AIREDALE NHS FOUNDATION TRUST
ANNUAL REPORT AND ACCOUNTS
2023/24

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Annual Report and Accounts 2023/24

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WELCOME FROM THE CHAIR

The role of Trust Chair is to lead the Board and support the Trust Chief Executive Officer (CEO), 'Foluke Ajayi, and colleagues in delivering health and care services in line with the needs of communities the Trust serves, both now and in the future. The Trust has plans in place in support of that aim which enable the Trust to achieve its vision of 'thriving people, healthy communities'.

Financial year 2023/24 continued where 2022/23 left off with a backdrop of financial and political uncertainty along with environmental challenges that we all faced individually and collectively. Throughout this, the Trust remained focused on providing the best possible health and care services to the communities it serves and remained committed to providing appropriate support to our people.

We recognise that, as a result of the backdrop faced, more people in our communities feel vulnerable. We continue to do our utmost to ensure our patients, as well as our people, feel supported during this challenging time and equipped to deal with the difficult circumstances that we face together.

The full impact of the cost-of-living crisis on population health is still emerging as individuals face difficult choices on expenditure. The cost-of-living crisis also led to industrial action by various cohorts of Trust colleagues at several points in 2023/24. The individual and collective impact of all of this remains something the Trust, along with all other healthcare providers, is very mindful of.

The Trust's five-year strategy sets out our ambitions structured around five key themes, namely partnerships, population, patients, progressive and people. The year ended 31 March 2024 has seen further progress made against all those five Ps, with notable highlights as follows:

Partnership

As with NHS organisations across the country, the Trust marked 75 years of the NHS on 5 July 2023.

The Trust has a continued commitment to partnership activity, with both NHS and other non-NHS health and care providers, given its importance in enabling the Trust to optimise health and care provision for the diverse communities it serves.

During the year the Trust remained active in the West Yorkshire Association of Acute Trusts as well as the West Yorkshire Community Services Provider Collaborative, bringing a particular perspective as an integrated acute and community service provider supporting an expansive rural community.

Population

Working at the heart of communities, we make the biggest difference when we embrace, engage with, and listen to the population we serve. The Trust's Council of Governors have a vital role to play in that dialogue with communities. This enables the Trust to continually evolve the services offered in response to the ever-changing needs of the population they serve.

Patients

The provision of patient-centred care delivered by colleagues rooted in the communities where patients live remains a vital part of the Trust strategy going forward. The Trust has continually sought to meet the health care needs of individuals and their families. The impact the Trust has on so many lives is evident through the feedback it receives on the range and

volume of services it provides along with donations to the Airedale Hospital & Community Charity and Friends of Airedale, for which we are very grateful.

Progressive
In Autumn 2023, the Trust celebrated 10 years of the Goldline service that provides a single point of contact, 24/7, for people with a serious illness who may be in the last year of their life and their carers. The celebrations showcased this important service and how it began, the team who work in it, the families it supports, and the evolving national agenda around end-of-life care. This is a fantastic example of how over a decade ago a vision became reality and demonstrates this innovation remains very relevant today.

Throughout 2023/24 the Trust continued to remain focused on the programme of activity relating to over 80% of the estate at the Steeton site being built using Reinforced Autoclaved Aerated Concrete (RAAC) which independent special advisors have indicated has an estimated remaining useful life of up to 2030. We continue to undertake sufficient remedial activity and update various stakeholders of developments in relation to this significant RAAC related risk.

On 25 May 2023 it was announced that the Trust has been accepted onto the New Hospital Programme (NHP). Being included on the NHP provides a major boost to the local economy and communities through securing the future of high-quality healthcare provision on our Steeton site. We are excited to use this opportunity to turbocharge transformation of healthcare for the population we serve and look forward to firming up plans as more information becomes available. Acceptance onto the NHP is the culmination of considerable efforts of a number of our partners, key stakeholders and our people for which we remain truly grateful.

Alongside the Trust's participation in the NHP and RAAC oversight, an Electronic Patient Record (EPR) implementation is also a key focus. The move to a paperless approach is due to go live in September 2024.

A growing area of Progressive activity for the Trust relates to **Planet**. Although we have a long way to go on our own net zero journey, it is clear from listening to the population the Trust serves, as well as its people, that acting as a responsible sustainable health and care provider, rather than simply being perceived as one, is critically important to them. Our participation in the NHP means there is a clear sequencing to some of our carbon reduction activity and therefore taking a considered approach over the medium to long term is critical to meeting the Trust's net zero aims.

People
The success of the Trust is down to the quality, dedication and enthusiasm of our people. We therefore remain committed to fostering an engaged, diverse, valued colleague body who feel supported in achieving their goals. Highly engaged people and fantastic levels of patient-centred care are no coincidence.

As part of this, we are developing a culture that is as ambitious as our strategy, harnessing the collective power of an increasingly diverse team in which everyone focuses their unique perspectives and skills on delivering exceptional value to the population the Trust serves. It remains vital that across the Trust we continually reflect the diversity of the communities we serve, as this directly supports the achievement of our ambitions.

People activity has continued to focus on supporting colleagues' health and wellbeing given the continued high demands on the services. Recruitment and retention has also been a key focus. We continue to develop our future workforce, mindful of our responsibilities as an anchor institution and significant local employer. Our ambition is to provide equitable access

to skills and personal development so that they can succeed in the workplace and make the most of life's possibilities.

You can read more about the above, as well as other highlights in year ended 31 March 2024, in the CEO's message and on p.7.

2024/25 is likely to bring yet more economic uncertainty, political change and environmental challenges. Although these remain uncertain and challenging times for the Trust, it is well placed to respond and to achieve new levels of performance through our ambition and continued investment. Whilst not sacrificing our resilience, we will endeavour to support partners, our people and our population, including patients and their families, through any times of uncertainty. That requires the Trust to retain a progressive approach, investing in the future whilst tackling the issues of today.

The Board remains committed to ensuring the Trust's delivery of a suitable long-term strategy. In 2024/25, we will refresh the five-year strategy, mindful of the current and future environment externally as well as internal developments. Our participation in the New Hospital Programme will heavily influence the Trust's strategy for 2025 to 2030 as it provides a once-in-a-lifetime opportunity to develop a vibrant and modern health and care facility on the Steeton site by 2030 that will amplify the wider positive impact we have.

This will be my last Chair's report and associated Annual Members Meeting as I will be stepping down in 2024/25 in accordance with good corporate governance. Whilst a great deal has changed during my time as Chair, the Trust is still guided by the same principle of seeking to achieve the best possible outcomes for the diverse community it serves.

It has been a great pleasure to have served our population and our patients and their families with the unequivocal commitment of our people and partners. This has enabled the Trust to maintain a progressive approach throughout that time. May I say how grateful I am for your trust and support throughout my time on the Trust's Board.

In closing I record thanks to the communities, partners and stakeholders, as well as all colleagues, including Governors; volunteers and Non-Executive Directors, for their continued support and congratulate them on what has been achieved in the year ended 31 March 2024.

Andrew Gold
Trust Chair

CHAPTER 1 - PERFORMANCE REPORT

SECTION 1 – Overview of performance

Chief Executive's Statement

Welcome to our 2023-24 Annual Report
It's my privilege to lead Airedale NHS Foundation Trust. I work with committed, passionate teams whose focus and drive is on making a difference to patients, whether they are on the front line, delivering services, or working in one of our essential support functions.

2023-24 has been a year of contrasts for our organisation, and this is reflected in our performance. Continued high demand, industrial action, some high-profile projects and structural issues have all played their part - but there is equally much to celebrate.

We have a unique set of circumstances that sets us apart from other acute and community trusts. On a daily basis we are living with and managing the Reinforced Autoclaved Aerated Concrete (RAAC) which makes up 83% of our Steeton hospital estate. For the past two years we have been working amongst props, ward closures and building works, which have directly impacted clinical space as well as parking limitations, particularly over the last winter. It is a tribute to our teams that they adapt their ways of working to cope with this disruption. As well as the space restrictions, it pulls operational focus and adds a burden to already busy colleagues who are trying to keep the wheels turning.

The good news is the announcement in May 2023 that we are finally on the government's New Hospital Programme. This is the news that our staff, patients and communities deserved to receive and planning for the new hospital on our Steeton site is well advanced.

Disruption has also been caused by the episodes of industrial action throughout the year. Significant amounts of operational and clinical time had been spent planning for each episode of disruption and many surgical procedures and outpatient appointments had to be postponed. I must commend all our staff members who were in any way involved in managing the industrial action, from the tactical control group, to the bookings clerks who had to contact patients and colleagues who stepped in to support on the frontline.

I must also commend our surgical division who worked extremely hard to grip the 65-week wait elimination target, despite this disruption, and who made significant strides with the 52-week target. You can read more about this in the Performance Report.

Urgent care performance has been particularly impacted this year. Demand has remained at record levels since the pandemic, and our teams have worked under unprecedented pressure to manage the numbers of patients attending our Emergency Department. We were delighted to receive funding from NHS England to build an urgent care treatment centre, co-located with our emergency department, and that is due to open in July 2024. This is one strand of our Urgent Care Improvement Plan which, in March led to a significant improvement in performance. More information about this is available in the Performance Report.

During the year we also significantly developed the capacity and activity of our Electronic Patient Record programme. During 2023-24 the programme achieved its key milestones and, as we enter 2024-25, is set to go live in September 2024. My thanks go to everyone involved with the EPR programme, and they extend also to our partners, Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust.

Nationally and locally the scale of the financial challenge facing the NHS is unprecedented. To tackle this, in early 2023 we launched our WAVE – Working to Achieve Value and Excellence – initiative, to encourage divisions, services, teams and individuals to look at more efficient ways of working that would provide a transformational benefit to patients and colleagues over and above a simple cost-saving. We've seen some great ideas come to fruition during 2023-24 which have delivered tangible patient benefits alongside financial benefits.

Of course the increased cost of living has had a personal impact on many of our staff members, and we have enhanced our staff wellbeing offer with increased access to financial advice and support. This has been part of a general broadening of our wellbeing offer which has significantly expanded its reach. The business of caring - day in, day out, 24/7 – is a demanding one, and it's right that we invest in supporting our people, who are the bedrock of this organisation.

This extends also to a strong focus on our recruitment and retention. During 2023-24 we co-developed a broader flexible working offer with our teams which we are taking forward into 2024-25. This is a fantastic area in which to live and work and our ambition is to retain and develop the talent we have, whilst attracting people with the right skills to join us. Flexible working and our wellbeing offer are a significant part of that.

During the year I have had the opportunity to attend and speak at local and regional events focusing on inclusion. Since the Covid pandemic there has been increasing agitation, not least because of the escalating geopolitical situation. These inclusion events have given participants time to pause and reflect, and I have shared the learning from them with the wider organisation. I'm pleased to say that our inclusion network groups have continued to grow and develop this year, giving colleagues with protected characteristics, and their allies, a safe space in which to meet and share their experiences. You can read more about this in the Staff report.

Working more closely with our system partners has been and continues to be of paramount importance to tackle health inequalities at the same time as meeting our wider financial challenge. An innovative example of this is our HomeFAST service, developed in partnership with Bradford Council, which launched right at the end of the financial year. Members of our acute therapy team identify patients on our wards who no longer meet the criteria to reside and, working with the Flow team, coordinate everything they need – equipment, transport, medication – to get them home within 24 hours. They then receive an assessment to quantify what, if any, ongoing support they need. It is early days, but this new way of working has saved on average 7 to 10 bed days of each patient's length of stay, which a much better use of resources, creating a better experience for patients.

This builds on the work done by our virtual wards and our wider community teams. Our community teams continue to manage an increasing workload providing care in people's homes and usual place of residence, allowing earlier discharge or avoiding admission altogether. The breadth of their work grows ever-wider and they are often the first to pick up on social care needs, mental health support or housing and finance needs, providing a truly holistic service. They are out in all weathers – and have had some tricky conditions to deal with this year – but they manage to get into the far reaches of our patch. They are tackling health inequalities first hand and understand better than many of us the issues that we experience along our spectrum of highly deprived urban areas to isolated rural communities.

Our joint ventures and partnerships continue to thrive and you can read more about Integrated Pathology Solutions and Immedicare on p.19. Our wholly-owned subsidiary, AGH Solutions, celebrated its sixth anniversary on 1 March and continues to keep the Trust

running efficiently, taking a pivotal role in the new hospital programme and RAAC risk management, and managing our estates, facilities and procurement with expertise.

We have much to look forward to in 2024-25: opening our new urgent treatment centre in the summer, working with our new EPR in the autumn, beginning the works needed to get the Steeton site ready for the construction of the new hospital and celebrating Bradford City of Culture with our communities during 2025.

We've had many highlights across the year which are too numerous to mention here, but that you can read about on p.11 They include awards for individuals in our organisation who are recognised nationally for the work they do, such as our bereavement midwife Gemma Sayer, our Armed Forces Advocate Martin Flint-Johnson and Cherie Melvin, one of our healthcare support workers. It makes me proud that, despite our challenges, our teams continue to innovate and to deliver the best possible healthcare for our communities. I'd like to give heartfelt thanks to everyone: clinical, administrative, clerical, support functions, hospital-based, community-based, volunteers who is a part of Team Airedale. You make the difference; you make Airedale what it is.

'Foluke Ajayi
Chief Executive

Our history, purpose, and activities

The principal purpose of the Trust is the provision of goods and services for the purpose of health care in England. Airedale NHS Foundation Trust is a statutory body, which became a public benefit corporate on 1 June 2010, following its approval as an NHS Foundation Trust by the Independent Regulator of the NHS Foundation Trusts (Independent Regulator) authorised under the Health and Social Care (Community Health and Standards) Act 2006 (the 2006 Act).

The principal location of business of the Foundation Trust is Airedale General Hospital, Skipton Road, Steeton, Keighley BD20 6TD.

In addition to the above, the Foundation Trust has registered the following locations with the Care Quality Commission:

- Castleberg Hospital, Giggleswick, Settle BD24 0BN.
- Coronation Hospital, Ilkley LS29 8TG
- Skipton General Hospital, Skipton BD24 2RJ

The Foundation Trust is registered with the Care Quality Commission without conditions and provides the following regulated activities across the stated locations:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Maternity and midwifery services
- Nursing care
- Surgical procedures
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

About us

Airedale NHS Foundation Trust is an award-winning integrated NHS hospital and community services Trust. We provide high quality, personalised, acute, elective, specialist and community care for a population of over 200,000 people from a widespread area covering West and North Yorkshire and East Lancashire.

We provide services from our main hospital site, Airedale Hospital, and from community hospitals, as well as health centres and general practices (GPs). Our health services are commissioned by West Yorkshire Integrated Care Board along with Lancashire and South Cumbria Integrated Care Board, as well as regional specialist commissioners and NHS England.

Structure

Services are organised into four key divisions:

- Corporate Services;
- Medicine, Community and Therapy Services;
- Surgery and Diagnostics; and
- Women, Children and Specialist Services.

Each division is overseen by a triumvirate consisting of an operational director, divisional medical director and divisional director of nursing/midwifery.

The Trust also includes three joint ventures – Immedicare, Integrated Laboratory Solutions (ILS) and Integrated Pathology Solutions (IPS) – and a wholly-owned subsidiary, AGH Solutions. More information about these entities can be found on p.19.

Our ambition is to have thriving people and healthy communities
We are proud of being a rural district general hospital and community trust that is an anchor institution at the heart of our community. We want to be at the forefront of service delivery; developing, innovating and transforming the services we provide to our community to ensure high-quality patient-centred care. We also want our people to thrive personally and professionally, to enable them to provide the best care possible.
The Board developed its strategy for 2020-2025 - *Thriving people, healthy communities* – with five key aims:

- Patient-centred – providing safe, high-quality care and experience
- Supporting our people to thrive and flourish
- Progressing our services through continuous improvement, innovation and development
- Meeting our populations' needs, involving and engaging our communities in providing health care
- Working in partnership with others, supporting transformation and future sustainability

These aims underpin the ambition of our Bradford District and Craven Health and Care Partnership to help people to be 'happy, healthy at home', and that of the West Yorkshire Integrated Care Board: 'better health and wellbeing for everyone'.
We are ambitious for the future; not only in our reputation for innovation and agility, but also the long-term sustainability of our services with an estate that is fit for purpose. In May 2023 it was announced that Airedale would be joining the government's New Hospital Programme, which will see a new, state-of-the-art, environmentally sustainable hospital constructed by 2030.
This is part of our *'Securing the Future'* strategy to provide the best possible care for our communities, now and for future generations. As part of this, during 2023-24 we embarked on the development of our five-year clinical strategy which will set the vision and direction for our hospital and community services as we prepare for our new facility.
More about our work and our ambitions is available on the Trust's website: www.airedale-trust.nhs.uk

Highlights 2023-24

Q1: April 2023 – June 2023
Red cups to boost hydration
Our nursing teams introduced an innovative yet simple approach to reducing the risk of dehydration in their patients – all with a red cup. Over 500 red cups were sent to all wards for patients who are at risk of not drinking enough, to signify to other healthcare staff that they need extra support and encouragement to drink.

Good hydration helps patients eat and sleep better and helps prevent other medical problems developing like low blood pressure or kidney stones. It also helps medications to work properly and reduces their risk of infection.

Virtual cancer support service
Our Cancer Clinical Nurse Specialists showcased the vital work they do to support patients newly diagnosed with cancer with their new virtual service.

As well as face to face care and phone support, the nursing team provide a virtual support service, accessed after the patient's in-person appointment. It includes a series of online videos with a clinical nurse specialist, which provide answers and guidance, to help people cope with challenges that a new cancer diagnosis brings. It includes dealing with anxieties, getting ready for treatment and how to get additional support from services such as Macmillan.

Looking after maternal mental health
In the lead-up to Maternal Mental Health Awareness Week we encouraged women and their families to get support for their mental health during and after pregnancy.

One in five women experience mental health concerns during pregnancy or in the first year of parenthood and in Bradford District and Craven there are a range of community support services available to provide support.

Hospital restaurant gets a makeover
Our hospital restaurant, run by AGH Solutions, had a £450,000 makeover and the space opened up to provide seating for 120 and a second counter to help streamline the ordering process and reduce waiting times. The additional counter also serves as the basis of a new, sleek and modern lounge area that serves Starbucks coffee, hot and cold sandwiches, snacks and salads.
To coincide with the restaurant's new look, the Catering team launched a new menu and sustainable initiatives to reduce restaurant waste.

Nursery Good rating
The Nightingales Day Nursery celebrated their Good rating from OFSTED. Some of the nursery strengths which were given special mention by the inspection team included how happy and settled children were, that rooms are calm and staff find out about babies' routines before they start, and babies' needs are individually met. The report also highlighted that staff know children well, where they are in their development and what their next steps in learning are.

Parents too were also extremely complimentary of the nursery and felt well informed about their child's time at nursery. Parents reported their children have 'come on leaps and bounds' since starting the nursery and parents said they trust all staff to care for their children.' The report also highlighted that children with special educational needs and/or disabilities were well supported.

Green light for new hospital
Plans for our new state-of-the-art Airedale General Hospital were brought a step closer after it was announced in May by the Secretary of State for Health and Social Care that the hospital had secured a place on the Government's New Hospital Programme.

Foluke Ajayi, Chief Executive said: "A new hospital will have far-reaching benefits for our local community, allowing us to continue to provide vital health care in a safe, modern environment that's fit for the future, and that will improve patient outcomes and experience.

"We are eager for planning to start on the new hospital but recognise that this is just the first step in the journey, and we look forward to hearing further details when they are announced.

"In the meantime, we are continuing to take every step possible to maintain a safe environment to provide high quality health services for our community, and would like to thank our patients and staff for their continued patience as essential structural work continues at Airedale."

The new hospital will be built on the current site and is planned to be more environmentally friendly, making use of a range of sustainable technologies.

Amina's photo shortlisted for NHS 75 competition
Amina Abu El Hawa, healthcare worker and talented photographer from our Emergency Department (ED) was shortlisted for a national photography competition, to celebrate 75 years of the NHS. Her photo titled 'A Perfect Partnership' showed the special bond with colleagues in the local ambulance services and the extended ED family, all working together towards a shared goal of helping people.

The 75 shortlisted photographs were displayed at an exhibition at Fujifilm House of Photography in London in honour of the NHS milestone.

Celebrating our interns
We celebrated the success story of our internship programme for students with learning disabilities by sharing Fifi's story.

21 year old Fifi joined Keighley College from Titus Salt school and was interested in working in a job where she could serve customers. Fifi works one day a week in our Friends shop, with some simple adjustments to help her including a stylus pen for using the till and a chair, and is supported by her job coach at Keighley College.

A supported internship is a study programme for young people aged 16–24 that have an Education, Health and Care Plan. The internship lasts for between six months and a year and is flexible to suit the young person and the employer. The students spend up to two days at work and have a job coach who liaises with staff, students and their parents and college and carries out regular reviews on their progress.

The scheme gives an invaluable opportunity for young people to learn workability skills and to develop, and we get a sense of pride in watching them grow in ability and confidence.

Healthy children's menu launched
The AGH Solutions Catering Team partnered with The Healthy Food Company to provide nutritious and delicious new meals for children at the Day Nursery.

The Healthy Food Company specialise in providing children with a great choice of handmade food that would feel familiar and homely to them. The dishes were developed with a paediatric dietitian and contain one third of the daily macro and micronutrients needs of children, with no added salt or sugar. The company also supports our Green Plan goals on making food provision at Airedale more sustainable.

Community birth voices events
Our maternity team hosted a community event for mums and partners, to share their experiences of their maternity care. It was one of a series of events in different community locations which are led by a parent, with midwives there to listen to their experiences and are supported by interpreters if needed.

As a result of feedback shared at past meetings parents have been actively involved in a number of important projects. These include designing an induction of labour information booklet for other mums-to-be and taking part in a visit of rooms on the labour ward, to give feedback on what they thought of it and what improvements they'd like.

Q2: July 2023 – September 2023

100% OSCE success

The Trust held its first ever 'OSCE Success' event to celebrate the 100% pass rate. Since the OSCE training programme began at Airedale in 2019, the Trust has welcomed 15 cohorts of international nurses. All 161 of Airedale's OSCE recruits have since passed the exam.

Once the exam is passed, candidates receive their PIN from the Nursing and Midwifery Council (NMC), confirming that they are fully registered.

The event was attended by over 75 of the successful OSCE recruits, their trainers, members of the Trust Board and colleagues who supported the recruits through their OSCE journey. To start the celebrations staff took part in a traditional lamp lighting ceremony that symbolises positivity, light and knowledge.

NHS 75th birthday

We joined NHS organisations across the country to mark 75 years of the NHS on 5 July. As part of NHS birthday celebrations, staff in the region described what the NHS means to them.

Local celebrations included flying the Windrush 75 flag; participation in the national Big tea event, Inspiring the Future volunteering programme and the NHS75 Park Run; making a special TV programme with ITV Calendar; involvement in the Bradford District & Craven Partnership's 'Our 75 People' challenge, and taking part in Airedale Hospital & Community Charity-funded initiatives, including Wearing it Blue on 5 July and 'the Big TLC' (both of which raised funds for the Charity).

My Heart App for cardiac patients

The cardiac rehabilitation team offered a brand new app, specially designed to support patients with heart conditions during their recovery.

MyHeart is an app which supports patients with heart disease or who are recovering from cardiac surgery and helps to empower patients to manage their heart conditions for a lifetime.

The innovative app is easy to use and gives patients a comprehensive programme of exercise and education, whilst also offering a digital option for their cardiac rehabilitation, at a time and place to suit them.

Patients have access to the app for a lifetime and it is ideal for patients who can't commit to weekly sessions, or who can't travel to the hospital or their classes. The patients are supported by the cardiac rehab team, and their programme is then tailored to them.

Annual Members Meeting 2023

We held our Annual Members' Meeting in September, our first face to face meeting in three years.

As well as the formal business of the meeting, including a review of the year and updates from the Board and Governors, there was an opportunity to join the conversation about the Trust's plans on the New Hospital Programme and the chance to join a tour to showcase recent developments.

Organ donation memorial unveiled
As part of Organ Donation Week, a new memorial artwork was unveiled as a way of remembering the selflessness of donors and the gift they have given to others. The three-dimensional memorial artwork, titled Seasonal Oak, was created and installed by Hospital Art Studio and features an oak tree with almost 180 leaves in autumnal shades.
15 green leaves, with the names of donors, were added to the artwork at the event by their families and loved ones.

Our Armed Forces Advocate was a finalist for 'Inspiration of the Year'
Our Armed Forces Advocate, Martin Flint-Johnson received bronze in the Inspiration of the Year category at the English Veterans Awards 2023. The award recognises individuals who have a passion for progress and have inspired others within the community and workplace. The ex-serviceman joined us as Armed Forces Advocate in November 2022 and is passionate about removing some of the barriers for the 17,000 veterans in the local area and their families.

In his role, Martin works to identify veterans or serving personnel that come into the hospital and engages with local communities, organisations and charities to see if additional support is available for them. Martin has also been raising the profile of the Armed Forces by training staff on veteran-specific needs to ensure that the community are supported and never disadvantaged when receiving care.

Robins fly the nest at Nursery graduation
34 children graduated from Nightingales Day Nursery. To commemorate their final day before heading off to primary school they took part in a special graduation ceremony where they were given a cap, gift and had an opportunity for a photo to mark the end of their time with the nursery.

The graduates were then entertained with dancing, party games, a bubble machine and disco.

Healthcare Support Workers success
Four Healthcare Support Workers completed their training, allowing them to act as Senior Support workers in our operating theatres. This qualification now means that Healthcare Support Workers are able to scrub in and support the theatre team on minor surgeries.

Having worked in the Theatres department since the pandemic, Brittany Hudson from Cross Roads, began the training programme to develop their skills further and is one of the latest recruits for the department's successful apprenticeship programme that is jointly led by Bolton University.

Q3: October - December
Craven College film collaboration
A group of media students from Craven College collaborated with us as part of their media studies course to create videos for patients, the website and social media. The collaboration gives students vital real experience of working on client projects and builds their personal portfolios, and the Trust in return gets high quality videos at no cost to the NHS.

One group of students created a celebration video for the 10th anniversary of the Goldline service which provides end of life care to patients and families. A second group of students were working on videos for social media for the maternity team, giving tips to new parents on safe bathing and bottle-feeding advice. The third team worked with the Airedale Hospital and Community Charity to produce a video for their website, showcasing the great work the charity does and the things they've funded with donations from the community.

Goldline 10th anniversary
Our Digital Hub team celebrated 10 years of our Goldline service at a special event which included families of patients, clinicians and staff who have worked on the service.

The event showcased this important service and how it began, the staff who work in it, the families it supports, and the national agenda around end-of-life care. The Goldline team also showed some special videos made for the celebration.

Goldline provides a single point of contact, 24/7, for people with a serious illness who may be in the last year of their life and their carers. Provided from Airedale Hospital's Digital Care Hub, Goldline offers comfort and support to patients and their families and has supported over 20,000 people to die at home over the last 10 years.

Wave of Light event
The Sunbeam Support Group, a bereavement group run by midwives at Airedale Hospital, held their Wave of Light event as part of Baby Loss Awareness Week. This poignant candle lighting ceremony marks an hour of reflection and remembrance for families who have suffered miscarriage, stillbirth and child loss.

The event was held in the Sunbeam Garden at Airedale Hospital. Parents were offered lovelock hearts with padlocks for families to write on and candles were lit and placed around the Tree of Tranquillity in the garden.

Digital exercise clinic launched
The cardiac team launched a brand new digital exercise clinic for cardiac rehabilitation, so patients can access it whenever they want 24/7.

The idea is to make it easier for patients to access the classes, at a time and place that suits them, and to give them the option to do extra sessions to increase and improve their exercise capacity, which is vital for heart health.

The digital clinic is available on the trust website and includes a video from consultant cardiologist Dr Haqeel Jamil and a full physiotherapy-led exercise programme. It also has a video on how to exercise safely including advice on signs to watch out for. It includes advice on what to expect while exercising, what's normal during the different stages of recovery, when to ask for help and 'how to' videos on taking your pulse and blood pressure readings.

The digital clinic is provided alongside face to face care and is on top of the 1:1 support given in person and over the phone by cardiac clinical nurse specialists.

Midwife wins national award
Our Bereavement Support Midwife Gemma Sayer won the Elaine Thorp Award for Bereavement Care, from Sands the baby loss charity. Gemma was one of two midwives from Airedale Hospital to be shortlisted for the award and along with Midwife Bev Beaumont, both were nominated by bereaved parents for the care and support they received following their pregnancy or baby loss.

Community nurses named team of the year
Our Community Specialist Nurses Team were awarded Team of the Year – delivering frontline services - at Bradford District and Craven Health and Care Partnership's first ever Celebrate as One Awards.

The team includes specialist nurses in Respiratory, Heart Failure, Cardiac Rehabilitation and Neurology and the award recognises teams that are working together keep 'happy, healthy at home' and delivering exceptional care and results.

Other Airedale successes at the awards included Airedale Hospital and Community Charity who received the Working in Partnership – Act as One award for their pacer train project and Muhammed Patel, who was Highly Commended in the Equality, Diversity and Inclusion Champion category.

New Admiral nurse to support people with dementia
Laura Hughes was appointed as our first Admiral Nurse, to deliver relationship-centred dementia care within the hospital setting.

Admiral Nurses are specialist dementia nurses who are supported and developed by Dementia UK, to provide life-changing advice and support to anyone affected by dementia, whenever it's needed.

Play sessions for children to take the fear out of tests
Our play specialist Maria Barrick offered sessions for children, teenagers and their families, to take the fear out of having blood tests. Play specialists are there to help children and young people understand their illnesses and any treatments and help them cope with being in hospital or having procedures like blood tests done, which can be daunting and cause anxiety, particularly if they are needed regularly.

The sessions also help children and the nurses plan ahead, so they can choose how they want to be distracted. There are lots of options including bubbles, fidget toys and books for very young children to virtual reality headsets, ipads, computer games and consoles for older children and teenagers.

Q4: January - March
Queen's nurse
Community Advanced Clinical Practitioner Fiona Throp was given the prestigious title of Queen's Nurse (QN) by The Queen's Nursing Institute (QNI).

The title is an award for a commitment to high standards of patient care, learning and leadership. Fiona works in the Community team on the Virtual Ward and was recognised because of dedication to her patients who have care at home.

National storytelling week
Parents on the Neonatal Unit were given free book bags as part of storytelling week, giving them some special time to read books to their babies being cared for on the unit.

Reading to babies in a Neonatal unit is known to help with bonding and babies' development and can help reduce stress that parents feel by being in a different environment with their baby.

The book bags were by Bradford Library and included books that can be used during their stay and puppets and activities for tummy time for when they get home.

CQC maternity survey
The Care Quality Commission (CQC) maternity survey highlighted women's experiences of antenatal, labour and postnatal care.

The most positive results for Airedale were of women's experiences of being cared for by maternity staff, both during pregnancy and in labour and birth, with higher scores for women being involved in decisions about their care, partners being involved and staying with them as much as they wanted and support for their mental health after their pregnancy.

In response to feedback in recent months, we have also extended the Maternity Assessment Centre to a 7 day a week service, so women can contact midwives and come to the centre if they have any concerns during the pregnancy. We have also introduced more post-natal clinics in the community with infant feeding support champions so women can have more support at home with feeding.

Gold award for patient safety
We celebrated after receiving the Gold award – the highest level as a National Joint Registry (NJR) Quality Data Provider – after successfully completing a national programme of local data audits.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement procedures to improve clinical outcomes for the benefit of patients and also to support orthopaedic clinicians and industry manufacturers.

Menopause friendly workplace
We were one of 14 organisations in West Yorkshire who together were given the Menopause Friendly Workplace Accreditation, recognising the support we give to women experiencing symptoms of perimenopause and menopause.

The Menopause Friendly rating recognises the work we have already done including setting up a Menopause Support Network, having a dedicated email address for people to ask any questions, having a menopause library of books and a special section on the Trust intranet with useful resources. We also hold Menopause Cafés and events where people can come along and find out more about menopause and perimenopause, symptoms and how to manage them. A menopause policy has been introduced for managers and menopause has been included on the Enable adjustments passport, to make it easier for staff to ask for and record their adjustments.

Silver award in the Employer Recognition Scheme
We achieved re-accreditation of the Silver award for the Employer Recognition Scheme. The award is given by the Defence Employer Recognition Scheme in recognition of support given to the armed forces community. We are now working towards the Gold award, the highest level, and have recently increased the special leave policy to support reservists and adult cadets to provide extra paid leave for their annual training.

Our Armed Forces Advocate Martin Flint Johnson also put together Boredom Buster packs for veterans who've been admitted to hospital. In the packs are DAB radios, magazines and puzzle books, all provided with the support of Saafa, the Armed Forces Charity, Amazon UK and The Royal Yorkshire Regiment Association and Veterans.

Martin also holds regular 'Brew Up' events for veterans and their families, including staff, where people can drop in and get support.

Our Subsidiaries and Joint Ventures

AGH Solutions Ltd

AGH Solutions Ltd is the Trust's wholly owned subsidiary, providing estates and facilities management, procurement, catering, and transport and security services to the Trust. Established in 2018, the company has over 400 staff, a third of whom have been brought in house from previously outsourced contracts.

Highlights from 2023/24

- Continued to work with the Trust on the delivery of the Green Plan and progressed a range of measures to reduce carbon emissions.
- Completed full roll out of automated catalogue solution, saving clinical and technical time.
- Successful tendering and award of a Managed Equipment Service for Radiology.
- RAAC and related capital works delivery (modular 2 handed over summer 2023, three decant wards handed back to Trust; ED triage and urgent treatment centre).
- Significant improvement in standards of cleanliness and meeting National Cleaning Standards.
- Supporting the Trust with the New Hospital Programme, in particular enabling works.
- Continued strong KPI performance across all areas of the business.
- Conclusion of cultural review of the business and steps to implement into the day to day.
- Restaurant refurbishment with the support of Airedale Hospital & Community Charity.
- Demonstrated strong compliance across all areas of estates legislative requirements.
- Supported the Trust in acquiring Teal House/Teal Mews; successful delivery and handover of the management & maintenance of accommodation block premises.
- Completion of Theatres 5 & 6 upgrade project, accomplishing the desired outcome, resulting in achieving the HTM validation requirements.
- Successfully launched the Collaborative Energy Efficiency Project (CEEP).

Plans for 2024/25

- Further involvement in the new hospital development, via the Securing the Future programme.
- Continued RAAC works.
- Further expansion of catering retail offering.
- Embedding energy efficiency and savings through CEEP work.
- Procurement to be assessed on the Central Commercial Functions Commercial Continuous Improvement Assessment Framework.
- Innovation and technology solutions for delivering facilities management.

Immedicare

The Immedicare Joint Venture has been in place since April 2013 and is contracted to support 750 care homes across the UK with 24/7 video-enabled clinical assessment. This service is delivered from our Digital Care Hub where the team offer clinical expertise and in-depth knowledge of healthcare challenges together with the best technical design, delivery and support available.

Highlights from 2023/24

The 2023/24 financial year was a busy 12 months for Immedicare with several significant developments which included the launch of the new branding for the Joint Venture. A review of the call centre function of the clinical service was commissioned with a view to gaining efficiencies and improving the overall responsiveness of the service.
The key developments are outlined below:

- Successful roll out of non-medical prescribing across all contracts with the exception of Croydon and Wales.
- Introduced STOPPFall Assessments and medication reviews to reduce the number of falls in care homes for people at high risk of falling.
- 1693 care home staff attended virtual training sessions. Feedback was received from 132 attendees of the virtual training sessions - 100% of whom said they would use the information/skills learned during the training.
- Utilisation of the Immedicare service increased during 2023/24 as a result of the increased focus of clinical input to engagement activities with the care homes.

Plans for 2024/25

- Implementation of the recommendations from the Call Centre Review.
- Revision of the three-year Immedicare Strategy in response to changes in the commissioning landscape and economic challenges across the NHS.
- Working with external consultants to improve the marketing and communications approach, aligning with the refreshed Immedicare Strategy.
- Retention and growth within current contracts.

Integrated Pathology Solutions and Integrated Laboratory Solutions

Pathology and laboratory services are provided by Integrated Pathology Solutions LLP (IPS) and Integrated Laboratory Solutions LLP (ILS), joint ventures between the pathology departments of Airedale, Bradford and Harrogate hospital trusts, covering 400 staff. IPS provides a high-quality diagnostic and consultative service to clinical users of all three trusts, and to primary and secondary care providers.

Highlights from 2023/24

- Maintained multi-discipline, multi-site UKAS accreditation to ISO15189:2012 across all trust sites with the exception of Airedale-Bradford Microbiology which, following significant hard work, is now recommended for reinstatement.
- Continued to be a key player and driver in the regional Laboratory Information Management System (LIMS) deployment.
- Delivered financial plans generating surplus for distribution to member trusts.
- Consolidated a revised integrated operational management structure across all three sites and began a service-wide staff engagement and team leadership development programme.
- Gone live with digital slide scanning across all three sites which will, in time, result in the ability for pathologists to report digitally.
- Efficiencies of testing realised due to consolidation within IPS or repatriation of tests from outside of IPS, whether within or outside of region.

Plans for 2024/25

- Consolidate the position of the joint venture within West Yorkshire & Harrogate Pathology network and maintain collaborative working relationship with regional partners.
- Refresh instrumentation across Airedale and Bradford laboratories.
- Implement the remaining modules of regional Pathology LIMS across all sites.
- Implement and embed digital pathology technology across the IPS sites moving from scanning to the initial phases of reporting.
- Support all parent trusts with key KPI metrics.
- Continue 'People' programme to look to improve people metrics across the company.

Key Issues, Opportunities and Risks

Managing risk
The Board Assurance Framework (BAF) brings together the Trust's strategic objectives and identifies and quantifies the risks to achieving those objectives. It summarises the controls in place to mitigate the risks and sets out the extent to which assurance can be taken that the controls are effective in managing the risks.

The BAF is monitored by the Board of Directors and detailed management of the risks is delegated to individual Executive Leads. Mitigations and controls/controls assurance of individual risks are scrutinised through the Board's assurance committees: the People Committee; the Quality & Safety Committee; the Finance, Performance & Digital Committee; and the Securing the Future Committee.

Estate
Our two highest risks on the Corporate Risk Register continue to relate to our hospital estate.

83% of Airedale Hospital's Steeton site is constructed of Reinforced Autoclave Aerated Concrete (RAAC) panels, which are known to have a shelf life of 30 years and were the subject of a safety alert in 2019 relation to failure. A significant programme of investigation and remedial works is already in train and will continue over the next few years. This is in addition to backlog maintenance issues which need to be addressed.

Engineers have advised that the only solution is to replace the hospital by 2030. With the support of a number of stakeholders across the region, it was announced in May 2023 that the Trust is part of the government's New Hospital Programme. This means that a new hospital, built to the New Hospital Programme's Hospital 2.0 specification, will be constructed on the current Steeton site by 2030.

The work to prepare the site for construction and the building of the new facility is being taken forward by the Securing the Future programme team, who are working closely with the Department of Health and Social Care's New Hospital Programme team, alongside other key partners at place, regionally and nationally. The Securing the Future Committee and Programme Board are providing leadership and oversight of this work, and also of the work to manage and mitigate the risks of RAAC.

Financial sustainability
Three risks on the BAF relate to our overall financial sustainability:

- Transformation – releasing efficiencies.
- Sustainability – income generation.
- Operating model – commercial ventures.

If the Trust is unable to obtain sufficient income or release cost efficiencies, then it may eventually become financially unsustainable. In 2023-24 the Trust delivered a deficit of £6.3m, which was £2m worse than the financial plan, this was impacted predominantly by external factors including industrial action. In 2023 the Trust launched WAVE: Working to Achieve Value and Excellence. This concept was rolled out across the Trust to encourage the development of transforming ways of working to improve outcomes for patients, increase efficiency and work smarter. This yielded a number of successes, including:

- Pharmacy medicines waste reduction which has saved circa £100,000 per year.

- A new hysteroscopic procedure which moved some elective day cases into outpatients, improving patient experience and freeing up day case capacity for other patients.

- Supported by Changeology across Theatres, Endoscopy and HODU, the Trust has been able to align existing resources to deliver more activity at no additional pay cost and resulting in improved access for patients:
    - 572 additional surgical procedures in Theatres per year
    - 735 additional scopes undertaken in Endoscopy compared to prior year

- The HODU team reduced daily overruns, overtime and agency costs as a result of improved information to support decision making, and greater planning, visibility and communication. This project won a silver award in the 2024 HSJ Partnership Awards in the Best Healthcare Analytics Project category.

- Two respiratory consultants were recruited with hybrid working into the acute assessment unit, reducing high-cost locum spend.

- Waste Walks focusing on eight definitions of waste have realised £52k in annual savings.

The total amount of Waste Reduction Programme delivered in 2023-24 was £10.5m.

Access to sufficient capital allows us to transform services and release efficiencies. If we're unable to do this, it results in increased costs and poor performance. All capital is monitored through the Trust's Capital Investment Group. Capital funding was secured in 2023-24 from NHS England for our urgent treatment centre, which will improve urgent care performance when it is opened in summer 2024. The Trust also received significant funding from NHS England to continue to mitigate the RAAC structural issues, and funding from the New Hospital Programme for programme costs and enabling works associated with the new build. Capital related to the Electronic Patient Record (EPR) programme is ring-fenced.

Establishing a clear strategy and functions for the Trust's commercial ventures and subsidiaries will maximise income and partnership working. Establishing the best operational and governance arrangements, together with delivery against annual plans, will allow these entities to flourish. This risk is still being refined and will progress during 2024-25.

Workforce – capacity and staff experience
The two key workforce risks for the Trust relate to the capacity to meet the demand on services and the risk to staff and patients of not having an inclusive culture at the Trust.

If we are unable to recruit to vacancies we will not be able to meet the demand on services, leading to staff fatigue, high turnover and the risk to service sustainability. Certain specialities are particularly affected.

If we do not promote an inclusive culture then the Trust is not representative of the communities we serve, which can lead to poor engagement (by both patients and staff) and morale, and a poor patient experience.

A number of actions are taking place to mitigate these risks. The Trust continues the implementation of the People Strategy for the period 2020-2025 with an overall ambition of supporting people to thrive and flourish in all that we do - more about this is available in the Staff Report.

The 2023 NHS Staff Survey results have provided valuable insight and an action plan focusing on the three key areas of kindness and civility, line manager development and speaking up will be taken forward during 2024-25.

During 2023-24 the Trust continued to work with divisions through the Recruitment and Retention workstream to develop recruitment plans for all hard to recruit to roles, volume recruitment and exit strategy for long term locums. The New to Care health care support worker recruitment programme was established and further international recruitment of nursing roles took place. A People Promise manager was appointed in early 2024 to take forward the NHS England People Promise exemplar work, starting in summer 2024.

Workforce capacity also has a significant impact on another of our BAF risks, **organisational capacity**. This is the risk to being able to deliver our key transformational and operational programmes. Much of the mitigation of this sits with the Board to regularly review the strategic objectives, have oversight of the interdependencies and to influence externally via roles at place and regionally. Extra capacity is also being provided by consultants such as Changeology, who have supported our surgical services efficiency work, and Hive who are supporting the Securing the Future programme with project and programme management expertise.

The Trust's Health and Wellbeing offer has expanded, drawing together local, regional and national support, and the inclusion groups continue to support members of staff. During 2023 – 24 the Trust has continued to progress its actions in the Workforce Race Equality Standards and Workforce Disability Equality Standards (WDES) Action Plans, and has committed to zero tolerance of discrimination as well as the NHS England Sexual Safety Charter. There is also ongoing promotion of Freedom To Speak Up to ensure that staff members know how to raise concerns.

Access to services

The legacy of the pandemic and prevalence of Covid-19 combined with the significant challenges of the winter period together with the impact of industrial action and the RAAC decant programme continue to affect the delivery of planned and unplanned care by the Trust. Exceptionally high numbers of patients presenting at the emergency department caused long waiting times and a consequent increase in inpatient admissions. This was compounded by community care providers experiencing issues, causing delays in discharge.

Despite these challenges, the Trust continued to focus on elective recovery and reducing waiting times, and by the end of March 2023 had no patients waiting longer than 65 weeks which was a significant achievement. The 4-hour emergency care standard performance also improved towards the end of the year, following tireless work by teams across the organisation. During the year, work commenced on the new urgent treatment centre which will be co-located with the Emergency Department and will ensure that people receive the urgent care they need in the best setting.

Focused work also took place across the year on cancer diagnostics and in surgical services, which improved performance and increased effectiveness.

Patient experience and safety

The ongoing workforce challenges, labour turnover, and skills gaps mean that consistent delivery of compassionate, patient centred care is at risk. A focus on training, performance appraisal and development underpinned by a culture of patient centred care, and a strong reporting culture are key controls to minimise the risk of poor patient experience and harm.

The Trust is focused on equipping the workforce with the skills and knowledge needed to ensure that patient-centred care is paramount. Feedback from the Friends and Family test,

CQC surveys and inspections, incidents, patient engagement and experience, complaints and compliments are regularly triangulated in divisions and at Trust level to ensure that we build on successes and learn from mistakes. The Quality Review Group, divisional Quality and Safety boards, and the Patient Safety and Learning Group meet regularly to review progress and learning.

The Trust also benefits from having an in-house Human Factors expert in our consultant anaesthetist team who has trained many clinical staff members in Human Factors and the impact they have on delivery of good patient care. At the end of March, the Trust held a nursing and allied health professionals conference focused on 'compassion in action', which will be taken forward across teams in 2024-25.

Health inequalities
The BAF describes the risk to not working effectively with partners, thereby inadvertently contributing to worsening health, increased demands for our services and increased health inequalities. This is a newly identified strategic risk and our understanding of it is still being refined and developed.

The Trust is very active in its collaboration locally in our place, more widely across the West Yorkshire Association of Acute Trusts (WYAAT), the West Yorkshire ICB and the Community Providers Collaborative and at regional level. We take an active part in the Act as One joint work programmes and many staff members, from the Board downwards, are involved in a number of joint initiatives aimed at removing barriers to the services that we offer and providing the best care in accessible ways to our communities.

Going Concern disclosure

The Trust is funded primarily through healthcare contracts. The Trust has contracts in place which are expected to generate income and cash, and the ability to apply for deficit support funding from NHS England, which in combination are sufficient to pay its liabilities as they are due.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Summary of Performance

Performance Analysis

National and local standards

The purpose of this overview is to provide sufficient information to understand how the organisation has performed against key regulator standards during the year.

During the reporting period, performance reports were provided to each meeting of the Finance, Performance and Digital Committee, Quality and Safety Committee, People Committee, and to the Board. These reports covered all the key national and local performance standards to provide assurance to the Board.

Summary of Performance

Our performance overview highlights our key programmes of work with our partners and the people of Bradford District and Craven: to deliver excellent health and care services in our area and help people to be happy, healthy at home. It also describes our performance during 2023/24 and explains some of the challenges we have faced over the period.

Performance during 2023-24 has been challenged by continuing exceptional levels of demand, periods of industrial action, staffing gaps, a significant frail elderly population, and the ongoing management of the significant Reinforced Autoclaved Aerated Concrete (RAAC) risk which has impacted clinic space.

Throughout the year, the focus of many areas of performance has been managing pressures in urgent and emergency care and ensuring elective services recover waiting times with a specific focus on reducing the backlogs of patients waiting over 65 and 52 weeks.

The ongoing commitment and dedication of colleagues across the Trust to respond to the operational challenges and to give the highest quality care to patients is outstanding.

Urgent and Emergency Care

The Trust did not meet the A&E four hour wait target on the NHS Constitutional Framework (58.7% vs 76% operational planning requirement and 95% constitutional standard) in what was another extraordinarily challenging year for urgent care. By the year end 31 March 2024 a total of 3,861 patients (5.3% of all those that had attended A&E) had waited more than 12 hours in the department before being seen.

The Trust continues to work closely with ambulance providers to reduce delays in ambulance handover times with performance for the year achieving the 65% 15-minute target on average over 2023/24. It is worth noting that changes made by Yorkshire Ambulance Service to the clock start times in October affected our and all providers reported performance from Q3 onwards.

The Trust developed a comprehensive improvement plan to recover its Urgent and Emergency Care services. This included several improvement projects to support ambitions to achieve 76% of patients being admitted, transferred, or discharged within 4 hours.

The Plan aligns to the five areas of focus described in the January 2023 NHSE Delivery Plan publication, including increased capacity through Same Day Emergency Care services, workforce expansion, improving discharge processes and intermediate care provision, expansion of out of hospital care via virtual wards and urgent community response. It also includes improved access to right care via the development of an Urgent

Treatment Centre, co-located with the Emergency Department, due to be opened in summer 2024.

Elective Recovery

This year has seen significant challenges in the delivery of hospital-based care particularly for elective waits for inpatient, day cases, outpatient procedures and diagnostic tests. These challenges have come about due to:

- Historical backlogs of patients associated with the Covid-19 pandemic compounded by significant level of industrial action throughout the year that resulted in several thousand patient appointments and procedures being cancelled. The Trust continues to work across the system together with a collaboration of providers and external transformational change experts to maximise capacity and share best practice.

- Rise in demand for cancer services that means services have had to prioritise their limited capacity to those patients that are clinically more vulnerable.

- Staffing and workforce challenges due to staff absence, ongoing national recruitment difficulties and periods of industrial action and pay rate negotiations.

By the end of March 2024, the Trust virtually eliminated the number of patients waiting over 65 weeks for treatment with a total of 20 patients waiting. Of these 16 were due to patient choice or clinical complexity and 4 due to capacity.

The Trust achieved the requirement to reduce 52 week waiting patients down below the target of 898 by the end of March 2024, and is working towards the 2024/25 requirement to not have any patients waiting over 65 weeks.

Trust performance for 18 week Referral To Treatment (RTT) was 61.3% against the NHS constitutional standard of 92%.

The Trust did not meet the measure for diagnostic waits less than 6 weeks from referral. However, as part of the operational planning requirements the Trust is working towards the target of 95% of patients receiving their diagnostic test within 6 weeks by March 2025.

The Trust continues to support system efforts for elective recovery, working closely with West Yorkshire Association of Acute Trusts (WYAAT), colleagues in primary care and the independent sector to maximise capacity available and to ensure the Trust has strong clinical governance processes to manage patients safely whilst they face potentially long waits for surgery.

Performance against constitutional standards is overseen and led through the provider collaborative governance via an elective care group. In addition to this, the WYAAT Diagnostic Board has also been established to oversee delivery of diagnostic improvement work including driving forward the plans for community diagnostic hubs. These are all key priorities in recovering waiting lists.

Across Bradford District and Craven, a community diagnostic hub is now in use which means that additional capacity is available for a range of activities to reduce waiting lists and improve diagnostic turnaround times.

The Trust has developed recovery trajectories in line with national expectation for recovery for 2023/24 and continues to monitor these via its governance and reporting infrastructure.

Cancer

There were changes made to national reporting requirements from October 2023 where the 31 and 62 day reporting was consolidated down to one measure each, and the 2 week wait measures were removed, with more emphasis placed on the 28 day Faster Diagnosis standard.

The Trust met the Cancer 31 day target throughout the year; however increased demand for services led to challenges across the other targets. However, there was a notable improvement in Q4 of 2023/24 across all of the other targets which we will be looking to maintain going into 2024/25.

In the first half of the year the Trust met the cancer 2 week wait target for symptomatic breast cancer pathways and all 31-day treatment targets. However, rising levels of demand for cancer services compared to pre-covid levels, in addition to RAAC decant works, periods of industrial action, ongoing negotiations with the BMA over rates of pay for doctors and above average sickness absence levels affected the capacity of several specialties, resulting in delays in access to care for appointments within 2 weeks and 62 day time to treatment standards.

Surgical capacity has been affected by pensions and BMA rate card negotiations and full staffing in theatre nursing has been challenging. Despite these challenges, the Trust continues to make every effort possible to maintain cancer appointments, diagnostic tests and treatments and expects to improve cancer performance with the support of the Cancer Alliance.

Earlier diagnosis of cancer is a priority nationally and the Trust is developing rapid diagnostic pathways to diagnose or rule out cancer, within 28 days of GP or dental referral to improve outcomes for patients.

Key performance indicators

2023/24	Standard	Q1	Q2	Q3	Q4	Year
Total time in ED under 4hrs	95%	64.4%	60.6%	50.8%	58.9%	58.7%
% Ambulance handover within 15 minutes	65%	79.0%	81.0%	49.0%	47.0%	65.0%
Attendances >12 hours - %		2.19%	2.70%	9.46%	6.95%	5.33%
Referral to Treatment Time, 18 wks.	92%	62.6%	60.8%	59.1%	61.4%	61.3%
Diagnostics 6 Week Wait	99%	78.8%	75.7%	79.1%	83.6%	80.0%
Cancer 2 week wait	93%	68.8%	70.3%	74.1%	93.9%	77.3%
Cancer 2 week wait (breast symptomatic)	93%	29.1%	5.9%	42.6%	97.8%	45.2%
Cancer 31 day target (consolidated)	96%	97.8%	98.7%	98.8%	98.3%	98.4%
Cancer 28 day FDS	75%	70.2%	66.3%	70.3%	83.6%	72.9%
Cancer 62 day target (consolidated)	85%	73.8%	77.7%	73.9%	83.7%	77.1%

Environmental Sustainability

We remain committed to delivering the NHS Long Term Plan, Standard Contract, the recommendations in the Priorities and Operational Planning Guidance together with the 'Delivering a Net Zero NHS' plan. There are reflected in one of the West Yorkshire Integrated Care System's (ICS) top ten ambitions to address the impact of climate change. All have informed our three-year Green Plan which we published in early 2022. It sets out our commitment to tackling climate change via a framework for sustainability and low carbon practice in the way we deliver services. It also 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.

The Trust's inclusion on the New Hospital programme will lead to a review of the Green Plan later in 2024 as it represents an one off opportunity to accelerate the Trust's approach to achieving net zero ambitions.

Task force on climate-related disclosures

The Trust's Sustainability Committee met regularly during quarters one and two of 2023 to provide assurance to the Board of Directors on progress and achievements relating to sustainability objectives and targets. Following the announcement that the Trust is on the New Hospital Programme, in Autumn 2023, the Securing the Future Committee was established as a Board Committee. The Sustainability Committee met for the last time in October 2023, before formally becoming subsumed by the Securing the Future Committee.

Green Plan progress to March 2024

The Trust's Green Plan covers a period of three years, from April 2023 to March 2025. Actions identified within the plan have been split into nine different areas of delivery. They consist of actions which have been allocated between each year of the plan and also actions which are ongoing across the three years (and potentially beyond). The nine areas are noted in the table below

- Workforce and System Leadership
- Sustainable Models of Care
- Digital Transformation
- Travel and Transport
- Estates and Facilities
- Medicines
- Supply Chain and Procurement
- Food and Nutrition
- Climate Adaption

In 2023 the following statuses were applied to each action on the plan and reviewed on a monthly basis with assigned leads for each of the nine areas:

- Ongoing Progress – No Issues
- In Planning
- Progression Requires Investment
- Requires Estates Reconfiguration
- No Longer Applicable
- Requires Review
- Completed

Trust groups enabling delivery of the Green Plan include:

Internal

- EcoawAire staff group – monthly meeting
- Securing the Future Committee (previously the Sustainability Committee)

External

- WY ICS Sustainable Procurement and Innovation Group
- WY ICS Energy Managers Group
- NEY Regional Sustainable Procurement Forum
- Net Zero Travel and Transport Group
- West Yorkshire Environment and Sustainability Group
- NEY Estates NZC Delivery Group

Performance against the plan

An update on sustainability and key actions of the Green Plan is provided to the Trust Board on a quarterly basis. The latest update (for Trust Board 7 February 2024) is at this link (p287): https://www.airedale-trust.nhs.uk/wp-content/uploads/2024/02/2024.02.07-ANHSFT-Board-in-Public-Combined-Papers-v2.0.pdf

In the most recent performance report, key performance indicators show continued improvements in reducing water consumption, reducing paper usage, lower emissions from volatile anaesthetic gases and inhalers and increased uptake in low emissions car usage. Being on the New Hospital Programme accelerates the opportunities for the Trust to now get to net zero and will lead to a reassessment of the nature of items or their timing in the Trust's existing Green Plan, approved by the Board in early 2022, as well as inclusion of activity that could not have been previously considered.

Key initiatives

The EcoawAire staff group also took forward a number of sustainability initiatives in year, including the Active Travel Day event in June 2023 which highlighted ways to travel to work in a more sustainable and cost-efficient way. Other work taken forward includes: promotion of the Warp It second hand/surplus office equipment website, communications campaigns around preventing excess vehicle emissions, water efficiency and energy conservation, and supporting the planting of 150 trees on the hospital site to improve air quality.

Members of EcoawAire have also worked closely with partner organisations to develop system plans; for example the Bradford Place Climate Adaption Plan 2023 – 2027, which was produced jointly between Airedale, Bradford District Care NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust.

The Trust's environmental ambitions also support our finance and efficiency challenges. A project in Pharmacy to reduce medicines waste looked at the unused drugs and medicines which historically came back into pharmacy. Lack of capacity to restock them led to them expiring and needing to be destroyed. Rather than these medicines being wasted, a post was created to restock them back into pharmacy for patient benefit which has saved circa £100,000 per year and resulted in less physical waste.

Estates

In summer 2023 we opened our new modular office building, built to the same specification and with the same modern methods of construction as our clinical block which was opened in March 2022. This building uses renewable energy generated from both photovoltaic panels and air source heat pumps and provides a spacious, modern environment for desk-based teams to work in.

Sustainability will also be fundamental to the development of our new hospital and will form a key part of the Hospital 2.0 design principles, which are expected to be released imminently.

Sustainable procurement

The AGH Solutions team leads on sustainable procurement for all care organisations across West Yorkshire, and the group works together to share good practice and to lobby suppliers and the NHS Supply Chain to provide sustainable products and services. 60% of NHS carbon emissions come from the supply chain, so the group are looking at ways to reduce purchasing.

This year the group have been working through their third year of their three-year action plan, which includes:

- working with more local suppliers in achieving net zero commitment.
- contributing towards the Trust and the WY ICS Green Plan.
- building 'clean air' key performance indicators into contracts.
- ensuring products brought into the Trust are sustainable and have had a whole life cost evaluation.
- ensuring the re-use of equipment and maintaining a surplus store.
- managing procurement metrics and deliveries across West Yorkshire.
- maintaining a contacts database and embedding the future evergreen framework into procurement activities.
- being up to date on environmental legislation within the supply chain.
- continuing to partner with regional and national groups on sustainable projects.
- ensuring suppliers have completed carbon reduction plans in place.

Social, Community and Human Rights Issues

As an anchor institution and one of the biggest employers locally, we have a responsibility to support and represent our local community, to improve their health and wellbeing and work with our partners to tackle health inequalities. This ranges from our procurement focus on buying locally, to our work with schools, colleges and universities, to our commitment to sustainability.

Links continue to be made with many community groups, with the support of voluntary and community sector colleagues across our district, and our own staff who are members of local groups. Members of our senior leadership team took part in two Listen In events across the

year, run by Bradford District & Craven Health & Care Partnership. Our services engage with their patients and service users regularly on both a local and regional footprint to improve the services we deliver, for example via the Maternity Voices Partnership. As the journey towards our new hospital progresses there will be increased opportunities for involvement by our communities, such as the recent (autumn 2023) public survey, led by our Securing the Future programme, to help us develop our vision for the new hospital. Our overall engagement and involvement strategy will develop and strengthen during 2024-25 as the programme formalises its involvement approach. In addition a Matron for Patient Experience across the wider Trust activity was appointed in the first quarter of 2024 – 25.

As part of NHS75, many staff members volunteered via the *NHS Ambassadors – Inspiring the Future* programme which builds on the work that our staff regularly do to develop the workforce of the future. This includes attending careers fairs, visits to schools, mentoring, 'dragon's den' events and partnerships with local universities. We offer a range of apprenticeships and encourage our teams to consider apprenticeships when recruiting. We continue to run a successful internship programme for students with learning disabilities in partnership with Keighley College.

Our 300+ volunteers who support the Trust are a vital resource; in particular, improving the experience of patients and visitors. They carry out a variety of roles, including running the two shops, taking a shop trolley round the wards, acting as visitor guides and supporting specific areas such as the Chapel. Volunteers come from across our community and provide a friendly welcome for everyone visiting the hospital.

Many of our staff play their part in the community in a voluntary capacity, as governors for schools, trustees for local charities or active members of community and faith organisations.

We continue to see extraordinary levels of generosity from members of our community in the shape of donations and fundraising. The Trust is extremely grateful for the support of the Airedale Hospital and Community Charity and Friends of Airedale. During the year Sue Ryder Care (for our local hospice Manorlands) and Airedale Hospital & Community Charity both benefited from the Pennies from Heaven salary deduction scheme.

Modern Slavery Act 2015
The Trust has zero tolerance of slavery and human trafficking and is committed to maintaining and improving systems, processes and policies to avoid complicity in human rights violation and to prevent slavery and human trafficking in our supply chain.

As per the requirements of the Modern Slavery Act 2015 we publish a statement about the actions we are taking in respect of modern slavery on the Trust website. This statement is reviewed and updated annually. Our current statement can be seen on the Trust website here: https://www.airedale-trust.nhs.uk/about-us/corporate-information-and-publications/modern-slavery/

Overseas Operations
The Trust does not operate outside of the UK.

Important events since the end of the financial year 31 March 2024
Details of any post balance sheet events are provided in note 25 of the accounts.

Signed

Chief Executive Date: 28 June 2024

CHAPTER 2 - ACCOUNTABILITY REPORT

Section 1 – Directors' Report:

Composition of the Board

Airedale NHS Foundation Trust is headed by a Board of Directors with responsibility for the exercise of the powers and performance of the NHS Foundation Trust. The Board of Directors at the year-end 31 March 2024 is shown below.

Chair	Andrew Gold
Chief Executive	'Foluke Ajayi
Executive Directors	
Executive Medical Director and Deputy Chief Executive	Mr David Crampsey
Chief Operating Officer	Dr Leanne Cooper
Director of People and Organisational Development	Joanne Harrison
Director of Finance	Mike Savage
Chief Nurse	Amanda Stanford
Non-Executive Directors	
Nadira Mirza	Senior Independent Director, Deputy Chair, and Chair of the People Committee
Rhys Davies	Chair of the Charitable Funds Committee
Melanie Hudson	Chair of the Quality & Safety Committee
Ian Knight	Chair of the Group Audit and Risk Committee
Dr Andy Withers	Chair of the Finance, Performance and Digital Committee
Mark Andrews	Appointed with effect from 1 June 2023
Andrew Dumbleton	Completed his term of office on 31 May 2023

The Board had three additional non-voting Board members as at 31 March 2024:

Fiona Barr	Director of Corporate Affairs
Dr Paul Rice[1]	Chief Digital and Information Officer
Stuart Shaw	Director of Strategy, Planning and Partnerships

The gender balance of the Board of Directors* as at 31 March 2024 was:

	Female	Male
Non-Executive Directors	2	5
Executive Directors	4	2

*excluding non-voting Board Directors

The age profile of the Board of Directors* as at 31 March 2024 was:

Age range	Number of Directors
18 – 39	0
40 – 49	3
50 – 59	3
60 - 69	6
70 +	1

*excluding non-voting Board Directors

[1] The CDIO role is a shared role with Bradford Teaching Hospitals NHS Foundation Trust.

Register of Directors' Interests

Members of the Board of Directors are required to disclose details of company directorships or other material interests which may conflict with their role and management responsibilities of the Foundation Trust. At each meeting of the Board of Directors, a standing agenda item also requires all executive and Non-Executive Directors to make known any interest in relation to the agenda and any changes to their declared interests.

As at 31 March 2024, no member of the Board had declared an interest which may conflict with their management responsibilities as per the requirements of the Code of Governance for NHS Provider Trusts. The Chair who held office during the year ended 31 March 2024, declared they had no other significant commitments that affected their ability to carry out their duties to the full and were able to allow sufficient time to undertake those duties.

During 2023-24 the Trust implemented an electronic system for the management of declarations of interest. The Board of Directors undertakes an annual review of its Register of Declared Interests. The Register of Declared Interests for the Board of Directors and the Council of Governors is held by the Director of Corporate Affairs and is available for public inspection on the Trust's website at Declarations (mydeclarations.co.uk).
No political donations were made or received by the Foundation Trust in the reporting period.

Independence of the Non-Executive Directors

The Foundation Trust Board of Directors has assessed the independence of the Non-Executive Directors and the Chair and considers all of them to be independent in that there are no relationships or circumstances that are likely to affect their judgement as evidenced through their declarations of interest, previous employment, or tenure.

The Foundation Trust Board of Directors

NHS Boards play a key role in shaping the strategy, vision and purpose, hold the organisation to account for the delivery of strategy and ensure value for money. The Board is also responsible for assuring that risks to a Trust and the public are managed and mitigated effectively.

The Board has ultimate responsibility for the governance and oversight of Airedale NHS Foundation Trust (the Trust) and its activities. The Board determine the values, mission and strategy, and oversees the operations and leads the culture. The Board discharge its responsibility through all its activity, including Board and Board Committees.

The Trust serves communities, and the Non-Executive Directors (NEDs) individually and collectively are held to account for the performance of the Board of Directors by the Council of Governors (CoG) who in turn are representing the Trust's Members. The Trust's Constitution confirms which matters, such as the appointment of the Board Chair and NEDs, are the responsibility of the CoG and thus discharged through meetings of CoG.

The Board reserves some responsibilities to itself, delegating others to the Chief Executive and other Executive Directors or to committee of directors. These matters are set out in the Foundation Trust's Scheme of Decisions Reserved to the Board and the Scheme of Delegation. Decision making for the operational running of the Trust is delegated to the Executive Directors Group, which comprises all the executive directors and non-voting directors.

The Board has an annual work plan which ensures it focuses on its responsibilities and the long-term strategic direction of the Trust. It meets six times a year in public to conduct its business and has at least five meetings which focus on strategic development. The Board also meets on other occasions to discuss matters requiring Board consideration. Board members attend seminars and training and development events as part of their continuing professional development throughout the year.

The Board undertakes an evaluation of its own performance, that of its committees and of its individual directors. In March 2024, the Board self-assessed its performance as part of a workshop session during which it considered its approach to and delivery of good governance. This resulted in the development of a 'ways of working' document. In addition, the results of the 2023-24 Committee self-assessment were considered by the Board at a Public Board meeting in June 2024.

Throughout the financial year, the Board consisted of the Chief Executive plus five Executive Directors, three non-voting Executive Directors and seven Non-Executive Directors, including a Non-Executive Chair. This split ensures the balance of power on the Board rests with the Non-Executive Directors. Appointments to the Board in the reporting period meant that the Board was fully constituted.

The Non-Executive Directors possess a wide range of skills and experience essential for an effective Foundation Trust Board of Directors. These skills enable them to provide independent judgment and advice on issues of strategy, vision, performance, resources, and standards of conduct and to constructively challenge, influence and help the executive team develop proposals on such strategies.

The Board of Directors works as a unitary Board and directors have been selected to ensure the success of the organisation as a Trust, with an appropriate balance of clinical, financial, business and management background and skills. Should it be necessary to remove either the Chair or any Non-Executive Director, this shall be undertaken by the Council of Governors in accordance with the Trust's Constitution.

An annual appraisal process for Non-Executive Directors is in place and is reviewed on an annual basis by the Appointments and Remuneration Committee (ARC). The Chair appraises the performance of the Non-Executive Directors and provides a detailed report to the ARC; whilst the Senior Independent Director leads the Chair's appraisal and provides a summary report also to the ARC. In preparing the appraisals, both the Chair and Senior Independent Director consult with Executive Directors, Non-Executive Directors, Stakeholder Representatives, Governors and other key Senior Managers. Executive Directors also have detailed appraisals of their performance, and an annual appraisal process is in place with regular reviews of objectives set by the Chief Executive, and, in the case of the Chief Executive, by the Chair. A summary report of the Executive Director appraisals is presented on an annual basis to the Board Nominations and Remuneration Committee (NRC) by the Chief Executive, and by the Chair in the case of the Chief Executive.

Non-Executive Directors are involved in regular development activities including Board workshops, and attendance at seminars and conferences. The Trust considers it has the appropriate balance and completeness in the Board's membership to meet the ongoing requirements of an NHS Foundation Trust and continues to monitor this balance through its NRC and ARC.

Disclosures of the remuneration paid to the Chair, Non-Executive Directors and Directors are given in the Remuneration Report.

Biographies of the Board of Directors

The Board of Directors comprised the following Executive Directors and Non-Executive Directors as at 31 March 2024:

Non-Executive Directors	
Andrew Gold, Non-Executive Chair	Appointed: June 2016

Andrew joined the Board as Non-Executive Director on 1 June 2016 and was appointed Chair on 19 January 2018. Andrew is a qualified accountant and has a wide range of Board experience from a career in regulated financial services, mainly with member owned organisations. Until spring 2016, Andrew was the Group Director Risk, Audit and Compliance of a locally based regulated financial service group. Since May 2014, Andrew has been a Non-Executive Director of the Ecology Building Society based in Silsden and is currently Deputy Chair and Senior Independent Director. He also holds an unpaid position as Non-Executive Director of Ramblers Holiday Group Limited and associated companies. Living in Skipton, Andrew is directly involved in a number of activities that support the local community. As well as being Chair of the Board, Andrew also chairs the Council of Governors, the Securing the Future Committee and the Appointments and Remuneration Committee. Andrew is also a member of the Nominations and Remuneration Committee and the Charitable Funds Committee. In addition, Andrew is the NED representative on the Trust's Enable Staff Network and the EcoawAire colleague forum. Furthermore, as Trust Chair, Andrew is a member of the Committee in Common for both the West Yorkshire Association of Acute Trusts (WYAAT) and the West Yorkshire Community Collaborative as well as a member of the West Yorkshire Health and Care Partnership Board along with the Place, Bradford District & Craven, Board.

Nadira Mirza, Deputy Chair and Senior Independent Director	Appointed: May 2019

Nadira has a successful track record of strategic leadership, transformational change and people management within large complex organisations. She has significant experience of working at Board level within higher education and the voluntary sectors. She was a Non-Executive Director of Bradford District Care Trust for over six years and was also the Senior Independent Director for a term chairing a number of business critical committees such as Quality and Safety, Human Resources, Charities and Mental Health Legislation and was Deputy Chair of Audit, Finance Investment and Business and Remuneration. She is also Professor and Strategic Adviser to the Deputy Vice Chancellor at Leeds Trinity University. Nadira is Chair of both the Nominations and Remuneration Committee and People Committee. Additionally, Nadira is a member of the Quality and Safety Committee; Finance Performance, and Digital Committee; and the Appointments and Remuneration Committee. Nadira is the NED representative on the Trust's Race Equality Staff Network and is the NED Maternity Board Safety Champion

Rhys Davies	Appointed July 2019

Rhys has extensive executive experience in technology and change across the commercial, higher education, research, leisure and health sectors. Rhys' previous roles include Chief Information Officer at Queen Mary University, Non-Executive Chairman at YHMAN Ltd, Director of Information Technology at University of Leeds, Group Director of Information Services at William Hill and IT Director at Wm Morrison Supermarkets. Prior to these leadership roles he gained extensive supermarket and supply chain experience at Asda and Tesco. He is also a Non-Executive Director of the British Wool Marketing Board and Non-Executive Director of Sovereign Health Care. Rhys is a member of the Group Audit and Risk

Committee; Quality and Safety Committee; Finance, Performance and Digital Committee; and is Chair of the Charitable Funds Committee. In addition, Rhys is an invited attendee to the Electronic Patient Record Transformation Assurance Group.

Melanie Hudson	Appointed: May 2019

Melanie has spent the majority of her career working within the Further Education sector mainly in a strategic role reporting into and regularly advising and supporting the Board and its associated committees. More recently Melanie was the Deputy Principal for Kirklees College and Dewsbury Centre Principal. Melanie has over 20 years' experience leading and managing Human Resources and Organisational Development functions, as well as having responsibility for Estates and Capital Strategy, marketing and communications, ICT, Risk Management and Health and Safety. She has held numerous senior roles including Vice Principal Corporate Services, Kirklees College, Director of Corporate Services, Kirklees College, Assistant Principal for Human Resources and Equality, Huddersfield Technical College and Director of Corporate Services and Clerk to the Corporation, The Community College Hackney. Melanie chairs the Trust's Quality and Safety Committee; is a member of the Group Audit and Risk Committee; People Committee; and Securing the Future Committee; and holds the position as Non-Executive Chair of the Trust's wholly owned subsidiary, AGH Solutions Limited. She is also the NED Champion for Freedom to Speak Up, the NED Guardian for Wellbeing, System People Committee Chair Bradford District & Craven Place, and Member of Place Partnership Board

Ian Knight	Appointed: August 2021

Ian was a Corporate Treasurer with expertise in treasury and finance, acquired in multiple UK and international companies, culminating in being Group Treasurer at Kelda Group Plc (previously Yorkshire Water Plc). Ian has been a Non-Executive Director since 2001 Previously to Airedale NHS Foundation Trust Ian was at Liverpool Women's NHS Foundation Trust. He is experienced in providing advice on finance, corporate acquisitions, and commercial property projects. Ian is also a Trustee of the Kelda Group Pension Fund and chairs the funding committee of the Nell Bank Charitable Trust. Ian chairs the Trust's Group Audit and Risk Committee and is a member of the Finance, Performance and Digital Committee; People Committee; and Charitable Funds Committee. He is also the Security Management NED Champion.

Dr Andy Withers	Appointed: April 2020

Andy was a General Practitioner in Bradford from 1986 and has held various roles in the local health economy, most recently as Chair of Bradford Districts Clinical Commissioning Group until the end of March 2020. He has extensive medical leadership experience including establishing and chairing the Clinical Group in the West Yorkshire & Harrogate Health & Care Partnership. He has served on several national NHS groups and was a member of the Oversight Group of the Integrated Care System (ICS). He was a member of many of the Bradford & Craven Health and Care system boards. Previously he was Chair of the Local Medical Committee. He retired from practice in 2019. Andy is Chair of the Finance, Performance and Digital Committee and is a member of the Group Audit and Risk Committee; Quality and Safety Committee; Securing the Future Committee; Appointments and Remuneration Committee; and Nominations and Remuneration Committee. He is also System Quality Committee Chair Bradford District & Craven Place, and Member of Place Partnership Board.

Mark Andrews	Appointed: June 2023

Mark has previously been responsible for project management, design, construction and FM of many new hospitals in the UK and abroad. Because of his services to apprenticeships, training and education in the construction industry, Mark was awarded an OBE in 2010. He held many senior roles including Chief Executive at NG Bailey and Managing Director at Balfour Beatty and, most recently, Laing O'Rourke. As a chartered engineer with a plethora of executive management experience in construction, engineering, contracting services, manufacturing and chemicals, Mark's skills and experience are invaluable at a time where we look forward to building a new hospital. Mark is a member of the People Committee; Securing the Future Committee; Appointments and Remuneration Committee; and Nominations and Remuneration Committee.

Executive Directors	
'Foluke Ajayi, Chief Executive	Appointed: April 2022

'Foluke joined the Trust in April 2022 from NHS England and NHS Improvement where she was Director of Strategic Transformation in the Humber Coast & Vale Health and Care Partnership. Prior to this, she worked as Chief Operating Officer at University Hospitals of Morecambe Bay NHS FT for five years. 'Foluke's early career was as a Clinical Scientist in Audiology specialising in paediatrics and cochlear implants, following which she held senior roles in the Department of Health and NHS Employers. She has also held senior operational management roles at Leeds Teaching Hospitals NHS Trust initially as Directorate Manager, after which she led their Cancer Centre as General Manager.

'Foluke is a Member of the Nominations and Remuneration Committee and a Member of the Securing the Future Committee. She is also Member of the Committee in Common of the West Yorkshire Association of Acute Trusts, Member of the West Yorkshire Health and Care Partnership Board and Member of the Bradford District & Craven Place Partnership Board. Foluke is a Member of the Bradford and Airedale Wellbeing Board and Member of the North Yorkshire Health and Wellbeing Board.

Dr Leanne Cooper Chief Operating Officer	Appointed: February 2023

Leanne was previously Deputy Chief Operating Officer at University Hospitals of Morecambe Bay NHS Foundation Trust and brings with her extensive operational experience the design and delivery of Elective Recovery and Urgent Care. She began her career in Biomedical Research and is also a qualified accountant, having worked in both financial and operational leadership teams at Morecambe Bay. Her achievements include securing financial investments and leading on service transformation to improve the quality of care.

As well as her role as the executive lead for operational performance, Leanne is the designated Accountable Emergency Officer for Emergency Planning and is the Senior Responsible Officer for the RAAC programme. Leanne also chairs the Immedicare Board Joint Venture and is a member of the West Yorkshire Association of Acute Trusts (WYAAT) Diagnostic Programme Board and the West Yorkshire Community Health Services Provider Collaborative.

Mr David Crampsey, Medical Director & Deputy Chief Executive	Appointed: July 2020

David was appointed Medical Director in July 2020, after previously holding the position of Deputy Medical Director and Divisional Director for Surgery and Diagnostics at the Trust from February 2018. He is actively involved in system leadership at Place, and across West Yorkshire and Harrogate, having previously been Co-Chair of the Bradford District and Craven System Planned Care Oversight Board. As the chair of the Clinical and Professional Forum at Place, he sits on the BDC Partnership Board and Partnership Leadership Executive; he is also immediate past chair of the WYAAT Medical Directors Group. Within the Trust, he is a member of the People and Quality and Safety Committees, sits on the Joint Venture Boards for Immedicare LLP and Integrated Pathology Solution/ Integrated Laboratory Solutions, and is a member of the Charitable Funds Commmittee. He chairs the EPR Transformation Assurance Group.

David trained as an ENT Surgeon in Glasgow, London and Christchurch, New Zealand. He was appointed as a Consultant Otolaryngologist in 2011, with a specialist interest in Rhinology and Vertigo. He was Lead Clinician for ENT within NHS Greater Glasgow and Clyde from 2012 to 2017. He has an interest in teaching and education, with a teaching award from the University of Otago. He was also Honorary Clinical Senior Lecturer and Undergraduate Lead for ENT at the University of Glasgow.

David has had an active interest in leadership and management for many years, and participated in Cohort 10 of the NHS Scotland Delivering the Future leadership development programme. He is a member of the Faculty of Medical Leadership and Management, and was an elected member of the BMA Medical Managers' Committee.

Joanne Harrison, Director of People and OD	Appointed: September 2019

Joanne has over 20 years' experience of working in Human Resources and Organisational Development, in both the public and private sector and is a Chartered Fellow of the CIPD. Joanne's previous NHS roles include Deputy Director of Workforce and Organisational Development; Interim Executive Director of Workforce and Organisational Development; HR Business Partner; HR Manager and Interim General Manager at Harrogate & District NHS Foundation Trust. In the private sector she had significant experience in the retail and service industry.

Joanne is a member of the People Committee and is advisor to the Nominations and Remuneration Committee as well as the Appointments and Remuneration Committee.

Across Bradford District and Craven Joanne co-ordinates the Workforce Programme working with system partners to develop long term, sustainable solutions. Across the West Yorkshire Association of Acute Trusts (WYAAT) Joanne provides the subject matter expertise into the elective recovery programme. Joanne also co-chairs the Yorkshire and Humber Human Resources Directors Network.

Mike Savage, Director of Finance	Appointed: October 2022

Mike joined the Trust from Manchester Royal Infirmary (part of Manchester University NHS Foundation Trust) where he had been Director of Finance since January 2020. Prior to this he was Director of Operational Finance at The Royal Surrey Hospital NHS Foundation Trust. He has previously worked for a NHS Commissioning Support Unit in Yorkshire, as Chief Finance Officer and then as Customer Delivery Director. His early career was spent at PwC in the Audit

and Insolvency divisions where he qualified as a Chartered Accountant; and JP Morgan Chase in London and in New York, then taking on a number of Finance Director roles before starting his career in the NHS. Mike has also completed a number of NHS leadership development programmes including the 2018 cohort of the Aspiring Finance Leaders National Talent Pool, Top Leaders, and City University London CASS Business School NHS Strategic Financial Leadership.

Mike is a member of the Finance Performance & Digital Committee, Electronic Patient Record (EPR) Transformation Assurance Group, Securing The Future Programme Committee, and also attends the Group Audit & Risk Committee. Mike is also a member of the West Yorkshire Association of Acute Trusts (WYAAT) Directors of Finance, West Yorkshire ICS Finance Forum, Bradford District & Craven Place System Finance & Performance Committee, as well as being the West Yorkshire Director of Finance lead and Board member for the West Yorkshire & Harrogate Cancer Alliance, and a member of the Immedicare LLP Board.

Amanda Stanford, Chief Nurse	Appointed: January 2021

Amanda was appointed Chief Nurse in January 2021, having previously been the Director for Quality and Patient Safety from June 2019. Prior to joining the Trust, Amanda worked at the Care Quality Commission (CQC) as Head of Inspection, North East, Yorkshire & Humber before being appointed as Interim Deputy Chief Inspector for London & South in 2017, and then Central England in 2018. Prior to joining the CQC she worked at York Teaching Hospital NHS Foundation Trust as Directorate Manager, General Surgery and Urology covering York and Scarborough. Amanda qualified as a Registered General Nurse in 1988 and went on to complete further training in Cardio-thoracic nursing at Papworth Hospital. Her early career was as Clinical Nurse Specialist in Respiratory Medicine, before moving into operational management at Hull & East Yorkshire NHS Trust as a Nurse Manager.

Amanda is joint Executive Lead for the Trust's Quality and Safety Committee, is a member of the People Committee and attends Audit and Risk Committee.

Fiona Barr, Director of Corporate Affairs and Trust Secretary (non-voting)	Appointed December 2022

Fiona was previously Director of Corporate Governance at Northamptonshire Healthcare NHS Foundation Trust ('NHFT') where she was also a Trustee of the NHFT independent charity. Fiona is dual qualified in marketing and healthcare governance and has worked in the NHS throughout her career and across all sectors including acute, community, mental health, ambulance service and commissioning as well as at a national level with NHS England and the Department of Health.

Fiona is an attendee at Audit and Risk Committee and a member of the Charitable Funds Committee.

Dr Paul Rice, Chief Digital and Information Officer (non-voting)	Appointed January 2021

Paul holds the joint position of Chief Digital and Information Officer for the Trust and Bradford Teaching Hospitals NHS Foundation Trust, having previously been Regional Director of Digital Transformation for NHS England and NHS Improvement in the North East and Yorkshire. He has been the Senior Responsible Owner for substantial digital transformation programme

concerned with hospital care, mental health, primary care, maternal and child health and diagnostics. Paul has also been a Primary Care Trust Director, a Transformation Director in the NHS Modernisation Agency and a policy lead in the Department of Health. Paul is a member of the Finance Performance and Digital Committee and the Electronic Patient Record (EPR) Transformation Assurance Group.	
Stuart Shaw, Director of Strategy, Planning and Partnerships (non-voting)	Appointed: November 2018
Stuart was appointed as Director of Strategy, Planning and Partnerships in October 2018 having previously worked for 10 years at the Trust as the Head of Planning and Performance where his role focused on annual planning, regulatory performance and contract negotiation and management. Stuart was also Acting Chief Operating Officer between 1 January 2022 to 30 April 2022. Before joining the Trust, Stuart was the Assistant Director of Performance Management at Bradford Teaching Hospitals NHS Foundation Trust with responsibility for the Performance Management Unit supporting Local Delivery Plans. Stuart is a member of Finance, Performance and Digital Committee, Securing The Future Committee, IPS/ILS Board, Bradford District and Craven Strategic Estates Group and the West Yorkshire Association of Acute Trusts Directors of Strategy.	

Committees of the Board of Directors
The Board has established the 'statutory' Committees required by the NHS Act 2006 and the Foundation Trust Constitution. The Nominations and Remuneration Committees and the Audit and Risk Committee each discharge the duties set out in the Foundation Trust Constitution and their Terms of Reference.

In addition, the Board has established additional 'designated' Committees to augment its monitoring, scrutiny and oversight functions particularly with regard to quality and financial risk management and to provide assurance on key areas of the Trust business. These are

- Quality and Safety Committee
- Finance, Performance and Digital Committee
- People Committee
- Sustainability Committee (Stood down November 2023)
- Securing the Future Committee (Established November 2023)

Each Committee is chaired by a Non-Executive Director and membership comprises Non-Executive Directors and Executive Directors, supported by managers from across the Trust. The Trust also acts as Corporate Trustee for the hospital's charity and for this purpose has established a Charitable Funds Committee to oversee the day-to-day management of the charity.

Governors are invited to attend all Board Committees to observes the meeting, with the exception of the Charitable Funds Committee and the Appointments and Remuneration Committee where Governors are members of those Committees.

Group Audit and Risk Committee
The role of the Group Audit and Risk Committee is to critically review the governance and assurance processes on which the Board places reliance, to ensure the long-term viability of the organisation. The Committee is charged with ensuring the adequacy and effective operation of the overall control systems of the organisation, with specific focus on the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives.

During 2023/24 regular reports were received from the Internal Audit Manager, External Audit Manager and the Director of Finance. The Committee received reports on the Internal Audit Plan for 2023/24, receiving progress reports throughout the year; Losses and Compensation, review of the standing orders, SFIs, Scheme of Delegation; Wavier of Standing Orders; the Annual Report and Accounts and associated documents for both the Trust and Charity; agreed the process for the Committee annual effectiveness reviews; and the Board Assurance Framework (BAF). Specifically for 2023-24 the Committee also oversaw the implication of the Declare system, and received reports on record keeping and information management, considered its role in the BAF process, agreed a process of the appointment of the external auditor for AGH Solutions Ltd, and the Committee Chair commissioned an independent review, and a report was received, on the process for the approval of the Annual Financial Statements of AGH Solutions Ltd.

The Audit and Risk Committee has approved terms of reference which are reviewed annually and are available on request.

Membership of the Audit and Risk Committee during 2023/24 comprised of at not less than three Non-Executive Directors (including the Committee Chair and the NED Security Champion). Additionally, the Director of Finance and other senior managers including the Director of Corporate Affairs and the Head of Corporate Governance, attend Audit Committee meetings. One member of the Council of Governors is also invited to attend and observe each meeting. The Chief Executive attended on one occasion for the presentation of the Annual Governance Statement and the Chair attended one meeting in an observer capacity.

The Trust and the Committee are supported by the Internal Audit and Counter-Fraud Service provided by Audit Yorkshire and its external auditors Grant Thornton. If necessary, the Committee may also seek independent legal or other professional advice.

The Committee met seven times during 2023/24. The meeting in June specifically looked at the Annual Report and Accounts, and an extra ordinary meeting was called for the consideration of the Annual Financial Statements for AGH Solutions Ltd. and associated processes and transacted one matter of business a written resolution. The attendance at the Committee for the financial year 2023/24 is provided on p.47.

The Committee has an annual work plan which shows how it plans to discharge its responsibilities under its Terms of Reference. The Committee Chair provides a report to the Board which sets out key items of discussion and matters for escalation. A self-assessment of the Committee's performance was completed at the end of 2023/24 and the outcome reported to the Board.

The principal activities of the Committee over the year were:

Financial reporting
The primary role of the Committee in relation to financial reporting is to review, with both management and the external auditor, the appropriateness of the annual financial statements concentrating on:

- the quality and acceptability of accounting policies and practices;
- the clarity of the disclosures, compliance with financial accounting standards and the relevant financial reporting requirements;
- material areas in which significant judgements have been applied or there has been discussion with the external auditor.

To aid the review, the Committee received reports from the Director of Finance and the external auditor on the outcomes of their interim and year-end audit process.

The external auditor's audit report following the completion of the audit provided the Audit and Risk Committee with assurance over the Trust's accounts showing they are free from material misstatement and give a true and fair view of the Trust's financial performance. The Committee received a paper from the Director of Finance detailing the evidence to support the Trust's going concern status. The Committee reviewed this paper and confirmed their support for recommending to the Trust Board that the financial statements should be prepared on a going concern basis.

Governance and Risk Management

During the year the Committee has continued to ensure the Trust's governance arrangements are reviewed in line with the Code of Governance for Foundation Trusts published by NHS Improvement. Any changes are reflected within the relevant Trust policies and procedures and reported to the Committee for approval.

The Committee has continued to pay particular attention to the Trust's risk management arrangements receiving regular assurance reports on the systems and processes in place for the management of the Trust's Strategic Risk through the Board Assurance Framework. As well as utilising the work of the Risk and Compliance Group to scrutinise risk registers and performance against national risk and safety standards.

Of particular importance is the review of the disclosure statements that flow from the Trust's assurance processes with internal control weaknesses described within the Annual Governance Statement. The Committee discussed and agreed upon the disclosed areas of internal control gaps as described within the 2024/25 Annual Governance Statement.

The Committee undertook a self-assessment and identified several actions to improve its effectiveness. These included:

- The way in which the Committee integrates and received assurance from other Committees, including assurance related to the Board Assurance Framework.
- The balance between consideration of quality and finance assurance and broadening the scope of the agenda to include quality assurance reporting.
- The Committee's effectiveness in monitoring the implementation of management actions arising from Internal Audit reports.
- The level of awareness around key sources of assurance.

Additional activities of the Committee during the year included:

- Review and approval of the internal audit plan, and more detailed programme of work, ensuring that this was consistent with the audit needs of the Trust.
- Consideration of the major findings of internal audit work, the appropriateness of management responses, and the timeliness of completion of agreed actions
- Review of all external audit reports
- Statement and changes in, and compliance with, accounting policies and practices
- Review of all work related to security, fraud and corruption as set out in the Secretary of State Directions

- Review of the Trust's compliance with the NHS England Guidance 'Managing Conflicts of Interest', including the Trust's systems and process and Conflicts of Interest Policy

The Audit and Risk Committee also received regular or specific reports on:

- Losses and compensation payments
- Waiver of tendering process and competitive quotations
- Write-off of debts
- Any allegation of suspected fraud notified to the Trust

The Trust Secretary was the formal secretary for the Committee and ensured that co-ordination of papers and minutes were produced in accordance with the Chair of the Committee. The Trust has a process agreed by Governors for the agreement of non-audit services provided by external audit. No additional non-audit services were required during the period.

Quality and Safety Committee

The Committee provides the Board of Directors with assurance that there is continuous and measurable improvement in the quality of the services provided. It achieves this by ensuring governance, performance and internal control systems support the delivery of safe, high quality patient care. The Committee also ensures that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.

During the year, the Committee considered:

- Board Assurance Framework and High-Level Risk Register, and assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee
- Quality Strategy and Patient Safety Strategy reports
- Data and quality and safety metrics in relation to serious incidents, stroke services, mental health, infection control and claims and litigation
- Patient, public experience and engagement reports
- Assurance reports in relation to clinical standards, clinical audit, cleaning standards, nutrition and hydration etc
- Annual Reports relating to safeguarding, infection control, organ donation, end of life, research and development and the Human Tissue Authority
- Integrated Board Report from a quality and safety perspective

The Committee also set a programme of service reviews during the year enabling the Committee to undertake deep dives into the Divisional quality priorities and progress against those priorities. This programme will continue in to 2024/25 whereby each Division, consisting of Medicine, Community and Therapy Services; Surgery; and Women's, Children's and Specialist Services. The Committee also requested and completed deep dives into Diagnostics, Cancer and Urgent & Emergency care, as part of its scrutiny of the Integrated Board Report.

The Quality and Safety Committee is chaired by a Non-Executive Director, and Membership for 2023/24 comprised of at least three Non-Executive Directors (including the Committee Chair, and the NED Maternity Safety Champion), Chief Nurse, Medical Director, and the Chief Operating Officer. Additionally, the Chief Pharmacist is invited to attend all meetings of the Committee.

The Committee met nine times during this reporting period. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring escalation to the Board.

Charitable Funds Committee
The Committee acts on behalf of the Board of Directors in its capacity as Corporate Trustee of the Airedale Hospital and Community Charity (charity number 1050730).

The purpose of the Committee is to give additional assurance to the Corporate Trustee that its charitable activities are within the law and regulations set by the Charity Commission for England and Wales and to ensure compliance with the Charity's own governing document. The Committee meets at least four times a year and provides advice to the Corporate Trustee on matters such as investment strategy and fundraising strategy.

The annual report and accounts of the Airedale Hospital & Community Charity are available from either contacting the Director of Corporate Affairs/Trust Secretary or via the Charity Commission website.

A Non-Executive Director chairs the Committee, in addition to the Committee Chair, membership for 2023/24 comprised three Non-Executive Directors (one of whom was the Trust Chair), Medical Director, Director of People and OD, Chief Operating Officer, a Governor representative and two Staff representatives.
The Committee is supported by the Director of Corporate Affairs, Charity Manager and Senior Finance Managers.

Finance, Performance and Digital Committee
The Finance, Performance and Digital Committee provides the Board with an independent and objective review of, and assurances, in relation to financial, performance and digital matters which may impact on the financial viability and sustainability of the Trust.

The Finance, Performance and Digital Committee has delegated authority from the Foundation Trust Board of Directors, subject to limitations imposed by the Schedule of Matters Reserved to the Board, to review and make such arrangements as it considers appropriate on matters relating to:

- Control and management of the finances of the Foundation Trust
- Target level of efficiency savings, waste reduction and actions to ensure these are achieved
- Budget-setting principles
- Year-end forecasting
- Capital planning

The Committee also provides detailed scrutiny of financial and performance information, including performance against the cost improvement and capital investment programmes, the waste reduction target and the cashflow position. Additionally, it reviews business cases for major initiatives. The Committee monitors progress against the Digital Strategy and receives assurance on the implementation of key digital projects and programmes.

The Committee is chaired by a Non-Executive Director, and Membership for 2023/24 comprised of at least three Non-Executive Directors (including the Committee Chair), Director of Finance, Chief Operating Officer, and Chief Digital and Information Officer. Other senior managers in attendance included the Director of Strategy, Planning and Partnerships, and the Deputy Director of Finance.

The Finance, Performance and Digital Committee met on nine occasions during this reporting period. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

People Committee
The People Committee provides assurance to the Board on the quality and impact of people, workforce and organisational development strategies and the effectiveness of people management in the Trust. This includes reviewing: recruitment and retention; training; employee health and wellbeing; employee engagement levels; workforce matters; and employee culture, diversity, and inclusion.

During the year, the Committee has considered:

- Board Assurance Framework and High-Level Risk Register, and assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee
- People Plan and associated activity/implementation plan(s) to support the Foundation Trust's forward strategy, for example Health and Wellbeing Plan
- Key people and workforce metrics, including benchmarking data i.e. Gender Pay Gap Report, WDES and WRES data and plan and the Staff Survey Annual Report and Plan
- Reports from the Freedom to Speak Up Guardian and Guardian of Safe Working, in order to act as an early point of contact for concerns to be raised prior to reporting to Board.
- Integrated Board Report from a people perspective

The Committee also held additional deep dive sessions in relation to Retention and People Experience, Health and Wellbeing, Freedom to Speak Up (FTSU), and Inclusion.

The Committee is chaired by a Non-Executive Director. In addition to the Committee Chair the Membership during 2023/24 comprised of at least two Non-Executive Directors (including the FTSU NED Champion, and NED Champion for Wellbeing), Director of People and Organisational Development, Chief Nurse, and Medical Director. Other senior managers in attendance were the Deputy Director of People and Organisational Development.

The Committee met on six occasions during the reporting period and provided regular reports to the Board following each meeting.

Sustainability Committee
The Sustainability Committee has a joint reporting line to the Board of Directors of the Trust and the Board of AGH Solutions Ltd. It provides assurance that the Trust is acting in accordance with its environmental commitment and as a socially responsible organisation that makes the most of its social, environmental and economic assets to reduce the environmental impact and enhance the ethical/social impact of its activities. The Committee is chaired by the Trust Chair. In addition to the Chair the Committee membership for 2023/24 was two Non-Executive Directors, The Trust's Director of Finance, Director of Strategy and Planning, along with the Managing Director of AGH Solutions.

The Committee met on three occasions during the reporting period and provided regular reports to the Board following each meeting.

Following the announcement in May 2023 that the Trust is on the New Hospital Programme, in Autumn 2023, the Securing the Future Committee was established as a Committee of the Board. The Sustainability Committee met for the last time in October 2023, before formally becoming subsumed by the Securing the Future Committee.

Securing the Future Committee
The Securing the Future Committee was established in November 2023 and provides the Board with an independent and objective review of, and assurances, in relation to the New

Hospital Programme and RAAC Remedial works, ensuring that there are clear processes and mechanisms of assurance, for oversight of the Securing the Future Programme Board, and that these meet the statutory duties of the organisation.
During the year the Committee considered:

- Governance arrangements for the securing the future programme
- Board Assurance Framework and High-Level Risk Register, and assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee
- Clinical Strategy
- Assurance reports in relation to securing the future programme delivery.

The Committee is chaired by a Non-Executive Director, and Membership for 2023/24 comprised of at least three Non-Executive Directors (including the Committee Chair), and at least two Executive Directors, these being the Chief Executive and the Director of Finance, along with the Director of Strategy, Planning and Partnerships and the Chief Operating Officer who are the Senior Responsibility Officers for NHP and RAAC respectively.

Since its formation agreed by the Trust Board in November 2023, the Securing the Future Committee met on three occasions during this reporting period and plan to meet bi-monthly in 2024/25. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

Enhanced Quality Governance Reporting
The Board was satisfied during the year that, to the best of its knowledge, the Foundation Trust had, and will keep in place, effective leadership arrangements for monitoring and continually improving the quality of health and social care, including:

- Ensuring required standards are achieved (internal and external)
- Investigating and acting on sub-standard performance
- Planning and managing continuous improvement
- Identifying, sharing and ensuring delivery of best-practice
- Identifying and managing risks to quality of care

This encompasses an assurance that due consideration was given to the quality implications of plans (including service re-designs, service developments and waste reduction plans), in the form of Quality Impact Assessments, and that processes would be in place to monitor their on-going impact on quality and take subsequent action as necessary to ensure quality is maintained.

Membership and attendance at Board and Committee meetings 2023/24
The table below shows the membership and attendance of Directors at meetings of the Board and Board Committees during the year.

	Board Committees									
Directors	Board of Directors in Public	Board of Directors in Private	Audit & Risk	Nominations & Remuneration	Charitable Funds	Quality and Safety	Finance. Performance and Digital	People	Sustainability	Securing the Future
Andrew Gold	5/5	9/9	-	4/4	4/4	-	-	-	3/3	3/3
Mark Andrews (from 1 June 2023)	4/4	8/8	-	2/3	-	-	-	5/6	2/2	3/3
Rhys Davies	3/5	5/9	2/5	-	2/4	7/9	5/7	-	-	-
Melanie Hudson	5/5	9/9	3/5	-	-	7/9	-	6/6	2/3	3/3
Ian Knight	4/5	8/9	6/6	-	3/3	-	9/9	-	-	-
Nadira Mirza	5/5	6/9	-	2/4	-	9/9	-	6/6	-	-
Andy Withers	5/5	8/9	6/6	3/4	-	8/9	8/9	-	2/2	3/3
Andrew Dumbleton (to 31 May 2023)	1/1	1/9	-	-	1/1	-	-	-	1/1	-
'Foluke Ajayi	5/5	6/9	-	3/4	-	-	-	-	-	1/3
Leanne Cooper	5/5	9/9	-	-	2/4	7/9	8/9	-	-	2/3
David Crampsey	4/5	8/9	-	-	1/4	6/9	-	3/6	-	1/1
Joanne Harrison	4/5	7 /9	-	3/4	3/4	-	-	5/6	-	-
Mike Savage	5/5	9/9	6/6	-	-	-	9/9	-	1/3	3/3
Amanda Stanford	3/5	7/9	6/6	-	-	8/9	-	5/6	-	-
Fiona Barr	4/5	8/9	6/6	3/4	4/4	-	-	-	-	-
Paul Rice	5/5	8/9	-	-	-	-	8/9	-	-	-
Stuart Shaw	5/5	9/9	-	-	-	-	-	-	4/4	3/3

Directors' Statements

Better Payment Practice Code

The Better Payments Practice Code requires the Foundation 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). The table below reports the Foundation Trust compliance with the Code in respect of invoices received for non-NHS and NHS trade creditors, unless other payment terms have been agreed.

Non-NHS Trade Creditors **Summary of position 2023/24**		
Year to 31 March 2024	**Numbers**	**Year to 31 March 2023**
49,732	Number of bills paid to date	47,902
46,771	Number of bills paid in 30 Days	45,038
94.05%	Percentage of bills paid in 30 days	94.02%
Year to 31 March 2024	**Values**	**Year to 31 March 2023**
£209,257	£k Value of bills paid to date	228,635
£199,544	£k Value of bills paid in 30 Days	219,957
95.26%	Percentage of bills paid in 30 days	96.20%

NHS Trade Creditors **Summary of position 2023/24**		
Year to 31 March 2024	**Numbers**	**Year to 31 March 2023**
685	Number of bills paid to date	1,445
550	Number of bills paid in 30 Days	1,209
80.29%	Percentage of bills paid in 30 days	83.67%
Year to 31 March 2024	**Values**	**Year to 31 March 2023**
£6,186	£k Value of bills paid to date	9,542
£5,030	£k Value of bills paid in 30 Days	7,951
81.31%	Percentage of bills paid in 30 days	83.33%

Private Patient Income

Section 164(3) of the Health and Social Care act removes condition 10 (which restricts income from private charges), from the Foundation Trust Terms of Authorisation. The Foundation Trust is now required by the Act and the Foundation Trust's Constitution (rather than by the terms of Authorisation) to ensure that income derived from activities related to the Foundation Trust's principal purpose of delivering goods and services for the purpose of the NHS exceeds income derived from other activities. To increase this income in any financial year by 5% or more, the Trust is required to seek approval from the Council of Governors. The private patient income for 2023/24 was less than £1k (2022/23; £1k).

Additional Disclosures Required by the NHS Foundation Trust Annual Reporting Manual

Accounting policies for pensions and other retirement benefits are set out in note 1.6 to the accounts and details of senior employees' remuneration can be found in the Remuneration Report.

Quality Governance
Further details about the Foundation Trust's quality governance arrangements are included within the Annual Governance Statement in Section 7 of the Annual Report. Further information about patient care activities and stakeholder relations will be found in the Foundation Trust's Quality Account.

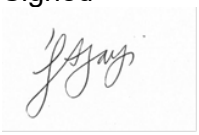
NHS England's Well Led Framework
The Trust last commissioned an independent review during the 2019/20 and the results were considered at the September 2020 Public Board meeting. The Code of Governance for NHS Provider Trusts establishes that Trusts should undertake a facilitated review using the well-led framework every three to five years.

The Board of Directors undertakes a regular self-assessment of its performance to establish whether it has adequately and effectively discharged its role, functions and duties. For the reporting period, the Board's performance, considering the role, function and work of the Board Committees, was of the requisite standard. The Board believes that it is balanced and complete in its composition and appropriate to the requirements of the organisation. This was attributed to the comprehensive annual cycle of reporting and a robust Board Assurance Framework and Risk Register.

The findings of the internal audit, combined with the Head of Internal Audit Opinion set out in the Annual Governance Statement, support the Board's conclusion.

Similar assessment exercises were undertaken for each of the Committees of the Board, all of which were considered to have fully discharged the duties set out in their Terms of Reference.

Signed



Chief Executive Date: 28 June 2024

SECTION 2: Annual Report on Remuneration

Annual Statement on Remuneration
The Foundation Trust has established two committees responsible for the remuneration, appointments and nomination of Board Directors: The Appointment and Remuneration Committee and the Board Nominations and Remuneration Committee. Through these two committees, the Board ensures that a robust and thorough process of performance evaluation of Executive and Non-Executive Directors is undertaken, and remuneration levels are set accordingly.

Appointments and Remuneration Committee
The Appointments and Remuneration Committee (the ARC) is established for the purpose of overseeing the recruitment and selection processes to secure the appointments of Non-Executive Directors (including the Chair) being cognisant of the Board of Directors' knowledge, skills and experience, and wider succession planning considerations. The ARC also oversees the review of remuneration levels of the Chair and Non-Executive Directors. It makes recommendations to the Council of Governors on the appointment of Non-Executive Directors (including the Chair) of the Foundation Trust and the Chair and Non- Executive Directors remuneration levels.

The process through which the Non-Executive Directors are evaluated is managed by this Committee and involves seeking feedback from Governors and Board Directors, as well as directly from Governor members of the Appointments and Remuneration Committee. The Chair conducts the Non-Executive Director appraisals, whilst the Senior Independent Director conducts the appraisal of the Chair. The Council of Governors receives an assurance report each year outlining the process undertaken.

The ARC follows guidance set out by NHS England on a remuneration structure for NHS provider Chairs and Non-Executive Directors. The guidance provides a benchmark for levels of remuneration in the NHS Foundation Trust sector. For Non-Executive Directors there is a single uniform annual rate of £13,000 with supplementary payments made to the chair of Audit and Risk Committee and to the Senior Independent Director, given the importance associated with those duties. Non-Executive Directors are entitled to reimbursement of travel and accommodation expenses at the same rates as applicable to Executive Directors and other staff but are not entitled to receive any other fees or benefits in kind other than their annual remuneration.

For Chairs, a remuneration range is applied according to the size of a Trust based on its annual turnover and complexity. The Trust is classified from as a 'Medium-sized Trust', this means that the Foundation Trust is designated as a Group 2 organisation.

In accordance with NHS England guidance, remuneration for the position of the Chair should be consistent with the median value associated with the size of the Trust, thereby meaning that the annual remuneration should be set at £47,100 per annum, representing the median level for a medium-sized Trust.

During the latter part of 2023/24 the ARC considered the skills matrix and Non-Executive Director succession planning and received briefings on the NHS England fit and proper person test framework for board members, following recommendations from the Kark review.

The ARC's other work during the year included the concluding the recruitment process to appoint a new Non-Executive Director to the Foundation Trust from 1 June 2023 to replace Andrew Dumbleton at the expiry of his one-year term of office on 31 May 2023; reviewing the role descriptions of the Chair and Non-Executive Directors, reviewing NED positions and allocations to Committees, completed the skills matrix for the purpose of planning Board

succession and reviewed final term of office. During 2023/24 the Committee met on six occasions with attendance records as follows:

Non-Executive Director Members	
Andrew Gold (Chair)	5/6
Nadira Mirza	5/6
Andy Withers	4/6
Mark Andrews	3/4
Governor Members	
Naheem Ahmed	4/6
Olukayode Dada	6/6
Karen Ellison	5/6
Annette Ferrier	6/6
Paul Maskell	6/6
Executive Support in attendance	
Fiona Barr	6/6
Joanne Harrison	5/6
Katherine Duke	2/6
Jane Osler	1/1

Board Nominations and Remuneration Committee
The Nominations and Remuneration Committee (the NRC) is established for the purpose of advising the Board and overseeing the recruitment and selection process for executive directors and the appointment of formal Board positions, for example the Senior Independent Director and Board Committee chairs. The NRC's second purpose is to determine the remuneration and terms of service of Executive Directors, Non-Voting Directors, and Senior Managers. In addition, the NRC has oversight of succession planning for the Executive.

The remuneration of Executive Directors, Non-Voting Directors, and Senior Managers comprises of the following key components of remuneration: Base Salary, and Pension Related Benefits.

When setting remuneration levels for the Executive Directors, the NRC considers the NHS Guidance on pay for very senior managers, prevailing market conditions, the competitive environment (in particular through comparison with the remuneration of executives at other Foundation Trusts of a similar size and complexity) and the positioning and relativities of pay and employment conditions across the broader Foundation Trust workforce mindful of the Trust's values along with principles such as fairness. The Foundation Trust does not consult directly with employees on such remuneration matters.

Remuneration is set in accordance with the NHS Agenda for Change for all staff other than doctors and directors. Pay and conditions of service for doctors is agreed nationally.
The NRC also reviews current and future requirements applicable to the performance. The outcome of the Executive Directors' appraisals, conducted by the Chief Executive, and in the case of the Chief Executive, conducted by the chair, is reported to the Committee. The evaluation process involves input from other Executive Directors as well as Non-Executive Directors. The Committee's report to the Board of Directors includes the reporting of the Chief Executive's annual objectives.

As part of the review of remuneration, the Committee considered a report from the Chief Executive which summarised the performance of individual directors. In the case of the Chief Executive, the Chair presented the performance report. In determining any decisions relating to executive pay, the Committee has regard to the Code of Governance for NHS Provider Trusts in relation to the remuneration of executive directors and is particularly sensitive to the pay and conditions of colleagues across the Foundation Trust.

During the latter part of 2023/24 the NRC considered the skills matrix and Executive succession planning and received briefings on the NHS England fit and proper person test framework for board members, following recommendations from the Kark review. The NRC's other work included the commencement of recruitment processes for the interim Chief Nurse position and the Manging Director of the Trust's wholly owned subsidiary, AGH Solutions Limited.

During 2023/24 the Committee met four times. Attendance at the Committee is included in this report on p.46. The Committee was supported during the year by the Director of People and OD and the Director of Corporate Affairs.

Service Contracts

The following table shows for each person who was a Director of the Foundation Trust at 31 March 2024, or who served as a Director of the Trust at any time during the year ended 31 March 2024, the commencement date and term of the service agreement or contract for services.

Name	Current Role / Role held at time of departure	Date of Contract (From – To)
Foluke Ajayi	Chief Executive Officer	01.04.2022 – until further notice
Fiona Barr	Director of Corporate Affairs*	01.12.2022 – until further notice
Leanne Cooper	Chief Operating Officer	21.02.2023 – until further notice
David Crampsey	Medical Director & Deputy Chief Executive	19.08.2020 – until further notice
Joanne Harrison	Director of People and Organisational Development	04.09.2019 – until further notice
Mike Savage	Director of Finance	31.10.2022 – until further notice
Stuart Shaw	Director of Strategy, Planning and Partnerships*	05.11.2018 – until further notice
Amanda Stanford	Chief Nurse	01.01.2021 – until further notice
Paul Rice	Chief Digital and Information Officer*	01.01.2021 – until further notice

Executive Directors (including Non-voting Directors who are indicated in the above table by*) are employed on substantive contracts of employment and are employees of the Foundation Trust. Appointments are not time limited as Directors are employed on open-ended employment contracts which can be terminated by either party by giving notice in accordance with their individual service contract, which requires a minimum period of notice of three months.

Contractual provision for early termination is not appropriate as the contracts are not fixed term. Liability for early termination is therefore not calculated. No termination payments have been made to Trust Board members during the year.

During the year ended 31 March 2024, two senior managers (Ms 'Foluke Ajayi - Chief Executive, and Mr David Crampsey - Medical Director & Deputy CEO) were paid salaries more than £150,000 as identified in the Remuneration Report. The NRC is assured that the remuneration level is reasonable and linked appropriately to the weight of the role based on

accountability, job responsibilities and the knowledge and skills required for each of these positions.

The Foundation Trust's normal disciplinary policy applies to senior managers, including the sanction of instant dismissal for gross misconduct. The Foundation Trust's redundancy policy is consistent with the NHS redundancy terms for all staff.

Objectives and Performance Management of the Executive Directors and Non-Voting Directors
Meetings are held annually with the Chief Executive to agree core and individual performance objectives and subsequently meeting with the Chief Executive monthly to discuss the progress made towards the targets set. A final review of performance and achievement of objectives is held at the end of the year, when objectives for the following year are also discussed and agreed.

The Chief Executive's performance is appraised using the same approach, but their performance objectives are agreed with and monitored by the Chair. This process is designed to ensure that clearly defined and measurable performance objectives are agreed, and progress towards these objectives is regularly and openly monitored, both formally and informally.

The Chief Executive presents an assurance report to the NRC each year outlining the appraisal process undertaken. The NRC also receives a summary report on the performance of each of the Executive Directors, Non-Voting Directors and Senior Managers and a recommendation in respect of any proposed changes to remuneration levels. The Chair adheres to the same approach in respect of the Chief Executive.

Non-Executive Directors

Role	Name	First Appointed	Current Term Start Date	Length of Current Term of Office	Appointment End Date
Chair of Airedale NHS Foundation Trust	Andrew Gold	01.06.16	01.06.23	Up to 2 years*	30.09.24
Non-Executive Director, Senior Independent Director, and Deputy Chair	Nadira Mirza	07.05.19	07.05.22	3 years**	06.05.25
Non-Executive Director	Mark Andrews	01.06.23	01.06.23	3 years	31.05.26
Non-Executive Director	Rhys Davies	01.06.19	01.06.22	3 years**	31.05.25
Non-Executive Director	Melanie Hudson	07.05.19	07.05.22	3 years**	06.05.25
Non-Executive Director	Ian Knight	01.08.21	01.08.21	3 years	31.07.24
Non-Executive Director	Andy Withers	01.04.20	01.04.23	3 years**	31.03.26
Non-Executive Director	Andrew Dumbleton	01.06.19	01.06.22	1 year***	31.05.23

Notes: * Using the new flexibilities in the new *Code of governance for NHS provider trusts* for which enables the Chair or Non-Executive Directors to serve up to nine years from the date of their first appointment with the Council of Governors agreeing an end date. **Serving a second term of three years ***Serving a second term comprising a one-year term of office

Non-Executive Directors serve terms of up to three years, up to a maximum of six years, though under exceptional circumstances, longer terms can be served subject to Council of Governors' approval and taking into account guidance from the Regulator and the Code of Governance for NHS provider trusts.

Objectives and Performance Management of the Chair and Non-Executive Directors
The Senior Independent Director leads the annual appraisal of the Chair in line with NHS England's Chair Appraisal Framework. The Chair leads the annual appraisal of the Non-Executive Directors and agrees individual objectives. The process of Chair and Non-Executive Director appraisal fully involves and is overseen by the Council of Governors.

Policy on Payment for Loss of Office for Senior Managers
A Director's term of office may be terminated immediately if they commit a material breach of their obligations under their terms of appointment or under the following circumstances:

- committed any serious or repeated breach or non-observance of their obligations to the Foundation Trust (which include an obligation not to breach their duties to the Foundation Trust, whether statutory, fiduciary or common-law); or
- are guilty of any fraud or dishonesty or acted in a manner which in the opinion of the Foundation Trust acting reasonably brings or is likely to bring them or the Foundation Trust into disrepute or is materially adverse to the interests of the Foundation Trust; or
- have been convicted within the preceding five years of any offence if a sentence of imprisonment for a period of not less than 3 months has been imposed; or
- have been adjudged bankrupt or their estate sequestrated and (in either case) has not discharged; or
- are disqualified from acting as a director in accordance with the Airedale NHS Foundation Trust Constitution.

In such circumstances the process for termination would be in accordance with the Fit and Proper Persons Regulations and accompanying operating procedure.

Expenses paid to Governors 2023/24
Governors may be reimbursed for legitimate expenses, incurred during their official duties, as Governors of the Foundation Trust. During the financial year, no governors were paid expenses to reimburse their travel costs incurred whilst attending meetings at the Foundation Trust and at external training and development events.

	2022/23	2023/24
Number of Governors in office	18	16
Number of Governors receiving expenses	0	0
Total expenses paid to Governors	£0	£0

Salary and Pension Contributions of all Executive and Non-Executive Directors
Information on the salary and pensions contributions of all Executive and Non-Executive Directors is provided in the tables on the following pages. The information in these tables has been subject to audit by our external auditors Grant Thornton. Additional information is available in note 5.5 of the accounts.

Salaries and Allowances (for the period 1 April 2023 to 31 March 2024)

Information relating to senior manager's salaries, compensations, non-cash benefits, pension compensation and retention of earnings for Non-Executive Directors payments is set out below.

Name and Title	2023-24 (12 months)					
	Salary	Taxable benefits	Annual performance-related bonuses	long-term performance-related bonuses	All pension related benefits	Total
	(bands of £5000) £000	(total to the nearest £100)	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
Ms F Ajayi - Chief Executive	180-185	0	0	0	0	180-185
Mr Andrew Gold - Chair	45-50	100	0	0	0	45-50
Mr Rob Aitchison – Chief Operating Officer*	0	0	0	0	0	0
Ms F Barr -Director of Corporate Affairs	110-115	0	0	0	30-32.5	140-145
Mrs Donna Cassidy- Acting Director of Finance	0	0	0	0	0	0
Dr Leanne Cooper- Chief Operating Officer	120-125	0	0	0	45-47.5	170-175
Mr David Crampsey - Medical Director	180-185	0	0	0	45-47.5	225-230
Mrs Joanne Harrison - Director of People and OD	105-110	0	0	0	0	105-110
Mr Keith Haynes – Interim Director of Corporate Affairs	0	0	0	0	0	0
Mrs Julia Nixon- Acting Chief Operating Officer	0	0	0	0	0	0
Mrs Victoria Pickles-Deputy Chief Executive & Director of Corporate Affairs**	0	0	0	0	0	0
Dr Paul Rice✦ - Chief Digital and Information Officer***	55-60	0	0	0	0	55-60
Mr Mike Savage - Director of Finance	135-140	0	0	0	22.5-25	160-165
Mr Stuart Shaw- Director of Strategy, Planning and Partnerships	110-115	0	0	0	0	110-115
Mrs Amanda Stanford - Director of Nursing	120-125	0	0	0	0	120-125
Mrs Amy Whitaker - Director of Finance	0	0	0	0	0	0
Mr M Andrews - Non-Executive Director	10-15	0	0	0	0	10-15
Mr S R Davies – Non-Executive Director	10-15	0	0	0	0	10-15
Mr A M Dumbleton - Non-Executive Director	0-5	0	0	0	0	0-5
Mrs M T Hudson – Non-Executive Director	10-15	0	0	0	0	10-15
Mr I Knight – Non-Executive Director	15-20	0	0	0	0	15-20
Dr N S Mirza – Non-Executive Director	15-20	0	0	0	0	15-20
Dr A Withers – Non-Executive Director	10-15	0	0	0	0	10-15

✦ Paul Rice is also Chief Digital Officer at Bradford Teaching Hospital. He is employed for 60% of his time at Bradford Teaching Hospital and 40% of the time at Airedale NHS Foundation Trust. Total salary band: 140-145. Total pension related benefits: 0

Notes:

Mr Rob Aitchison*- Chief Operating Officer and: Joint Deputy Chief Executive from 26 October 2021; Acting Chief Executive from 1 January 2022 until 31 March 2022; Joint Deputy Chief Executive from 1 April 2022 to June 2022; Deputy Chief Executive until departure on 13 November 2022
Ms ‘Foluke Ajayi - Chief Executive started 1 April 2022
Miss Fiona Barr - Director of Corporate Affairs started 1 December 2022
Mrs Donna Cassidy - Acting Director of Finance from 31 August 2022 until 30 November 2022
Dr Leanne Cooper - Chief Operating Officer started 21 February 2023
Mr David Crampsey - Medical Director from 19 August 2020 and Deputy Chief Executive from 15 December 2022
Mrs Joanne Harrison – Director of People & OD started 4 September 2019 (reduced hours basis)
Mr Keith Haynes – Interim Director of Corporate Affairs from 18 July 2022 until 14 December 2022
Mrs Julia Nixon - Interim Chief Operating Officer from 1 November 2022 until 28 February 2023
Mrs Victoria Pickles** – Director of Corporate Affairs from 15 February 2019 and: Joint Deputy Chief Executive from 26 October 2021; Deputy Chief Executive from 1 January 2022 until 31 March 2022; Joint Deputy Chief Executive from 1 April 2022 until departure on 17 June 2022
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Mr Mike Savage- Director of Finance started 31 October 2022
Mr Stuart Shaw – Director of Strategy, Planning & Partnerships started 5 November 2018 and Acting Chief Operating Officer from 1 January 2022 until 30 April 2022
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Mrs Amy Whitaker - Director of Finance from December 2020 left 4 September 2022
Mr Mark Andrews Non-Executive Director started 1 June 2023
Mr Rhys Davies - Non-Executive Director started 1 June 2019
Mr Andrew Dumbleton - Non-Executive Director started 1 June 2019 left 31 May 2023
Mr Andrew Gold – Chair started 1 June 2016 and Chair since January 2018
Mrs Melanie Hudson - Non-Executive Director started 7 May 2019
Mr Ian Knight - Non-Executive Director started 1 August 2021
Professor Nadira Mirza - Non-Executive Director started 7 May 2019
Dr Andy Withers - Non-Executive Director started 1 April 2020

No former senior manager received compensation in the period 1/4/2020 - 31/3/2024

The pension related benefits are calculated by taking the inflated increase in pension entitlement (10.1% for 2022/2023) less the employee contribution, assuming pension is paid for a period of 20 years. The increase in entitlement is calculated using the formula below. Where there is a limited increase in the value of the pension payable relative to inflation and the employee’s contributions, then the HMRC calculation can show a ‘negative pensions benefits’ figure for the year which is then shown as a ‘nil’ figure in the table. These factors mean that year on year there can be significant volatility in the reported pensions’ benefits for an individual.

The increase in entitlement is calculated as ((20 x PE) + LSE) -((20 X PB +LSB)
Where:
PE is the annual rate of pension that would be payable to the director, if they became entitled to it at the end of the financial year

PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year

LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year

LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year

Salaries and Allowances (for the period 1 April 2022 to 31 March 2023)

	2022-23 (12 months)					
Name and Title	**Salary**	**Taxable benefits**	**Annual performance-related bonuses**	**long-term performance-related bonuses**	**All pension related benefits**	**Total**
	(bands of £5000) £000	**(total to the nearest £100)**	**(bands of £5000) £000**	**(bands of £5000) £000**	**(bands of £2500) £000**	**(bands of £5000) £000**
Ms F Ajayi - Chief Executive	170-175	0	0	0	245-247.5	415-420
Mr Andrew Gold - Chair	40-45	0	0	0	0	40-45
Mr Rob Aitchison – Chief Operating Officer*	75-80	0	0	0	37.5-40	115-120
Ms F Barr -Director of Corporate Affairs	35-40	0	0	0	37.5-40	70-75
Mrs Donna Cassidy- Acting Director of Finance	25-30	0	0	0	67.5-70	95-100
Dr Leanne Cooper- Chief Operating Officer	10-15	0	0	0	50-52.5	60-65
Mr David Crampsey - Medical Director	165-170	0	0	0	40-42.5	205-210
Mrs Joanne Harrison - Director of People and OD	100-105	0	0	0	52.5-55	155-160
Mr Keith Haynes – Interim Director of Corporate Affairs	45-50	0	0	0	0	45-50
Mrs Julia Nixon- Acting Chief Operating Officer	30-35	0	0	0	75-77.5	115-120
Mrs Victoria Pickles-Deputy Chief Executive & Director of Corporate Affairs**	20-25	0	0	0	12.5-15	35-40
Dr Paul Rice - Chief Digital and Information Officer***	55-60	0	0	0	0	55-60
Mr Mike Savage - Director of Finance	55-60	0	0	0	45-47.5	100-105
Mr Stuart Shaw- Director of Strategy, Planning and Partnerships	105-110	0	0	0	67.5-70	175-180
Mrs Amanda Stanford - Director of Nursing	110-115	0	0	0	85-87.5	200-205
Mrs Amy Whitaker - Director of Finance	45-50	0	0	0	0	45-50
Mr M Andrews - Non-Executive Director	0	0	0	0	0	0
Mr S R Davies – Non-Executive Director	10-15	0	0	0	0	10-15
Mr A M Dumbleton - Non-Executive Director	10-15	0	0	0	0	10-15
Mrs M T Hudson – Non-Executive Director	15-20	0	0	0	0	15-20
Mr I Knight – Non-Executive Director	15-20	0	0	0	0	15-20
Dr N S Mirza – Non-Executive Director	15-20	0	0	0	0	15-20
Dr A Withers – Non-Executive Director	15-20	0	0	0	0	15-20

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Mr Stuart Shaw – Director of Strategy, Planning & Partnerships started 5 November 2018 and Acting Chief Operating Officer from 1 January 2022 until 30 April 2022

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Mr Andrew Dumbleton - Non-Executive Director started 1 June 2019 left 31 May 2023

Mr Andrew Gold – Chair started 1 June 2016 and Chair since January 2018

Mrs Melanie Hudson - Non-Executive Director started 7 May 2019

Mr Ian Knight - Non-Executive Director started 1 August 2021

Professor Nadira Mirza - Non-Executive Director started 7 May 2019

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No former senior manager received compensation in the period 1/4/2020 - 31/3/2023

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Where:
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LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year

Pension Benefits as at 31 March 2024

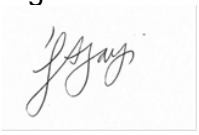
Name and title	Real Increase in Pension at retirement age (bands of £2500) £000	Real Increase in Pension Lump Sum at Pension age (bands of £2500) £000	Total accrued pension at Pension age at 31 March 2024 (bands of £5000) £000	Lump Sum at pension Age Related to Accrued Pension at 31 March 2024 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2024 £000	Cash Equivalent Transfer Value at 31 March 2023 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
Ms F Ajayi - Chief Executive	0	0	65-70	95-100	1259	1167	0	0
Miss F Barr - Director of Corporate Affairs	0-2.5	0	15-20	0	288	200	52	0
Dr Leanne Cooper- Chief Operating Officer	0-2.5	30-32.5	20-25	55-60	450	261	148	0
Mr David Crampsey - Medical Director	2.5-5	0	15-20	0	250	156	55	0
Mrs Joanne Harrison - Director of People and Organisational Development	0	25-27.5	20-25	50-55	414	266	108	0
Dr Paul Rice-Chief Digital & Information Officer	0	30-32.5	45-50	125-130	1135	900	126	0
Mr Mike Savage - Director Of Finance	0-2.5	0	20-25	0	342	244	56	0
Mr Stuart Shaw- Director of Strategy, Planning and Partnerships	0	25-27.5	35-40	100-105	836	628	128	0
Mrs Amanda Stanford - Director of Nursing	0	22.5-25	50-55	150-155	1317	1066	129	0

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2024. HM Treasury published updated guidance on 27 April 2024; this guidance will be used in the calculation of 2023/24 CETV figures.

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 from 2004-05 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.

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 pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. The benefits and related CETVs do not allow for a potential future adjustment for any eligible employees arising from the McCloud judgement.

Signed



Chief Executive Date: 28 June 2024

SECTION 3: Staff Report

Employee Information

Analysis of Staff Costs

An analysis of staff costs is shown below. The information is split between permanently employed, defined as staff with a permanent (UK) employment contract directly with the Foundation Trust and other staff, defined as staff engaged on the objectives of the entity that do not have a permanent (UK) employment contract with the Trust. This information includes employees in the Group, on short term contracts of employment, agency/temporary staff, locally engaged staff overseas, and inward secondments from other entities.

Employee expenses	2023/2024 Total	2023/2024 Permanently Employed	2023/2024 Other	2022/2023 Total	2022/2023 Permanently Employed	2022/2023 Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	**146,312**	146,312	-	**140,992**	140,992	-
Social Security Costs	**16,174**	16,174	-	**14,375**	14,375	-
Apprenticeship levy	**751**	751	-	**639**	639	-
Employer contributions to NHS Pensions Agency	**23,771**	23,771	-	**22,023**	22,023	-
Agency/Contract staff	**11,746**	-	11,746	**6,594**	-	6,594
Total	**198,754**	**187,008**	**6,594**	**184,623**	**178,029**	**6,594**

The information in the table above has been subject to audit by our external auditors Grant Thornton. Additional information is available in note 5.1 of the accounts.

Analysis of Staff Numbers

An analysis of staff numbers is shown below. The average number of employees is calculated as the whole-time equivalent number of employees under contract of service in each week in the financial year, divided by the weeks in the financial year.

Average number of employees*	2023/2024 Total Number	2023/2024 Permanently employed number	2023/2024 Other Number	2022/2023 Total Number	2022/2023 Permanently employed number	2022/2023 Other Number
Medical and dental	**428**	379	48	**397**	386	11
Administration and estates	**473**	410	62	**642**	608	33
Healthcare assistants and other support staff	**1,308**	1,240	67	**1054**	1054	-
Nursing, midwifery and health visiting staff	**871**	810	61	**847**	830	16
Scientific, therapeutic and technical staff	**484**	478	0	**448**	444	5
Other	**9**	9	-	**10**	10	-
Total	**3,572**	**3,327**	**246**	**3,398**	**3,332**	**66**

*WTE = Whole Time Equivalent

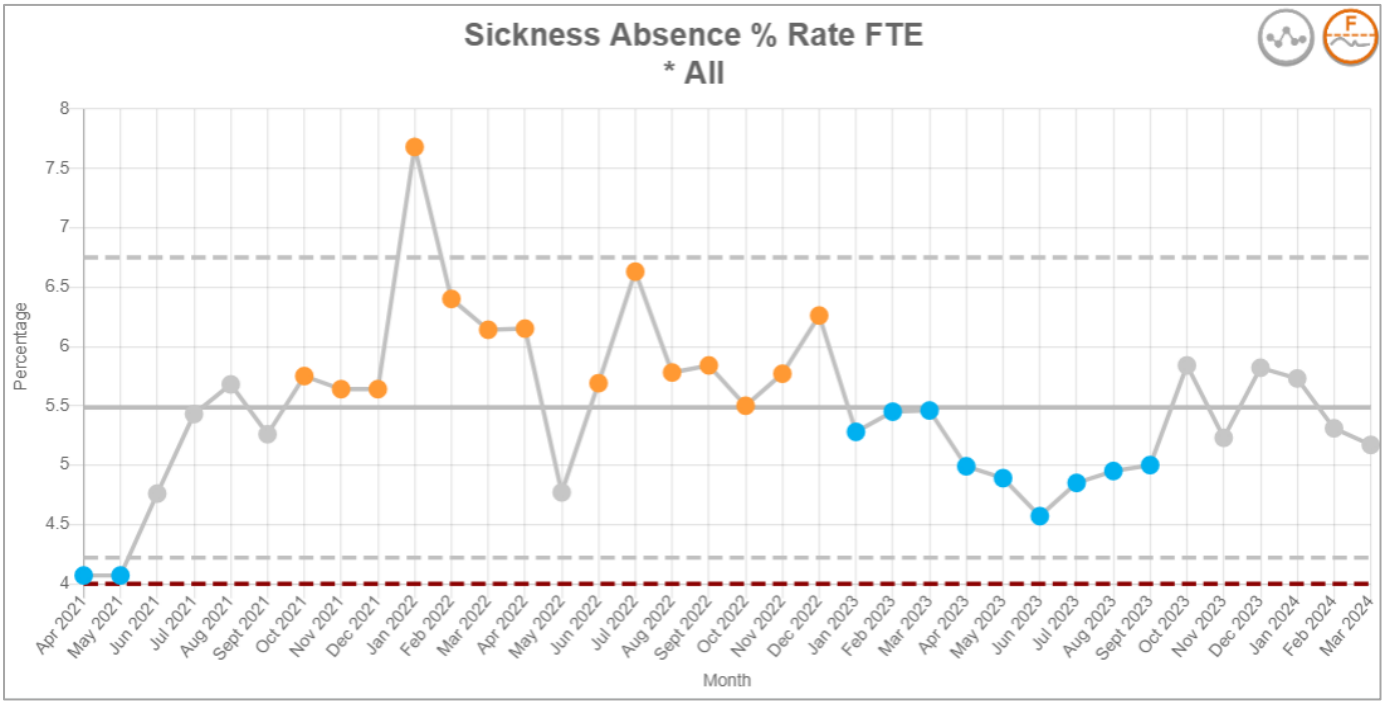
The information in the table above has been subject to audit by our external auditors Grant Thornton. Additional information is available in note 5.1 of the accounts.

Trust and AGH Solutions Combined:

The Trust and its wholly owned subsidiary employed 3,959 (primary assignment only, permanent and fixed term contracts) staff comprising 3,102 female staff and 857 male staff.
Trust only:

The Trust employed 3,516 (primary assignment only, permanent and fixed term contracts) staff comprising 2,862 female staff and 654 male staff.

Sickness Absence Data
The Trust continues to prioritise the health and wellbeing of colleagues. To support this the Trust offers a range of bespoke support initiatives each year based on colleague feedback.
The sickness absence rates for 2023/24 are shown below.

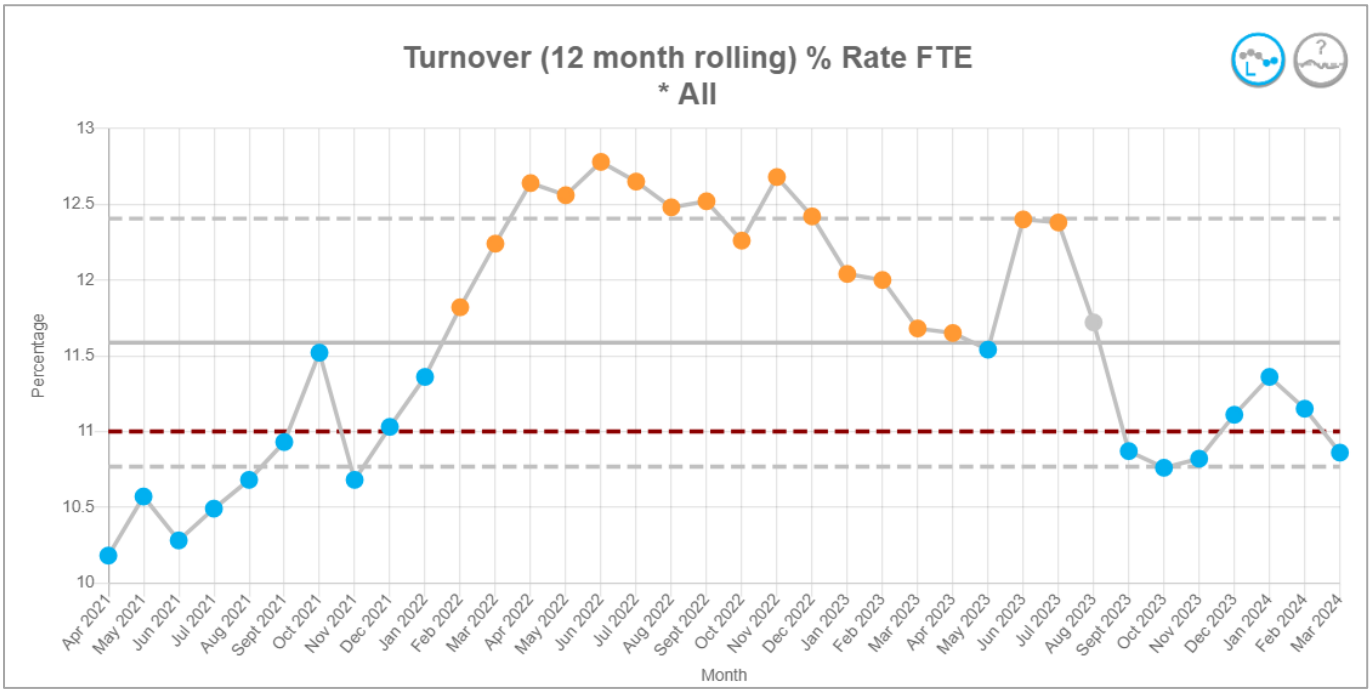


Sickness absence during 2023/24 showed special cause variation of an improving nature through the summer period with common cause variation during winter months as part of normal seasonal variation. A key priority for 2023/24 was to embed wellbeing conversations within teams to encourage colleagues to proactively seek support.

Data on sickness absence is published by NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Turnover data
The Trust's rolling 12-month turnover figure for April 2023 to March 2024 was 10.86% this is a 0.82% point improvement from 2022/23, trend analysis is shown below which demonstrates special cause variation of an improving nature. Retention remains a key priority of the Trust's People Strategy with progress monitored as a strategic Key Performance Indicator linked to stability index.

The Trust has joined the national People Promise exemplar programme as part of the NHS People Promise implementation, this will support the continuation of key work related to improving retention. Priorities identified include; 'we each have a voice that counts', 'we are a team', 'we work flexibly' and 'we are compassionate and inclusive'.



Data on turnover is also published by NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical

Employee policies and actions

The Trust continues the implementation of the People Strategy for the period 2020-2025 with an overall ambition of supporting people to thrive and flourish in all that we do. The Trust's strategy is fully aligned to the national People Promise priorities.

This is underpinned by four strategic ambitions:

- value our people by promoting a positive culture and working environment that allows everyone to thrive and flourish.
- work towards having enough people to provide great services and care and endeavour to address any material gaps through recruitment.
- have people who want to work for us because of our positive reputation and who are reflective of our population.
- make sure our people have the right skills and resources to develop and be able to succeed.

Underpinning the above priorities are a full suite of collectively agreed policies detailing the Trust's approach to people practices, supporting a fair and inclusive approach. During 2023/24 the Trust has focused on the development of toolkits to support implementation, development of line manager training modules for wellbeing at work, effectiveness measures and Key Performance Indicators to support the continual development of the overall approach to people practices.

The Trust is committed to ensuring that actions taken are built from colleague feedback, during 2023/24 there has been a key focus on engagement to develop an approach to flexible work. This saw the creation of 'Team Flex' which is focused around developing people practices to embed an approach to flexible working in direct response to colleagues feedback.

Support for Colleagues

The Trust has an established Employee Health and Wellbeing service that provides direct Occupational Health support to colleagues. Services can be accessed through either a management or self-referral route. There is a range of other support services available for colleagues, including individual health advice, fast track physiotherapy, external Psychologist support, and immunisation programmes for both flu and Covid-19.

The Trust actively promotes an employee assistance programme (EAP) that offers a multichannel service including 24 hour 7 days a week telephone helpline. The service is supported by a dedicated website and

direct email access to specialist advisors. Within this service colleagues can seek mental health support; be signposted to other local services and receive, if appropriate, up to six sessions of telephone counselling and/or face to face counselling.

A summary of the Trusts wellbeing benefits is included below.

Mental Health & Wellbeing	Physical Health & Wellbeing	Financial Health & Wellbeing
Childcare Responsibilities	Caring Responsibilities	Women's Health
Men's Health	Disabilities & Neurodiverse Conditions	Veterans, Reservists & their Families
Food & Nutrition	Your Development	Reward & Recognition

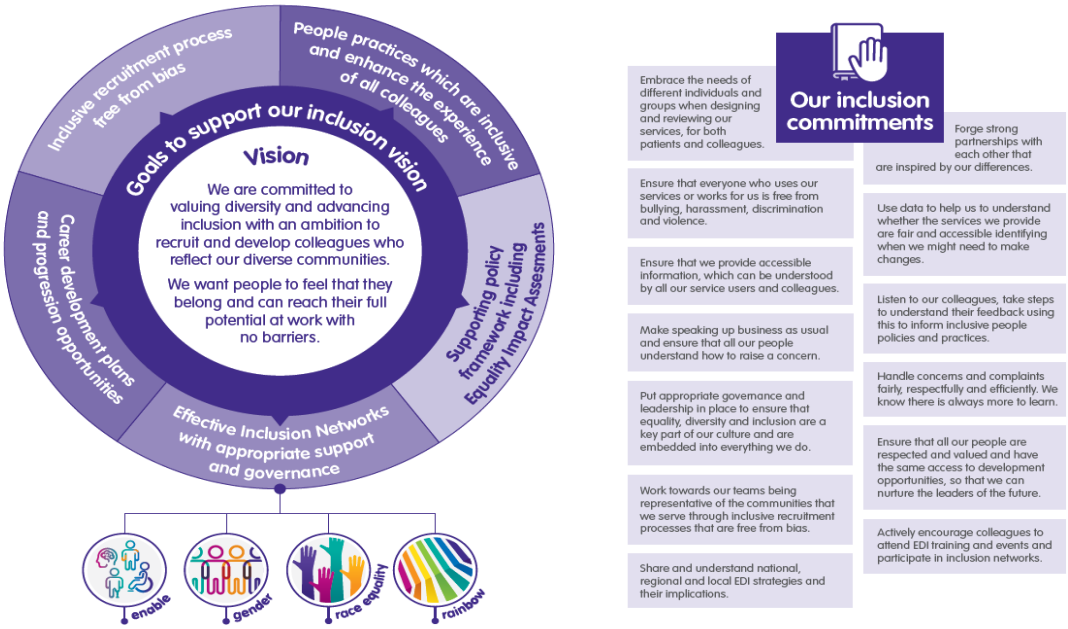
Equality, Diversity and Inclusion

Policies in relation to colleagues living with a disability
The Trust has several policies and practices to support colleagues living with disabilities and colleagues who develop a disability during employment. These include the Recruitment and Selection Policy, PDR Policy, Wellbeing at Work Policy and Flexible Working Policy. In addition, the Trust has launched a Reasonable Adjustments Toolkit which is supported by training for managers, this work has led to a significant improvement in the number of colleagues reporting they had received the adjustments they need in the 2023 staff survey. All policies are subject to an Equality Impact Assessment to ensure that appropriate mitigations can be put in place to mitigate any potential adverse impact.

The Trust has a dedicated inclusion network for colleagues living with a disability. It has the key focus of driving actions associated with the Workforce Disability Equality Standard (WDES) with a view to ensuring the ongoing development of policies relating to disabled employees. The group celebrated International Day of the Disabled Person in December 2023 and played a key role in the Act as One inspire and enable disability festival in December 2023.

Equality Delivery System
The Trust serves a diverse population and is committed to ensuring that services are accessible to all. This is supported through an inclusive approach to people practices, including: leadership, policy development, recruitment, engagement, training and developing colleagues.

The Trust is fully committed to meet its core requirements under the Equality Act 2010 and Public Sector Equality Duty. The Trust has a dedicated Inclusion Group chaired by the Deputy Director of People and Organisational Development. This Group is focused on inclusion as a key enabler in creating the best place to work through a sense of belonging, and fostering an environment where colleagues feel able to be their true self at work. This is a key priority of both the Trust's People Strategy and the NHS People Plan; specifically, to have people who want to work for the Foundation Trust because of a positive reputation and a workforce which is reflective of the local population. The Trust's Equality, Diversity and Inclusion charter summarises the Trust's commitments.



The ongoing support and development of inclusion staff networks has enabled colleagues to share their experiences and has resulted in the development of key workstreams as part of a Trustwide inclusion plan. The staff networks - Enable, the Race Equality Network, the Rainbow Network and the Gender Network - are each sponsored by an Executive and Non-Executive Director and have the aim to provide a voice to underrepresented groups and to seek to understand lived experience to inform decision making. The networks have the opportunity to provide feedback as part of the formal governance structure through the Inclusion Group.

In February 2024 the Trust reviewed performance against the three domains of the Equality Delivery System scoring performance as achieving for domains two and three and developing in domain one. A full analysis and action plan is available on the Trust website.

Colleague Engagement

The Trust recognises that a high level of colleague engagement is crucial to improving the satisfaction of our people, and to making both improvements in patient care and improvements in the experience of our colleagues.

The Trust has a formal partnership agreement in place with Trade Unions and staff organisations representing colleagues. There are consultation mechanisms through the Joint Local Negotiating Committee for medical colleagues and the Airedale Partnership Group for other colleague groups. The Trust also has four staff governor seats, which represent the views of staff on the Council of Governors' and Trust's working groups.

The Trust has undertaken extensive engagement relating to the ongoing development of health and wellbeing initiatives as part of the overall offer, giving colleagues multiple opportunities and methods for providing feedback. The results have enabled a well informed and detailed health and wellbeing offer to be developed for 2024, rebranded to wellbeing benefits based on feedback given.

Local surveys were undertaken on a quarterly basis through the year to measure satisfaction and monitor specific issues. The results, together with the annual NHS Staff Survey results, inform local team action plans, which are monitored at divisional level and overseen by the People Committee.

NHS Staff Survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale.

These replaced the ten indicator themes used in 2020/21 and earlier years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The 2023 annual survey of NHS staff was conducted from October to December 2023 and the results published in March 2024. The response rate to the 2023/24 survey among Trust colleagues was 40.5%, compared to 41.32% in 2022. This is a decrease in performance from 2022 and represents an area of focus for the 2024 survey to consider ways in which to ensure the sample is reflective of the overall workforce.

Scores for each indicator together with that of the survey benchmarking group for Acute and Acute and Community Trusts are presented below.

Indicators ('People Promise' elements and themes)	2023/24		2022/23		2021/22	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.23	7.24	7.3	7.2	7.5	7.2
We are recognised and rewarded	5.87	5.94	5.9	5.7	6.1	5.8
We each have a voice that counts	6.75	6.70	6.8	6.6	7.0	6.7
We are safe and healthy	6.01	6.06	6.0	5.9	6.2	5.9
We are always learning	5.46	5.61	5.3	5.4	5.3	5.2
We work flexibly	6.05	6.20	6.1	6.0	6.2	5.9
We are a team	6.60	6.75	6.6	6.6	6.8	6.6
Staff engagement	6.90	6.91	6.9	6.8	7.1	6.8
Morale	5.79	5.91	5.8	5.7	5.9	5.7

When considering performance in years prior to 2021, a direct comparison is not possible due to changes in national reporting. Scores for each indicator together with that of the survey benchmarking group are presented below for the years prior to 2021.

Theme	2020 Score	Benchmarking Group	2019 score	Benchmarking Group	2018 score	Benchmarking Group
Equality, diversity & inclusion	**9.3**	**9.1**	**9.4**	9.0	**9.4**	9.1
Health & wellbeing	**6.4**	**6.1**	**6.3**	5.9	**6.3**	5.9
Immediate managers	**7.0**	**6.8**	**7.1**	6.8	**7.0**	6.7
Morale	**6.5**	**6.2**	**6.4**	6.1	**6.3**	6.1
Quality of care	**7.5**	**7.5**	**7.3**	7.5	**7.3**	7.4
Safe environment – Bullying & harassment	**8.4**	**8.1**	**8.3**	7.9	**8.4**	7.9
Safe environment – Violence	**9.6**	**9.5**	**9.6**	9.4	**9.6**	9.4
Safety culture	**7.0**	**6.8**	**7.0**	6.7	**7.0**	6.6
Staff engagement	**7.3**	**7.0**	**7.2**	7.0	**7.2**	7.0
Team working	**6.6**	**6.5**	**6.7**	6.6		

The following key themes can be drawn from the national benchmark report:

- There is a national trend of improvement resulting in improved averages, local results benchmarking less favourably but do demonstrate statistically significant improvement in the 'we are always' learning domain, with other changes not being statistically significant

- The Trust has seen deterioration nationally in being recommended as a place to work, the new People Promise Manager role will help respond to this alongside existing retention priorities
- Results relating to WRES and WDES demonstrate progress and should be celebrated
- The impact of local actions e.g. reasonable adjustment toolkit can be seen in the results, demonstrating the case for further areas of focus

An in-depth analysis is undertaken of results at a departmental, divisional and Trust level. A report is provided to the People Committee, as a subcommittee of the Trust Board, to highlight the key areas of focus. This work is supported by an overall Trust wide action plan and engagement plan. The action plan (shown below) will be monitored by the People Experience Group with exceptions reported to the People Committee.

Trust wide actions for improvement include:

Area of Focus	Proposed Actions	Timescale for Action	Measures
Kindness and Civility	• Appointment of a People Promise Manager to focus on embedding key commitments in the People Promise • Champion the civility saved lives agenda as part of the fair and just culture work • Launch the anti-discrimination and anti-harassment statement • Embed a model for inclusion to support allyship	April 2024 June 2024 April 2024 September 2024	• We are compassionate and inclusive • Morale • Engagement • We are a team
Line Manager Skills	• Implement a line manager induction checklist • Relaunch existing line manager skills sessions, including difficult conversations, flexible working, disciplinary processes and attendance management • Undertake a learning needs analysis to plan expansion of the line manager skills programme • Embed the learning from the shadow board programme and consider expansion to divisional leadership teams	July 2024 May 2024 June 2024 July 2024	• We are Compassionate and inclusive • We work Flexibly • We are recognised and rewarded • We are a team
Speaking Up	• Embed People Champions to support speaking up agenda • Undertake a gap analysis and develop an action plan for the just and learning culture based on best practice • Identify and evaluate clear actions taken to reduce barriers to determine whether they have been effective	Ongoing September 2024 May 2024	• We have a voice that counts • We are compassionate and inclusive

Trade Union Facility Time

There is a requirement to report trade union facility time in accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017 in the annual report and on the website by 31 July each year. The up-to-date information will be available on the Trust's website at www.airedale-trust.nhs.uk/about-us/working-in-partnership/

Fair Pay Information

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

The banded remuneration of the highest-paid director in Airedale NHS Foundation Trust in the financial year 2023-24 was £182,500 (2022-23, £172,500). This is a change between years of (5.8%). No directors received performance related pay or bonuses in 2023-24.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £22,383* to £341,887 (2022/23, £20,270* to £255,000). The percentage change in average employee remuneration (based on total for all employees, excluding the highest paid director, on an annualised basis divided by full time equivalent number of employees) between years is 12.9%. The percentage including performance related pay and bonuses is 12.9%, as no performance related pay or bonuses were paid. 33 employees received remuneration in excess of the highest-paid director in 2023/24 (2022/23, 14).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2023/2024	25th percentile	Median	75th percentile
Total pay and benefits excluding pension benefits	£27,867	£37,045	£48,352
Pay and benefits excluding pension: pay ratio for highest paid director	6.55:1	4.93:1	3.77:1

2022/2023	25th percentile	Median	75th percentile
Total pay and benefits excluding pension benefits	£24,413	£33,010	£43,773
Pay and benefits excluding pension: pay ratio for highest paid director	7.07:1	5.23:1	3.94:1

*The fair pay multiple calculation excludes all employees whose annualised pay falls below the minimum Band 1 amount. In addition, the Trust has opted to exclude all agency staff within the above calculation. This is not in accordance with the guidance for the pay multiples calculation. However, the Trust's view is that the complexity and resource required in order to include agency staff pay would be disproportionate to the benefit of this disclosure.

The information in the tables above will be subject to audit by our external auditors Grant Thornton.

Expenditure on Consultancy
During 2023/24 the Trust spent £814,179 on consultancy.

Off-payroll Engagements

Table 1: For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last for longer than six months.

Number of existing engagements as of 31 March 2024	0
Of which….	
Number that have existed for less than one year at time of reporting	0
Number that have existed for less between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024	0
Of which….	
Number assessed as within scope of IR35	0
Number assessed as not within scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on trust's payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

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

Exit packages

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
£10,000 – £25,000	0	0	0
£25,001 – £50,000	0	0	0
£50,001 – £100,000	0	0	0
£100,000 – £150,000	0	0	0
£150,001 – £200,000	0	0	0
Total number of exit packages by type	0	1	1
Total resource cost	0	£3,000	£3000

Exit packages: non-compulsory departure payments

	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	1	3
Total	**1**	**3**
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

As a single exit packages 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 Exit packages, which will be the number of individuals

Gender Pay Gap

The Trust publishes its information on the gender pay gap position for the Trust on the Cabinet Office website and on the Trust website: https://www.airedale-trust.nhs.uk/about-us/corporate-information-and-publications/equality-and-diversity/

As required the Trust is able to report the gender breakdown of the workforce as follows, this data is as at 31 March 2024. The below data is analysed in more detail as part of the gender pay gap report.

Group	Female	Male	Total
Directors*	7	8	15
Employees	2719	590	3309
Senior Managers	140	61	201
Total	2866	659	3525

*includes non-voting members of the Board

SECTION 4: Assessment Against the Code of Governance for NHS Provider Trusts

The Code of Governance

Airedale NHS Foundation Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a '*comply or explain'* basis. The NHS Foundation Trust Code of Governance was first published in October 2022, and updated in April 2023 following updates to the NHS Provider Licence.

Information relating to quality governance systems and processes is detailed in the Annual Report, and in particular the Annual Governance Statement. Details of the constitution of the Board is given in the Accountability Report.

The Board of Directors has established governance policies and/or procedures that reflect the principles of the NHS Foundation Trust Code of Governance, these include:

- Standing Orders of the Board of Directors, Standing Orders of the Council of Governors, Scheme of Reservation and Delegation of Powers and Schedule of Matters Reserved, and Standing Financial Instructions,
- Established role of Senior Independent Director,
- Non-Executive Director attendance at Council of Governors and Governors' Involvement Group meetings in order to develop an understanding of the views of Governors and members regarding the Trust,
- Regular private meetings between the Chair and Non-Executive Directors
- Performance appraisal process for all Non-Executive Directors, including the Chair, developed and approved by the Council of Governors,
- Induction arrangements for new board members,
- Attendance records for Directors and Governors at key meetings,
- Induction programme for Governors,
- Annual declaration of compliance with the 'fit and proper' persons test for the Board of Directors
- Established roles of Lead Governor (and Deputy Lead Governor),
- Regular meeting between the Chair and Governors to review matters discussed at the Board of Directors' meetings,
- Board Nominations and Remuneration Committee for Executive Directors (membership is predominantly Non-Executive Directors),
- Appointments, Remuneration and Terms of Service Committee for Non-Executive Directors (membership is predominantly Governors)
- Provision of high-quality reports to the Board of Directors and Council of Governors
- Council of Governors' presentation of performance and achievement at the Annual Members Meeting
- Code of Conduct for Governors
- Annual Members Meeting and Annual General Meeting, where information regarding the representativeness of the Trust's membership and action taken to engage the Trust's membership is presented.
- Robust Group Audit and Risk Committee arrangements.
- Meetings between the Board and Council of Governors regarding the Trust's annual plan.
- Policies covering whistleblowing, freedom to speak up and Counter Fraud.

In considering all provisions of the Code of Governance for Foundation Trusts, the Board of Directors is satisfied that all the requirements have been complied with and consequently there are no other departures from the Code of Governance requiring disclosure.

The Board of Directors and Council of Governors are committed to continuing to operate according to the highest corporate governance standards. Whilst doing this, the Board:

- Meets formally at least every other month in order to discharge its duties effectively,

- Systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery, this is also reported within the Annual Governance Statement,
- Reviews the performance of the Trust against regulatory and contractual obligations and approved plans and objectives. Metrics, measures and accountabilities have been developed to assess progress and delivery of performance,
- All directors are responsible to constructively challenge the decisions of the Board. Non-Executive Directors scrutinise the performance of the Executive Directors in meeting agreed goals and objectives and monitor the reporting of performance. If a Board member disagrees with a course of action, it is minuted accordingly,
- Non-Executive Directors are appointed for a term of up to three years by the Council of Governors. The Council of Governors has the authority to appoint or remove the Chair or Non-Executive Directors at a general meeting, Removal of the Chair or another Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors,
- Non-Executive Directors determined by the Board to be independent,
- No individual on the Board of Directors or Council of Governors holds positions at the same time of Director or Governor of any NHS Foundation Trust,
- Operates a Code of Conduct that builds on the values of the Trust to reflect high standards of probity and responsibility,
- In discussion with the Council of Governors, a Non-Executive Director covers the role of Senior Independent Director,
- The Chair ensures that the Board of Directors and the Council of Governors work together effectively, and the Directors and Governors receive timely and clear information that is appropriate to carry out their duties,
- The Chair holds regular meetings with Non-Executive Directors without the Executive Directors present,
- No independent external adviser has been a member or had a vote on the Committees responsible for the appointments or remuneration of Executive or Non-Executive Directors,
- The Committee responsible for setting levels of remuneration for Executive Directors had delegated authority from the Board to do so.
- Independent professional advice is accessible to all Board Members and the Trust Secretary,
- There is no full-time Executive Director that takes on more than one Non-Executive Director role of another NHS Foundation Trust or another organisation of comparable size or complexity,
- A Going Concern Report forms part of the annual audit Process.
- Effective mechanisms are in place to ensure co-operation with relevant third-party bodies,
- In accordance with the Code, the Foundation Trust is led by a unitary Board of Directors. Appointments to the Board both of Executive and Non-Executive Directors during the reporting period meant that the Board was fully constituted. The Board does not consider that its performance or balance was significantly impacted during any period of interim arrangements.

The Council of Governors and Foundation Trust Membership

Each NHS Foundation Trust has its own governance structure. The basic governance structure of all NHS Foundation Trusts includes:

- Foundation Trust Members,
- Council of Governors, *and*
- Board of Directors.

Our Membership

The Trust has two membership constituencies:

- A public member constituency, and
- A staff member constituency.

The number of members in each constituency on 31 March 2024 is shown below.

Member Constituency	Number of Members
Bingley	718
Bingley Rural	387
Craven	836
Ilkley / Wharfedale	786
Keighley East / Central	1634
Keighley West / Worth Valley	1181
Skipton	883
Settle and Mid-Craven	482
South Craven	629
West Craven	565
Pendle East and Colne	404
Rest of England (Out of Trust Area)	1754
Staff	3135
Total number of Foundation Trust members	**12,926**

Public Member Constituency
The Foundation Trust has 12 public member constituencies, split into the neighbourhood wards of Bradford Council, Craven Council and Pendle Council. A constituency covering out of area members (Rest of England) was established at authorisation to reflect the work undertaken by the Trust outside the immediate catchment area of the hospital.

All members of the public who are aged 14 or over and living in one of the public constituencies shown above can become a member by making an application for membership to the Foundation Trust.
As of 31 March 2024, the Foundation Trust had 9,791 public constituency members.

Staff Member Constituency
An individual who is employed by the Foundation Trust under a contract of employment (which includes full and part time contracts of employment) may become or continue as a member of the Trust provided:

- He or she is employed by the Foundation Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- He or she has been continuously employed by the Foundation Trust under a contract of employment for at least 12 months.

Individuals who exercise functions for the purposes of the Foundation Trust, otherwise than under a contract of employment with the Foundation Trust, may become members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.

The staff constituency is currently divided into the following constituencies:

- Doctors and dentists who are registered with their regulatory body to practice;
- Nurses and midwives who are registered with their regulatory body to practice;
- Allied health professionals and scientists who are registered with their regulatory body to practice; and
- All other staff.

All eligible staff are automatically made members of the staff constituency unless they inform the Foundation Trust, they do not wish to become a member.

As at 31 March 2024, the Foundation Trust had over 3135 staff members.

Constitution Changes

A review of the Constitution took place in the latter half of 2023/24. It was agreed in relation to the title of the Appointed Governor – Voluntary Sector Keighley to Appointed Governor – Voluntary Sector as to remove the geographical restriction and enable the Trust to operate across the whole of its geography, acknowledging the importance of the voluntary sector as a partner in collaborative working. The updated Constitution was approved by the Council of Governors at a general meeting held on 5 October 2023.

The Foundation Trust's constitution is published at www.airedale-Trust.nhs.uk and in the NHS Foundation Trust Directory on NHS Improvement's website at www.improvement.nhs.uk

Membership and Engagement
Both the Board of Directors and Council of Governors agree that an active and engaged membership and public will continue to enhance the development of the Trust's strategic objectives in delivering high quality care, working with partners to deliver integrated care and to ensure clinical and financial sustainability.

The Trust aims to have a public membership representative of the community it serves (in terms of nationality, gender, disability, ethnic origin, age, social background, geographical spread and social deprivation), and ensures that all staff groups are given equal opportunity to become involved.

During 2023/24, members were engaged in the work of the Trust primarily through email communication or the website. They were also invited to attend the Annual Members' Meeting which was held at Airedale General Hospital on Thursday 7 September 2023. Our Governors also engaged with patients and public at our hospital sites as part of their own feedback sessions.

In December 2023 and in March 2024, Governors represented the views of members and the public during Foundation Trust Annual Plan discussions. These views were collated and presented to the Board by the Governors to ensure their consideration as part of the annual planning process.

Our Council of Governors
The Council of Governors currently comprises 20 governor seats – the majority, elected – who play a vital role in the governance of the Trust, working closely with the Board of Directors. They represent the interests of the Trust's public and staff constituencies as well as its members and partner organisations in the local community, including voluntary organisations and local authorities, under the terms of the Foundation Trust's Constitution. The Council has a number of statutory duties as defined in the Constitution which include:

- The appointment (and removal) of the Chair and Non-Executive Directors of the Foundation Trust and approval of the appointment of the Chief Executive;
- Deciding on the pay and allowances, and other terms and conditions of office, of the Chairman and Non-Executive Directors;
- Appointing the Trust's auditors;
- Holding the Non-Executive Directors to account, individually and collectively, for the performance of the Board of Directors as a whole;
- Approving changes to the Constitution of the Foundation Trust;
- Being consulted on future plans of the Foundation Trust and having the opportunity to contribute to the planning cycle;
- Scrutinising the Annual Plan and receiving the Annual Report and Accounts; and
- Developing the membership of the Foundation Trust.

Elections are held each year for those seats either vacated due to resignations or because Governors have reached the end of their term of office. Governors can serve no more than three consecutive terms of office (resulting in a maximum of nine years' tenure). The overall make-up of the Council of Governors, together with attendance at Council of Governors meetings in 2023/24 is shown on p.75.

The Council of Governors nominate a Lead Governor and Deputy Lead Governor on an annual basis. As at 31 March 2024, Karen Ellison, Governor for Ilkley and Wharfedale, held the position of Lead Governor and Paul Maskell, Governor for West Craven held the position of Deputy Lead Governor.

During the year, Governors were fully engaged in different activities and working groups and continued to familiarise themselves with the complexities of such a large organisation. To help support newly elected

governors, the Trust has developed a bespoke induction programme which existing governors are also invited to attend. The next induction event will be held in May 2024. The Trust has also provided opportunities for its Governors to attend national conferences and seminars organised by NHS Providers.

Governors are invited to observe all the Board Committees. We value the contribution our Governors make and the different perspectives they bring to the development of services.

The Board of Directors and Council of Governors
Detailed below is a summary of the key roles and responsibilities of the Council of Governors and a description of how the Board of Directors and Council of Governors work together in the best interests of the Foundation Trust.

The Council of Governors is constituted in accordance with the Foundation Trust's Constitution and Standing Orders. The Council of Governors complies with the NHS Foundation Trust Code of Governance in which the Governor statutory duties are set out. The Council of Governors does not undertake the operational management of the Foundation Trust; rather they act as a link between members, patients, the public and the Board of Directors, providing an ambassadorial role in representing and promoting the Foundation Trust.

The Foundation Trust's governance structure is established to ensure the Council of Governors meets its statutory duties. The Council of Governors' primary statutory duties are to hold the Non-Executive Directors individually and collectively to account for the performance of the Board as a whole; and to represent the interests of the members of the Foundation Trust as a whole and the interests of the public. Examples of governors fulfilling their statutory duties during the year include approving the remuneration of the Non-Executive Directors, receiving the annual accounts, external auditor's reports, and annual reports, and providing their views to the Board of Directors on the Foundation Trust's forward plans.

The Council of Governors represents the interests of the Foundation Trust members and the public. They have an important role to play in acting as the eyes and ears of these groups of people and providing feedback about the Trust's services and plans.

The Council of Governors meets four times a year and receives regular information from the Trust on matters of strategic importance, finance and performance and quality and safety. Additional meetings are also called if there are matters requiring approval by the Council of Governors e.g., Non-Executive Director appointments, for which a delay may be detrimental to the process.

The Chair, who chairs both the Board of Directors and the Council of Governors, ensures synergy between the two governing bodies through regular meetings and briefings. This relationship is formally extended and augmented by Governors and Directors participation in Board to Council meetings to ensure constant and clear communication and co-operation between the Board and the Council of Governors.

The Directors (both Executive and Non-Executive) meet regularly with Governors during their day to day working through committee meetings, working group meetings, network sessions, chair's briefings, consultations, and information sessions.

The Board of Directors ensures high standards of clinical and corporate governance and, along with the Council of Governors, engages members and stakeholders to ensure effective dialogue with the communities it serves.

The table below shows membership and attendance of Governors and the Chair at Council of Governor's meetings:

Attendance of Governors at Council of Governors' meetings 2023/24

Member	Tenure	Constituency	Meetings attended
Public Elected Governors			
Peter Home	Elected 1 June 2020	Bingley	2/3
Cath Bacon	Elected 1 June 2022 Stood Down 11 May 2023	Bingley Rural	0/2
Robert Minton-Taylor	Elected 1 June 2022	South Craven	2/3
Linda Dobson	Elected 1 June 2022	Keighley Central/East	3/3
Olukauyode Dada	Re-elected 1 June 2022	Skipton	1/3
Karen Ellison	Re-Elected 1 June 2022	Ilkley & Wharfedale	3/3
Mick Baines	Elected 1 June 2023	Rest of England	2/2
Andrew Wilkinson	Appointed 1 September 2022	Settle and Mid Craven	3/3
Paul Maskell	Re-Elected 1 June 2022	West Craven	3/3
Jerry Stanford	Re-elected 1 June 2022	Pendle East and Colne	2/3
Appointed Governors			
Mehnaz Khan	Appointment ended 5 October 2023	Voluntary Sector	0/2
Jonathan Kerr	Appointed 1 November 2023	Voluntary Sector	1/1
Cllr Caroline Firth	Re-appointed 24 October 2021	Bradford Metropolitan District Council	1/3
Cllr Richard Foster	Appointed 1 June 2022	North Yorkshire County Council	1/3
Cllr Jennifer Purcell	Appointed 1 May 2021 Stood Down 4 May 2023	Pendle Borough Council	0/0
Cllr Chris Church	Appointed 1 June 2023	Pendle Borough Council	1/1
Staff Governors			
Annette Ferrier	Re-elected 1 June 2020	Allied health professionals and scientists	3/3
Vacant Seat	-	Doctors and Dentists	-
David Haston	Re-elected 1 June 2022	Nursing and Midwives	2/3
Naheem Ahmed	Elected 1 June 2022	All other Staff	1/3
In addition, the Chair's attendance is recorded as follows:			
Andrew Gold	Chair		3/3

Contacting the Foundation Trust Office
The Trust office continues to be a central point of contact for all members to make contact with the Trust and the Council of Governors. It can be contacted during office hours, Monday to Friday on 01535 294540 (24-hour answerphone also available) or by email to anhsft.members@nhs.net

A list of Governor contact email addresses is published on the Trust website in the Council of Governors section.

SECTION 5 – NHS OVERSIGHT FRAMEWORK

NHS Oversight Framework
NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

NHS England has placed the Airedale NHS Foundation Trust in Segment 2 as part of its NHS Oversight Framework. The Trust has not been subject to any enforcement action by NHS England.

This segmentation information is the ICB/Foundation Trusts as at April 2024. Current segmentation information for NHS Trusts and ICBs/Foundation Trusts is published on the NHS England website: NHS England » NHS oversight framework segmentation

SECTION 6 – Statement of Accounting Officer's Responsibilities

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

NHS England has given Accounts Directions which require Airedale 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 Airedale 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 Group Accounting Manual and in particular to:

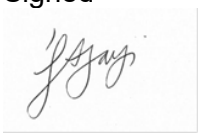
- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS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

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

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

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

Signed



Chief Executive Date: 28 June 2024

SECTION 7 – 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 Airedale 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 Airedale NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk
As Accountable Officer, I have overall responsibility for ensuring that there are effective risk management and integrated governance systems in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by NHS England in respect of governance and risk management.

The Board of Directors provides leadership on the overall governance agenda including risk management. It is supported by a number of Committees that scrutinise and review assurances on internal control. These include:

- Audit and Risk Committee
- Quality and Safety Committee
- Finance, Performance and Digital Committee
- People Committee
- Sustainability Committee (to October 2023)
- Securing the Future Committee (from November 2023)

Independent assurance on the effectiveness of the system of internal control and overall governance arrangements is provided by the Audit and Risk Committee. Additional assurance on the effectiveness of the systems for ensuring clinical quality is given by the Quality and Safety Committee.

The Board of Directors routinely receives a report from the Chairs of its Committees which highlight the key areas of discussion and any items escalated for the attention of the Board. The Board receive these alongside the Board Assurance Framework and the High-Level Risk Register.

The Trust is largely constructed of Reinforced Aerated Autoclaved Concrete (RAAC) which continued to be the Trust's highest scoring strategic risk in 2023-24. There was an executive assurance group which oversees the Securing the Future programme, including the RAAC management programme and the plans for progressing the work around the New Hospital Programme. This was dissolved following the establishment of the Securing the Future Committee and Securing the Future Programme Board, which held their inaugural meetings in November 2023 and December 2023 respectively. The risks are reviewed

and escalated to the Board of Directors where appropriate. A report on Securing the Future was presented at each Board of Directors meeting held in public, and subsequently a report from the Committee is presented at each Board.

The Trust has a Risk and Compliance Group which oversees all risk management activity to ensure:

- that the correct strategy is adopted for managing risk;
- controls are present and effective;
- action plans are robust for those risks that are being actively managed; and
- that high risks are scored appropriately.

The Risk and Compliance Group is chaired by the Chief Nurse and is attended by other executive colleagues. Divisional senior managers and specialist leads routinely attend each meeting. A report is then prepared for the Audit and Risk Committee which it receives alongside a regular report on the high-level risks. The Board also receives a report on high level risks at every public meeting.

The Chief Executive has overall responsibility for the management of risk. Other members of the director team exercise lead responsibility for the specific types of risk as follows:

- The Medical Director and Chief Nurse are jointly responsible for clinical governance. Whilst each has been allocated specific duties and responsibilities there are clear lines of accountability to each individual.

- The Chief Nurse is also the executive lead for ensuring a fully integrated and joined up system of risk and control management is in place on behalf of the Board. As well as being the director of infection prevention and control, and the lead director for safeguarding children and adults;

- The Chief Operating Officer is the Senior Responsible Officer for RAAC, the Accountable Emergency Officer for Emergency Planning, Resilience and Response (EPRR), has operational responsibility for Health and Safety, and is the Trusts' Executive Lead for AGH Solutions Ltd.

- The Director of Finance provides the strategic lead for financial and performance risk and the effective coordination of financial controls throughout the Trust and is the lead for Internal Audit and Counter Fraud.

- The Director of People and OD is responsible for workforce planning, staffing issues, education and training. Responsibility for organisational development is incorporated into executive directors' combined objectives both on an individual basis and collectively as the executive team.

- The Chief Digital and Information Officer (CDIO) is Senior Information Risk Owner, has responsibility for information governance, and also management of risks related to the Electronic Patient Record implementation through the established governance structure for the programme.

- The Director of Strategy, Planning and Partnerships is responsible for overseeing the risks associated with the New Hospital Programme, wider partnership activities, and commercial ventures.

- The Director of Corporate Affairs is responsible for the management of the Board Assurance Framework and ensuring that strategic risks are identified and reported to the Board of Directors.

In addition, the responsibilities for risk are identified across the Trust at different levels. All heads of service, clinical directors and managers have delegated responsibility for the management of risk and patient safety in their areas. Risk is integral to their day-to-day management responsibilities. It is also a requirement that each division has a risk register with the expectations of the Risk Management Policy.

All colleagues have responsibility for participation in the risk/patient safety management system through:

- Awareness of risk assessments which have been carried out in their place of work and compliance with any control measures introduced by these risk assessments;
- Compliance with all legislation relevant to their role, including information governance requirements;
- Following all Trust policies and procedures;
- Reporting all adverse incidents and near misses via the Trust incident reporting system;
- Attending regular training as required ensuring safe working practices;
- Awareness of the Trust patient safety framework and Risk Management Policy and any local patient safety and risk management process; and
- Knowing their limitations and seeking advice and assistance in a timely manner when relevant.

The Trust recognises the importance of supporting colleagues through appropriate training, development and access to systems. Anyone who is undertaking a risk assessment and managing risk as part of their role can draw on the support of quality, and health and safety colleagues.

The Trust has set out the minimum requirements for staff training required to control key risks through a clear mandatory training programme including infection control, fire safety, safeguarding adults and children, information governance and manual handling.

Incidents, complaints, claims and patient feedback are routinely analysed to identify lessons learned and to help improve internal control and are reported to the Board through the Quality and Safety Committee.

The Trust has in place counter fraud arrangements through Audit Yorkshire from the NHS Counter Fraud Authority and has a named Local Counter Fraud Specialist. To ensure that counter fraud resources are effectively managed there is a Counter Fraud Plan and Annual Counter Fraud Report which outlines the proactive, reactive and strategic counter fraud work, including training and raising awareness, undertaken for the Trust in 2023-24.

During 2023-24 the Trust introduced the Ulysses system for recording and reporting risk across the Trust. A programme of Training was delivered and learning from other organisations who already used the system was sought to support to learn from good practice and develop a robust roll out process.

The control environment for both NEP Oracle and ESR (Electronic Staff Record) are reviewed annually by Service Audit reports, ISAE 3402 and ISAE 3000 respectively. These reports are very thorough and go far beyond the scope of our own local audit. There were no significant exceptions noted in either of these reports for 2023/24.

The Risk and Control Framework

The Trust has a Risk Management Strategy (titled Risk Management Policy). The Strategy provides a framework for managing risks across the organisation. The Strategy provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation.

The Risk Management Policy sets out the role of the Board and its Committees together with individual responsibilities of the chief executive, executive directors, other senior managers and all staff in managing risk. It assigns responsibility for the ownership and management of risks to all levels and individuals to ensure that risks which cannot be managed locally are escalated through the organisation. All risks are evaluated against a common grading matrix to ensure that all risks are considered alike. The control measures, designed to mitigate and minimise identified risks, are recorded within the risk register and Board Assurance Framework.

The Board Assurance Framework sets out:

- What the organisation aims to deliver (strategic objectives);
- Factors which could prevent those objectives being achieved (strategic risks);
- Processes in place to manage those risks (controls);
- The extent to which the controls will reduce the likelihood of a risk occurring;
- The evidence that appropriate controls are in place and operating effectively (assurance); and,
- Risk rating pre and post mitigation and target rating.

The Board Assurance Framework (BAF) provides assurance to the Board, that these risks are being adequately controlled and informs the preparation of the Annual Governance Statement. The BAF was reviewed at every meeting during the year by the Board and its Committees and did not identify any significant gaps in control/assurance.

Each Committee receives a regular report on the strategic risks relating to their particular area, for example the Finance, Performance and Digital Committee will review the risks associated with the achievement of the financial plan or with digital transformation. The Board Committees provide assurance to the Board that the areas within their terms of reference and any risks are being managed appropriately. This enables the Board to focus on matters of strategic importance or those risks requiring escalation.

During 2023-24 an extensive piece of work was undertaken to develop a new set of high level BAF risks for 2023-24. In addition, a new format was agreed ensuring alignment with best practice and providing greater clarity on underpinning controls and assurances, in turn making it easier for the Board and its Committees to review and challenge.

The organisation's Risk Appetite is set by the Board of Directors and following the establishment of the 2023-24 strategic risks, a further workshop was held at which consideration was given to the application of risks appetite. The Trust has adopted a for-point scale for assessing risk appetite which is clearly detailed within the Risk Management Policy. Work will commence in 2024-25 to start developing an understanding of Risk Appetite as it applies to HLRR and Operational management of risk with a view to further embedding in future years.

CQC Registration requirements

The Trust is registered with the Care Quality Commission (CQC) and systems exist to ensure compliance with the registration requirements. A process of self-assessment is in place and is undertaken throughout the year. Areas of concern are risk assessed and reported through the Trust's Risk and Compliance Group and into the appropriate Divisional Governance Group and a quarterly report on risk themes is submitted to the Trust's Risk and Compliance Group.

The Trust has maintained active communication with the CQC during the year. Monthly Quarterly engagement meetings are in place, two of these are hosted on site and two are held virtually. However, a small number of on-site engagement visits have resumed. This has continued to support the ongoing

relationship between the Trust and the CQC and has provided the opportunity for staff to engage with the Trust's CQC Inspection Managers.

From February 2024 the Trust along with other healthcare providers nationally moved into the revised CQC Regulatory Framework whereby ongoing assessment of services takes place. The Trust welcomes this move and continues to prepare for future assessment visits.

The Trust is fully compliant with the registration requirements of the CQC.

Performance Information
The Board reviews performance data each month against NHS England and CQC standards and outcomes via its Integrated Board Report focusing on key performance indicators; quality, safety, patient experience and clinical outcomes; people and organisational development; and finance.

The Trust adopts a structured approach to performance management which includes monthly integrated performance review meetings with each division. During the review meetings members of the divisional leadership present their performance and risk positions for scrutiny by the executive team, chaired by the Chief Operating Officer.

Data Security
The Trust takes a robust approach to ensuring data security is managed and any risks are assessed in a timely manner. Risks to data security are continuously assessed and added to the Information Management and Technology (IM&T) risk register.

Incident Reporting
The recognition, reporting and investigating of incidents and near misses is key to managing risk and maintaining patient and staff safety.

The Trust's electronic risk management system (Ulysses) supports the reporting of incidents and work is ongoing to improve the triangulation of information.

In June 2024, it will be 12 months since the Trust transitioned to the Learn From Patient Safety Events Service (LFPSE). There have been a number of updates to improve the data collected through this system.

Incident reporting is available to all staff within the organisation. It is promoted through induction and training. Regular communication and discussions take place at governance and learning forums to keep staff up to date and to provide support.

The process for learning from incidents has changed in line with the Patient Safety Incident Response Framework (PSIRF), supporting a considered and proportionate response to patient safety incidents. A systems based approach has been adopted with increased engagement and involvement for those involved.

Adverse Event Reporting (AEF); There is a positive culture in relation to reporting and learning. The 2023 NHS staff survey results show a slight reduction in the percent of participating staff feeling secure in raising concerns about unsafe clinical practice (from 74.8% to 70.6%). However, the Trust remains above the national benchmarked average of 70.2%.

In 2023/2024 the Trust has not reported any Never Events. The framework is currently undergoing consultation with a number of proposals on how this may look in the future. The outcome of this is awaited.

Emergency Planning, Resilience and Response
In the 2023 NHSE EPRR Core Standards the Trust was fully compliant with 17 standards, partially compliant with 45 standards, non-complaint with 0 standards and giving an overall score of non-compliant. This is in line with the new assurance process implemented across the region.

Airedale NHS Foundation Trust's Major Risks
Airedale NHS Foundation Trust has a number of risks scoring 15 or above which could impact on the achievement of corporate objectives, compliance with its licence or CQC rating. These risks are on the High-Level Risk Register and are being managed and mitigated as far as practicable. They related to the following areas:

- The Trust estate and the impact of RAAC
- New Hospitals Programme
- Financial stability
- Achievement of National Cleaning Standards
- Pathology Laboratory Information Systems
- Electronic Patient Record implementation
- Procedural documents
- A number of areas relating to information technology (IT) infrastructure and stability including loss of IT services due to a cyber attack

The two highest risks on the Corporate Risk Register continue to relate to our hospital estate. The structural risks associated with RAAC (planks, structural corbels, and secondary beams) and the ordinary weight concrete structural frame are recorded with a score of 20 on the Trust High Level Risk Register and also on the Board Assurance Framework. The Trust's response to RAAC began in late 2019. Around 83% of Airedale General Hospital is constructed of RAAC and is the only hospital with a RAAC floor. It is the only hospital to have identified defects within the ordinary weight concrete structural frame and corbels. The term corbel refers to the parts of the vertical structural frame that are designed to bear the horizontal load of flooring and roofing.

To manage the risk, the Trust has developed an in-house inspection and monitoring programme, regularly reviewed by independent structural engineers, with inspections on load-bearing planks, beams and corbels carried out daily on a rolling programme. A multi-year structural works programme is also in place to apply engineering solutions that will reduce the likelihood of a catastrophic RAAC collapse to as low as reasonably practicable.

The Trust has invested part of its RAAC funding allocation to creating two "modular" decant facilities which enable the Trust to vacate and access wards and other RAAC-affected areas to undertake estates works and improve structural safety within the main hospital building.

In May 2023, the Trust was announced as one of the final hospitals to join the New Hospitals Programme. There continues to be a risk regarding the pace and deliverability of Airedale's new hospital scheme in light of independent structural engineers' advice, the work to prepare the site for construction and the building of the new facility is being taken forward by the Securing the Future programme team, who are working closely with the Department of Health and Social Care's New Hospital Programme team, alongside other key partners at place, regionally and nationally. The Securing the Future Programme Board has been established as part of the ongoing governance structure.

The Trust is working to go live with a new Electronic Patient Record (EPR) in September 2024. This programme of work has a full governance structure; EPR Joint Theatres, Anaesthetics and Critical Care

(TACC) Programme Board is chaired by the Trust Chief Operating Officer and includes external partners, EPR Transformation Assurance Group is chaired by the Trust Deputy CEO. The CDIO prepares an EPR report for Finance, Performance and Digital Committee, and the Chair of EPR TAG prepares a report to the Board.

Recognising that the Trust's workforce is a key enabler to transformation and delivery of high quality and safe services, during 2023/24 workforce risks were identified linked to capacity to meet the demand on services and equality, diversity and inclusion (EDI). Specifically;

- If we are unable to recruit to vacancies we will not be able to meet the demand on services, leading to staff fatigue, high turnover and the risk to service sustainability. Certain specialities are particularly affected.

- If we do not promote an inclusive culture then the Trust is not representative of the communities we serve, which can lead to poor engagement (by both patients and staff) and morale, and a poor patient experience.

Through the delivery of the Trust's Working Together to Achieve Value and Excellence (WAVE) programme there was a key focus on recruitment and retention to increase capacity, mitigation included the implementation of a New to Care programme delivering a net gain in Healthcare Support Workers of 53 WTE and the recruitment of 40 WTE internationally educated nurses. The Trust was also successful in joining the national People Promise Exemplar Programme to champion retention initiatives and continue the reduction in turnover levels. A retention audit was undertaken during quarter four with an overall opinion of significant assurance.

During 2023/24 the Trust completed an assessment against the Equality Delivery System which considers three domains across patient and people experience. This assessment was used to identify gaps in control and mitigating actions. In addition, the Trust signed the NHS England Sexual Safety Charter and strengthened the zero tolerance statement to an anti-harassment and anti-discrimination statement. The People Committee undertook a deep dive session into EDI in December 2023 and considered the model for delivery across the organisation and noted the opportunities for continued improvements including the need for specialist infrastructure.

In January 2024 failures in process and oversight of accounting for agency costs were identified which had resulted in an understatement of in-year and prior year agency costs. An immediate revision to the process was designed and implemented in January to address the issue and actions reported regularly through the Finance Digital and Performance Committee and Audit and Risk Committee.

Strategies and staffing processes are developed using evidence based best practice, including national guidance and legislation. Policies and processes are also developed and tested using stakeholder engagement. Policy monitoring processes ensure that systems are effective and are used to inform continuous improvement. The Trust's People Committee has oversight for design and delivery of the Trust's People Strategy, supported with strategic KPIs which are reviewed evert six months.

The Foundation Trust has published on 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 NHS27 guidance. During 2023-24 the Trust implemented Declare, an electronic system for the management of declarations of interest, to strengthen processes around declarations of interest and updated the Conflicts of Interest Policy approved December 2023. An Audit of this has been planned for Summer 2024-25.

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

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

The Foundation Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness of the use of Resources

The Trust has set its strategic and annual objectives through the approval of its Five-Year Strategy. The Board of Directors sets these objectives with regard to the economic, efficient and effective use of resources. The Trust's financial plan is approved by the Board and submitted to NHS England. The plan, including forward projections, is monitored regularly and scrutinised by the Board and the Finance, Performance and Digital Committee.

The objectives set reflect national and local performance targets for standards of patient care and financial targets to deliver this care within available resources. Within these targets, the Trust includes specific productivity and efficiency improvements. These are identified from a range of sources including internal review such as internal audit, external audit and external organisations including benchmarking agencies.

The Trust pays regard to its reference costs, a nationally mandated collection of cost data for delivering services in the NHS. The Finance, Performance and Digital Committee terms of reference also include scrutiny of the Trust's waste reduction plans. Additionally, there is particular focus provided through a management group which has been established to closely monitor the development and implementation of waste reduction plans.

The Trust operates within a governance framework of its Constitution, Standing Orders, Standing Financial Instructions and other processes which is reviewed annually. This framework includes explicit arrangements for:

- Setting and monitoring financial budgets;
- Delegation of authority;
- Performance management; and
- Achieving value for money in procurement.

Information governance

Maintaining the security of the information that the Foundation Trust holds is the responsibility of the Trust's Chief Digital and Information Officer who undertakes the role of Senior Information Risk Owner (SIRO). The SIRO supports the Chief Executive and the Board in ensuring compliance with appropriate standards and managing information risks. The SIRO has overseen the implementation of a wide range of measures to protect the data held and information flows to underpin the Trust's Information Governance assurance statements and its assessment against the DSPT.

The Chief Digital and Information Officer is a shared post with Bradford Teaching Hospitals NHS Foundation Trust and the role holder provides strategic oversight and accountability for the robustness of the Trust's clinical and non-clinical IT systems.

The Trust has a Chief Clinical Information Officer, who is also the Trust's Caldicott Guardian. Information Governance, including Freedom of Information compliance is managed by the Head of Information Governance and Data Protection Officer, (also a shared appointment with Bradford Teaching Hospitals Foundation Trust) with responsibility for ensuring that appropriate procedures and processes are in place. The Information Governance Manager provides support for the day-to-day management of Information Governance. There is an established Information Governance Group (IGG) which oversees compliance, issues and incidents, receives assurance and reports on action plans and projects. The Head of Information Governance chairs the IGG. Membership includes the Chief Clinical Information Officer, Information Governance Manager, Head of IT and other senior representatives from across the Trust. The IGG is accountable to the Finance, Performance and Digital Committee. The IGG regularly reports and informs on progress and compliance against the Data Security and Protection Toolkit (DSPT) standards and the SIRO signs off the annual DSPT submission which for 2023/24 will complete on 30 June 2024. An internal audit review of DSPT took place in March 2024. During 2023/24, the Trust had no externally reportable information governance incidents, all lower level incidents are reviewed and advice is provided to staff from the Information Governance team and Caldicott Guardian as appropriate.

Data Quality and Governance

The Trust has arrangements in place to ensure it processes data that is accurate, reliable, timely, complete and sufficient, facilitating translation into meaningful information whenever and wherever required. The Head of Performance and Information takes responsibility for data governance across the organisation.

There is an established Data Quality Assurance Group, chaired by the Head of Performance and Information with representatives from across all divisions. The group receives reports relating to standards of data quality; reviews new legislation and best practice relevant to data quality; reviews adverse event forms relating to data quality; and assesses data quality risks and issues. The Trust has achieved all requirements in the DSPT related to data quality. For the duration of the Electronic Patient Record Programme the Data Quality Group has been amalgamated with the Data Migration Working Group to ensure migration and configuration processes that may impact on data are discussed.

There are robust validation processes in place for all of the key performance indicators, including the referral to treatment time standards. The tracking team validate and track all patients on a pathway. The Trust has a reporting system which flags any anomalies, which are followed up and addressed at the weekly Patient Access meeting which is chaired by the Deputy Chief Operating Officer.

Review of Effectiveness

As Accounting Officer, I have overall 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 Airedale 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 and Risk Committee, Quality and Safety Committee, and the Risk and Compliance Group and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the major sources of assurance on which reliance has been placed during the year. These sources included reviews carried out by our external auditors, Grant Thornton; Audit Yorkshire; and the CQC.

The following groups and Committees are involved in maintaining and reviewing the effectiveness of the system of internal control:

Board of Directors
The Board has set out the governance arrangements including the Committee structure within the Standing Orders, Scheme of Delegation and Standing Financial Instructions which support and underpin the Trust's Constitution. The Chairs of the Board's Committees report to the Board at the first available Board meeting after each Committee meeting with urgent matters being escalated by the Committee Chair to the Board as appropriate. The Board has agreed, in conjunction with the Council of Governors, the strategic objectives for the Trust. The Executive Directors have assessed the risks to their achievement, along with risk controls and assurance mechanisms. As part of this risk assessment process, gaps in controls and assurances have been highlighted. This information is incorporated in the Trust's Board Assurance Framework document reviewed regularly by the Board of Directors. The Board continued its journey to carry out its activities in line with the NHS England Well Led Framework.

Audit and Risk Committee
The Audit and Risk Committee is responsible for establishing an effective system of internal control and risk management and provide independent assurance to the Board. The Committee is made up of four non-executive directors, one of whom is chair and reports to the Board of Directors. The Committee takes an overview of the organisation's governance activity supported by the internal auditors who provide opinions on compliance with standards and the systems of internal control. The Committee ensures that any recommendations from these audits are implemented. The Committee also reviews, on a regular basis, the risks that are described within the Trust's Board Assurance Framework. The Committee has oversight of and relies on the work of the Risk and Compliance Group to monitor the risk management process and risk registers. The Committee has oversight of expressions of concern and whistleblowing arrangements and also receives assurance on the arrangements for counter fraud activity within the Trust, including the outcome of any referrals and investigations.

Quality and Safety Committee
The Quality and Safety Committee monitors selected quality metrics and ensures that the Trust has robust systems in place to learn from experience. It receives reports on areas of risk e.g., Safeguarding; Information Governance; Patient Safety, Serious Incidents and the quality metrics. The Quality and Safety Committee has four non-executive director members one of whom is the chair, and reports to the Board of Directors.

People Committee
The People Committee scrutinises work to manage and mitigate the risks relating to the recruitment, retention, support and development of our people. The Committee has three non-executive director members one of whom is the chair and reports to the Board of Directors.

Finance, Performance and Digital Committee
The Finance, Performance and Digital Committee scrutinises financial risks and targets and any significant risks to activity and performance. The Committee is responsible for ensuring that there are robust financial control procedures in place. The Committee also monitors progress against implementation of the digital

strategy and risks to the achievement of this. The Finance, Performance and Digital Committee has four non-executive director members, one of whom is the chair, and reports to the Board of Directors.

Sustainability Committee
The Sustainability Committee oversees the development and implementation of the Green Plan and the Trust's contribution to the mutually agreed West Yorkshire Health and Care Partnership aim: "*We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system".* The Committee was chaired by the Chair of the Board of Directors and reports to the Board of Directors.

Following the announcement in May 2023 that the Trust is on the New Hospital Programme, in Autumn 2023, the Securing the Future Committee was established as a Committee of the Board. The Sustainability Committee met for the last time in October 2023, before formally becoming subsumed by the Securing the Future Committee.

Securing the Future Committee
The Securing the Future Committee was established in November 2023 and provides the Board with an independent and objective review of, and assurances, in relation to the New Hospital Programme and RAAC Remedial works, ensuring that there are clear processes and mechanisms of assurance, for oversight of the Securing the Future Programme Board, and that these meet the statutory duties of the organisation. The Committee is chaired by a Non-Executive Director, and Membership for 2023/24 comprised of at least three Non-Executive Directors (including the Committee Chair), and at least two Executive Directors, these being the Chief Executive and the Director of Finance, along with the Director of Strategy, Planning and Partnerships and the Chief Operating Officer who are the Senior Responsibility Officers for NHP and RAAC respectively.

Health and Safety Resilience Group
The Group is Chaired by the Chief Operating Officer, as the designated lead director for health and safety and Accountable Emergency Officer for Emergency Planning, Resilience and Response (EPRR). It ensures that the Trust meets its legal requirements to consult with staff on matters that affect their health and safety and has the responsibility of promoting and developing health and safety arrangements across the organisation, by ensuring compliance with the Health and Safety at Work Act 1974 (and related regulations). The Group is also the forum in which matters relating to EPRR are considered. At the end of 2023 it was agreed that, due to the increasing volume of work and requirements relating to both Health and Safety and EPRR, a separate group would be established to specifically considered EPRR, thus separating the two areas. The 'new' groups held their inaugural meetings on 12 April 2024 (Health and Safety) and 7th March 2024 (EPRR).

Internal Audit
Audit Yorkshire provides the Internal Audit services to the Group. They provide an independent and objective opinion on the degree to which risk management, controls and governance support the achievement of the Trust's objectives.

The Audit Plan is derived from an assessment of risk areas within the Trust. In 2023/24 the Internal Audit reports issued in the year have generated an overall opinion of Significant Assurance as detailed in the Head of Internal Audit Opinion. It should also be noted that during 2023/24 there was one report issued with a 'limited assurance' opinion.

Action plans and progress on all of the recommendations made by Internal Audit is reported in detail to each subsequent Risk and Compliance Group and the Group Audit and Risk Committee meeting as part of

Internal Audit's follow-up process. Any areas where there has not been sufficient progress are called in for review by the Audit and Risk Committee. There have been no 'Low Assurance' reports during the year.

External Audit
External audit provides independent assurance on the accounts, annual report, and Annual Governance Statement. These documents and internal and external audits of specific areas of internal control provide the Board of Directors with the information it requires to gain assurance that the Trust is meeting its objectives to protect patients, staff, the public and other stakeholders against risks of any kind: which allows the Board to support me in signing this Annual Governance Statement. The Auditor provided an unqualified audit opinion on 28 June 2024.

Conclusion

The system of internal control has been in place in Airedale NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report.

In summary I am assured that Airedale NHS Foundation Trust has an overall sound system of internal controls in place, which is designed to manage the key organisational objectives and minimise the Trust's exposure to risk. There are however weaknesses in the system which are being addressed. The Board of Directors is committed to continuous improvement and enhancement of the system of internal control.

I am assured that:

- The Board, executive director and senior management have identified and are managing the risks facing the Trust, with the escalation of risk events, an effective process for keeping risks scores up to date and flagging any risk and control concerns;
- There is an appropriate risk management framework embedded in the Trust;
- The internal auditors and other independent assurance providers to the Trust, including external audit, have identified no major concerns from their risk focused programme of independent assurance.

My review therefore confirms no significant internal control issues have been identified for the year ended 31 March 2024.

Signed

Chief Executive Date: 28th June 2024

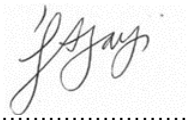
CHAPTER 3 –
ACCOUNTS FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

FOREWORD TO THE ACCOUNTS

AIREDALE NHS FOUNDATION TRUST

The accounts for the year ended 31 March 2024 are set out on the following pages and comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers' Equity, the Consolidated Statement of Cash Flows and the Notes to the Accounts.

These accounts for the year ended 31 March 2024 have been prepared by Airedale NHS Foundation Trust in accordance with paragraph 24 and 25 of schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



Signed: ……Foluke Ajayi - Chief Executive

Date: 28 June 2024

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF THE AIREDALE NHS FOUNDATION TRUST

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

NHS England has given Accounts Directions which require Airedale 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 Airedale NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

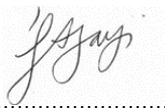
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

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

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

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



Signed: ……Foluke Ajayi - Chief Executive

Date: 28 June 2024

NATIONAL HEALTH SERVICES ACT 2006

DIRECTIONS BY NHS ENGLAND IN RESPECT OF NHS FOUNDATION TRUSTS' ANNUAL ACCOUNTS

NHS England, with the approval of the Secretary of State, in exercise of powers conferred on it by paragraph 24(1A) and 25(1) of Schedule 7 of the National Health Services Act 2006 (the '2006 Act'), hereby gives the following Directions:

1. Application and interpretation

(1) These Directions apply to NHS Foundation Trusts in England.

(2) In these Directions:

(a) references to “the accounts” and to “the annual accounts” refer to:

for an NHS foundation trust in its first operating period since being authorised as an NHS foundation trust, the accounts of an NHS foundation trust for the period from point of licence until 31 March

for an NHS foundation trust in its second or subsequent operating period following initial authorisation, the accounts of an NHS foundation trust for the period from 1 April until 31 March

for an NHS foundation trust in its final period of operation and which ceased to exist as an entity during the year, the accounts of an NHS foundation trust for the period from 1 April until the end of the reporting period

(b) "the NHS Foundation Trust" means the NHS Foundation Trust in question.

2. Form and content of accounts

(1) The accounts of an NHS foundation trust kept pursuant to paragraph 24(1) of Schedule 7 to the 2006 Act must comply with the requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) in force for the relevant financial year.

3. Annual accounts

(1) The annual accounts submitted under paragraph 25 of Schedule 7 to the 2006 Act shall show, and give a true and fair view of, the NHS foundation trust’s income and expenditure, cash flows and financial state at the end of the financial period.

(2) The annual accounts shall follow the requirements as to form and content set out in chapter 1 of the NHS Foundation Trust Annual Reporting Manual (FT ARM) in force for the relevant financial year.

(3) The annual accounts shall comply with the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) as in force for the relevant financial year.

(4) The Statement of Financial Position shall be signed and dated by the chief executive of the NHS foundation trust.

4. Annual accounts: Statement of accounting officer’s responsibilities

(1) The statement of accounting officer’s responsibilities in respect of the accounts shall be signed and dated by the chief executive of the NHS foundation trust.

5. Annual accounts: Foreword to accounts

(1) The foreword to the accounts shall be signed and dated by the chief executive of the NHS foundation trust.

Signed by the authority of NHS England.

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR TO 31 March 2024

		2023/24		2022/23	
		Group	Foundation Trust	Group	Foundation Trust
	Note	£000	£000	£000	£000
Operating income from continuing operations	3	**272,633**	**267,659**	**262,348**	**259,149**
Operating expenses of continuing operations:					
- Operating expenses		**(278,256)**	**(275,122)**	**(267,342)**	**(264,951)**
- Exceptional item - (Impairment)/Reversal of Impairment*		**(22,614)**	**(22,614)**	**(9,200)**	**(9,200)**
Total Operating Expenses	4	**(300,870)**	**(297,736)**	**(276,542)**	**(274,151)**
Operating (Deficit)/Surplus before Finance costs		**(28,237)**	**(30,077)**	**(14,194)**	**(15,002)**
FINANCE COSTS					
Finance income	6.1	**1,390**	**1,687**	**530**	**1,132**
Finance expense - financial liabilities	6.2	**(135)**	**(775)**	**(60)**	**(826)**
Finance expense - unwinding of discount on provisions	6.2 / 17.2	**(19)**	**(19)**	**(14)**	**(14)**
Public Dividend Capital - dividends payable		**(1,514)**	**(1,514)**	**(1,531)**	**(1,531)**
NET FINANCE COSTS		**(278)**	**(620)**	**(1,075)**	**(1,239)**
Gains on disposal of assets	6.4	**-**	**-**	**-**	**-**
Movement in fair value of other investments	6.4	**42**	**-**	**(47)**	**-**
Share of profit in associates / joint ventures	20.3	**284**	**284**	**553**	**553**
Corporation Tax Expense	1.18	**(844)**	**-**	**(534)**	**-**
(DEFICIT)/SURPLUS FOR THE YEAR		**(29,033)**	**(30,413)**	**(15,297)**	**(15,687)**

OTHER COMPREHENSIVE INCOME **Will not be reclassified to income and expenditure**		Group	Foundation Trust	Group	Foundation Trust
	Note	2023/24 £000	2023/24 £000	2022/23 £000	2022/23 £000
Impairments/Reversals	7	**(1,028)**	**(1,028)**	**(730)**	**(730)**
Revaluations	7	**36**	**36**	**-**	**-**
Other reserve movements		**206**	**-**	**649**	**-**
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR		**(29,819)**	**(31,405)**	**(15,378)**	**(16,417)**
(Deficit)/surplus for the period attributable to:					
Airedale NHS Foundation Trust		**(29,033)**	**(30,413)**	**(15,297)**	**(15,687)**
Total		**(29,033)**	**(30,413)**	**(15,297)**	**(15,687)**
Total comprehensive (expense)/income for the period attributable to:					
Airedale NHS Foundation Trust		**(29,819)**	**(31,405)**	**(15,378)**	**(16,417)**
Total		**(29,819)**	**(31,405)**	**(15,378)**	**(16,417)**

All operations are continuing.

*Due to the reduced life expectancy of Airedale General Hospital based on its construction method of Reinforced Autoclaved Aerated Concrete (RAAC) panels, the buildings are revalued and reviewed for impairment on an annual basis. In 2023/24, £22.6m was charged to operating expenses as a result of impairment of the RAAC remedial works undertaken during the year. See sections 1.8.2, 1.25 for further details.
This part of the overall impairment has been pulled out separately as it directly relates to the RAAC disclosure as an exceptional item.

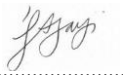
The notes on pages 10 to 55 form part of these accounts.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
as at 31 March 2024

		31 March 2024		31 March 2023	
		Group	Foundation Trust	Group	Foundation Trust
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	8	**6,276**	**6,276**	**1,760**	**1,760**
Property, plant and equipment	7.2/7.5/7.8	**69,626**	**61,868**	**69,997**	**61,157**
Right of use assets	7.10/7.12	**11,777**	**12,479**	**5,552**	**14,342**
Investments in subsidiary / joint ventures	20.3/20.4	**473**	**9,364**	**701**	**9,592**
Other Investments	20.5	**600**	**-**	**559**	**-**
Loans to subsidiary	20.4	**-**	**16,546**	**-**	**17,203**
Receivables	10.1	**3,422**	**1,156**	**3,287**	**1,202**
Total non-current assets		**92,174**	**107,688**	**81,856**	**105,257**
Current assets					
Inventories	9	**3,129**	**1,381**	**2,865**	**1,301**
Receivables	10.1	**14,189**	**12,356**	**15,401**	**13,920**
Loans to subsidiary	20.4	**-**	**657**	**-**	**634**
Cash and cash equivalents	11	**16,594**	**7,891**	**23,173**	**12,380**
Total current assets		**33,912**	**22,285**	**41,439**	**28,236**
Current liabilities					
Trade and other payables	12	**(32,999)**	**(31,891)**	**(34,663)**	**(30,473)**
Borrowings					
- IFRS16 leases (excl intercompany)		**(726)**	**(480)**	**(1,464)**	**(1,471)**
- IFRS16 leases (intercompany)		**-**	**(828)**	**-**	**(801)**
Total Borrowings (current)	14.2	**(726)**	**(1,308)**	**(1,464)**	**(2,272)**
Provisions	17	**(1,317)**	**(1,285)**	**(2,356)**	**(2,175)**
Other liabilities	13	**(2,120)**	**(2,120)**	**(2,291)**	**(2,291)**
Total current liabilities		**(37,162)**	**(36,604)**	**(40,774)**	**(37,211)**
Total assets less current liabilities		**88,924**	**93,368**	**82,521**	**96,282**
Non-current liabilities					
Borrowings					
- IFRS16 leases (excl intercompany)		**(11,246)**	**(4,287)**	**(4,490)**	**(4,437)**
- IFRS16 leases (intercompany)		**-**	**(20,631)**	**-**	**(21,460)**
Total Borrowings (non-current)	14.2	**(11,246)**	**(24,918)**	**(4,490)**	**(25,897)**
Provisions	17	**(991)**	**(991)**	**(968)**	**(966)**
Other liabilities	13	**-**	**-**	**(3,069)**	**(3,069)**
Total non-current liabilities		**(12,237)**	**(25,909)**	**(8,527)**	**(29,932)**
Total assets employed		**76,687**	**67,459**	**73,994**	**66,351**
Financed by (taxpayers' equity)					
Public Dividend Capital		**131,748**	**131,748**	**99,236**	**99,236**
Revaluation reserve		**633**	**633**	**1,625**	**1,625**
Income and expenditure reserve		**(56,818)**	**(64,922)**	**(27,953)**	**(34,510)**
Charitable fund reserves	20.5	**1,124**	**-**	**1,086**	**-**
Total taxpayers' equity		**76,687**	**67,459**	**73,994**	**66,351**

The notes on pages 10 to 55 form part of these accounts.

The financial accounts on pages 1 to 55 were approved by the Board of Directors on



Signed on its behalf by: ……Foluke Ajayi - Chief Executive

Date: 28 June 2024

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

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.

Income and Expenditure Reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

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.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 20.5.

The notes on pages 10 to 55 form part of these accounts.

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2024

GROUP	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Charitable Funds Reserve	Total Tax Payers Equity
	£000	£000	£000	£000	£000
Balance as at 1 April 2023	99,236	(27,953)	1,625	1,086	73,994
Public Dividend Capital received	32,512	-	-	-	32,512
Deficit for the financial year	-	(29,071)	-	38	(29,033)
Transfer to retained earnings on disposal of assets	-	-	-	-	-
Other reserve movements	-	206	-	-	206
Net impairments	-	-	(1,028)	-	(1,028)
Revaluations - property, plant and equipment	-	-	36	-	36
Balance at 31 March 2024	131,748	(56,818)	633	1,124	76,687

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2023

GROUP	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Charitable Funds Reserve	Total Tax Payers Equity
	£000	£000	£000	£000	£000
Balance as at 1 April 2022	74,358	(13,579)	2,355	1,360	64,494
Public Dividend Capital received	24,878	-	-	-	24,878
Deficit for the financial year	-	(15,023)	-	(274)	(15,297)
Transfer to retained earnings on disposal of assets	-	-	-	-	-
Other reserve movements	-	649	-	-	649
Net impairments	-	-	(730)	-	(730)
Revaluations - property, plant and equipment	-	-	-	-	-
Balance at 31 March 2023	99,236	(27,953)	1,625	1,086	73,994

The statement of changes in taxpayers' equity is for the Group, the consolidated Charitable fund balances are identified separately in the table.

The notes on pages 10 to 55 form part of these accounts.

FOUNDATION TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2024

Foundation Trust	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total Tax Payers Equity
	£000	£000	£000	£000
Balance as at 1 April 2023	99,236	(34,509)	1,625	66,352
Public Dividend Capital received	32,512	-	-	32,512
Deficit for the financial year	-	(30,413)	-	(30,413)
Transfer to retained earnings on disposal of assets	-	-	-	-
Other reserve movements	-	-	-	-
Net impairments	-	-	(1,028)	(1,028)
Revaluations - property, plant and equipment	-	-	36	36
Balance at 31 March 2024	131,748	(64,922)	633	67,459

FOUNDATION TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2023

Foundation Trust	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total Tax Payers Equity
	£000	£000	£000	£000
Balance as at 1 April 2022	74,358	(18,823)	2,355	57,890
Public Dividend Capital received	24,878	-	-	24,878
Deficit for the financial year	-	(15,686)	-	(15,687)
Transfer to retained earnings on disposal of assets	-	-	-	-
Other reserve movements	-	-	-	-
Net impairments	-	-	(730)	(730)
Revaluations - property, plant and equipment	-	-	-	-
Balance at 31 March 2023	99,236	(34,509)	1,625	66,351

The Statement of Changes in Taxpayers' Equity analyses the movements in reserves and public dividend capital since the previous year.

The notes on pages 10 to 55 form part of these accounts.

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2024

	Note	2023/24 Group	2023/24 Foundation Trust	2022/23 Group	2022/23 Foundation Trust
		£000	£000	£000	£000
Cash flows from operating activities					
Operating (deficit)/surplus from continuing operations		(28,237)	(30,077)	(14,194)	(15,002)
		(28,237)	(30,077)	(14,194)	(15,002)
Non-cash income and expense					
Depreciation and amortisation	4/7	8,962	8,757	7,121	7,022
Impairments and reversals	4/7.1	22,614	22,614	15,156	15,156
Non-cash donations/grants credited to income	7.22	(9)	(9)	(341)	(341)
(Increase)/Decrease in receivables		816	1,864	(6,363)	(5,054)
(Increase)/Decrease in other Assets		-	-	575	-
(Increase)/Decrease in inventories		(264)	(80)	(269)	(134)
Increase/(Decrease) in trade and other payables		(108)	(3,403)	4,893	1,633
Increase/(Decrease) in other liabilities		(3,240)	(3,239)	(1,734)	(1,734)
Increase/(Decrease) in provisions		(1,035)	(882)	(1,427)	(1,359)
Corporation Tax Paid		(456)	-	(461)	-
Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		(4)	-	(56)	-
Other movements in cash flow		311	41	-	(3)
NET CASH GENERATED FROM OPERATIONS		(650)	(4,414)	2,900	184
Cash flows from investing activities					
Interest received		1,349	1,687	516	1,132
Proceeds from sales / settlements of financial assets / investments (incl repayments issued on loans to subsidiaries)		-	634	-	613
Distributions received from joint ventures		512	512	630	630
Purchase of intangible assets		(4,516)	(4,516)	(1,760)	(1,760)
Purchase of Property, Plant and Equipment		(32,376)	(26,045)	(31,029)	(31,512)
Initial direct costs or up front payments in respect of new right of use assets (lessee)		-	-	(16)	-
Receipt of cash donations to purchase capital assets		9	9	341	341
Net cash used in investing activities		(35,022)	(27,719)	(31,318)	(30,556)
Cash flows from financing activities					
Public dividend capital received		32,512	32,512	24,878	24,878
Loans repaid		-	-	-	-
Capital element of finance lease rental payments		(1,536)	(2,325)	(950)	(2,372)
Interest Paid		-	-	(1)	-
Interest element of lease liability repayments		(116)	(776)	(8)	(777)
PDC dividend paid		(1,767)	(1,767)	(1,850)	(1,850)
Net cash generated from/(used in) financing activities		29,093	27,644	22,069	19,879
Net (decrease)/increase in cash and cash equivalents	11	(6,579)	(4,488)	(6,349)	(10,493)
Cash and cash equivalents at 1 April	11	23,173	12,380	29,522	22,873
Cash and cash equivalents at 31 March	11	16,594	7,891	23,173	12,380

The notes on pages 10 to 55 form part of these accounts.

Note 1 Accounting Policies and Other Information

Note 1.1 Basis of Preparation

NHS England 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 2023/24 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.

Note 1.1.1 Accounting Convention

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

Note 1.2 Going Concern Basis

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Trust has developed a £17.8m deficit financial plan for 2024/25, the detail of which has been independently reviewed by NHS England, West Yorkshire Association of Acute Trusts (WYAAT) and Bradford District & Craven PLACE stakeholders. This deficit position involves the achievement of a challenging £14.8m waste reduction programme which has been benchmarked with other WY ICS providers. The plan also includes a requirement for £13.5m of deficit support funding, to maintain the Trust cashflow. The Trust knows of no change in market conditions that would impact on its ability to continue to operate successfully.

Note 1.3 Consolidation

The Consolidated Accounts of Airedale NHS Foundation Trust show both the NHS Foundation Trust and the Group balances. The Group balances comprise Airedale NHS Foundation Trust, Airedale Hospital and Community Charity and the subsidiary, AGH Solutions Limited.

NHS Charitable Funds
The Trust is the corporate trustee to Airedale Hospital & Community Charity. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:
• recognise and measure them in accordance with the Trust's accounting policies and
• eliminate intra-group transactions, balances, gains and losses.

Other subsidiaries
Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation

Joint Ventures
Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

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.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2023/24 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2023/24 elective recovery funding was included within the aligned payment and incentive contracts.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) and Advice and Guidance schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2023/24 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

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. Some research income alternatively falls within the provisions of IAS 20 for government grants.

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.

Education

The Trust receives training income training via its education contract with NHS England. A performance obligation relating to delivery of training which is satisfied over the financial year. The obligation is met in line with the payments made in year. Training is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is NHS England, but the benefits received are indirect as services are provided to the trainee.

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

1.6.1 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 employer, 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 they become due.

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

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 1.6 Expenditure on Employee Benefits (continued)

Other Pension Costs

Airedale NHS Foundation Trust offers an additional defined contribution workplace pension scheme, the National Employment Savings Scheme (NEST) for those staff ineligible to contribute to the NHS Pension.

The cost to the Foundation Trust of participating in the scheme is taken as equal to the contributions payable to that scheme for the accounting period.

Note 1.7 Expenditure on Other Goods and Services

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

Note 1.8 Property, Plant and equipment

Note 1.8.1 Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent Expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset, when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Note 1.8.2 Measurement

Valuation

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

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

Note 1.8.2 Property, Plant and equipment Measurement (Continued)

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

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements. Modern Equivalent Valuation as applied at Airedale is covered in more detail in section 1.25.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors Valuation standards. The most recent asset valuation was undertaken by Cushman and Wakefield with a valuation date of 31 March 2024.

This valuation has taken into account the current market valuation, the deterioration of the Reinforced Autoclaved Aerated Concrete (RAAC) panel construction of large areas of Airedale General Hospital and the extent to which the current programme of remedial works have mitigated that deterioration. This valuation and RAAC issue will be covered in more detail in section 1.24 and 1.25.

The valuations are carried out primarily on the basis of depreciated replacement cost on a modern equivalent asset basis for specialised operational property and current value for non-specialised operational property, using the alternative site method.

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

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

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.

Depreciation on IFRS 16 leased assets begin immediately, unlike purchased or donated assets which begin to depreciate from the quarter after they come into use.

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
Land	-	-
Buildings excluding dwellings	4	56
Dwellings	25	40
Plant & machinery	5	15
Transport equipment	7	7
Information technology	5	10
Furniture & fittings	5	12

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 1.8.2 Property, Plant and equipment - Measurement (Continued)

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.

There have been several transactions this year that have impacted operating expenditure;

- Impairment of Modular 2 into use	£1.8m
- Deck Car Park	£0.2m
- Teal Mews	£0.8m
- Teal House	£0.3m
- Reduction in land value	£0.4m
- RAAC remedial works	£17.0m
- Other movements (net)	£2.1m
- Net Impairment/(Reversal)	**£22.6m**

Although not all of the schemes above relate directly to RAAC, the remainder are also projects and works that have been undertaken due to the RAAC issues at the hospital, so are interrelated.

Note 1.8.3 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.

Note 1.8.4 Donated and grant funded assets

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

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

This includes assets donated to the trust by the Department of Health and Social Care or NHS England 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 that the trust controls and is obtaining economic benefits from at the year end.

Note 1.8.5 Private Finance Initiative (PFI) Transaction

PFI transactions which meet the IFRIC 12 definition of a service concession, as per FReM - are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment.

The Trust currently has no PFI transactions.

Note 1.9 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 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 when it meets the requirements set out in IAS 38.

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

The Trust currently has one intangible asset (under construction), the Electronic Patent Record (EPR) system which is due to come into use in financial year 2024/25.

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. The EPR asset will begin to amortise from the quarter after it comes into use in 2024/25

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The EPR asset will be given an appropriate useful life when brought into use.

Note 1.10 Inventories

Pharmacy inventories are valued at weighted average historical cost. All other inventories are valued at the lower of cost and net realisable value using the first in, first out (FIFO) method.

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

Note 1.11 Cash and cash equivalents

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

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

There are no significant cash and cash equivalent balances held by the entity that are not available for use by the group.

Note 1.12 Financial Assets and Financial Liabilities

Note 1.12.1 Recognition

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

Note 1.12.2 Classification and Measurement

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

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

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

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trusts loans and receivables comprise; cash and cash equivalents, NHS contract receivables, and other contract receivables.

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Note 1.12 Financial Instruments and Financial Liabilities (Continued)

Note 1.12.2 Classification and Measurement (continued)

Financial assets at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of Financial Assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, 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).

There are no expected credit losses for intra-NHS debtors. The Trust and AGH Solutions split other debtors into categories i.e. overseas visitors, private patients, medical records, staff and general. These classes are assessed for expected credit losses based on the last 12 months' data, and the percentages are then applied to the current debts.

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

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

Note 1.12.3 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 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

Note 1.13.1 The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Leases (continued)

Note 1.13.1 The Trust as lessee (continued)

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

Utilising the practical expedient detailed in IFRS 16 (C3) as required by the GAM, the existing Finance lease between AGHS and the Trust was 'grandfathered' over without any change or reassessment. The option to reassess has been withdrawn as there is a presumption that entities have been applying guidance in IAS 17 and IFRIC 4 appropriately in the past.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

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 17.3 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 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 15 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 15, 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 1.16 Public Dividend Capital

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

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

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

This policy is available at:
https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.
In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 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.

AGH Solutions Limited is a wholly owned subsidiary and is registered for VAT.

Note 1.18 Corporation Tax

At Budget 2021, At the Spring Budget 2021, the government announced that the Corporation Tax main rate for non-ring fence profits would increase to 25% from 1 April 2023, for profits above £250,000. This rate will continue for 2024/25.

Airedale NHS Foundation Trust

The Trust is a Health Service body within the meaning of s519 ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is power for the Treasury to dis-apply the exemption in relation to the specified activities of a Foundation Trust (s519 (3) to (8) ICTA 1988), but to date this power has not been exercised. Accordingly the Trust is not within scope of Corporation Tax.

AGH Solutions Limited

AGH Solutions Limited is a wholly owned subsidiary and is subject to Corporation Tax.

Deferred Taxation

Tax on the profit or loss for the year comprises current and deferred tax. Tax is recognised in the Statement of Comprehensive Income except to the extent that it relates to items recognised directly in equity or other comprehensive income, in which case it is recognised directly in equity or other comprehensive income. Current tax is the expected tax payable or receivable on the taxable income or loss for the year, using tax rates enacted or substantively enacted at the reporting date, and any adjustment to tax payable in respect of previous years. Deferred tax is provided on temporary differences between the carrying amounts of assets and liabilities, for reporting purposes and the amounts used for taxation purposes. The amount of deferred tax provided is based on the expected manner of realisation or settlement of the carrying amount of assets and liabilities, using tax rates enacted or substantially enacted on the reporting date. A deferred tax asset is recognised only to the extent that it is probable that future taxable profits will be available against which the temporary difference can be utilised.

Deferred taxation - 2023/24 £2.315m (2022/23 - £2.470m restated due to amended profit following finalisation of AGH Solutions Ltd accounts following external audit - see AGH Solutions Ltd published accounts for details).

Note 1.19 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 1.20 Foreign Exchange

The functional and presentational currency of the Trust is sterling.

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange rate gains and losses are taken to the Statement of Comprehensive Income.

Note 1.21 Third Party Assets

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

Note 1.22 Losses and special payments

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

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

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.24 Critical Judgements in Applying Accounting Policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:-

Valuation of Land & Buildings

HM Treasury requires Trusts to value their land and buildings on a Modern Equivalent Asset (MEA) basis i.e. the "replacement cost", based on the cost of a modern replacement asset that has the same productive capacity as the property being valued. IAS 16 requires Trusts to ensure that fixed assets are shown in their accounts at a fair value. To ensure compliance a full review of land and buildings values was undertaken. The Trust commissioned Cushman and Wakefield to conduct this piece of work with the remit that the MEA valuation should be based on an alternative site basis, but in the current location. The site is valued based on the size of the modern equivalent, and not the actual site area occupied at current (i.e. MEA site area 6.8 hectares, compared to existing site 20.93 hectares, a reduction of 2/3).

As stated in note 1.8.2, the Trust has had a revaluation of its estate as at 31 March 2024, which was a full revaluation of all the RAAC impacted assets, which incorporated a site visit to update the valuer on the condition of the RAAC panel construction of the hospital and the remedial works undertaken in 2023/24. A good housekeeping valuation was undertaken for the new Modular Office Block which came into use in 2023. The remaining parts of the estate were updated on a desktop valuation basis.

The valuation is net of VAT. The Trust set up a wholly owned subsidiary which is a limited company registered for VAT, which will be responsible for providing a fully managed hospital, which supports the option to value net of VAT. The substance of the transaction between the Trust and AGH Solutions Limited, for the Property, Plant and Equipment has resulted in a finance lease.

Accommodation purchase/buy-out of long-term lease

Since May 2005 residential services have been provided to the Trust by Your Housing/Frontis Homes, a registered social landlord. This involved construction of an accommodation block and mews houses.Your Housing/Frontis Homes were responsible for the maintenance of the accommodation and management of residential accommodation services, including the collection of rents from tenants.

The accounting treatment of this arrangement was covered in a DHSC publication called 'Accounting for PFI under IFRS'. In this publication it was recognised that such arrangements (although not technically a PFI) involved the operator receiving all or most of its income from individual users rather than the Trust. The arrangement fell within the scope of IFRIC 12 and as such was recognised as an item of Property, Plant & Equipment on the Statement of Financial Position at its fair value. The opposite entry at the point at which the asset was recognised was as a deferred income balance.

The arrangement was contracted to run for a period of 40 years from May 2005, but did not involve any cash flows between the Trust and Your Housing/Frontis Homes. As such there is no imputed finance lease and service charges.

The Trust bid for and received £3.66m of capital PDC funding from the New Hospital Programme to buy-out the long-term lease agreement from Your Housing/Frontis Homes for the Trust residential accommodation.
The Trust have accounted for this lease buy-out under IFRS with the majority of the transaction (£3.1m) matched against the release of the deferred income, with the balance as a fixed asset addition under IAS16. The transaction creates new economic benefit for the Trust through the gain of future rental income from Teal House.

Note 1.25 Key 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:

a) Property Plant and Equipment

The Trust's accounting policy for property, plant and equipment is detailed in Note 1.8. The carrying value of property, plant and equipment is detailed in Note 7. As stated above Cushman and Wakefield (C&W) has provided an MEA valuation of land and buildings, whilst on an annual basis management estimates the useful economic lives of equipment based on management's judgement and experience. When management identifies that actual useful lives differ materially from the estimates used to calculate depreciation, that charge is adjusted prospectively. This judgement has been used in determining the asset lives of different areas of the site, on the basis of their condition.

(a1) Reinforced Autoclaved Aerated Concrete (RAAC) panels

The temporary impairment of areas of the hospital which is where significant and urgent remedial works are required to the RAAC construction elements in order to extend the safe useful life of the affected buildings until 2030. C&W advised the Trust that the associated liability would be taken into account by a potential Purchaser of the asset as at 31 March 2024, and should therefore be accounted for in the valuation. As at 31 March 2024, the Trust are however not in a position where they are able to reliably measure/quantify the extent and cost of the remedial works required and therefore not able to reliably take the liability into account in the valuation.

To mitigate the above uncertainty, the Trust has had its 4th annual review with C&W on the condition of the RAAC panels from the ongoing site surveys and the impact of the remedial works that have been undertaken in 2023/24.

It will continue to be reviewed annually and the effect of the planned remedial works will be adjusted for as required.

(a2) Sensitivity analysis

Due to the assumptions in the RAAC valuation methodology, generating a degree of uncertainty, this could increase sensitivities in the values and lives of buildings.

Values

A 1% change in the RAAC affected buildings valuation would have £80k impact on the Trust statement of financial position (2022/23 £90k) with a £1-2k impact on the PDC dividend due to be paid next year and accrued in these financial statements. This impact is low and reducing due to the relatively low lives and asset values remaining.

For comparison, a 1% change in the valuation of all land and buildings (RAAC and non-RAAC) would have £477k impact on the Trust statement of financial position (2022/23 £438k) with a £8k impact on the PDC dividend due to be paid next year and accrued in these financial statements. The main drivers for the increase in the impact of a 1% change in valuation of all land and building between 2022/23 and 2023/24, is the £4.8m modular office block.

Lives

The impact on the Trust statement of financial position of a variation in RAAC asset lives is more material due to the short-lives remaining (see table below):

Variation in RAAC asset lives	2023/24 £000	2022/23 £000
1 year	1.466	1,391
2 year	2.932	2,781
3 year	4.398	4,172
4 year	5.864	5,562
5 year	7.330	6,953
6 year	8.709	8,270

The RAAC population is £8.0m of the total £47.7m Land and Buildings value (2022/23 £9.1m of the total £43.8m Land and Buildings value).

The variation in non-RAAC lives is not disclosed as due to the average life of the retained estate being 40 years, the sensitivity and therefore estimation uncertainty is significantly lower.

2 Operating segments

The Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Board of Directors.

These activities are primarily the provision of NHS healthcare, the income for which is received through contracts with commissioners. In 2023/24, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. In year the Trust received additional financial assistance from West Yorkshire ICB outside the fixed block contract arrangements to support with cost pressures associated with the both the structural challenges of the Airedale site due to its reinforced autoclaved aerated concrete construction (RAAC) and direct costs of industrial action.

Our main commissioners for the year are listed in the related party disclosure (see Note 20.2).

The Trust manages the delivery of healthcare services across a total of 5 Clinical Groups. Performance is reported at Clinical Group level to the Trust Board, as one group.

The Trust has applied the criteria from IFRS 8 Operating Segments because the Clinical Groups provide similar services, have homogenous customers, common production processes and a common regulatory environment. The overlapping activities and interrelation between the groups also suggests that this is appropriate. The Clinical Groups report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

On this basis the Trust believes that there is one segment. The overall deficit reported to the Trust Board under the Clinical Group reporting structure was -£30,413k excluding the Airedale Hospital & Community Charity and AGH Solutions Limited, which is the same as the position reported in the Statement of Comprehensive Income.

There have been no changes from prior periods in the measurement methods used to determine reported segment profit or loss.

The composition of the entity's reportable segments has not changed since the previous reporting period.

AGH Solutions Limited is a wholly owned subsidiary of the Trust reporting to the Trust's Board but is managed as an independent limited company.

AGH Solutions Limited's activities are **primarily those of the Operator of a Fully Managed Healthcare Facility**.

2.1 Operating Segments-Statement of Cash Flow

AGH Solutions Limited and Airedale Hospital & Community Charity's activities are included in this account for consolidation.

3 Operating Income from continuing operations

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

3.1 Analysis operating income

		2023/24 Group	2023/24 Foundation Trust	2022/23 Group	2022/23 Foundation Trust
Income from patient care activities (by nature):		**£000**	**£000**	**£000**	**£000**
	Block contract / System Envelope income	197,652	197,652	180,186	180,186
	High cost drugs from Commissioners	15,511	15,511	13,546	13,546
	Other NHS Clinical Income	0	0	0	0
	Community Services	6,049	6,049	5,833	5,833
	Private patient income	0	0	1	1
	Elective Recovery Fund	0	0	4,871	4,871
	Agenda for change pay offer central funding	113	113	5,811	5,573
**	Additional pension contribution central funding	7,149	6,863	6,710	6,413
	Other non-protected Clinical income	24,163	23,902	23,500	23,877
Total income from activities		**250,637**	**250,090**	**240,458**	**240,300**
Income from patient care activities (by source):					
	NHS Providers	3,021	2,882	2,868	2,710
	ICBs, NHS England and SCCL	230,855	230,455	224,405	224,405
	NHS Other	45	45	14	25
	Non NHS: Private Patients	-	-	1	1
	Non NHS: Overseas visitors	38	38	27	27
*	NHS injury scheme (see below)	344	344	377	377
	Non NHS: Other	16,334	16,326	12,766	12,755
Total income from activities		**250,637**	**250,090**	**240,458**	**240,300**
Other operating income from contracts with customers (in accordance with IFRS 15):					
	Research and development (contract)	630	630	527	527
	Education and training (excluding notional apprenticeship levy income)	8,834	8,834	8,666	8,663
	Non-patient care services to other bodies	4,401	230	2,447	263
***	Reimbursement and top up funding	-	-	1,975	1,975
	Income in respect of employee benefits accounted on a gross basis	395	395	400	400
	Other contract income (see note 3.2)	6,781	6,744	6,189	5,650
Other non-contract operating income (non-IFRS 15):			.		.
	Notional income from Apprenticeship Fund	700	700	646	646
	Cash donations for the purchase of capital assets - received from other bodies	9	9	341	341
****	Contribution to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	27	27	384	384
	Charitable and other contributions to expenditure	-	-	-	-
	Charitable Funds: Incoming Resources excluding investment income	219	-	315	-
Total other operating income		**21,996**	**17,569**	**21,890**	**18,849**
Total operating income		**272,633**	**267,659**	**262,348**	**259,149**

***** NHS injury scheme income is subject to a provision for doubtful debts of 13.40% (2022/23 - 24.86%) to reflect expected rates of collection. In 2023/24, Airedale NHS Foundation Trust moved from a national percentage to a local percentage which is allowable within guidance.

** 6.3% Pension contribution from Department of Health & Social Care.

******* This relates to income received to reimburse for additional costs incurred during the COVID response and top ups for lost income.

********These relate to equipment or consumables given to the Trust to aid in the COVID-19 response.

3.2 Analysis of Other Contract Income: Other

	2023/24	2022/23
	Group	Group
	£000	£000
Car Parking	1,298	1,177
Catering	586	443
Pharmacy Sales	97	74
Staff Accommodation rental	78	88
Crèche services	837	800
Clinical Tests	627	694
Other income	3,258	2,913
	6,781	**6,189**

The "other income" is made up of a wide variety of items, including items such as course fees income and sales of non patient services to other organisations.

3.3 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:

	2023/24	2022/23
	Group	Group
	£000	£000
Commissioner requested services	219,212	199,565
Non-commissioner requested services	31,425	40,893
Total	**250,637**	**240,458**

3.4 Private patient income

Section 164(3) of the Health and Social Care Act removes condition 10, (which restricted income from private charges), from the Trust's Terms of Authorisation. The Foundation Trust are now required by the Act and constitution (rather than by the terms of Authorisation), to ensure that income derived from activities related to the Trust's principal purpose of delivering goods and services for the purposes of the NHS exceeds income derived from other activities. To increase this income in any financial year by 5% or more, the Trust is required to seek approval from the Council of Governors. In 2023/2024 the Trust has not increased the percentage beyond the 5% threshold.

3.5 Overseas visitors (relating to patients charged directly by the Trust)

	2023/24	2022/23
	Group	Group
	£000	£000
Income recognised this year	**38**	**27**
Cash payments received in year	**38**	**28**
Amounts added to allowance for impairment of receivables (relating to invoices raised in current and prior years)	**0**	**0**
Amounts written off in-year (relating to invoices raised in current and previous years)	**4**	**9**

4. Operating Expenses from continuing operations

4.1 Operating expenses comprise:

	Note	2023/24 Group	2023/24 Foundation Trust	2022/23 Group	2022/23 Foundation Trust
		£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies		1,448	1,448	1,305	1,305
Purchase of healthcare from non NHS bodies		2,032	1,984	4,116	4,076
Employee expenses - staff (excl. additional pension, R&D staff, Education staff)		184,773	171,140	173,763	160,211
Additional pension contribution (centrally funded)*		7,149	6,863	6,710	6,413
Remuneration of non-executive directors		151	138	166	146
Supplies and services - clinical (excluding drug costs)		21,231	15,714	20,993	14,830
Supplies and services - clinical utilisation of consumables from DHSC group bodies for COVID response		51	51	469	469
Supplies and services - general		2,792	56	2,103	57
Drugs Inventories consumed		17,884	17,884	16,377	16,373
Inventories written down (net, including inventory drugs)		236	236	84	84
Consultancy costs		1,059	814	411	209
Establishment		1,244	939	1,214	850
Premises - business rates payable to local authorities		617	617	538	538
Premises - other		12,296	33,788	8,927	30,837
Transport (including patient travel)		980	859	835	668
Depreciation on property, plant and equipment	7.1/7.4/7.10/7.12/7.7	8,962	8,757	7,121	7,022
Impairments of property, plant and equipment	7.1/7.4/7.12/7.7	22,614	22,614	15,156	15,156
Movement in credit loss allowance: contract receivables / contract assets	10.2	(159)	(159)	15	15
Movement in credit loss allowance: all other receivables and investments	10.2	9	20	(35)	(35)
Change in provisions discount rate(s)		-	-	-	-
Audit services- statutory audit**		128	128	114	114
Other auditors remuneration***		37	-	25	-
Audit fees payable to external auditor of charitable fund accounts****		2	-	1	-
Internal audit costs - (not included in employee expenses)		90	73	92	73
Clinical negligence - amounts payable to NHS Resolution (premiums)		7,201	7,201	7,178	7,178
Legal fees		142	118	230	204
Insurance		121	11	136	24
Research and development - staff costs		592	592	582	582
Research and development - non-staff		1	1	1	1
Education and training - staff costs		3,375	3,375	3,274	3,274
Education and training - non staff		688	665	1,145	1,128
Notional apprenticeship expenditure		700	700	646	646
Lease expenditure - Low value / Short-term / variable payments not included in liability		106	31	662	618
Losses, ex gratia & special payments- (not included in employee expenses)		26	26	-	-
NHS charitable funds: Other resources expended	20.5	262	-	555	-
Other		2,030	1,051	1,633	1,085
Operating expenses		**300,870**	**297,736**	**276,542**	**274,151**

* Addition pension contribution figures which equates to 6.3% of the employer pension contribution which the Department of Health and Socal Care is funding and has a corresponding revenue entry in note 3.1.

** Statutory Audit fees include VAT. Amounts payable to Grant Thornton (UK) LLP totalled £117K, which is for the statutory Group audit fee.

*** The auditing of accounts of any associate of the Trust - AGH Solutions Limited. This audit is performed by Azet Holdings Ltd.
The external audit liability is limited to a maximum of £5 million.

****The independent examination of Airedale Hospital & Community Charity. This independent examination is performed by Stirk, Lambert and Co.

5. Employee expenses and numbers

5.1a Employee expenses

Group	2023/24			2022/23		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	144,778	144,778	-	140,698	140,698	-
Social Security Costs	16,174	16,174	-	14,375	14,375	-
Apprenticeship levy	751	751	-	639	639	-
Employer contributions to NHS Pensions Agency	23,771	23,771	-	22,023	22,023	-
Agency staff	10,415	-	10,415	6,594	-	6,594
	195,889	185,474	10,415	184,329	177,735	6,594
Balance to OpEx Note 4.1						
Employee expenses - staff	184,773			173,763		
Additional pension contribution (centrally funded)	7,149			6,710		
Research and development - staff costs	592			582		
Education and training - staff costs	3,375			3,274		
	195,889			184,329		

Foundation Trust	2023/24			2022/23		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	133,718	133,718	-	129,872	129,872	-
Social Security Costs	15,274	15,274	-	13,556	13,556	-
Apprenticeship levy	707	707	-	639	639	-
Employer contributions to NHS Pensions Agency	22,643	22,643	-	21,053	21,053	-
Agency staff	9,628	-	9,628	5,360	-	5,360
	181,970	172,342	9,628	170,480	165,120	5,360
Balance to OpEx Note 4.1						
Employee expenses - staff	171,140			160,211		
Additional pension contribution (centrally funded)	6,863			6,413		
Research and development - staff costs	592			582		
Education and training - staff costs	3,375			3,274		
	181,970			170,480		

5.1b Average number of employees (WTE basis)

Group	Total 2023/24 Number	Permanently Employed Number	Other Number	Total 2022/23 Number	Permanently Employed Number	Other Number
Medical and dental	427	379	48	397	386	11
Administration and estates	472	410	62	642	608	33
Healthcare assistants and other support staff	1,307	1,240	67	1,054	1,054	0
Nursing, midwifery and health visiting staff	871	810	61	847	830	16
Scientific, therapeutic and technical staff	333	327	6	311	306	5
Healthcare science staff	151	151	-	137	137	-
Other	9	9	-	10	10	-
Total	3,571	3,326	244	3,398	3,332	66

Foundation Trust	Total 2023/24 Number	Permanently Employed Number	Other Number	Total 2022/23 Number	Permanently Employed Number	Other Number
Medical and dental	427	379	48	397	386	11
Administration and estates	470	410	60	289	289	-
Healthcare assistants and other support staff	958	891	67	1,052	1,052	-
Nursing, midwifery and health visiting staff	871	810	61	847	830	16
Scientific, therapeutic and technical staff	333	327	6	311	306	5
Healthcare science staff	144	144	-	132	132	-
Other	8	8	-	10	10	-
Total	3,212	2,969	242	3,038	3,005	33

WTE = Whole time equivalents

5.3 Retirement due to ill health

During 2023/24 from the 1 April 2023 to the 31 March 2024 there was 4 early retirement from the NHS agreed on the grounds of ill health (2022/23 - 1). The estimated additional pension liability of this ill-health retirement was £797k (2022/23 : £56k). The cost of these ill-health retirements will be borne by the NHS Business Authority - Pensions Division.

5.4 Exit packages

There has been 1 exit package in 2023/2024 from Airedale NHS Foundation Trust £3k. HM Treasury approval received for the year ended 31st March 2024. The 2022/23 exit package that contained a £50k special severance payment which Airedale sought retrospective approval for, was granted by HM Treasury approval in February 2024.

5.5 Directors Remuneration

	Year ended 31 March 2024	Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2023
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
Aggregate emoluments to Executive Directors	1,309	1,309	1,245	1,245
Remuneration to Non-Executive Directors	138	138	146	146
Pension Costs	148	148	178	178
	1,595	**1,595**	**1,569**	**1,569**

There has been no compensation or exit packages paid to directors resigning in the year.

6 Finance and Other

6.1 Finance Income (Group)

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

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,349	516
NHS charitable fund investment income	41	14
Total finance income	1,390	530

6.2 Finance Expenditure (Group)

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

	2023/24	2022/23
	£000	£000
Interest on lease obligations	-	59
Interest on late payment of commercial debt	-	1
Total interest expense	-	60
Unwinding of discount on provisions	19	14
Other finance costs	19	1
Total finance costs	38	75

6.3 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulation 2015 (Group)

	2023/24	2022/23
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	1
	-	1

6.4 Other Gains / (losses) (Group)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	-	-
Total (losses) / gains on disposal of assets	-	-
Fair value (losses) / gains on charitable fund investments	42	(47)
Total other (losses) / gains	42	(47)

7. Property, plant and equipment (Group)

7.1 Current year property, plant and equipment comprises of the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	3,347	37,987	3,896	5,754	16,561	116	19,106	274	87,040
Additions - purchased	-	21,719	539	4,445	1,134	-	3,022	-	30,859
Additions - assets purchased from cash donation/grants	-	3	-	-	6	-	-	-	9
Impairments charged to the revaluation reserve	(342)	(47)	(640)	-	-	-	-	-	(1,029)
Reversal of impairments credited to the revaluation reserve	-	1	-	-	-	-	-	-	1
Revaluations	(8)	(24,882)	(487)	-	-	-	-	-	(25,377)
Reclassifications	-	6,627	-	(6,627)	-	-	-	-	-
Disposals/derecognition	-	-	-	-	(244)	-	-	-	(244)
Cost or valuation At 31 March 2024	**2,997**	**41,408**	**3,308**	**3,572**	**17,457**	**116**	**22,128**	**274**	**91,259**
Accumulated depreciation at 1 April 2023 - brought forward	-	-	-	-	6,983	91	9,747	222	17,043
Provided during the year	-	2,704	95	-	1,755	5	3,055	19	7,633
Impairments charged to operating expenses	8	22,467	392	-	-	-	-	-	22,867
Reversal of impairments credited to operating expenses	-	(253)	-	-	-	-	-	-	(253)
Revaluations	(8)	(24,918)	(487)	-	-	-	-	-	(25,413)
Disposals	-	-	-	-	(244)	-	-	-	(244)
Depreciation at 31 March 2024	**-**	**-**	**-**	**-**	**8,494**	**96**	**12,802**	**241**	**21,633**
7.2 Property, plant and equipment financing - 2023/24									
Net book value as at 31 March 2024									
Owned - Purchased	2,997	41,264	3,308	3,282	8,568	20	9,296	19	68,753
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	144	-	290	395	-	30	14	873
NBV total at 31 March 2024	**2,997**	**41,408**	**3,308**	**3,572**	**8,963**	**20**	**9,326**	**33**	**69,626**

7.3 Current year analysis of property, plant and equipment:

At 31 March 2024 the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work carried out by Cushman and Wakefield has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards (current edition as at the valuation date).
-At the 31st March 2024 the modular office block (modular 2) was formally revalued into use as it was transferred from asset under construction during the financial year.

7. Property, plant and equipment (Foundation Trust)

7.4 Current year property, plant and equipment comprises of the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	1,757	30,740	3,895	5,754	16,561	116	19,106	274	78,202
Additions - purchased	-	21,718	539	4,445	1,134	-	3,022	-	30,857
Additions - assets purchased from cash donation/grants	-	3	-	-	6	-	-	-	9
Impairments charged to the revaluation reserve	(165)	(34)	(639)	-	-	-	-	-	(838)
Reversal of impairments credited to the revaluation reserve	-	1	-	-	-	-	-	-	1
Revaluations	(8)	(23,986)	(486)	-	-	-	-	-	(24,480)
Reclassifications	-	6,628	-	(6,628)	-	2	(3)	1	-
Disposals/derecognition	-	-	-	-	(244)	-	-	-	(244)
Cost or valuation At 31 March 2024	**1,584**	**35,071**	**3,309**	**3,571**	**17,456**	**118**	**22,124**	**275**	**83,508**
Accumulated depreciation at 1 April 2023 - brought forward	-	2	-	-	6,985	88	9,747	223	17,045
Provided during the year	-	2,348	95	-	1,755	5	3,055	19	7,277
Impairments charged to operating expenses	8	21,859	392	-	-	-	-	-	22,259
Reversal of impairments credited to operating expenses	-	(177)	-	-	-	-	-	-	(177)
Revaluations	(8)	(24,025)	(486)	-	-	-	-	-	(24,519)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(244)	-	-	-	(244)
Depreciation at 31 March 2024	**-**	**7**	**0**	**-**	**8,496**	**93**	**12,802**	**242**	**21,640**
7.5 Property, plant and equipment financing - 2023/24									
Net book value as at 31 March 2024									
Owned - Purchased	1,584	34,921	3,308	3,281	8,564	25	9,293	19	60,995
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	144	-	290	396	-	30	14	873
NBV total at 31 March 2024	**1,584**	**35,064**	**3,308**	**3,571**	**8,960**	**25**	**9,323**	**33**	**61,868**

7.6 Current year analysis of property, plant and equipment:

At 31 March 2024 the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work carried out by Cushman and Wakefield has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards (current edition as at the valuation date).
-At the 31st March 2024 the modular office block (modular 2) was formally revalued into use as it was transferred from asset under construction during the financial year.

7. Property, plant and equipment (Group)

7.7 Prior year property, plant and equipment comprises of the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	3,715	23,430	3,673	16,286	12,676	86	15,078	274	75,217
Additions - purchased	-	11,556	-	9,725	3,885	30	4,028	-	29,224
Additions - assets purchased from cash donation/grants	-	230	-	111	-	-	-	-	341
Impairments charged to the revaluation reserve	(351)	(430)	-	-	-	-	-	-	(781)
Reversal of impairments credited to the revaluation reserve	-	2	49	-	-	-	-	-	51
Revaluations	(17)	(7,409)	174	(9,760)	-	-	-	-	(17,012)
Reclassifications	-	10,608	-	(10,608)	-	-	-	-	-
Disposals/derecognition	-	-	-	-	-	-	-	-	-
Cost or valuation At 31 March 2024	**3,347**	**37,987**	**3,896**	**5,754**	**16,561**	**116**	**19,106**	**274**	**87,040**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	5,588	81	7,231	196	13,096
Provided during the year	-	1,769	87	-	1,395	10	2,516	26	5,803
Impairments charged to operating expenses	18	9,584	-	9,760	-	-	-	-	19,362
Reversal of impairments credited to operating expenses	-	(3,945)	(261)	-	-	-	-	-	(4,206)
Revaluations	(18)	(7,408)	174	(9,760)	-	-	-	-	(17,012)
Disposals	-	-	-	-	-	-	-	-	-
Depreciation at 31 March 2024	**-**	**-**	**-**	**-**	**6,983**	**91**	**9,747**	**222**	**17,043**
7.8 Property, plant and equipment financing - 2022/23									
Net book value as at 31 March 2024									
Owned - Purchased	3,347	37,719	3,896	5,464	9,113	25	9,319	35	68,917
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	268	-	290	465	-	40	17	1,080
NBV total at 31 March 2024	**3,347**	**37,987**	**3,896**	**5,754**	**9,578**	**25**	**9,359**	**52**	**69,997**

7.9 Current year analysis of property, plant and equipment:

In 2022/23, equipment previously used in the provision of services were disposed of and replaced as necessary in order to continue to meet the Foundation Trust's obligations to provide Commissioner Related Services.

Under IFRS 9 Fair value hierarchy, the Trust's assessment is that all assets fall under Level 2.

At 31 March 2023 the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work carried out by Cushman and Wakefield has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards (current edition as at the valuation date).
-At the 31st March 2023 the modular ICU/decant facility (modular 1) was formally revalued into use as it was transferred from asset under construction during the financial year.
-The modular admin block (modular 2) remains within asset under construction as it comes into use early in financial year 2023/24. However, following an impairment review the amounts held at cost for this asset were found to be overstated by £4.27m as a proportion of its completed value in use. As this was a material difference, the amount was impaired and expensed within the 2022/23 expenditure position.
-A portable deck car park was purchased for £1.3m, which at the accounting date is located in Guildford. At this point beneficial ownership transferred to the Trust. Cushman and Wakefield did not include the deck car park as part of their valuation. As the transaction was so close to the accounting date, purchase price was taken as a proxy for current valuation. The plan is for the car park to be dismantled, transported to the Airedale Hospital site and re-constructed early in 2023/24. Once on-site it will help mitigate the impact of the lost parking due to RAAC works on the site and in future years may be a key enabler for any proposed new hospital programme works due to its portability.

7. Property, plant and equipment (Foundation Trust)

7.10 Prior year property, plant and equipment comprises of the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	3,715	23,430	3,673	16,286	12,676	86	15,078	274	75,217
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	(1,766)	(8,113)	-	-	(5,338)	(38)	(300)	(209)	(15,764)
Additions - purchased	-	11,556	-	9,725	3,885	30	4,028	-	29,224
Additions - assets purchased from cash donation/grants	-	230	-	111	-	-	-	-	341
Impairments charged to the revaluation reserve	(174)	(393)	-	-	-	-	-	-	(567)
Reversal of impairments credited to the revaluation reserve	-	1	49	-	-	-	-	-	50
Revaluations	(18)	(6,579)	173	(9,760)	-	-	-	-	(16,184)
Reclassifications	-	10,608	-	(10,608)	5,338	38	300	209	5,885
Disposals/derecognition	-	-	-	-	-	-	-	-	-
Cost or valuation At 31 March 2024	**1,757**	**30,740**	**3,895**	**5,754**	**16,561**	**116**	**19,106**	**274**	**78,202**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	5,588	81	7,231	196	13,096
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	-	-	-	(4,641)	(36)	(277)	(173)	(5,127)
Provided during the year	-	1,292	87	-	1,073	5	2,493	7	4,957
Impairments charged to operating expenses	18	8,746	-	9,760	-	-	-	-	18,524
Reversal of impairments credited to operating expenses	-	(3,457)	(261)	-	-	-	-	-	(3,718)
Revaluations	(18)	(6,579)	174	(9,760)	-	-	-	-	(16,183)
Reclassifications	-	-	-	-	4,965	38	300	193	5,496
Disposals	-	-	-	-	-	-	-	-	-
Depreciation at 31 March 2024	**-**	**2**	**-**	**-**	**6,985**	**88**	**9,747**	**223**	**17,045**
7.11 Property, plant and equipment financing - 2022/23									
Net book value as at 31 March 2024									
Owned - Purchased	1,757	30,470	3,895	5,464	9,111	28	9,319	34	60,077
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	268	-	290	465	-	40	17	1,080
NBV total at 31 March 2024	**1,757**	**30,738**	**3,895**	**5,754**	**9,576**	**28**	**9,359**	**51**	**61,157**

7.12 Current year analysis of property, plant and equipment:

In 2022/23, equipment previously used in the provision of services were disposed of and replaced as necessary in order to continue to meet the Foundation Trust's obligations to provide Commissioner Related Services.

Under IFRS 9 Fair value hierarchy, the Trust's assessment is that all assets fall under Level 2.

At 31 March 2023 the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work carried out by Cushman and Wakefield has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards (current edition as at the valuation date).
-At the 31st March 2023 the modular ICU/decant facility (modular 1) was formally revalued into use as it was transferred from asset under construction during the financial year.
-The modular admin block (modular 2) remains within asset under construction as it comes into use early in financial year 2023/24. However, following an impairment review the amounts held at cost for this asset were found to be overstated by £4.27m as a proportion of its completed value in use. As this was a material difference, the amount was impaired and expensed within the 2022/23 expenditure position.
-A portable deck car park was purchased for £1.3m, which at the accounting date is located in Guildford. At this point beneficial ownership transferred to the Trust. Cushman and Wakefield did not include the deck car park as part of their valuation. As the transaction was so close to the accounting date, purchase price was taken as a proxy for current valuation. The plan is for the car park to be dismantled, transported to the Airedale Hospital site and re-constructed early in 2023/24. Once on-site it will help mitigate the impact of the lost parking due to RAAC works on the site and in future years may be a key enabler for any proposed new hospital programme works due to its portability.

The leases with AGH Solutions Limited for plant and equipment ended in February 2023. All equipment that had been leased was transferred back to the Trust's ownership. As such, £373k net was reclassified to owned assets (see page 40).

7. Right of Use Assets (Group)

7.13 Current Year Right of Use Assets are comprised of the following elements:

	Property (land and buildings)	Plant and Machinery	Transport Equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	5,470	1,200	200	6,870	5,470
Additions	-	7,507	28	7,535	-
Remeasurements of the lease liability	19	-	-	19	19
Disposals/derecognition	-	(1,201)	(64)	(1,265)	
Cost or valuation At 31 March 2024	**5,489**	**7,506**	**164**	**13,159**	**5,489**
Accumulated depreciation at 1 April 2023 - brought forward	547	653	118	1,318	547
Provided during the year	549	702	78	1,329	549
Disposals	-	(1,201)	(64)	(1,265)	
Depreciation at 31 March 2024	**1,096**	**154**	**132**	**1,382**	**1,096**
NBV total at 31 March 2024	**4,393**	**7,352**	**32**	**11,777**	**4,393**

7.14 Current year analysis of Right of Use Assets

Property consists of 10 years leases for a use of a number of medical facilities in the area. The leases are with DHSC counterparties NHS Property Services and Community Health Partnerships.

The Trust has entered into a new lease with Siemens for the provisions of Radiology equipment. The new lease is for 12 years with a 5 year extension option. The annual charge for the service is fixed and includes an amount for maintenance (which is expensed and not included as part of the liability).

The transport leases are for community vehicle and Estates works vehicles.

7. Right of Use Assets (Foundation Trust)

7.15 Current Year Right of Use Assets are comprised of the following elements:

	Property (land and buildings)	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	14,306	1,180	74	-	-	15,560	5,470
Additions	-	316	4	-	-	321	-
Remeasurements of the lease liability	19	-	-	-	-	19	19
Impairments charged to the revaluation reserve	(191)	-	-	-	-	(191)	-
Reversal of impairments credited to the revaluation reserve	1	-	-	-	-	1	-
Revaluations	(889)	-	-	-	-	(889)	-
Disposals/derecognition	-	(1,181)	(27)	-	-	(1,209)	-
Cost or valuation At 31 March 2024	**13,246**	**315**	**51**	**-**	**-**	**13,612**	**5,489**
Accumulated depreciation at 1 April 2023 - brought forward	548	642	28	-	-	1,218	548
Provided during the year	905	543	32	-	-	1,480	549
Impairments charged to operating expenses	608	-	-	-	-	608	-
Reversal of impairments credited to operating expenses	(75)	-	-	-	-	(75)	-
Revaluations	(889)	-	-	-	-	(889)	-
Disposals	-	(1,181)	(27)	-	-	(1,208)	-
Depreciation at 31 March 2024	**1,097**	**4**	**32**	**-**	**-**	**1,134**	**1,097**
NBV total at 31 March 2024	**12,149**	**311**	**19**	**-**	**-**	**12,479**	

7.16 Current year analysis of Right of Use Assets

Property consists of 10 years leases for a use of a number of medical facilities in the area. The lease are with DHSC counterparties NHS Property Services and Community Health Partnerships.

The Trust has entered into a new lease with Siemens for the provisions of Radiology equipment. The new lease is for 12 years with a 5 year extension option. The annual charge for the service is fixed and includes an amount for maintenance (which is expensed and not included as part of the liability.

The transport leases are for community vehicle and Estates works vehicles.

7. Right of Use Assets (Group)

7.17 Prior Year Right of Use Assets are comprised of the following elements:

	Property (land and buildings)	Plant and Machinery	Transport Equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	-	-	-	-	
IFRS 16 implementation - adjustments for existing operating leases / subleases	5,470	1,200	28	6,698	5,470
Additions	-	-	42	42	
Remeasurements of the lease liability	-	-	130	130	
Cost or valuation At 31 March 2024	**5,470**	**1,200**	**200**	**6,870**	**5,470**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	-
Provided during the year	547	653	118	1,318	-
Depreciation at 31 March 2024	**547**	**653**	**118**	**1,318**	**-**
NBV total at 31 March 2024	**4,923**	**547**	**82**	**5,552**	

7.18 Current year analysis of Right of Use Assets

Property consists of 10 years leases for a use of a number of medical facilities in the area. The lease are with DHSC counterparties NHS Property Services and Community Health Partnerships.

The Trust has a lease in place with Siemens for the provisions of Radiology equipment. The lease is due to end in October 2023. The annual charge for the service is fixed and includes an amount for maintenance (which is expensed and not included as part of the liability.

The transport leases are for community vehicle and Estates works vehicles.

7. Right of Use Assets (Foundation Trust)

7.19 Prior Year Right of Use Assets are comprised of the following elements:

	Property (land and buildings)	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	-	-	-	-	-	-	
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	9,879	5,338	38	300	209	15,764	
IFRS 16 implementation - adjustments for existing operating leases / subleases	5,470	1,200	28	-	-	6,698	5,470
Additions	-	-	42	-	-	42	
Remeasurements of the lease liability	-	(20)	4	-	-	(16)	
Impairments charged to the revaluation reserve	(215)	-	-	-	-	(215)	
Reversal of impairments credited to the revaluation reserve	1	-	-	-	-	1	
Revaluations	(829)	-	-	-	-	(829)	
Reclassifications	-	(5,338)	(38)	(300)	(209)	(5,885)	
Disposals/derecognition	-	-	-	-	-	-	
Cost or valuation At 31 March 2024	**14,306**	**1,180**	**74**	**-**	**-**	**15,560**	**5,470**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	-	-	-
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	4,641	36	277	173	5,127	
Provided during the year	1,026	966	30	23	20	2,065	-
Impairments charged to operating expenses	839	-	-	-	-	839	
Reversal of impairments credited to operating expenses	(488)	-	-	-	-	(488)	
Revaluations	(829)	-	-	-	-	(829)	
Reclassifications		(4,965)	(38)	(300)	(193)	(5,496)	
Disposals	-	-	-	-	-	-	
Depreciation at 31 March 2024	**548**	**642**	**28**	**-**	**-**	**1,218**	**-**
NBV total at 31 March 2024	**13,758**	**538**	**46**	**-**	**-**	**14,342**	

7.20 Current year analysis of Right of Use Assets

Property consists of 10 years leases for a use of a number of medical facilities in the area. The lease are with DHSC counterparties NHS Property Services and Community Health Partnerships.

The Trust has a lease in place with Siemens for the provisions of Radiology equipment. The lease is due to end in October 2023. The annual charge for the service is fixed and includes an amount for maintenance (which is expensed and not included as part of the liability.

The transport leases are for community vehicle and Estates works vehicles.

The leases with AGH Solutions Limited for plant and equipment ended in February 2023. All equipment that had been leased was transferred back to the Trust's ownership. As such, £373k was reclassified to owned assets (see page 36).

7.21 Revaluation of Property, Plant and Equipment (Group and Foundation Trust)

Note 1.8 of the accounting policies defines the accounting treatment required by the Trust following a revaluation. In 2023/2024 the net book value of the Property continues to be valued net of VAT.

7.22 Donors of property, plant and equipment:

	2023/24 £000	2022/23 £000
Airedale Hospital & Community Charity	**9**	**230**
HELP (Helicopter Emergency Landing Pads)	**-**	**111**
	9	**341**

No restrictions or conditions were placed on the donated assets by the donor, with the exception of the donation from HELP which can only be used for the provision of a helicopter landing pad. Donated assets are valued at the cost paid by the donor which reflects their fair value.

7.23 Public Dividend Received

Public Dividend Capital (PDC) of £32,512k has been received in 2023/24.
Public Dividend Capital (PDC) of £24,878k has been received in 2022/23.

8. Current year intangible fixed assets (Group and Foundation Trust)

The Trust had no in use intangible fixed assets at the 31 March 2024, but there is an intangible asset-under-construction related to the Electronic Patient Record (EPR) Project current net book value £6.27m (22/23 EPR £1.76m), which is due for completion in 2024/25. There were no intangible assets for the prior year ended 31 March 2022.

9. Inventories

9.1 Analysis of inventories

	31 March 2024 £000 Group	31 March 2024 £000 Foundation Trust	31 March 2023 £000 Group	31 March 2023 £000 Foundation Trust
Drugs	**1,040**	**1,040**	**965**	**965**
Other	**2,010**	**298**	**1,756**	**269**
Energy	**36**	**-**	**77**	**-**
Consumables donated from DHSC group (Personal Protective Equipment)	**43**	**43**	**67**	**67**
Total	**3,129**	**1,381**	**2,865**	**1,301**

9.2 Inventories recognised in expenses

	2023/24	2023/24	2022/23	2022/23
	£000	£000	£000	£000
	Group	Foundation Trust	Group	Foundation Trust
Inventories recognised as an expense in the year	**28,313**	**21,349**	**26,193**	**19,663**
Write-down of inventories (including losses)	**27**	**27**	**84**	**84**
Total	**28,340**	**21,376**	**26,277**	**19,747**

10. Trade and other receivables

10.1 Trade and other receivables are made up of:

Current	**Note**	**31 March 2024 £000 Group**	**31 March 2024 £000 Foundation Trust**	**31 March 2023 £000 Group**	**31 March 2023 £000 Foundation Trust**
Contract receivables		**10,607**	**9,080**	**11,777**	**10,671**
Allowance for impaired receivables		**(220)**	**(220)**	**(376)**	**(365)**
Prepayments		**1,450**	**1,145**	**1,179**	**796**
VAT Receivable		**1,956**	**1,956**	**2,676**	**2,676**
PDC Dividend receivable		**393**	**393**	**140**	**140**
Other receivables		**-**	**-**	**-**	**-**
Clinician pension		**2**	**2**	**2**	**2**
Charitable Funds Trade and other receivables	20.5	**1**	**-**	**3**	**-**
Total		**14,189**	**12,356**	**15,401**	**13,920**
Non-Current					
Contract receivables - with other related parties		**3,211**	**945**	**3,125**	**1,040**
Other receivables		**-**	**-**	**-**	**-**
Clinician pension		**211**	**211**	**162**	**162**
Total		**3,422**	**1,156**	**3,287**	**1,202**

The majority of the NHS Foundation Trust's trade is with Integrated Care Boards (ICB's), as commissioners for NHS patient care services. As Integrated Care Boards are funded by the government to buy NHS patient care services, no credit scoring for them is considered necessary.

10. Trade and other receivables (continued)

10.2 Allowances for credit losses

Allowances for credit losses - 2023/24

	31 March 2024 £000	31 March 2024 £000
	Group	**Foundation Trust**
Balance at 1 April 2023	**376**	**366**
New allowances arising	**19**	**19**
Changes in existing allowances	**(159)**	**(159)**
Reversals of allowances	**(10)**	**-**
Utilisation of allowances (write offs)	**(6)**	**(6)**
Balance at 31 March 2024	**220**	**220**

The lifetime expected credit loss provision has been calculated under IFRS 9 principals. The total debt (excluding NHS debt) has been split into a number of debtor classes, and then each type of risk assessed for potential write-off. The basis for the lifetime expected credit loss has been calculated using the historical probability of write-off for that class, as a percentage of the annual debt.

NHS Injury Benefit Scheme income is subject to a provision for impairment of 13.4% (2022/23. 24.86%) to reflect expected rates of collection. In 2023/24, Airedale NHS Foundation Trust moved from a national percentage to a local percentage which is allowable within guidance. Local collection rates were significantly different to the national average.

Other debts are split into classes and assessed for impairment under IFRS 9 by using the simplified method to calculate the expected credit loss over the lifetime of the debt. This assessment is based on the historic probability of collection adjusted for any forward-looking information available.

Allowances for credit losses - 2022/23

	31 March 2023 £000	31 March 2023 £000
	Group	**Foundation Trust**
Balance at 1 April 2022	**407**	**397**
New allowances arising	**-**	**-**
Changes in existing allowances	**15**	**15**
Reversals of allowances	**(35)**	**(35)**
Utilisation of allowances (write offs)	**(11)**	**(11)**
Balance at 31 March 2023	**376**	**366**

11. Cash and cash equivalents

	31 March 2024		31 March 2023	
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
Opening balance at 1 April	23,173	12,380	29,522	22,873
Net change in year	(6,579)	(4,489)	(6,349)	(10,493)
Closing balance at 31 March	16,594	7,891	23,173	12,380
Made up of:				
Cash with Government Banking Service	15,994	7,888	17,533	12,376
Cash at commercial banks and in hand	600	3	5,640	4
Cash and cash equivalents	16,594	7,891	23,173	12,380

12. Trade and other payables

	Note	31 March 2024 Group	31 March 2024 Foundation Trust	31 March 2023 Group	31 March 2023 Foundation Trust
Current		£000	£000	£000	£000
Trade payables		7,090	5,647	15,302	11,135
Capital payables		3,476	11,838	4,984	7,016
Accruals		6,831	4,077	1,553	2,420
Annual Leave Accrual*		147	147	2,051	2,051
Social Security Costs		1,986	1,867	1,724	1,680
VAT payable		1,804	-	2,818	-
Other taxes payable		1,905	1,814	1,565	1,481
PDC dividend payable		-	-	-	-
Pension contributions payable		2,349	2,266	2,150	2,038
Other Payables		7,399	4,237	2,456	2,652
Charitable Funds - Trade and other payables	20.5	12	-	60	-
TOTAL		32,999	31,891	34,663	30,473

*Annual Leave Accrual

Due to the material nature of the value in the prior year, the annual leave accrual is shown separately from other accruals in the accounts.

13. Other liabilities

	31 March 2024 Group	31 March 2024 Foundation Trust	31 March 2023 Group	31 March 2023 Foundation Trust
Current	£000	£000	£000	£000
Deferred income : Contract Liability (IFRS 15)	2,120	2,120	2,291	2,291
Non-Current				
Deferred income : Contract Liability (IFRS 15)	-	-	3,069	3,069
	2,120	2,120	5,360	5,360

Other liabilities (current) £2.12m, includes £1.21m received from HELP (Helicopter Emergency Landing Pads) to fund the construction of a helipad at the hospital. Other liabilities (non-current) has moved from £3.069m in 2022/23 to nil in 2023/24 due to the release of the deferred income related to the accommodation lease following the purchase in March 2024.

14. Borrowings (Group and Foundation Trust)

14.1 External Financing / Loans

The Trust has no external financing or loan arrangements in 2023/24.

14.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the Statement of Financial Position.

	31 March 2024 Group	31 March 2024 Foundation Trust	31 March 2023 Group	31 March 2023 Foundation Trust
	£000	£000	£000	£000
Carrying value at 1 April	5,954	28,169	-	23,761
IFRS 16 implementation - adjustments for existing operating leases	-		6,698	5,873
Lease additions	7,535	321	26	0
Lease liability remeasurements	19	19	130	130
Interest charge arising in year	116	776	58	777
Lease payments (cash outflows)	(1,652)	(3,101)	(958)	(2,372)
Other changes	-	42	-	-
Carrying value at 31 March	**11,972**	**26,226**	**5,954**	**28,169**

The Trust has a 25 year finance lease with its wholly owned subsidiary, AGH Solutions Limited, which commenced on 1 March 2018. For the Group this is classed as an inter-entity transaction and is eliminated on consolidation.

14.3 Maturity analysis of future lease payments at 31 March 2024

	31 March 2024 £000 Group	31 March 2024 £000 Foundation	31 March 2023 £000 Group	31 March 2023 £000 Foundation
Within one year	**726**	**1,308**	**1,464**	**2,272**
Between one and five years	**3,173**	**5,945**	**2,364**	**3,371**
After five years	**8,073**	**18,973**	**2,126**	**22,526**
Present value of minimum lease payments	**11,972**	**26,226**	**5,954**	**28,169**

15. Contingencies (Group and Foundation Trust)

At 31 March 2024 the NHS Foundation Trust has £14k contingent liability for legal expenses, which is based upon information provided by NHS Resolution.

16. Third Party Assets (Group and Foundation Trust)

Airedale NHS Foundation Trust held no monies on behalf of patients at the 31st March 2024 (£2k for 31st March 2023).

17. Provisions

17.1a Provisions current and non-current (Group)

	Current		Non-current	
	31 March 2024 Group £000	31 March 2023 Group £000	31 March 2024 Group £000	31 March 2023 Group £000
Pensions relating to the early retirement of staff pre 1995	121	115	780	804
Legal claims	28	-	-	2
Clinical Pensions	2	2	211	162
Other	1,166 *	2,239	-	-
	1,317	2,356	991	968

* Other provisions (current) have decreased in 2022/23, mainly due to the following two items;
1) Doctors Study Leave £204k (down from £947k in 2022/23), a provision to provide for the carry forward of untaken study leave by doctors over previous years during the COVID-19 pandemic. The reduction is due to a combination of study leave arrears being taken and a review of the probability of future liability of this past event.
2) Data Breach £0k (down from £169k in 2022/23). The provision has been released as any remaining liability is covered by NHS Resolution and the Trust do not need to make any further provision

17.1b Provisions current and non-current (Trust)

	Current		Non-current	
	31 March 2024 Foundation Trust £000	31 March 2023 Foundation Trust £000	31 March 2024 Foundation Trust £000	31 March 2023 Foundation Trust £000
Pensions relating to the early retirement of staff pre 1995	121	115	780	804
Legal claims	28	-	-	-
Clinical Pensions	2	2	211	162
Other (see narrative disclosed in 17.1a)	1,134	2,056	-	-
	1,285	2,173	991	966

17.2 Provisions by category (Group)

	Pensions relating to the early retirement of staff pre 1995	Legal claims	Clinical Pensions	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	919	2	164	2,239	3,324
Changes in discount rate	-	-	(46)	-	(46)
Arising during the year	111	49	82	209	451
Utilised during the year	(126)	(7)	(1)	(198)	(332)
Reversed Unused	(22)	(16)	-	(1,084)	(1,122)
Unwinding of discount	19	-	14	-	33
At 31 March 2024	901	28	213	1,166	2,308
Expected timing of cash flows:					
Within one year	121	28	2	1,166	1,317
Between one and five years	486	-	6	-	492
After five years	294	-	205	-	499
	901	28	213	1,166	2,308

The legal claims have a probability factor of 10%, 50%, 75% and 94% and are expected to settle within the next year. This Statement is based on information provided by the NHS Resolution. Full reimbursement of these provisions is expected from the NHS Resolution for amounts above the excess. No amounts have been 'back-to-backed' with other NHS organisations.

A provision has been made for Clinical Pensions based on an estimate provided by the Department of Health, for which it will reimbursement from the department when the claims are made. This agreement covers 2019/2020 additional tax contributions and has been updated for 2023/24 amounts arising in year and changes in discount rate.

The 'Other' provisions column comprises provisions in respect of a number of issues which are expected to be settled within 12 months.

17.3 Contingent liability

Clinical Negligence Liabilities
£114,989k is included in the provisions of NHS Resolution at 31 March 2024 in respect of clinical negligence liabilities of the Trust (31 March 2023 - £124,649k restated), as advised by NHS Resolution.

18. Losses and special payments (Group and Foundation Trust)

	31 March 2024		31 March 2023		
	Number of cases	Value of Cases	Number of cases (restated)	Value of Cases	
		£000		£000	
Losses					
Loss of Cash	1	-	-	-	
Bad Debts	11	6	40	12	
Stores losses	2	237	1	84	
Other	-	-	1	4	
	14	**243**	42	**100**	
Special payments					
Compensation under legal obligation	1	6	1	4	
Loss of personal effects	12	9	15	6	
Other employment paymentsOvertime corrective payments (nationally funded)	-	-	-	-	
Other	8	14	1	109	
Special severance payments	1	3	1	50	*
	22	**32**	**18**	**169**	
Total losses and special payments	**36**	**275**	**60**	**269**	

The Group losses and special payments include uncollectable private patient/other debts and ex gratia payments in respect of the loss of personal items. The payments are recorded on a cash basis rather than an accruals basis.
* The 2022/23 exit package that contained a £50k special severance payment which Airedale sought retrospective approval for, was granted by HM Treasury approval in February 2024.

19. Contractual Commitments

Commitments under capital expenditure contracts as at 31 March 2024 were £9,512k (£11,092k for 2022/2023).

20. Related Party Transactions

20.1 Transactions with Key Management Personnel

IAS 24 requires disclosure of transactions with key management personnel during the year. Key management personnel are defined in IAS as "those persons having authority and responsibility for planning, direction and controlling the activities of the entity directly or indirectly, including any director (whether executive or otherwise) of that Entity". The Trust has deemed that its key management personnel are the board members (directors and non-executive directors) of the Trust.

	2023/24	2022/23
	£000	£000
The transactions with board members are as follows	1,595	1,569

The expenditure above, is key management personnel compensation which is analysed as follows

	2023/24	2022/23
	£000	£000
Short term employment benefits	1,447	1,391
Post-employment benefits	148	178
	1,595	1,569

Short term employment benefits include salaries, employer's social security contributions and benefit in kind.

Post-employment benefits include employer's contribution to the NHS Pension Scheme.

The remuneration of individual Board members are disclosed within the Trust's annual report. There were an outstanding pay award for directors awaiting Treasury approval as at 31 March 2024.

Other than key management personnel compensation as shown above, none of the board members or parties to them has undertaken any material transactions with the NHS Foundation Trust.

20.2 Transactions with other related parties

Airedale NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

The Department of Health and Social Care is the parent department and as such is regarded as a related party. During the year the NHS Foundation Trust had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

The Department of Health and Social Care regards £3m to be the level at which formal agreement between parties is required, the parties which meet this criteria are included below:

NHS West Yorkshire Integrated Care Board (from 1st July 2022)
NHS Lancashire & South Cumbria Integrated Care Board (from 1st July 2022)
Health Education England
NHS England (Core and Regional Office)
NHS Resolution
HM Revenue and Customs (HMRC)
NHS Pension Scheme
Bradford Teaching Hospitals NHS Foundation Trust*
Bradford District Care NHS Foundation Trust**

In addition, the NHS Foundation Trust has had a number of transactions with other Government Departments and other central and local Government bodies.

** Included due to the absolute value of income and expenditure exceeding the £3m threshold.*
*** The Trust has a number of transactions with Bradford District Care NHS FT and Bradford Teaching Hospitals NHS FT, entered into in the course of delivering on the Act as One Place-based objectives of the Bradford District and Craven Health and Care Partnership.*

20.3 Transactions with Joint Ventures

The Foundation Trust has a 50% equity share in Immedicare LLP, with Involve Ltd. The profit is shown on page 4 of the accounts as share of profit of associates / joint ventures. The Trust is limited to a loss of £200 with this Joint venture.

The Trust has a 33% equity in Integrated Laboratory Solutions LLP (ILS) and Integrated Pathology Solution LLP (IPS) with Bradford Teaching Hospitals NHS Foundation Trust and Harrogate & District NHS Foundation Trust. The Trust is limited to a loss of £1 with these Joint ventures.

The equity share of £473k shown on page 5, includes the 2023/24 profit and any undistributed profit previous financial years.

Name of Joint Venture (JV)	Cumulative Profit	Interest held	Share of JV
	£000	%	£000
Immedicare LLP	386	50.00%	193
Integrated Laboratory Solutions LLP	610	33.33%	203
Integrated Pathology Solutions LLP	229	33.33%	76
Total	1,225		473

20.4 Summary Financial Activities Wholly Owned Subsidiary - AGH Solutions Limited (Unaudited)

The year-end for the AGH Solutions Limited is 31st March 2024.

Investment in Subsidiary Undertakings

The shares in the subsidiary company AGH Solutions Limited comprises a 100% holding in the share capital consisting of 8,891,000 ordinary £1 shares.

Loan to subsidiary

At its inception, AGH Solutions Limited was financed by a loan from Airedale NHS Foundation Trust of £20,746k, to be repaid over 25 years. As at 31st March 2024 the amount outstanding on the loan is £17,203k.

Financial Performance

The unaudited financial statements of AGH Solutions Limited show a profit of £1,359k for 2023/24 (£851k restated 2022/23). The restatement following audit of the accounts improved the financial position by £188k.

20.5 Analysis of Airedale Hospital & Community Charity Charitable Funds reserve

Airedale Hospital & Community Charity

Statement of Financial Position

	2023/24 £000	2022/23 £000
Non-current assets		
Other investments	600	559
Current assets		
Receivables	1	3
Cash & Cash equivalents	535	584
Current liabilities		
Trade and other payables	(12)	(60)
Net assets 31 March 2024	**1,124**	**1,086**
Funds of the Charity		
Restricted Funds	**-**	4
Unrestricted Funds	1,124	1,082
Total charitable Funds	**1,124**	**1,086**

Movements on Reserves

	Total	Restricted	Unrestricted
Balance At 1 April 2023	1,086	4	1,082
Net incoming	38	(4)	(274)
Balance at 31 March 2024	**1,124**	**0**	**808**

The year-end for the Charitable Funds is 31st March each year.

NHS charitable funds are consolidated by NHS foundation trusts where the trust determines they have control as outlined in accounting policy. Other foundation trusts may also have charities meeting the definition of local control that are not locally consolidated on the grounds of materiality.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by the donor, for example where the donor has specified that their donation should be spent on a specified ward, patients, nurses or project fund. Endowment funds are funds which the trustees are required to invest or to keep and use for the charity's purposes.

Unrestricted income funds comprise those funds that the trustees are free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include general funds, where the donor has not specified or restricted the use the charity may make of their donation. General funds additionally generate income from Gift Aid, investment income, interest and donations given specifically to cover running costs.

21. Financial instruments.

Management considers that the carrying amounts of financial assets and financial liabilities recorded at amortised cost in the financial accounts approximate to their fair value.

Because of the continuing service provider relationship that the NHS Foundation Trust has with the Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of limited companies. The NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Foundation Trust in undertaking its activities.

In accordance with IFRS 7 Financial Instruments: Disclosures, the NHS Foundation Trust should disclose information that enables users of the accounts to evaluate the nature and extent of risks arising from financial instruments to which the entity is exposed at the end of the reporting period. These risks typically include, but are not limited to the following four categories:

i) Credit Risk
The risk that one party will cause a financial loss for the other party by failing to discharge an obligation.

The Foundation Trust receives the majority of its income from Clinical Commissioning Groups and Statutory bodies and so the credit risk is negligible. The Foundation Trusts treasury management policy minimises the risk of loss of cash invested by limiting its investments to
- the government banking service and the National Loans Fund
- Banks registered directly regulated by the PRA (Prudential Regulation Authority)

The policy limits the amounts that can be invested with any one non-government owned institution and the duration of the investment to £3m and 3 months.

ii) Liquidity Risk
The risk that an entity will encounter difficulty in meeting obligations associated with its financial liabilities

The Foundation Trust's net operating costs are incurred under the current financial regime of block contracts which remain in place for the next financial year.

• The elective recovery fund will continued in 2023/24, which enables systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

The Trust also finances its Capital expenditure from retained depreciation, and any accumulated surpluses.

iii) Market Risk
The risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

With the exception of cash balances, the Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. The Foundation Trust monitors the risk but does not consider it appropriate to purchase protection against it.
The Foundation Trust is not materially exposed to any price risks through contractual arrangements.

iv) Foreign Currency Risk
Foreign currency risk is the financial risk arising from fluctuations in the value of a base currency (£) against a foreign currency in which an organisation has assets or obligations.
The Foundation Trust has negligible foreign currency income, expenditure assets or liabilities.

21 Financial instruments (continued)

21.1 Carrying value of financial assets (Group)

Carrying value and fair value of financial assets as at 31 March 2024

	Held at amortised cost **31 March 2024** **£000**	Held at fair value through I&E **31 March 2024** **£000**	Total book value **31 March 2024** **£000**
Trade and other receivables excluding non financial assets	13,754	-	13,754
Cash and cash equivalents	16,059	-	16,059
Consolidated NHS Charitable fund financial assets	-	1,136	1,136
Total at 31 March 2024	**29,813**	**1,136**	**30,949**

Carrying value and fair value of financial assets 31 March 2023

	Held at amortised cost **31 March 2023** **£000**	Held at fair value through I&E **31 March 2023** **£000**	Total book value **31 March 2023** **£000**
Trade and other receivables excluding non financial assets	14,690	-	14,690
Cash and cash equivalents	22,589	-	22,589
Consolidated NHS Charitable fund financial assets	-	1,146	1,146
Total at 31 March 2023	**37,279**	**1,146**	**38,425**

21.2 Carrying value of financial assets (Trust)

Carrying value and fair value of financial assets as at 31 March 2024

	Held at amortised cost **31 March 2024** **£000**	Total book value **31 March 2024** **£000**
Trade and other receivables excluding non financial assets	10,018	10,018
Other investments / financial assets (AGHS Loan)	17,203	17,203
Cash and cash equivalents	7,891	7,891
Total at 31 March 2024	**35,112**	**35,112**

Carrying value and fair value of financial assets 31 March 2023

	Held at amortised cost **31 March 2023** **£000**	Total book value **31 March 2023** **£000**
Trade and other receivables excluding non financial assets	11,510	11,510
Other investments / financial assets (AGHS Loan)	17,838	17,838
Cash and cash equivalents	12,380	12,380
Total at 31 March 2023	**41,728**	**41,728**

21 Financial instruments (continued)

21.3 Carrying value of financial liabilities (Group)

Carrying value of financial liabilities 31 March 2024

	Held at amortised cost 31 March 2024 £000	Total book value 31 March 2024 £000
Obligations under finance leases	11,972	11,972
Trade and other payables (excluding non financial liabilities)	24,796	24,796
Total at 31 March 2024	**36,768**	**36,768**

Carrying value of financial liabilities 31 March 2023

	Held at amortised cost 31 March 2023 £000	Total book value 31 March 2023 £000
Obligations under finance leases	5,954	5,954
Trade and other payables (excluding non financial liabilities)	28,496	28,496
Total at 31 March 2023	**34,450**	**34,450**

21.4 Carrying value of financial liabilities (Trust)

Carrying value of financial liabilities 31 March 2024

	Held at amortised cost 31 March 2024 £000	Total book value 31 March 2024 £000
Obligations under finance leases	26,226	26,226
Trade and other payables (excluding non financial liabilities)	25,799	25,799
Total at 31 March 2024	**52,025**	**52,025**

Carrying value and fair value of financial liabilities 31 March 2023

	Held at amortised cost 31 March 2023 £000	Total book value 31 March 2023 £000
Obligations under finance leases	28,169	28,169
Trade and other payables (excluding non financial liabilities)	27,312	27,312
Total at 31 March 2023	**55,481**	**55,481**

Management consider that the carrying amounts of financial assets and financial liabilities recorded at amortised cost in the financial accounts approximate to their fair value, due to the nature of financial instruments held.

21.5 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.

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
In one year or less	24,796	28,496	27,107	29,584
In more than one year but not more than five years	726	1,464	5,945	3,371
In more than five years	11,246	4,290	18,973	22,526
Total	**36,768**	**34,250**	**52,025**	**55,481**

22. Private Finance Initiative contracts

22.1 PFI schemes off-Statement of Financial Position

The Trust has no off-statement of Financial Position PFI schemes.

22.2 PFI schemes on-Statement of Financial Position

Since May 2005 residential services have been provided to the Trust by FRONTIS, a registered social landlord. This involved FRONTIS constructing an accommodation block and mews houses. FRONTIS are responsible for the maintenance of the accommodation and management of residential accommodation services, including the collection of rents from tenants. The Trust guarantees an occupancy level of 90%, but FRONTIS remits a share of any rents received for occupancy over 90%.

The accounting treatment of this arrangement was covered in a DHSC publication called 'Accounting for PFI under IFRS'. In this publication it was recognised that such arrangements (although not technically a PFI) involved the operator receiving all or most of its income from individual users rather than the Trust. The arrangement falls within the scope of IFRIC 12 and such is recognised as an item of Property, Plant & Equipment on the Statement of Financial Position at its fair value. The opposite entry at the point at which the asset was recognised was as a deferred income balance.

The arrangement was set to run for a period of 40 years from May 2005 but Airedale NHS Foundation Trust bought themselves out of the lease in March 2024, and now own the accommodation block and mews houses outright.

As at the accounting date 31st March 2024, the Trust now has no on-statement of Financial Position PFI schemes.

23. Intra-Government Balances (Group and Foundation Trust)

	Receivables amounts falling due within one year	Payables amounts falling due within one year
	£000	£000
Other NHS Providers	933	789
Department of Health and Social Care (DHSC)	-	-
Public Health England & UKHSA	-	-
NHS England & CCG's/ICB's	2,985	476
Special Health Authorities	-	32
NDPB's	-	-
Other DHSC bodies	1	607
Other Whole Government Accounting bodies	1,964	8,083
As at 31 March 2023	5,883	9,987

24. Adjusted Financial Performance

	Group 2023/24 £000	Group 2022/23 £000
Surplus/(Deficit) For The Year	**(29,033)**	**(15,297)**
Exclude Net Movement in Charitable Funds	(38)	274
Surplus/(Deficit) For The Year (before consolidation of charity)	**(29,071)**	**(15,023)**
Add back all I&E impairments / (reversals)	22,614	15,156
Surplus/(Deficit) before impairments	**(6,457)**	**133**
Remove capital donations / grants	116	(212)
Remove net impact of DHSC centrally procured inventories	24	85
Adjusted financial performance surplus / (deficit)	**(6,317)**	**6**

This demonstrates the financial performance of the Group before consolidation of charitable funds, adjusted to remove impairments, capital donations / grants and the net impact of centrally procured inventories. It is this adjusted performance that NHS England use to judge whether the Group has met the breakeven requirement.

25. Events after the Reporting year

There are no adjusting or non-adjusting events of a financial nature after the reporting year requiring disclosure.

Annual accounts of:
Airedale NHS Foundation Trust
Airedale General Hospital
Skipton Road
Steeton
Keighley
Yorkshire
England
BD20 6TD

http://airedale-trust.nhs.uk

Airedale NHS Foundation Trust is an NHS provider of Healthcare.

If you need this report in other formats please call 01535 294815

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