefits are; relevant Total Pensionable Pay (TPP) which can be affected cost of living inflation or salary deductions via salary sacrifice schemes; length of service of a pensionable employee and whether they have reached the maximum permissible contributions; which of the two current schemes being operated within the NHS and the effect of the resulting protection arrangements employed by each scheme. Further details on the NHS Pension Scheme arrangements can be found at www.nhsbsa.nhs.uk/Pensions.

All pension related benefits in the table above are adjusted for inflation at the CPI rate of 1.70% in 2020/21 (2.35% in 2019/20).

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

Table 28: Pension information

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 2021 (Bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (Bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2020	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021
	£000	£000	£000	£000	£000	£000	£000
B Kilmurray - Chief Executive (to 28 June 2020) (a)	0	0	0	0	0	0	0
T Patten - Chief Executive (from 7 September 2020) (b)	2.5 - 5	7.5 - 10	35 - 40	70 - 75	542	71	698
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive (to 18 October 2020) (c)	0 - 2.5	0 - 2.5	50 - 55	115 - 120	865	24	943
C Risdon - Interim Director of Finance (from 19 October 2020 to 31 January 2021) (d)	0 - 2.5	0 - 2.5	25 - 30	45 - 50	344	12	406
M Woodhead - Director of Finance, Contracting & Estates (from 1 February 2021) (e)	0 - 2.5	0	10 - 15	0	104	2	138
S Knight - Director of Human Resources & Organisational Development (f)	0 - 2.5	5 - 7.5	45 - 50	140 - 145	0	0	0
P Hogg - Director of Corporate Affairs	2.5 - 5	2.5 - 5	45 - 50	100 - 105	791	61	879
T Rycroft - Chief Information Officer	0 - 2.5	0	15 - 20	0	197	14	227
P Scott - Chief Operating Officer, Interim Chief Executive (from 29 June 2020 to 6 September 2020) and Deputy Chief Executive (from 19 October 2020) (g)	2.5 - 5	5 - 7.5	60 - 65	145 - 150	1,025	80	1,139
P Hubbard - Director of Nursing, Professions & Care Standards, and Interim Chief Operating Officer (from 29 June 2020 to 6 September 2020) (h)	7.5 - 10	25 - 27.5	50 - 55	150 - 155	861	200	1,093
S Ince - Interim Associate Director of Performance, Planning & Estates (from 19 October 2020 to 31 January 2021) (i)	0 - 2.5	0 - 2.5	35 - 40	80 - 85	640	11	702
D Sims - Medical Director	0 - 2.5	0 - 2.5	50 - 55	150 - 155	1,106	28	1,170

NOTES:

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

(a) Brent Kilmurray left his role as Chief Executive on 28 June 2020. He also left the NHS Pension Scheme on 31 March 2020, and therefore received no pension related benefit in 2020/21.

(b) Therese Patten was appointed Chief Executive from 7 September 2020.

(c) Liz Romaniak left her role as Director of Finance, Contracting & Facilities (and Deputy Chief Executive) on 18 October 2020.

(d) Claire Risdon was appointed Interim Director of Finance from 19 October 2020 to 31 January 2021.

(e) Mike Woodhead was appointed Director of Finance, Contracting & Estates from 1 February 2021.

(f) There is no Cash Equivalent Transfer Value as 31 March 2019 for Sandra Knight, as she has reached normal retirement age during the previous financial year.

(g) Patrick Scott was appointed Interim Chief Executive from 29 June 2020 to 6 September 2020. He was then appointed Deputy Chief Executive from 19 October 2020.

(h) Phil Hubbard was appointed Interim Chief Operating Officer from 29 June 2020 to 6 September 2020.

(i) Susan Ince was appointed Interim Associate Director of Performance, Planning & Estates from 19 October 2020 to 31 January 2021.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. CPI inflation of 1.7% has been used in accordance with NHS Business Services Authority guidance in 2020/21 (2.35% in 2019/20).

No Director has a stakeholder pension.

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

Fair Pay 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 2020/21 was £150,000 - £155,000 full year equivalent (2019/20 £150,000 to £155,000). This was 4.9 times (2019/20 - 5.1 times) the median remuneration of the workforce which was £30,615 (2019/20 - £30,112).

The median salary has been calculated by using the salary costs as set out below for all employees as at 31 March 2021. 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 2020/21 Six employees (2019/20 - three) received remuneration in excess of the highest paid director on a full year equivalent basis. Remuneration ranged from £18,005 to £179,134 (2019/20 £17,652 to £190,008). 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 2020/21, the highest paid director was the Chief Executive.

	2020/21	2019/20
Mid Point of the banded remuneration of the highest paid director	151,544	153,245
Median Total Remuneration (£)	30,615	30,112
Ratio	4.9	5.1

Table 29: Median salary costs

Other remuneration information

The Trust is required to report on other remuneration related information. Exit packages for 2020/21 and 2019/20, and off payroll expenditure are shown in the note below. Expenditure on consultancy costs in 2020/21 was £154,067.

Exit Packages 2020/21

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

Table 30: Exit packages approved in 2020/21

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 31: Exit packages approved in 2019/20

There were no compulsory redundancy costs in 2020/21. Exit costs in this note are accounted for in full. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table. This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Exit packages: non-compulsory departure payments 2020/21

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

Table 32: Exit packages, non-compulsory departure payments 2020/21

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 33: Exit packages, non-compulsory departure payments 2019/20

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 2020/21, 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 2021, for more than £245 per day:

Number of existing engagements as of 31 March 2021	
of which ….	
Number that have existed for less than one year at time of reporting	
Number that have existed for between one and two years at time of reporting	1
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 34a: Off Payroll Engagements 2020/21

- For all off-payroll engagements between 1 April 2020 and 31 March 2021, for more than £245 per day:

Number of all engagements, between 1 April 2020 and 31 March 2021	
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 34b: Off Payroll Engagements 2020/21

- The Trust had no off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021.

Signed: 

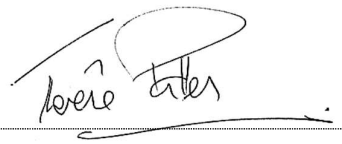
Therese Patten, Chief Executive
Date: 10 June 2021

Staff Report Modern Slavery and Human Trafficking Act 2020/21 Annual Statement

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

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

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

Signed: 

Therese Patten
Chief Executive
Date: 10 June 2021

Signed: 

Cathy Elliott
Chair
Date: 10 June 2021

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

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

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

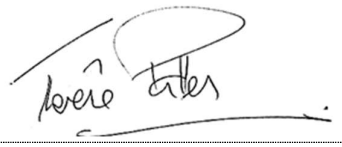
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

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

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

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

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

Signed: 

Therese Patten, Chief Executive
Date: 10 June 2021

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bradford District Care NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bradford District Care NHS Foundation Trust for the year ended 31 March 2021 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 2020/21 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 2020/21:

Director lead role/ risk areas	Area of responsibility
Medical Director	Leads on medicines management, safe standards of medical practice, is the Trust's Caldicott Guardian and has joint responsibility with the Director of Nursing, Professions and Care Standards for quality and patient safety.
Director of Nursing, Professions and Care Standards	Has delegated responsibility for management of the risk management operational processes and has joint responsibility with the Medical Director for quality and patient safety.
Chief Operating Officer	Has responsibility for ensuring that effective operational arrangements are in place throughout the Trust and across all sites, this includes the management of operational risks including those associated with the implementation and operation of the Mental Health Act and has been the COVID-19 Incident Commander during the pandemic.
Director of Finance, Contracting and Facilities	Leads on financial risk and manages risk in relation to the development, management and maintenance of the Trust estate, procurement and matters relating to fire safety.
Director of Human Resources and Organisational Development	Leads on workforce capacity, retention of staff, absence management, business development and equality and diversity.
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 in 2020/21 had oversight of the Board Assurance Framework.

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

Risk Management training

Ultimately all who work at the Trust have a responsibility for the delivery of high quality, safe care and therefore we ensure there are high quality risk training packages in place to support staff in this responsibility. Experienced staff specialising in risk management develop, coordinate and deliver a variety of risk management training packages. All staff are required to attend a corporate induction on commencing work within the Trust and a refresher training on risk management on a five yearly basis. Since the onset of COVID-19, both induction and the refresher has been delivered to staff via e-learning. Specialist training is required, where appropriate, for specific roles such as risk guardians and incident managers. This is delivered upon commencement within the role of a risk guardian, then refresher training is offered on a quarterly basis. The risk management team are available to answer queries or support any training needs at any point 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

The Trust's Risk Management Strategy was approved by the Board in September 2020. The Strategy was developed in conjunction with staff by using our iCare crowdsourcing platform (an interactive way of sharing views) to enable staff to put forward ideas about the current risk management approach. The ideas were used to shape the approach to the Strategy and to develop a sense of ownership.

Work is ongoing on developing its approach to risk appetite and tolerance of the organisation. The risk tolerance will be used to determine escalation routes for that risk and how it will be managed. This is an area for development, and to aid with determining risk appetite, the Board will use an amended version of the Good Governance Institute matrix.

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

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

Risk Management Process

The Trust uses a number of different risk assessment tools additional to the Trust 5 x 5 risk matrix, which are specific assessments applied to specific tasks for example clinical risk assessment, quality impact assessment, Control of Substances Hazardous to Health (COSHH) assessments and falls assessments. Risks are identified, assessed and logged on a risk register from wherever they present

themselves and the Trust seeks to anticipate potential risks 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)
- QuOps Meetings
- Patient safety incidents
- Freedom to Speak Up cases
- Health and Safety Assessments
- Fire Assessments
- National guidance and reports
- Trust 'Walkabouts' and Deep Dives
- Activation of Business Continuity Plans
- Validation Exercise of Major Incident Plans
- Care Trust Way methodology

Each service in the Trust has a number of risk guardians with responsibility for maintaining their risk registers. All risk registers are held on the Safeguard Risk Management System, maintained on the Trust's intranet which all staff can access to 'read only' any risk logged. Each risk has a residual/target risk rating set and mitigating actions identified. Closed risks are reviewed periodically to confirm they are still under control. If not fully mitigated, they can be reopened, if they have been satisfactorily mitigated, then they can be archived. All archived risks can be accessed at any point and reopened, should this be required.

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

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 score a risk rating of 15 or above are also reviewed by the Board on a bi-monthly basis.

Each BAF risk has an allocated lead Committee. Throughout 2020/21, these risks have been presented to their relevant Committee at each Committee meeting with any updates since the previous paper. During the year, the Compliance and Risk Group was established which also reviews risks with a score of 15 and above.

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 since the last Annual Governance Statement:

- The current risk score for BAF risk 1.1 (Risk 2293) has decreased from 20 to 16
- The current risk score for BAF risk 2.1 (Risk 2295) has increased from 15 to 16
- The current risk score for BAF risk 2.3 (Risk 2297) has decreased from 12 to 8 and the residual score has decreased from 8 to 4
- The current risk score for BAF risk 5.1 (Risk 2303) has decreased from 20 to 15 and the residual score has decreased from 16 to 10
- The current risk score for BAF risk 5.2 (Risk 2304) has increased from 12 to 16 and the residual risk has decreased from 12 to 9
- The current risk score for BAF risk 6.1 (Risk 2372) has decreased from 25 to 8 and the residual risk has decreased from 25 to 8

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. in relation to the Trust's response to COVID-19 there is a risk that demand exceeds the capacity to deliver services within the organisation maintaining quality and service delivery, there is the potential for service quality, safety and performance could deteriorate. 1.2. The Trust fails to adopt a digital first strategy in the design and support of key business and clinical services. The impact potentially hinders our ability to remain competitive, sustainable and deliver quality, safe and effective care. Hazards: a) The current Digital Strategy (2017/21) is not fully reflective of the Trust's Strategy, Better Lives, Together, or in scope with current and future digital innovations. b) A robust engagement mechanism and or understanding is key to ensure that digital is an integral part of our approach to service transformation. c) Cultural factors play a significant part in our adoption of digital. This includes Board level leadership and

	awareness, workforce appetite for embracing digital and other human factors such as digital literacy and inclusion. d) Limited CCIO availability and capacity to work with the CIO on digital transformation. e) Limitations, absence or misuse of resource and talent within the organisation to design, deliver and support new digital operating models.
To provide excellent quality services	2.1 If regulatory standards are not met there is the potential for the organisation reputation to be affected then we will experience intervention from regulators and/or damage our public confidence, potential to face regulatory action and criminal investigation. 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 market place.
To support people to live to their fullest potential, to be as healthy as possible	4.1 If the Trust is unable to negotiate through ICS and Place based system strategies sufficient investment to achieve close to the average reference costs then our financial sustainability and associated ability to deliver high quality services may be compromised. 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 Impact of COVID-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period due to increased pressure on capacity and

	demand of services. Reduction in staff availability/skill this will be based on a 50% then 75% reduction in staffing due to self- isolation, sickness and absence related to COVID-19. Individual services will face increasing pressure within winter months, during Brexit period and increasing levels of acuity effecting the ability of services to deliver all aspects of work. This will in turn lead to services enacting business continuity plans, to enable essential services to operate.

The Trust Board reviewed the CRR and all significant risks on a bi-monthly basis during 2020/21. During the financial year the comparison between the CRR at the point of writing the Annual Governance Statement last year and this year is as follows:

Removed risks	
Risk 1831	Recruitment, retention and engagement of a diverse workforce. This was archived on 27 November 2020.
Risk 2164	Sustained high number of serious incidents. This was archived on 6 November 2020.
Risk 2266	Physical assaults by service users on staff. This was archived on 27 November 2020.
New CRR risks/risks escalated to the CRR that remain live	
Risk 2416	Risks associated with the Virgin Media contract. This was added directly onto the CRR on 11 September 2020. The score has remained at 8 since date of input.
Risk 2417	Potential for adverse publicity on the back of findings from CQC investigations. This was added directly onto the CRR on 15 September 2020. The score on input was 15. This increased to 16, then decreased to 12.
Risk 2418	Potential that 0-19 contract is under resourced due to financial settlement, which may impact on quality of service. This was added directly onto the CRR on 15 September 2020. The score has remained at 16 since date of input.
Risk 2484	Shortages of vaccine supply and take up of vaccine offer impacting on the delivery of a successful COVID-19 vaccination programme. This was added directly to the CRR on 2 February 2021. The score on input was 8 but has increased to 20.

Summary of other current/live risks on CRR	
Risk 1821	Failure to accurately forecast and fully mitigate in-year pressures (score decreased from 20 to 15).
Risk 1825	Demands on the Trust's community services (score decreased from 16 to 15, then further to 9).
Risk 1826	Case for investment in mental health (score remained at 9 all year).
Risk 2046	Breaches of information governance law (DPA / GDPR) resulting in significant financial penalties and / or reputational damage (the score has remained at 15 all year).
Risk 2102	Risk of service user harm through ligature within inpatient environments (score decreased from 15 to 12, then increased back to 15).
Risk 2151	No deal Brexit from the EU (score decreased from 12 to 8 then increased back to 12).
Risk 2207	IT/clinical systems affected by a cyber incident (score remained at 15 all year).
Risk 2342	Medical devices not receiving planned maintenance at the appropriate frequency (score remained at 12 all year).
Risk 2370	The inability to sustain service delivery through the waves of the pandemic which will include safe working staffing levels as a result of increased demand on services (score decreased from 25 to 20, then to 12, then increased to 25 and decreased to 16).

Equality and Quality Impact Assessments

An impact assessment is a continuous process to ensure that possible or actual business and transformational plans are assessed, the potential consequences are considered, and any necessary mitigating actions are outlined in a consistent way. A revised Equality and Quality Impact Assessment Framework was approved in December 2020. This framework sets out an impact assessment process which considers both quality impacts and impacts on equality, diversity and inclusion.

In line with the Trust's strategic priorities, all business cases, service changes and transformational plans have their impact assessed at the very earliest stage of the development process. This ensures that business cases are developed that reflect appropriate mitigations of any risks identified and reduces the likelihood of adverse impacts on quality or equality.

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 2020/21, the Board further considered its Well-led assessment results through an internal review and presented its findings to the Care Quality Commission through a Transitional Monitoring Arrangements (TMA) meeting.

Workforce strategy and safer staffing

The Trust has an approved Workforce Strategy in place. The Workforce and Equality Committee, provides oversight of workforce development, workforce performance and planning as well as the governance and monitoring of progress on the implementation of the Trust's People Development Strategy. Services are also developing local workforce plans aligning to and in collaboration with the Integrated Care System planning activity. There is an ongoing requirement that all NHS organisations present a six-monthly report to Trust Board regarding nursing and midwifery staffing. The reports in May and November 2020 included analysis of wider workforce plans to provide assurance that the standards required to deliver safe and effective care are being met.

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

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

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

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

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

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

The Trust's resources are managed within an approved framework set by the Board, which includes Standing Financial Instructions (SFIs), were reviewed by the Audit Committee in November 2020. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

The Senior Leadership Team (SLT), comprising Directors, Deputy Directors and Heads of Professions meets weekly to oversee strategy, business delivery and quality and performance issues. During 2020/21, SLT meetings were restructured to adopt a themed approach with meetings operating on a monthly cycle to cover the following areas: Business Plan and Performance; Quality, Safety and Governance; People Plan and Innovation; and System and Trust Strategy. Supported by Care Trust Way methodology, these meetings are chaired by lead Executive Directors or the Chief Executive and reporting groups escalate issues directly into SLT.

Internal Audit undertakes a review and reports on the risk management processes annually, reporting to the Audit Committee. This Committee has a timely reporting process in place to ensure that identified actions from audit reports are progressed to satisfactory conclusion through the implementation of the agreed recommendations. Internal Audit's opinion for 2020/21 (based upon and limited to the work performed) was that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

In terms of deterrents against fraud, the Trust has a very proactive nominated Local Counter Fraud Specialist provided via Audit Yorkshire, who is fully accredited by the NHS Counter Fraud and Security Management Service. The Audit Committee approved the Annual Counter Fraud Plan for 2020/21 in May 2020 and received regular updates on progress of counter fraud work during the year. In June 2020, the Committee discussed and endorsed the 2019 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.

Information governance

Any incidents and near misses are reported internally through the web-based incident reporting system 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 Information Governance Group, investigated and lessons learned shared.

There was one incident reported to the Information Commissioner's Office (ICO) and Department of Health and Social Care (DHSC) in 2020/21. This related to a letter

template created on the Patient Database being updated to reflect the change of Chief Executive within the Trust. The letter template should have advised that a copy be sent to the school nurse, this had inadvertently been changed to “school”. The investigation discovered 157 school children have been affected by this incident. The incident was reported to the ICO on 23 March 2021. The Trust is currently investigating it further but has received confirmation that no action by the ICO is required on this occasion. Details are provided below in the required format:

Details are provided below in the required format:

Date of incident (month)	**Nature of incident**	**Number affected**	**How patients were informed**	**Lesson learned**
February 2021	Letters copied to an incorrect service. A letter informing parents and school nurses that a referral to CAMHS was being redirected to another service should have advised that a copy be sent to the school nurse, had inadvertently been changed to ‘school’.	157	Duty of Candour letter sent by the Medical Director to all those affected on 29 April 2021.	**Immediate Learning from the investigation Includes**: Timely completion of incident forms and a new process to ensure templates are reviewed by services before going live. **The Serious Incident review has to date identified further opportunities for learning**: The need for a clear formal process for amendments and changes to letter templates with any suggested changes reviewed and agreed by appropriate parties; a formal process on how IT service desk tickets are managed and the timescales that these should be completed; and refresher training on the reporting of incidents and recognising incidents specifically in relating to IG breaches/near misses.

Data quality and governance

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

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

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

Review of effectiveness

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

My review is informed in a number of other ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of the internal audit work. A significant opinion has been given for 2020/21. There were nine high assurance, 15 significant assurance and one limited assurance report from the internal auditors: on Sickness

Management. 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 £59,000 (excluding VAT) for 2020/21);
- National patient and staff surveys;
- Local Healthwatch reports; and
- Bradford & Airedale and North Yorkshire Overview and Scrutiny Committees.

Statement as to disclosure to auditors

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

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

Changes to governance as a result of COVID-19

At the start of the pandemic, Audit Yorkshire were commissioned to undertake a review of governance arrangements in place at the Trust in response to temporary changes that had been made to existing practice, and receipt of national guidance to support the pandemic response. The findings of the review were presented to the Audit Committee and Board of Directors. During 2020/21, internal audit reports were received on the following COVID-19 related work: COVID-19 Service Recovery (receiving high assurance); Governance Framework & Assurance Mapping; COVID-19 Workplace Risk Assessments; and Risk Management (COVID-19) (all receiving significant assurance).

The changes to the governance arrangements included development of a Command and Control structure in line with NHS guidance for managing the pandemic. This structure consists of a series of Communication Cells which form a means of rapid escalation and oversight of the operational business of the Trust. Bronze Command cells operate at an operational level, covering HR, finance, wider corporate services, communications, clinical and operational services. These cells feed into a tactical level, Silver Command cell, which brings together escalations from the Bronze cells

and allows joint decision making. This then escalates into a Gold Command Cell, which is chaired by the Chief Executive and is attended by the Trust Chair with links to similar systems across Bradford and Airedale.

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

Conclusion

I am satisfied that no significant control issues have been identified for the period 2020/21.

Signed: 

Therese Patten, Chief Executive
Date: 10 June 2021

Sustainability Report

The profile of sustainability and the 'green' agenda has increased significantly in 2020/21 both within BDCFT and externally. The pandemic has had a significant impact on the environment, both positive and negative and we acknowledge the impact our services have on the environment.

Our Green Plan: Greener Together

In March 2021, the Trust Board approved our Green Plan: Greener Together. This sets out our aim to be recognised as a leader in sustainability and environmental improvements within the NHS and our local community by achieving the following objectives:

1. Embed a Trust-wide approach to sustainability

2. Consider the environmental impacts of everything we do

3. Reduce carbon emissions

4. Reduce consumption & waste

5. Make a positive impact on our people & communities.

To demonstrate our commitment, we have included a new section on our website which we will update with a summary of how we are doing and the Board will receive regular updates on achievements towards our targets. A shorter version of our Green Plan has also been drafted for staff to see, at a glance, what our priorities and targets are. Both documents are available upon request.

Carbon emissions

Previously we have calculated our carbon footprint for utilities and business miles. This year, we calculated our carbon emissions as per the carbon footprint, and carbon footprint plus as detailed in the *Delivering a net zero NHS* report and shown below. This calculated our carbon emissions in 2020/21 to be 22,494 tonnes CO2 equivalent, which is comparable to a return flight to Sydney, and Tenerife for every staff member. The emissions associated with our carbon footprint only accounted for circa 20%, demonstrating the importance of sustainable procurement in the coming years. To ensure we did not underestimate our emissions, we included emissions associated with staff working from home during the pandemic (which accounted for approximately 1.7% of our carbon footprint emissions).

Total emissions:	22,494 tonnes CO2e
NHS Carbon Footprint emissions:	4,292 tonnes CO2e
NHS Carbon Footprint plus emissions:	18,202 tonnes CO2e

Table 35: Carbon emissions in 2020/21

BDCFT emissions 2020/21

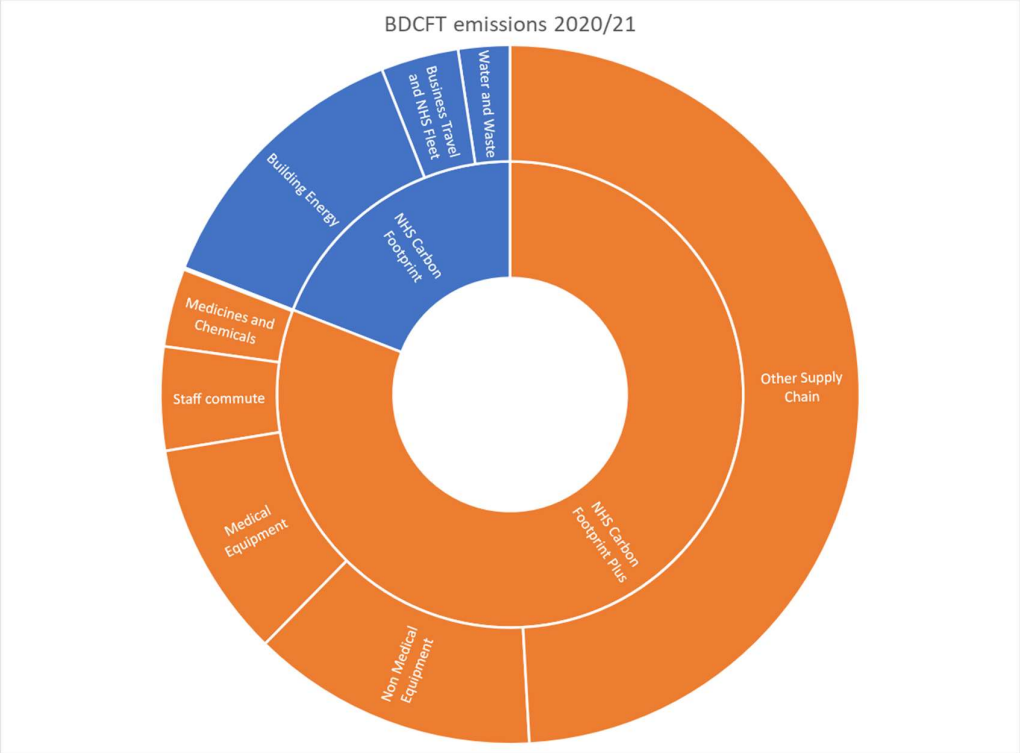
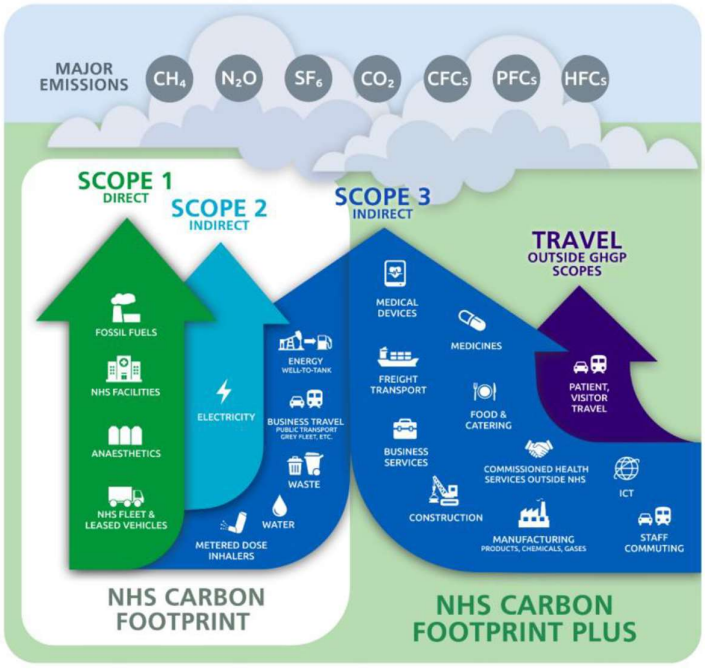


Diagram 10: BDCFT emissions 2020/21



We have set a goal to reduce carbon footprint emissions by 15% year on year and carbon footprint plus emissions by 10%.

For 2020/21 we achieved 10.15% reduction in our carbon footprint emissions. Reductions were made in all categories however, significant reductions were seen in travel as a result of the pandemic (both internal fleet and business miles). Despite not achieving some targets, any reduction is important and an achievement given the challenging backdrop of the pandemic. In 2021/22, we need to maintain lower emissions associated with travel and double efforts to achieve reductions in other areas. As this was the first year calculating our NHS carbon footprint plus, we cannot report achievements made, however we estimate we reduced emissions from commuting by more than two million road miles, which is around 536 tonnes CO2 less than 2019/20.

BDCFT tonnes of carbon equivalent

Emissions source		2019/20 CO2e emissions benchmark	2020/21 CO2e emissions		
			Target	Actual	Difference
		100%	85.0%	89.9%	10.1%
NHS Carbon Footprint (tonnes CO2e)	Fossil Fuels	1,784	1,516.4	1,722.8	3%
	NHS Fleet and Leased Vehicles	146	124.1	71.5	51%
	Electricity	818	695.1	783.7	4%
	Energy (Well to Tank)	415	352.8	409.1	1%
	Business travel (grey Fleet)	571	484.9	318.7	44%
	Waste	14	11.9	12.3	12%
	Water	529	449.9	524.8	1%
	TOTAL	**4,277**	**3,635**	**3,843**	**434**

Table 36: BDCFT tonnes of carbon equivalent

Note: amber shading shows where reductions were made but the target missed, green shading shows where the target was met.

Energy efficiency

In 2020/21 our solar panels at the Airedale Centre for Mental Health were commissioned and began generating electricity. We also continued to replace lighting with more efficient LED and made improvements to our building management system.

Display Energy Certificate Performance

Display Energy Certificate (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 six properties requiring annual DECs (over 1,000m2 of floor area). All six have a either a C or D rating but we are continuing to explore energy efficiency opportunities for these sites.

The Trust also has ten 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).

Waste and resources

Our overall waste arisings increased in 2020/21 compared to the previous year however this mirrors national data and is likely to be due to changing habits as a result of the pandemic (e.g. purchasing more single use and packaged products including

our own offerings of food and drink for staff) as well as service users spending more time within inpatient settings during the national lockdowns. The requirement to wear single use PPE has also had an impact on our clinical and non-clinical waste arisings. The reduction in recycling rate is significant (38% in 2020/21 compared to 48% in 2019/20) and this is despite increasing recycling provision to another four buildings.

In October 2020 the Trust entered a new clinical waste contract and as a result has received more accurate weight data. This, coupled with the requirement to manage more waste as infectious waste, has changed the profile of our clinical waste:

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

Table: 37: Clinical waste reductions

Travel and transport

A revised Green Travel Plan was published internally in December 2020 and this sets out our ambitions with regards sustainable travel. In particular, it highlights the requirements of the NHS Standard Contract relating to travel and transport. To support the aims, we are asking staff to consider changing their travel habits for just one day or just one journey, recognising the challenge of leaving the car at home 100% of the time.

We continue to allow staff to borrow one of our two e-bikes located at New Mill and we secured funding from the West Yorkshire and Harrogate Health Partnership to install five new bike lockers at Fieldhead Business Centre. As with all of our bike lockers, they are free to use by any staff member, patient or visitor with a suitable lock to secure the locker.

In recognition of the expansion of electric vehicle use we have installed two new charge points at Lynfield Mount Hospital to enable four more staff members or visitors to charge on site.

Green spaces

Access to green spaces is important for physical and mental health and is therefore a key priority within our Green Plan. In recognition of this, we planted more than 260 trees, predominantly to create dense hedgerows at Lynfield Mount Hospital, Somerset House and Waddiloves Health Centre.

Priorities for the year ahead

Having the Board approved Green Plan is the catalyst for systemic and individual change within BDCFT in the next five years. In 2021/22 we will work to embed a culture of sustainability, ensuring our environmental impact is considered within our services and through strategy and policy reviews and business cases, for example our working locations and practices and the digital strategy.

We will develop a wider suite of documents that provide the framework needed to implement change, for example our sustainable procurement policy, an electric vehicle strategy and our green spaces plan.

We will develop a green strategic action plan linked to our targets and objectives to identify how we implement change and monitor against it.

Annual Accounts - Summary of Financial Statements

Foreword to the accounts

Bradford District Care NHS Foundation Trust

These accounts, for the year ended 31 March 2021, have been prepared by Bradford District Care NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed	 .....
Name	Therese Patten
Job title	Chief Executive
Date	10 June 2021

Statement of Comprehensive Income

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	167,604	149,619
Other operating income	4	22,455	10,988
Operating expenses	5, 7	(185,503)	(159,072)
Operating surplus/(deficit) from continuing operations		**4,556**	**1,535**
Finance income	10	6	160
Finance expenses	11	(77)	(91)
PDC dividends payable		(651)	(1,204)
Net finance costs		**(722)**	**(1,135)**
Other gains / (losses)	12	(23)	-
Surplus for the year before impairment accounted for through statement of comprehensive income [1]		**3,811**	**400**
Impairments charged to statement of comprehensive income	6	(5,001)	(2,068)
Surplus / (deficit) for the year		**(1,190)**	**(1,668)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(1,136)	(3,432)
Revaluations	16	303	(1)
Total comprehensive income / (expense) for the period		**(2,023)**	**(5,101)**

[1] The NHS declared a Level 4 national incident on 30th January 2020 as the coronavirus pandemic spread across the country. Due to the extended period throughout which the virus was expected to adversely impact and potentially overwhelm the NHS, unprecedented arrangements were agreed by Government and implemented by NHSE/I during March 2020.

Temporary nationally determined funding arrangements were put in place during Half 1 of 2020/21 to ensure that the NHS had the required resources to safely deliver services during the pandemic with funding being made available to cover all reasonable costs.. For Half 2 of 2020/21, NHSE/I allocated fixed funding envelopes to each Integrated Care System (ICS) in England, taking into account the need to continue to deliver core services alongside managing the ongoing demands of responding to the pandemic. The Trust, along with other constituent partners of the West Yorkshire and Harrogate ICS, agreed on a distribution of the Half 2 envelope which would allow each organisation within the ICS to deliver at least a break even position for the full year. In addition, national funding was made available to support the roll out of the Community Vaccination Centres and nationally supplied Personal Protective Equipment (PPE).

Throughout 2020/21 NHS Contracts were suspended, including performance targets, CQUIN requirements and the Finance Use of Resource ratings.

The Trust delivered a £3.811m surplus excluding impairments, against a Half 2 deficit plan of £1.747m. The improved position is reflective of additional investment of £2.5m secured for the increase in untaken annual leave at 31st March 2021; national funding for the loss of non-NHS income of £0.7m; increase in NHS income of £0.9m; and reduced costs of £1.5m.

Statement of Financial Position

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	13	628	572
Property, plant and equipment	14	43,846	45,833
Receivables	18	153	130
Total non-current assets		**44,627**	**46,535**
Current assets			
Inventories	17	91	78
Receivables	18	6,442	5,877
Non-current assets for sale and assets in disposal groups	19	-	160
Cash and cash equivalents	20	30,681	19,022
Total current assets		**37,214**	**25,137**
Current liabilities			
Trade and other payables	21	(21,305)	(11,278)
Borrowings	22	(337)	(323)
Provisions	23	(1,803)	(143)
Total current liabilities		**(23,445)**	**(11,744)**
Total assets less current liabilities		**58,396**	**59,928**
Non-current liabilities			
Borrowings	22	(1,196)	(1,533)
Provisions	23	(840)	(686)
Total non-current liabilities		**(2,036)**	**(2,219)**
Total assets employed		**56,359**	**57,708**
Financed by			
Public dividend capital		35,327	34,653
Revaluation reserve		7,598	8,431
Other reserves		10,196	10,196
Income and expenditure reserve		3,238	4,428
Total taxpayers' equity		**56,359**	**57,708**

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

Signed:
Name Therese Patten
Position Chief Executive
Date 10 June 2021

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

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

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**
Prior period adjustment	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2019 - restated	**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**

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	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(445)	(533)
Non-cash income and expense:			
Depreciation and amortisation	5	2,727	3,227
Net impairments	6	5,001	2,068
(Increase) / decrease in receivables and other assets		(220)	330
(Increase) / decrease in inventories		(13)	(69)
Increase / (decrease) in payables and other liabilities		9,781	1,756
Increase / (decrease) in provisions		1,814	207
Net cash flows from / (used in) operating activities		**18,645**	**6,986**
Cash flows from investing activities			
Interest received		6	160
Purchase of intangible assets		(208)	-
Purchase of PPE and investment property		(6,178)	(3,737)
Proceeds from sales of property, plant and equipment		140	-
Net cash flows from / (used in) investing activities		**(6,240)**	**(3,577)**
Cash flows from financing activities			
Public dividend capital received		674	-
Capital element of PFI, LIFT and other service concession payments		(323)	(308)
Interest paid on PFI, LIFT and other service concession obligations		(77)	(91)
PDC dividend (paid) / refunded		(1,020)	(1,289)
Net cash flows from / (used in) financing activities		**(746)**	**(1,688)**
Increase / (decrease) in cash and cash equivalents		**11,659**	**1,721**
Cash and cash equivalents at 1 April - brought forward		**19,022**	**17,301**
Cash and cash equivalents at 31 March	20	**30,681**	**19,022**

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 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

The Trust agreed a 2020/21 deficit plan of £1.747m with NHS Improvement. Trust performance for the year has exceeded that plan, with a surplus of £3.811m. 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 Trusts liquidity remains very strong with c£30m cash balances at the year-end.

After consideration of the funding offered by NHS Improvement (NHSI) for 2021/22 in conjunction with the Integrated Care System and local commissioners, taking account of the interim financial regime put in place during the Coronavirus Pandemic, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, these accounts have been prepared on a going concern basis.

Note 1.3 Interests in other entities

The Trust does not hold any interest in other entities, associates, joint ventures or joint operations. From 2013/14 NHS Trusts were required to consolidate the results of Charitable Funds over which they considered they had the power to exercise control in accordance with International Accounting Standards (IAS) 27 requirements. The trust is not required to consolidate as the value of the Bradford District Care Foundation Trust Charitable Fund is not material.

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

Note 1.4 Revenue from contracts with customers

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

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

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

Revenue from NHS contracts

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

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract. CQUIN schemes were temporarily suspended in 2020/21 due to the pandemic.

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Note 1.5 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised.

Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

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

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

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

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

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

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis 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' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

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

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

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

Impairments

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met.

The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

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

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

In 2020/21 the Trust received donated assets from the Department of Health and Social Care as part of the response to the Coronavirus Pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets where the Trust controls and obtains an economic benefit from those assets at the year end.

Note 1.9 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.

Useful lives of property, plant and equipment

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

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

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

Note 1.10 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	**Max life Years**
Information technology	5	5
Software Licenses	2	2

Note 1.11 Inventories

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

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

Note 1.12 Cash and cash equivalents

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

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

Note 1.13 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

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

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

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

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

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

Derecognition

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

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

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

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

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

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

Operating leases

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

Leases of land and buildings

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

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the statement of financial position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021.

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% 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 23.2, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

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

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

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

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

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

Note 1.19 Corporation tax

The Trust is not within the scope of Corporation Tax.

Note 1.20 Climate change levy

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

Note 1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling.

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

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

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

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

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

Note 1.22 Third party assets

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

Note 1.23 Losses and special payments

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

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

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

During 2020/21 the Trust received gifts for staff and service users to support them during the pandemic. All gifts are recorded and managed through the gifts and hospitality register.

The Trust has received no gifts exceeding £300,000 in 2020/21.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

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

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below.

For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% 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 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

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

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	6,888
Additional lease obligations recognised for existing operating leases	(6,971)
Net impact on net assets on 1 April 2022	**(83)**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(2,125)
Additional finance costs on lease liabilities	(74)
Lease rentals no longer charged to operating expenditure	2,187
Estimated impact on surplus / deficit in 2022/23	**(12)**
Estimated increase in capital additions for new leases commencing in 2022/23	**-**

The estimated value reported within the table above is based on the lease costs that were available in 2019/20 and updated 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 2020-21.

Standards issued or amended but not yet adopted in FReM	
IFRS 14 Regulatory Deferral Accounts	Not EU-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies
IFRS 16 Leases	Standard, as interpreted and adapted by the FReM, is to be effective from 1 April 2021.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2023: early adoption is not permitted.

Note 1.27 Critical judgements in applying accounting policies

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

Note 1.28 Sources of estimation uncertainty

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

An asset valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021. In applying the Royal Institute of Chartered Surveyors (RICS) Red Book Global Valuation Global Standards 2020, in 2019/20 the valuer had declared a ‘material valuation uncertainty’ in the valuation report, on the basis of uncertainties in markets caused by COVID-19. The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. However, as at the valuation

date property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, the valuation exercise carried out was not reported as being subject to 'material valuation uncertainty'.

The aftermath of the Grenfell Fire on 14 June 2017 resulted in a wholesale review of the regime relating to building safety. As a result of the findings from the public inquiry, the Government subsequently announced that Building Regulations would be amended from 21 December 2018. to ban the use of combustible materials on the external walls of new buildings over 18m containing flats, as well as, buildings such as new hospitals, residential care homes and student accommodation. The Government's proposed legislation is far reaching and will provide a new regime for building regulations compliance. In the light of these circumstances, the asset valuation exercise was undertaken in the context of a changing regulatory environment.

Note 2 Operating Segments

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

A significant Segment is one which:-

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

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

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

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)

	2020/21	2019/20
	£000	£000
Mental health services		
Block contract / system envelope income[1]	96,034	85,219
Other clinical income from mandatory services[2]	1,424	-
Community services		
Block contract / system envelope income[1]	42,634	39,112
Income from other sources (e.g. local authorities)	19,675	19,490
All services		
Additional pension contribution central funding [3]	5,346	5,037
Other clinical income[4]	2,491	761
Total income from activities	**167,604**	**149,619**

[1] Throughout 2020/21 funding flows within the NHS have been simplified to support the NHS to focus on the response to the pandemic. In the first half of the year, providers and their commissioners moved to block contract payment arrangements supported by COVID-19 allocations with supplementary top up funding to allow the Trust to break-even. In the second half of the year, a revised financial framework built on these arrangements with fixed funding delegated to Integrate Care Systems and the Trust derived most of its income from these system envelopes. The Trust's income increased during 2020/21 relating to COVID-19 £8m, inflationary uplift of £3.1m, new developments of £3.7m and Mental Health Investment Standard funding of £3.2m.

[2] Other clinical income from Mandatory Services relates to income that was previously reported in Cost and Volume income. This income is outside the Block/System arrangements.
[3] The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) in April 2019. For 2019/20 and 2020/21, NHS providers continued to remit employer contributions at the 14.3% 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.
[4] In 2019/20 NHS Commissioners were required to include funding for Agenda for Change pay reform 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. The funding arrangements from 2020/21 are embedded within local authority contracts.

2020/21 costs of £2.491m relate to the increase in the Trust's annual leave provision which is backed by NHS England funding.

Note 3.2 Income from patient care activities (by source)

	2020/21	2019/20
Income from patient care activities received from:	**£000**	**£000**
NHS England [1]	19,616	16,924
Clinical commissioning groups [2]	126,841	112,164
Other NHS providers	863	612
NHS other (Health Education England)	396	-
Local authorities	19,075	19,021
Non-NHS: overseas patients (chargeable to patient)	3	5
Non NHS: other	810	893
Total income from activities	**167,604**	**149,619**

[1] The increase in income from NHS England reflects the additional funding of £2.5m to cover the additional annual leave provision and £0.2m additional vaccination income.
[2] The significant increase in the income from Clinical Commissioning Groups of £14.7m mainly relates to COVID-19 non recurrent costs from lead system commissioner Wakefield Clinical Commissioning Group of £8m, inflationary uplift of 2.8% on CCG contracts, additional funding agreed for developments £1.8m and Mental Health Investment Standard £3.2m

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

	2020/21	2019/20
	£000	**£000**
Income recognised this year	3	5

The Income relates to 3 directly chargeable patients accessing community physical healthcare services.

Note 4 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,127	-	**1,127**	1,028	-	**1,028**
Education and training	3,555	193	**3,748**	2,538	174	**2,712**
Non-patient care services to other bodies	2,139		**2,139**	2,925		**2,925**
Provider sustainability fund (2019/20 only)			**-**	1,108		**1,108**
Financial recovery fund (2019/20 only)			**-**	1,890		**1,890**
Reimbursement and top up funding [1]	12,403		**12,403**			**-**
Other contributions to expenditure [2]		1,823	**1,823**		-	**-**
Other income	1,215	-	**1,215**	1,325	-	**1,325**
Total other operating income	**20,439**	**2,016**	**22,455**	**10,814**	**174**	**10,988**
Of which:						
Related to continuing operations			22,455			10,988

[1] Reimbursement and top up funding received during 2020/21 consisted of:

	£000
Half one 'Top up' income from NHS England to achieve financial balance	7,149
Half one 'COVID-19' income from NHS England to cover costs	4,020
COVID-19 expenditure funded nationally (vaccination centres and hospital hubs)	551
National funding to recognise loss of non-NHS income	683
Grand Total	**12,403**

Funding for the second half of the year was directed through Integrated Care System (ICS) via Wakefield Clinical Commissioning Group as the host commissioner. This income is shown in Clinical Commissioning Groups income in note 3.2.

[2] £1,823k relates to a non-cash gain in income of £1,810k for centrally procured consumables, including personal protective equipment (PPE) and £13k for centrally procured medical equipment, donated to the Trust. Where medical equipment is held by Trusts at the year end, these are in substance donations to Trusts and will be treated as such. PPE and consumable items received by Trusts are considered a transfer of resources akin to a 'government grant relating to income' in IAS 20. After recognising the items in inventory, Trusts record a charge to operating expenditure when items are utilised. For centrally-procured inventory items as part of the pandemic response, the charge to national revenue budgets will be recognised by the Department upon purchase.

Note 4.1 Income from activities arising from commissioner requested services

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

	2020/21	2019/20
	£000	£000
Income from services designated as commissioner requested services	126,842	110,862
Income from services not designated as commissioner requested services	63,188	49,745
Total	**190,030**	**160,607**

The income from services designated as commissioner requested services is income from the Clinical Commissioning Groups excluding CQUIN income in 2019/20 however CQUIN income is included in 2020/21 due to the block funding arrangements in place during the pandemic. The CQUIN performance requirements are suspended in 2020/21. The movement is mainly due to additional income from the lead commissioner, Wakefield CCG, to fund COVID-19 expenditure during the year.

Increase in "Income from services not designated as commissioner requested services" is mainly due to supplementary top up funding to allow the Trust to breakeven of £12.4m; income from NHS England for the Annual Leave provision £2.5m,; and an offset of £1m reduction in other income.

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

The Trust disposed of the Ingrow Centre in Keighley during 2020/21, reporting a loss of £23k.

Note 5 Operating expenses

	2020/21 £000	2019/20 £000
Purchase of healthcare from NHS and DHSC bodies	1,677	1,970
Purchase of healthcare from non-NHS and non-DHSC bodies [1]	6,616	2,168
Staff and executive directors costs [2]	142,658	126,888
Remuneration of non-executive directors	135	134
Supplies and services - clinical (excluding drugs costs)	5,701	5,822
Supplies and services - general [3]	2,602	1,121
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response [4]	1,810	-
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,936	1,587
Inventories written down	-	(8)
Consultancy costs	154	189
Establishment	4,221	3,745
Premises [5]	6,497	5,508
Transport (including patient travel)	579	434
Depreciation on property, plant and equipment	2,575	3,075
Amortisation on intangible assets	152	152
Net impairments [6]	5,001	2,068
Movement in credit loss allowance: all other receivables and investments	7	158
Change in provisions discount rate(s)	164	24
Audit fees payable to the external auditor		
audit services- statutory audit	71	59
other auditor remuneration (external auditor only)	-	-
Internal audit costs	110	104
Clinical negligence	357	255
Legal fees	338	248
Insurance	235	260
Research and development	1,287	1,152
Education and training [7]	1,826	773
Rentals under operating leases	2,825	2,517
Redundancy	259	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	320	303
Hospitality	1	2
Losses, ex gratia & special payments	9	8
Other	381	424
Total	**190,504**	**161,140**
Of which:		
Related to continuing operations	190,504	161,140

[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 and isolation conditions to meet infection control requirements.

[2] The increase in Staff expenditure includes the third year impact of the three-year Agenda for Change pay reform, equivalent to £5.9m (inclusive of Pension and National Insurance cost) ; increased temporary staffing costs of £2.2m due to elevated inpatient occupancy levels and increased staff absence due to COVID-19; increased annual leave provision of £2.5m; and additional staffing associated with approved developments including Mental Health Investment Standard, transformation programmes and inequality priorities of £5.2m.

[3] The increase in 'Supplies and services - general' relate to provisions provided to front line clinical staff to reduce the risk of infection spread of £266k (external COVID-19 funding secured); increase in staff uniforms and protective clothing costs in line with infection prevention guidance and extended to Community staff and the additional workforce employed to support the Trust through the pandemic of £150k (external COVID-19 funding secured); support provided from external partners to target waiting list initiatives of £260k; and costs in relation to national and local legal cases amount to £700k.

[4] £1,810k, 'Supplies and services – clinical;utilisation of consumables donated from DHSC group bodies for COVID response' relates to centrally procured personal protective equipment (PPE). PPE and consumable items received by Trusts are considered a transfer of resources akin to a 'government grant relating to income' in IAS 20. After recognising the items in inventory, Trusts record a charge to operating expenditure when items are utilised. For centrally-procured inventory items as part of the pandemic response, the charge to national revenue budgets will be recognised by the Department upon purchase.

[5] The increase in premises reflects additional costs incurred during the early stages of the pandemic to provide staff with the equipment required to work from home of £397k; costs of £150k relate to estates adaptions to meet COVID-19 safe requirements; other non-recurrent costs specific to COVID-19 amounted to £213k; and the trust has incurred costs for mobile phone handsets of £160k to support the transition to a new mobile phone provider.

[6] Please refer to note 16 for the detail regarding Net impairments

[7] The Trust received new funding in 2020/21 to target increased Continued Professional Development training and Medical Staff training of £453k; the Trusts has expended costs to implement the continuous improvement methodology through 'The Care Trust Way' with associated training costs of £206k; Trust Board development programmes of £36k; training to support new ways of working of £61k; Long COVID therapeutic courses to support staff wellbeing of £54k; and CAMHS workshops to support the development of the new strategy of £70k.

Note 5.1 Other auditor remuneration

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit-related assurance services	-	14
Total	**-**	**14**

£14k in 2019/20 'Audit-related assurance services' related to the audit of the Quality Accounts. As per guidance from NHSI, assurance over the quality report is not required in either 2019/20 and 2020/21. The charges from the external auditor this year have reflected the credit for the audit of the Quality Accounts.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2019/20: £1 million).

Note 6 Impairment of assets

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	5,001	2,068
Total net impairments charged to operating surplus / deficit	**5,001**	**2,068**
Impairments charged to the revaluation reserve	1,136	3,432
Total net impairments	**6,137**	**5,500**

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

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

The table below illustrates the key impacts on asset values arising from impairments following the 2020/21 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	475	-	**475**
Lynfield Mount Hospital - Whole site	4,755	(141)	**4,614**
Horton Park Centre	1,082		**1,082**
New Mill, Saltaire	23		**23**
Somerset House		(97)	**(97)**
Others	49	(9)	**40**
Total	**6,384**	**(247)**	**6,137**

Note 7 Employee benefits

	2020/21 Total £000	2019/20 Total £000
Salaries and wages [1]	104,446	92,100
Social security costs	9,878	8,955
Apprenticeship levy [2]	488	446
Employer's contributions to NHS pensions	17,625	17,006
Temporary staff (including agency) 3	11,469	9,258
Total gross staff costs	**143,906**	**127,765**
Of which		
Costs capitalised as part of assets	429	333

The Trust salaries and wages costs includes £335k relating to permanent staff who are on secondment to other external organisations. In 2019/20 the Trust salaries and wages costs included £362k relating to permanent staff on secondment.

[1] An explanation for key increases in Staff costs is provided at Note 5 Operating Expenses, footnote 2.

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

[3] Temporary staffing costs have increased by £2.2m mainly due to elevated staff absence during the pandemic relating to sickness, shielding and isolation that have required temporary backfill. In support of the national vaccination programme the Trust is leading on the operational aspects of the two approved Community Vaccination Centres and the Hospital Vaccination Hub at Lynfield Mount Hospital, with additional temporary staffing costs incurred of £310k, the costs associated with the national vaccine programme are funded nationally.

Note 7.1 Retirements due to ill-health

During 2020/21 there were 3 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £60k (£175k in 2019/20).

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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

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 onwards the combined contribution rate is 8% (with a minimum 3% being contributed by the trust).

In the period to 31 March 2021, the trust made contributions totalling £52,803 into the NEST fund (Contributions of £43,028 were made for the full year of 2019/20).

Note 9 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 2022.

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 Trust has continued with this approach to leased assets in 2020/21.

	2020/21	2019/20
	£000	£000
Operating lease expense		
Minimum lease payments	2,825	2,517
Total	**2,825**	**2,517**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year;	2,815	2,451
- later than one year and not later than five years;	7,355	8,311
Total	**10,170**	**10,762**

Note 10 Finance income

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

	2020/21	2019/20
	£000	£000
Interest on bank accounts	6	160
Total finance income	**6**	**160**

Note 11 Finance expenditure

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

	2020/21	2019/20
	£000	£000
Interest expense:		
Main finance costs on PFI and LIFT schemes obligations	77	91
Total interest expense	**77**	**91**

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 2020/21 or 2019/20.

Note 12 Other gains / (losses)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	(23)	-
Total gains / (losses) on disposal of assets	**(23)**	**-**

The Trust disposed of the Ingrow Centre in Keighley during 2020/21, reporting a loss of £23k.

Note 13 Intangible assets - 2020/21

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**-**	**769**	**769**
Additions	208	-	**208**
Valuation / gross cost at 31 March 2021	**208**	**769**	**977**
Amortisation at 1 April 2020 - brought forward	**-**	**197**	**197**
Provided during the year	-	152	**152**
Amortisation at 31 March 2021	**-**	**349**	**349**
Net book value at 31 March 2021	**208**	**420**	**628**
Net book value at 1 April 2020	**-**	**572**	**572**

Note 13.1 Intangible assets - 2019/20

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**-**	**769**	**769**
Valuation / gross cost at 1 April 2019 - restated	**-**	**769**	**769**
Additions	-	-	**-**
Valuation / gross cost at 31 March 2020	**-**	**769**	**769**
Amortisation at 1 April 2019 - as previously stated	**-**	**45**	**45**
Amortisation at 1 April 2019 - restated	**-**	**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 14 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**5,895**	**37,010**	**-**	**1,994**	**289**	**17,097**	**1,651**	**63,936**
Additions	300	3,000	1,263	313	-	1,543	3	**6,422**
Impairments	(62)	(6,323)	-	-	-	-	-	**(6,385)**
Reversals of impairments	-	248	-	-	-	-	-	**248**
Revaluations	240	(1,239)	-	-	-	-	-	**(999)**
Valuation/gross cost at 31 March 2021	**6,373**	**32,696**	**1,263**	**2,307**	**289**	**18,640**	**1,654**	**63,222**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**1,302**	**-**	**1,034**	**288**	**14,458**	**1,021**	**18,103**
Provided during the year	-	1,286	-	162	1	907	219	**2,575**
Revaluations	-	(1,302)	-	-	-	-	-	**(1,302)**
Accumulated depreciation at 31 March 2021	**-**	**1,286**	**-**	**1,196**	**289**	**15,365**	**1,240**	**19,376**
Net book value at 31 March 2021	**6,373**	**31,410**	**1,263**	**1,111**	**-**	**3,275**	**414**	**43,846**
Net book value at 1 April 2020	**5,895**	**35,708**	**-**	**960**	**1**	**2,639**	**630**	**45,833**

Note 14.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**7,897**	**38,937**	**-**	**1,727**	**289**	**15,933**	**1,648**	**66,431**
Valuation / gross cost at 1 April 2019 - restated	**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 - as previously stated	**-**	**1,095**	**-**	**892**	**283**	**13,158**	**695**	**16,123**
restated	**-**	**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 financing - 2020/21

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

Note 14.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£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 15 Donations of property, plant and equipment

In 2020/21 the Trust received donated assets from the Department of Health and Social Care as part of the response to the coronavirus pandemic. The Trust received equipment with a unit price of £521 and as a result does not meet the criteria for the assets to be capitalised. As these donated assets were below the £5,000 capitalisation threshold, they were charged to operating expenses with a corresponding income entry to offset the charges.

Note 16 Revaluations of property, plant and equipment

All land and buildings were revalued for the first time on a Modern Equivalent Asset basis in 2009/10; using valuations provided by the District Valuer.

In 2016/17 the Trust moved to an alternative asset valuation method, informed by an external property advisors and valuers, Cushman & Wakefield. This involved a review of all land and buildings (at component level) in the Trusts portfolio, including the remaining economic life of each asset. The revaluation exercise 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 2020/21 provided asset valuations effective as at 31 March 2021. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate decrease of £5.83m; of which £5.001m was charged to the Statement of Comprehensive Income and £0.832m 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) and the Trust's PFI asset (Horton Park). The Trust conducted a detailed review of it's inpatient 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. There is no change to the accounting policy for these specialised assets as depreciated

replacement cost (DRC) valuations based on modern equivalent assets, and the Trust's application of the policy in the in the 2020/21 accounts is consistent with that used in 2019/20.

The Trust's finance leased asset (Horton Park) was last valued in 2016, and was therefore revalued in 2020/21 in line with the 5 year maximum revaluation period as recommended in the GAM.

Asset Revaluation Exercise	TOTAL March 2021	Charged to Statement of Comprehensive Income March 2021	Charged to Revaluation Reserve March 2021
	£000	£000	£000
Airedale Centre for Mental Health - Building	(475)	(430)	(45)
Lynfield Mount Hospital - Buildings	(4,578)	(4,610)	32
Lynfield Mount Hospital - Land	240	-	240
Horton Park Centre - Building	(1,020)	-	(1,020)
Horton Park Centre - Land	(62)	-	(62)
Others	62	39	23
SUBTOTAL (Impairment) / Valuation Increase	**(5,833)**	**(5,001)**	**(832)**
Comprising:			
Impairment charged to I&E	(5,001)		
Impairment to Revaluation Reserve	(832)		
TOTAL (Impairment) / Valuation Increase	**(5,833)**		

Revaluation Reserve

The Trust's Revaluation Reserve decreased by £0.832m during 2020/21 as a result of the March 2021 asset revaluation exercise. The movements in the Revaluation Reserve are shown in the table below.

	£000
Revaluation Reserve 01/04/2020	**8,430**
Asset Revaluation 31/03/2021 - Impairments	(1,135)
Asset Revaluation 31/03/2021 - Increases	303
Revaluation Reserve 31/03/2021	**7,598**

Note 17 Inventories

	31 March 2021	31 March 2020
	£000	£000
Drugs	73	61
Energy	18	17
Total inventories	**91**	**78**

Increased energy inventories to £18k (2019/20: £17k) reflect increases in volumes of fuel stock held at 31 March 2021.

Increased pharmacy stock inventories of £73k (2019/20: £61k) reflect increases in both the unit rate and volume of drugs held at 31st March 2021.

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

In response to the COVID-19 pandemic, the Department of Health and Social Care (DHSC) centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received and utilised £1,810k of items purchased by DHSC.

Note 18 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables [1]	4,424	3,870
Allowance for other impaired receivables [2]	(99)	(234)
Prepayments (non-PFI)	781	1,411
PDC dividend receivable [3]	638	269
VAT receivable	601	488
Other receivables [4]	97	73
Total current receivables	**6,442**	**5,877**
Non-current		
Other receivables	153	130
Total non-current receivables	**153**	**130**
Of which receivable from NHS and DHSC group bodies:		
Current	4,060	3,301
Non-current	153	130

[1] The main increase in Contract Receivables is changes in national funding arrangements during 2020/21 due to the pandemic, including national funding for outstanding annual leave provision.
[2] The lower allowance for other impaired receivables relate to a prior year accommodation charges with a Non NHS tenant, that was written off during 2020/21
[3] Movement in PDC dividend receivable relates to the reduction in the planned PDC charge for 2020/21, as a result of NHS contract income paid in advance during the financial year, reporting a higher average daily cash balance.
[4] The movement in other receivables relates to accrued medical pensions tax income from NHS England. Note 23, Provisions, provides further detail.

Note 18.1 Allowances for credit losses

	2020/21 receivables £000	2019/20 receivables £000
Allowances as at 1 April - brought forward	**234**	**76**
Allowances as at 1 April - restated	**234**	**76**
New allowances arising	7	158
Utilisation of allowances (where receivable is written off)	(142)	-
Allowances as at 31 Mar 2021	**99**	**234**

Note 18.2 Exposure to credit risk

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

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

	2020/21	2019/20
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**160**	**349**
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**160**	**349**
Assets classified as available for sale in the year	-	160
Assets sold in year	(160)	-
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**

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. At 31st March 2020, the Net Book Value (NBV) of the Ingrow Centre was £160k and it was sold during the financial year 2020/21.

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.

	2020/21	2019/20
	£000	£000
At 1 April	**19,022**	**17,301**
At 1 April (restated)	**19,022**	**17,301**
Net change in year	11,659	1,721
At 31 March	**30,681**	**19,022**
Broken down into:		
Cash at commercial banks and in hand	113	108
Cash with the Government Banking Service	30,568	18,914
Total cash and cash equivalents as in Statement of Financial Position	**30,681**	**19,022**
Total cash and cash equivalents as in Statement of Cash Flows	**30,681**	**19,022**

The Trust's increase cash balance relates mainly to the additional national funding received, in response to COVID-19.

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 2021	31 March 2020
	£000	£000
Bank balances	48	31
Total third party assets	**48**	**31**

Note 21 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables [1]	3,817	2,506
Capital payables	491	247
Accruals [2]	11,268	3,790
Receipts in advance and payments on account	197	41
Social security costs	1,453	1,354
Other taxes payable	1,130	1,013
Other payables	2,949	2,327
Total current trade and other payables	**21,305**	**11,278**
Of which payables from NHS and DHSC group bodies:		
Current	372	1,170

[1] The higher level of Trade Payables relates mainly to Bradford Council and other Non-NHS payables and the timing in which they were received by the Trust.
[2] The increase in accruals reported in 2020/21 relate mainly to:
* Increased annual leave provision £2.5m and temporary staffing costs for backfill of leave taken in March £0.8m;
* Clawback of payment in advance for Community Vaccination Centres £0.3m and COVID-19 related accruals £0.9m;
* Outstanding charges for elevated out of area placements with the independent sector of £0.5m;
* Pay enhancements relating to March 2021 of £0.3m;
* General increase is outstanding creditors and accruals.

Note 22 Borrowings

	31 March 2021 £000	31 March 2020 £000
Current		
Obligations under PFI, LIFT or other service concession contracts	337	323
Total current borrowings	**337**	**323**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	1,196	1,533
Total non-current borrowings	**1,196**	**1,533**

Note 22.1 Reconciliation of liabilities arising from financing activities - 2020/21

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

Note 22.2 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**
Prior period adjustment	-	-
Carrying value at 1 April 2018 - restated	**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 23 Provisions for liabilities and charges analysis

	Pensions: injury benefits [1]	Legal claims [2]	Redundancy [3]	Other [4]	Total
	£000	£000	£000	£000	£000
At 1 April 2020	**595**	**67**	**0**	**167**	**829**
Change in the discount rate	135	-	-	29	**164**
Arising during the year	49	1,004	680	-	**1,733**
Utilised during the year	(49)	(34)	-	-	**(83)**
At 31 March 2021	**730**	**1,037**	**680**	**196**	**2,643**
Expected timing of cash flows:					
- not later than one year;	43	1,037	680	**43**	**1,803**
- later than one year and not later than five years;	172	-	-	**8**	**180**
- later than five years.	515	0	0	**145**	**660**
Total	**730**	**1,037**	**680**	**196**	**2,643**

[1] Injury Benefits provisions of £730k (previous year £595k) 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 2020/10, from (0.50%) as at March 2020 to (0.95)% as at March 2021.
[2] Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by NHS Resolution equivalent to £65k (previous year £67k). There are also a number of potential liabilities that may arise in relation to national and local legal cases that include contractual employment cases and patient safety incidents, amounting to £972k.
[3] Redundancy provision of £259k, relates to an consultation exercise for a service restructure. A further £421k relates to redundancy associated with fixed term contracts.
[4] Other provisions relate to clinicians who are members of the NHS Pension Scheme and who, as a result of work undertaken in the tax year 2019/20 (only), face a tax charge in respect of growth in their NHS pension benefits above the annual allowance for pensions, and who will be eligible to have this charge paid by the NHS Pension Scheme.

NHS provider organisations were asked in 20109/20 and again in 2020/21 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' was £3,345 in 2019/20 and £3,927 in 2020/21, has been provided to the Trust by NHS Business Services Authority and Government Actuary's Department. The Trust had 50 consultants in the pension scheme with a provision required amounting to £196k in 2020/21.

Note 23.1 Clinical negligence liabilities

At 31 March 2021, £2,590k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2020: £1,451k).

Note 23.2 Contingent assets and liabilities

	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities		
NHS Resolution legal claims	(34)	(47)
Gross value of contingent liabilities	**(34)**	- **(47)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(34)**	**(47)**

The £34k NHS Resolution (formerly NHS Litigation Authority) contingent liability shown above is the calculated member liability for third party insurance claims.

Note 24 Contractual capital commitments

	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	491	247
Total	**491**	**247**

Note 25 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has one remaining PFI scheme that is included on the Statement of Financial Position relating to the Horton Park Centre.

The Horton Park lease has been in operation since 2000/01 and was for a period of 25 years until 2025/26. The lease includes a unitary payment for the provision of building maintenance, facilities management, services and insurance.

The property is treated as an asset of the Trust and has been subject to revaluations and depreciation in accordance with Trust policies. The current net book value for Horton Park Health Centre (land and buildings) is £1,602k. The Trust has the option to purchase Horton Park Centre at the end of the lease.

Note 25.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2021 £000	31 March 2020 £000
Gross PFI, LIFT or other service concession liabilities	**1,697**	**2,097**
Of which liabilities are due		
- not later than one year;	399	399
- later than one year and not later than five years;	1,298	1,598
- later than five years.	-	100
Finance charges allocated to future periods	(164)	(241)
Net PFI, LIFT or other service concession arrangement obligation	**1,533**	**1,856**
- not later than one year;	337	323
- later than one year and not later than five years;	1,196	1,437
- later than five years.	-	96

Note 25.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2021 £000	31 March 2020 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**3,058**	**3,687**
Of which payments are due:		
- not later than one year;	720	702
- later than one year and not later than five years;	2,338	2,809
- later than five years.	-	176

Note 25.3 Analysis of amounts payable to service concession operator

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

	2020/21 £000	2019/20 £000
Unitary payment payable to service concession operator	**720**	**702**
Consisting of:		
- Interest charge	77	91
- Repayment of balance sheet obligation	323	308
- Service element and other charges to operating expenditure	320	303
Total amount paid to service concession operator	**720**	**702**

Note 26 Financial instruments

Note 26.1 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 26.2 Carrying values of financial assets

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

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**

Note 26.3 Carrying values of financial liabilities

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

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**

Note 26.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021	31 March 2020 restated*
	£000	£000
In one year or less	18,924	7,816
In more than one year but not more than five years	1,298	1,598
In more than five years	-	100
Total	**20,222**	**9,514**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 26.5 Fair values of financial assets and liabilities

Due to the nature of the Trusts financial assets and liabilities (mainly payables, receivables and cash), book value is considered a reasonable approximation of fair value.

Note 27 Losses and special payments

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses[1]	-	-	2	-
Total losses	**-**	**-**	**2**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	1	4	1	6
Ex-gratia payments	15	5	20	2
Total special payments	**16**	**9**	**21**	**8**
Total losses and special payments	**16**	**9**	**23**	**8**
Compensation payments received		-		-

[1] The two cases relating to cash losses for 2019/20 had a total value of £90.

During the year the Trust's Audit Committee approved a write off for Internal Audit days relating to 2019/20, which due to the pandemic could not be fulfilled. The write off was for a total of £10,150 and is reported within the Note 5 Internal Audit Costs.

Note 28 Gifts

The Trust has received no gifts exceeding £300,000 in 2020/21.

Note 29 Related parties

The Trust is a Foundation Trust, a public interest body authorised by NHS Improvement, the Independent Regulator for NHS Foundation Trusts.

During 2020/21 there were transactions with related parties associated with two non-executive directors:

- £4.6k was paid from Yorkshire Ambulance Services to one non-executive director.
- A one off payment of £150k was made to Inspired Neighbourhoods Charitable Trust for the refurbishment of clinical space and annual contract of £12.9k was agreed relating to rental charges for that clinical space.

The contract was in place prior to a non-executive director becoming a Trustee with, and registered Director of, Inspired Neighbourhoods.

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

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

The Trust manages charitable funds on behalf of the Bradford District Care Trust Charitable Fund whose accounts are published in the Charity Commission website. An administration charge of £32,383 in 2020/21 was levied on the charity for services provided by the Trust.

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

	Receivables 31 March 2021 £000	Payables 31 March 2021 £000
NHS Bradford District and Craven CCG	169	10
Wakefield CCG	266	
NHS England	1,427	
Health Education England	261	
Airedale NHS Foundation Trust	42	170
Bradford Teaching Hospitals NHS Foundation Trust	848	95
Bradford City Council	300	1,414
Wakefield City Council	204	17
NHS Resolution		10
	3,517	**1,716**

	Income 2020/21 £000	Expenditure 2020/21 £000
NHS Bradford District and Craven CCG	118,786	397
Wakefield CCG	8,292	
NHS England	26,772	5
Health Education England	3,942	
Airedale NHS Foundation Trust	72	1,258
Bradford Teaching Hospitals NHS Foundation Trust	1,213	1,357
Bradford City Council	11,533	957
Wakefield City Council	7,642	20
NHS Resolution		514
	178,252	**4,508**

Note 30 Prior period adjustments

There are no prior period adjustments.

Note 31 Events after the reporting date

The financial and contracting arrangements for the NHS in the first 6 months of 2021/22 will continue to be administered through block contract arrangements, with NHS Contracts suspended during this period.

Auditor's Statement

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Bradford District Care NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

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

Going concern

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

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

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

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve control totals delegated to the Trust by NHS Improvement.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Trust's accounting policies.

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

As required by auditing standards, , we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition and the risk that Trust management may be in a position to make inappropriate accounting entries.
In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals and provisions.
We did not identify any additional fraud risks.
We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals with unusual cash, income and expenditure combinations, material journals posted in period 13, journals posted to seldom used account codes and journals with key words (such as gift or fraud) in the narrative description.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Sample testing revenue items, including significant accrued or deferred income to corroborating documentation or evidence.
- Reviewing the completeness of information provided by the Trust as part of the 'NHS Agreement of Balances' exercise to ensure consistency with the information in the accounts.
- Sample testing expenditure transactions around the period end (including accruals), vouching to supporting external documentation to corroborate whether those items were recorded in the correct accounting period.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors (as required by auditing standards), and discussed with the

directors and other management the policies and procedures regarding compliance with laws and regulations.
As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

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

The potential effect of these laws and regulations on the financial statements varies considerably.
The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.
Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

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

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

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

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

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

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

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

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in 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 and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 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.

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 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Rashpal Khangura
for and on behalf of KPMG LLP
Chartered Accountants
Leeds
10 June 2021

Appendix 1: Board of Directors – Register of Interests

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	Consult-ant: Power to Change Trust	Nil	Nil	Chair: HS2 Community and Business Fund	Nil
Maz Ahmed	Director: M&M Property (Stoke) Limited Director: Advantage Advisory Limited Director: Wm Morrison Produce Ltd Director: Lowlands Nurseries Ltd	Nil	Nil	Nil	Nil	Nil	Operations Director: Wm Morrison Supermarkets PLC	Nil
Gerry Armitage	Nil	Nil	Nil	Nil	University of Bradford: Emeritus Professor - Together for Short Lives (TfSL)	University of Bradford: Emeritus Professor - Together for Short Lives (TfSL)	Nil	Nil

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
Andrew Chang	Chartered Institution of Water and Environmental Management: Trustee Seacole Group NED at Yorkshire Ambulance Service	Nil	Nil	Nil	Nil	Leeds City College: Governor	Nil	Nil
Zulfi Hussain	Global Promise: Director Zedex Limited (Deera Restaurant): Director Bengan Ltd (The Cat's Pyjamas) Director	Nil	Nil	Inspired Neighbourhoods: Trustee	Inspired Neighbourhoods: Trustee	Nil	Nil	Nil
Simon Lewis	ASDA Foundation: trustee/non-Executive Director West Riding County Football Association (WRCFA): non-Executive Director.	Nil	Nil	ASDA Foundation: trustee/non-Executive Director	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities)	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities)	Deputy District Judge. Court Examiner. Junior Counsel to the Crown. British Cycling: independent chair of disciplinary/regulatory panels.	Burley Oaks Primary School: employee

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
					Deputy District Judge..	Deputy District Judge.	England Boxing: independent chair/member of disciplinary panel. ACCA (the global accountancy body): independent member of disciplinary/regulatory panels. General Optical Council: independent statutory case examiner Nursing and Midwifery Council: independent statutory case examiner	
Carole Panteli	UCS Consultants: Director	Nil	Nil	Nil	Nil	Nil	Nursing and Midwifery Council: Chair of Investigating Committee Panels	UCS Consultants: Managing Director
Executive Directors								
Therese Patten	Nil	Nil	Nil	Nil	Blackburne House Group Vice-Chair and Deputy Chair Finance Committee	Nil	Nil	Nil
Paul Hogg	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

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Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Langtry Langtons: Employee
Sandra Knight	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
Mike Woodhead	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Appendix 2: Council of Governors – Register of Interests

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	Nil	Patient Engagement and Public Relations Officer: Kensington Partnership	Nil
Stan Clay	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nicky Green	Greenhealth Care: Owner	Nil	Nil		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	Lawcomm Solicitors: Technical Specialist for New Build/Affordable Housing in a legal capacity.	Superlabs Limited: Director
Abdul Khalifa	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mahfooz Khan (Updated 2020)	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

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Zahra Niazi (Updated 2020)	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 (Updated 2020)	Nil	Nil	Nil	Vital: Trustee	Nil	Nil	Nil	Nil
Safeen Rehman	Nil	Nil	Nil	Charity: Healthwatch Wakefield	Charity: Healthwatch Wakefield	Charity: Healthwatch Wakefield	Charity: Healthwatch Wakefield	Wardell Armstrong: Director
Kevin Russell (Updated 2020)	Nil	Nil	Nil	Nil	Nil	Nil	Labour Party: member	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nick Smith (Updated 2020)	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 Family member staff.

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Ishtiaq Ahmed (Updated 2020)	Nil	Nil	Nil	Sharing Voices: Employee	Sharing Voices: Employee	Nil	Nil	Nil
Professor John Bridgeman	Nil	Nil		Cellar Trust: Trustee	Nil	Nil	Nil	Brookside Surgery: Employee
Tina Butler	Nil	Nil	Nil	Relate Bradford: Chief Executive	Relate Bradford: Chief Executive Trustee of Safety First	Nil	Nil	VTK Investments: Managing Director
Councillor Richard Foster	Nil	Nil	Nil	Nil	Nil	Craven District Council: Elected Member and 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	Nil

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							Yorkshire and Humber (Local Authorities) Employers Committee Yorkshire Dales National Park Yorkshire Dales National Park Management Steering Group	
Councillor Robert Hargreaves (Updated 2020)	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 (Updated 2020)	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
New Mill
Victoria Road
Shipley
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.