Airedale NHS Foundation Trust

Annual Report and Accounts 2025/26

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Foreword by the Chief Executive Officer

The year 2025/26 has been a demanding one for Airedale NHS Foundation Trust. We have continued to operate in a challenging local, national and international environment, whilst also laying the groundwork for a positive future for our organisation, our staff and the communities we serve.

Locally, demand for care has continued to rise, driven by a growing and ageing population with increasingly complex health needs and stark health inequalities. Nationally, the NHS has faced sustained operational pressure, workforce shortages, constrained capital funding and a sharp focus on improving performance while living within financial limits. Internationally, ongoing economic uncertainty, workforce mobility challenges and global supply pressures have continued to influence costs and availability across healthcare systems. Against this backdrop, the commitment and resilience shown by our staff throughout the year has been exceptional.

Here at Airedale, we have a unique challenge in the impact of mitigating the risks at the hospital from the almost ubiquitous Reinforced Autoclaved Aerated Concrete (RAAC). Our ward remediation programme, whilst being essential and expertly carried out, results in reduced bed capacity which in turn creates pressure in our urgent care services. This has been eased somewhat by our Urgent Treatment Centre, which is now fully up and running, but demand continues to rise and our urgent care performance remains challenged. Despite these pressures, we have made important progress across several key performance areas and have celebrated successes across the organisation, many of which are included in our Highlights section on page 13.

Our clinical and operational teams have worked tirelessly to improve access to care both in hospital and in our communities, to tackle waiting times for patients who wait longest, and maintain a strong focus on patient safety and quality. Continued attention to patient flow, discharge processes and clinical decision-making has helped ensure that care remains safe, effective and compassionate, even during periods of sustained pressure. Our community services, digital care hub and integrated teams continue to play a vital role in supporting people to stay well at home, avoid unnecessary hospital admissions and be discharged as soon as it is safe to do so. This work is central not only to improving patient experience and outcomes, but also to relieving pressure on acute services and supporting the wider system.

Our Trust continues to perform well in terms of research, development and innovation and is the highest performing smaller Trust of clinical trial recruitment in the Yorkshire and Humber region. Additionally, thirty-three clinical papers were declared as published by Trust employees in peer-reviewed journals during the year.

The financial context in which we have been operating has been one of the most significant challenges of the year. We have taken difficult but necessary steps to address this, including strengthened financial controls, tighter workforce and vacancy management, reductions in agency use and a renewed focus on productivity and value via our WAVE (Working to Achieve Value and Excellence) programme. This work has improved our position in year, but there is more we need to do as we head into 2026-27.

Alongside managing operational and financial pressures, we have continued to make progress with our long-term transformation. During 2025-26, we increased the momentum on our two major strategic programmes: the implementation of our Electronic Patient Record (EPR) and the development of our new hospital programme, Securing the Future.

The EPR programme has been strengthened during the year, with a comprehensive programme delivery plan taking us towards go-live and to benefits optimisation beyond that, with a clear focus on improving safety, efficiency and patient experience. At the same time, the work in our Securing the Future programme has continued to meet its key milestones, developing strong, clinical engagement and furthering our ambition for a modern, sustainable hospital that meets the needs of future generations. These programmes represent significant change, and I am grateful to our teams and partners for their commitment to delivering them.

Partnership working has been central to our progress this year. We have continued to strengthen collaboration across Bradford District and Craven, working closely with our provider partners, primary care, our local authorities, the voluntary and community sector and our wider system partners to deliver more joined-up, preventative and person-centred care. We also work closely with our fellow acute services providers as part of the West Yorkshire Association of Acute Trusts (WYAAT), with other community services providers as part of the West Yorkshire Community Healthcare Collaborative, and more broadly with the West Yorkshire Health & Care Partnership. All of this work is brought together under the umbrella of the West Yorkshire Integrated Care Board.

The work at place and regionally has included an increasing focus on neighbourhood-based models of care that bring services closer to people's homes, support self-management and wellbeing, and reduce avoidable hospital attendance. Our ambition for Neighbourhood Health is clear: to play a leading role as an integrated acute and community provider, contributing our clinical expertise, digital capability and community services to reshape care around patients, families and local need.

This approach aligns strongly with the direction set out in the NHS 10-Year Plan, with its emphasis on prevention, integration, digital transformation and care delivered closer to home. As a Trust providing both acute and community services, supported by our Digital Care Hub and strong partnerships at place and regionally, Airedale is well-placed to respond to this national agenda and to help lead change across neighbourhoods in the years ahead.

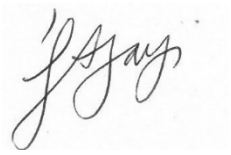
Our joint ventures, Immedicare and Integrated Pathology Solutions, together with our wholly-owned subsidiary, AGH Solutions, continue to perform well, and I am grateful for their ongoing commitment and contribution in supporting the Trust's priorities.

Our workforce remains our greatest asset. During the year, we have continued to develop our people through education and training, leadership development, wellbeing support and a focus on inclusive and compassionate leadership. While workforce challenges persist nationally, we remain committed to supporting staff to grow, develop and feel valued at work, and to listening and responding to feedback wherever possible.

Like the wider NHS, we have also been affected by periods of industrial action during the year. These have had an impact on services, patients and colleagues, and I would like to acknowledge the respect and professionalism shown throughout by colleagues on both sides of the debate. In particular, I would like to acknowledge the hard work and commitment of our teams who have worked hard to maintain safe services. We remain committed to constructive engagement with our trade unions and to supporting national efforts to reach sustainable solutions.

I would like to thank the Trust Board and our Council of Governors for their continued support, challenge and oversight throughout a demanding year. Their commitment to the organisation and the communities we serve is greatly valued. During the year we bid farewell to several Non-Executive Directors, including Rhys Davies, Melanie Hudson, Ian Knight, John Lawlor and Andy Withers, as well as two Executive Directors, Mel Norbury and Dr Sal Uka. Their contribution has been hugely appreciated.

Finally, and most importantly, I want to thank all our staff. Whether delivering care on the front line, supporting patients and families, or working behind the scenes, their contribution continues to make a real difference. This has been another challenging year, but it has also been one of progress and purpose. Together, we are securing a strong future for Airedale, and I look forward to building further on our partnerships, strengthening neighbourhood-based care and continuing this journey together.



'Foluke Ajayi
Chief Executive Officer
25 June 2026

Introduction, Purpose and History

The purpose of this report is to provide a summary of information to understand the Trust, its purpose and objectives, how it has performed during the year and the key risks to the achievement of its objectives for the coming year.

Our purpose and activities - who we are and what we do

Airedale NHS Foundation Trust is an integrated NHS hospital and community services Trust. The Trust provides 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.

Services are provided 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:

1. Corporate Services;
2. Medicine, Community and Therapy Services;
3. Surgery and Diagnostics; and
4. 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 LLP, Integrated Laboratory Solutions (ILS) LLP and Integrated Pathology Solutions (IPS) LLP – and a wholly-owned subsidiary, AGH Solutions Limited. More information about their performance in 2025/26 can be found on page 7.

The format and context of the Annual Report and Accounts for 2025/26 have been prepared in line with the revisions published in the NHS England Foundation Trust Annual Reporting Manual.

Our history and statutory background of the Foundation Trust

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 and was established as a public benefit corporation 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

As a Foundation Trust responsible for public funds, the Board of Directors is accountable to a range of stakeholders and crucially the local people that use our services. Our local population is formally represented within our governance structure by the Council of Governors. Governors are elected from each constituency. Full guidance on how Foundation Trusts are required to operate is available from NHS England.

Our Subsidiaries and Joint Ventures

AGH Solutions Limited

AGH Solutions Limited (AGHS) is the Trust's wholly owned subsidiary, providing estates and facilities management, medical engineering, decontamination services, procurement, logistics, transport, catering and security services. During 2025/26, AGHS focused on strengthening leadership and governance, stabilising operational delivery, improving financial performance and supporting the Trust's sustainability and transformation priorities, while continuing to deliver safe and resilient day-to-day services. Key highlights from 2025/26 included:

Leadership and governance

Strengthening of senior leadership capacity through the appointment of an AGHS Director of Operations and an AGHS Director of Finance, improving operational control and financial oversight. Board effectiveness was enhanced through the appointment of an independent Non-Executive Director, providing additional assurance and strategic challenge and removing potential conflicts of interest associated with previous arrangements.

Governance and assurance
A structured review of governance arrangements was completed, resulting in the establishment of the role of Head of Corporate Governance, strengthening risk management, policy oversight and Board assurance.

Statutory compliance and clinical support
Continued strong compliance across estates disciplines, medical engineering and decontamination services, supporting the safety, availability and regulatory compliance of clinical equipment and endoscopy services. This was underpinned by internal audit activity and external expert assurance.

Fire safety, Reinforced Autoclaved Aerated Concrete ('RAAC') and capital delivery
Progression of complex fire safety infrastructure works supported by detailed planning and external scrutiny. Continued delivery of RAAC remediation and risk-reduction activity, alongside support to the Trust's Securing the Future / New Hospital Programme through enabling works.

People and workforce engagement
Development of an AGHS-specific People Survey, replacing participation in the NHS Staff Survey, to better reflect the organisation's workforce profile. An interim People Pulse Survey in January 2026 provided early insight into staff experience and returned encouraging results.

Industrial relations
A period of industrial action occurred during the year following a pay dispute. Significantly improved pay, terms and conditions were agreed in November 2025. AGHS remains in dispute in relation to pensions and continues to engage constructively and regularly with union representatives.

Financial performance and productivity
Delivery of profit improvement schemes focused on efficiency and cost control, resulting in AGHS exceeding its financial plan and profit target for 2025/26. Workforce productivity measures included eliminating routine agency use and reducing reliance on bank staffing.

Sustainability and waste reduction
Continued support to the Trust's Green Plan, with a focus on waste reduction initiatives, improved segregation and more efficient estates and facilities practices.

Looking ahead, building on progress made in 2025/26, AGHS enters 2026/27 with strengthened leadership, clearer governance and improved financial control, well positioned to continue supporting the Trust through ongoing RAAC management, capital programmes and the transition into the New Hospital Programme.

Immedicare LLP

The Immedicare Joint Venture partnership between the Trust and Involve Visual Collaboration Limited supported 595 care homes over the year covering a bed base of 23,506. The clinical service completed 58,865 clinical consultations of which 52,581 (89%) resulted in the resident remaining in the care home. 32,467 (55%) did not

require a referral to another service and were managed by our clinical team. There were 17,823 consultations relating to falls; this was the biggest reason for care homes contacting the Immedicare service. 15,383 (86%) of falls related calls did not require an ambulance or conveyance to hospital.

Looking ahead to 2026/27, Immedicare will continue to align its services with the emerging Neighbourhood Health model, supporting key priorities around frailty, end of life care and timely access to urgent community response. Our focus will remain on helping residents in care homes to stay safe, well and supported in the place they call home. We will work closely with partners across our customer contracts to better understand local need, using local datasets to evidence outcomes and inform service development.

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'); a joint venture with the Trust, Bradford Teaching Hospitals NHS Foundation Trust and Harrogate and District NHS Foundation Trust. Comprising over 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. Key highlights from 2025/26 included:

- Continued to maintain a collaborative working relationship with regional partners within West Yorkshire & Harrogate Pathology network.
- Completed the regional LIMS data centre refresh and system upgrade whilst maintaining effective service provision.
- Completed Biochemistry automated equipment refresh on the Airedale laboratory, including a rapid change of equipment for HbA1c analysis.
- Increased the capacity of digital pathology scanning across all IPS sites through central DDC funding bid.
- Gradual and steady improvement in Histology TAT.
- Development of the clinical leadership model within IPS.
- The IPS Leadership and People Development Programme continued with wider leader engagement throughout our teams.
- Delivered financial plans generating surplus for distribution to member Trusts.

Plans for 2026/27 include:

- Maintaining a collaborative working relationships with regional partners within West Yorkshire & Harrogate Pathology network, including involvement in next steps for Microbiology service reconfiguration.
- Completing automated equipment refresh in Haematology at Airedale laboratory.
- Working collaboratively with regional partners to optimise the regional LIMS for efficiency and productivity.
- Supporting consultant validation on digital pathology across IPS sites to move towards digital reporting.
- Starting the project to unify the two existing Quality Management Systems within IPS.

Our values and the NHS constitution

We have adopted the NHS Constitution values which apply across the NHS in England. Our shared NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS. We deliver our values through the behaviours we display and the way we work, individually, with each other, together, every day.

The values and behaviours were developed previously with staff across the Trust and describe what we all need to demonstrate and develop in our practice. Our values are:

- Commitment to quality of care
- Compassion
- Working together for patients
- Everyone counts
- Respect and dignity
- Improving lives

How we demonstrate our values is by:

- Listening and communicating
- Supportive and approachable
- Honesty and integrity
- Even-handed and encouraging
- Patient-centred and compassionate
- Leading by example and being self-aware

Our partners

The Trust works together with partners at local 'Place' level and across Bradford District and Craven and West Yorkshire, including our local councils in West Yorkshire, North Yorkshire and East Lancashire. The Trust is a partner in the West Yorkshire Association of Acute Trusts (WYAAT) provider collaborative, the West Yorkshire Heath and Care Partnership, the Bradford District and Craven Health and Care Partnership and the West Yorkshire Integrated Care System (ICS).

The Trust's other key partners include neighbouring NHS Trusts, primary care alliances, voluntary and community organisations, universities and commercial/service partners.

Part 1: Performance Report, Overview, Risk and Analysis

Summary of our performance

The requirements of the performance report are based on the matters required to be dealt with in a Strategic Report as set out in Chapter 4A of Part 15 of the Companies Act 2006, as amended by SI 2013 No.1970, The Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013.

The purpose of this section is to provide information about our organisation, our purpose and main objectives, the key risks to the achievement of our objectives, and how we have performed during the year. More detailed information on the arrangements in place and our approach to ensure services are well-led is given in the Performance Analysis Report and the Annual Governance Statement.

In this section, we highlight the main development in our services and the improvements we have made over the past 12 months. We also report our performance against key national and locally determined clinical standards.

This report outlines our position on 31 March 2026 and provides commentary on relevant post year-end matters.

Chief Executive Officer's statement on 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 2025/26 and explains some of the challenges we have faced over the period.

Performance during 2025-26 has been challenged by continuing exceptional levels of demand, ongoing industrial action, staffing gaps, a significant frail elderly population, and the ongoing management of the significant Reinforced Autoclaved Aerated Concrete (RAAC) risk which affected operational efficiencies of the Trusts clinical space.

Focus this year has been directed towards managing the ongoing 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 52 weeks and delivery of Referral to Treatment Times (RTT).

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.

Performance overview continued: our highlights, challenges and risk profile, our successes, opportunities and our key events

Below is a summary of our highlights for the year, and our risk position, noting our challenges, our opportunities and context within the locality.

Our year in highlights 2025/26 – overview

During 2025/26, we continued to drive forward innovation and transformation of our services and buildings working with patients and our partners. Below are highlights from the year.

April 2025

Lead Oncology Nurse Receives Royal Invitation

Pat Dyminski was honoured with an invitation from mobile cancer care charity, Hope for Tomorrow, to attend a Royal community reception hosted by HM The King and HM The Queen.

Pat was there in recognition of the role she played in securing a mobile cancer care unit for Airedale in 2018.

Pat said: “I’m proud the charity has been recognised and included in this day to show what they have achieved and the huge impact they have had and continue to have on patients’ cancer journey.”

“The day the first mobile cancer care unit arrived was one of the best days of my career.”

Neonatal sister gets an outstanding achievement award

Chloe Taylor received an Award for Outstanding Achievement in supporting children and young people’s mental health.

In 2024 Chloe received a grant for a Trauma-Informed Care course, to increase her understanding of the psychological effects of neonatal care on both parents and children, with an aim to reduce the lasting trauma many families experience.

Chloe said: “By sharing the skills I’ve learned from the course with my team, we can ensure that every shift has someone who can provide a similar level of support and enhance the quality of the care we deliver.”

Our stammering lead attends a Parliamentary Reception

Steph Burgess, clinical lead for the Trust’s nationally renowned stammering service, was part of a focus group of specialist speech and language therapists who contributed to the report launched at the event.

The event helped shine a light on the challenges families face in accessing timely and specialist speech and language therapy. Many parents still aren't aware that they can self-refer for help, leading to delays in getting the specialist support they need.
Steph said: "We know that early intervention can prevent significant difficulties further down the line affecting communication confidence, mental health and a child's life chances. "Here at Airedale, we aim to see families of children who stammer within six weeks or sooner. We work closely with the child's family as well as providing advice and training to the child's nursery or school."

May

Celebrating our volunteers

Airedale joined the national celebrations to recognise the fantastic contribution volunteers make to the Trust. We have 200 hospital volunteers along with those who support the Airedale Community charity, and individual wards and departments.

Rachel, a former physiotherapist, has been a volunteer since her retirement. She wanted to give back, having worked in the NHS for 36 years and been a patient herself for 6 months on ward 5. She said: "I absolutely love my weekly trip onto the ward, feeling I can be of some help as staff always have jobs for me to help with. I join in a chair exercise group with Therapists, assist at lunchtimes and talk to patients, particularly if there are commonalities with the rare illness I had. I truly feel valued by the ward team and head home with a smile on my face."

Support for new hospital plans

Hundreds of people shared their support for plans for key work needed to prepare for the new hospital at Airedale.

The plans include building a new multi-storey car park and a new access road from Skipton Road to help improve traffic flow, along with clear routes for pedestrians and improved access to the hospital.

The project also includes an electricity substation to power the new hospital. The Trust aims to make the site environmentally friendly, with solar panels on the car park, new trees and wildflower meadows for local wildlife.

June

Welcoming new Governors

The Trust welcomed seven public Governors following elections across Bingley, Airedale, Wharfedale and Craven. The elected Governors were Linda Dobson, Central and East Keighley (re-elected), Karen Ellison, Ilkley and Wharfedale (re-elected), Karen Walker, Pendle East and Colne, Robert Minton-Taylor, South Craven (re-elected) and Kevin Keogh, Craven. Elected unopposed were Corinne Hill, Skipton and Christopher Nolan, West Craven. No nominations were received for Bingley Rural.

The Trust also elected three new staff Governors. Matron Nicola Denbow, for Nurses and Midwives, Nicola Stone for Non-Clinical Staff and Dr Richard Best was elected unopposed for Doctors and Dentists.

Kevin Keogh is the new governor for Craven and has worked in construction for over 30 years. He said "I have lived in Eastburn since 2002 and I'm passionate about our local area. Given my knowledge and experience in the construction industry I am very much looking forward to seeing the new hospital come to life, I hope that I can use my years of experience to help keep the community up to speed on how the process is going."

Pride of Airedale awards

The Trust's Pride of Airedale awards were held in June to recognise the amazing hard work and dedication staff at the Trust have shown over the past year. As well as celebrating teams and leaders of the year, awards were also given to 'unsung heroes' and those giving outstanding patient care.

This year, a record-breaking 400 nominations were received, and awards were given to 13 winners. One of these was the Airedale Partnership Award, won by the Stroke Vocational Rehabilitation Team.

Abigail Crabtree, Clinical Lead (on behalf of the Stroke Vocational Rehabilitation Team) said: "We all feel really proud as a team for creating such a positive and influential partnership. This award feels like a stepping stone to bigger partnerships in in the future."

July

New immunotherapy website launched for patients

The cancer team launched a new website for patients who are having immunotherapy, to help prepare for and understand their treatment.

It means all the vital information is in one place: it includes videos explaining some of the things patients may be worried about before their first immunotherapy visit, including what to eat and drink, what medicines to take and what to expect on the day of treatment.

Caroline Salt, Macmillan Lead Cancer Nurse said: "We know that when patients are first diagnosed and told about their treatment it can be overwhelming, with a lot of information to take in. This website gives the opportunity for patients and their families to read it in their own time and go back to it whenever they need to."

DrDoctor

The Trust has continued its partnership with online service DrDoctor to help people keep on top of their outpatient appointments without the need for paper letters.

From August 2025 the Trust made it even easier for patients to have an overview of

upcoming appointments by introducing SMS notifications and reminders.

Patients now receive a text message from DrDoctor when an outpatient appointment has been booked. A reminder is also sent 72 hours before the appointment.

Neonatal work shortlisted for national award

The Trust's Neonatal Unit was shortlisted for a 2025 Nursing Times Award, for its psychological care for neonatal families and babies affected by substance abuse. By adopting a care approach that is informed by the effects of trauma exposure on an individual's development, the initiative aims to better support the emotional and psychological needs of families during a baby's time on the neonatal unit.

Neonatal Sister, Chloe Taylor said: "By adopting a trauma-informed approach, the team is advocating for care that empowers parents to help preserve and strengthen the parent-child bond.

August

Gastroenterology clinic hailed as life-changing

The Trust launched a new clinic which has provided a lifeline for patients following their discharge from the hospital with conditions such as gastro-intestinal bleeding, anaemia and alcohol related liver disease. These patients are at risk of readmission to hospital and of becoming very poorly because of their condition.

Patients are seen by advanced clinical practitioner Tracey Maxfield while on the ward as part of their gastroenterology care and she explains to them how they'll be followed up in clinic after they go home. The clinic can then organise blood tests, scans and other speciality referrals so that any interventions needed can happen at the right time, stepping in to prevent re-admissions to hospital as far as possible and supported by the consultant team where necessary.

Congratulations to Nightingale's class of 2025

The onsite Nightingale's Nursery held a special graduation ceremony to celebrate the Robins class on their final day as the children prepare to start primary school.

30 children graduated from the nursery which can be used by parents, grandparents and other family members working for Airedale NHS Foundation Trust.

To make the day extra special, children received a gift and a certificate from staff members.

Nightingales Day Nursery cares for babies from 10 weeks old to school age, from 7am to 6pm, five days a week and was rated 'Good' at its most recent Ofsted inspection.

September

CQC inpatient survey results published

Over 500 inpatients gave their feedback in the national Care Quality Commission survey on their experiences of care and treatment, kindness and compassion as well as leaving hospital.

The Trust benchmarked well against other hospital Trusts in all sections of the survey. Chief Nurse, Lianne Robinson said: “This survey is extremely important as it gives us an insight into all aspects of the care that we provide to patients, from their initial admission to leaving the hospital. We’re pleased to see that our highest scores were in the areas of kindness and compassion and respect and dignity which is a testament to the professionalism and care shown by our teams. As a Trust, we’re committed to continually improving our services and acknowledge that there is still more work to be done in certain areas. Feedback on specifics like ward lighting preventing sleep is very helpful as we design our new hospital.”

GreenED pilot launched

The Trust’s Emergency Department launched the GreenED accreditation programme, marking a key milestone in the team’s commitment to improving sustainability. GreenED is an initiative from the Royal College of Emergency Medicine that aims to reduce the environmental impact of emergency departments across the UK, whilst maintaining or improving the standard of patient care.

Dr James Chan, Consultant in Emergency Medicine and lead on the project got involved as he wanted to help reduce the Trust’s environmental impact: “Modern healthcare uses a tremendous amount of resources in terms of materials and energy but, by taking a structured approach to improving the environmental sustainability of our day-to-day operations, we can reduce the impact of delivering emergency medicine.”

Pioneering cancer exercise treatment service launched in Airedale

People with certain cancers living in Airedale, Wharfedale and Craven are now able to benefit from Active Together, a research-backed cancer exercise treatment service funded by Yorkshire Cancer Research.

Delivered in clinic and gyms in the community by cancer exercise specialists and physiotherapists at the Trust, the service helps people prepare for and recover from cancer treatment. Research shows that regular exercise before, during and after cancer treatment can help people tolerate treatment better, access treatment options not previously available to them, and experience fewer complications from surgery.

Participants in Active Together also experienced reduced fatigue, lower levels of anxiety, and fewer symptoms of low mood and depression. Many were able to walk further and recover more quickly following surgery, and treatment costs were lower for those who received the service.

Celebrating inclusion week

During National Inclusion Week staff from across the Trust shared their stories on how they feel valued and included.

Tami is a nurse in the intensive care unit and is neurodivergent. She has had reasonable adjustments to allow her to work in an environment that meets her needs and giving her the best opportunity to thrive at work. She is also a member of the Enable staff network. Tami says: “Feeling understood and supported means that I have grown in confidence, and I am able to utilise my strengths in attention to detail and recognising patterns, empathy, and problem-solving in my practice.”

October

Inhaler recycling scheme launched

To help cut down the amount of waste from inhalers, the Pharmacy Department launched a new inhaler recycling scheme for metered-dose inhalers (MDIs). Inhalers alone account for 4% of all NHS CO2 emissions, with approximately 73 million inhalers being dispensed each year.

Most of these are currently thrown away and a small number are returned to pharmacies to be disposed of.

Dedicated recycling bins for expired or unwanted MDIs have now been set up for staff, patients and visitors. Once these bins are full, the inhalers are sent to a regional collection centre which ensures they are safely and responsibly recycled.

Gloves off for infection prevention week

During infection prevention week the infection prevention team promoted their ‘gloves off’ message – to explain to patients when disposable gloves are not needed and at the same time promoting a greener NHS.

The campaign explained that gloves are not needed during activities such as taking patients’ vitals, examining or touching a patient (where there is no contact with blood or body fluids, non-intact skin, mucous membranes or harmful drugs or chemicals), helping a patient with food and drink, giving vaccinations and tasks near a patient, like tidying the bedspace.

Using fewer gloves also reduces plastic waste. Around 1.1 billion gloves are used in the NHS each year which contributes to the planet’s plastic and microplastic problem.

November

Important first step towards new hospital as plans submitted for new multi-storey car park and access road

The Trust took another step towards the development of the new hospital with a full

planning application submitted for a new multi-storey car park and access road. The proposed new car park will be located in the southwest corner of the hospital grounds and will bring a host of benefits, including significantly increasing the number of parking spaces across the site ahead of the new hospital being built.

The new access road from Skipton Road will help improve traffic flow around the site and will be used to keep construction traffic separate while building work takes place. There will also be clear routes for pedestrians and cyclists.

The car park design incorporates suggestions gathered from local people last year including larger bays, more accessible parking spaces and electric charging spaces.

December

CQC Maternity survey results published

The Care Quality Commission (CQC) national maternity survey was published with the survey asking women about their care at three different stages of their maternity journey: during antenatal care, labour and birth and postnatal care.
The Trust scored well for women's experiences of mental health support during pregnancy, having trust and confidence in the team, their concerns being taken seriously, being offered personalised and individualised care to their circumstances and feeding advice after birth.

The Trust also scored very highly for care during labour, with women feeling reassured that they were not being sent home when they were worried about themselves or their baby.

January

Research study on the airwaves

One of our key Research and Development team projects, RAPSODI, was featured on The Research Room podcast by the University of York.

The RAPSODI study aims to find the best type of joint replacement for the treatment of painful osteoarthritis of the shoulder in adults aged 60 years or older.
The podcast episode offered a comprehensive look at the study, exploring the "what, why, and how" behind the work. The team discussed the specifics of the intervention, the drive behind the research, and the realities of managing a large-scale clinical trial.

February

Ramadan Ally project

Our Chaplaincy team organised the Ramadan Ally project, encouraging non-Muslim staff to find out more about Ramadan and try fasting to support their Muslim colleagues. They also organised Iftar in the hospital and pop-up prayer spaces for the month of Ramadan.

Lent

On Thursdays during Lent the Chaplaincy team set out a variety of Christian Prayer Stations to be accompanied with sacred music. Alongside this, they offered staff the opportunity to drop in for some quiet prayer or reflection as Easter approached.

March

New service for prostate cancer patients using Robotic Process Automation

The Trust's urology cancer and digital team launched a new automated service for prostate cancer patients which uses Robotic Process Automation (RPA) so patients can get their PSA results by text, rather than having to attend a clinic appointment. This was made possible thanks to funding from the NHS West Yorkshire and Harrogate Cancer Alliance and Airedale is the first Trust in the West Yorkshire region to offer this service for this pathway.

PSA is the blood result that is monitored for any patient who has gone through prostate cancer treatment, to ensure there's no recurrence of the cancer.

The new robotic automation will pick patients off the waiting list due for PSA test, text them to make an appointment for a blood test, look for the results, text the PSA result to the patient within 24 hours if they are within normal parameters for that patient and add them to the waiting list for their next review. It reduces the need for appointment waits for those results, helping reduce patient anxiety. It also means rises in PSA levels will be detected early.

CNS interns

The Trust hosted a celebration event for the first cohort of Clinical Nurse Specialist (CNS) Interns.

This 12-month pilot programme led by Caroline Salt, Lead Macmillan Cancer Nurse, gave the opportunity for internal non-cancer nurses to work alongside and experience life as a cancer nurse specialist.

They have also each designed and delivered a service improvement project, aimed at enhancing care for cancer patients within their usual clinical area.
Caroline Salt said: "By offering an internship we have been able to enhance the succession opportunities for our future cancer nurse workforce, as well as improve cancer patient care throughout the Trust. Our home-grown approach is a powerful way to nurture the talent we have at Airedale, strengthen services, and improve outcomes for our patients."

Our challenges and risk profile

Our significant challenges and risks are derived from our financial position, the delipidated state our physical and environmental, the delay in access to services, maintaining our workforce and caring for our people, in a difficult operational environment both regionally and nationally.

The oversight and management of these is reflected in our board assurance framework which allows us to distil our strategy into key themes (objectives) and manage our risk to delivery, monitoring any gaps in assurance that we will deliver as well as our high-level risk register. A summary of challenges we have and continue to face can be found in the board assurance framework summary in the Annual Governance Statement.

A detailed analysis of the risks facing the Trust and our risk management framework can be found within the Annual Governance Statement.

Our successes, priorities and opportunities: strategic delivery

This annual report (year ended 31 March 2026) aligns to our current strategy 2020/21 to 2025/26, which is reviewed annually. Key activities aligned to our strategic priorities and intent are:

Patient Experience

To provide outstanding care and experience where patients are at the centre of all that we do. Communicating in an effective and timely way, keeping patients, families or their carers fully informed and updated throughout each step of their journey.

Patient Safety and Clinical Effectiveness

An organisation which has a just culture, demonstrates transparency and with an emphasis on learning to deliver safe and effective services. Working in line with national best practice and using evidence-based research to improve patient outcomes across the Trust's services.

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The PSIRF:

- advocates a co-ordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents.
- embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

The Trust transitioned to the PSIRF in November 2023. During 2025/2026, six incidents have been identified for individual in-depth investigations (Patient Safety Incident Investigations, PSII) and 29 facilitated discussions have taken place following

an incident involving the staff affected (After Action Review, AAR). This change in process has increased awareness and understanding of incident reporting and learning reviews. Additionally, two Never Events have been declared relating to Wrong Implant and Wrong Side Intervention.

Learning from incidents has led to a number of safety actions. These included revised pre-interventional checklists e.g. LocSSIPs and refreshed compliance with NatSSIPs to address wrong site interventional procedures and wrong implant use. Two AARs have involved multiagency partners and as such have strengthened interagency working and more effective communications. Learning from incidents in maternity has been strengthened by clarity in escalation processes, revisiting and refreshing major haemorrhage alerts and enhanced safety through more effective team communication. The Internal Transfer Policy has been reviewed and provides greater clarity on speciality-to-speciality referrals to support a more seamless patient journey and enhancing patient safety.

Patient Access

All our patients will have equity of access to care and services, whether this is urgent and emergency care or accessing our elective and community services. Where possible we will deliver this as close to home as possible.

Systems and Partnerships

People receive timely care from the right care provider in the most appropriate setting and avoid unnecessary transfer of care delays.

Sustainability

To manage the Trust financial plan with the objective of reducing the financial deficit which will involve making difficult decisions in 2025/26. The Trust understands the vital importance of delivering financial sustainability over the medium term which is crucial to being able to deliver the services to patients in the medium and long term. Achieving financial sustainability will enable the Trust to invest in high quality services and infrastructure, improving patient experience and outcomes, and providing staff the tools they need to do their job.

People

Delivery of a robust workforce plan and pipeline supply that meets our operational plan so that our people are well supported and are able to provide high quality patient care. People leaders will support and coach people by setting clear objectives, encourage and support learning, communicate effectively and with compassion in line with our leadership framework.

How the Trust measures performance

At Airedale, Power BI dashboards are a key tool for monitoring performance across a comprehensive range of operational and quality metrics. These dashboards are designed to align with both national standards and local performance trajectories.

Updated regularly, they are used in monthly performance reviews and governance forums to provide oversight and ensure accountability. Tailored to specific clinical pathways and operational priorities, the dashboards support areas such as elective recovery, diagnostic oversight, and discharge planning.

Central to these dashboards are Statistical Process Control (SPC) charts, which are widely used across operational and clinical domains. SPC charts enable the Trust to track performance trends over time, identify variation, and support evidence-based decision-making.

Operational Key Performance Indicators (KPIs) from these systems are monitored in predominantly SPC format monthly to the Trust Board through the Trust's Integrated Performance Report (IPR). Prior to this, the IPR is reviewed by both the Quality and Safety Committee and the Finance, Performance and Digital Committee, ensuring robust oversight and assurance of operational delivery. The Trust's IPR has been developed in collaboration with NHS England's Making Data Count team, with the aim of continuously enhancing the Trust's reporting processes. As part of this work, process control limits and time series have been recalculated to reflect best practice.
This reporting structure is underpinned by a clear escalation process, beginning with the clinical divisions. Each division provides assurance through the Divisional Performance Review process, which feeds into the Trust Executive monthly.
At a system level, operational KPIs are also subject to monthly oversight by the System Finance and Performance Committee, providing an additional layer of governance and alignment across the wider health system.

Urgent and Emergency Care (UEC) performance is specifically monitored through the system's Urgent and Emergency Care Boards. These boards meet monthly to review performance and drive forward improvement initiatives, ensuring that UEC services remain responsive and effective across system partners.

Integrated Performance Report and Data Reporting

The Trust's Integrated Performance Report (IPR) presents a comprehensive overview of the Trust's performance against key indicators and strategic objectives for the reporting year. It outlines the actions taken to deliver improvements across clinical quality, workforce, operational delivery, and financial sustainability. Performance is measured monthly against milestones set out in the annual plan and aligned with national frameworks. The report provides a balanced view across the following domains:

- Overall performance summary
- Safety, quality, and patient experience
- People and organisational development
- Operational performance
- Financial performance

The data is produced using Power BI software and supports the Board in understanding interdependencies across areas and identifying where performance in one domain is affecting another. In line with NHS England's Making Data Count guidance, statistical process control methods are used to promote better use of data

in governance and quality improvement.

Development and performance overview

The Trust's performance for the year 2025/26 has shown significant improvements across various key areas, despite facing numerous challenges. In Urgent and Emergency Care, the 4-hour performance has improved to 66.52% for 2025/26 although it remains below the planned target of 78% for March 2026. This is due to high patient acuity levels, attendances into A&E as well as operational inefficiencies with RAAC and delays to discharge. Performance over winter has continued to improve compared to previous years percentage points higher than in previous years. The Trust continued its improvement work on Urgent and Emergency Care services following the publication of NHS England guidance in 2025. This included:

- Implementation of the Winter Plan in line with national requirements
- Implementation of Discharge to Assess pathways with North Yorkshire Council
- Expansion of Junior medical and consultant staffing across wards and the Acute Assessment Unit.
- Securing additional funding for Expansion of SDEC and introduction of Acute Frailty Unit for 2026/27
- Implementation of the national Optimised Patient Tracking system – OPTICA to improve discharge planning.

In terms of Capacity and Flow, bed occupancy levels exceed the optimal level of 92% and has driven increased bed days lost to patients not meeting criteria to reside.

RTT (Referral to Treatment) performance has improved to 73.37%, in line with its planned trajectory and maintaining the Trust in the top 20 nationally. Diagnostic performance has remained above the 95% standard for the majority of the year with the service benchmarking highly across the region. Cancer treatment performance remains strong, with the benchmarking highly across the region. Productivity metrics, such as DNA rates and theatre utilisation, have shown positive trends, reflecting the Trust's focus on maximising productivity and efficiency. Overall, the Trust has demonstrated resilience and commitment to continuous improvement, supported by robust assurance and oversight mechanisms.

Performance Analysis

Urgent and Emergency Care

By the end of March 2026, the Trust achieved a 4-hour performance rate of 66.52% for the year, reflecting continuing improvement from previous years. However, several challenges persist:

- Increased ED Attendances: From 2019/20 to 2025/26, there has been an 16.08% increase in Emergency Department (ED) attendances, equating to over 11,268 additional patients. This rise is compounded by a noticeable increase in the severity of presenting illnesses, with more patients requiring urgent and very urgent care.
- Ageing Population and Mental Health Needs: The number of patients over the age of 65 has risen by 28% compared to 2019/20. Additionally, patients

requiring mental health interventions have increased by 56.95% compared to 2021.

- Increased Patient Complexity: The growing complexity of patient needs is putting greater strain on community healthcare and adult social care services, leading to rising demand for both short- and long-term care. This is reflected in the bed base, with patients staying longer in the hospital. Improvement work through the HFAST initiative has helped reduce this back to mean levels albeit the last quarter of 2025/26 saw rises in discharge delays in the North Yorkshire locality.
- Intermittent Care Bed Closures: Periodic closure of escalation capacity.
- RAAC Decant Programme: The RAAC decant programme requires vertical ward pairings (i.e. two wards one above the other) are decanted / taken out of service for the RAAC decant. This reduced availability of General and Acute bed capacity that is required throughout the winter.

These factors collectively contribute to the ongoing challenges in rising occupancy levels and achieving and maintaining the desired national 4-hour performance target of 78% in Urgent and Emergency Care.

In response to the NHS England UEC plan for 2025/26 issued in June 2025, the Trust continued to develop and invest in a comprehensive improvement plan. This plan aims to enhance the efficiency and effectiveness of urgent and emergency care services and mitigate winter pressures as much as possible ensuring better patient outcomes and streamlined operations. Key initiatives of this improvement plan include:

Development and Implementation of the Winter Plan

The Trust has developed a winter plan in line with national requirements that include a vaccination programme for all Trust staff, introduction of a 30 bedded winter ward and additional surge and escalation capacity for another 15 beds in times of extremis.

Implementation of Discharge to Assess Pathways with North Yorkshire Council

In collaboration with North Yorkshire Council, the Trust has implemented Discharge to Assess (D2A) pathways to expedite patient discharge processes, allowing assessments to be conducted in the patient's home environment. This approach not only frees up hospital beds but also supports patients in their recovery by providing care in a familiar setting.

Expansion of Junior Doctor and Consultant Staffing Across wards and Acute Assessment Unit

To meet required Royal College of Physicians (RCP) guidelines, the Trust has expanded its ED staffing. This includes hiring additional doctors, nurses, and support staff to ensure that the department can handle increased patient volumes and provide timely, high-quality care.

Funding to support Same Day Emergency Care (SDEC) and Acute Frailty Models of Care

The Trust has secured funding to support further expansion of the Same Day Emergency Care (SDEC) area and introduce an Acute Frailty Unit. These models focus on providing rapid assessment, diagnosis, and treatment for patients, particularly the elderly and those with complex needs, within the same day. This reduces the need for hospital admissions and supports quicker recovery times.

Implementation of the national Patient Tracking (OPTICA)

The Trust has implemented the national optimised patient tracking system – OPTICA to streamline discharge planning processes through real-time tracking and task management.

Elective Care

RTT (Referral to Treatment)

The Trust has made significant progress in improving its 18-week Referral to Treatment (RTT) performance, reaching 73% and placing it among the top 20 performing Trusts nationally. This improvement reflects sustained effort and strengthening control of elective pathways over the past year.

The positive trajectory in RTT performance has been driven by the development and implementation of a comprehensive Elective Recovery Programme, focused on improving patient experience, reducing waiting times, and maximising the effective use of available capacity. Delivery has been further supported through participation in the national Quarter 4 elective recovery “sprint”, which provided additional impetus to accelerate progress against key recovery milestones.

Alongside pathway improvements, the Trust has prioritised productivity and efficiency initiatives across Theatres and Outpatients. This work has been closely aligned with national best practice, including the Model Hospital and Patient Level Information and Costing System (PLICS), enabling more granular understanding of performance and cost drivers. These initiatives have been delivered through the Trust’s WAVE (Working to Achieve Value and Excellence) programme and form a core component of the Trust’s wider approach to financial sustainability while continuing to improve access and outcomes for patients.

Diagnostics

Current Performance

Over the past 12 months, the Trust's Diagnostic Performance continues to improve, with the percentage of patients receiving their diagnostic tests within 6 weeks achieving above the 95% standard. This progress has been achieved through the continuous improvement work across all modalities. Additionally, the Trust works closely with system partners within the Community Diagnostic Centre (CDC) at Westcliffe which continues to play a crucial role in enhancing diagnostic services.

The collective improvements in diagnostic services have yielded several benefits:

- Improved Population Health Outcomes: Enhancing overall health outcomes

through better access to diagnostics.
- Increased Diagnostic Capacity: Expanding the availability of diagnostic tests.
- Improved Productivity and Efficiency: Streamlining processes to make diagnostics more efficient.
- Reduction in Health Inequalities: Ensuring equitable access to diagnostic services.
- Improved Patient Experience: Providing a more convenient and patient-friendly diagnostic process.
- Support for the Integration of Care: Facilitating better coordination between different healthcare services.

Cancer

The Trust continues to deliver strong performance against national cancer waiting time standards. Performance against the 28-day Faster Diagnostic Standard remains consistently above the national requirement, demonstrating the effectiveness of diagnostic pathways and timely access to investigations. In addition, the Trust has maintained sustained compliance with the 31-day standard, reflecting robust clinical and operational processes across cancer services. This continued performance provides assurance that patients are being diagnosed and treated promptly, in line with national expectations.

The Trust has performed well against the 62-day cancer waiting time standard during 2025/26. While performance has not been consistently above the national planning requirement of 75% throughout the year, the standard has been achieved for the majority of 2025/26. The Trust continues to benchmark strongly across the region, with fewer than 5% of patients on the cancer waiting list waiting longer than 62 days for treatment following a confirmed cancer diagnosis. This position reflects effective management of cancer pathways, and performance remains in line with the planning trajectory agreed with the Cancer Alliance.

Key Performance Indicators table 2025/26

2025/26	Standard	Q1	Q2	Q3	Q4	Year
Total time in ED under 4hrs	78%	68.17%	68.56%	65.42%	63.73%	66.52%
Attendances>12 hours from Decision to admit to admission		1.27%	1.37%	2.93%	5.16%	2.64%
Attendances - in the department > 12hrs		4.84%	4.53%	8.36%	11.50%	7.23%
% Ambulance handover within 15 minutes	65%	55.43%	58.30%	46.57%	44.01%	51.00%
Referral to Treatment Time, 18 wks.	72.6%	73.00%	71.00%	70.47%	73.37%	73.37%
RTT 52wk pathways as % total RTT	1%	0.4%	0.5%	0.5%	0.3%	0.3%
No. of patients >65 weeks	0	1	0	0	1	1
No. of patients >52 weeks	N/A	59	72	69	44	44
Diagnostics 6 Week Wait	95%	99.46%	90.56%	97.90%	94.86%	95.92%
Cancer 31-day target	96%	96.14%	98.35%	99.26%	99.13%	98.26%
Cancer 28-day FDS	75%	81.67%	80.15%	78.38%	81.21%	80.36%
Cancer 62-day target	85%	78.20%	84.05%	74.35%	78.56%	78.74%

Mortality

Mortality indices remain within expected control limits. Airedale's most recent Summary Hospital-level Mortality Indicator (SHMI) was 0.98, and it has been consistently less than 1 throughout the last year, indicating performance at or better than expected level. Analysis of the pressures below the headline rate indicate only one area of occasional concern, that being mortality associated with fractured neck of femur. An increased level of senior medical input has been provided to the orthopaedic ward in response to this and improvement is now expected.

The Trust's Medical Examiner service is now well established for all in and out of hospital deaths and compliance with expected standards in the service remains good. Out of hours faith deaths do present us with a challenge, however, and the Trust is therefore exploring ways in which the certification of faith deaths can be achieved more rapidly when cultural requirements are to be respected.

The Learning from Deaths processes in the Trust are also well established with around 10% of in-hospital deaths receiving a structured judgement review, including all cases in which the patient had a learning disability. The focus has moved towards taking learning from the reviews and embedding changed clinical practice in the Trust where appropriate, for example, via clinical guideline development, SOP adjustment and clinical note keeping. The Trust's newly appointed Deputy CMO is being tasked with continuing this work through 2026.

Patient and Public Engagement Activity 2025/26

Carers Strategy

Airedale NHS Foundation Trust has had representation at the Carer Strategy Operational Group. The strategy, produced through the Bradford District and Craven Health and Care Partnership, outlines the commitment to carers of Bradford Council, the NHS and North Yorkshire Council for the Craven area. The group are currently working on the delivery plan: locally, the Trust is introducing the carers passport into pathways of care.

Carers' Passport

The Trust has introduced the carers' passport, initiated and in support of, John's Campaign and Sophie's Legacy. The campaign will support early identification of unpaid carers of people using Airedale services or admitted to inpatient services. A carers' survey helped describe the experience of unpaid carers at Airedale Hospital. The passport will provide an identification card, a 10% discount at the restaurant, access to car parking concessions, meals out of hours and provision of drinks. The roll-out of the Carers' Passport is planned for Carers Week 9 – 15 June 2026.

Equality Delivery System 22 (EDS22)

During 2025-26, the Trust undertook its Equality Delivery System (EDS22) evaluation, focusing on three key services: infant feeding, home enteral feeding, and mental health provision within the Emergency Department. The EDS serves as an improvement framework, supporting NHS organisations in England to address health inequalities across Services, Workforce, and Leadership domains, using data, evidence, and engagement. The review involved active collaboration with Bradford Teaching Hospitals and Bradford District Care NHS Foundation Trust, as well as engagement with service users and stakeholders at a community event in Bradford on 12/02/2026. Following this evaluation, the Trust's services were rated as 'Achieving', demonstrating strong performance and positive impact. The comprehensive assessment enables reflection on achievements and identifies areas for further improvement, ensuring compliance with national equality standards and supporting the determination of the Trust's EDS rating in line with current guidance

Patient Led Assessments of the Care Environment

The formal Patient Led Assessments of the Care Environment (PLACE) have not been undertaken in 2025/2026 due to the extensive RAAC remedial works, the progressing New Hospital Programme, and the associated service reprovision activities required to maintain safe and resilient patient care at the Airedale site. These major programmes continue to create substantial estate disruption, service decant requirements, and constrained access to clinical and non-clinical areas, making the undertaking of a full national PLACE assessment neither representative nor proportionate currently.

We adopted a PLACE 'Lite' approach for 2025, and have been able to maintain local assurance, continue monitoring the patient environment, and prioritise improvement

actions whilst accommodating the scale and complexity of the ongoing capital works. We remain committed to returning to a full PLACE assessment in 2026, when the estate position is stabilised and a more accurate and meaningful assessment can be undertaken.

Patient Experience Group

The Patient and Family Experience and Engagement Steering Group was refreshed with revised terms of reference approved in July 2025. The focus has been on raising the profile and visibility of patient experience and ensuring that the voices of patients, families, careers, and communities are central to the design, delivery, and improvement of services at the Trust.

Patient and Family Experience and Engagement Strategy

A Patient and Family Experience and Engagement Strategy was approved in February 2026. It sets out five strategic aims, the associated measures for evaluating their impact, and the governance and oversight arrangements required to support their delivery.

Care Quality Commission (CQC) Inpatient Survey 2025

The Trust continues to participate in CQC surveys with the fieldwork currently taking place for the 2025 Adult Inpatient Survey and the Neonatal Care Experience Survey.

From last year's in-patient survey, the Trust benchmarked well against other hospital Trusts across all sections of the survey, with the highest scores achieved in kindness, compassion, respect and dignity. Areas of focus have been; support with meals and noise and lighting affecting sleep.

Action plans developed by the relevant Divisions will be monitored and reviewed through the Patient and Family Experience and Engagement Sterring Group reporting to Trust Clinical Governance, Quality and Patient Safety Group.

Care Quality Commission (CQC) Maternity Survey 2026

The CQC National Maternity Survey 2026 gathered from women and birthing people aged 16+ on their antenatal, labour and postnatal care, who gave birth in February 2026. Results will be published in Autumn 2026.

Accessible Information Standards (AIS)

Work is progressing to meet the standards using SystmOne flags and icons and is led by the Learning Disabilities and Autism Lead. The next steps planned for patient information is to provide information in appropriate formats using digital systems. The Working Academy, which is part of Bradford University, is developing a web-based digital information solution in tandem with partner organisations across the Bradford District and Craven place.

Patient Stories - Lived Experience

Patients are identified via staff suggestions and experience data, including compliments, complaints, and feedback. They are provided with a contact, clear information, consent checks, sharing options, preparation, support during meetings, and follow-up, including updates on actions and invitations to improvement work.

We have made improvements across the Trust based on patient experiences, such as Oliver McGowan training, digital support initiatives, co-designed maternity information, safeguarding pathways within our new EPR, permanent Hospital Independent Domestic Violence Advisor funding, and Functional Neurological Disorder staff training. Next steps include refreshing the Patient Experience Group, strengthening governance, broadening communication, improving action-tracking through an Assurance and Learning Panel, and ensuring patient feedback loops demonstrate impact.

Patient Information Leaflets

The Trust undertook a review of the patient information process to ensure patient information leaflets are up to date, relevant and meet the agreed format to improve patient safety – including meeting the Accessible Information Standards. The responsibility for Patient Information leaflets lies with the relevant clinical area. A new Standard Operating Policy has been developed to support staff and ensure where possible nationally available leaflets are used. Monitoring and approval of Patient Information Leaflets is through the relevant Directorate or Divisional governance meeting with reporting to the Trust Procedural Document Group for oversight.

Parliamentary Health Service Ombudsman (PHSO)

During 2025 – complaints timeframes have been reviewed and updated to reflect the national NHS Complaints Standards guidance, improving investigations and aligning processes to realistic and achievable expectations for patients and families, thus improving their experience.

Five contacts have been received from the Parliamentary and Health Service Ombudsman (PHSO) for 2025/2026 requesting documentation to support either primary investigations or initial consideration for investigation. All requested information has been provided within the required timescales. Updates are ongoing regarding the progress or outcomes of these cases.

Complaints Handling

The Trust has in place a policy for the management and handling of complaints and takes an active approach in seeking service users' views, dealing with complaints and using information received to learn and improve both the experience of our service users and the quality of the service provided. This policy has been updated to include the reviewed timeframes for responding in line with PHSO guidance.

The Trust provides an open, accountable and effective complaints service, where all concerns are dealt with on an individual basis. These are fully investigated in a

transparent and timely way and, where required, in partnership with other agencies.

The Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling (2009), My Expectations (2014) and the NHS Constitution are all supported by the Trust, and include a number of patient rights relating to complaints.

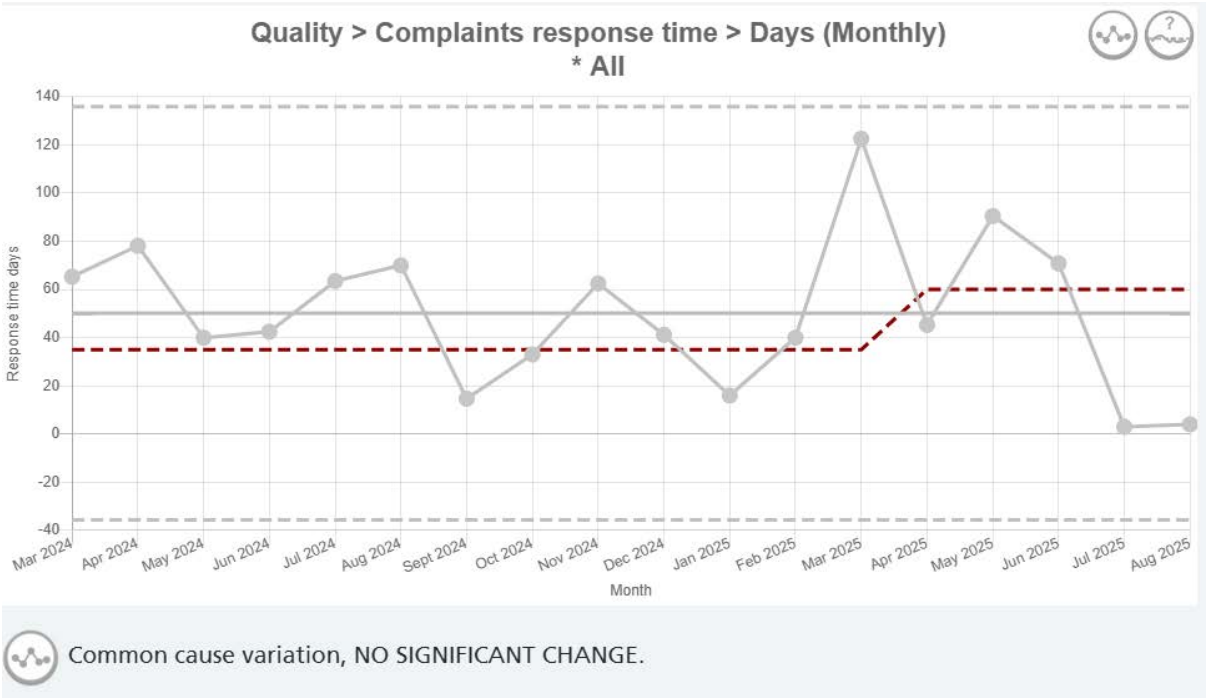
In summary, these include patients' rights to:

- Have their complaint acknowledged and properly investigated;
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response is likely to be sent;
- To be kept informed of the progress and to know the outcome, including an explanation of the conclusions and confirmation that any action need has been taken on; and
- Take a complaint about data protection breaches to the independent Information Commissioners' Office (ICO) if they are not satisfied with the way that the NHS has dealt with their issue.

Complaint monitoring takes place through the Clinical Governance, Quality and Safety Group by way of a monthly report and through the Integrated Performance Report which is submitted to Quality and Safety Committee and Trust Board on a monthly basis.

The chart below demonstrates the number of complaints received by the Trust, which remains within common cause variation.

The chart below demonstrates the length of time to respond to complaints. This is starting to demonstrate variation of an improving nature, as a result of revised systems and processes enabling the response to complaints in a timelier manner. This will remain a focus for 2026/2027.



Learning from complaints is being strengthened through more effective utilisation of the Ulysses system. The introduction of the Assurance and Learning Group will provide a structured forum for triangulation of learning and the provision of evidence of assurance. provided within a monthly patient experience and engagement report to the Clinical Governance, Quality and Safety Group and through learning logs. The themes from these are collated and used to identify areas of improvement for the organisation.

New hospital public and patient involvement

A programme of public and patient involvement activities took place during 2025 to input into the design of the new hospital, and to help shape our Target Operating Model (TOM).

To start this process, we held two initial workshops to get a feel for what residents, patients, carers and community members thought is important to people for the design of the new hospital. This was followed by a design survey where participants shared views about how we can create the best possible hospital for our patients and local communities, including important things like making the hospital welcoming and easy to use, improving how people find their way around (wayfinding), digital technology and the facilities the hospital should have. All the feedback was independently analysed and has been used to inform the plans for the hospital and areas of focus for further engagement – further information is available on the Trust's website.

In September we held a series of informal discussions with members of the public to help shape our TOM, which is the way we will provide services to our communities in the future. These sessions focused on receiving feedback from previous service users to share what they think works well at the hospital, what could be improved and what services could be provided in communities. The feedback has been used to develop a

set of patient experience principles which will be incorporated into the plans for each service.

We have also set up a Community Panel to work with the Securing the Hospital team throughout the design phase and help ensure patient and public views are used to shape the plans for the new hospital. The Panel was recruited to reflect the demographics and geographies of the communities the Trust serves and its remit is to:

- Act as a sounding board for key decisions related to the new hospital design
- Assure effective plans for public engagement are developed and that the feedback from these is considered as part of the design process.
- Bring forward lived experience, local knowledge, and diverse perspectives
- Help ensure the design and operation of the hospital promotes health equity and inclusivity.

The next stage of public involvement will focus on sharing the plans for the new hospital ahead of submitting an outline planning application in Summer 2026 and work to inform the more detailed design, based on the priorities identified through the work above.

Quality Accounts priorities 2025/26

Throughout the year the Trust has continued the improvement within the three priority areas agreed within the quality account priorities. These were:

Priority 1: Clinical Effectiveness Care of the Acutely Ill Patient (CAIP)

- Sepsis
- Martha's Rule
- Hospital at Night
- ReSPECT/ Resuscitation

Priority 2: Patient Safety Urgent and Emergency Care

- Reduce Emergency Department (ED) 12 hour wait times.
- Improve Ambulance Handover Times
- Reduction in Length of Stay on AAU

Priority 3: Just and Learning Culture Patient Safety Culture and Speaking Up

- Increased reporting of incidents with decrease in incidents causing harm at 3 or above.
- Sustained reporting of incidents with decrease in number of incidents of incivility
- Improved reporting of FTSU concerns with fewer anonymised reports.
- Information on the Quality of Data
- Improved staff satisfaction with increase in number of staff recommending the Trust as a place to work.

The full details regarding improvements within these areas can be found in the Trust quality accounts.

Equality and Performance in 2025/26

This equality and performance overview provides information about how we have performed against operational objectives during the year.

Public sector equality duty

We are committed to delivering on the Public Sector Equality Duty by eliminating discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010 advancing equality of opportunity between persons who share a relevant protected characteristic and those who do not share it and fostering good relations between people who share protected characteristics and those who do not. We do this by regularly reviewing and updating our policies, developing and supporting our staff networks and ensuring that actions arising from the Workforce Race Equality Standard (REWS), the Workforce Equality Disability Standard (WDES) and the Gender Pay Gap, are prioritised.

Equality, Diversity and Human Rights

The Trust is committed to creating a diverse and inclusive environment where all staff, patients and service users can be themselves. Control measures in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. We have an EDI Charter in place and inclusion commitments which are reviewed by the Trust's Inclusion Groups reporting in to the People Committee. Linked into this is the delivery of the NHS England High Impact Actions set out in the EDI Improvement Plan.

In addition, patient feedback/satisfaction is broken down by protected characteristics where collected.

Equality of service delivery

We have continued to develop our approach to understanding and reducing health inequalities. We have profiled patients accessing various categories of care (emergency, elective, day case and outpatient) by factors of age, sex, ethnicity, and continue to strengthen our reporting.

Health inequalities data sources

The data for the Trust primarily examines inequalities from the perspective of deprivation, focusing on the most deprived two deciles nationally (i.e. deciles 1 and 2 on the IMD scale), known as Core20. The analysis covers various aspects such as outpatient appointments, discharges, and cancer pathways, with a focus on the 2025/26 period.

NHS England statement on information on health inequalities data reporting and analysis

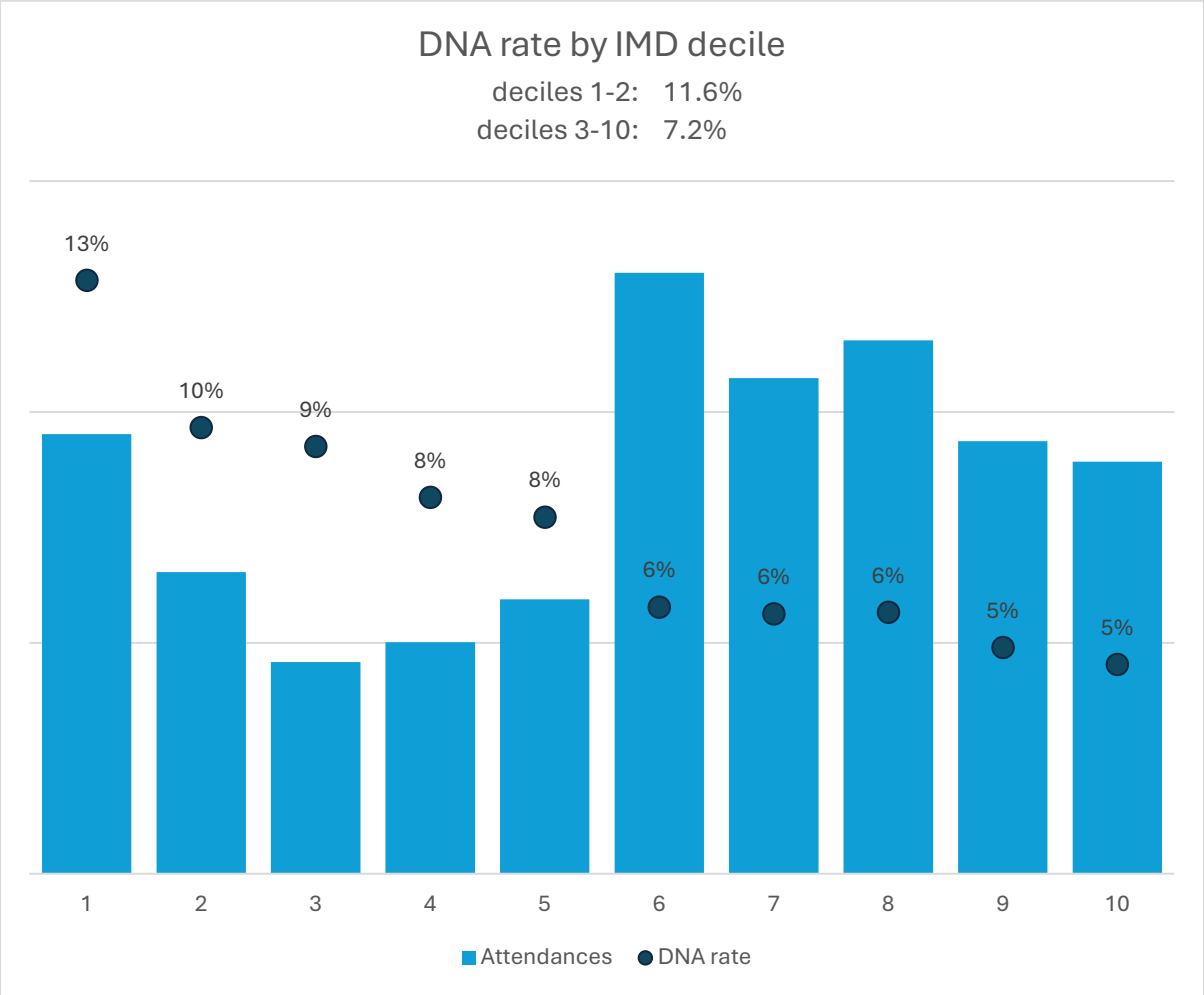
The following section sets out the data and information that NHS England's statement on information on health inequalities requires Foundation Trust's to publish in their Annual Report to help understand and improve health access, experience and outcomes.

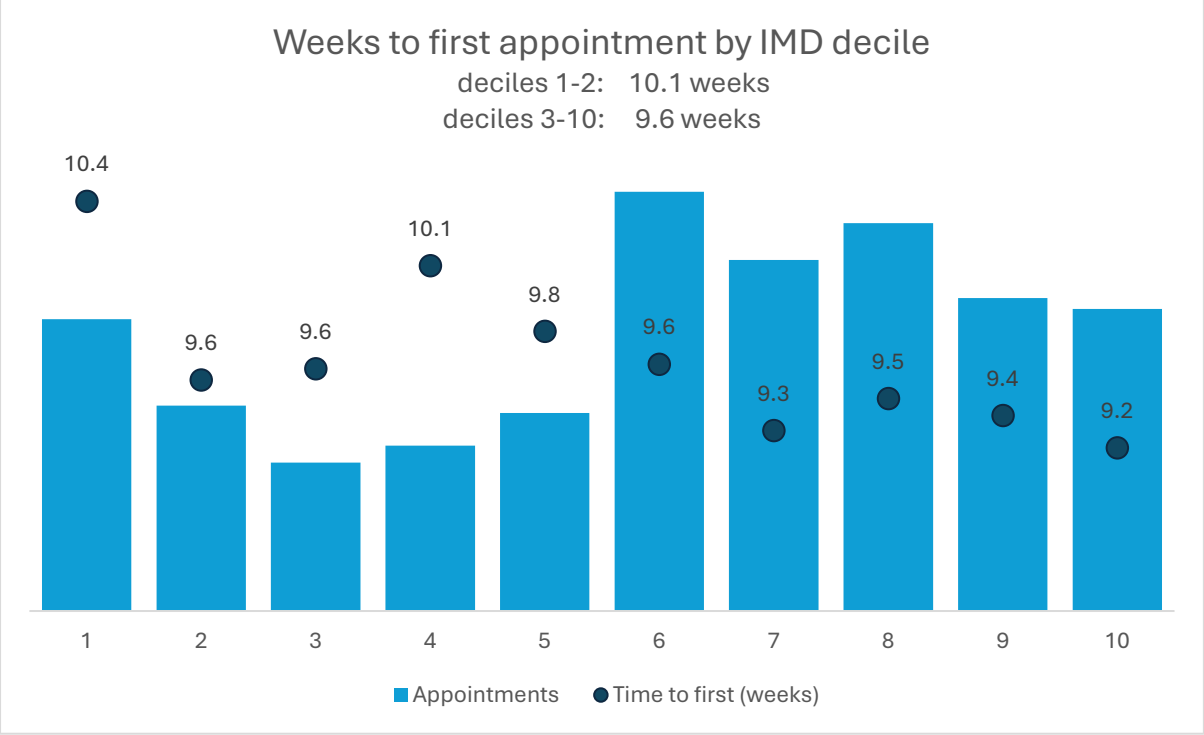
Outpatients

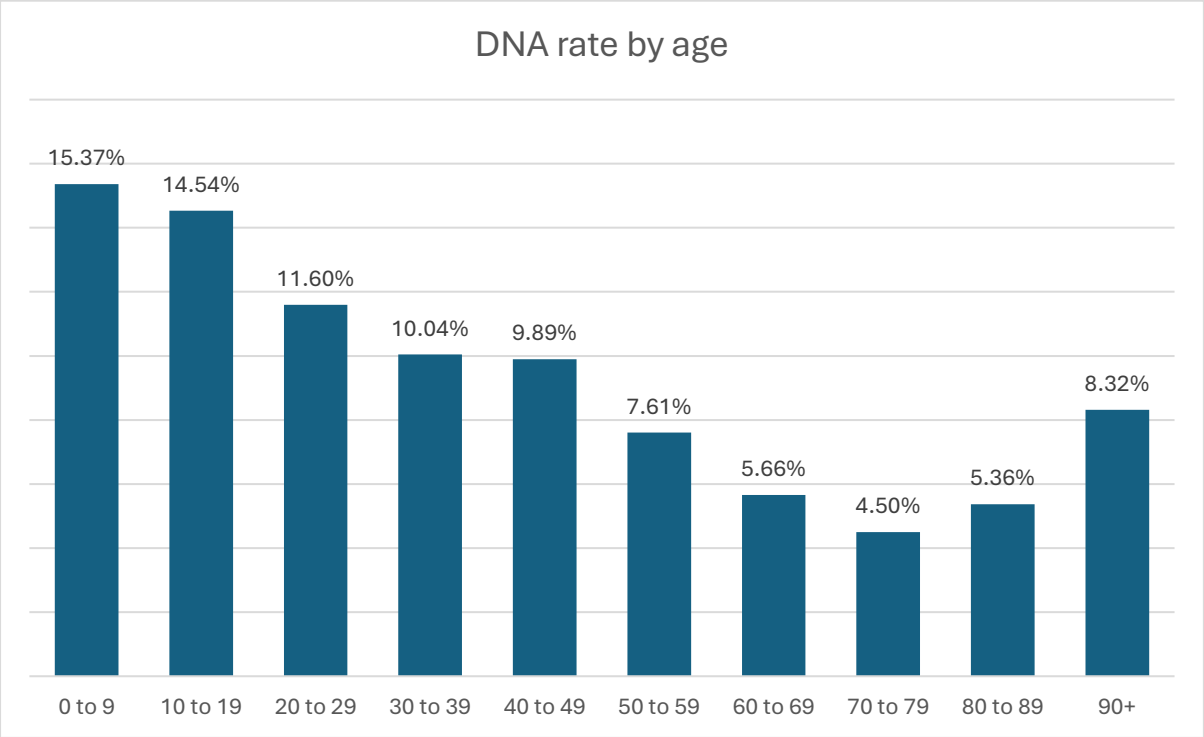
- Did Not Attend (DNA) rates: The DNA rates are significantly higher for the more deprived patients, with a rate of 11.6% compared to 7.2% for less deprived patients. There has been improvement in the DNA rate for the more deprived groups since 2024/25.
- Virtual appointments: Deprived patients are less likely to access virtual appointments, with a participation rate of 29% compared to 33% for less deprived patients.
- Wait times: These patients also experience longer wait times for their first attendance.

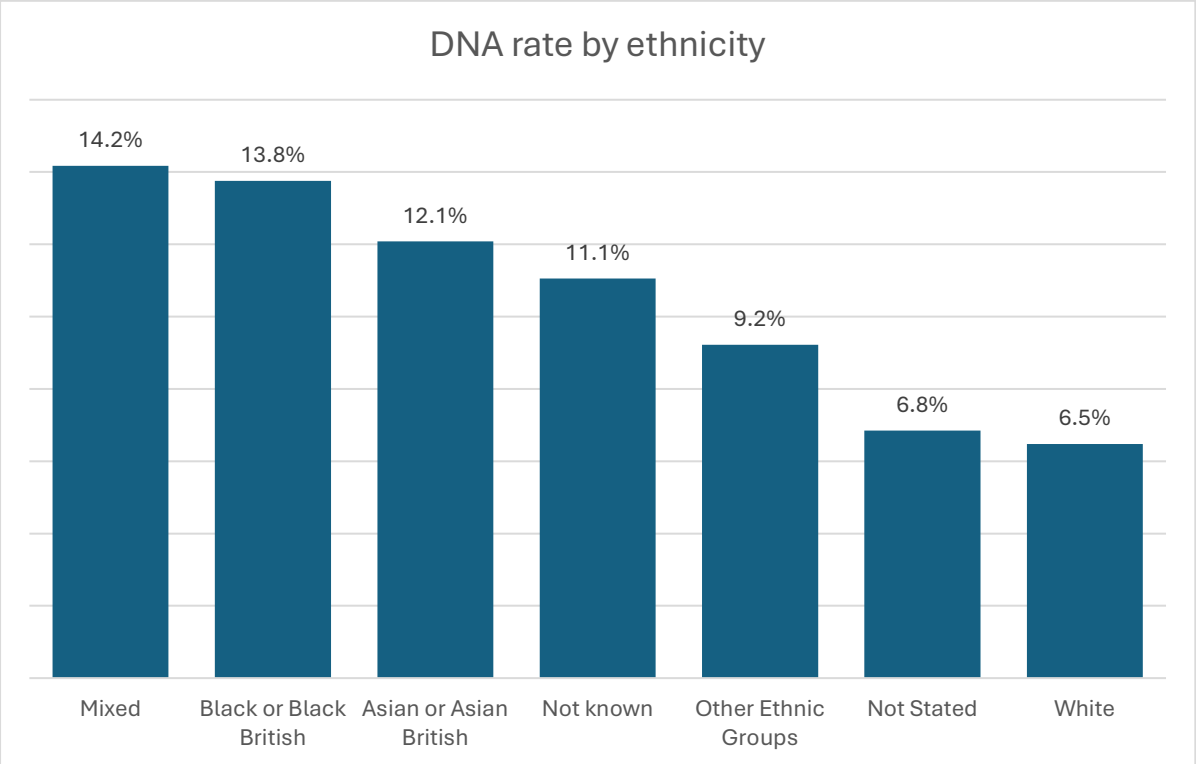
This suggests that the higher DNA rate might be causing the longer wait times and lower virtual appointment rates. It also speculates that deprived patients may have less access to technology, which could contribute to these disparities. Other factors, such as age, might also play a role.

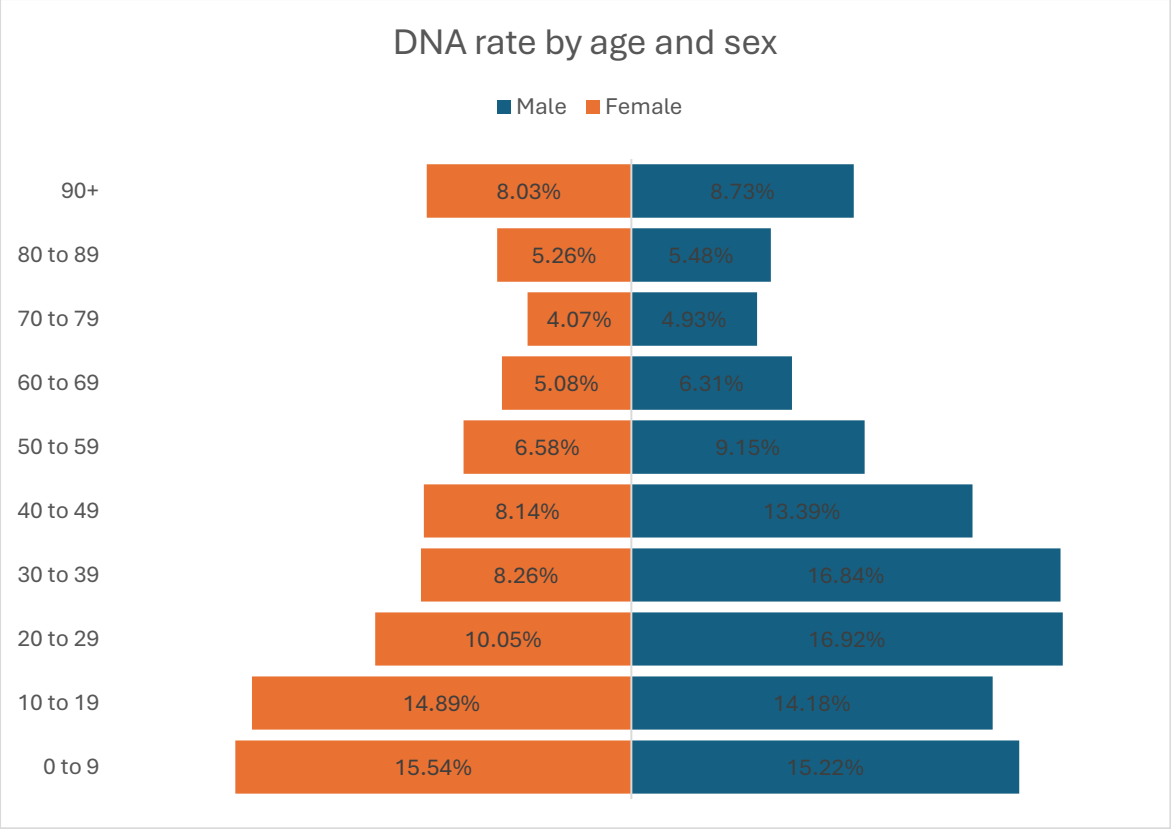
Outpatient Data for the period 2025/26






DNA rate by age
15.37%
14.54%
11.60%
10.04%
9.89%
7.61%
5.66%
4.50%
5.36%
8.32%
0 to 9
10 to 19
20 to 29
30 to 39
40 to 49
50 to 59
60 to 69
70 to 79
80 to 89
90+


DNA rate by ethnicity
14.2%
13.8%
12.1%
11.1%
9.2%
6.8%
6.5%
Mixed
Black or Black British
Asian or Asian British
Not known
Other Ethnic Groups
Not Stated
White

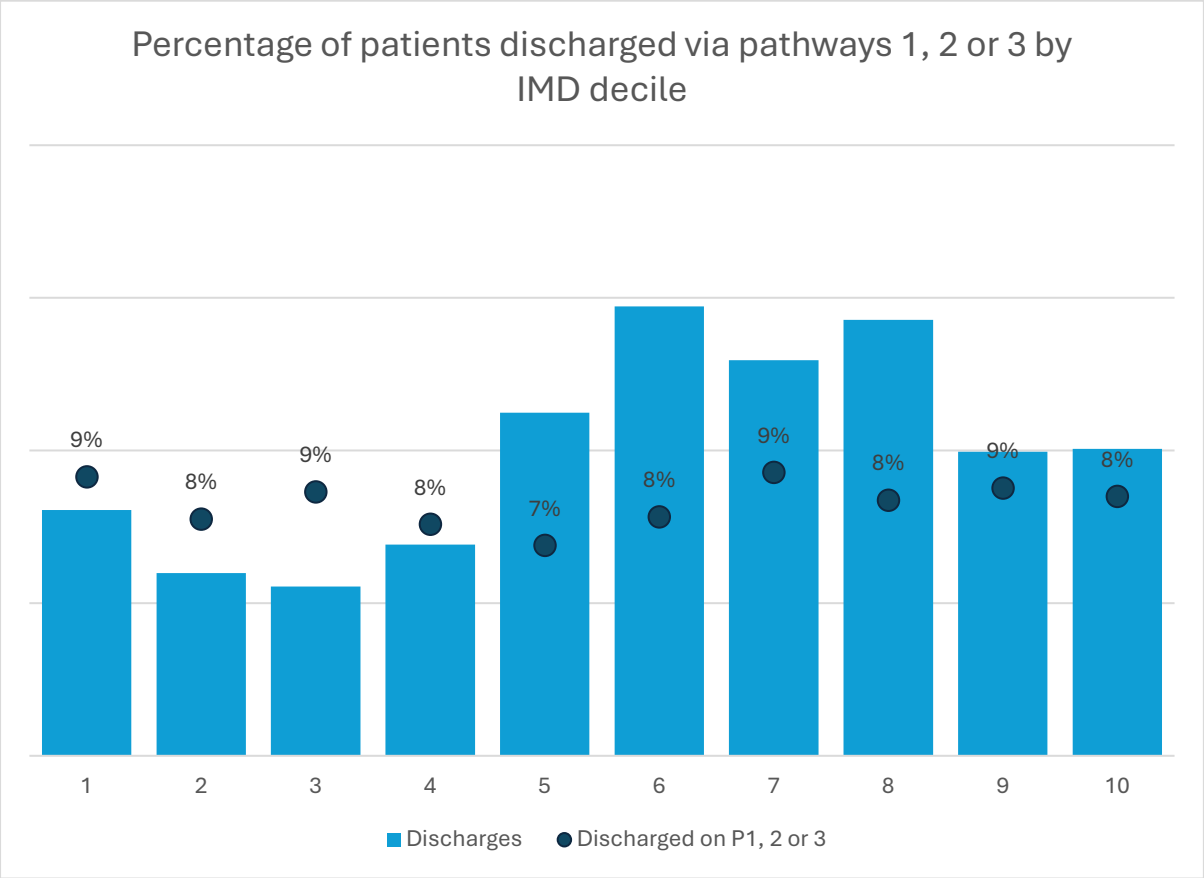


Discharges

We have seen a measured improvement in the disparities between the lowest two deciles and the less deprived groups in the proportion being discharged from hospital on a discharge pathway of 1, 2 or 3.

- Pathway discharges: the difference between patients in the lowest two deciles (8.6%) and the less-deprived patients (8.2%) being discharged on pathway 1, 2 or 3.

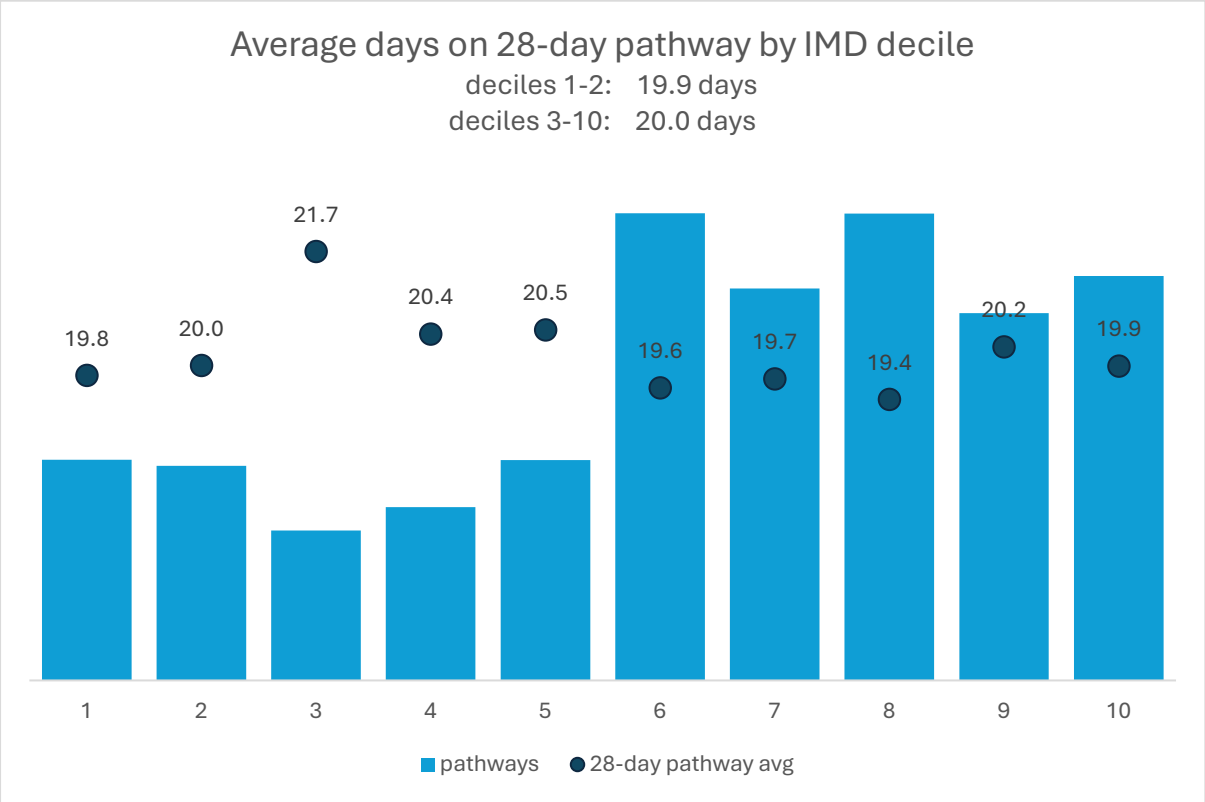
Discharge data for the period 2025/26

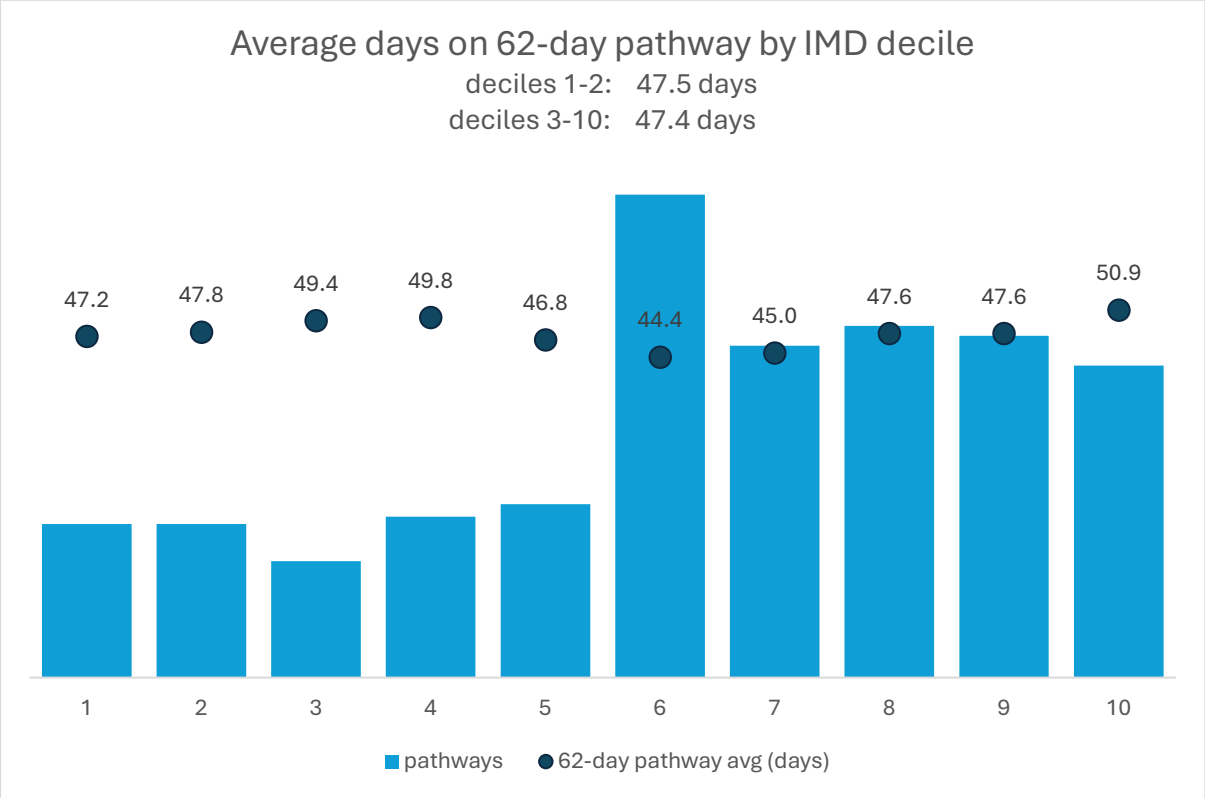


Cancer

- Since 2024/25 we have reduced the inequality in the time patients from the lower two deciles spend on a cancer pathway for both the diagnostic and 62-day pathways:
- Diagnostic pathway: The lowest two deciles average 19.9 days. Less-deprived patients average 20.0 days
- 62-day pathway: The lowest two deciles average 47.5 days. Less-deprived patients average 47.4 days

Cancer pathway data for the period 2025/26





Analysis

The data highlights significant disparities in healthcare access and outcomes for the most deprived patients. The higher DNA rates and longer wait times suggest that these patients face barriers to accessing care, which could be due to socioeconomic factors, lack of access to technology, or other underlying issues.

Patient feedback and protected characteristics

During 2025/26 the Trust received a total of 34,090 Friends and Family Test (FFT) survey responses, of which 12,028 were submitted by tablet (SMS Text message), 18,455 online and 3,607 were paper cards.

The overall percentage of respondents that reported a “Very Good” or “Good” experience of care was 93% and with 4% respondents reporting a “Poor” or “Very Poor” experience of care.

From the responses received 14,616 (43%) were from men, 18,813 (55%) from women and a further 661 (2%) did not confirm their gender identity, with 205 (0.6%) respondents identified with disability, long-term health or mental health conditions.

Currently the Trust is unable extract demographic data related to FFT responses. A new provider is being sourced, and a key consideration is the ability to analyse demographic data.

Conclusion

The Trust has focused on identifying and targeting at risk populations in conjunction with partner organisations, including our partners across Bradford district and Craven, local government organisations and the voluntary sector, to reach and discuss the challenges with local communities.

The Trust is actively engaged with partners across Bradford District and Craven to deliver against the EDS 22. The purpose of the EDS for NHS organisations is, in conjunction with local partners and local populations, to review and improve performance for people with protected characteristics.

The Trust’s Patient Experience and Engagement Group is working in collaboration with the Trust's Organisational Development team to develop equality objectives which will align to the Trust’s strategy. An Adult Patient Experience Strategy has been developed during the year to include and focus on:

- ensuring our environment is accessible and inclusive
- ensuring our information is inclusive, easy to understand and readily available
- working with our service users to be person centred and meeting the needs of our diverse communities
- capturing qualitative data on health inequalities.

Emergency Planning, Response and Recovery

The Trust's emergency planning, response and recovery (EPRR) function is led by the EPRR Manager, who is responsible for coordinating the planning, testing, and maintenance of major incident and contingency plans. Strategic oversight is provided by the quarterly EPRR Group, chaired by the Chief Operating Officer in their capacity as the Accountable Emergency Officer, reporting into the Risk and Compliance Committee.

In 2025/26, the Trust experienced significant demand on its EPRR function due to several business continuity incidents. These included, OPEL 4 declarations, and responses to events such as lift failures, adverse weather, and industrial action.
The annual EPRR assurance process was completed through a self-assessment against the NHS England EPRR Core Standards, Substantial progress was made during the year to strengthen compliance with the Core Standards.

This included the rollout of training for Strategic and Tactical Commanders, a comprehensive review of all EPRR plans and policies, and the exercise of those plans not invoked during the period.

As a result of this work, 7 standards moved from partial to full compliance, while the 49 previously compliant standards were maintained - improving the Trust's overall assurance rating from partially compliant in 2024 to substantially compliant in 2025.
The result of each part of the Core Standards submission is summarised below.

	Total	Fully Compliant		Partially Compliant		Non-Compliant	
		2024	2025	2024	2025	2024	2025
EPRR Core Standards	62	49	56	13	6	0	0

The Trust continued to strengthen its emergency preparedness through a structured programme of assurance, planning, and collaboration. An action plan addressing all partially compliant standards was ratified by the Trust Board in November 2025, as part of the annual EPRR Core Standards submission.

The Trust also maintained active engagement in cross-regional forums and working groups, including those focused on EPRR training, Bradford place, and EPRR Leads. This collaborative approach ensures that learning from other organisations and updates to national guidance are identified and embedded into local practice, supporting continuous improvement in emergency planning and response.
This year the Trust continued to strengthen its approach to equality, diversity and inclusion (EDI) within its emergency planning, response and recovery arrangements. Consideration of the needs of people with protected characteristics and vulnerable groups remains a key area of development within EPRR.

Key improvements made during the year include:

- Integration of a dedicated EDI session within Strategic and Tactical On-Call training, reinforcing the importance of inclusive decision-making during

incidents.

- Inclusion of additional EDI-specific actions for Incident Commanders in the Incident Response Plan.
- Submission of the EPRR Policy and Incident Response Plan to relevant Trust engagement groups to ensure inclusive review and feedback.
- An exercise of the Trust's plan for identifying vulnerable individuals known to the organisation but not currently inpatients.
- Inclusion of EDI considerations in incident and exercise debriefs, with specific actions identified to improve future responses.

These developments reflect the Trust's commitment to embedding inclusive practice across all aspects of emergency preparedness and ensuring that the needs of all communities are considered in planning and response.

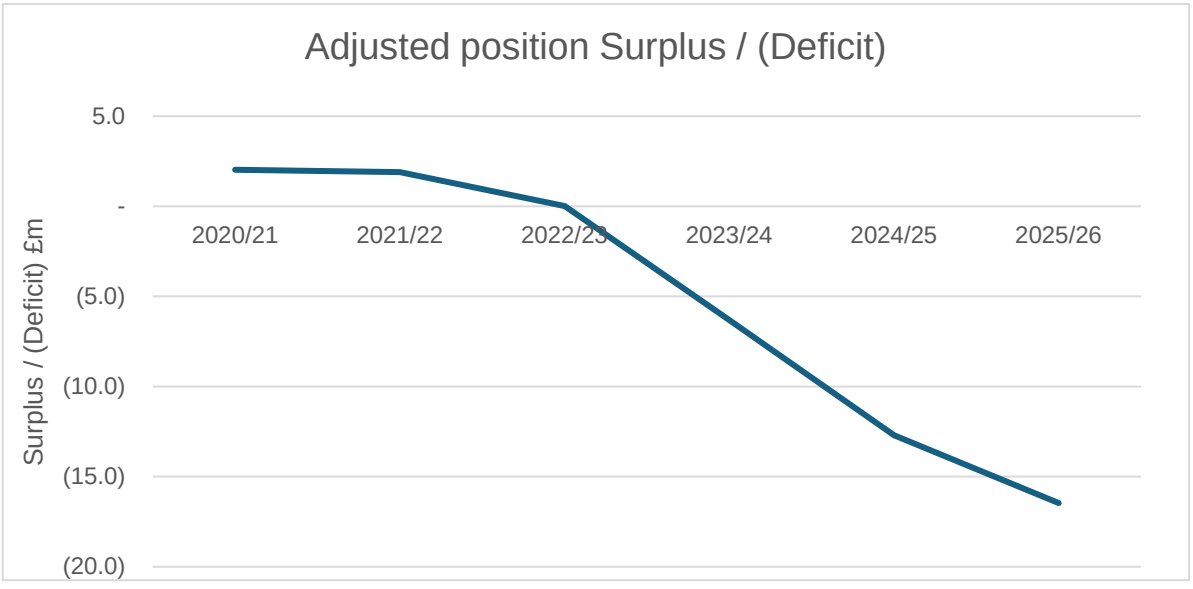
Review of the effectiveness of risk management and internal control

This is considered in the Annual Governance Statement 2025/26.

Financial performance

For the financial year 2025/26, the Trust reported a deficit of £51.5m. The adjusted financial position, (excluding impairments and donated assets), against which the Trust's performance is assessed was a £16.5m deficit, which was £12.8m adverse variance to plan. This position includes £9.2m of deficit support funding and delivery of £12.4m savings (4% of Group income), 53% savings delivered recurrently. The position was agreed with and in line with the expectations of West Yorkshire ICB and NHS England following a reforecasting process mid-year.

The Trust's reported finance performance is shown for the last six years in the graph and table below. The Trust has now delivered a negative adjusted financial position for the last three years in succession. Within this context, implied productivity has been showing improvement during 2025/26, with activity growth exceeding cost growth (adjusted for inflation), giving an implied productivity gain of 1.4% for the first nine months of 2025/26 compared to the same period in 2024/25.



	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Group Surplus / (Deficit)	(21.1)	2.2	(15.0)	(29.0)	(35.2)	(51.4)
Adjusted position Surplus / (Deficit)	2.0	1.9	0.0	(6.3)	(12.7)	(16.5)

The financial plan and savings requirement in 2026/27 is a breakeven position after receipt of £13.4m in deficit support funding, and requiring £22.6m gross savings, of which 80% are to be made recurrently to support medium-term financial recovery.

NHS Oversight Framework (NOF)

The NOF provides the framework for overseeing systems, including providers, and identifying potential support needs, and was updated for the financial year 2025/26. NHS organisations are allocated to one of five 'segments' based on organisational delivery scores and financial assessment. 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 for the most challenged providers (segment 5). NHS organisations are allocated to one of five 'segments'. A segment does not determine specific support requirements.

NHS England's oversight response to an organisation is based on:

a) Its segment derived from scored metrics under five performance domains (being access to services, effectiveness and experience of care, patient safety, people and workforce, and finance and productivity)
b) Considering financial override which may limit a segment to be no better than 3 (for example those under sixth domain of improving health and reducing inequality) and
c) capability assessments which consider the organisation leadership and governance.

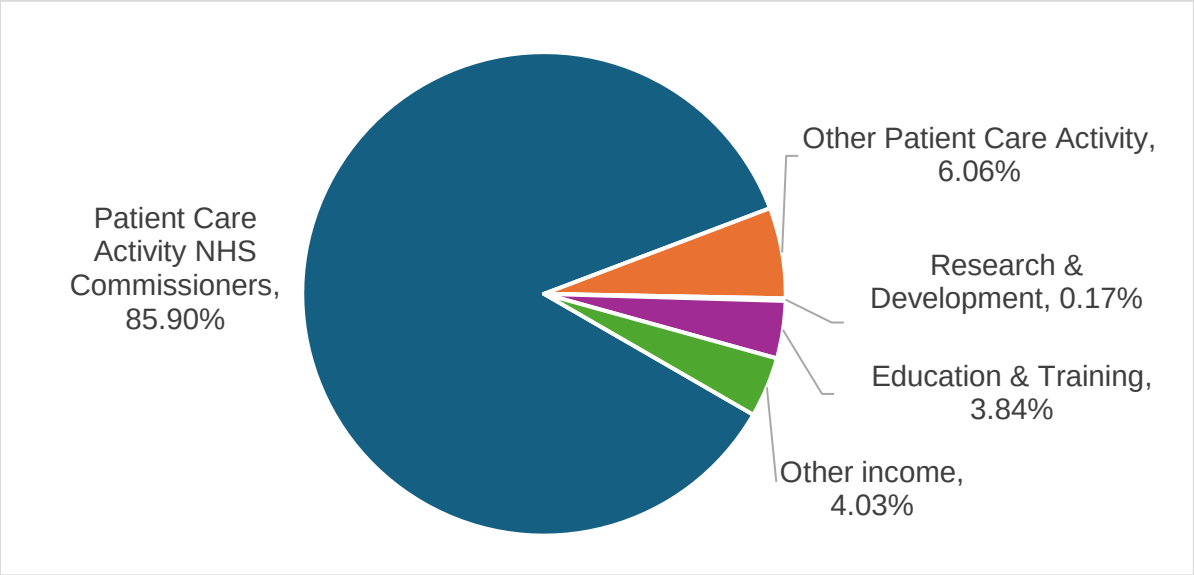
The Trust moved into the NHS Oversight Framework financial recovery regime '3' during 2024/25, due to its deficit position and financial forecast for the year, and has remained in that segment during 2025/26. The financial override rule takes effect for any organisation in deficit or in receipt of deficit support, limiting to a segmentation of no better than 3.

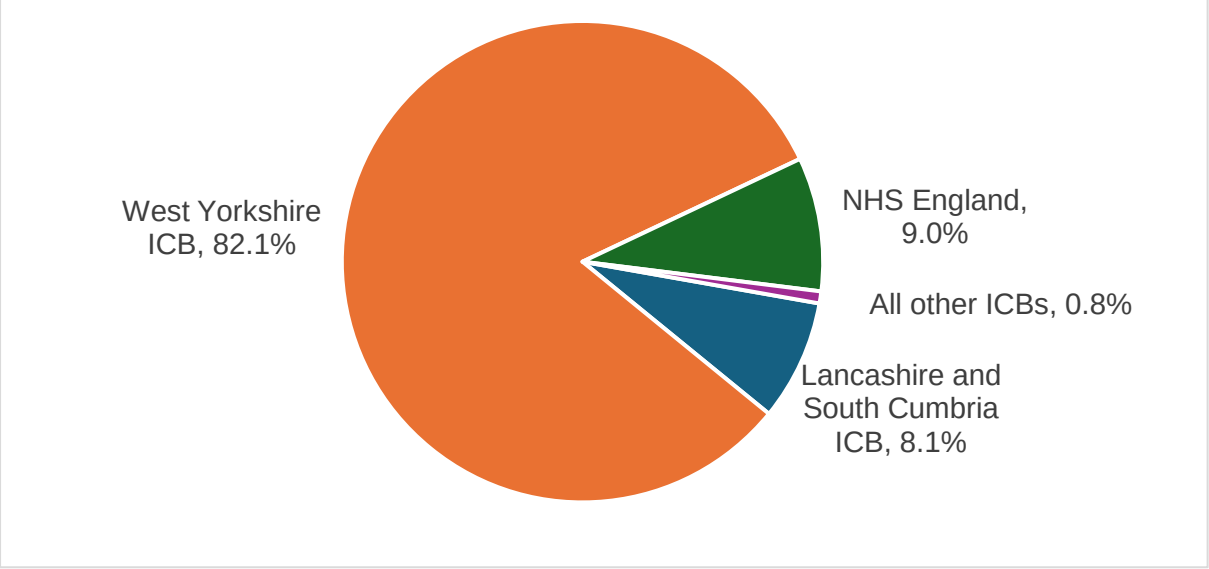
This segmentation information is the Trust's position as at 25 June 2026. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS England website. The Trust is included on the Acute Trust dashboard.

In November 2025, NHS England declared the Trust to be in breach of its licence as a result of its financial position and set out the undertakings it expected of the Trust to improve its financial position and minimise its external funding requirements both within the financial year and on a recurrent basis. Further information is provided in the Annual Governance Statement.

Income

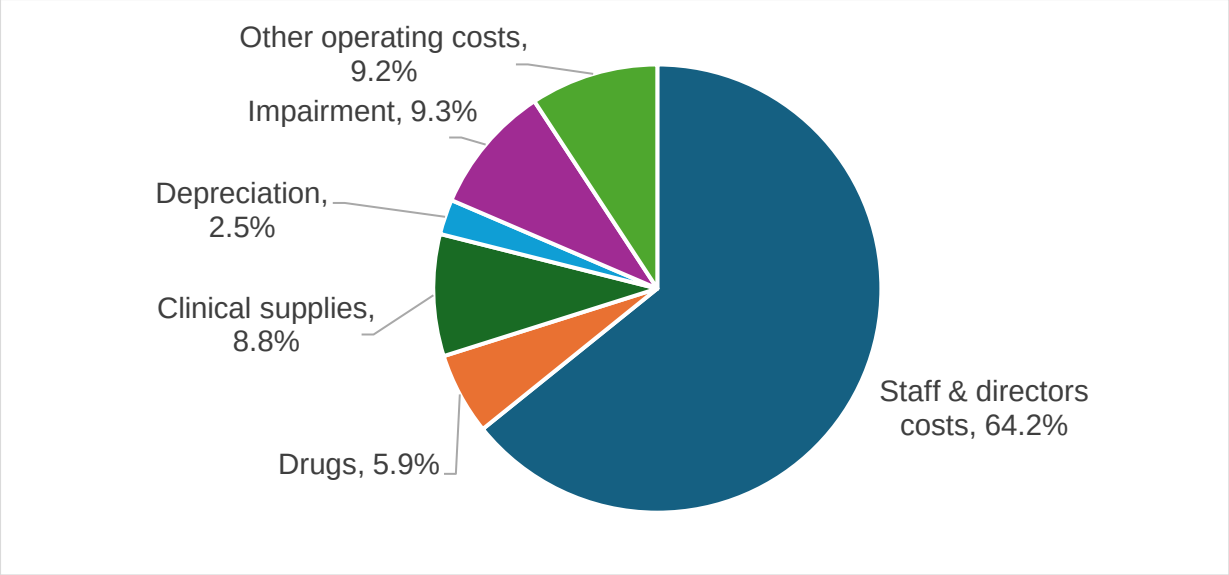
The Trust reported £324m income in 2025/26, the majority (£279m) is from NHS commissioned patient care activity. West Yorkshire ICB is the largest source of income for patient care activity (£229m), comprising 82% of the total income for the Trust.





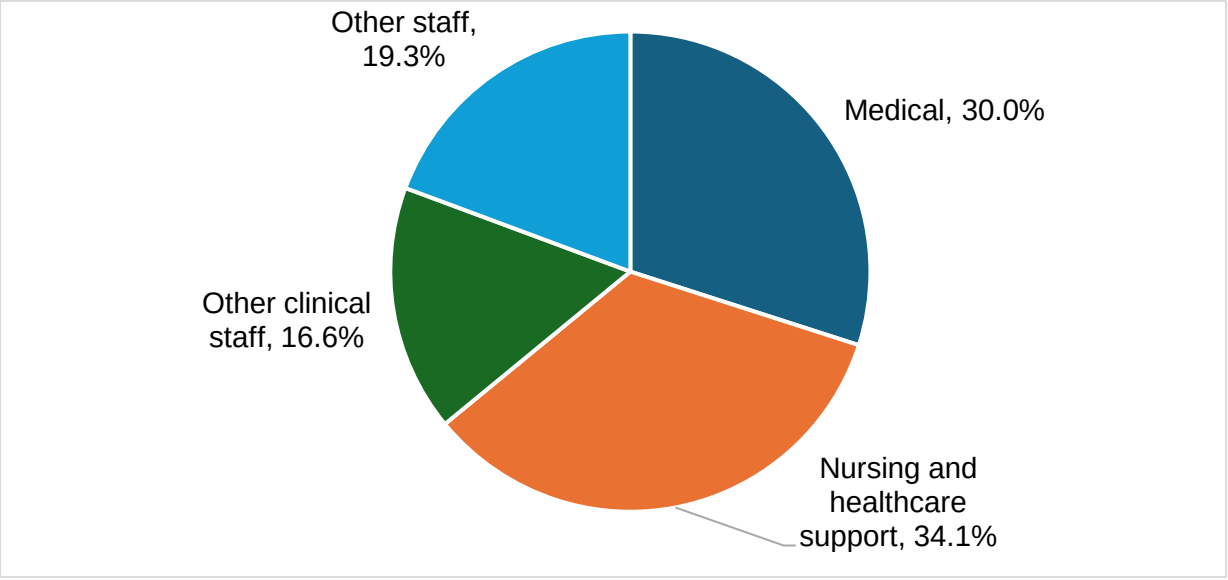
Operating expenses and finance costs

The total operating expenditure of the Trust was £375m, including £241m in employee expenses and £35m in impairments to assets.



Pay

Pay costs include £241m in substantive employee costs (excluding costs recognised as capital expenditure). Compared to 2024/25, total temporary staffing costs have reduced from £25.1m to £23.6m, without adjusting for inflation. The total pay costs (including bank and agency are summarised below):



Non-Pay

Within the £134m non-pay operating expenses, clinical supplies and services (£33m) and drugs (£22m) are the largest costs for delivering services. Impairments (£35m) are also included within this category.

Non-Operating income and expenditure

The Trust has net finance costs (interest income and expense) of £0.5m and other non-operating costs of £0.6m.

Cost Improvement Programme (CIP) / Waste Reduction Programme (WRP)

The Trust set a target in its 2025/26 annual plan to achieve £23.1m in savings. The final reported total for the year was £12.4m (4% of operating income), of which 53% was delivered recurrently (2024/25 was 48% recurrent).

Capital expenditure including IFRS 16 capitalised leases

The Trust has several high value capital expenditure schemes that are fully or partially funded by external Public Dividend Capital (PDC), providing both the cash allocation and capital expenditure allowance. These comprise 87% of the total capital expenditure in year. The Trust had £17k in donated assets in 2025/26.

Capital Scheme	Internally Funded £m	PDC Funded £m	Grand Total £m
Reinforced Autoclaved Aerated Concrete (RAAC)		23.17	23.17
New Hospital Programme		21.26	21.26
Electronic Patient Record	3.05	4.52	7.57
Estates Safety and Backlog Maintenance	0.13	0.80	0.93
Replacement Medical Equipment	1.71	0.40	2.11
IT and communications	0.60		0.60
Capitalised Leases under IFRS 16	0.87		0.87
Other capital (including donated assets)	1.35	1.25	2.60
Total capital expenditure	**7.69**	**51.42**	**59.10**

Capital Resource Limit (CRL)

The Trust is required to manage its internally funded capital expenditure within an envelope agreed with the Integrated Care System (ICS) each year, as part of the system delivering withing its share of Capital Departmental Expenditure Limit (CDEL). The Trust's year end actual capital expenditure was within the agreed parameters set within the ICS.

Balance Sheet trends

Balance sheet trends over time are significantly impacted by the revaluation of the estate due to RAAC and to changes in accounting standards, particularly IFRS 16 which added long-term leases as non-current assets with the corresponding increase in liabilities for future lease payments.

	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Non-current assets	40.98	66.25	81.86	92.17	100.11	116.38
Current Assets (excluding cash)	10.91	12.00	18.27	17.32	13.83	28.65
Cash	26.18	29.55	23.17	16.59	21.88	13.84
Current liabilities	(30.59)	(38.97)	(40.77)	(37.16)	(46.95)	(62.73)
Non-current liabilities	(4.67)	(4.24)	(8.53)	(12.24)	(11.10)	(10.73)
Total assets employed	**42.82**	**64.49**	**73.99**	**76.69**	**77.78**	**85.41**

Research, Development and Innovation

The Research Development and Innovation team strives to continue improving the quality, speed, coordination and equitable access to clinical research.

The Trust aims to integrate research into all departments to enhance patient care, by providing opportunities and choices for patients, carers and healthcare professionals to take part in high quality healthcare research.

As a small to medium sized Trust, we benefit from being in close proximity and regular contact with all our research active colleagues. This allows us to be agile in our approach and process studies rapidly through set up, averaging 15 days against a national target of 40 days. This is one of the lowest processing times in the region. Airedale is the highest ranked Trust in the Yorkshire and Humber region for recruiting first patient within 30 days of commencing recruitment.

Over a hundred senior clinicians and staff are actively involved in clinical research; this takes place across twenty different specialty groups.

The Research department is externally funded by the National Institute for Health and Care Research ('NIHR') and supported by the Regional Research Delivery Network. Airedale NHS FT is regarded as a Trust that has a reputation for robust, efficient governance processes and commended as a Trust that produces exceptional results, providing outstanding value for the NIHR income allocation.

The Trust is the highest performing smaller Trust in terms of recruitment in the Yorkshire and Humber region. During 2025/26, we exceeded our recruitment target by 387.5%. We met all our high-level strategic objectives for initiating and delivering research. Additionally, thirty-three clinical papers have been declared as published by Trust employees in peer-reviewed journals since April 2025.

The Trust continues to collaborate with other regional Trusts as an independent organisation, and where possible we work together on clinical trials to ensure we provide equitable access to health research opportunities to help our population, and the wider population, aiming to help all live longer, healthier lives.

Sustainability

Environmental Sustainability

In 2025/2026, Airedale NHS Foundation Trust has continued to progress its net zero ambitions through our Green Plan, including actions for environmental sustainability and improved social value.

The Trust is committed to progressing work to achieving Net Zero Carbon (NZC) by 2040 for the emissions we control directly, with an 80% reduction by 2028-2032. A second target is to achieve Net Zero Carbon (NZC) by 2045 for the emissions we can influence but don't directly control, with an 80% reduction by 2036-2039.

Even when net zero carbon emissions are achieved, there will be a changing climate to adapt to, as noted in the West Yorkshire Integrated Care Board (WYICB) Climate Change Strategy. An action of the ICB Green Plan is for all health and care providers to have a Climate Change Adaptation Lead and a Climate Change Adaptation Action Plan.

Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust collaborated in 2024 to create a joint, place-based Climate Change Adaptation Plan (CCAP). The joint plan has been approved via governance routes and includes commitments to completing actions relating to their sites and collaborating where appropriate for place-level action.

Securing the Future

In 2024/2025, it was confirmed that a new state-of-the-art hospital would be built at the current Airedale General Hospital site. Our preparations have continued, developing the blueprint for how our new hospital will be built, known as the 'site master plan'. The master plan considers the stages and order of work that needs to happen on our site. This is complex as we need to keep all our patient services running and maintain every element of patient care whilst work towards building the new hospital continues.

The NHS Net Zero Building Standard guides our planning work around this, as it provides technical guidance to support the development of sustainable, resilient and energy efficient buildings that meet the needs of patients now and in the future. the Standard applies to all investments in new buildings and upgrades to existing facilities that are subject to HM Treasury business case approval process at Strategic Outline Business Case approval stage.

The Trust has completed its Strategic Outline Case with the Outline Business Case currently scheduled for production by late 2026. As a Wave 1 Scheme, enabling works and site preparation shall continue to be progressed ahead of the indicative construction start date in 2027/2028.

Environmental matters and the impact on the environment and task force on climate related disclosures

In 2020, the NHS became the world's first health system to commit to reaching net zero emission. The Delivering a Net Zero National Health Services report set out the scale of ambition. The Health and Social Care Act 2022 reinforced this commitment, placing new duties on integrated care boards (ICBs), NHS Trusts and Foundation Trusts to consider emissions and environmental targets in their decisions.

The report that follows details the ambition of the organisation and the progress made against the Trust's Green Plan.

Green Plan

With confirmation of our continued involvement in the New Hospital Programme, we are in a strong position now to take bigger steps towards environmental sustainability by embedding delivery of our green ambitions in every decision of the new development. The actions we have taken under our first Green Plan laid the foundations, and in 2025-2026 we have achieved a lot.

The refresh of our Green Plan for 2025-2027 is completed, which informs and forms part of the new hospital planning process.

In December 2025, the Trust established a Green Plan Delivery Group (GPDG), whose members form part of the Trusts and AGH Solutions senior management teams.

The GPDG lead members, working with internal and external stakeholders, are responsible for delivering agreed actions across the nine Green Plan focus areas:

1. Workforce & Leadership - Director of People and Development
2. Net-Zero Clinical Transformation - Director of Medicine
3. Digital Transformation - Chief Digital Information Officer
4. Medicines - Chief Pharmacist
5. Travel & Transport - Director of Operations
6. Estates & Facilities - Assistant Director of Estates
7. Supply Chain & Procurement - Assistant Director of Procurement and Sustainability
8. Food & Nutrition - Lead Dietician & Head of Catering
9. Adaptation - EPRR Manager

GPDG lead members oversee delivery of the Trust's Green Plan providing regular progress updates and ensuring alignment with operational strategies. Quarterly, the GPDG reports progress and escalates challenges or resource needs to the Securing the Future Committee, AGH Solutions Board, and the ANHSFT Board.

We anticipate that development of the new hospital will enable the delivery of many actions which have not yet been fully implemented under our previous Green Plan, and the coming years represent our biggest opportunity to unlock greater green potential as we progress with the build masterplan, which includes our external green spaces.

An example of this is that, as part of our planning for the new hospital, the Trust has completed an initial Biodiversity Baseline Assessment and Preliminary Ecological Appraisal. Our aim is to not only retain the existing biodiversity of the site, but to ensure a 10% biodiversity net gain (BNG). Our ambition is to create sustainable outdoor green spaces that will be environmentally friendly and promote biodiversity. This includes adding plants and features that make the outdoor green spaces more attractive and helpful to local wildlife.

Task Force on Climate-related Financial Disclosure (TCFD)

NHS England's NHS Foundation Trust Annual Reporting Manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/2026 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2025/2026. These disclosures are provided below with appropriate cross-referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

Governance Pillar

The Trust Board receives quarterly updates on our progress towards net zero and delivery of our Green Plan providing appropriate challenge, with management of any risks, mitigations and controls being scrutinised through the Securing the Future Committee (StFC), providing Trust Board assurance. The StFC meets every other month to oversee our work including environmental sustainability, alongside (and integral to) delivery of our New Hospital Programme, and interim works on Reinforced Autoclaved Aerated Concrete (RAAC) across the hospital site. Progress is shared with the StFC by identified Trust leads responsible for the operational delivery of specific actions.

The Trust has in place a well-established Adverse Weather Plan (AWP) which sets out the Trust's response to all types of adverse weather (including that resulting from climate change). The AWP is compatible with both the national Adverse Weather and Health Plan and the Adverse Weather EPRR Core Standard. The AWP, its related risk assessments and debriefs from weather incidents and exercises are all overseen by the Emergency Preparedness, Resilience and Response (EPRR) Group. The EPRR Group is Chaired by the Chief Operating Officer, as the designated lead Director and Accountable Emergency Officer for EPRR. It ensures that the Trust meets its legal requirements for EPRR and that it promotes and develops EPRR across the organisation. It also approves the submission of the NHSE EPRR Core Standards to Board. In 2024 the Trust completed the ICB Assurance process, and which confirmed its declared position of partially compliant with the EPRR Core Standards. This was a

significant improvement over the 2023 position.

The Trust has an established staff group for colleagues with an interest or passion in sustainability initiatives. EcoawAire meets monthly to review and agree Trust sustainability or environmental plans, promote staff engagement, and agree group actions to reduce impact on the environment, which included regular updates on energy challenges, current infection rate status and ability to consider reusable devices, active travel promotion, country of origin analysis for products used on site, stock rationalisation, wellbeing, staff training and zero waste challenges in 2025/2026. In addition to the Green Plan, other Trust initiatives overseen by Securing the Future Committee (StFC) in 2025/26 include:

- Sustainable Travel Plan.
- Collaborative Energy Efficiency Programme.

Externally, the Trust has continued as a member of the following groups over the year, enabling delivery of the Green Plan and sustainability ambitions:

- WY ICB Sustainable Procurement and Innovation Group
- WY ICB Energy Managers Group
- North East and Yorkshire (NEY) Regional Sustainable Procurement Forum
- Net Zero Travel and Transport Group
- West Yorkshire Environment and Sustainability Group
- NEY Net Zero Carbon Delivery Group

Risk Management Pillar

The Trust has a defined process and policy in place for risk assessment and management, including those risks relating to climate change. Once a risk is identified, the applicable controls are considered and the decision taken by the responsible group to mitigate, transfer, accept or control the risk. Where actions are identified to mitigate the risk, these are recorded on the risk assessment and in our electronic Risk Register, Ulysses. Delivery of these actions is then monitored and reviewed by the Group.
In the case of climate change risks, the Emergency Preparedness, Resilience and Response (EPRR) group takes this role, and reviews these risks at every meeting, escalating risks scoring 12 and above through the quarterly Risk and Compliance Group, which in turn provides assurance to the Board through the Audit and Risk Committee (a Committee of the Board) on the scrutiny and challenge of those high-scoring risks. The Trust High Level Risk Register contains the Trust-wide risks scoring 12 and above (maximum score: 25).

Climate change risks are identified through a range of sources, including National Government and Community risk registers. Currently there are two climate change risks on the Trust risk register:

1. Impact of climate change – which includes the impacts from adverse weather (initial score 15, current score 5); and
2. Failure to adapt the Trust's premises and services to mitigate risks associated with climate change and severe weather (initial score 15, current score 5).

The Board Assurance Framework contains the strategic (principal) risks affecting the delivery of the organisation's strategic (principal) objectives and is reviewed by the Trust Board.

There are five main steps to the risk management process within the Trust:

Identify	Assess	Respond	Report	Review
What is or has the potential to cause harm? Is immediate escalation required? What may stop you achieving your objectives? Is there a breach in compliance or delivery of standards?	Who and what exactly is at risk? "risk of" "caused by" "resulting in" Estimate the severity and likelihood to determine the score Document the assessment using the online risk assessment template form	How is this risk being managed currently? Document the controls using the risk assessment template Identify the gaps in control Define the risk score following the controls you have put in place Identify what the lowest risk score can be achieved when all controls are in place	The relevant lead review the assessment, approve and add to the risk register Actions along with timeframes for completion to close the current risk must be clearly defined and documented	The Trust Board will review risks scored 12 and above at each meeting and the Board Assurance Framework quarterly The Audit & Risk Committee will receive assurance of the scrutiny undertaken by Risk and Compliance Group of the risks scored 12 and above at each meeting Risk and compliance Group will review progress with risks scored 12 and above at each meeting Each division and corporate function will review its risks scored 12 and above monthly Each directorate will review its risks monthly

Metrics and Targets Pillar

The Trust has an established reporting mechanism to the StFC to monitor environmental sustainability metrics and actions. These include key indicators such as Building Energy (electricity and gas), Water Consumption and Treatment, Waste and Anaesthetic Gases with charts to illustrate current and past performance and narrative explaining actions taken and planned.

Examples such as the collaborative energy efficiency programme and the sustainable procurement and innovation annual plan support the reduction in emissions. The following Greenhouse Gas Inventory breaks down our current Scope 1 – 3 carbon emissions:

	Greenhouse Gas Inventory	
Emissions Scope & Scope 3 Category	**tCO_2e**	**%**
Scope 1	**7,091**	**8.9%**
Natural Gas	5,460	6.9%
Transport	138	0.2%
Other fuels	329	0.4%
Fugitives (including medical gases)	1,164	1.5%
Scope 2 (Location-based)	**493**	**0.6%**
Scope 2 (Market-based)	**43**	**0.1%**
Scope 3	**71,667**	**90.4%**
1. Purchased Goods & Services	46,544	58.7%
2. Capital Goods	19,818	25.0%
3. Fuel- and Energy-related Activities	1,184	1.5%
4. Upstream Transportation and Distribution	0.7	0.0%
5. Waste Generated in Operations	16	0.0%
6. Business Travel	339	0.4%
7. Employee Commuting	796	1.0%
8. Upstream Leased Assets	N/A	N/A
9. Downstream Transportation and Distribution	N/A	N/A
10. Processing of Sold Products	N/A	N/A
11. Use of Sold Products	115	0.1%
12. End-of-life Treatment of Sold Products	0.2	0.0%
13. Downstream Leased Assets	N/A	N/A
14. Franchises	N/A	N/A
15. Investments	2,855	3.6%
Total emissions (Location-based)	**79,250.7**	**100%**
Total Emissions (Market-based)	**78,801**	**99%**

Our action plans are focused on delivering against the NHS-wide targets for environmental sustainability, which include:

To achieve Net Zero Carbon (NZC) by 2040 for the emissions we **control directly**, with an 80% reduction by 2028-2032, against 1990 levels.

To achieve Net Zero Carbon (NZC) by 2045 for the emissions we can **influence** but don't directly control, with an 80% reduction by 2036-2039, against 1990 levels.
From April 2027, to ensure that all suppliers publicly report targets, carbon equivalent (CO_2e) emissions and publish a *Carbon Reduction Plan* for all their Scope 1, 2 and 3 emissions aligned to the NHS net zero target.

Counter Fraud/Anti-Bribery

Our internal processes ensure consistency with our zero-tolerance approach to bribery, and we work closely with our Local Counter Fraud Specialist (LCFS) to raise awareness of our policies and procedures through local inductions sessions and bespoke training to remind our people of the requirements to comply with NHS England guidance and the Bribery Act 2010. We have continued to use the management database system to support our compliance with NHS England guidance on managing conflicts of interest.

We encourage anyone with a concern to speak out, and report concerns through our governance processes and our policies and procedures.

Our people can raise concerns through internal channels, either via the Freedom to Speak Up Guardians (FTSU) or the LCFS. The FTSU and LCFS report regularly to the Board, Audit and Risk Committee and Quality and Safety Committee, and the FTSU line management is direct to the Executive Director of People and Organisation Development. The FTSU Guardian reports regularly to the People Committee.

As an organisation we recognise the benefits of ethical procurement and professional training. We endorse membership of the Chartered institute of Procurement and Supply for our professional buying team. This includes the adoption of the Institute's code. We encourage best practice within our supply chain by ensuring we are compliant with legislation.

We have a Counter Fraud, Bribery and Corruption Policy which deals with the specific issues in the title. Our policies relating to conflicts of interests, gifts and hospitality link to counter fraud.

Modern Slavery Act 2015

We have a Board approved anti-slavery and human trafficking statement, which is published on our website. The Trust fully supports and is committed to the government's objectives to eradicate modern slavery and human trafficking, ensuring that no modern slavery or human trafficking takes place in any part of our organisation or our supply chain.

The Home Office's Statutory Guidance on Modern Slavery is intended for staff in England and Wales within public authorities who may encounter potential victims of modern slavery and/or who are involved in supporting victims. The Home Office states that these individuals and organisations must have regard to the statutory guidance, with a view to developing a more consistent response to modern slavery victims to ensure they are identified and receive the available and appropriate support.

In support of our commitment to human rights issues and in accordance with the Modern Slavery Act 2015, the Trust has published a Modern Slavery and Human Trafficking Statement, which can be found on the Trust's website.

No instances of modern slavery have been identified in our operations or supply chains during the 2025/26 financial year, nor have any been identified at the time of reporting (June 2026).

Overseas Operations

The Trust does not operate outside of the UK.

Important events since the end of the financial year

There are no important events since the end of the financial year to report. This concludes the performance report, overview, risk and risk analysis section of the annual report.

'Foluke Ajayi
Chief Executive Officer
25 June 2026

Part 2: Accountability Report

Directors Report

Governance and Organisational Arrangements

The Directors report has been prepared under direction issued by NHS England, the independent regulator for Foundation Trusts, as required by Schedule 7 paragraph 26 of the NHS Act 2006.

The Trust is fully compliant with the requirements of the NHS constitution.

The Directors consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess our performance, business model and strategy.

Composition of the Board of Directors

Our Board of Directors (the 'Board') has collective responsibility for the exercise of all our powers. Acting as a unitary Board, it brings a wide range of experience to its stewardship of the Trust. The general duty of the Board and of each Director individually, is to act with a view to promoting the success of the Trust to maximise the benefits for the members of the Trust as a whole and for the public. Directors are jointly and severally responsible for all the decisions of the Board.

The Board of an NHS Foundation Trust is accountable for the stewardship of the organisation, our services, resources, our people, and assets. The arrangements established by the Board must be compliant with the legal and regulatory framework, protect and serve the interests of stakeholders, specify standards of quality and performance, support the achievement of organisational objectives, monitor performance, and ensure an appropriate system of risk management and control.

Our Constitution specifies that the Board of Directors shall comprise a Non-Executive Chair; no fewer than four Non-Executive Directors (one of whom shall act as the Senior Independent Director) and no fewer than four Executive Directors.

To ensure the balance and effectiveness of the Board, our Constitution requires that:

- One of the Executive Directors shall be the Chief Executive Officer
- The Chief Executive Officer shall be the Accounting Officer
- One of the Executive Directors shall be the Finance Director
- One of the Executive Directors is to be the registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984)
- One of the Executive Directors is to be a registered nurse or registered midwife
- The Non-Executive Directors and Chair together shall be greater than the total number of Executive Directors

Appointments to the Board both of Executive and Non-Executive Directors in the reporting period meant that the Board was fully constituted.

The Board is accountable to stakeholders for discharging its general duties and is responsible for organising and directing the affairs of our Trust and our services in a manner that will promote success and is consistent with good corporate governance practice, and, for ensuring that in carrying out our duties, we meet our legal and regulatory requirement. In doing so, the Board of Directors ensures that our Trust maintains compliance with its terms of authorisation and other statutory obligations.

The Board reserves some responsibilities to itself, delegating others to the Chief Executive Officer and other Executive Directors or committee of directors. Those matters are set out as a formal schedule contained in the Standing Orders, Standing Financial Instructions and Scheme of Delegation.

The Trust's Constitution sets out the eligibility criteria for becoming a Director of the Trust, including the reasons for disqualification.

The Board has wide-ranging expertise and experience with backgrounds in business and organisational development, commercial, construction, finance, health, people and primary care. The Board considers it is balanced and complete in its composition, and appropriate to the requirements of the Trust.

There is a clear division of responsibilities between the Chair and the Chief Executive Officer. The substantive Chairs and the Interim Chair have throughout the year been responsible for the effective working of the Board; for ensuring that the Board has a strategy and delivers a service that meets expectations and requirements of the communities we serve, and that all Directors are able to play an important part in the strategic direction of the Trust and its performance. The Chair also facilitates the contribution of Non-Executive Directors and their constructive relationships with the Executive Directors.

Performance of the Board of Directors

The Trust Board maintains and reviews the effectiveness of the system of internal control. The Trust Board meets bi-monthly in public (a public Trust board meeting). In 2025/26 six meetings in public were held.

The agenda and reports for all public Trust Board meetings are available via the Trust's website, and members of the public are able to submit questions, in advance of the meeting, in relation to any of the agenda items.

The agenda for Trust Board meetings is mainly focused on the reports from the Trust Board sub-committees; a review of the Integrated Performance Report and the Board Assurance Framework; quality and safety; workforce; systems and Place; planning and strategy; financial and policy and the New Hospital Programme. The Board also receives a Patient Story at the beginning of each Board meeting. A separate (private) Trust Board meeting is held on the same day as the meeting held in public, to consider confidential matters, in accordance with the Public Bodies (Admission to Meetings) Act 1960.

A 12-month rolling forward programme of agenda items is actively managed to ensure the Trust Board receives the information, and considers the matters it requires, to perform its duties efficiently and effectively.

In addition, the Trust Board carries out the following to evaluate its effectiveness:

- The Chair conducts an evaluation of the meeting at the end of the meeting to gain feedback on the effectiveness of the meeting and consider reflections and any outcomes which are then recorded by the Trust Secretariat and actioned upon.
- The Trust undertook an independent Well-Led Review in 2025/26 in line with the Code of Governance 2023 Regulations.
- The Trust Board and Committees have a full evaluation programme in place, which is subject to a continual enhancement programme.
- The Trust has adopted the NHS Providers Effective board assurance committees' guidance.
- The Trust has adopted the 2023 NHS standards for Board members to strengthen leadership and governance.
- A formal record of attendance is kept for each Committee and the Trust Board.

The Board has established the 'statutory' committees required by the NHS Act 2006 and our constitution. The Non-Executive Nominations and Remuneration Committee and the Audit and Risk Committee each discharge the duties set out in our Constitution and Terms of Reference.

The Board has chosen to deploy additional 'designated' Committees to augment its monitoring, scrutiny and oversight function, particularly with respect to quality and financial risk management. These are Quality and Safety Committee, the Finance, Performance and Digital Committee, the People Committee and the Securing the Futures Committee. Separately, the Airedale Hospital Charity is chaired through a management committee, known as the Charitable Funds Committee.

Well-Led

The NHS 'Well-led Framework' is a joint standard by NHS England and the Care Quality Commission used to evaluate leadership, governance, and organisational culture. Development independent reviews are recommended every 3 to 5 years to ensure boards have the capacity, capability and sustainable strategy to deliver high-quality care.

In line with the 2023 regulations the Trust Board commissioned and undertook an independent Well-led Review in 2025/26. This Review is part of the regular review process of assurance, to provide an independent view of how leadership is working throughout the organisation. The Review is designed to track the improvements we are making and identify any gaps in assurance.

The Review, undertaken by an external third-party, reported numerous findings which provide challenge and insight into where the Executive and the Board should focus efforts to deliver improvements. The recommendations in the Review have all been accepted by the Board and a responsive action plan is currently being developed.

The role, functions and summary activities of the Board's Committees are described below:

Composition of the Board of Directors

Our Board of Directors as at 31 March 2026 is shown below. These Directors are deemed 'Board members with significant financial responsibility'.

Non-Executive Directors	Executive Directors
Sarah Jones – Trust Chair (and Chair in Common with BDCFT) Dr Andy Withers – Non-Executive Director and Deputy Chair Mark Andrews – Non-Executive Director and Senior Independent Director Carl Chambers – Non-Executive Director Helene Ghosh – Non-Executive Director Eileen Jessop – Non-Executive Director Jyoti Mehan – Non-Executive Director Andrew Merrick – Non-Executive Director	Foluke Ajayi – Chief Executive Officer Leanne Cooper – Chief Operating Officer Joanne Harrison – Executive Director of People and Organisational Development Andrew Loughney – Chief Medical Officer Lianne Robinson – Chief Nurse, Executive Director for Midwifery and Allied Health Professionals Mike Savage – Executive Director of Finance Stuart Shaw – Executive Director of Strategy, Planning and Partnerships*

*Note: Our Board has one non-voting Executive Director; Stuart Shaw, Director of Strategy, Planning and Partnerships.

During 2025/26, there were the following changes to the membership of the Board:

- Carl Chambers, Non-Executive Director appointed on 23 June 2025
- Rhys Davies, Non-Executive Director term of office ended on 31 May 2025
- Helene Ghosh, Non-Executive Director appointed on 26 June 2025
- Melanie Hudson, Non-Executive Director term of office ended on 31 May 2025
- Eileen Jessop, Non-Executive Director appointed on 27 June 2025
- Sarah Jones was appointed Trust Chair on 1 February 2026 and also Chair in Common with Bradford District Care Foundation Trust on 1 March 2026
- Ian Knight, Non-Executive Director term of office ended on 31 July 2025
- John Lawlor was appointed Trust Chair on 1 August 2025 and resigned on 16 December 2025
- Melanie Norbury, Executive Director of Corporate Affairs resigned on 19 November 2025
- Andy Withers was Interim Trust Chair to 31 July 2025 and Acting Chair from 16 December 2025 to 31 January 2026

Since the year-end there have been the following changes to Board membership:
Dr Andy Withers stood down at the end of his term of office on 31 March 2026 with Carl Chambers appointed as the Trust's Deputy Chair. Leanne Cooper left the Trust on 31 May 2026, with Rebecca Friar appointed as Interim Chief Operating Officer with

effect from 1 June 2026. Zubair Iqbal was appointed as Non-Executive Director with effect from 15 June 2026.

The gender balance of the Board as at 31 March 2026 was:

	Female	Male
Non-Executive Directors	4	4
Executive Directors	4	3

A statement about the balance, completeness and appropriateness of the Board of Directors

The Board of Directors believes that the Trust is led by an effective Board; the Board is collectively responsible for the exercise of the performance of the Trust; and, that no individual group or individuals dominate the meetings of the Board.

There is a clear separation of the roles of the Chair and the Chief Executive Officer. The Trust Chair has responsibility for leading the Board, setting the agenda and for ensuring that all Directors are fully informed of matters relevant to their roles. The Chief Executive Officer has responsibility for leading the Executives in implementing the strategies agreed by the Board and managing the day-to-day business of the Trust.

The Board considers that the NEDs bring a wide range of business, commercial, financial, digital and clinical knowledge required for the successful direction of the Trust. All of the NEDs are considered to be independent in accordance with the Code of governance for NHS provider trusts.

All Directors are subject to an annual review of their performance and contribution to the management and leadership of the Trust. Diversity is a vital part of the continued assessment and enhancement of board composition, and the Board recognises the benefits of diversity amongst its members.

Biographies of the members of the Board are provided in Appendix A.

Key Responsibilities

Chief Executive Officer

The Chief Executive Officer leads the NHS work regionally and nationally to improve health and ensure high quality care for our communities. They are the Responsible Officer for the Trust responsible for delivery of the Trust Strategy and value for money.

The Trust Chair

The Chair of a Trust Board is a Non-Executive appointment, accountable to the Secretary of State for Health for giving leadership to the Board and ensuring that it fulfils its full responsibilities. The Chair is responsible for:

- leading the Board in setting the Trust strategy and ensuring value for money.
- supervising the Chief Executive Officer for delivering the strategy and

performance.

- on a regular and systematic basis (not less than annually) monitoring the performance of the Non-Executive Directors (including their training and development needs) and make reports to the Council of Governors via the Appointments and Remuneration Committee.
- seeking assuring that risks to the Trust and the public are managed and mitigated effectively.
- providing efficient and effective healthcare and maintaining financial viability.
- promoting the highest standards of ethics, integrity, probity, and corporate governance throughout the organisation and particularly on the board to meet legal and contractual obligations.
- Ensuring good information flows across the Board, Governors and committees and between senior management and non-executive directors so that they receive accurate, timely and clear information enabling them to perform their duties effectively.
- facilitating appropriate induction and assisting with professional development as required.

In their role as an ambassador, leading in developing relationships and partnership working, the Chair is responsible for:

- representing the organisation externally, developing and facilitating strong partnerships, and promoting collaborative, whole system working through engagement with key partners across public, private, and voluntary sectors, patients and the public, staff etc. and in doing so ensure the Board has a clear understanding of the views of stakeholders, including system partners.

The Chair works with the Chief Executive Officer to ensure that the Board maintains its capacity and is continually developed in order to ensure it has 'balance, completeness and appropriateness' in the context of a changing NHS and wider healthcare environment. In support of these responsibilities a key part of the Chair role is a focus on the collaboration agenda, system leadership and stakeholders.

The Chair also promotes a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive directors in particular and ensuring a constructive relationship between executive and non-executive directors. The Chair holds meetings with the non-executive directors without executive directors present.

Senior Independent Director

The Senior Independent Director ('SID') is a Non-Executive Director appointed by the Board of Directors. The SID is available to members of the Board and Governors if they have concerns that contact through the usual channels of Chair, Chief Executive Officer and Trust Secretary has failed to resolve or where it would be inappropriate to use such channels. The Senior Independent Director also carries out the role of a Non-Executive Director.

The Senior Independent Director has a key role in supporting the Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Chair.

The Senior Independent Director consults with the other Non-Executive Directors as part of the annual appraisal process for feedback on the Chair.

The Senior Independent Director has a vital independent role in times where the Board may not be in agreement. They will work with the Chair and other Directors to resolve significant issues.

Deputy Chair

The Deputy Chair deputises for the Chair in the event of their absence or unavailability.

Non-Executive Directors

Non-Executive Directors have a general duty under the Code of Governance Section B 2.16 to scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information and make sure that financial quality controls, and systems of risk management governance are robust and implemented.

Non-Executive Directors gave access to the advice and services of the Trust Secretary and, where they judge it necessary to discharge their responsibilities as directors, may obtain independent professional advice at the Trust's expense. The availability of such advice is made clear on appointment.

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 at our Trust. At each meeting of the Board of Directors, a standing agenda item also requires all Executive Directors and Non-Executive Directors to make known any interest in relation to the agenda and any changes to their declared interests. There are no interests which may conflict with their management responsibilities as the per the requirements of the Code of Governance for NHS Provider Trusts.

The Trust Chair was appointed Chair in Common with Bradford District Care Foundation Trust with effect from 1 March 2026. A Governance Framework has been developed and is in place setting out the Chair in Common arrangements across both organisations. The Chair has no significant commitments that affects their ability to carry out the duties pertinent to the Trust to the full and is able to allow sufficient time to undertake those duties.

The Corporate Governance team maintains a register of interests and is available on our website or by contacting the Trust Secretary at the following address:

Chief Executive's Office, Airedale General Hospital, Skipton Road, Steeton, Keighley West Yorkshire BD20 6TD
Switchboard: 01535 652511
Email: anhsft.corporategovernance@nhs.net

Independence of the Non-Executive Directors

The Trust is committed to ensuring that the Board is comprised of a majority of independent Non-Executive Directors who objectively challenge management. The Trust's Non-Executive Directors provide a wide range of skills and experience. They bring strong independent oversight and judgement on issues of strategy, performance and risk through their contribution at Board and Committee meetings.

Our Board of Directors has assessed the independence of the Non-Executive Directors and considers all current Non-Executive Directors 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.

Directors' and Officers' Liability Insurance

The Trust has in place Directors' and Officer's liability insurance to cover Board members and senior officers against legal action arising from the discharge of their duties, where such cover is permitted by law.

Committees of the Board of Directors

Audit and Risk Committee

The Committee has responsibility for reviewing the effectiveness of the framework in place for the identification and management of risks and associated controls, corporate governance and assurance frameworks. Committee membership comprises three Non-Executive Directors, with at least one non-executive director having relevant and/or recent financial experience. The Committee is chaired by the Deputy Chair. In

The Executive Director of Finance, Trust Secretary and Chief Nurse attend in an advisory capacity.

In delivering its remit, the committee reviewed and received the following:

- Board Assurance Framework and High-Level Risk Register
- Draft Annual Governance Statement
- Draft annual accounts and annual report and recommended them for approval to the Trust Board
- Specific Internal Audit reports and proposed actions for those areas identified with limited or low assurance (with the relevant Executive Director present when required) and monitored the follow-up of outstanding actions
- Accounting policies, judgements and material estimates of the Trust and made appropriate recommendations to the Trust Board
- External Audit reports and the Annual Audit Letter, including progress on implementation of recommendations and any corrected or uncorrected misstatements in the accounts
- Clinical Audit Plan and Framework

The Committee also:

- Received reports on progress against local counter fraud, internal and external audit plans
- Agreed the external audit annual fee and work plan
- Reviewed, scrutinised and agreed the internal audit and counter fraud annual work plans
- Reviewed the Trust's internal financial controls and internal control and risk management systems
- Monitored the integrity of the financial statement of the Trust
- Received and scrutinised a number of governance-related reports relating to losses and special payments; waiver of standing orders; senior information risk officer annual report, annual information governance report, treasury report, compliance report on declarations of interests, terms of reference and committee effectiveness report.
- Received reports from the Chair of the Risk Management Group.
- Received assurance reports from the Chairs of Board Sub-Committees on the workings of their respective committee and high-level governance reports on major projects falling within the remit of that committee, for example Electronic Patient Record ('EPR') and the New Hospital Programme.
- Requested assurance from the subject matter expert when considering internal audit reports.
- Produced an annual report against delivery of the terms of reference of the committee and received annual reports from the Board sub-committees for assurance purposes prior to presentation to the Board.
- Reviewed the committee terms of reference and committee workplan for the year
- Reviewed the effectiveness of External Audit and agreed to recommend the extension of the External Audit contract for a further two years, to the Council of Governors.

The Committee oversees for assurance purposes, the audit work of its wholly-owned subsidiary, AGH Solutions Limited. It received internal audit summary reports and quarterly reports on low and medium assurance internal audit reports, counter fraud progress reports, external audit plan and the also the annual financial statements. The committee also received financial control reports in the form of a losses and compensation report and waiver of standing orders report, as applicable.

The Committee reviewed the effectiveness of external audit in January 2025 in line with the HFMA guidance, external benchmarking as to value for money and Committee feedback. The Committee confirmed that the external auditors had been effective, and the recommendation to extend their contract was approved by the Council of Governors on 11 June 2025.

Quality and Safety Committee

The Committee provides assurance to the Board that:

- there is continuous and measurable improvement in the quality of the services

provided through review of governance, performance and internal control systems supporting the delivery of safe, high quality patient care, and
- ensure that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.

In delivering its remit, the Committee reviewed and received the following:

- Board Assurance Framework and High-Level Risk Register, in relation to those risks within the scope of the committee.
- Quality and Safety metric data in relation to serious incidents, stroke services, infection control, claims and litigation.
- Quality Strategy Account priorities.
- Patient, public experience and engagement reports.
- Assurance reports in relation to clinical standards, clinical audit, cleaning standards, nutrition and hydration, mortality and learning from deaths.
- Compliance reports against core standards in relation to Emergency Preparedness, Resilience and Response ('EPRR'), including the EPRR annual report
- Annual Reports relating to safeguarding, infection control, organ donation, palliative and end of life, health and safety and the Human Tissue Authority
- Integrated Performance Report from a quality and safety perspective.

The Committee also:

- received at each meeting a verbal update from the Executive Director members describing any 'live concerns' as a means of escalating emerging issues or risks
- produced an annual report against delivery of the terms of reference of the committee
- undertook an annual review of the committee's effectiveness
- oversaw the development and approval of the Annual Quality Account

The Quality and Safety Committee is chaired by a Non-Executive Director, and membership for 2025/26 comprised of at least three Non-Executive Directors (including the Committee Chair, and the NED Maternity Safety Champion), Chief Nurse, Chief Medical Officer, and the Chief Operating Officer. Additionally, the Chief Pharmacist and Deputy Chief Nurse are invited to attend all committee meetings as standing attendees.

Finance, Performance and Digital Committee

The Committee:

- Oversees, co-ordinates reviews and assesses the financial performance management arrangements; including monitoring the delivery of the NHS Long Term Plan and supporting Annual Plan decisions on investment and business cases.
- Provides the Board with an independent and objective review of, and assurances, in relation to significant financial, performance and digital risks

which may impact on the financial viability and sustainability of the Trust.
- Provides detailed scrutiny of financial, performance and digital matters to provide assurance and raise concerns (if appropriate) to the Board.
- Assesses and identifies risks within the finance, performance and digital portfolio and escalates this as appropriate.
- Makes recommendations, as appropriate, on financial, performance and digital matters to the Board.
- Determines those matters delegated to the committee in accordance with the Scheme of Delegation and Standing Financial Instructions as set out in the Trust's Standing Orders.

In delivering its remit, the Committee reviewed and received the following:

- Received the financial plan for 2025/26
- Progress reports in regard to the development of the Medium-Term Plan
- Financial performance reports at each meeting
- Year-end financial out-turn reports prior to being reported to Board
- Progress reports against the Trust Waste Reduction Plan, including reports from the Recovery Director and Recovery Delivery Partner
- Business development reports
- Annual Reports from the Senior Information Responsible Officer ('SIRO'), including Freedom of Information reports and information governance
- Procurement Assurance Quarterly Reports
- Cyber Assessment Framework and Data Security and Protection Toolkit
- Assurance on our Treasure management arrangements
- Progress reports in the capital expenditure and performance against plan
- Reports on business and operational planning for 2025/26
- Business cases for approval in accordance with the Trust's Scheme of Delegation and where appropriate recommended approval by the Board, including Same Day Emergency Capital Bid
- Board Assurance Framework and High-Level Risk Register and risks in relation to those risks pertaining to the scope of the committee.

The Committee also:

- Recommended to the Board approval of our capital and financial plans
- Reviewed the Integrated Performance Report from a financial and digital perspective at each meeting
- Reviewed previously approved business cases assessing value for money and benefits realisation
- Undertook BAF deep dives in relation to the principal risks overseen by the committee
- Received update reports on the implementation of the EPR Programme
- Reviewed the Going Concern Assessment
- Received reports on digital matters, AI and emergent technologies, including the Digital Improvement Plan 2025/26
- Approved the Urgent and Emergency Care Improvement Plan and Winter Plan
- Received reports from the Chair of reporting groups

- Reviewed the committee terms of reference and committee workplan for the year
- Produced an annual report against delivery of the terms of reference of the committee
- Undertook a committee effectiveness self-assessment

The Finance, Performance and Digital Committee is chaired by a Non-Executive Director, and membership for 2025/26 comprised of at least three Non-Executive Directors (including the Committee Chair), Executive Director of Finance, Chief Operating Officer and Chief Digital Information Officer. Additionally, the Director of Strategy, Planning and Partnerships and Deputy Director of Finance are invited to attend all committee meetings as standing attendees.

Charitable Funds Committee

The objective of the Committee is to ensure that the Airedale NHS Foundation Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity Commission, relevant NHS legislation and the wishes of donors.

The Committee has delegated responsibility from the Trust Board (acting as Corporate Trustee) for:

- Keeping the Corporate Trustee, through the Trust Board, fully informed of the activities and performance of the charity and the risks it faces.
- Reviewing the performance of the charity investment portfolio and ensuring compliance with the approved investment policy.
- Approving items of expenditure which in line with the delegated limits.
- Ensuring that best practice is followed in the conduct of the charity's business and that all legal and policy requirements are fulfilled.
- Providing guidance and direction to the Corporate Trustee and charitable fund managers where necessary.
- Receiving regular reports on the following:
    a. income and expenditure of the Charitable Trust and the balances of the funds held
    b. how funds have been spent and that it is in accordance with the governing documents and specific requirement set out by the Committee
    c. audit reports relating to the management of the charitable funds
- Producing year end accounts and annual report as at 31 March.

The Committee is chaired by the Trust Chair, with membership comprising Non-Executive Directors and Executive Directors. The committee met on four occasions in 2025/26.

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 2025/26, the work of the committee followed the workplan with regular reports received from the Executive Director of People and OD, Chief Nurse and Chief Medical Officer.

In delivering its remit, the committee reviewed and received the following during the year:

- Approval and delivery of the People Strategy and associated activity/implementation plan(s), including clinical workforce strategies.
- Update reports on delivery of the Workforce Plan,
- Bi-annual assurance reports on maternity staffing, nurse staffing and Allied Health Professionals staffing.
- Annual Report from the Medical Revalidation Responsible Officer.
- The Non-Executive Board Champions for Health and Well Being and Freedom to Speak Up presented their annual reports during the year.
- The 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.
- Key people and workforce metrics, including benchmarking data and annual Gender Pay Gap, WRES and WDES data and action plans
- Quarterly and annual 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.
- Safe-staffing reports for nursing, midwifery and AHP teams.
- Integrated Performance Report from a people perspective.
- Committee terms of reference and work plan for the year.
- The committee effectiveness survey and results.
- Committee annual report against delivery of the terms of reference of the committee

The Committee is chaired by a Non-Executive Director. Membership comprises of a further two Non-Executive Directors (including the NED Freedom to Speak Up Board Champion), Director of People and OD, Chief Operating Officer and Chief Nurse.

Securing the Future Committee

The Securing the Future Committee provides to the Board assurance regarding the management of strategic programmes of work relating to the New Hospital Programme and Reinforced Aerated Autoclaved Concrete (‘RAAC’) remedial works. It ensures 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.

In delivering its remit, the Committee reviewed the following:

- Outline and Strategic Business Cases for the New Hospital Programme prior to Board approval

- Update reports in the National Programme, RAAC (including multi-year plan) and the Trust's Sustainability Strategy Green Plan
- Progress reports and updates on against the NHP Strategic Outline Case, NHP Outline Business Case Development Plan, including timelines, finance, project status, project resourcing etc
- Progress reports on the acquisition of Gateway House and planning applications relevant to the NHP, including the multi-storey car park
- 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
- Governance arrangement for the Securing the Future Programme

The Committee also:

- produced an annual report against delivery of the terms of reference of the committee
- undertook an annual review of the committee's effectiveness
- reviewed its workplan for the year

The Committee is chaired by a Non-Executive Director and includes two further Non-Executive Directors and Executive Directors, including the Chief Executive Officer, Executive Director of Finance, and the Chief Operating Officer along with the Director of Strategy, Planning and Partnerships who are the Senior Responsibility Officers for RAAC and NHP, respectively.

Executive Director Group Meeting (EDG)

Although not a Trust Board sub-committee, the EDG enables key clinical and managerial issues to be discussed, debated, developed, scrutinised, monitored and agreed and/or approved. The EDG generally meets weekly throughout the year, is chaired by the Chief Executive Officer and its membership comprises all the Executive Directors. The EDG is authorised to make decisions on any matter that is not reserved for the Trust Board or its sub-committees.

In addition to the above committees, there are a range of other forums, structures and processes in place to oversee and manage any issues relevant to aspects of risk and governance. In this respect, the Trust has in place, for example, an Infection Prevention and Control Committee; Health and Safety Committee; Drugs, Therapeutics and Medicines Management Committee; Information Governance Group; and a Joint Safeguarding Committee.

Enhanced quality governance reporting

The Board was satisfied during the year that, to the best of its knowledge and using its Board Committee's governance processes, the organisation had and will keep in place, effective leadership arrangements for monitoring and continually improving the quality and safety of health and care services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance.

The Annual Governance Statement provides further information.

Membership and attendance at Board and Committee meetings

The tables below show the attendance at Board of Directors, Council of Governors and Committee meetings for all Directors in post during the 2025/26 financial year.

Meetings of the Board of Directors

The Board has an annual schedule of business which ensures it focuses on its responsibilities and the long-term strategic direction of the Trust. It meets six times a year to conduct its business. The Board's development programme has six sessions a year to discuss matters requiring strategic debate and for training purposes. We invite Governors to each of the public Board meetings to represent the Council of Governors. The agenda and minutes are available and published on the Trust website.

There were six Trust Board meetings in public held in 2025/26. Attendance at each meeting is shown below:

Apologies Received Not a Member Not in post

Member	02-Apr-25	30-May-25	03-Sep-25	05-Nov-25	14-Jan-26	04-Mar-26
Andy Withers Non-Executive Director and Interim Trust Chair (from October 2024 to July 2025) Acting Trust Chair (from December 2025 to February 2026)	✓	✓	✓	✓	✓	✓
John Lawlor Trust Chair (from August 2025 to December 2025)			✓	✓		
Sarah Jones Trust Chair (from February 2026)						✓
'Foluke Ajayi Chief Executive Officer	✓	✓	✓	✓	✓	✓
Mark Andrews Non-Executive Director	✓	✓	✓	✓	✓	✓
Carl Chambers Non-Executive Director			✓	✓		✓
Leanne Cooper Chief Operating Officer	✓		✓	✓	✓	✓
Rhys Davies Non-Executive Director	✓					
Helene Ghosh Non-Executive Director			✓	✓		✓
Joanne Harrison Executive Director of People and Organisational Development	✓	✓	✓	✓	✓	✓

Member	02-Apr-25	30-May-25	03-Sep-25	05-Nov-25	14-Jan-26	04-Mar-26
Melanie Hudson Non-Executive Director	✓	✓				
Eileen Jessop Non-Executive Director			✓	✓	✓	✓
Ian Knight Non-Executive Director	✓	✓				
Andrew Loughney Chief Medical Officer				✓	✓	✓
Jyoti Mehan Non-Executive Director	✓	✓	✓	✓		✓
Andrew Merrick Non-Executive Director			✓	✓	✓	✓
Melanie Norbury Executive Director of Corporate Affairs	✓	✓	✓			
Lianne Robinson Chief Nurse	✓	✓	✓	✓	✓	
Mike Savage Executive Director of Finance	✓	✓	✓	✓	✓	✓
Stuart Shaw Executive Director of Strategy, Performance and Partnerships	✓		✓	✓	✓	✓
Sal Uka Interim Medical Director (to September 2025)	✓	✓	✓			

Attendance at Council of Governors Meeting

There were four public Council of Governor meetings held in 2025/26. Attendance at each meeting is shown below:

Apologies Received Not a Member Not in post

Member	11-Jun-25	17-Nov-25	7-Jan-26	25-Mar-26
Andy Withers Non-Executive Director and Interim Trust Chair (from October 2024 to July 2025) Acting Trust Chair (from December 2025 to February 2026)		✓	✓	✓
John Lawlor Trust Chair (from August 2025 to December 2025)		✓		
Sarah Jones Trust Chair (from February 2026)				✓

Member	11-Jun-25	17-Nov-25	7-Jan-26	25-Mar-26
Michael Baines Public Governor - Rest of England	✓			
Dr Richard Best Staff Governor - Doctors & Dentists				
Cllr Chris Church Stakeholder Governor - Pendle Borough Council			✓	✓
Nicola Denbow Staff Governor - Nursing and Midwives	✓		✓	✓
Linda Dobson Lead Governor & Public Governor - Keighley Central / East	✓	✓	✓	✓
Karen Ellison Lead Governor / Public Governor - Ilkley and Wharfedale	✓			
Annette Ferrier Staff Governor - Allied Health Professionals and Scientists	✓	✓	✓	✓
Cllr Richard Foster Stakeholder Governor - North Yorkshire County Council				
Corrine Hill Public Governor - Skipton				
Peter Home Public Governor - Bingley	✓	✓	✓	✓
Kevin Keogh Public Governor, Craven	✓		✓	✓
Sheila Lambert Public Governor - Keighley West and Worth Valley			✓	✓
Robert Minton-Taylor Public Governor - South Craven	✓	✓		✓
Chris Nolan Public Governor - West Craven	✓	✓	✓	✓
Mary Jo Pearson Public Governor, Ilkley & Wharfedale				✓
Nicola Stone Staff Governor - All Other Staff				✓
Karen Walker Public Governor - Pendle East and Colne	✓			
Andrew Wilkinson Public Governor - Settle and Mid Craven	✓	✓	✓	✓
Cllr Amjad Zaman Stakeholder Governor - Bradford Metropolitan District Council	✓	✓	✓	

Attendance at Appointments and Remuneration Committee

There were 10 Appointments and Remuneration Committee meetings held in 2025/26. Attendance at each meeting is shown below:

Apologies Received Not a Member Not in post

Member	9-Apr-25	2-May-25	7-Oct-25	19-Dec-25	7-Jan-26	2-Feb-26	12-Feb-26	11-Mar-26	24-Mar-26	31-Mar-26
Andy Withers Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Lawlor Trust Chair										
Sarah Jones Trust Chair						✓	✓	✓	✓	✓
Mark Andrews Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Linda Dobson Public Governor - Keighley Central / East			✓	✓	✓	✓	✓	✓	✓	✓
Karen Ellison Public Governor for Ilkley & Wharfdale	✓	✓	✓							
Annette Ferrier Staff Governor - Allied Health Professionals and Scientists		✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Home Public Governor - Bingley					✓	✓	✓	✓	✓	✓
Paul Maskell Public Governor - West Craven	✓	✓								
Robert Minton-Taylor Public Governor - South Craven										
Andrew Wilkinson Public Governor - Settle and Mid Craven			✓	✓		✓				

Attendance at Audit and Risk Committee meetings

There were seven Audit and Risk Committee meetings in 2025/26. Attendance at each meeting is shown below:

Apologies Received ◯ Not a Member ◯ Not in post ◯

Member	22-Apr-25	23-May-25	27-Jun-25	23-Jul-25	08-Oct-25	12-Jan-26	11-Mar-26
Carl Chambers Non-Executive Director			✓	✓	✓	✓	✓
Rhys Davies Non-Executive Director							
Melanie Hudson Non-Executive Director	✓	✓					
Ian Knight Non-Executive Director	✓	✓	✓	✓			
Andrew Merrick Non-Executive Director					✓	✓	✓
Andy Withers Non-Executive Director			✓	✓		✓	✓

Attendance at Charitable Funds Committee meetings

There were four Charitable Funds Committee meetings held in 2025/26. Attendance at each meeting is shown below;

Apologies Received ◯ Not a Member ◯ Not in post ◯

Member	20-May-25	8-Jul-25	7-Oct-25	16-Jan-26
John Lawlor Trust Chair			✓	
Andy Withers Non-Executive Director	✓	✓		
Mark Andrews Non-Executive Director	✓	✓		
Rhys Davies Non-Executive Director	✓			
Linda Dobson Lead Governor & Public Governor - Keighley Central / East	✓	✓		
Helene Ghosh Non-Executive Director				✓

Member	20-May-25	8-Jul-25	7-Oct-25	16-Jan-26
Joanne Harrison Executive Director of People & Organisational Development	✓	✓		✓
Ian Knight Non-Executive Director	✓			
Andrew Loughney Chief Medical Officer			✓	✓
Annie McClusky Staff Representative	✓	✓	✓	
Jyoti Mehan Non-Executive Director	✓	✓	✓	✓
Dr Elizabeth Stoppard Staff Representative		✓	✓	

Attendance at Finance, Performance and Digital Committee meetings

There were 10 Finance and Performance Committee meetings held in 2025/26. Attendance at each meeting is shown below:

Apologies Received Not a Member Not in post

Member	30 -Apr-25	21-May-25	26-Jun-25	30-Jul-25	25-Sep-25	22-Oct-25	26-Nov-25	26-Jan-26	23-Feb-26	23-Mar-26
Mark Andrews Non-Executive Director				✓	✓	✓	✓	✓	✓	✓
Leanne Cooper Chief Operating Officer	✓	✓	✓		✓	✓	✓	✓	✓	✓
Rhys Davies Non-Executive Director	✓	✓								
Eileen Jessop Non-Executive Director					✓	✓	✓	✓	✓	✓
Ian Knight Non-Executive Director	✓	✓		✓						
Andrew Merrick Non-Executive Director								✓	✓	✓
Mike Savage Executive Director of Finance	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Andy Withers Non-Executive Director	✓	✓	✓	✓						

Attendance at Nominations and Remuneration Committee

There were 15 Nominations and Remuneration Committee meetings held in 2025/26. Attendance at each meeting is shown below:

Apologies Received ◯ Not a Member ◯ Not in post ◯

Member	22-Apr-25	2-May-25	13-May-25	23-May-25	6-Jun-25	16-Jun-25	23-Jun-25	25-Jun-25	25-Jul-25	28-Jul-25	10-Oct-25	1-Dec-25	19-Feb-26	06-Mar-26	13-Mar-26
Mark Andrews Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
'Foluke Ajayi Chief Executive Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sarah Jones Trust Chair													✓	✓	✓
John Lawlor Trust Chair											✓	✓			
Andy Withers Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓

Attendance at People Committee meetings

There were six People Committee meetings held in 2025/26. Attendance at each meeting is shown below:

Apologies Received ◯ Not a Member ◯ Not in post ◯

Member	20-May-25	29-Jul-25	23-Sep-25	25-Nov-25	27-Jan-26	25-Mar-26
Helene Ghosh Non-Executive Director		✓	✓	✓	✓	✓
Mark Andrews Non-Executive Director	✓					
Joanne Harrison Executive Director of People and Organisational Development	✓		✓	✓	✓	✓
Melanie Hudson Non-Executive Director	✓					
Eileen Jessop Non-Executive Director		✓	✓	✓	✓	✓

Member	20-May-25	29-Jul-25	23-Sep-25	25-Nov-25	27-Jan-26	25-Mar-26
Andrew Loughney Chief Medical Officer				✓	✓	✓
Jyoti Mehan Non-Executive Director		✓	✓	✓		
Lianne Robinson Chief Nurse	✓	✓		✓	✓	
Sal Uka Interim Medical Director	✓	✓	✓			
Andy Withers Non-Executive Director		✓				

Attendance at Quality and Safety Committee meetings

There were ten Quality and Safety Committee meetings held in 2025/26. Attendance at each meeting is shown below:

Apologies Received Not a Member Not in post

Member	29-Apr-25	22-May-25	18-Jun-25	24-Jul-25	17-Sep-25	23-Oct-25	18-Nov-25	22-Jan-26	23-Feb-26	23-Mar-26
Andy Withers Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carl Chambers Non-Executive Director							✓	✓		✓
Leanne Cooper Chief Operating Officer	✓	✓	✓		✓	✓	✓	✓	✓	✓
Helene Ghosh Non-Executive Director				✓	✓			✓	✓	✓
Andrew Loughney Chief Medical Officer							✓	✓	✓	✓
Jyoti Mehan Non-Executive Director			✓	✓		✓	✓	✓		
Melanie Norbury Director of Corporate Affairs	✓	✓	✓	✓	✓					
Lianne Robinson Chief Nurse	✓	✓	✓			✓	✓	✓	✓	✓
Sal Uka Interim Medical Director	✓	✓	✓	✓						

Attendance at Securing the Future Committee meetings

There were six Securing the Future Committee meetings held in 2025/26. Attendance at each meeting is shown below:

Apologies Received Not a Member Not in post

Member	15-May-25	16-Jul-25	10-Sep-25	13-Nov-25	27-Jan-26	12-Mar-25
Mark Andrews Non-Executive Director	✓	✓	✓	✓	✓	✓
'Foluke Ajayi Chief Executive Officer	✓	✓	✓		✓	✓
Carl Chambers Non-Executive Director		✓				
Leanne Cooper Chief Operating Officer	✓	✓	✓	✓	✓	✓
Melanie Hudson Non-Executive Director	✓					
Mike Savage Executive Director of Finance	✓		✓	✓	✓	
Stuart Shaw Executive Director of Strategy, Planning and Partnerships	✓	✓	✓	✓	✓	✓
Andy Withers Non-Executive Director	✓	✓	✓	✓	✓	✓

The Council of Governors

The Council of Governors plays a key role in the work of the Foundation Trust, representing the interests of our membership and the general public and how best to meet the needs of patients and the wider community we serve. It has a number of statutory duties, including appointing the Chair and the Non-Executive Directors, determining their remuneration and other terms and conditions of service and approving the appointment of the Chief Executive Officer.

The Council of Governors holds the Non-Executive Directors to account, both individually and collectively, for the performance of the Board. It also receives the annual report and accounts and contributes to the annual business planning process, including objectives, priorities and strategy, by canvassing the views of Foundation Trust members, the public (and if they are appointed, their appointing body) on the Trust's forward plan and communicating these to the Board of Directors. This is achieved through formal governor meetings, facilitated by a regularly scheduled item which is led by governors, who provide feedback from these groups to the Board.

Governors act as a key link between the Trust Board and the public. They not only represent the views of local people at meetings, but they also observe Board and

committee meetings, give their views regarding the Annual Plan, attend informal monthly meetings to hear about the Trust and get invited to take part in other activities such as supporting the work of the hospital charity in their local communities.

The Trust maintains a secure database for members of the public who want to support their local hospital, vote in governor elections and receive newsletters. Regular updates are shared with our Governors and members and are issued periodically or when there is important news to share, for example in relation to our new hospital programme. Governors receive the Trust briefings circulated to staff and also have a dedicated newsletter issued by the Foundation Trust's Membership Officer, who also provides dedicated support and a point of contact for Governors.

Effective mechanisms for communication between Governors, Members and the Board, including Non-Executive Directors are in place, and include:

- Quarterly Council of Meetings in public in which briefings on Trust matters, including operational and financial performance are presented by the Chair, Chief Executive Officer and Non-Executive Directors in their capacity as Chair of Board Committees.
- Quarterly meetings with Staff Governors attended by the Chair, Chief Executive Officer and Executive Director of People and Organisational Development.
- Monthly meetings with all Governors attended by the Chair and also Non-Executive Directors on a rotation basis.
- All Executive Directors and Non-Executive Directors are invited to attend the quarterly Council of Governors meetings.
- The Lead Governor and Deputy Lead Governor meeting with the Chair and Trust Secretary to discuss and set the agenda for Council of Governors meetings.
- Annual Members Meeting in which Governors communicate with their Member constituencies and the public how they have discharged their responsibilities, including their impact and effectiveness on holding Non-Executive Directors to account for the performance of the Board as swell as transmitting their views to the Board of Directors.
- Directors' attendance at the Annual Members Meeting.
- Joint Board and Council workshops are held to develop the Annual Plan and Trust Strategy: one in December to receive input from Governors on areas the members would like to see prioritised in the Annual Plan, and then in March to review how Trust plans would respond to these.

The Council of Governors met five times during 2025/26, including the Annual Members Meeting. The Council of Governors meetings were held face-to-face and also as hybrid meetings via digital technology. The agenda and minutes are published on the Trust website.

Performance of the Council of Governors

Decisions made during 2025/26 included:

- Appointment of the Chair (John Lawlor with effect from 1 August 2025 and Sarah Jones with effect from 1 February 2026)
- Appointment of Chair in Common (with effect from 1 March 2026)
- Appointment of Non-Executive Directors
- Remuneration and allowances, and the other terms and conditions of office, of the Chair and Non-Executive Directors
- Approval of a contract extension for the Trust's External Auditor;
- Approval of updates to the Constitution.

The Council of Governors has also agreed the process for the evaluation of the Chair and Non-Executive Directors and the process for appointment or re-appointment of the Non-Executive Directors.

The Trust supports effective mechanisms for communication between Governors and members from the Trust's constituencies.

The contact details for members who wish to communicate with Governors and/or Directors are available on the Trust website. or by contacting the Trust Secretary, Airedale General Hospital, Skipton Road, Steeton, Keighley BD20 6TD.

Lead Governor

In line with the Code of Governance for NHS Provider Trusts, the Council of Governors elects one of its Governors to be Lead Governor. This is to act as the main point of contact for NHS England should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate. The position of Lead Governor was held by Karen Ellison until her resignation in December 2025. Since then, Linda Dobson has held the Lead Governor position.

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

The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved

The Board of Directors promotes effective communications between itself and the Council of Governors. The Board, through the Chief Executive Officer and the Chair provide regular updates to the Council of Governors on the developments being undertaken in the Trust. The Board encourages the Governors to raise questions and concerns during the year and ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive Officer and any invited Executive Director or Non-Executive Director will ensure that the Governors are provided with any information when the financial standing of the Trust has materially changed or the performance of its business has changed or where there is an

expectation as to performance which, if made public, would be likely to lead to a substantial change to the financial well-being, health care, delivery, performance or reputation and standing of the Trust.

Where there is a dispute between the Board and Council of Governors, in the first instance the Chair of the Trust would endeavour to resolve the dispute. If the Chair is not willing or able to resolve the dispute the Senior Independent Director and the Lead Governor of the Council of Governors would jointly attempt to resolve the dispute. The Council of Governors also has access to the Senior Independent Director should there be any concerns which cannot be resolved with the Board in the course of normal business.

In the event of the Senior Independent Director and the Lead Governor not being able to resolve the dispute, the Board of Directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006 will decide the disputed matter.

Governor Elections

Governors are subject to re-election by members of their constituency at regular intervals, not exceeding three years. The governors subject to election or re-election are (usually) accompanied by a statement provided by the candidate to enable foundation trust members to make an informed decision on their election.

In accordance with best practice, Governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their role.

Governor elections were held in 2025/26 for the following constituencies:

Central and East Keighley, Ilkley and Wharfedale, Pendle and East Colne, South Craven, Craven, Nursing and Midwifery, All Other Staff, with the following constituencies uncontested, Skipton, West Craven and Doctors and Dentists. No valid nominations were received for the Bingley Rural constituency.

Governors' Interests

Governors are required to disclose details of any material interests which may conflict with their role as Governors. Our membership office maintains a register of interests, which is published on our website.

Committees of the Council of Governors

The Council of Governors has appointed one standing Committee and one working group. Further information can be found below:

Appointments and Remuneration Committee

The Committee is chaired by the Trust Chair and comprises, the Senior Independent Director, Lead Governor, plus one further Non-Executive Director and four Governors drawn from Public, Staff and Appointed Governors. Governance and human

resources representatives also attend in an advisory capacity.

The committee is responsible for on a regular and systematic basis (not less than annually) monitoring the performance of the Chair and other Non-Executive Directors and make reports to the Council of Governors.

In delivering its remit the Committee:

- considers and make recommendations to the Council of Governors as to the remuneration and allowances and terms and conditions of the office of the Chair and Non-Executive Directors;
- considers Non-Executive Director's succession planning having regard to the Non-Executive re-appointment process every three years, and Board composition including the Board's views on non-executive qualifications, skills and experience required for each position;
- determines the processes for the selection of candidates for office as Chair or other Non-Executive Directors of the Trust having first consulted with the Board of Directors as to these matters and having regard to such views as may be expressed by the Board of Directors., including
    - preparing a description of the role, responsibilities and person specification
    - determining the arrangement for attracting applicants
    - conducting a selection process and other assessment arrangements
    - making a recommendation to the Council of Governors
    - engaging with the Trust's People and OD services to seek candidates for office and to advise on the recruitment selection process up to making a recommendation to the Council of Governors;
    - making recommendations to the Council of Governors of the preferred candidate for appointment as Chair or other Non-Executive Directors.

To identify suitable candidates for all appointments to Non-Executive Director (NED) positions on the Board of Directors, including the Chair, the Committee considers on each occasion the use of open advertising with the Trust managing the process via its in-house human resources team and/or the services of external advisers to facilitate the search. During 2025/26, the Committee engaged Odgers Berndtson to support the recruitment of a Trust Chair. Any connection between an external consultancy engaged to provide services to the Trust is declared and managed in line with the declarations of interest register requirements. The Trust has a Register of Interests, and all declarations made by staff defined under this policy as decision makers are published. There is no connection between Odgers Berndtson and individual Directors or other Trust decision makers.

Register of the Council of Governors

As at 31 March 2026, our Council of Governors comprised the following Governors. The table below shows their appointment date, term of tenure and term of tenure remaining.

Constituency	Name	Date appointed	Term of tenure	Date due to end/ ended /election due
Public Governors				
Bingley	Peter Home	01.06.2023	3 years	June 2026
Bingley Rural	Vacant	-	-	-
Craven	Kevin Keogh	01.06.2025	3 years	June 2028
Ilkley and Wharfedale	Karen Ellison	01.06.2025	3 years	Resigned 10.11.2025
Ilkley and Wharfedale	Mary Jo Pearson	17.02.2026	3 years	June 2026
Keighley Central and East	Linda Dobson	01.06.2025	3 years	June 2028
Keighley West and Worth Valley	Sheila Lambert	01.06.2024	3 years	June 2027
Pendle and East Colne	Karen Walker	01.06.2025	3 years	Resigned September 2025
Rest of England	Michael Baines	01.06.2023	3 years	Resigned 12.03.2026
Settle and Mid Craven	Andrew Wilkinson	01.06.2023	3 years	June 2026
Skipton	Corrine Hill	01.06.2025	3 years	Resigned
Staff Governors				
Allied Health Professionals and Scientists	Annette Ferrier	01.06.2023	3 years	June 2026
All Other Staff	Nicola Stone	01.06.2025	3 years	June 2028
Doctors and Dentists	Richard Best	01.06.2025	3 years	June 2028
Nursing and Midwifery	Nicola Denbow	01.06.2025	3 years	June 2028
Stakeholder Governors				
Bradford Metropolitan District Council	Amjad Zaman	04.07.2024	Council confirmed appointment	Council confirmed appointment

North Yorkshire County Council	Cllr Richard Foster	01.06.2022	Council confirmed appointment	Council confirmed appointment
Pendle Borough Council	Cllr Chris Church	18.05.2023	Council confirmed appointment	Council confirmed appointment
Voluntary Sector	Vacant	-	-	

Partnership Working and Stakeholders

West Yorkshire Health and Care Partnership - an integrated system

In West Yorkshire the integrated care system is called the West Yorkshire Health and Care Partnership. The Partnership focuses on four main areas of work:

- improving health and care outcomes for people
- addressing health inequalities
- increasing productivity and efficiency
- supporting broader social and economic development.

The Trust works closely with health, social care, voluntary and community organisations in the Integrated Care System (ICS) across West Yorkshire.

Within the West Yorkshire Health and Care Partnership, there is a partnership board known as the NHS West Yorkshire Integrated Care Board (ICB), with the legal power to carry out its responsibilities in the partnership. The Partnership Board is an important group with work carried out across five places-Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District. This approach, known as place-based working, uses these strengths abilities and knowledge of everyone involved. Elected members, partner executives, and non-executives are brought together in one decision making process. Our Trust Chair and Chief Executive Officer are Board members.

The Partnership's work to improve people's health and well-being is informed by West Yorkshire priorities such as cancer care, maternity services, mental health support, addressing health inequalities, and supporting children, young people and families.

Within our local places we are a member of the Bradford District and Craven Health and Care Partnership. Details of director input to place-based Integrated Care Board (ICB) committees and joint working is given in the partnership working section of the Annual Governance Statement. The Bradford District and Craven Health and Well-Being Boards provides strategic direction in relation to the development of local plans for improving health and well-being. Working together provides greater opportunities to deliver the West Yorkshire Integrated Care Strategy and joint forward plan - which aims to make sure that all people are given the best start in life and are able to remain healthy and age well. The Trust's five-year strategy is aligned to both the West

Yorkshire ICS and Bradford District and Craven Place Strategies.

The Trust works closely with the West Yorkshire ICB to form its capital plans within the overall system resource, taking a risk-based approach.

Provider Collaboratives

Across the NHS, provider organisations face big challenges, search as more people needing services, and staff recruitment and retention concerns. These challenges are too big for one organisation to handle alone. So, the idea of provider collaboratives is to bring providers together to tackle these challenges together, whilst sharing good practise. The Trust is a member of the provider collaborative known as West Yorkshire Association of Acute Trusts WYAAT, a partnership of NHS Trusts providing hospital services. The Trust is also a member of the Community Provider Collaborative, supporting system-wide improvement in community services through joint planning. Further information can be found in the Annual Governance Statement.

Working in Partnership with Patients

The section on Patient Care and Patient Experience earlier in the Accountability Report details how we have strengthened working in partnership with people and communities.

Directors' Statements

Details of Political Donations

The Board confirmed that no political donations have been made during the year.

Compliance with HM Treasury Cost Allocation and Charging Guidance

The Trust has fully complied with all guidance relating to cost allocation and charging guidance.

Income Disclosure

Section 43(2) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that income from the provision of goods and services for the purposes of the health service in England must be greater than its income for the provision of goods and services for any other purpose. The Trust can confirm it has met these requirements.

Going Concern

Our financial statements have been prepared on a going concern basis. International Accounting Standard (IAS) 1 requires the Board to assess, as part of the account's preparation process, our organisation's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statement should be prepared on a going concern basis unless there are

plans for, or no realistic alternative other than, the dissolution of the Trust without transfer of its services to another entity within the public sector.

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.

Better Payment Practice Code

The Trust endeavours to pay its suppliers within 30 days of receipt of goods or valid invoice (whichever is later) in line with the Better Payment Practice Code and monitors performance against this target. Late payment interest of £7,600.05 was levied in 2025/26. The majority of this claim, £6,978.59, was related to a historic claim related to invoices from 2019-2022.

Non-NHSTradeCreditors Summary of Position 2025/26		
Year to 31 March 2026	**Numbers**	**Year to 31 March 2025**
51,853	Number of bills paid to date	51,955
46,089	Number of bills paid in 30 days	45,346
88.88%	Percentage of bills paid in 30 days	87.28%

Year to 31 March 2025	Numbers	Year to 31 March 2025
£231,068	£k Value of bills paid to date	£203,203
£199,430	£k Value of bills paid in 30 days	£173,456
86.31%	Percentage of bills paid in 30 days	85.36%

NHSTradeCreditors Summary of Position 2024/25		
Year to 31 March 2026	**Numbers**	**Year to 31 March 2025**
842	Number of bills paid to date	632
337	Number of bills paid in 30 days	399
40.02%	Percentage of bills paid in 30 days	63.13%

Year to 31 March 2025	Numbers	Year to 31 March 2024
£11,023	£k Value of bills paid to date	£6,374
£4,959	£k Value of bills paid in 30 days	£3,855
44.99%	Percentage of bills paid in 30 days	60.48%

Part 3: Remuneration Report

Annual Statement on Remuneration

There have been no changes to the remuneration policy for senior managers during the year.

The Nomination and Remuneration Committee whose function it is to decide pay for Executive Directors conduct a review of Executive salaries each year.

During the year ended 31 March 2026, two senior managers (Chief Executive Officer and Executive Director of Finance), were paid more than £150,000.

The steps outlined below provides the Nominations and Remuneration Committee with assurance 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 those positions.

Remuneration is set in accordance with NHS Agenda for Change for all our people other than doctors and Directors. Pay and conditions of service for doctors is agreed nationally.

Senior Managers Remuneration Policy

The remuneration package for Senior Managers consists of the following factors:

Item	Rational
Salary	Our strategy and business planning process set the key business objectives of our organisation which are delivered by these senior managers (Very Senior Managers). This success measure is one of the ways in which the senior managers performance is monitored. Senior managers' remuneration is set based on nationally established scales, either Agenda for Change or Very Senior Manager. To ensure that the pay and terms of service offered by the organisation are both reasonable and competitive, comparisons are made between the scale and scope of responsibilities of our Very Senior Managers and those of employees holding similar roles in similar roles in other organisations, using available benchmarking information. A report is prepared for the Nominations and Remuneration Committee, which makes these comparisons between our remuneration rates for Very Senior Managers, as required. Very Senior Managers are paid spot level salaries rather than on an incremental scale and may collectively receive an annual uplift in salary in line with guidance on pay for very senior colleges issued by NHS England. All senior managers remuneration is subject to satisfactory performance of duties in line with their employment.

	There is no performance-related pay so managers receive 100% of their salary subject to the relevant deductions.
Taxable benefits	The Nominations and Remuneration Committee agree any taxable benefit. This forms part of the recruitment and retention of senior managers by ensuring that we remain competitive.
Pension	Standard pension arrangements are in place. This forms part of recruitment and retention of senior managers by ensuring that we remain competitive. There is no maximum amount payable.
Bonus	There is no bonus scheme for any senior manager, however bonus payments may be made on a discretionary basis subject to approval by the Nominations and Remuneration Committee and in line with the nationally established Very Senior Manager pay scales. All other staff are subject to Agenda for Change pay rates, terms and conditions of service, which are determined nationally.
Other	Individual items such as lease cars are not offered as part of a remuneration package. Board level directors, may, however, put forward an individual request in respect of such items. Senior managers terms and conditions, e.g. holidays, pensions, sick pay are in accordance with Agenda for Change terms and conditions.

Senior Managers Objectives and Performance

Senior Managers meet annually with the Chief Executive Officer to agree core and individual performance objectives and subsequently meet with the Chief Executive Officer on a regular basis to discuss the progress made towards the targets set.

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

The Chief Executive Officer presents an assurance report to the Nomination and Remuneration Committee each year outlining the appraisal process undertaken. The committee also receives a summary report on the performance of each of the Executive Directors and a recommendation in respect of any proposed changes to remuneration levels. The Chair it is to the same process in regard to the Chief Executive Officer.

Annual Report on service contracts (as at 31 March 2026)

As described below, senior managers' contracts are open-ended (permanent) contracts. Non-Executive Directors serve terms of three years, up to a maximum of six years. The Council of Governors will consider and set terms of office for Non-Executive Directors beyond that point that meet the needs of the organisation, taking into account NHS England guidance and the Code of Governance for NHS Providers Trusts. Terms beyond that point should be set on an annual basis.

Director	Status	Contract start date	Contract terms (years)	Unexpired terms as at June 2026	Notice period by the Trust	Notice period by the Director
Ms F Ajayi Chief Executive Officer	Executive Board Member	April 2022	Indefinite term	Not applicable	Three months	Three months
Dr L Cooper Chief Operating Officer*	Executive Board Member	February 2023	Indefinite term	Not applicable	Three months	Three months
Mrs J Harrison Director of People and OD	Executive Board Member	September 2019	Indefinite term	Not applicable	Three months	Three months
Mr A Loughney Chief Medical Officer	Executive Board Member	October 2025	Indefinite term	Not applicable	Three months	Three months
Ms L Robinson Chief Nurse	Executive Board Member	April 2024	Indefinite term	Not applicable	Three months	Three months
Mr M Savage Executive Director of Finance	Executive Board Member	October 2023	Indefinite term	Not applicable	Three months	Three months
Mr S Shaw Director of Strategy, Planning & Partnerships	Executive Board Member	April 2008	Indefinite term	Not applicable	Three months	Three months
Mr M Andrews	Non-Executive Board Member	June 2023	3 years	>1 month	Three months	Three months
Mr C Chambers	Non-Executive Board Member	June 2025	3 years	2 years	Three months	Three months
Mrs H Ghosh	Non-Executive Board Member	June 2025	3 years	2 years	Three months	Three months
Mrs E Jessop	Non-Executive Board Member	June 2025	3 years	2 years	Three months	Three months
Mrs S Jones	Non-Executive Board Member	February 2026	3 years	2 years 8 months	Three months	Three months

Ms J Mehan	Non-Executive Board Member	March 2025	3 years	1 year 9 months	Three months	Three months
Mr A Merrick	Non-Executive Board Member	September 2025	3 years	2 years 3 months	Three months	Three months
Dr A Withers*	Non-Executive Board Member	April 2021	3 years	Not applicable	Three months	Three months

*Since the year-end, Dr Withers and Dr Cooper have left the Trust with effect from 31 March and 31 May, respectively.

Remuneration of Trust Board and Other Employees

When setting remuneration levels for the Executive Directors, the Nominations and Remuneration Committee considers the 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 organisational workforce

In particular, the Nominations and Remuneration Committee considers the recommendations of the NHS Pay Review Body and the Review Body on Doctors and Dentists Remuneration as reflecting most closely the economic environment encountered by the Executive Directors. We do not consult more widely with employees on such senior managers remuneration matters.

Name and Title	Salary (bands of £5000) £000	Taxable benefits	Annual performance related bonuses	Long-term performance related bonuses	Pension related benefits (bands of £2500) £000	Total (bands of £5000) £000
Ms F Ajayi Chief Executive	200-205	0	0	0	0	195-200
Mrs M Norbury Director of Corporate Affairs	70-75	0	0	0	45-47.5	115-120
Dr L Cooper Chief Operating Officer	135-140	0	0	0	17.5-20	155-160
Mrs J Harrison Director of	125-130	0	0	0	40-42.5	155-160

People and OD						
Dr S Uka Interim Medical Director	100-105	0	0	0	100-102.5	205-210
Dr A Loughney Chief Medical Officer	100-105	0	0	0		100-105
Mr M Savage Director of Finance	150-155	0	0	0	42.5-45	190-195
Mr S Shaw Director of Strategy, Planning and Partnerships	125-130	0	0	0	52.5-55	180-185
Ms L Robinson Chief Nurse	125-130	0	0	0	45-47.5	175-180
Mr M Andrews Non-Executive Director	10-15	0	0	0	0	10-15
Mr C Chambers Non-Executive Director	10-15	0	0	0	0	10-15
Mr S R Davies Non-Executive Director	0-5	0	0	0	0	0-5
Mrs H Ghosh Non-Executive Director	5-10	0	0	0	0	5-10
Mr J Lawlor Chair	15-20	0	0	0	0	15-20
Mrs S Jones Chair	10-15	0	0	0	0	10-15
Mrs E Jessop Non-Executive Director	5-10	0	0	0	0	5-10
Ms J Mehan Non-Executive Director	10-15	0	0	0	0	10-15
Mr Merrick Non-Executive Director	5-10	0	0	0	0	5-10
Mrs M T Hudson Non-Executive Director	0-5	0	0	0	0	0-5
Mr I Knight Non-Executive	5-10	0	0	0	0	5-10

Director						
Dr A Withers Non-Executive Director Interim Chair Acting Chair	25-30	0	0	0	0	25-30

Notes:
Mr C Chambers - Non-Executive Director from 23 June 2025
Ms J Clennell held the statutory role of Chief Nurse at the Trust from 23 April to 4 July 2025 whilst a substantive recruitment process was ongoing and received no remuneration from the Trust during this period.
Mr S R Davies - Non-Executive Director left 31 May 2025
Mrs H Ghosh - Non-Executive Director from 26 June 2025
Mrs M T Hudson - Non-Executive Director left 31 May 2025
Mrs E Jessop - Non-Executive Director from 27 June 2025
Mrs S Jones - Chair from 1 February 2026, and from 1 March 2026 became Chair in Common with Bradford District Care Trust, therefore 50% of salary costs are shared.
Mr I Knight - Non-Executive Director left 31 July 2025
Mr J Lawlor- Chair from 1 August 2025 to 17 December 2025
Dr A Loughney - Medical Director from September 2025
Mr A Merrick - Non-Executive Director from 3 September 2025
Mrs M Norbury - Director of Corporate Affairs left November 2025
Dr S Uka Interim Medical Director - from December 2024 to September 2025
Dr A Withers - Non-Executive, Interim Chair from October 2024 to July 2025, then Non-Executive Director until December 2025 when he became Acting Chair until February 2026, continuing as a Non-Executive Director until 31 March 2026.

No former senior manager received compensation in the period 1/4/2025 - 31/3/2026

The pension related benefits are calculated by taking the inflated increase in pension entitlement (1.7% for 2025/2026), less the employee contribution. Assuming pension is paid for a period of 20 years.

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.

Pension Benefits

Name and title	Real Increase in Pension at retirement age	Real Increase in Pension Lump Sum at Pension age	Total accrued pension at Pension age at 31 March 2026	Lump Sum at pension Age Related to Accrued Pension at 31 March 2026
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000
Ms F Ajayi Chief Executive	0-2.5	0	95-100	100-105
Mrs Melaine Norbury Director of Corporate Affairs	2.5-5	0	5-10	0
Dr Leanne Cooper Chief Operating Officer	0-2.5	0	25-30	60-65
Dr Salim Uka Interim Medical Director	5-7.5	2.5-5	60-65	160-165
Mrs Joanne Harrison Director of People and Organisational Development	2.5-5	0-2.5	25-30	55-60
Mr Mike Savage Director of Finance	2.5-5	0	30-35	0
Mr Stuart Shaw Director of Strategy, Planning and Partnerships	2.5-5	2.5-5	45-50	110-115
Mrs Lianne Robinson Chief Nurse	2.5-5	0-2.5	40-45	95-100

Name and title	Cash equivalent transfer value at 31 March 2026	Cash equivalent transfer value at 31 March 2025	Real Increase in Cash equivalent transfer value	Employers Contribution to Pension
	£000	£000	£000	To nearest £100
Ms F Ajayi Chief Executive	1787	1720	13	0
Mrs Melaine Norbury Director of Corporate Affairs	91	49	32	0
Dr Leanne Cooper Chief Operating Officer	566	529	14	0
Dr Salim Uka Interim Medical Director	1416	1282	99	0
Mrs Joanne Harrison	524	471	31	0

Director of People and Organisational Development				
Mr Mike Savage Director of Finance	470	411	35	0
Mr Stuart Shaw Director of Strategy, Planning and Partnerships	1021	933	56	0
Mrs Lianne Robinson Chief Nurse	863	791	43	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 2026.

A 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.

Nomination and Remuneration Committee Membership and Meetings

The Committee considers and reviews, on behalf of the Trust Board, current and future requirements applicable to:

- Strategic portfolio changes relevant to the posts covered by the committee's remit
- The performance of and setting of salaries, terms of service and allowances

for the posts covered by the committee's remit
- Senior management succession planning arrangements and talent management processes
- Senior managerial competence relating to leadership capability
- Oversees the process for the nomination of the Chief Executive Officer for approval by the Board (and ratification by the Council of Governors)
- Oversees the process for the appointment of other Executive Directors and the Trust Secretary
- Approves the appointment (or removal) of the Directors and Chair of the Trust's wholly owned subsidiary, including specified senior management
- Maintains oversight of succession planning for the whole Board ensuring Board composition is maintained, including with the required skills and experience
- Maintains oversight of the allocation of Director or Board members to subsidiary management boards.

In delivering its remit, the committee reviewed and received the following:

- Performance development reviews of Executive Directors
- Overseen the appointment of Executive Directors
- Succession planning arrangements for Executive Directors, including a review of Executive skills in relation to future Board requirements
- Reviewed remuneration guidance and benchmarking applicable to Executive Directors employed on 'Very Senior Manager' terms and conditions
- Kept up to date with relevant national and local developments
- Governance related matters, for example review of the committee terms of reference, work plan and committee effectiveness
- Committee annual report against delivery of the terms of reference of the committee.

During the year there were no Executive Directors leaving the employment of the Trust, except in accordance with the terms of their contract of employment.

The Committee is chaired by the Senior Independent Director and also comprises the Trust Chair, Non-Executive Director and the Chief Executive Officer. The Committee meets on an ad-hoc basis but sufficiently to ensure it fulfils its terms of reference. In attendance in an advisory capacity is the Executive Director of People and OD and Trust Secretary.

Chair and Non-Executive Director Remuneration

The Chair and Non-Executive Directors remuneration is overseen by the Governors Appointments and Remuneration Committee (the 'committee') As outlined in the Accountability Report' Committees of the Council of Governors' section.

The committee makes recommendations to the Council of Governors on the Non-Executive Directors and Chair remuneration levels noting the NHS England guidance as published from time to time. The Chair and a Non-Executive Directors receive spot level remuneration but can claim reasonable expenses for example travel expenses as per other employees.

A review of remuneration levels applicable to Non-Executive Directors and the Chair was undertaken during the year. The committee was cognisant of the Remuneration Framework and took the decision to maintain current levels of remuneration.

A further review of the Chair's remuneration was undertaken by the committee on the appointment of the current Chair (1 February), in which the remuneration was matched with that received by the Chair whilst contracted to BTHF. At the point the Chair was appointed Chair in Common with BDCFT (1 March) that remuneration was further reviewed and a complexity payment awarded to the Chair taking account of that appointment across two Foundation Trusts. The remuneration received by the Chair is split equally between the Trust and BDCFT.

Some Non-Executive Directors receive an additional one-off responsibility allowance based on board positions held. No uplift in responsibility allowances was made during 2025/26.

The remuneration packages for the Chair and other Non-Executive Directors is made up of:

Item	Rationale
Remuneration	£40,000 per annum for the Non-Executive Chair (two days per week), plus a complexity allowance of £10,000 per annum – shared equally with Bradford District Care Foundation Trust.
Remuneration	£13,000 per annum for all other Non-Executive Directors – three days per month.
Remuneration	Additional responsibility allowance of £2,000 for the Chair of the Audit and Risk Committee
Remuneration	Additional responsibility allowance of £2,000 for the Senior Independent Director
Expenses	Chair and Non-Executive Director mileage rates are aligned with latest guidance. All other expenses remain in line with organisation policy. The Chair is eligible to receive accommodation expenses when on concurrent business with the Trust and BDCFT.

Governors Expenses

Governors may be reimbursed for legitimate expenses incurred during their official duties as Governors of the Trust. There were no expenses paid to Governors during 2025/26 (2024/25: £0).

Fair Pay Multiple (Audited 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.

Fair Pay Multiple (Audited Information) – 25th and 75th percentile

The banded remuneration of the highest-paid Director in Airedale NHS Foundation Trust in the financial year 2025-26 was £202,500 (2024-25, £202,500). This is a change between years of 0%*.

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. No Directors received performance related pay or bonuses in 2025-26.

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.

2025/26	25th percentile	Median	75th percentile
Total pay and benefits excluding pension benefits	£28,711	£38,801	£52,114
Pay and benefits excluding pension: pay ratio for highest paid Director	7.05:1	5.22:1	3.89:1

2024/25	25th percentile	Median	75th percentile
Total pay and benefits excluding pension benefits	£27,466	£36,961	£49,733
Pay and benefits excluding pension: pay ratio for highest paid Director	7.37:1	5.48:1	4.07:1

*The fair pay multiple calculation excludes all employees whose annualised pay falls below the minimum Band 2 amount (AfC Band 1 being closed to new entrants). 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.

Definition of 'Senior Manager'

The definition of 'senior manager' is those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS Foundation Trust. This includes the Chief Executive Officer, Chair, Executive, Associate and Non-Executive Directors. This definition covers all those who hold or have held office as Chair, Non-Executive Director, Executive Director or Associate Director of the organisation during the reporting year. It is irrelevant that:

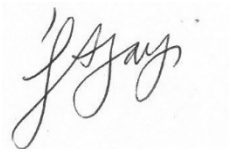
- an individual was not substantively appointed holding office is sufficient irrespective of defects in appointment
- an individual's title as Director included a prefix such as interim acting temporary or alternate
- an individual was engaged via a corporate body search as an agency and payments were made to that corporate body rather than to the individual directly.

Policy on payment for loss of office for Senior Managers

Senior managers are employed on substantive contracts of employment and are employees of the organisation. Their contracts are open-ended employment contracts which can be terminated by either party giving notice in accordance with their individual service contract.

Our normal disciplinary policy applies to senior managers including the sanction of instant dismissal for gross misconduct. Our redundancy policy is consistent with the NHS redundancy terms for all our colleagues.

This concludes the Remuneration Report for 2025/26.



‘Foluke Ajayi
Chief Executive Officer
25 June 2026

Part 4: Staff Report

Analysis of Staff Costs (Audited Information)

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	2025/26			2024/2025		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	**180,755**	180,755	-	**170,886**	170,886	-
Social Security Costs	**23,044**	23,044	-	**17,533**	17,533	-
Apprenticeship levy	**855**	855	-	**830**	830	-
Employer contributions to NHS Pensions Agency	**32,694**	32,694	-	**30,776**	30,776	-
Agency/Contract staff	**6,854**	-	6,854	**9,891**	-	9,891
Total Staff Costs	**244,202**	**237,348**	**6,854**	**229,916**	**220,025**	**9,891**
Included within the above:						
Costs capitalised as part of assets	**3,276**	2,607	669	**4,078**	2,780	1,298
Total Staff Costs (excluding capitalised costs)	**240,926**	**234,741**	**6,185**	**225,838**	**217,245**	**8,593**

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

Annualised employee remuneration (including temporary staff):

For employees of the Trust as a whole, the range of remuneration in 2025/26 was from £24,465* to £334,875 (2024/25, £23,615* to £379,695). 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 5.9%. 23 employees received remuneration in excess of the highest-paid Director in 2025/26 (2024/25, 18).

Analysis of Worked Full Time Equivalents (FTEs) (Audited Information)

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*	2025/2026			2024/2025		
	Total	Permanently employed	Other	Total	Permanently employed	Other
Medical and dental	**489**	433	56	**451**	**410**	41
Administration and estates	**1,011**	975	36	**402**	**367**	35
Healthcare assistants and other support staff	**688**	635	53	**780**	**733**	46
Nursing, midwifery and health visiting staff	**995**	948	47	**910**	**856**	54
Scientific, therapeutic and technical staff	**363**	353	10	**506**	**501**	5
Healthcare science staff	**31**	31	0	**0**	0	0
Other	**8**	8	0	**640**	**631**	8
Total	**3,586**	**3,383**	**203**	**3,688**	**3,498**	**190**

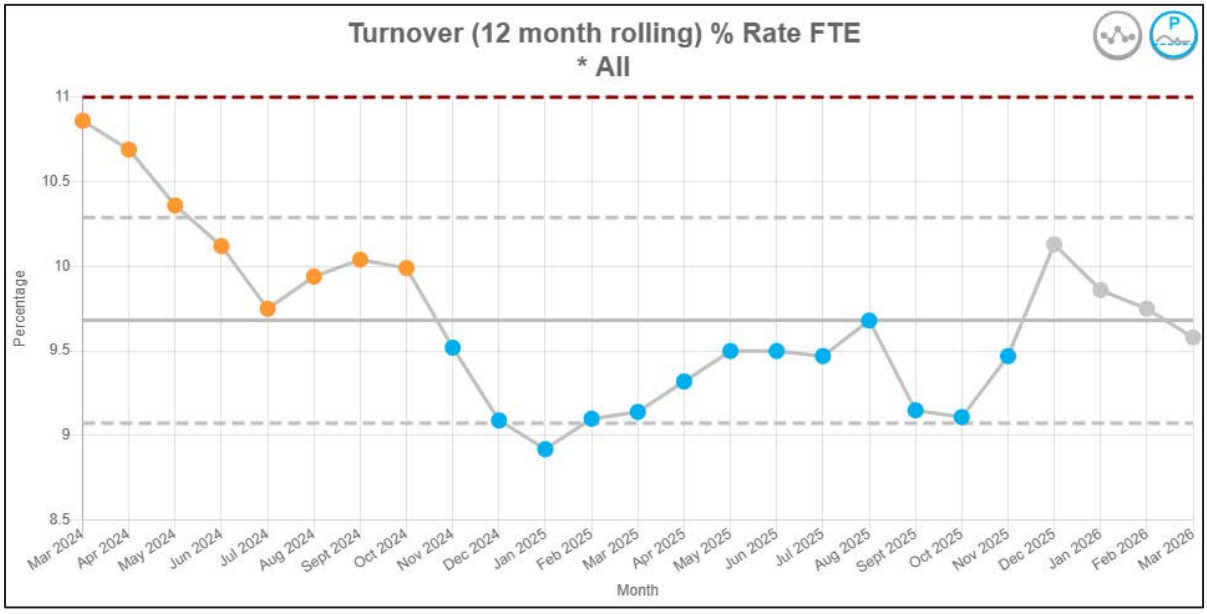
*WTE = Whole Time Equivalent

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

Analysis of Staff Turnover

The Trust's rolling 12-month turnover figure for April 2025 to March 2026 was 9.58% this is a 0.44% point increase from 2024/25, trend analysis is shown below which now demonstrates common cause variation within expected limits.

Since the Trust's participation in the People Promise exemplar programme, retention has remained a key priority with key strategic progress monitored through the Trust's People Strategy KPIs linked to stability index. A key focus for 2025/26 has been Healthcare Support Worker retention, linked to onboarding experience and focus group sessions focused on improving experience.



Staff Policies and Actions Applied During the Year

The Trust continued the implementation of the People Strategy during 2025/26 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:

1. value our people by promoting a positive culture and working environment that allows everyone to thrive and flourish
2. work towards having enough people to provide great services and care and endeavour to address any material gaps through recruitment
3. have people who want to work for us because of our positive reputation and who are reflective of our population
4. 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. Policies are supported by toolkits to guide managers in implementation. Training sessions are available for line managers linked to key people policies.

During 2025/26 the Trust adopted a new policy in relation to Sexual Safety, this is part of a series of nationally developed policies and follows a focus to have a robust framework in place to support colleagues to raise concerns and ensure appropriate mechanisms are in place to respond to concerns.

The Trust is committed to ensuring that actions taken to improve people experience are built from colleague feedback, during 2025/26 a continued focus on engagement through the people promise priorities has taken place, this included:

- A thematic analysis of over 350 written comments provided in the staff survey

- Quarterly People Pulse surveys
- Analysis of new starter and leaver questionnaire data
- Analysis of incident reports to understand themes to inform OD priorities
- Lived experience stories through Inclusion Networks

Support for Colleagues

The Trust has an established Health and Wellbeing service that provides direct Occupational Health support to colleagues. Services can be accessed through a management referral. There is a range of other support services available for colleagues, including individual health advice and MOTs, fast track physiotherapy, external Psychologist support, and an immunisation programme for flu.

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

Health and Safety Objectives During 2025/26

During 2025/26, the Trust's Health and Safety objectives focused on strengthening legal compliance, improving staff safety, and embedding sustainable health and safety management arrangements across clinical, non-clinical and community services. The objectives were designed to support both immediate risk reduction and longer-term organisational resilience.

1. Strengthening policy and legal compliance

A core objective for the year was to ensure that key statutory and NHS Workplace Standards policies were in place, up to date and operational. This included the

development and implementation of a Lone Working Policy and a Workplace Stress Policy, delivered collaboratively with Human Resources and Employee Health and Wellbeing. These policies provide clarity on responsibilities, establish consistent processes, and support managers to identify, assess and reduce risk in practice.

2. Improving the management of work-related stress

Recognising the increasing impact of operational pressures on staff wellbeing, the Trust aimed to improve its systematic approach to work-related stress. The objective was not only to implement a formal Stress Policy, but also to strengthen mechanisms for identifying stress risks, supporting staff, and integrating stress management into routine management processes.

3. Reducing violence and aggression towards staff

In alignment with the NHS Violence Prevention and Reduction Standard, the Trust committed to strengthening its Trust-wide, data-led approach to managing violence and aggression. A strategic violence and aggression risk assessment was completed to complement existing ward-level and individual assessments, enabling effective prioritisation of resources and oversight through the Trust Violence and Aggression Group.

4. Enhancing risk assessment coverage across the Trust

To improve consistency and regulatory compliance, the Trust set an objective to ensure that non-patient-facing departments were fully integrated into health and safety risk assessment processes. Risk assessments and a structured rollout approach were implemented, embedding risk assessment as a routine management responsibility across all areas of the organisation.

5. Ensuring competence through health and safety training

A further objective was to confirm that managers and senior staff are competent to discharge their health and safety responsibilities. A Trust-wide Health and Safety Training Needs Analysis was completed, identifying gaps beyond existing mandatory training and establishing a proportionate framework for role-appropriate training, to be embedded within organisational learning arrangements.

6. Embedding a proactive health and safety audit programme

To provide assurance that arrangements are effective in practice, the Trust established a proactive and sustainable health and safety audit programme. A programme of audits of patient-facing departments were introduced to monitor compliance with statutory requirements, identify systemic weaknesses, and support continual improvement.

Summary

Together, these objectives support a structured, data-driven and proportionate approach to health and safety, aligned with legal requirements and NHS standards.

Delivery of the 2025/26 objectives strengthened governance, improved assurance, enhanced staff safety, and laid the foundations for further improvement in occupational health and wellbeing during 2026/27.

2025 National 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', retaining two previous themes of engagement and morale. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.
The response rate to the 2025/26 survey among Trust staff was 41%.

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

Indicators People Promise' elements and themes)	2025/26		2024/25		2023/24	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.22	7.28	7.28	7.21	7.23	7.24
We are recognised and rewarded	5.77	5.87	5.93	5.92	5.87	5.94
We each have a voice that counts	6.51	6.60	6.74	6.67	6.75	6.70
We are safe and healthy	6.03	6.07	6.13	6.09	6.01	6.06
We are always learning	5.28	5.57	5.50	5.64	5.46	5.61
We work flexibly	6.21	6.22	6.21	6.24	6.05	6.20
We are a team	6.69	6.75	6.68	6.74	6.60	6.75
Staff engagement	6.56	6.74	6.93	6.84	6.90	6.91
Morale	5.69	5.84	5.90	5.93	5.79	5.91

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.

Area of Focus	Proposed Action	Timescale
Development and Appraisal	Promotion of team-based appraisals Review of learning needs analysis process, to include how this is communicated across the organisation Consider approach to succession planning and talent management	Q1 Q2 Q3
Wellbeing and Burnout	Establish a Wellbeing Strategy Group to review 'hot spot' areas to understand specific OD interventions based around HSE management standards Refreshed approach to wellbeing comms across the Trust, to inform development of impact measures based on outcomes Launch 'learn and go' sessions for line managers to discuss wellbeing and burnout support for teams	Q1 Q1 Q1
Speaking Up	Report on the review of the People Experience Champions pilot from a FTSU perspective. Develop targeted interventions to improve the speaking up culture for those protected groups whose confidence in the speaking up culture has deteriorated. Support the implementation of the Sexual Misconduct Policy and the Sexual Safety Charter	Q2 Q1 Q1

Diversity and Inclusion

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 Network chaired by the Deputy Director of People and Organisational Development. This Network 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 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 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 Trust wide inclusion plan. The staff networks - Enable, Race Equality, Rainbow and Gender 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 Network.

In February 2026, 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.

Key achievements during 2025/26 included participation in a training roll out in partnership with NHS Resolution linked to ‘Compassionate Conversations’ and the approval to launch an ‘Active Bystander’ programme. These initiatives were developed from direct feedback from colleagues about their experience.

Workforce Disability Equality Standards (WDES)

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 a Reasonable Adjustments Toolkit which is supported by training for managers. 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.

A key consideration during 2025/26 has been to consider the needs of colleagues as the Trust moves towards a new hospital, recognising that colleagues may be required to work differently and in different environments. Key considerations around physical and hidden disabilities have been a focus on the Trust's New Hospital Programme through design considerations.

Workforce Race Equality Standards (WRES)

In publishing an anti-harassment and anti-discrimination statement, the Trust moved beyond a stance where it does not tolerate inappropriate behaviour, harassment or discrimination to one where it is actively and visibly anti-racist.

The Trust is committed to providing colleagues and patients with a safe and supportive environment. There is an expectation that colleagues and patients treat each other with dignity and respect and demonstrate behaviours which are in line with Trust Values.

The Trust takes active steps to eliminate any form of discrimination or abuse against anyone based on race. An intersectional action plan is published to summarise actions, with specific actions for the WRES during 2025/26 focused around recruitment practices and disciplinary process linked to WRES results.

The Trust publishes its information on the WRES position for the Trust on the Trust website: Equality and diversity - Airedale NHS Foundation Trust . This includes the ethnic diversity of the board and senior managers, with reference to indicator 9 of the NHS Workforce Race Equality Standard.

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 of 31 March 2026. The below data is analysed in more detail as part of the gender pay gap report.

Group	Female	Male	Total
Directors*	8	7	15
Employees	2745	682	3427
Senior Managers	151	76	227
Total	2904	765	3669

*includes non-voting members of the Board

Consultancy Costs

During 2025/26 the Trust spent £676,504 on consultancy (2024/25: £1,090,477).

Off-Payroll Report

Table 1: For all off-payroll engagements as of 31 March 2026, for more than £245 per day and that last for longer than six months.

Number of existing engagements as of 31 March 2023	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 2025 and 31 March 2026, 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 2022 and 31 March 2023	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 the Trust) and are on the 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 2022 and 31 March 2023

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

Staff Exit Packages Paid In-Year (Audited Information)

The figures disclosed below relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period.

The data here is therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

All Exit Packages 2025/26

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,000 – £25,000	2	1	3
£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	2	1	3
Total resource cost (£)	**£30,049**	**£10,377**	**£40,427**

All Exit Packages 2024/25

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,000 – £25,000	0	2	2
£25,001 – £50,000	1	2	3
£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	1	4	5
Total resource cost (£)	**£30,636**	**£84,381**	**£115,017**

Exit Packages: non-compulsory departure payments

	2025/26 Number of agreements	2025/26 Total Value of Agreements £000	2024/25 Number of agreements	2024/25 Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	1	3	2	46
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval*	1	7	2	38
Total	**2**	**10**	**4**	**84**
Of which:				
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

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

*Includes any non-contractual severance payment made following judicial mediation. Please note no amounts relating to non-contractual payments in lieu of notice.

The Remuneration Report provides details of exit payments payable to individuals named in that Report.

In the ‘non-contractual payments’ line of the table above, the maximum (highest), minimum (lowest) and median values of special severance payments were as follows:

- Maximum £7,000
- Minimum £7,000
- Median £7,000

‘Foluke Ajayi
Chief Executive Officer
25 June 2026

Part 5: Governance Statements

Statement of the Chief Executive's Responsibilities as the Accounting Officer of 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 65 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.

'Foluke Ajayi
Chief Executive Officer
25 June 2026

Our Governance Framework

The Board of Directors and Council of Governors committed to continuing to operate according to the highest corporate governance standards.

To achieve this, the Board of Directors:

- Meets bi-monthly or at an increased frequency when required in order to discharge its duties effectively.
- Seeks and receives assurance that internal controls systems and processes of good governance are maintained, with a view to measuring and monitoring the organisations productivity, effectiveness, efficiency and economy in the delivery of safe, quality services.
- Reviews operational performance against regulatory and contractual obligations, operating plans and objectives.
- Assures itself of the quality of services provided with a view to testing the accessibility as well as safety of such services.
- Oversees and scrutinises the deployment of resources with a view to receiving assurance that resources are invested in a way that delivers optimal health outcome.
- A culture of psychological safety is encouraged with a view to enabling all Directors to constructively challenge each other (executive and non-executive), whilst maintaining and acknowledging their collective responsibility as a unitary board.
- Non-Executive Directors scrutinise the performance of the Trust in meeting agreed goals and objectives and monitor the reporting of performance.
- Non-Executive Directors are appointed for a term of three years by the Council of Governors. The Council of Governors has the authority to appoint or remove the chairman all the 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 are determined by the board to be independent on appointment.
- The organisation operates a Code of Conduct that builds on our organisational values to reflect high standards of probity and responsibility.
- All newly appointed Board directors undertake an induction programme.
- All Board directors are given access to appropriate training and development opportunities.
- A Non-Executive Director holds the role of Senior Independent Director.
- The Chair ensures that the Board of Directors and the Council of Governors work together effectively and that Directors and Governors received 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 advisor has been member of, 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 has delegated authority from the Board to do so.

- Independent professional advice is accessible to the Non-Executive Directors and the Trust Secretary by the appointed independent external auditors and or via external legal firms.
- 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 compatible size and complexity.
- All board meetings and board committee meetings receive sufficient resources and support to undertake their duties.
- A going concern reports is undertaken annually.
- Effective mechanisms are in place to ensure cooperation with relevant third-party bodies.
- All directors have access to the advice of the Trust Secretary, who is responsible for advising the Board of Directors on all governance matters. Both the appointment and removal of the Trust Secretary is a matter for the whole Board.

In accordance with the Code, our organisation is led by the Board of Directors who have joint and several responsibilities following exercise of the powers of the Foundation Trust. Appointments to the Board both of executive and Non-Executive Directors in 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 arrangement.

The information flows to the Board are overseen by the Chair and supported by an appropriately qualified Trust Secretary as defined by the Companies Act 2006, applying the criteria for a company secretary as is best practice. The Trust Secretary is an experienced qualified chartered company secretary.

The Council of Governors

- Represents the interests of the organisation member, partner organisations and the public in the local health economy.
- Has a Code of Conduct in place to a show Governors adhere to our best interests and values next time holds the Board of Directors to account for their performance and receives appropriate information on a regular basis.
- Governors are consulted on the development of strategic plans and arrangements are in place for them to be consulted on any significant changes if so required.
- The Council of Governors meet on a regular basis in order for them to discharge their duties.
- The Governors elect a lead governor. As lead governor, the main function is to act as a point of contact with NHS England.
- The Board has a duty to take steps to ensure Governors are equipped tithe skills and knowledge they need to discharge their duties appropriately, therefore, Governors are provided with opportunities to update their skills, knowledge and familiarity with our organisation and our obligations to fulfil their role on various boards and committees, as well as undergo new Governor induction and other training that may be offered from time to time.
- Our constitution, which was refreshed in 2025 to ensure it is up to date with current law, is available on the website and outlines the clear policy and fair

process for the removal from the Council of Governors of any governor who consistently and unjustifiability fails to attend the meetings of the Council of Governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties.

- The performance review process of the Chair and Non-Executive Directors involves the Governors, is conducted by the Chair, or Senior Independent Director in the case of the Chair's review, and in accordance with NHS England guidance. Each Executive Directors performance is reviewed by the Chief Executive Officer. The Chair reviews the performance of the Chief Executive Officer.
- The committee responsible for setting remuneration of Non-Executive Directors and the Chair adhere to the NHS England guidance when reviewing levels of remuneration.
- The Governor Appointments and Remuneration Committee holds responsibility for the appointment of the Chair and Non-Executive Directors. It is comprised of a majority of Governors.

Both the Board of Directors and Council of Governors

- The Chief Executive Officer supported by the Chair and Trust Secretary ensures that the Board of Directors and the Council of Governors act in accordance with the requirements of propriety and regularity. If the Board of Directors Council of Governors or the Chair contemplates a course of action involving A transaction at which the Chief Executive Officer considers infringes these requirements the procedures set by NHS England for advising the board and council for recording and submitting objections to decisions will be followed. During the period there have been no occasions on which it has been necessary to apply the NHS England procedure
- Our people are required to act in accordance with the NHS standards and accepted standards of behaviour in public life (Nolan principles).

We ensure compliance with the Fit and Proper Person (FPP) framework, as issued from time to time.

Statement of Compliance with the NHS Foundation Trusts Code of Governance

We have applied requirements of the Code of Governance for NHS Provider Trusts (the 'Code'), as published and applicable For this financial year as required. They code replaced the former and HS Foundation Trust Code of Governance on 1 April 2023. The code must be applied and reported on under three mechanisms: matters to be disclosed, matters to be assessed on a comply or explain basis and matters where information is to be circulated, typically to our Governors or membership.

These categories shown below to ensure that matters are properly reported on as required with a reference to the relevant pages of the report if the detail is not provided here.

Information relating to governance systems and processes is detailed in the annual report and in particular the Annual Governance Statement. Details of the constitution of the board are given in the accountability report.

Matters to be disclosed

The Code requires the Trust to disclose certain matters providing a supporting explanation within the annual report even in the case that the Trust is compliant with the provision. Where the information is already in the annual report a reference to its location is provided to avoid unnecessary duplication.

Code provision	Summary of requirement	Explanation, where required and/or location in the annual report
Section A, 2.1	The Board of Directors should assess the basis on which the Trust ensures its effectiveness efficiency and economy as well as the quality of its healthcare delivery over the long-term commenting on the contribution of its strategy and governance in delivery both as a Trust and ICS	The Board receives performance reports at each meeting and board sub committees undertake detailed review further information on this within the accountability report, starting on page 65. An assessment of our end of year performance position can be found within our performance report starting on page 12.
Section A, 2.3	The Board of Directors should assess and monitor culture. Where it is not satisfied that policy practises or behaviour throughout the organisation are aligned with the Trust vision values and strategy it should seek assurance that management has taken corrective action	During 2025/26 the Board has taken active steps to promote and lead a learning and just culture. We have done this through the deployment of workforce training and providing support for colleagues. Further information can be found within our staff report starting on page 101.
Section A, 2.8	The Board of Directors should describe in the annual report how the interests of stakeholders including system and place-based partners have been considered in their discussions and decision making and set out the key partnerships for collaboration	Collaboration partnerships and delivery of system working as required by our licence is a cultural norm for the Trust and evidenced in our decision-making through standard reporting by the Chief Executive Officer at Board meetings. Further information can be found within our performance report starting on page 12.
Section B, 2.6	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent	Following the implementation of the code and provisions therein, the Trust considers all of its Non-Executive Directors to be independent, each was independent on appointment

		and is assessed as continuing to be so having applied the fit and proper persons declaration and considered any declarations of interests as they arose as well as undertaking the annual review process, overseen by the audit committee. Further information can be found within our accountability report starting on page 57.
Section B, 2.13	The annual report should give the number of times the board and its committee met and individual Director attendance	This information can be found within our accountability report starting on page 57.
Section B, 2.17	The annual report should state the roles and responsibilities of the Council of Governors	This information can be found within our accountability report starting on page 80.
Section C, 2.5	If an external consultancy is engaged, it should be identified in the annual report	This information can be found on page 84.
Section C, 2.8	Describe the process followed by the Council of Governors to appoint the Chair and Non-Executive Directors	This information can be found on page 83 and 84.
Section C, 4.2	The Board of Directors should include in the annual report a description of each Director's skills expertise and experience	This information can be found on page 84.
Section C, 4.7	All Trusts strongly encouraged to carry out externally facilitated development reviews of their leadership and governance using the Well-Led framework every three to five years	The Trust commissioned and undertook a Well Led Review during the year. The Board has developed an action plan for implementation in 2026/27.
Section C, 4.13	The annual report should describe the work of the nomination committees including board equality data	Information about the nomination committee(s) can be found on page 83 and 96 with Board equality data shown in the staff report on page 62.
Section C, 5.15	Foundation Trust Governors should canvas the opinion of the Trust members and the public, and for appointed Governors the body they represent, feeding back to the Board of Directors	This information can be found within our governance report starting on page 80.
Section D, 2.4	The annual report should include a summary of work undertaken	This information can be found within our governance report starting on page 65.

	by the audit committee in the period.	
Section D, 2.6	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable	This information can be found within our accountability report starting on page 58.
Section D, 2.7	The Board of Directors should carry out a robust assessment of the Trusts emerging and principal risks.	This information can be found within our governance report starting on page 137 and within the Annual Governance Statement.
Section D, 2.8	The Board of Directors should monitor and report on the Trust risk management and internal control systems.	This information can be found within our Annual Governance starting on page 124.
Section D, 2.9	In the annual accounts the Board of Directors should state whether it considered it appropriate to adopt the going concern basis.	This can be found in the annual accounts, note 1.2.
Section E, 2.3	Where a Trust releases an Executive Director e.g. to serve as a Non-Executive Director elsewhere the remuneration disclosures in the annual report should include a statement as to whether or not the Director will retain such earnings	Not applicable for 2025/26.

Matters to be reported on a 'comply or explain' basis.

For the provisions listed below the Code requires that the comply or explain requirement be applied and that any deviation from the Code be noted with an explanation of the reasons for departure as well as how the alternative arrangements continue to reflect principles of the Code. Where deviation from a particular provision is intended to be limited in time the explanation will indicate when the Trust expects to conform to the provision. For the avoidance of doubt only matters of deviation where an explanation is required will be reported for brevity.

There are no matters to be reported on a 'comply or explain basis' for 2025/26.

Matters to be circulated for information

For the matters listed below the Code requires that the Trust make particular information available to Governors, even in the case that the Trust is compliant with the provision and explanation must be provided.

Code provision	Summary of requirement	Explanation, where required and/or location in the annual report
Section C, 4.9	The Council of Governors should agree and adopt a clear policy and a fair process for the removal of any Governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with Governors.	Compliant. There are clear provisions within the Constitution, which the Council of Governors approved.
Section C, 5.7	The Board of Directors and Council of Governors should be given relevant information in a timely manner form and quality that enables them to discharge their respective duties.	Compliant. The Board and Council of Governors report templates ensure that all relevant information is of suitable quality and captures salient points of details being reported/shared. The Board and Council of Governors have an annual cycle of business to ensure that all key governance information is presented in a timely and appropriate manner. Further in-depth information is provided to the Board assurance committees, which Governors attend.
The provisions listed below, require information to be made **available to members**, even in the case that the Trust is compliant with the provision.		
Section C, 2.9	Elected Governors must be subject to re-election by the members of their constituency at regular intervals not exceeding 3 years	Compliant. There are clear provisions within the Constitution and model election rules appended to the Constitution
The provisions listed below required information to be made **publicly available,** even in the case that the Trust is compliant with the provision. This requirement can be met by making supporting information available on request.		
Section B, 2.13	The Responsibilities of the Chair, Chief Executive Officer, Senior Independent Director if applicable board and	Compliant. There are clear provisions within the constitution scheme of delegation and relevant

	committees should be clear set out in writing agreed by the Board of Directors and publicly available.	governance documentation which are available on our public website
Section C, 4.2	Alongside this, the Board should make a clear statement about its own balance completeness and appropriateness to the requirements of the Trust both statements should also be available on the Trust website	Compliant. Board information alongside the declarations register and this annual report are available on our public website
Section E, 2.6	The Board of Directors should establish a remuneration committee of independent Non-Executive Directors with a minimum membership of three. The remuneration committee should make its terms of reference available explaining its role and the authority delegated to it by the Board of Directors	Compliant. The terms of reference are available on our public website

Annual Governance Statement for 2025/26

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2026 and up to the date of approval of the annual report and accounts.

Risk Management and our capacity to handle risk

As Accounting Officer, I have overall accountability for ensuring that there are effective risk management and integrated governance systems in place within the organisation across clinical, financial, and organisational activities, and these meet all statutory requirements and adherence to guidance issued by NHS England in respect of governance and risk.

The Board approved Risk Management Policy encompasses the objectives and organisational framework for risk management systems within the Trust and details the roles, responsibilities and processes for risk management in order to reduce harm, create safer environments and achieve the Trust's strategic objectives, with risk management systems understood by staff; risk management systems embedded into everyday practice across all parts of the organisation; and the Board and its committees assured that risks are managed to achieve the Trust's objectives.

There are components within the Risk Management Policy that are pivotal to help achieve this by cultivating a safety culture whereby potential risks are assessed proactively, and actions are taken to mitigate those risks. In addition, training is provided to support risk management, together with the tolls and specialist advice to support risk management.

As Chief Executive with overall responsibility for the management of risk, I have a full organisational structure to help manage delegated responsibility for implementing risk management systems within the Trust. I am supported by an executive director team with responsibility for risk.

The Board of Directors have an overall duty for maintaining an effective governance system, including risk management, in place within the Trust. They have responsibility for meeting all statutory requirements and adhering to guidance issued by regulatory bodies in respect of governance and risk management. To fulfil this responsibility, I ensure:

- full support and commitment is provided and maintained in risk management activity
- an appropriate Board Assurance Framework is in place
- The Statement of Internal Control adequately reflects the risk management issues within the organisation, and it is prepared and signed off each year by the Trust Board.

The Chief Nurse, has executive responsibility for risk management and oversees the systems, processes and behaviours by which the Trust leads, directs and controls its functions in order to achieve the organisational objectives of quality and safety.

The Chief Medical Officer is the designated Executive Director with overall accountability for supporting the coordination of risk activity across the medical workforce, to implement and comply with clinical policy and practice in relation to managing risk including medical revalidation.

The Executive Director of Finance assists the Chief Executive Officer and is the designated Executive with overall accountability for financial governance and financial systems and is the lead for counter fraud and responsible for informing the Board of the key financial risks within the Trust and actions to control these.

The Chief Operating Officer is the designated Executive Director with overall accountability for supporting the co-ordination of activity across all operational services in relation to managing risk. They are the Accountable Emergency Officer for EPRR and have the responsibility to ensure EPRR and business continuity are linked to the organisation's risk management policy and organisational planning, and preparedness is based on current risk registers.

The Executive Director of People and Organisational Development ('OD') has executive responsibilities which include identification and assessment of risks associated with recruitment, employment, supervision, training, staff development and staff well-being. The Executive Director of People and OD holds responsibility for the systems of corporate governance, including leading the BAF, as well as the delivery of the Charity objectives.

The Executive Director of Strategy, Planning and Partnerships has responsibility for managing risks in relation to partnerships and service reconfiguration in relation to the new hospital build.

The Assurance, Risk and Regulation Manager supports the Chief Nurse and Chief Medical Director in their risk management responsibilities. This includes overseeing the risk management function, including the high-level risk register and compliance with the requirements of CQC standards.

All Directors report to the Chief Executive Officer, who holds them to account for their performance, individually and collectively as a team, to deliver the objectives of the Board and to ensure that a strong risk management approach is embedded in all clinical and non-clinical activities of the Trust. The responsibilities are supported operationally by senior management.

The Trusts risk management approach focuses on enabling staff to manage risk in a way that is straightforward, supportive and proportionate to individual roles and responsibilities.

Trust training for the management of risk is in place. The Board of Directors undertakes risk awareness training on appointment and also no less than at three-year intervals. Training is delivered via a workshop session within the Board Development Programme. Training for Trust Senior Managers, Ward Managers and Directorate Leads, includes risk assessment training and risk register training and is delivered every three via workshop sessions. All new staff complete risk awareness training as part of their corporate induction programme. Staff involved in risk management undergo bespoke training as required.

A range of policies are also in place and available to staff via the Trust's intranet which describe the roles and responsibilities in relation to the identification, management and control of risk. The risk management team provides additional support, guidance and expert advice to staff on risk management.

Lessons learned when things go wrong are shared through the organisation and directorate governance systems as appropriate via newsletters, safety huddles and team meetings.

The Trust Board has overall responsibility for having in place effective systems of risk management and internal control covering both clinical and non-clinical risk. An example of how risk management is incorporated into our core business is in relation to the Integrated Performance Report, which is a monthly report to the Board of Directors providing commentary on performance and key variances and improvements. Each of the Board Sub-Committees also review the section appropriate to scope of their work at each of their meetings, for example, the People Committee receive the people section of the report.

The committee structure of the Board of Directors provides assurance on, and challenge to, the Trust's risk management process by managing and monitoring risk and providing assurance reporting to the Trust Board. Safety and risk are integral to all Board committees. Each Board Committee is chaired by a Non-Executive Director ('NED') to enhance independent scrutiny and includes further NED members. Executive Directors provide leadership on the management of key areas of risk commensurate with their roles and are represented across the Board Committee structure.

The Risk and Control Framework

The Board approved Risk Management Policy encompasses the objectives and organisational framework for risk management systems within the Trust and details the roles, responsibilities and processes for risk management in order to reduce harm, create safer environments and achieve the Trust's strategic objectives.

The Risk Management Policy clarifies accountability and delegated responsibility for risk and the reporting arrangements for management of risk within the Trust, including its wholly owned subsidiary, AGH Solutions Limited.

Risk management is guided by the Risk Management Policy. It is understood by the Trust that it requires commitment, collaboration and participation from all members of staff. The process starts with the systematic identification of risks which are then evaluated, scored and either managed locally (with risk control measures identified and implemented to mitigate the potential for harm), or escalated for possible inclusion in the directorate's, divisions or high-level risk register. The Trust utilises a risk register to oversee and manage operational risk across the Trust. This allows the Divisional Governance Teams to monitor any change in risk scores, as well as challenge non-moving risk within the system. Thematic reviews of risk types (patient safety or people risks) are undertaken regularly and reported to the relevant risk oversight committees for assurance on control (for example, high level clinical risks are reported to the Trust's Quality and Safety Committee). Where a risk rating warrants it, risks are escalated for consideration for inclusion on the high-level risk register. This high-level risk register details significant operational risks, the controls in place to mitigate and manage the risks and provides assurances that the controls are effective. It is reported to formal meetings of the Board as well as the Board Committees.

An internal audit report into risk management systems in Quarter 4 2025/26 provided significant assurance on risk management systems, processes and governance.

The Risk Management Group is chaired by the Chief Nurse and comprises senior representatives from all the Trust divisions. Reporting to the Audit and Risk Committee, the Group oversees all risk management activity, as well as reviewing the high-level risk register together with the Board Assurance Framework to ensure there are clear links between them.

Reporting of high-level risks with senior oversight on key risks has taken place through the Committee structure by way of deep dives into individual risks.

The Trust believes it has an effective systems and processes in place to maintain and monitor the following:

- The effectiveness of governance structures
- The responsibilities of Directors and Board Sub-Committees
- Annual review of each Committee's effectiveness
- Reporting lines and accountabilities between the Board of Directors, its Committees and the Executive Team
- The submission of accurate and timely information to assess risks to compliance with the Trust's licence
- The degree and rigour of oversight the Board of Directors and its Committees has over the Trust's performance.

Board Assurance Framework

Our risk management framework is supported by the Board Assurance Framework ('BAF'), which is used to record strategic corporate objectives, risks to their achievement, key risk controls, sources of assurance and gaps in assurance. The Trust Board is responsible for establishing the Trust's strategic objectives. During the year, the BAF was presented at each Board meeting to provide updates on progress to support delivery of the principal risks identified against delivery of the Trust's strategy.

Risks to the Trust's strategic objectives are owned by directors and are reviewed regularly throughout the year both individually and collectively via Board committees. Oversight of each risk on the BAF is by the identified responsible Board committee.

The Trust underwent a programme of enhancement for the Board Assurance Framework (BAF) in 2024/25 (phase 2) which included a best practice and benchmarking review with the objective of providing assurance as opposed to reassurance to the Board with a new reporting template which was piloted between January and March 2025. The Trust continued to use the enhanced BAF in 2025/26 and whilst good progress was made in the early part of the year, further development was delayed due to limited resourcing.

The BAF was independently reviewed by Internal Audit during the year and an opinion of 'limited' assurance was given. The review noted there was no clear evidence that the BAF was helping to reduce the Trust's strategic risks. In several areas it was not clear when the target risk scores would be achieved or what would deliver the change. In addition, risk appetite had not always been described or applied consistently and reporting by the Board's committees did not routinely link issues back to the strategic risks or show challenge of the risk scores.

A planned programme of Board development is underway designed to shift the Board's focus from reviewing the BAF as document to using the BAF as a live decision-making tool that shapes priorities, challenge and action. External facilitation has been commissioned with Audit Yorkshire and NHS Providers providing support to the Board with that work. That development will include the application of risk appetite to inform decision-making and will align the BAF to the refreshed Trust Strategy 2026 – 2030.

Embedding risk within the Trust

In addition to risk registers and the control framework, other ways risk management is embedded within the Trust include:

- An open reporting culture and encouraging staff to report incidents through the Trust's electronic risk management system (Ulysses). The risk management of Ulysses was introduced in 2023 and is now fully embedded. Risk training is provided to all staff at induction, with ad-hoc training and the provision of bespoke train on request, in place.
- Policy, guidance and training provided to staff on the reporting, management and investigation of incidents.
- An Equality impact Assessment ('EQIA') process and quality impact assessment process for proposed service changes in in place with guidance to support staff to ensure the Trusty considers the impact on quality and safety of services. A consistent approach to the application of EQIA has been included on all policy documents during the year, with work ongoing to ensure that process is embedded.
- The Patient Safety and Incident Response Framework is on place and continues to ensure patient safety and learning remains high-priority.

Partnership Working

The appointment of a Chair in Common for the Trust and Bradford District Care NHS Foundation Trust from 1 March 2026, has offered a unique opportunity for the Trusts to champion collaboration and joined-up partnership working, and will continue to develop as we move forward in to the new financial year. A Governance Framework is in place establishing the arrangements to support a Chair in Common across both Trusts; its purpose being to enable closer strategic alignment, lawful collaboration and stronger Board leadership while preserving the separate statutory responsibilities, accountabilities and decision-making powers of each Trust.

The Trust also participates in the Committee in Common arrangements with Bradford District and Craven Health and Care Partnership, acting as a place-based committee of the NHS West Yorkshire Integrated Care Board.

The Trust remains a key system partner in the West Yorkshire Integrated Care System, known as the West Yorkshire Health and Care Partnership, and has throughout the year worked collaboratively within the local Place-based partnerships. There have

also been regular contract management meeting with our lead commissioners and councils.

The Trust is an active participant in the West Yorkshire Association of Acute Trusts ('WYAAT'), a provider collaborative and the West Yorkshire Community Health Services Provider Collaborative (WYCHS). Risk registers are maintained for individual WYAAT and WYCHS programmes, with oversight of programme delivery and management via the respective agreed WYAAT and WYCHS governance arrangements, with regular reports on these and any appropriate recommendations for decisions, provided to the Trust Board during the year.

ABCAS (Airedale and Bradford Collaboration of Acute Services) formed in January 2025, brings the Trust and Bradford Teaching Hospitals NHS Foundation Trust ('BTHFT') into a new provider collaborative across the Bradford District and Craven place. ABCAS aims to deliver service sustainability in both organisations with improved patient outcomes and experience, productivity and efficiency, and reduced variation. ABCAS is also a key enabler for Airedale's new hospital programme and aligns to the WYAAT service review. Work will continue throughout 22026/26 towards a shared clinical strategy and subsequent implementation plan.

Regarding Stroke services, colleagues at the Trust and BTHFT continue to develop a shared approach to improving Stroke services. The approved business case for additional resource to support 'first responder' and therapy input at Airedale aligns with further improvements in the hyper-acute stroke pathway on the Bradford site. This includes timely transfer and thrombolysis of patients who are confirmed to have a stroke at Airedale. This work will eventually be incorporated into the ABCAS programme.

The Trust has continuing positive relationship with stakeholders and staff through the delivery of our strategic plans and delivering performance against contracts. Risks to public stakeholders are managed through formal review processes with NHS England and local commissioners through joint actions on specific issues, such as emergency planning and learning from incidents, and through scrutiny meetings.

All Executive Directors actively participate in system collaboration/networks. As at 31 March 2026, specific leadership roles included:

Foluke Ajayi, Chief Executive Officer	Chair, Planned Care Programme Board, WYAAT Deputy CEO Lead for Airedale and Bradford Collaborative of Acute Services Joint Lead for Airedale and Bradford Collaborative of Acute Services

Leanne Cooper, Chief Operating Officer	Senior Responsible Officer, Yorkshire and Humber Imaging Collaborative
Joanne Harrison, Executive Director of People and Organisational Development	Chair, Yorkshire and Humber Human Resources Directors Network Joint Executive Lead for integrated corporate services, Place Strategy Delivery Group
Andrew Loughney, Chief Medical Officer	Joint Senior Responsible Officer, Airedale and Bradford Collaborative of Acute Services
Lianne Robinson, Chief Nurse	Chair West Yorkshire Association Acute Trusts Chief Nurses. Executive Lead for Integrated Health and Care Strategic Delivery Group Executive Lead Children and Young People Strategic Delivery Group Executive lead West Yorkshire Community Health Service Provider collaborative Executive lead North Yorkshire \and Humber Community Collaborative. West Yorkshire Association Acute Trust Clinical Services Board
Mike Savage, Executive Director of Finance	West Yorkshire Association of Acute Trusts: - West Yorkshire Director of Finance Forum - West Yorkshire Director of Finance Lead for the West Yorkshire & Harrogate Cancer Alliance
Stuart Shaw, Executive Director of Strategy, Planning and Partnerships	NNHS Alliance National Directors of Strategy Network West Yorkshire Association of Acute Trusts Director of Strategy

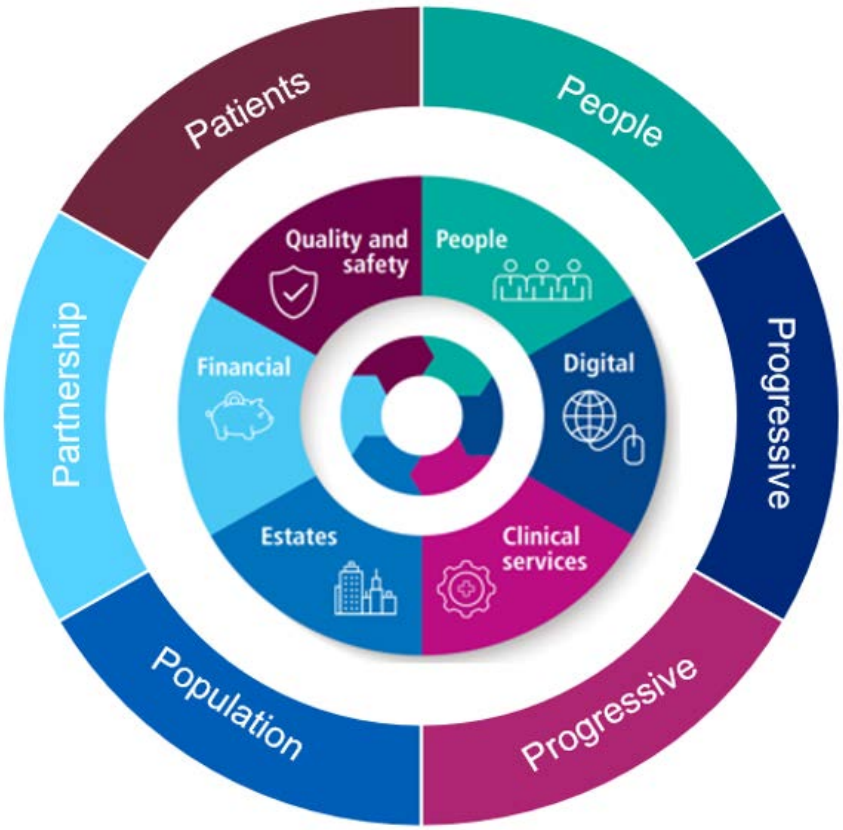
Principal Risks and Opportunities

The Trust Board agreed a five-year strategy covering the period 2020/21 to 2025/26, together with an annual plan for 2025/26 setting out the objectives to delivery of the strategy. Progress against completion of those objectives was reported to the Board at each Board meeting.

The principal risks have been aligned to the Trust strategy and colour coded to support ease of reference and understanding.

Risk aligned to Strategic objectives and Supporting Strategies:

The Board Assurance Framework sets out the principal risks to achieving the Trusts strategic objectives. To manage this effectively each risk has been aligned to the appropriate objective, supporting strategy and lead committee with oversight of that risk.



The current principal risks identified in the Board Assurance Framework as at 31 March 2026 are summarised below:

Risk Category	Risk Description	Strategic Aim	Executive Lead	Lead Committee
Quality and Safety	If increased demand for services exceeds future capacity, then patients will wait longer to start treatment and their health may deteriorate resulting in patients developing more complex needs, experiencing worsening health outcomes and the Trust breaching regulatory standards.	• Patient Centred	Chief Operating Officer	Quality and Safety
Quality and Safety	If the Trust does not deliver high quality, and effective care to patients. Then there will be an increased risk to patient safety resulting in poor clinical outcomes and failure to meet national standards.	•Patient Centred	Chief Nurse	Quality and Safety
Estates	If the structure of the hospital (RAAC Planks (3a), Structural Corbels (3b), Secondary Beams (3c)) building deteriorates despite remedial measures being put in place, then there will be an increased risk to staff and patient safety, resulting in the potential disruption,	•Population	Chief Operating Officer	Securing the Future

Risk Category	Risk Description	Strategic Aim	Executive Lead	Lead Committee
	relocation or closure of services.			
People	If we are unable to deliver the ambitions of the NHS Long Term Workforce Plan, then this will result in a failure to deliver an effective and sustainable workforce model.	• People	Executive Director of People and OD	People
People	If we do not have a workforce and leadership profile that is representative of our local population then we will not have an inclusive organisational culture and deliver against the ambitions of the NHS People Promise.	• People	Executive Director of People and OD	People
Financial	If we do not have sufficient cash resources for capital and revenue expenditure, then we will not be able to make payments on a timely basis or invest in service developments, resulting in increased costs, poor productivity, and potential reduction or closure of services.	• Partnership	Executive Director of Finance	Finance, Performance & Digital

Risk Category	Risk Description	Strategic Aim	Executive Lead	Lead Committee
Financial	If the Trust cannot demonstrate financial sustainability, we will lose the confidence of regulators and the local system, resulting in regulatory intervention, loss of autonomy, and challenges to provide high quality care, potential reduction or closure of services.	• Partnership	Executive Director of Finance	Finance, Performance & Digital
Estates	If the New Hospital Programme progression is delayed, then we may not be able to realise the ambitions for future service provision to the local population, resulting in a potential loss of local services which also impacts on other providers	• Patient Centred • People • Progressive • Partnership	Director of Strategy, Planning and Partnerships	Securing the Future
Digital	There is a risk that a delay in the electronic patient record go-Live will have operational, financial delayed benefits realisation (financial, quality and safety), reputational impact and reduce the organisation's ability to reach its digital maturity aspirations.	Progressive	Chief Operating Officer	Finance Performance & Digital

Risk review at key management meetings

- The Trust Board meetings have considered the BAF in 2025/26 in conjunction with the Trust's high-level risks.
- The risks are considered by the relevant oversight Committee's meetings – deep dives were introduced in 2025/26.
- The BAF as a whole is considered at the Audit and Risk Committee in line with Chapter 14 of HFMA Risk management Guidance.
- The Trust Risk Management Group Meeting meets 11 times a year and considers the risk register on Ulysses to ensure effective management.
- The Health and Safety Committee met four times during the year and reviewed the relevant risk activity, between 1 April 2025 and 31 March 2026.

As part of the routine reviews of BAF risks, the risk score is reviewed and the following changes in risk scores to strategic risks on the BAF were made during the year:

- The Quality and Safety Committee met on 23 February 2026 and was requested to review the overall risk rating for Principal Risk 2 with a proposal to change to a current risk score of 12, in the basis that the quality and safety metrics within the Trust's Integrated Performance Report remained stable and there had been no material changes over the last six months. Following discussion, the committee confirmed the risk should remain at a score of 15 with a proposal to review the scoring again once the accreditation programme had been established and able to demonstrate greater scrutiny and assurance on the level of board to ward reporting.
- The Quality and Safety Committee met on 23 March 2026 and was requested to review the overall risk rating for Principal Risk 1 with a proposal to reduce the current risk score 12 on the basis that the Trust is in line with trajectory or above national standards and in the top 14 in country with regard to cancer targets, Referral to Treatment targets and DMO1 standards. Following discussion, the committee supported the proposal to reduce the risk score and was duly ratified by the Board.
- The Finance, Performance and Digital Committee ('FPDC') met on 24 February 2026 and undertook a deep-dive into Principal Risk 7, in which the committee discussed and supported the current risk score of 20 and trajectory to achieve the target risk score of 10 by 31 March 2029, with a risk score of 15 being achieved by the end of September 2027.
- A change to Principal Risk 12 whereby the current EPR Programme status had improved from red to amber overall was supported by the oversight committee ('FPDC') and the Board.

Risk Management Training

Local risk ownership, knowledge and skills are maintained by:

- Clinical divisions and corporate directorate governance alongside corporate leadership groups reviewing their risks in line with current Trust policy.
- The Assurance, Risk and Regulation Manager, Senior Leaders and Divisional Governance Leads with responsibility for risk management have attended risk training with NHS providers in 2025/26.
- The Board underwent a Board development session in relation to the BAF in 2025/26. Further development sessions facilitated by NHS Providers and the Trust's internal auditor are scheduled for Quarter 1 2026/27.
- On-going coaching in risk management through our existing governance structures, including at induction for new starters

Risk Management Policy

The Trust's Risk Management Policy framework aims to ensure a pro-active approach to risk management by engaging staff at all levels in efforts to resolve risk locally. 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 in line with agreed risk tolerance levels. Risk management at Airedale is integrated with other supporting and co-dependent mechanisms. For example, themes and learning from incidents, investigations, audits and external agency inspections contribute to the organisation's understanding of risk exposure, via our current improvement methodology.

Discussions of new and emerging risks form a key part of the Trust's governance/ committee framework. For example, the Trusts Clinical Governance, Quality and Assurance Group receives updates on all patient safety activity each week. In addition, a high-level risk report is submitted to each committee of the board, which provides assurance regarding all operational risks scoring 12 and above (not included on the BAF) and their management. Further enhancements are planned for 2026/27.

There is an annual audit of risk management processes via the Trust's Internal Audit function which includes reference and comparison to best practice guidance and good practice in other organisations. Recommendations are considered and where appropriate acted upon by the Trust and this is overseen by the Trusts Audit and Risk Committee.

Risk Scoring Methodology

A risk management matrix with clear risk descriptors and tolerance levels is used to support a consistent approach to assessing and responding to clinical and non -clinical risks within the boundaries of the Trust's risk evaluation framework. The Trust seeks to reduce risks as far as possible; however, it is recognised that delivering healthcare carries inherent risks that can never be completely eradicated. The Board and its

committees are aligned to assure that there is independent and strategic focus on both risk and assurance.

Risk Appetite

The Trusts risk appetite is included and reviewed within the existing risk oversight processes. The risk appetite was agreed as ‘open’ for 2025/26 in line with the high-level risks within the Trust programmes. This is reported in each individual BAF risk.

Strategic / Major Risks

In 2025/26 the Trusts strategic risks were reviewed against the Board Assurance Framework with the Executive Director (leads) to ensure effective reporting and management. This work will continue to be monitored closely in 2026/27.

Patient Safety and Clinical Effectiveness risks

Key themes in relation to patient safety and clinical effectiveness have related to staffing pressures within divisions and the impact this may have on the continued delivery of safe and timely care to patients. These risks are reviewed monthly within respective Divisions and through the Trust Risk Management Group meetings.

People Risks

The key themes for People risks have been related to the delivery of the Trust’s workforce plan in terms of substantive staff and bank use, delivery of 7-day service model within Radiology and the National Profile Changes for Nursing roles. These risks have been reviewed where appropriate at each meeting of the People Committee.

Systems and Partnership Risks

A key theme for Systems and Partnership risks is in relation to the New Hospital Programme and any potential delays impacting on a possible requirement to extend the RAAC Programme. There is also a risk that the current target for completion of the new hospital development may not be achieved within the planned timeframe due to external factors. These risks are reviewed by the Securing the Future Committee.

Patient Access Risks

Key themes for patient access include demand and capacity gaps and the ability to achieve national performance targets. Additional risks such as access to services for autism assessment pathways are being managed across Bradford District and Craven and in partnership with additional providers.

Financial Risks

A key theme for the financial stability of the Trust is ensuring sufficient cash resources for capital and revenue expenditure together with ensuring the Trust's financial sustainability. The Trust has put in place a Recovery Plan during the year with support from an externally commissioned Recovery Director, with close management oversight of waste recovery plans. These risks are reviewed by the Finance, Performance and Digital Committee.

Effective Governance

The responsibilities of our Board of Directors and Committees reporting lines and accountabilities are set out within the Board and Committee Structure.

Governance Arrangements

Our business is managed by the Board of Directors, which exercises all the powers of the Trust, subject to any contrary provisions of the National Health Service Act 2006 and the Health & Social Care Act 2012. The Board remains accountable for all its functions, even those delegated to Board Committees and Executive assurance groups, and these are clearly set out in the respective Committees' and Groups' terms of reference.

Integrated Performance Report and Data Reporting

The Board of Directors is presented with timely and accurate information to assess risks to compliance with the Trust's licence, as detailed within the data, quality and governance section within this report. The Trust strives to ensure that information presented is accurate, comprehensive, timely and up to date, and has adopted measures outlined within the NHSE guidance 'Making Data Count' to improve data standards. The Board receives Integrated Performance Reports ('IPR') at each meeting which covers performance in relation to the Trust's Strategic Themes, these being; People, Patient Safety and Clinical Effectiveness, Patient Access, Patient Experience, Systems and Sustainability.

The improvements made to the IPR introduced the comprehensive use of Statistical Process Control (SPC) charts to enable an analysis of patterns that indicate improvements or decline within the context of normal variation and to illustrate whether a target or a standard can be consistently met. Adopting this approach has reduced the amount of time spent unnecessarily investigating changes in data which are due to normal variation. In addition to this, the Trust has introduced forecasting for key metrics to provide a forward view of performance and Data Quality Kite Marks for each metric to provide assurance over the quality of data being used at Board for decision-making.

The Trust's IPR is supported by the improvement methodology being utilised by the organisation and as such Counter Measure Summaries are used for escalation

purposes, providing additional assurance to Board members over the underlying causes of any variance and the actions being undertaken to address these.

Compliance with NHS Provider Licence and Code of Governance for NHS Provider Trusts

The Board is responsible for the oversight of, and compliance with, the NHS Standard Form Licence conditions and on an annual basis considers an assessment of compliance with the Trust's licence identifying areas of risk for the forthcoming financial year. These risks are monitored via the BAF and high-level risk register. The Board is able to report compliance with its Licence of registration and the Code of Governance for NHS Provider Trust evidenced by appendix 1, as issued by NHS England and remains cognisant of its responsibilities.

Compliance with People Strategies and Developing Workforce Safeguards

The Trust is committed to ensuring that patients receive the highest quality of care by ensuring that staffing processes are safe, sustainable and effective. Internally our People Promise and Plan has continued to drive our people and culture priorities, aligned to the national people promise principles. These are reviewed on a regular basis by the Executive Director Team and the People Committee. Workforce data, activity and finance data are triangulated with the operational plan.

Progress continued to be made across all elements of the People Strategy, with notable achievement including the launch of the Sexual Safety Policy as part of the national review of practices. Clear actions and intentions were identified aligned to the four strategic domains of the current People Strategy with a focus on commencing strategy refresh work aligned to the Trust Strategy.

The Board receives reports from the Trust's Guardian of Safe Working and Freedom to Speak Up Guardian and the annual NHS Staff Survey. The Board has a Non-Executive Director Champion for staff health and wellbeing.

The Trust is working with partners across Place to deliver a workforce plan.

Operationally, any changes or introduction of new clinical working roles/working practices or changes to current roles are considered by the Chief Nurse and the Chief Medical Officer who considers the QEIA undertaken by the service, prior to approving or rejecting the changes. Advice is sought as appropriate from the Executive Director of People and Organisational Development in relation to equality and diversity matters.

Systems are in place to monitor safe staffing levels across the Trust including short term strategies enabling appropriate response to day-to-day challenges for the workforce. A Safer Staffing Review has been completed bi-annually for nursing. A clear escalation process is in place, with daily huddles to review safe staffing and other operational issues. The Trust is continually enhancing and developing further safeguards.

Where staffing pressures cannot be addressed, the Trust has the ability to draw on our internal bank or third-party providers to support patient and staff safety. Regular updates are provided to the People Committee. Robust workforce governance systems continue to be utilised and embedded to ensure the Trusts compliance with legislative requirements and to enable oversight of the Trust's short, medium and long-term workforce strategies.

The Trust values the importance of the need for a highly skilled and motivated workforce to provide high quality inpatient and community orientated health care. The Trust is committed to supporting the wellbeing of our staff and ensuring that staff feel valued and able to contribute to the best of their ability.

Care Quality Commission Compliance Declaration

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). Assurance on compliance with CQC registration requirements is reported and monitored regularly through the Quality and Safety Committee, and through quarterly engagement meeting with our nominated CQC Relationship Officers.

There have been no inspections during 2025-26. All engagement events have been positive.

NHS England Well-led Framework

A well-led review (based on the well-led guidance for Trust's under the Single Assessment Framework jointly developed by the CQC and NHSE), was undertaken by Audit Yorkshire and completed in 2025, with presentation of the final report to the Board in February 2026.

The findings of that review acknowledged that the Trust is navigating an exceptionally complex environment with three major programmes, EPR, RAAC and the New Hospital Programme, alongside day-to-day managements of ongoing operational and financial challenges, with financial sustainability remaining a critical challenge. Moreover, the number and scale of competing priorities is creating significant pressure on capacity and clarity.

The review identified the Trust's strengths as well as areas for development, with a number of recommendations for the Board to consider. In response to the Review, the Board has commenced a programme of work to develop an action plan led by the Executive Director with responsibility for governance.

Clinical Audit

The Clinical Audit Team at Airedale NHS Foundation Trust specialises in enabling and supporting Directorates to develop quality improvement (QI) programmes.

These QI programmes include:

1. National clinical audits

2. National Confidential Enquiries on Patient outcomes and Deaths

3. Projects assessing the quality of care at the Trust against recognised best practice standards and the implementation of change (local clinical audits; NICE Guidelines)

4. Projects undertaken to make a patient's experience and outcome better (QIPs)

Participation in national clinical audits, national confidential enquires and local clinical audit is mandated and provides an opportunity to stimulate quality improvement at the Trust and to benchmark the quality care provided at the Trust against other similar Trusts locally and nationally. Clinical audit is part of the NHS contract.

Never Events

The Trust had two never events for the period 1 April 2025 to the 31 March 2026. One related to an incorrect implant and one related to a wrong site procedure.

A full investigation was undertaken which identifies areas of learning and an action and learning plan developed. This will be monitored through the Trusts Clinical Governance, Quality and Patient Safety Group.

Compliance with 'Managing Conflicts of Interest in the NHS' guidance

The Trust has published on its website, an up-to-date register of interests, including gifts and hospitality, for decision-making colleagues (as defined by the Trust with reference to the guidance), within the past 12 months as required by the 'Managing Conflicts of Interest in the NHS' guidance published by NHS England.

Compliance with NHS Pension Scheme Regulations

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.

Compliance with Equality, Diversity and Human Rights Legislation

Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. We are committed to providing an inclusive and welcoming environment for all our people, patients, clients, service users, carers and families. We are striving to create a culture of inclusion for all, with strategies in place to further enhance equality diversity and inclusion.

A range of control measures are in place to ensure the Trust complies with its obligations under equality, diversity and human rights legislation. Performance is

monitored through the collection of statutory data, which reports through to the People Committee.

The Trust has a number of processes and checks in place to ensure consideration of equality and human rights within decision making processes and day to day work. Quality Equality Impact Assessments (QEIA) are a tool used to demonstrate 'due regard' as outlined in the Public Sector Equality Duty and to meet legal, equality and human right duties. QEIA's are carried out for the following: service changes; policy development; strategy development, waste reduction programmes and changes to working practices, policies and procedures. The QEIA framework enables staff to evaluate potential impacts of decision making on people with protected characteristics and other disadvantaged groups in advance of any policy decision being made. The Trust is undergoing a programme of enhancement to ensure that this is continually effective and in line with best practice.

Compliance with Climate Change Act and the adaption of reporting requirements

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). We ensure that the Trusts obligations under the Climate Change Act and the adaption reporting requirements are complied with and in line with NHS net zero targets.

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

As Accounting Officer, I have responsibility for ensuring economy, efficiency and effectiveness of the use of resources and I am supported by my executive team that has responsibility for overseeing the day-to-day operations of the Trust. Performance in this area is monitored by the Board on a regular basis and through assurance reports from its standing committees. The Board discusses and approves the Trust's strategic and annual plans (budgets).

Throughout the year the Board receives regular finance financial viability, quality and performance reports which enable it to monitor progress in implementing the annual plan, the Trust's strategic objectives and the performance of the Trust. The Board's integrated performance report provides assurance to the Board on the delivery of the Trust's strategy and Trust wide performance, finance and compliance matters, and seeks to demonstrate how the Trust is improving the quality of life for all the people we care for.

The key processes embedded within the Trust to ensure that resources are used economically, efficiently and effectively centre on robust budget-setting and control system which includes activity-related budgets and periodic reviews during the year are considered by Executive Directors, the Board's Finance, Performance and Digital Committee, and the Board. The budgetary control system is complemented by standing financial instruction, a scheme of delegation and financial approval limits.

The Trusts Audit and Risk Committee supports the Board and me as Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management and the control environment. The scope of the Audit & Risk Committee is defined in terms of reference and encompasses all the assurance needs of the Board and the Accounting Officer role. The Audit & Risk Committee has engagement with the work of internal audit and external audit, which is chaired by a Non-Executive Director.

Internal audit services (Audit Yorkshire) support the Trust's system of internal control providing an objective and independent opinion on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives. The Trust's internal audit plan is agreed by the Board and sets out the full range of audits across the Trust, and includes reviews of the economy, efficient and effective use of resources.

Compliance with information governance requirements

Continuous improvement and maintenance of good information governance standards is a key priority for the Trust. This is reflected in the Trust's commitment to the national standards set out in the Cyber Assessment Framework aligned Data Security and Protection Toolkit ('CAF-DSPT') completed annually.

The CAF-DSPT is supplied by NHS England to support the performance monitoring of cyber and information governance. The 2025/26 assessment against the CAF-DSPT achieved a 'Standards Met' assessment with an internal audit opinion of 'Overall Risk Low' and 'Overall Confidence Level High'. The deadline for this year's 2026/27 annual self-assessment is 30 June 2026. The forecast for 2026/27 is compliance with all mandated Objective outcomes though it must be noted the assessment is still underway and this position is therefore dependent on all final evidence being provided by the 30 June 2026 submission date. Audit Yorkshire's internal audit review of a sample of evidence against this year's assessment began on 30 March 2026.

Completion of CAF-DSPT demonstrates that the Trust:

- Has embedded good decision-making over compliance, and ownership of information risks at all levels of the organisation.
- Fosters a culture of continuous improvement, understanding the effectiveness of its practices and moves beyond 'tick boxers'.
- Recognises and can respond to all new and existing threats to the confidentiality, integrity and availability of information for operation of essential functions and services.

We have appointed key roles to support our commitment to data protection and cyber security. These roles are the champions of appropriate data capture, processing, security and sharing by the organisation:

- Senior Information Risk Owner ('SIRO'), currently held by the Chief Medical Officer is the Executive Board member providing the focus for the management of information risk at Board level.
- Caldicott Guardian, held by a Consultant, is the senior person responsible for protecting the confidentiality of patient and service-user information acting as a conscience for the Trust.
- Data Protection Officer ('DPO'), held by the Head of Information Governance, is the expert in data protection and reports to the most senior levels within the organisation on risks to the privacy of individuals, and threats to the organisation.
- Digital Information Officer, currently held by the Deputy Chief Information Officer is the subject matter expert for cyber security and digital matters, reporting in to the most senior levels within the organisation on cyber security and digital risks.

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 reported on our risk management system (Ulysses).

Information governance and digital incidents and risks are reported on our risk management system (Ulysses) and monitored by the Information Governance Group, and the DPO who offer guidance and support for investigation, management and resolution.

Summary reports and highlighted risks are discussed at the Information Governance Group, with incidents that fall in scope of the regulated reporting requirements, reported to the Information Commissioners Office ('ICO').

The Trust had no externally reportable IG incidents (data breaches involving personal data where the incident meets the threshold for reporting to the ICO) formerly known as Serious Incident Requiring Investigation (SIRI)

There were 10 internal reviews relating to Freedom of Information Act requests between April 2025 and March 2026, with none involving a complaint by the requester to the ICO. All reviews are closed.

As a Trust we comply with access to health records requests made under the Data Protection Act. As set out in our Health Records Policy, the Access to Health Records Team manages subject access requests under the Data Protection Act for the Trust and reports the Information Governance Group.

Data quality and governance

As Accounting Officer, I have a personal commitment to quality in everything we do, and this is shared by our Chair and all members of the Board. There are controls in place to ensure the accuracy of data (including the quality and accuracy of elective waiting time data), and the risks to the quality and accuracy of this data. The following

processes are in place to assure the quality and accuracy of elective waiting time data (and to manage the risks to such quality and accuracy):

- The Trust has a Data Quality Group, chaired by the Head of Performance and Information.
- A standing agenda item for risk and for the group to review gaps in control and assurance and to monitor planned actions to mitigate these risks is being added as an enhancement for 2025/26.
- The Trust has a “Patient access to elective care policy”, which covers the management of waiting lists at all stages of a referral to treatment pathway. The policy also states the responsibilities of key staff, including those relating to data quality.
- There is a validation process involving operational, management and information leads, to assure the quality of local and national waiting times reporting/data.

The quality of performance information is primarily assessed via the Internal Audit programme, and in particular via the review of “Data Quality of Key Performance Indicators”, which forms part of the Internal Audit plan each year. The “Data Quality of Key Performance Indicators” that was undertaken as part of the 2024/25 Internal Audit plan which resulted in a rating of significant assurance.

The Trust’s commissioners received copies of the Trust’s performance reports, as well as information provided to them via NHSE, to support the performance management of the Trust’s services (with the aim of ensuring the achievement of key targets such as the RTT and cancer waiting time standards). Any associated data quality issues are raised as part of this dialogue and are managed via the technical groups established under the contract and documented in the DQIP.

Further external assurance is gained from a variety of sources to triangulate against data quality and performance. Benchmarking is reviewed against wider NHS Peers using tools such as Model Hospital and NHS England performance benchmarking and performance reporting. These tools use data provided by our National Data returns. These sources can be triangulated to in-house reports to provide assurance of data quality and reporting accuracy.

Clinical coding is a key source of intelligence, creating an asset that is used as a key intelligence resource, and carries financial implications, incident data and medical record audit data that can be used to assess the quality of paper medical records. Clinical coding compliance is heavily audited and required to meet national data quality standards.

The Trust had been preparing to implement into the Trust an electronic patient record (EPR) programme in November 2024. Following a detailed assessment of organisational readiness, encompassing outstanding risks and proposed mitigations,

the Trust Board formally decided in November 2024 to defer the planned go-live date, with a revised go-live date of October 2026.

This decision was taken to ensure that the Board was confident for any future go-live that all necessary preparatory work was completed to the highest standard, that any remaining issues were fully addressed, and that staff were appropriately equipped and confident in using the new system to support safe and effective patient care.

The Trust subsequently commissioned an external, independent review of the programme, to identify key areas of concerns to ensure that the Trust is fully informed and key learning is achieved, with the aim of supporting the Trust to deliver an effective EPR programme to benefit staff and patients. The review was carried out by PWC and presented at the Trust Board meeting in public in April 2025.

To support delivery the Trust appointed an external delivery partner in 2025/26 to provide expertise in EPR implementation to provide effective assurance throughout the next phase of the programme going in to 2026/27. The current working assurance is provided via the Trust's EPR Programme Board reporting in to the Finance, Performance and Digital Committee. Work continues to ensure that the Trust progresses at pace towards a safe and successful implementation in October 2026, in line with our duty to provide high-quality care to the communities we serve.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, corporate and clinical audits as well as operational and governance reporting mechanisms supported by the knowledge, capability and accountability of the executive managers and clinical leads within the NHS foundation trust, each of whom have responsibility for the development and maintenance of the internal control framework in their respective areas. I have drawn on performance information available to me, as well as comments made by the external auditors in their management letter and other reports.

I have been advised on the effectiveness of the system of internal control during the year by the Board and its sub-committees; including the Audit and Risk Committee; Quality and Safety Committee; Finance, Performance and Digital Committee, People Committee and Securing the Future Committee, and in addition the Executive Directors and Risk Management Group. When identified, weaknesses are addressed or a plan is put into place to mitigate them, so as to ensure continuous improvement of the system in place.

Core documentation underpinning our system of internal control (including accountabilities and delegations) include but is not limited to: The Trust Licence and Constitution, committee terms of reference, matters reserved to the Board, standing orders, scheme of delegation and standing financial instructions as well as both corporate and operational policy, procedures and standard operational procedures,

The Board Committee structure discharging overall responsibilities for risk management and maintaining and reviewing the effectiveness of the system of internal control, is summarised below:

- The Board of Directors has overall responsibility for the governance arrangements, including the committee structure, and ensuring we adhere to our Constitution and apply our Standing Orders, Scheme of Delegations and Standing Financial Instructions correctly. The Chairs of each of the Board sub-committees present a report to the next available Board meeting for the purpose of providing assurance on matters within its terms of reference. Urgent matters if requiring escalation to the Board are reported by the Committee Chair in the intervening period.

- The Audit and Risk Committee is responsible for establishing an effective system of internal control and risk management and provides an independent assurance to the Board. The Committee takes an overview of our governance activity by reviewing the statement on internal effectiveness and Annual Governance Statement. Reports from the internal auditors and external auditor also provides assurance. The Committee also reviews on a regular basis, the risks that are described in the Board Assurance Framework. The Committee has oversight of and relies on the work of the Risk Management Group to monitor the risk management process and risk registers. The Committee also has oversight of expressions of concerns and whistleblowing arrangements. The Audit and Risk Committee is chaired by a suitably-qualified Non-Executive, The Chair of the Quality and Safety Committee is invited to attend when there are significant quality and safety matters requiring cross-committee scrutiny.

- The Quality and Safety Committee provides the Board of Directors with assurances of clinical and effectiveness through scrutiny of patient quality and safety, patient experience, medicines management and staffing. It monitors quality metrics and ensures the organisation has robust systems in place to learn from experience. The Committee is chaired by a Non-Executive Director and membership comprises suitably qualified non-executives.

- The Finance, Performance and Digital Committee scrutinises the financial risks and targets and monitors any significant risks to activity and performance, with oversight of digital and operational performance targets. The Committee provides the Board with an independent and objective review of assurances, in relation to significant financial, performance and digital risks which may impact on our financial viability and sustainability. It provides detailed scrutiny of financial, performance and digital matters in order to provide assurance and raise concerns (if appropriate) to the Board of Directors. It also assesses and identifies risks within the finance, performance and digital portfolio and escalates as appropriate. The Committee is chaired by a Non-Executive Director and membership comprises suitably qualified non-executives.

- The People Committee reviews workforce risks and provides assurance to the Board on the quality and impact of workforce and organisational development strategies and the effectiveness of workforce management, recruitment, retention and health and well-being. The Committee is chaired by a Non-Executive Director and membership comprises suitably qualified non-executives.

- The Securing the Futures Committee was established for the purpose of providing assurance to the Board regarding the processes, procedures and management of the new hospital (including RAAC) and to support the successful achievement of the New Hospital Programme, its investment objectives and realisation of benefits. The committee also oversees the Trust's Green Plan which provides a strategic framework for the Trust's sustainability initiatives. The Committee is chaired by a Non-Executive Director and membership comprises suitably qualified non-executives.

- The Executive Directors have assessed the risks to their achievement, along with risk controls and assurance mechanisms. As part of the risk assessment process, gaps in control and assurances have been highlighted. This information is incorporated in to our Board Assurance Framework document reviewed regularly by the Board and Directors and at the appropriate Board Sub-Committee.

- The Risk Management Group oversees the risk management process at operational level, ensuring that risks are managed and/or escalated in line with the Risk Management Policy. It promotes effective risk management and compliance and helps supports maintain a dynamic Board Assurance Framework and risk management database where risks are registered. It also ensures local level responsibility and accountability and will challenge risk assessment and risk assurance arrangements in areas of our activity where robust controls are not evident in order to raise standards and ensure continuous improvement. The Risk Group is chaired by the Chief Nurse.

These governance arrangements were in place throughout 2025/26.

Details of the composition and work of the Trust's Nominations and Remuneration Committee of the Board of Directors are given in the Accountability section of the Annual Report.

Internal audit latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy, and their internal annual Quality Assurance and Improvement Programme (QAIP) provides assurance that its internal audit work fully complies with the Global Internal Audit Standards (GIAS) - in the UK Public Sector - for 2025/26.

The provision of the Head of Internal Audit Opinion is a requirement of the GIAS – in the UK Public Sector. The Head of Internal Audit Opinion is the rating, conclusion

and/or other description of results provided by the Head of Internal Audit Opinion addressing, at a broad level, governance, risk management and/or control processes of the organisation.

The approved Internal Audit plan is focused on risk.

During the year, internal audit undertook 21 substantive reviews and high-level assessment of our governance arrangements, all of which informed the Head of Internal Audit Opinion for 2025/26. Internal audit reports are presented to the Audit and Risk Committee for assurance. Action plans and progress are reported in detail to each subsequent Audit and Risk Committee meeting as part of internal audit's follow-up process. The internal auditor takes a risk-based approach to formulating the annual work plan for agreement with management prior to final approval by the Audit and Risk Committee.

The Internal Audit reports issued in the year have generated an overall opinion of Limited Assurance as detailed in the Head of Internal Audit Opinion. It should also be noted that during 2025/26 there were 7 reports issued with a 'high' or 'significant' assurance opinion, 10 reports issued with a 'limited' or 'low assurance', with 2 reviews without an assurance rating.

External audit provides independent assurance on the accounts, annual report, and Annual Governance Statement.

Significant internal control issues

Gaps in internal control or assurance which arise during the year are identified in a multitude of ways as a result of the effectiveness of our internal controls; three principal ways that any such gaps are captured and reported are through the Board Assurance Framework, Risk Management Framework and audit, both internal and external. Such gaps are identified and corresponding actions are set and managed.

Notable matters which impacted on the effectiveness of our internal controls during the year were:

- The Head of Internal Audit Opinion Report noted the following audits as having received Limited assurance: Termination Processes and Processes relating to Salary Overpayments; Care of the Deteriorating Patient, Non-Clinical Appraisals; Policy Management: Monitor and Manage Output from Policies; Board Assurance Framework; Consultant Job Planning; Mental Health/Mental Capacity Act; and NHS Equality Framework.
- The Head of Internal Audit Opinion Report noted the following audits as having received 'low' assurance: Infection Prevention and Control, Hand Hygiene, and Cyber Security.
- 10 recommendations from the internal audit reports had not been completed in a timely manner.

The Head of Internal Opinion shown in full later in the annual report, also highlighted that their audit work concluded with 'significant' assurance being provided in respect of the Trust's Risk Management system – with appropriate arrangements in place to identify, escalate and oversee key risks across the Trust, however, the Board Assurance Framework and supporting processes received a 'limited' assurance opinion.

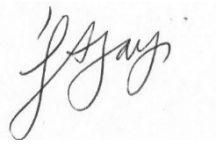
The aforementioned audits have been considered by the Audit and Risk Committee, and detailed action plans have been identified. These are being monitored by the Audit and Risk Committee.

Conclusion

Based on the assurances available to me, I conclude that limited assurance can be taken that the Trust had adequate and effective system of governance, risk management and internal control in place during the year. This conclusion is also informed by the Head of Internal Audit Opinion, which states that limited assurance can be given as there are weaknesses in the design and/or consistent application of the framework of governance, risk management and internal control that could result in failure to achieve the organisation's objectives.

Where weaknesses have been identified, improvement actions have been agreed, responsible leads assigned, and progress will be monitored through the Board, Audit and Risk Committee and relevant assurance committees during 2026/27.

Notwithstanding the weaknesses described in the Statement, I am satisfied that, based on the 'significant' assurance opinion provided in respect of the Trust's risk management system, the Trust has maintained core governance and accountability arraignments during the year, and that the Annual Governance Statement provides a fair, balanced and transparent account of the Trust's governance, risk management and internal control position.



Foluke Ajayi
Chief Executive Officer
25 June 2026

Appendix A: Biographies of the Board of Directors as of 31 March 2026

Sarah Jones Trust Chair from February 2026

Sarah joined the Board as Chair on 1 February 2026 and was appointed Chair in Common with Bradford District Care Foundation Trust on 1 March 2026.

Sarah was previously Chair at Bradford Teaching Hospitals NHS Foundation Trust and before that at Sheffield Children's NHS Foundation Trust. While in South Yorkshire, she chaired the Mental Health, Learning Disability and Autism Provider Collaborative, as well as being a member of the Acute Federation and Sheffield Health and Care Partnership. Sarah is also Chair of the Yorkshire and Humber Applied Research Collaborative as well as Chair of Realise, an apprenticeship and adult skills training business.

Dr Andrew Withers Deputy Chair

Andy joined the Trust as a Non-Executive Director on 1 April 2021 and retired on 31 March 2026

Andy was a General Practitioner in Bradford from 1986 and has held various roles in the local health economy, including most recently Chair of Bradford Districts Clinical Commissioning Group until the end of March 2020. Andy 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.

‘Foluke Ajayi Chief Executive (CEO)

‘Foluke was appointed in April 2022 as Chief Executive.

As the Trust’s Accounting Officer, ‘Foluke is responsible for the overall development and performance of the Trust.

In addition to being a Board member, she is a member of the Securing the Future Committee and Nominations and Remuneration Committee.

’Foluke joined the Trust 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 was appointed as Vice Chair of the NHS Confederation in February 2025.

Executive and Non-Executive Directors

Mark Andrews Senior Independent Director

Mark joined the Trust as a Non-Executive Director in 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 Fellow of the Chartered Management Institute, Fellow of the Institute of Engineering & Technology, Fellow of the Institute of Civil Engineers and Chartered Engineers. He also holds a BSc (Eng), Civil Engineering, Imperial College and an MBA, Cranfield.

Carl Chambers, Non-Executive Director and Deputy Chair (from April 2026)

Carl joined the Trust as a Non-Executive Director in June 2025.

Carl is a qualified Barrister and Chartered Accountant who practised in both professions before moving into the financial sector. He worked in private equity and investment banking for eleven years before moving into industry as Chief Financial Officer of a Yorkshire business. During that time, he led over 40 acquisitions and oversaw the flotation of the business. Since then, he has held non-executive roles in both the private and public sectors, including at Leeds Teaching Hospitals Trust, where he chaired the Audit and Finance Committee and the Performance Committee. He has also held the position of Council Member at the University of Bradford.

Carl's qualifications include LLB (Hons), University of Liverpool, Barrister, Member of the Honourable Society of Gray's Inn and ACA, Associate Member of the Institute of Chartered Accountants in England & Wales.

Leanne Cooper Chief Operating Officer

Leanne joined the Trust as Chief Operating Officer in February 2023. Leanne left the Trust post year-end.

As Chief Operating Officer, Leanne is responsible for all areas of operational delivery of the Trust's clinical services and health and safety. She is the Senior Responsible

Officer for the Reinforced Autoclaved Aerated Concrete (RAAC) programme, lead executive for AGH Solutions Limited and Member of the Immedicare Board.

Leanne was previously Deputy Chief Operating Officer at University Hospitals of Morecambe Bay NHS Foundation Trust. She brings with her extensive operational experience in 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 improvements to the quality of care.

Helene Ghosh Non-Executive Director

Helene joined the Trust as Non-Executive Director in June 2025.

Helene is the UK Group Human Resources Director for B Braun Medical. She previously worked for BT Global as the Global HR Director for Portfolio and Digital, and Strategy, as well as the Regional Director for AMEA.

Helene is Freeman of the Company of Cutlers in Hallamshire Sheffield and has been a School Governor for the past 5 years and SEND lead
Helene is a Chartered Member of the Chartered Institute of Personnel and Development.

Joanne Harrison Executive Director of People and Organisational Development

Joanne joined the Trust in September 2019 as Executive Director of People and Organisational Development.

Joanne has over 20 years' experience of working in Human Resources and Organisational Development, in both the private and public sector. Joanne's previous roles include Deputy Director of Workforce and Organisational Development; Interim Executive Director of Workforce and Organisational Development; with other HR and operational management roles across the NHS, service sector and retail. Key skills include the development of people-centred practices, health and wellbeing initiatives,

workforce planning and strategic Human Resources management. Joanne also holds executive responsibility for the corporate governance portfolio, whilst the Trust puts in place a substantive Trust Secretary.

She takes a pivotal role in putting our people at the centre of the Trust's strategic ambitions. Our people and organisational development practices support the Trust to attract and retain dedicated NHS colleagues, continuously develop their skills and knowledge, in a supportive culture. This is a key enabler to the Trust delivering its strategic ambition of supporting our people to thrive and flourish and in turn deliver high quality services for our local population.

Eileen Jessop Non-Executive Director

Eileen joined the Trust in June 2025 as Non-Executive Director.

Eileen is a Board-level Chief Digital Information Officer ('CDIO') for the Defence Medical Services, with over 25 years' experience leading large-scale digital transformation across defence, government and the NHS, and is widely regarded for delivering complex, mission-critical programmes that modernise healthcare, and strengthen cyber resilience.

As CDIO for Defence Medical Services within the Ministry of Defence, Eileen leads the global medical digital, data strategy supporting healthcare delivery to UK Armed Forces personnel. She is also the SIRO for a Government Major Projects Portfolio Programme, driving a £500m transformation to deliver integrated, deployable digital health capabilities across operational, maritime and fixed environments worldwide.
Prior to defence, Eileen was Chief Information Officer at The Christie NHS Foundation Trust. Her earlier career included senior leadership roles at Leeds Teaching Hospitals NHS Trust and the Department for Work and Pensions.

Alongside her executive career, Eileen previously held a Non-Executive Director role at NHS Birmingham and Solihull Integrated Care Board. Eileen is also an accredited reviewer for the National Infrastructure and Service Transformation Authority and a graduate of the Major Projects Leadership Academy at Oxford Said Business School. Eileen gained MPLA Certification (Major Projects Leadership Academy) through the University of Oxford. She is also a trained coach and mentor.

Dr Andrew Loughney, Chief Medical Officer

Andrew joined the Trust in October 2025 as Chief Medical Officer.

As Chief Medical Officer, Andrew is responsible for the professional leadership of the medical workforce, medical education and training, and research. He is also co-responsible (with the Chief Nurse) for quality and safety. He is the Senior Information Risk Owner (SIRO) for the Trust.

Andrew trained in Obstetrics and Gynaecology in the North East of England and practiced there as a Consultant Obstetrician for seventeen years. He moved to Liverpool Women's Hospital in 2016 where he was Medical Director and Deputy Chief Executive Officer, in addition to spending time as Interim Medical Director at the Royal Liverpool and Broadgreen Hospitals. Most recently he was Medical Director at Stockport NHS Foundation Trust.

He has a cellular and molecular biology PhD and maintains an interest in academic medicine to complement his focus on medical safety and effectiveness.

Jyoti Mehan Non-Executive Director

Jyoti Mehan joined the Trust in March 2025.

Jyoti is the CEO of Health Care First, a large-scale general practice serving over 32,000 patients across seven sites.

A former Big Four leader, she brings over 20 years of experience, shaping innovative care models and pathways. She has also advised numerous mid to large-cap private equity firms on healthcare investments and previously founded her own health and wellness start-up.

In addition to her executive leadership, Jyoti provides insight and expertise to industry as a speaker and has served as a voluntary board advisor for multiple SMEs looking to scale.

Jyoti has a First Class BA (Hons) in Business Economics.

Andrew Merrick Non-Executive Director

Andrew was appointed Non-Executive Director in September 2025.

Andrew was previously Chief Finance Officer of Irwin Mitchell, Solicitors, having previously worked for Dart Group plc as Group Finance Director and prior to that as Director of Finance for Bradford & Bingley plc. He also been Board member of Incommunities, a Bradford-based social housing provider, where he chaired the Audit Committee.

Andrew is currently Non-Executive Director at Yorkshire Water and Non-Executive Director, Vice Chair and Senior Independent Director at Market Harborough Building Society.

Andrew is a Fellow of the Chartered Institute of Management Accountants and holds a degree in Banking and International Finance.

Lianne Robinson Chief Nurse

Lianne joined the Trust as Interim Chief Nurse in April 2024 and was appointed to the substantive role of Chief Nurse in June 2025.

Lianne provides professional leadership for all Nurses, Midwives, Allied Health Professionals and Healthcare Scientists. She has executive oversight of safeguarding and is the Director of Infection Prevention and Control.

Lianne has worked for the NHS for over 25 years, starting her career as a Staff Nurse in the A&E department at Royal Blackburn Infirmary. She spent 16 years working at East Lancashire Hospitals gaining experience in Matron roles within Medicine, Surgery, Trauma and Orthopaedics and ED all with a constant focus on patient and staff experience and delivering the best quality of care. After spending two years at The

Walton Centre for Neurology where she was the lead Nurse for Neurology, Lianne took up her position at Bolton NHS Foundation Trust as Divisional Nurse Director for the Elective Care Division, before then spending two years as a Divisional Director of Operations.

Lianne moved into the Deputy Chief Nurse post at Bolton in 2021, where she led on Safeguarding, Safe Staffing and workforce development. With a constant drive and passion for developing the workforce, nurturing and supporting professional leaders and ensuring safe, quality and high standards of care, Lianne works with her professional leadership teams to ensure patients remain at the heart of all we do.
Lianne is also a Trustee at East Lancashire Hospice.

Mike Savage Executive Director of Finance

Mike joined the Trust as Executive Director of Finance in October 2022.

Mike joined the Trust from Manchester Royal Infirmary, part of Manchester University NHS Foundation Trust, where he had been Director of Finance from 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 PriceWaterhouseCoopers 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.

As Executive Director of Finance, Mike is responsible for the leadership of the Finance and Information Services departments. This includes the overall financial stewardship of the organisation, financial planning, data quality, and day-to day financial and information reporting.

Stuart Shaw Executive Director of Strategy, Planning & Partnerships (non-voting)

Stuart joined the Trust April 2008 as the Head of Planning and Performance and was appointed to his current role in October 2018.

Stuart is responsible for the development of Trust strategy, leading the planning framework, developing greater partnership working and for business and commercial development. He is the Executive team lead (Senior Responsible Officer) for the new Airedale hospital development.

In his current role Stuart has led the development of Trust Annual Plans as well as the current Trust Strategy 2020 to 2025 and was an integral member of the team that progressed the Trust gaining a place on the national New Hospital Programme.

Before joining the Trust, Stuart was the Assistant Director of Performance Management at Bradford Teaching Hospitals NHS Foundation Trust, with responsibility for establishing a Performance Management Unit that supported Local Delivery Plans.

Head of Internal Audit Opinion for 2025/26

HEAD OF INTERNAL AUDIT OPINION
ON THE EFFECTIVENESS OF THE SYSTEM OF INTERNAL CONTROL AT
AIREDALE NHS FOUNDATION TRUST
FOR THE 2025/26 REPORTING PERIOD

1. Introduction

The purpose of this Head of Internal Audit (HoIA) Opinion is to contribute to the assurances available to the Chief Executive Officer and the Board of Directors which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. This opinion will assist the Board of Directors in the completion of its Annual Governance Statement, along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

The HoIA Opinion will inform and comment on the adequacy of the organisation's Board Assurance Framework. An overall opinion is the professional judgement of the HoIA based on a combination of the assurance work that the Internal Audit team conduct during the year (as set out in the Internal Audit plan) and its assessment of other available evidence and assurances about the organisation's arrangements for internal control and managing risk.

2. Executive Summary

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy, and our internal annual Quality Assurance and Improvement Programme (QAIP) provides assurance that our internal audit work fully complies with the Global Internal Audit Standards (GIAS) – in the UK Public Sector – for 2025/26.

The provision of the HoIA Opinion is a requirement of the GIAS – in the UK Public Sector. The HoIA Opinion is the rating, conclusion and/or other description of results provided by the HoIA addressing, at a broad level, governance, risk management and/or control processes of the organisation.

The approved Internal Audit plan is focused on risk, and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

My overall opinion for 2025/26 is that Limited assurance can be given as there are weaknesses in the design and/or inconsistent application of the framework

of governance, risk management and internal control that could result in failure to achieve the organisation's objectives.

3. Roles and Responsibilities

The whole Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance on the effectiveness of that overall system.

The Annual Governance Statement is a statement by the Chief Executive Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Chief Executive Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Board Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Board Assurance Framework should bring together all the evidence required to support the Annual Governance Statement requirements.

In accordance with GIAS – in the UK Public Sector, the HoIA is required to provide an annual opinion, based upon, and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control, and governance processes (i.e., the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management, and approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Board Assurance Framework. As such, it is one component that the Board of Directors considers in making its Annual Governance Statement.

4. The Opinion

4.1. The basis for forming the opinion is as follows:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes.
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been

reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses; and

- An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Unless explicitly detailed within our reports, third party assurances have not been relied upon.

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

4.2. Opinion **definitions**:

The following potential opinion levels are available when determining the overall HoIA Opinion. These levels link closely with our standard definitions for report opinions:

Opinion Level	HoIA Opinion Definition
High Assurance	High assurance can be given that there is a strong system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are being applied consistently in all areas reviewed.
Significant Assurance	Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.
Limited Assurance	Limited assurance can be given as there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and internal control that could result in failure to achieve the organisation's objectives.
Low Assurance	Low assurance can be given as there is a weak system of internal control and/or significant weaknesses in the application of controls that will result in failure to achieve the organisation's objectives.

Where limited or low assurance is given the management of the Board must consider the impact of this upon their overall Board Assurance Framework and their Annual Governance Statement.

4.3. The **commentary** below provides context for the opinion

The 2025/26 Internal Audit Plan is being delivered as planned. This position has been reported within the progress reports across the financial year and any changes to the audit programme have been captured in these.

The following changes were made to planned coverage, some of which have occurred due to the organisation's response to organisational risks:

Audit Areas	Change Requested	Reason	Reviewed by Audit Committee
Clinical Ward Stock Management	Removal	The Chief Nurse has requested that this review be moved from the Trust's plan to AGH Solutions.	July 2025

Audit coverage in 2025/26 has been focused on:

1) The design and operation of the Board Assurance Framework and Risk Management Arrangements:

Our audit work confirmed that concluded with Significant assurance being provided in respect of the Trust's Risk Management system – with appropriate arrangements in place to identify, escalate and oversee key risks across the Trust. However, the review noted that improvements are needed to simplify high-level risk reporting, clarify the Board's risk appetite, and better support ongoing improvement. The audit of the Board Assurance Framework concluded with Limited Assurance. The review noted that we could not see clear evidence that the BAF is helping to reduce the Trust's strategic risks. In several areas it was not clear when the target risk scores will be achieved or what will deliver the change. We found that Risk appetite had not always been described or applied consistently and that Committee reporting did not always routinely link issues back to the strategic risks or show clear challenge of the risk scores.

2) The range of individual opinions arising from risk-based audit assignments, contained within the risk-based plan, which have been reported throughout the year:

We have issued the following final reports:

Report Title	**Outline Scope**	**Assurance Level**
		0 high assurance opinions
01/2026 Learning from incidents / events	To provide assurance that the Foundation Trust has effective controls and processes in place to learn from adverse incidents / events and can demonstrate improvement.	7 significant assurance opinions
03/2026	The objective of the review is to	

Sustainability / Green Plan	provide assurance on the Foundation Trust controls and processes around the Sustainability agenda and initiatives for Greener NHS.	
05/2026 Business Continuity / EPRR Standards	To provide assurance that the Foundation Trust has robust arrangements in place for Business Continuity in accordance with the EPRR Standards, policies, and procedures and whether they are being complied with.	
07/2026 Clinical Appraisals	To provide assurance that the Foundation Trust has a robust appraisal process in place; with governance arrangements for monitoring the results and mechanisms to monitor the quality of appraisals.	
10/2026 Medicine Management	To provide assurance that the Trust had effective systems and processes in place to comply with national Controlled Drugs requirements, and that these were being followed and monitored appropriately.	
14/2026 Freedom to Speak Up	To confirm that the Foundation Trust provides an environment where people feel safe to speak up with confidence and that NHS Leaders are listening to the concerns of workers and following whistleblowing procedures.	
19/2026 Risk Management	To provide assurance on the effectiveness of risk management arrangements in place within the Foundation Trust. This work is essential in the provision of the Head of Internal Audit Opinion.	
22/2026 Key Financial	The objective of the review is to provide assurance that controls in	

Controls	place for the key financial systems are operating efficiently and effectively.	
04/2026 Termination Processes & Processes Relating to Salary Overpayments	To review the systems and processes relating to leavers and their application. The audit will also look more generally at overpayments and systems and processes relating to overpayment recovery.	**8 limited** assurance opinions
09/2026 Care of Deteriorating Patient	The objective of the review is to provide assurance around the Foundation Trust's robustness of systems and processes in relation to deteriorating patients.	
11/2026 Non-Clinical Appraisals	To provide assurance that the Foundation Trust has a robust appraisal process in place; with governance arrangements for monitoring the results and mechanisms to monitor the quality of appraisals.	
12/2026 Policy Management: Monitor and Manage Output from Policies	The objective of the review is to provide assurance on the arrangements in place to approve, manage and communicate Foundation Trust policies, procedures, and guidelines, as well as the robustness of the controls in place to monitor adherence.	
15/2026 Board Assurance Framework	To provide assurance on the effectiveness of Board Assurance Framework in place within the Foundation Trust. This work is essential in the provision of the Head of Internal Audit Opinion.	
16/2026 Consultant Job Planning	The objective of the review is to provide assurance around the Foundation Trust's systems and processes for agreeing and managing job planning for consultants and monitoring the delivery of the associated activity.	

17/2026 Mental Health / Mental Capacity Act	The objective of the review is to provide assurance that the Trust has robust systems and processes in place to adhere with the Mental Health Act and Mental Capacity Act.	
18/2026 NHS Equality Framework	To assess the adequacy and effectiveness of the Trust's arrangements for reporting equality for staff and patients, including the completeness and accuracy of equality-related data collection and oversight.	
02/2026 Infection, Prevention and Control; Hand Hygiene **13/2026 Cyber Security**	The objective of the review is to provide assurance that the Foundation Trust has effective systems and processes in place to ensure that staff practice hand hygiene to the expected standard and ensure the safety of patients, staff, and visitors. To assess the adequacy, effectiveness, and resilience of the NHS Trust's data security controls and backup data recovery processes around third-party software suppliers	**2 low** assurance opinions
06/2026 Data Security and Protection Toolkit **08/2026 Salary Overpayments** **20/2026 Board Assurance Framework and Risk Management** **21/2026 Data Security and Protection Toolkit**	This Thematic Review provides a reflection on the year's Toolkit cycle This report compares the salary overpayments of 35 organisations. Gross salary overpayments data was reviewed for the financial years 2022/23, 2023/24 and 2024/25 This report presents a wide-ranging commentary on Board Assurance Frameworks, Risk Appetite, Corporate and Organisational Risk Registers, and Risk Processes across 12 NHS Client organisations. To gain assurance on the Cyber Assurance Framework DSPT return. Opinion was Overall risk Low and Overall confidence High	**4 reviews** without an assurance rating

The content of final reports with limited and low assurance are discussed in detail at the Audit Committee.

The limited opinion reports this year were:

04/2026 Termination Processes & Processes Relating to Salary Overpayments

The review noted that the value of salary overpayments almost doubled to £202k in 2024/25 compared to the previous financial year, with the majority of overpayments caused by the late submission of the Termination of Assignment (TOA) and Variation to Contract (VTC) forms by the Line Managers. The report made recommendations aimed at strengthening financial oversight at Board and sub-committee level, developing overpayments policy and informing employees in writing of their overpayments, improving engagement with Line Managers to ensure timely submission of applicable forms and timely recovery of outstanding overpayments. The report included 7 moderate and 1 minor recommendations.

09/2026 Care of Deteriorating Patient

The review found significant gaps in data collection which is hindering analysis and improvement of clinical practices and also limited our own scope. These gaps in data and analysis were caused by a variety of reasons including processes being particularly labour and time-intensive and a lack of automated reporting from IT systems. The report included 1 major, 1 moderate and 3 minor recommendations

11/2026 Non-Clinical Appraisals

The review noted that Trust's PDR compliance rate had remained consistently around 70% (Trust target = 90%.) The review noted that there was no formal action plan in place to implement improvements and the review identified problems with the quality of data relating the completion of PDRs in ESR. The report included 5 moderate and 2 minor recommendations

12/2026 Policy Management: Monitor and Manage output from policies

The review noted gaps in the completion of Equality Impact Assessments (EQIAs) in respect of policies agreed by the Trust Policy Review Group. EQIAs are required to ensure the Trust fulfils its Public Sector Equality Duty. In addition, all 16 policies ratified by PRG since April 2025 were missing some aspect required by the Trust's Policy Template such as information around dissemination and implementation and/ or monitoring and compliance. The report included 2 moderate and 3 minor recommendations.

15/2026 Board Assurance Framework

This report was limited because we could not see clear evidence that the BAF is helping to reduce the Trust's strategic risks. In several areas it was not clear when the target risk scores will be achieved or what will deliver the change. We found that Risk appetite had not always been described or applied consistently. Committee reporting did not always routinely link issues back to the strategic risks or show clear challenge of the risk scores. The report included 2 major, 3 moderate and 3 minor recommendations.

16/2026 Consultant Job Planning

The review found that though the Trust has made notable progress in the completion of consultant and SAS doctors' job plans, achieving 82% as of 31 October 2025, there remained significant gaps that impact the overall effectiveness of the job planning framework, particularly concerning governance arrangements. The review noted that the Job Planning Policy was out of date and did not reflect (recent operational developments. The review also noted gaps in formal reporting and oversight mechanisms dedicated to scrutinising job planning performance, risks, and compliance. The report included 3 moderate and 1 minor recommendations.

17/2026 Mental Health / Mental Capacity Act

The review noted inconsistent documentation of key requirements of the Mental Capacity Act within patient records resulting some key requirements of the Act being missed. Our review of 20 patient files found that ten files were missing key information which was not recorded in 'Blue Forms' or within the clinical notes. The report noted that the Trust risks not being able to demonstrate two out of three of the CQC requirements where capacity assessments and best interests' decisions are to be clearly recorded and accessible. Monitoring compliance and oversight is the responsibility of the Trust's MCA Working Group. The report noted that this Group had only met three times in the previous 20 months due to issues with quoracy. The report included 1 major, 2 moderate and 2 minor recommendations

18/2026 NHS Equality Framework

The review identified significant weaknesses in the Trust's patient equality and health inequalities arrangements. Patient equality data is fragmented, largely inherited from external systems, not actively managed, and lacks clear ownership. There is no named senior lead for patient equality, no defined governance forum with explicit responsibility, no routine reporting cycle, and no formal escalation route for patient equality risks. As a result, statutory requirements such as EDS

Domain 1 and the Public Sector Equality Duty are met only at a minimum compliance level, with limited evidence of structured local review, benchmarking, or action. Staff reported uncertainty about how patient equality data should be interpreted or acted upon and the Trust could not demonstrate that health inequalities affecting its patient population are being systematically identified, monitored, or reduced. The report included 2 major and 2 moderate recommendations

The Low Opinion reports this year were:

02/2026 Infection, Prevention and Control; Hand Hygiene

The low assurance rating reflected the results of our onsite observational testing and the consistently low compliance levels reported following the IPC Nurses own monitoring. In particular the testing identified significant issues with hand hygiene compliance. The report included 2 major and 3 moderate recommendations.

13/2026 Cyber Security

The review noted significant weaknesses in the Trust's arrangements for managing its software suppliers to ensure they have adequate data security controls and backup data recovery processes in place. There was no coordinated framework to ensure software suppliers actually adhere to these standards and/or to obtain ongoing assurance from suppliers on data and system security arrangements. We noted that 55 of the 120 Trust systems provided by third party suppliers contained personal data therefore making the need for high standards of data security critically important. The report included 3 major recommendations.

3) Implementations of recommendations

A total of **81** Internal Audit recommendations have been live during 2025/26 (this includes recommendations from previous years' reports that were still live at 1 April 2025).

We provide independent validation throughout the year, on a sample of recommendations reported as completed.

The sample has included, but not been limited to:

- all recommendations made in low/limited assurance opinion reports; and
- all 'major' and a sample of 'moderate/minor' rated recommendations made in high/significant assurance opinion reports.

The outcome of this validation is as follows:

We have tested a sample of the recommendations reported by management to be complete on K10 Vision with a closure date between 1 April 2025 and 31 March 2026 to ensure that there is appropriate evidence in place to support the closure of each recommendation. Our sample included 50 recommendations.

Appropriate evidence was in place to support the closure of 47 recommendations in the sample tested.

There was insufficient evidence for three of the recommendations and these were re-opened and revised target dates set.

The position as at 18 June 2026 was that there were two overdue recommendations without a revised target date both of which have a priority rating of minor.

The Director of Finance provides regular reports to the Audit Committee regarding recommendations.

5. Root Cause Analysis 20256/26

Root Cause Analysis (RCA) helps organisations pinpoint underlying issues, enabling them to address causes rather than symptoms for better long-term solutions and efficiency. Combined findings from multiple engagements can highlight meaningful patterns or trends.

The table below represents cumulative RCA findings through 2025/26 as reported to Audit Committee. The information should be used to help foster a culture of continuous improvement and accountability.

Root Cause	No. of findings	%
Governance and Strategy	11	17%
Policies and Procedures	15	23%
Oversight and Accountability	20	32%
Communication	1	2%
Risk Management	-	-
Roles and responsibilities	3	5%
Data Availability and Quality	3	5%
Training	3	5%
Resources	2	3%
Compliance with Policy	4	6%
Contract Management	1	2%
Security	-	

Some findings may include more than one root cause, as shown in the table above. Key themes include oversight and accountability, policy and procedures design and governance and strategy.

6. Consideration for your Annual Governance Statement

The HoIA Opinion is one source of assurance that the organisation has in providing its Annual Governance Statement and other third-party assurances should also be considered. In addition, the organisation should take account of other independent assurances that are considered relevant. We recommend that the Executive Summary above is used in your Annual Governance Statement.

Helen Higgs
Managing Director and Head of Internal Audit
Audit Yorkshire
18 June 2026

Independent Auditor's Report to the Council of Governors of Airedale NHS Foundation Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of Airedale NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2026, which comprise the consolidated statement of comprehensive income, the consolidated statement of financial position, the consolidated statement of changes in taxpayers' equity, the foundation trust statement of changes in taxpayers' equity, the consolidated statement of cash flows and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2026 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may

cast significant doubt on the group's and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern. In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2025-26 that the group's and the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and the Trust. In doing so we had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and the Trust and the group's and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report and accounts, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report and accounts. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2025-26; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS Foundation Trust Annual Reporting Manual 2025-26, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group’s and the Trust’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of their services to another public sector entity.

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26).
- We enquired of management and the audit and risk committee, concerning the group’s and the Trust’s policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit and risk committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group’s and the Trust’s financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraudulent expenditure recognition. We determined that the principal risks were in relation to management override of controls through inappropriate journal entry and management bias and fraudulent expenditure recognition in certain non-pay expenditure streams or error in making significant accounting estimates relating to the valuation of buildings.
- We identified a risk in respect of improper capitalisation of capital programme spend close to the year end, linked with the risk of error. This was also an area of audit focus.

Our audit procedures involved:

- evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
- journal entry testing, with a focus on large and unusual closing journals and those falling within identified risk criteria, including: journals posted by senior management, material journals, year-end journals, journals posted after 31 March 2026 and during production of the draft financial statements, journals capitalising spend on the Electronic Patient Record intangible asset, journals posting material reductions to operating expenditure throughout the year and year- end income and expenditure accrual and adjustment journals;
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of the building valuations including the remaining useful economic life of the Reinforced Autoclaved Aerated Concrete affected areas, and capitalisation and measurement of capital programme spend;
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the potential for fraud in expenditure recognition and in making accounting estimates related to building valuations. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner’s assessment of the appropriateness of the collective competence and capabilities of the group and Trust audit team members included consideration of their:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and the Trust operates
  - understanding of the legal and regulatory requirements specific to the group and the Trust, including:
    - the provisions of the applicable legislation

  - NHS England's rules and related guidance
  - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group's and the Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation process, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The group's and the Trust's control environment, including the policies and procedures implemented by the group and the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

- We have nothing to report in respect of the above matter except that on 28 June 2024 we identified a significant weakness in relation to the Trust's arrangements to ensure financial sustainability for the year ended 31 March 2024. This was in relation to weaknesses in the arrangement to enable the Trust to ensure it is fundamentally financially sustainable. We recommended that the Trust produce a credible savings programme, develop a comprehensive Medium Term Financial Plan with full Board support, and take urgent action to address the non-delivery of its 2025-26 financial plan. The Trust's underdelivered savings plan had a fundamental impact on the outturn position as at 31 March 2026. The Trust was issued with an enforcement letter in 2025-26, due to failure to comply with and apply principles, systems and standards of good corporate governance in relation to the Trust's worsening financial position. Therefore, the significant weakness in financial sustainability arrangements remains in place for the year ended 31 March 2026 and on 8 October 2025 we made an updated recommendation to the Trust.

We recommended that the Trust ensure it has a realistic and deliverable financial plan, with credible multi-year recurrent savings plans that include transformational change, supported by strengthened governance arrangements to monitor progress and ensure timely mitigating action.

- In addition, on 27 June 2025, we identified a further significant weakness in relation to the Trust's governance arrangements for the year ended 31 March 2025. This was in relation to weaknesses in the Trust overseeing and delivering its Electronic Patient Record (EPR) programme following the failed go-live in September and then November 2024.

We recommended that the Trust learn lessons from the failed EPR go-live, strengthen its governance arrangements through engagement with its assurance delivery partner, ensure confidence in the achievement of key milestones, and maintain transparency with key stakeholders regarding implementation and timing challenges. Whilst the Trust has taken steps to address the weakness the programme was RAG-rated red as at 31 March 2026, driven by unresolved clinical hazards, organisational readiness concerns and gaps in clinical leadership capacity. Therefore, the significant weakness in governance arrangements remains in place for the year ended 31 March 2026 and on 25 June 2026 we made an updated recommendation to the Trust.

We recommended that the Trust strengthen Board oversight of the EPR and new hospital programme by embedding regular deep-dive discussions, urgently completing the appointment of vacant clinical and programme roles to ensure robust clinical assurance ahead of the October 2026 go-live, and ensuring learning is shared across major programmes.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in March 2026. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Airedale NHS Foundation Trust for the year ended 31 March 2026 in accordance with the requirements of Chapter 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2026. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Gareth D Mills

Gareth Mills, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Leeds

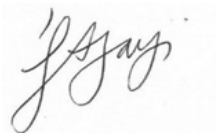
25 June 2026

Annual Accounts for the year ended 31 March 2026

FOREWORD TO THE ACCOUNTS
AIREDALE NHS FOUNDATION TRUST

The accounts for the year ended 31 March 2026 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 2026 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: 25 June 2026

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;

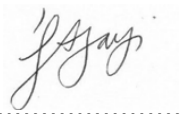
confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and;

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: 25 June 2026

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

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

Signed by the authority of NHS England.

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR TO 31 MARCH 2026

		2025/26		2024/25	
		Group (AFT/ AGHS/ AHCC)	Foundation Trust (FT) only	Group (AFT/ AGHS/ AHCC)	Foundation Trust (FT) only
	Note	£000	£000	£000	£000
Operating income from continuing operations	3	**324,809**	**317,922**	**310,787**	**303,547**
Operating expenses of continuing operations:					
- Operating expenses		(360,301)	(355,542)	(326,077)	(319,867)
- Exceptional item - (RAAC Impairment only)*		(14,890)	(14,890)	(18,736)	(18,736)
Total Operating Expenses	4	**(375,191)**	**(370,432)**	**(344,813)**	**(338,603)**
Operating (Deficit)/Surplus before Finance costs (taken to Cashflow)		**(50,382)**	**(52,511)**	**(34,026)**	**(35,056)**
FINANCE COSTS					
Finance income	6.1	1,124	4,701	1,207	1,364
Finance expense - financial liabilities	6.2	(401)	(737)	(368)	(784)
Finance expense - unwinding of discount on provisions	6.2 / 17.2	(22)	(22)	(19)	(19)
Public Dividend Capital - dividends payable		(1,234)	(1,234)	(1,639)	(1,639)
NET FINANCE COSTS		**(533)**	**2,708**	**(819)**	**(1,078)**
Gains/(loss) on disposal of assets	6.4	(5)	(6)	(45)	(45)
Movement in fair value of other investments	6.4	2	-	(14)	-
Share of profit in associates / joint ventures	20.3	211	211	171	171
Corporation Tax Expense	1.18	(766)	-	(453)	-
(DEFICIT)/SURPLUS FOR THE YEAR		**(51,473)**	**(49,597)**	**(35,186)**	**(36,007)**
OTHER COMPREHENSIVE INCOME					
Impairments/Reversals	7	8	8	(1)	(1)
Revaluations	7	1,539	1,539	2	2
Other reserve movements		(3)	-	23	-
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR		**(49,929)**	**(48,050)**	**(35,162)**	**(36,006)**
(Deficit)/surplus for the period attributable to:					
- Minority interest		**-**	**-**	**-**	**-**
Airedale NHS Foundation Trust		**(51,473)**	**(49,597)**	**(35,186)**	**(36,007)**
Total		**(51,473)**	**(49,597)**	**(35,186)**	**(36,007)**
Total comprehensive (expense)/income for					
Airedale NHS Foundation Trust		**(49,929)**	**(48,050)**	**(35,162)**	**(36,006)**
Total		**(49,929)**	**(48,050)**	**(35,162)**	**(36,006)**

All operations are continuing.

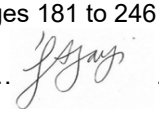
*Due to the reduced life expectancy of Airedale General Hospital based on its construction method of Reinforced Autoclaved Aerated Concrete (RAAC) panels, the buildings are revalued and reviewed for impairment on an annual basis. In 2025/26, out of a total impairment of PPE of £28.88m, £14.89m was charged to operating expenses as a result of impairment (net of reversals of previous) 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 page 192 - 246 form part of these accounts.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
as at 31 March 2026

	Note	31 March 2026 Group £000	31 March 2026 FT only £000	31 March 2025 Group £000	31 March 2025 FT only £000
Non-current assets					
Intangible assets	8	15,060	15,060	13,509	13,509
Property, plant and equipment	7.2/7.5/7.8	87,413	82,046	72,155	64,884
Right of use assets	7.13/7.15	10,174	8,919	10,715	11,366
Investments in subsidiary / joint ventures	20.3/20.4	437	9,328	370	9,261
Other Investments	20.5	583	0	583	-
Loans to subsidiary	20.4	-	12,864	-	13,645
Receivables	10.1	3,299	1,384	3,363	1,225
Total non-current assets		**116,966**	**129,601**	**100,695**	**113,890**
Current assets					
Inventories	9	3,391	1,474	3,200	1,366
Receivables	10.1	15,926	13,148	10,638	10,397
Loans to subsidiary	20.4	-	781	-	755
Cash and cash equivalents	11	14,366	11,461	22,394	12,679
Total current assets		**33,683**	**26,864**	**36,232**	**25,196**
Current liabilities					
Trade and other payables	12	**(49,242)**	**(50,791)**	**(41,564)**	**(40,280)**
Borrowings	14				
Borrowings					
- IFRS16 leases (excl intercompany)		(1,364)	(899)	(1,408)	(1,023)
- IFRS16 leases (intercompany)		-	(885)	-	(856)
Total Borrowings (current)	14.3	**(1,364)**	**(1,784)**	**(1,408)**	**(1,879)**
Provisions	17	(1,017)	(983)	(2,043)	(1,949)
Other liabilities	13	(1,852)	(1,852)	(1,964)	(1,964)
Total current liabilities		**(53,475)**	**(55,410)**	**(46,979)**	**(46,073)**
Total assets less current liabilities		**97,174**	**101,055**	**89,948**	**93,013**
Non-current liabilities					
Borrowings	14	**-**	**-**	**-**	**-**
Borrowings					
- IFRS16 leases (excl intercompany)		(9,853)	(2,997)	(10,105)	(3,468)
- IFRS16 leases (intercompany)		-	(18,889)	-	(19,775)
Total Borrowings (non-current)	14.3	**(9,853)**	**(21,886)**	**(10,105)**	**(23,243)**
Provisions	17	(875)	(909)	(994)	(993)
Other liabilities	13	-	-	-	-
Total non-current liabilities		**(10,728)**	**(22,795)**	**(11,099)**	**(24,236)**
Total assets employed		**86,446**	**78,260**	**78,849**	**68,779**
Financed by (taxpayers' equity)					
Public Dividend Capital		226,599	226,599	169,073	169,073
Revaluation reserve		2,138	2,138	598	598
Income and expenditure reserve		(143,328)	(150,477)	(91,891)	(100,891)
Charitable fund reserves	20.5	1,037	-	1,069	-
Total taxpayers' equity		**86,446**	**78,260**	**78,849**	**68,779**

The financial accounts on pages 181 to 246 were approved by the Board of Directors on

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

Date: 25 June 2026

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 page 192 - 246 form part of these accounts.

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2026

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 2025	169,073	(91,891)	598	1,069	78,849
Public Dividend Capital received	57,526	-	-	-	57,526
Deficit for the financial year	-	(51,441)	-	(32)	(51,473)
Transfer to retained earnings on disposal of assets	-	6	(6)	-	-
Other reserve movements	-	(3)	-	-	(3)
Net impairments	-	-	8	-	8
Revaluations - property, plant and equipment	-	-	1,539	-	1,539
Balance at 31 March 2026	**226,599**	**(143,328)**	**2,138**	**1,037**	**86,446**

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 page 192 - 246 form part of these accounts.

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2025

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 2024	131,748	(56,818)	633	1,124	76,687
Public Dividend Capital received	37,325	-	-	(55)	37,270
Deficit for the financial year	-	(35,131)	-	-	(35,131)
Transfer to retained earnings on disposal of assets	-	36	(36)	-	-
Other reserve movements	-	23	-	-	23
Net impairments	-	-	(1)	-	(1)
Revaluations - property, plant and equipment	-	-	2	-	2
Balance at 31 March 2025	**169,073**	**(91,891)**	**598**	**1,069**	**78,849**

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 page 192 - 246 form part of these accounts.

FOUNDATION TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2026

Foundation Trust	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total Tax Payers' Equity
	£000	£000	£000	£000
Balance as at 1 April 2025	169,073	(100,891)	598	68,780
Public Dividend Capital received	57,526	-	-	57,526
Deficit for the financial year	-	(49,593)	-	(49,593)
Transfer to retained earnings on disposal of assets	-	6	(6)	-
Other reserve movements	-	-	-	-
Net impairments	-	-	8	8
Revaluations - property, plant and equipment	-	-	1,539	1,539
Balance at 31 March 2026	**226,599**	**(150,477)**	**2,138**	**78,260**

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

The notes on page 192 - 246 form part of these accounts.

FOUNDATION TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2025

Foundation Trust	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total Tax Payers' Equity
	£000	£000	£000	£000
Balance as at 1 April 2024	131,748	(64,922)	633	67,459
Public Dividend Capital received	37,325	-	-	37,325
Deficit for the financial year	-	(36,005)	-	(36,005)
Transfer to retained earnings on disposal of assets	-	36	(36)	-
Other reserve movements	-	-	-	-
Net impairments	-	-	(1)	(1)
Revaluations - property, plant and equipment	-	-	2	2
Balance at 31 March 2025	**169,073**	**(100,891)**	**598**	**68,780**

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

The notes on page 192 - 246 form part of these accounts.

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2026

	Note	2025/26 Group £000	2025/26 FT only £000	2024/25 Group £000	2024/25 FT only £000
Cash flows from operating activities					
Operating (deficit)/surplus from continuing operations i.e. before Finance Costs		(50,382)	(52,511)	(34,026)	(35,056)
		(50,382)	**(52,511)**	**(34,026)**	**(35,056)**
Non-cash income and expense					
Depreciation and amortisation	4/7	9,509	8,771	9,515	8,878
Impairments and reversals	4/7.1	34,897	34,897	22,282	22,282
Non-cash donations/grants credited to income	7.22	(17)	(17)	-	-
(Increase)/Decrease in receivables		(5,132)	(2,675)	3,051	1,601
(Increase)/Decrease in other Assets		-	-	-	-
(Increase)/Decrease in inventories		(191)	(108)	(71)	15
Increase/(Decrease) in trade and other payables		4,051	1,605	2,528	3,740
Increase/(Decrease) in other liabilities		(112)	(112)	(156)	(156)
Increase/(Decrease) in provisions		(1,167)	(1,072)	710	648
Corporation Tax Paid		(766)	-	(453)	-
Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		44	-	32	-
Other movements in cash flow		141	(110)	296	(1)
NET CASH GENERATED FROM OPERATIONS		**(9,125)**	**(11,332)**	**3,708**	**1,952**
Cash flows from investing activities					
Interest received		1,089	1,401	1,168	1,364
Purchase of financial assets / investments					
Proceeds from sales / settlements of financial assets / investments (incl repayments issued on loans to subsidiaries)		-	755	-	2,804
Distributions received from wholly owned subsidiary		-	3,300	-	-
Distributions received from joint ventures		144	144	274	274
Purchase of intangible assets		(7,571)	(7,571)	(10,371)	(10,371)
Purchase of Property, Plant and Equipment		(47,111)	(41,785)	(23,768)	(25,138)
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(10)	-	(8)	-
NHS charitable funds: net cash flows from investing activities		38	-	25	-
Receipt of cash donations to purchase capital assets		17	17	-	-
Net cash used in investing activities		**(53,404)**	**(43,740)**	**(32,680)**	**(31,067)**
Cash flows from financing activities					
Public dividend capital received		57,526	57,526	37,325	37,325
Loans repaid		-	-	-	-
Capital element of finance lease rental payments		(1,156)	(1,467)	(834)	(1,288)
Other Interest Paid		(24)	(24)	-	-
Interest element of lease liability repayments		(376)	(712)	(369)	(784)
PDC dividend paid		(1,469)	(1,469)	(1,350)	(1,350)
Net cash generated from/(used in) financing activities		**54,501**	**53,854**	**34,772**	**33,903**
Net (decrease)/increase in cash and cash equivalents	11	**(8,028)**	**(1,218)**	**5,800**	**4,788**
Cash and cash equivalents at 1 April	11	**22,394**	**12,679**	**16,594**	**7,891**
Cash and cash equivalents at 31 March	11	**14,366**	**11,461**	**22,394**	**12,679**

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 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

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

Note 1.2 Going Concern 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 breakeven financial plan for 2026/27, the detail of which has been independently reviewed by NHS West Yorkshire ICB and NHS England. This breakeven position involves the achievement of a challenging £22.6m waste reduction programme which represents 6.1% of our operating expenditure. The plan also includes a requirement for £13.4m 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.

Note 1.3 Consolidation (continued)

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.

The Trust has three Joint Ventures in the group accounts these are Immedicare LLP, Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP.

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).

Note 1.4 Revenue from contracts with customers (continued)

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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under the Best Practice Tariff (BPT) schemes. Delivery under this scheme is part of how care is provided to patients. As such BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Note 1.4 Revenue from contracts with customers (continued)

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 account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on Employee Benefits

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

Pension costs

NHS Pension Scheme

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

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 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

Note 1.6 Expenditure on Employee Benefits (continued)

Pension costs (continued)

NHS Pension Scheme (continued)

b) Full actuarial (funding) valuation

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

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

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

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

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.

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.

Note 1.8 Property, Plant and equipment - Measurement (continued)

Valuation (continued)

Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis.

A DRC model estimates current value in existing use 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. 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 2026.

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 has mitigated that deterioration. This valuation and RAAC issue will be covered in more detail in section 1.24 and 1.25.

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.

Note 1.8 Property, Plant and equipment - Measurement (continued)

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.

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.

Note 1.8 Property, Plant and equipment - Measurement (continued)

Impairments

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

There have been PPE impairments of £28.877m in 2025/26 (2024/25 £19.144m). Intangible impairments are covered in Note 1.9.

- RAAC remedial works	£14.889m
- Other movements (net)	£13.988m
- Net Impairment/(Reversal)	**£28.877m**

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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

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

Donated and grant funded assets

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

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

Note 1.8 Property, Plant and equipment (continued)

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 1.9 Intangible Assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised. Expenditure on development is capitalised 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 where it meets recognition criteria.

Note 1.9 Intangible Assets (continued)

Software (continued)

The Trust currently has one intangible asset (under construction), the Electronic Patent Record (EPR) system, which has a 'go-live' date of October 2026.

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. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as ‘deemed cost’ and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

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

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

There has been one intangible impairment to date in 2025/26 of £6.020m relating to the EPR intangible asset-under-construction (2024/25 £3.138m). This was a good housekeeping valuation to return the asset to its recoverable amount.

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.

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.

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

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.

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.

Note 1.12 Financial Assets and Financial Liabilities (continued)

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.

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).

Note 1.12 Financial Assets and Financial Liabilities (continued)

Impairment of Financial Assets (continued)

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.

De-recognition

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

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

Note 1.13 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 1.12 Financial Assets and Financial Liabilities (continued)

Note 1.13 Leases (continued)

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 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

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.

Note 1.13 Leases (continued)

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 1.14 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 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

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 2026:

	Inflation rate	Prior year rate
Year 1	2.50%	2.60%
Year 2	2.00%	2.30%
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 2.95% in real terms (prior year: 2.40%).

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

The Corporation Tax main rate is 25% for companies with profits above £250,000. This is the rate applicable to AGH Solutions Limited's profits This rate will continue for 2026/27.

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 for the year includes current and deferred tax. It is recognised in the Statement of Comprehensive Income unless it relates to items recorded directly in equity or other comprehensive income. Current tax represents the expected tax payable or receivable on taxable profit or loss, based on rates enacted or substantively enacted at the reporting date, including adjustments for prior periods. Deferred tax arises from temporary differences between the carrying values of assets and liabilities and their tax bases. It is measured using the tax rates expected to apply when the assets or liabilities are realised or settled. Deferred tax assets are recognised only when future taxable profits are probable.

Deferred taxation - 2025/26 £2.014m (2024/25 - £2.081m 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 2025/26.

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

The DHSC GAM does not require the following IFRS Standards to be applied in 2025/26:

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector. Given the variation in PPE valuations in any given year, and future changes in indices, it is not possible to quantify the impact of applying these changes in future periods. PPE and right of use assets currently subject to revaluation have a total book value of £37.5m as at 31 March 2026.

Note 1.25 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 a new hospital 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, the Trust has had a full revaluation of all its estate as at 31 March 2026, which incorporated a site visit to update the valuer on the condition of the estate and the remedial works undertaken on the RAAC impacted areas in 2025/26.

The valuation is net of VAT. The Trust set up a wholly owned subsidiary, AGH Solutions Limited, who are VAT registered and responsible for the provision of a fully managed and serviced healthcare facility. This service is fully VAT recoverable and 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.

Note 1.26 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 hospital areas affected by RAAC construction elements are subject to temporary impairment because significant and urgent remedial works are required. These works are necessary to extend the safe useful life of the affected buildings through a phased demolition programme from 2029 to 2035 (previously 2030).

The change in useful life follows publication of the Mott MacDonald RAAC 7 report. C&W advised the Trust that, as at 31 March 2026, a potential purchaser would take the associated liability into account and that it should therefore be reflected in the valuation. However, as at 31 March 2026, the Trust is not in a position to reliably quantify the scope or cost of the remedial works required and, consequently, cannot reliably reflect this liability in the valuation.

Therefore, the Trust have made the management decision not to reflect the associated liability.

However to mitigate the above uncertainty, the Trust has had its 6th 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 2025/26.

It will continue to be reviewed annually and the effect of the planned remedial works will be adjusted for as required.

(a2) Sensitivity Analysis - RAAC valuations

Due to a combination of increased organisational expertise in the management and mitigation of RAAC, coupled with the Trust's acceptance on and progress towards a New Hospital in 2033, this note has been removed as the estimation uncertainty has fallen to a trivial level.

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 2024/25, 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 cash pressures associated with operating at a deficit and cost pressures associated with the structural challenges of the Airedale site due to its reinforced autoclaved aerated concrete construction (RAAC).

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 -£49,597k 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.

2.2 Adjusted Financial Performance

	Group 2025/26 £000	Group 2024/25 £000
Surplus/(Deficit) For The Year	**(51,473)**	**(35,186)**
Exclude Net Movement in Charitable Funds	32	55
Surplus/(Deficit) For The Year (before consolidation of charity)	**(51,441)**	**(35,131)**
Add back all I&E impairments / (reversals)	34,897	22,282
Surplus/(Deficit) before impairments	**(16,544)**	**(12,849)**
Remove capital donations / grants	79	100
Remove net impact of DHSC centrally procured inventories	0	43
Adjusted financial performance surplus / (deficit)	**(16,465)**	**(12,706)**

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.

3 Operating Income from continuing operations

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

3.1a Income from patient care activities (by nature):

	2025/26 Group £000	2025/26 Foundation Trust £000	2024/25 Group £000	2024/25 Foundation Trust £000
* Income from commissioners under API contracts - variable element	2,771	2,771	10,005	10,005
Income from commissioners under API contracts - fixed element*	234,859	234,859	218,704	218,704
High cost drugs from Commissioners	19,159	19,159	16,863	16,863
Community Services	6,869	6,869	6,693	6,693
*** National pay award central funding	0	0	583	583
** Additional pension contribution central funding	12,902	12,494	12,164	11,768
Other non-protected Clinical income	21,884	22,163	17,186	17,449
Total income from activities	**298,444**	**298,315**	**282,198**	**282,065**

* Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation. https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

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

*** Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

3.1b Income from patient care activities (by source):

	2025/26 Group	2025/26 Foundation Trust	2024/25 Group	2024/25 Foundation Trust
	£000	£000	£000	£000
NHS Providers	3,546	3,417	3,444	3,312
ICBs, NHS England and SCCL	277,694	277,694	266,058	266,058
NHS Other	-	-	-	-
Non NHS: Private Patients	-	-	-	-
Non NHS: Overseas visitors	53	53	27	27
+ NHS injury scheme (see below)	734	734	573	573
Non NHS: Other	16,417	16,417	12,096	12,095
Total income from activities	**298,444**	**298,315**	**282,198**	**282,065**

3.1c Other operating income from contracts with customers (in accordance with IFRS 15):

	2025/26 Group	2025/26 Foundation Trust	2024/25 Group	2024/25 Foundation Trust
	£000	£000	£000	£000
Research and development (contract)	556	556	643	643
Education and training (excluding notional apprenticeship levy income)	12,448	12,448	11,199	11,198
Non-patient care services to other bodies	5,942	165	6,286	179
Income in respect of employee benefits accounted on a gross basis	369	369	498	498
Other contract income (see note 3.2)	6,145	5,443	9,181	8,423
Other non-contract operating income (non-IFRS 15):				
Notional income from Apprenticeship Fund	609	609	541	541
Cash donations for the purchase of capital assets - received from other bodies	17	17	-	-
Charitable Funds: Incoming Resources excluding investment income	279	-	241	-
Total other operating income	**26,365**	**19,607**	**28,589**	**21,482**
Total operating income	**324,809**	**317,922**	**310,787**	**303,547**

+ NHS injury scheme income is subject to a provision for doubtful debts of 13.95% (2024/25 - 13.95%) to reflect expected rates of collection. Airedale NHS Foundation Trust use a local percentage rather than the national percentage, which is allowable within guidance.

3.2 Analysis of Other Contract Income: Other

	2025/26 Group £000	2024/25 Group £000
Car Parking	1,532	1,441
Catering	693	647
Pharmacy Sales	326	139
Staff Accommodation rental	358	301
Crèche services	1,401	1,090
Clinical Tests	699	723
Other income	1,136	4,840
	6,145	**9,181**

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:

	2025/26 Group £000	2024/25 Group £000
Commissioner requested services	28,799	33,561
Non-commissioner requested services	269,646	248,637
Total	**298,444**	**282,198**

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 2024/25 the Trust has not increased the percentage beyond the 5% threshold.

3.5 Overseas visitors (relating to patients charged directly by the Trust)

	2025/26 Group £000	2024/25 Group £000
Income recognised this year	53	27
Cash payments received in year	53	27
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)	42	0

4. Operating Expenses from continuing operations

4.1 Operating expenses comprise:

	Note	2025/26 Group	2025/26 Foundation Trust	2024/25 Group	2024/25 Foundation Trust
		£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies		775	775	1,346	1,346
Purchase of healthcare from non NHS bodies		3,226	3,155	2,400	2,337
Employee expenses - staff (excl. additional pension, R&D staff, Education staff)		222,268	205,356	208,342	193,472
Additional pension contribution (centrally funded)*		12,902	12,494	12,164	11,768
Remuneration of non-executive directors		165	152	134	126
Supplies and services - clinical (excluding drug costs)		32,994	23,170	30,403	21,450
Supplies and services - clinical utilisation of consumables from DHSC group bodies for COVID response		-	-	43	43
Supplies and services - general		3,270	39	2,825	37
Drugs Inventories consumed		22,090	22,089	20,477	20,477
Inventories written down (net, including inventory drugs)		97	97	65	65
Consultancy costs		677	653	1,090	1,036
Establishment		989	644	1,093	729
Premises - business rates payable to local authorities		442	442	706	706
Premises - other		10,292	37,820	12,081	35,177
Transport (including patient travel)		1,068	887	1,085	903
Depreciation on property, plant and equipment	7.1/7.4/7.10/ 7.12/7.7	9,509	8,771	9,515	8,878
Impairment of Property, Plant & Equipment, net of reversals	7.1/7.4/7.7/7. 12	28,877	28,877	19,144	19,144
Impairment of Intangible assets, net of reversals	8	6,020	6,020	3,138	3,138
Movement in credit loss allowance: contract receivables / contract assets	10.2	29	29	26	26
Movement in credit loss allowance: all other receivables and investments	10.2	-	-	9	9
Change in provisions discount rate(s)		-	-	-	-
Audit services- statutory audit**		172	172	140	140
Other auditors remuneration***		42	-	35	-
Audit fees payable to external auditor of charitable fund accounts****		1	-	1	-
Internal audit costs - (not included in employee expenses)		191	156	118	93
Clinical negligence - amounts payable to NHS Resolution (premiums)		8,255	8,255	7,838	7,838
Legal fees		279	265	243	236
Insurance		181	34	155	39
Research and development - staff costs		642	642	627	627
Research and development - non-staff		2	2	1	-
Education and training - staff costs		5,114	5,114	4,705	4,705
Education and training - non staff		1,410	1,316	761	713
Notional apprenticeship expenditure		609	609	541	541
Lease expenditure - Low value / Short-term / variable payments not included in liability		157	34	87	24
Losses, ex gratia & special payments- (not included in employee expenses)		70	13	110	27
NHS charitable funds: Other resources expended	20.5	347	-	320	-
Other		2,029	2,350	3,045	2,753
Operating expenses		**375,191**	**370,432**	**344,813**	**338,603**

* Addition pension contribution figures which equates to 9.4% of the employer pension contribution (9.4% in 2024/25) which the Department of Health and Social 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 £172k (£143k+VAT), 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 Azets 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					
	2025/26			2024/25		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	178,148	178,148	-	168,106	168,106	-
Social Security Costs	23,044	23,044	-	17,533	17,533	-
Apprenticeship levy	855	855	-	830	830	-
Employer contributions to NHS Pensions Agency	32,694	32,694	-	30,776	30,776	-
Agency staff	6,185	-	6,185	8,593	-	8,593
	240,926	**234,741**	**6,185**	**225,838**	**217,245**	**8,593**
Balance to OpEx Note 4.1						
Employee expenses - staff	222,268			208,342		
Additional pension contribution (centrally funded)	12,902			12,164		
Research and development - staff costs	642			627		
Education and training - staff costs	5,114			4,705		
	240,926			**225,838**		

	Foundation Trust					
	2025/26			2024/25		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	163,580	163,580	-	154,624	154,624	-
Social Security Costs	21,442	21,442	-	16,482	16,482	-
Apprenticeship levy	800	800	-	830	830	-
Employer contributions to NHS Pensions Agency	31,662	31,662	-	29,771	29,771	-
Agency staff	6,122	-	6,122	8,865	-	8,865
	223,606	**217,484**	**6,122**	**210,572**	**201,707**	**8,865**
Balance to OpEx Note 4.1						
Employee expenses - staff	205,356			193,472		
Additional pension contribution (centrally funded)	12,494			11,768		
Research and development - staff costs	642			627		
Education and training - staff costs	5,114			4,705		
	223,606			**210,572**		

5. Employee expenses and numbers

5.1b Average number of employees (WTE basis)

	Group					
	Total 2025/26 Number	Permanently Employed Number	Other Number	Total 2024/25 Number	Permanently Employed Number	Other Number
Medical and dental	489	433	56	468	413	55
Administration and estates	1,011	975	36	1,042	999	43
Healthcare assistants and other support staff	688	635	53	784	731	53
Nursing, midwifery and health visiting staff	953	906	47	919	863	56
Scientific, therapeutic and technical staff	363	353	10	350	344	6
Healthcare science staff	31	31	-	33 *	33 *	-
Other	8	8	-	7	7	-
Total	**3,544**	**3,341**	**203**	**3,603**	**3,390**	**213**

	Foundation Trust					
	Total 2025/26 Number	Permanently Employed Number	Other Number	Total 2024/25 Number	Permanently Employed Number	Other Number
Medical and dental	489	433	56	468	413	55
Administration and estates	575	561	14	619	606	13
Healthcare assistants and other support staff	687	634	53	782	730	52
Nursing, midwifery and health visiting staff	953	906	47	919	863	56
Scientific, therapeutic and technical staff	363	353	10	350	344	6
Healthcare science staff	27	27	-	33 *	33 *	-
Other	7	7	-	6	6	-
Total	**3,101**	**2,921**	**180**	**3,177**	**2,995**	**182**

*Prior year Healthcare science staff restated to exclude staff recharged to the Pathology JV, to aid comparability with reporting to NHSE.

WTE = Whole time equivalents

5.3 Retirement due to ill health

During 2025/26 from the 1 April 2025 to the 31 March 2026 there were no early retirements from the NHS agreed on the grounds of ill health (2024/25 - nil). The estimated additional pension liability of this ill-health retirement was £0k (2024/25 - nil). The cost of these ill-health retirements will be borne by the NHS Business Authority - Pensions Division.

5.4 Exit packages

There have been 3 exit packages agreed in 2025/2026 (2024/25 - 4). One package required HM Treasury approval which was applied for and granted prior to the payment being enacted.

5.5 Directors Remuneration

	Year ended 31 March 2026	Year ended 31 March 2026	Year ended 31 March 2025	Year ended 31 March 2025
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
Aggregate emoluments to Executive Directors	1,162	1,162	1,556	1,556
Remuneration to Non-Executive Directors	165	165	134	134
Pension Costs	150	150	165	165
	1,477	**1,477**	**1,855**	**1,855**

There have been no compensation or exit packages paid to a 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.

	2025/26 £000	2024/25 £000
Interest on bank accounts	**1,089**	**1,168**
Interest income on finance leases		
Interest on other investments / financial assets		
NHS charitable fund investment income	35	39
Other finance income		
Total finance income	**1,124**	**1,207**

6.2 Finance Expenditure (Group)

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

	2025/26 £000	2024/25 £000
Interest on lease obligations	376	368
Interest on late payment of commercial debt	8	-
Total interest expense	**384**	**368**
Unwinding of discount on provisions	22	19
Other finance costs	17	-
Total finance costs	**423**	**387**

6.3 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulation 2015 (Group)

	2025/26 £000	2024/25 £000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	8	-
Compensation paid to cover debt recovery costs under this legislation	-	-
	8	**-**

6.4 Other Gains / (losses) (Group)

	2025/26 £000	2024/25 £000
Losses on disposal of PPE	(3)	(45)
Losses on disposal of right of use assets (lease termination - lessee)	(2)	-
Gains / losses on disposal of charitable fund assets	-	-
Total (losses) / gains on disposal of assets	**(5)**	**(45)**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value (losses) / gains on charitable fund investments	2	(14)
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other (losses) / gains	**(3)**	**(59)**

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 2025 - brought forward	2,998	39,841	3,260	10,947	16,776	116	23,234	274	97,445
Additions - purchased	-	21,683	795	23,947	3,341	6	903	-	50,675
Additions - assets purchased from cash donation/grants	-	-	-	17	-	-	-	-	17
Impairments charged to the revaluation reserve	(101)	(45)	-	-	-	-	-	-	(146)
Reversal of impairments credited to the revaluation reserve	-	154	-	-	-	-	-	-	154
Revaluations	(9)	(29,648)	(1,097)	-	-	-	-	-	(30,754)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals/derecognition	-	(7)	-	-	(134)	(17)	(4,600)	-	(4,758)
Cost or valuation At 31 March 2026	**2,888**	**31,978**	**2,958**	**34,911**	**19,983**	**105**	**19,537**	**274**	**112,633**
Accumulated depreciation at 1 April 2025 - brought forward	-	-	-	-	8,840	101	16,098	251	25,290
Provided during the year	-	3,295	133	-	1,852	4	2,809	7	8,100
Impairments charged to operating expenses	9	31,133	965	-	-	-	-	-	32,107
Reversal of impairments credited to operating expenses	-	(3,230)	-	-	-	-	-	-	(3,230)
Revaluations	(9)	(31,187)	(1,097)	-	-	-	-	-	(32,293)
Disposals	-	(7)	-	-	(130)	(17)	(4,600)	-	(4,754)
Depreciation at 31 March 2026	**-**	**4**	**1**	**-**	**10,562**	**88**	**14,307**	**258**	**25,220**
7.2 Property, plant and equipment financing - 2025/26									
Net book value as at 31 March 2026									
Owned - Purchased	2,888	31,932	2,957	34,604	9,177	17	5,220	8	86,802
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	42	-	307	244	-	10	8	611
NBV total at 31 March 2026	**2,888**	**31,974**	**2,957**	**34,911**	**9,421**	**17**	**5,230**	**16**	**87,413**

7.3 Current year analysis of property, plant and equipment:

At 31 March 2026 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).

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 2025 - brought forward	1,585	33,991	3,260	10,947	15,045	110	22,930	81	87,950
Additions - purchased	-	21,683	795	23,947	3,341	6	904	-	50,676
Additions - assets purchased from cash donation/grants	-	-	-	17	-	-	-	-	17
Impairments charged to the revaluation reserve	(50)	(43)	-	-	-	-	-	-	(93)
Reversal of impairments credited to the revaluation reserve	-	154	-	-	-	-	-	-	154
Revaluations	(9)	(27,798)	(1,097)	-	-	-	-	-	(28,903)
Disposals/derecognition	-	(7)	-	-	(134)	(17)	(4,600)	-	(4,758)
Cost or valuation At 31 March 2026	**1,526**	**27,980**	**2,959**	**34,910**	**18,252**	**99**	**19,235**	**81**	**105,043**
Accumulated depreciation at 1 April 2025 - brought forward	-	7	-	-	7,114	89	15,798	58	23,066
Provided during the year	-	3,100	133	-	1,852	4	2,810	7	7,906
Impairments charged to operating expenses	9	29,074	965	-	-	-	-	-	30,047
Reversal of impairments credited to operating expenses	-	(2,825)	(0)	-	-	-	-	-	(2,826)
Revaluations	(9)	(29,337)	(1,097)	-	-	-	-	-	(30,442)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals	-	(7)	-	-	(130)	(17)	(4,600)	-	(4,754)
Depreciation at 31 March 2026	**-**	**12**	**0**	**-**	**8,836**	**77**	**14,007**	**65**	**22,997**
7.5 Property, plant and equipment financing - 2025/26									
Net book value as at 31 March 2026									
Owned - Purchased	1,526	27,926	2,959	34,603	9,172	22	5,218	9	81,435
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	42	-	307	244	-	10	8	611
NBV total at 31 March 2026	**1,526**	**27,968**	**2,959**	**34,910**	**9,416**	**22**	**5,228**	**16**	**82,046**

7.6 Current year analysis of property, plant and equipment:

At 31 March 2026 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).

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 2024 - brought forward	2,997	41,408	3,308	3,572	17,457	116	22,128	274	91,259
Additions - purchased	-	19,922	557	7,375	814	-	1,118	-	29,786
Additions - assets purchased from cash donation/grants	-	-	-	-	-	-	-	-	-
Impairments charged to the revaluation reserve	-	(1)	-	-	-	-	-	-	(1)
Reversal of impairments credited to the revaluation reserve	-	-	-	-	-	-	-	-	-
Revaluations	1	(21,488)	(605)	-	-	-	-	-	(22,092)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals/derecognition	-	-	-	-	(1,495)	-	(12)	-	(1,507)
Cost or valuation At 31 March 2025	**2,998**	**39,841**	**3,260**	**10,947**	**16,776**	**116**	**23,234**	**274**	**97,445**
Accumulated depreciation at 1 April 2024 - brought forward	-	-	-	-	8,494	96	12,802	241	21,633
Provided during the year	-	2,856	94	-	1,796	5	3,308	10	8,069
Impairments charged to operating expenses	-	19,019	533	-	-	-	-	-	19,552
Reversal of impairments credited to operating expenses	-	(386)	(22)	-	-	-	-	-	(408)
Revaluations	-	(21,489)	(605)	-	-	-	-	-	(22,094)
Disposals	-	-	-	-	(1,450)	-	(12)	-	(1,462)
Depreciation at 31 March 2025	**-**	**-**	**-**	**-**	**8,840**	**101**	**16,098**	**251**	**25,290**
7.8 Property, plant and equipment financing - 2024/25									
Net book value as at 31 March 2025									
Owned - Purchased	2,998	39,728	3,260	10,657	7,616	15	7,117	12	71,402
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	113	-	290	320	-	19	11	753
NBV total at 31 March 2025	**2,998**	**39,841**	**3,260**	**10,947**	**7,936**	**15**	**7,136**	**23**	**72,155**

7.9 Prior year analysis of property, plant and equipment:

At 31 March 2025 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).

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 2024 - brought forward	1,584	35,071	3,308	3,572	17,456	118	22,124	275	83,508
Gross Cost opening adjustment*	-	-	-	-	(1,730)	(8)	(300)	(194)	(2,232)
Valuation/gross cost at 1 April 2024 - brought forward (revised)	1,584	35,071	3,308	3,572	15,726	110	21,824	81	81,276
Additions - purchased	-	19,922	557	7,375	814	-	1,118	-	29,787
Revaluations	1	(21,002)	(605)	-	-	-	-	-	(21,606)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals/derecognition	-	-	-	-	(1,495)	-	(12)	-	(1,507)
Cost or valuation At 31 March 2025	**1,585**	**33,991**	**3,260**	**10,947**	**15,045**	**110**	**22,930**	**81**	**87,950**
Accumulated depreciation at 1 April 2024 - brought forward	-	7	-	-	8,496	93	12,802	242	21,639
Accumulated depreciation opening adjustment*	-	-	-	-	(1,730)	(8)	(300)	(194)	(2,232)
Accumulated depreciation at 1 April 2024 - brought forward revised	-	7	-	-	6,766	85	12,502	48	19,407
Provided during the year	-	2,604	94	-	1,796	5	3,308	10	7,817
Impairments charged to operating expenses	-	18,739	533	-	-	-	-	-	19,271
Reversal of impairments credited to operating expenses	(1)	(339)	(22)	-	-	-	-	-	(361)
Revaluations	1	(21,003)	(605)	-	-	-	-	-	(21,608)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(1,448)	-	(13)	-	(1,461)
Depreciation at 31 March 2025	**-**	**7**	**-**	**-**	**7,114**	**89**	**15,798**	**58**	**23,066**
7.11 Property, plant and equipment financing - 2024/25									
Net book value as at 31 March 2025									
Owned - Purchased	1,585	33,871	3,260	10,657	7,611	21	7,113	12	64,130
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	113	-	290	320	-	20	11	754
NBV total at 31 March 2025	**1,585**	**33,984**	**3,260**	**10,947**	**7,931**	**21**	**7,133**	**23**	**64,884**

7.12 Prior year analysis of property, plant and equipment:

At 31 March 2025 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).

* The 5 year equipment leases with AGH Solutions Limited ended in February 2023 and all equipment that had been leased was transferred back to the Trust's ownership. The historic gross cost and accumulated depreciation of those assets have been adjusted down to their value in use in accordance with their age, enacted as an opening balance adjustment in 2024/25. This transaction impacted both gross cost and accumulated depreciation by equal amounts of £2.2m, which net to nil and therefore do not impact the closing NBV as at 31st March 2025.

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 2025 - brought forward	5,650	7,518	247	13,415	5,650
Additions	-	400	25	425	-
Remeasurements of the lease liability	134	337	-	471	134
Disposals/derecognition	-	(281)	(32)	(313)	
Cost or valuation At 31 March 2026	**5,784**	**7,974**	**240**	**13,998**	**5,784**
Accumulated depreciation at 1 April 2025 - brought forward	1,665	927	108	2,700	1,665
Provided during the year	588	745	76	1,409	588
Disposals	-	(253)	(32)	(285)	
Depreciation at 31 March 2026	**2,253**	**1,419**	**152**	**3,824**	**2,253**
NBV total at 31 March 2026	**3,531**	**6,555**	**88**	**10,174**	**3,531**

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.

Plant and Machinery consists of a lease with Siemens for the provisions of Radiology equipment. 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	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	12,920	269	62	13,250	5,650
Additions	-	8	15	23	-
Remeasurements of the lease liability	134	-	-	134	134
Impairments charged to the revaluation reserve	(53)	-	-	(53)	-
Revaluations	(1,850)	-	-	(1,850)	-
Disposals/derecognition	-	(273)	(32)	(304)	-
Cost or valuation At 31 March 2026	**11,151**	**4**	**46**	**11,200**	**5,784**
Accumulated depreciation at 1 April 2025 - brought forward	1,666	175	43	1,884	1,666
Provided during the year	783	72	14	869	569
Impairments charged to operating expenses	2,060	-	-	2,060	-
Reversal of impairments credited to operating expenses	(404)	-	-	(404)	-
Revaluations	(1,850)	-	-	(1,850)	-
Disposals	-	(244)	(32)	(276)	-
Depreciation at 31 March 2026	**2,254**	**2**	**25**	**2,281**	**2,235**
NBV total at 31 March 2026	**8,897**	**2**	**21**	**8,919**	**3,549**

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.

Plant & Equipment consists of 3 pieces of equipment leased directly by the Trust, not via the wholly owned subsidiary.

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 2024 - brought forward	5,489	7,506	164	13,159	5,489
Additions	-	9	164	173	0
Remeasurements of the lease liability	161	50	-	211	161
Disposals/derecognition	-	(47)	(81)	(128)	
Cost or valuation At 31 March 2025	**5,650**	**7,518**	**247**	**13,415**	**5,650**
Accumulated depreciation at 1 April 2024 - brought forward	1,096	154	132	1,382	1,096
Provided during the year	569	820	57	1,446	569
Disposals	-	(47)	(81)	(128)	-
Depreciation at 31 March 2025	**1,665**	**927**	**108**	**2,700**	**1,665**
NBV total at 31 March 2025	**3,985**	**6,591**	**139**	**10,715**	**3,985**

7.18 Prior 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.

In 2024/25, the Group 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)

7.19 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 2023 - brought forward	13,246	315	51	13,612	5,489
Additions	-	-	23	23	0
Remeasurements of the lease liability	161	-	-	161	161
Impairments charged to the revaluation reserve	(1)	-	-	(1)	0
Revaluations	(486)	-	-	(486)	0
Disposals/derecognition	-	(47)	(12)	(59)	0
Cost or valuation At 31 March 2025	**12,920**	**269**	**62**	**13,250**	**5,650**
Accumulated depreciation at 1 April 2023 - brought forward	1,097	4	32	1,134	1,097
Provided during the year	822	217	22	1,061	569
Impairments charged to operating expenses	280	-	-	280	-
Reversal of impairments credited to operating expenses	(46)	-	-	(46)	-
Revaluations	(486)	-	-	(486)	-
Disposals	-	(47)	(11)	(58)	-
Depreciation at 31 March 2025	**1,666**	**175**	**43**	**1,884**	**1,666**
NBV total at 31 March 2025	**11,254**	**94**	**20**	**11,366**	**3,985**

7.20 Prior 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.

Plant & Equipment consists of 3 pieces of equipment leased directly by the Trust, not via the wholly owned subsidiary.

The transport leases are for community vehicle and Estates works vehicles.

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 2025/2026 the net book value of the Property continues to be valued net of VAT.

7.22 Donors of property, plant and equipment:

	2025/26 £000	2024/25 £000
Airedale Hospital & Community Charity	-	-
HELP (Helicopter Emergency Landing Pads)	17	-
	17	**-**

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 £57,526k has been received in 2025/26 (split £46,502k capital programme funding, £4,924k system capital support, £6,100k Provider revenue support).

Public Dividend Capital (PDC) of £37,325k was received in 2024/25 (split £32,925k capital programme funding, £4,400k Provider revenue support).

8. Current year intangible fixed assets (Group and Foundation Trust)

The Trust had no in use intangible fixed assets at the 31 March 2026, but there is an intangible asset-under-construction related to the Electronic Patient Record (EPR) Project current net book value £15.06m (24/25 EPR £13.51m), which is due for completion in October 2026. The closing net book value of £15.06m is net of an impairment of £6.020m

9. Inventories

9.1 Analysis of inventories

	31 March 2026 £000 Group	31 March 2026 £000 Foundation Trust	31 March 2025 £000 Group	31 March 2025 £000 Foundation Trust
Drugs	1,193	1,193	1,136	1,136
Other	2,129	281	2,010	230
Energy	69	-	54	-
Consumables donated from DHSC group (Personal Protective Equipment)	-	-	-	-
Total	**3,391**	**1,474**	**3,200**	**1,366**

9.2 Inventories recognised in expenses

	2025/26 £000	2025/26 £000	2024/25 £000	2024/25 £000
	Group	Foundation Trust	Group	Foundation Trust
Inventories recognised as an expense in the year	38,438	29,668	35,996	21,349
Write-down of inventories (including losses)	97	97	65	65
Total	**38,535**	**29,765**	**36,061**	**21,414**

10. Trade and other receivables

10.1 Trade and other receivables are made up of:

Current		31 March 2026 £000	31 March 2026 £000	31 March 2025 £000	31 March 2025 £000
	Note	Group	Foundation Trust	Group	Foundation Trust
Contract receivables		11,019	8,967	6,271	6,823
Allowance for impaired receivables		(265)	(265)	(253)	(253)
Prepayments		2,793	2,044	1,637	1,257
PDC Dividend receivable		339	339	104	104
VAT Receivable		2,033	2,062	2,873	2,465
Clinician pension		1	1	1	1
Other receivables		-	-	-	-
Charitable Funds Trade and other receivables	20.5	6	-	5	-
Total		**15,926**	**13,148**	**10,638**	**10,397**

Non-Current

Contract receivables - with other related parties	3,110	1,195	3,139	1,001
Other receivables	-	-	-	-
Clinician pension	189	189	224	224
Total	**3,299**	**1,384**	**3,363**	**1,225**

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 - 2025/26

	31 March 2026 £000 Group	31 March 2026 £000 Foundation Trust
Balance at 1 April 2025	254	254
New allowances arising	29	29
Changes in existing allowances	-	-
Reversals of allowances	-	-
Utilisation of allowances (write offs)	(18)	(18)
Balance at 31 March 2026	**265**	**265**

The lifetime expected credit loss provision has been calculated under IFRS 9 principles. 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 an expected credit loss provision of 13.95% (2023/24. 13.40%) to reflect expected rates of non-collection.

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 - 2024/25

	31 March 2025 £000 Group	31 March 2025 £000 Foundation Trust
Balance at 1 April 2024	220	220
New allowances arising	35	35
Changes in existing allowances	-	-
Reversals of allowances	-	-
Utilisation of allowances (write offs)	(1)	(1)
Balance at 31 March 2025	**254**	**254**

11. Cash and cash equivalents

	31 March 2026		31 March 2025	
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
Opening balance at 1 April	22,394	12,679	16,594	7,891
Net change in year	(8,028)	(1,218)	5,800	4,788
Closing balance at 31 March	**14,366**	**11,461**	**22,394**	**12,679**
Made up of:				
Cash with Government Banking Service	13,838	11,458	21,879	12,676
Cash at commercial banks and in hand	528	3	515	3
Cash and cash equivalents	**14,366**	**11,461**	**22,394**	**12,679**

12. Trade and other payables

	Note	31 March 2026 Group	31 March 2026 Foundation Trust	31 March 2025 Group	31 March 2025 Foundation Trust
Current		£000	£000	£000	£000
Trade payables		9,672	8,507	11,363	9,363
Capital payables		13,075	25,392	9,494	16,486
Accruals		7,696	6,281	2,977	4,120
Social Security Costs		2,576	2,390	2,114	1,985
VAT payable		1,780	-	1,669	-
Other taxes payable		2,504	2,226	2,306	2,058
PDC dividend payable		-	-	-	-
Pension contributions payable		2,790	2,708	2,565	2,486
Other Payables		9,072	3,287	9,045	3,783
other payables	20.5	77	-	31	-
TOTAL		**49,242**	**50,791**	**41,564**	**40,281**

13. Other liabilities

	31 March 2026 Group	31 March 2026 Foundation Trust	31 March 2025 Group	31 March 2025 Foundation Trust
Current	£000	£000	£000	£000
Deferred income : Contract Liability (IFRS 15)	1,852	1,852	1,964	1,964
Non-Current				
Deferred income : Contract Liability (IFRS 15)	-	-	-	-
	1,852	**1,852**	**1,964**	**1,964**

Other liabilities (current) £1.85m, includes £1.19m received from HELP (Helicopter Emergency Landing Pads) to fund the construction of a helipad at the hospital.

14. Borrowings (Group and Foundation Trust)

14.1 External Financing / Loans

The Trust has no external financing or loan arrangements in 2025/26

14.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the Statement of Financial Position.

	31 March 2026 Group	31 March 2026 Foundation Trust	31 March 2025 Group	31 March 2025 Foundation Trust
	£000	£000	£000	£000
Carrying value at 1 April	11,513	25,122	11,972	26,226
Lease additions	415	23	165	23
Lease liability remeasurements	471	134	211	161
Interest charge arising in year	376	712	368	784
Lease payments (cash outflows)	(1,532)	(2,301)	(1,203)	(2,072)
Early Termination	(26)	(26)		
Other changes	-	6	-	-
Carrying value at 31 March	**11,217**	**23,670**	**11,513**	**25,122**

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

	31 March 2026 £000 Group	31 March 2026 £000 Foundation	31 March 2025 £000 Group	31 March 2025 £000 Foundation
Within one year	1,364	1,784	1,408	1,879
Between one and five years	5,451	6,330	4,961	5,766
After five years	4,402	15,557	5,144	17,477
Present value of minimum lease	**11,217**	**23,670**	**11,513**	**25,122**

15. Contingencies (Group and Foundation Trust)

At 31 March 2026 the NHS Foundation Trust has £18k contingent liability for legal expenses (2024/25 £16k), which is based upon information provided by NHS Resolution.

16. Third Party Assets (Group and Foundation Trust)

Airedale NHS Foundation Trust held £1k on behalf of patients at the 31st March 2026 (31st March 2025 - £1k).

17. Provisions

17.1a Provisions current and non-current (Group)

	Current		Non-current	
	31 March 2026 Group	31 March 2025 Group	31 March 2026 Group	31 March 2025 Group
	£000	£000	£000	£000
Pensions relating to the early retirement of staff pre 1995	124	132	686	770
Legal claims	18	17	-	-
Pay Related claims	787	683 +	-	
Clinical Pensions	1	1	189	224
Other	87 *	1,210 +	-	-
	1,017	**2,043**	**875**	**994**

* Other provisions (current) have decreased in 2025/26, mainly due to the following item;
1) Due to NHS loss to HMRC at Supreme Court, repayment of historic car parking VAT cash settlement £0.8m provided for in 2024/25 was required to be repaid in full and the provision released/utilised.
+ Prior year Other Provisions (2024/25 accounts £1,893k) has been split as a prior year comparator for the new 2025/26 Provision category, "Pay related claims". This is split as follows £683k B2 to B3 rebanding provision, £1,210k Other.

17.1b Provisions current and non-current (Trust)

	Current		Non-current	
	31 March 2026 Foundation Trust	31 March 2025 Foundation Trust	31 March 2026 Foundation Trust	31 March 2025 Foundation Trust
	£000	£000	£000	£000
Pensions relating to the early retirement of staff pre 1995	124	132	686	770
Legal claims	18	17	-	-
Pay Related claims	787	683 +	-	
Clinical Pensions	1	1	189	224
Other	87	1,116 +	-	-
	1,017	**1,949**	**875**	**994**

+ Prior year Other Provisions (2024/25 accounts £1,799k) has been split as a prior year comparator for the new 2025/26 Provision category, "Pay related claims". This is split as follows £683k B2 to B3 rebanding provision, £1,116k Other.

17.2 Provisions by category (Group)

	Pensions relating to the early retirement of staff pre 1995	Legal claims	Pay Related Claims	Clinical Pensions	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2025	902	17	683 +	225	1,210 +	3,037
Changes in discount rate	-	-	-	(15)	-	(15)
Arising during the year	46	8	104	-	11	169
Utilised during the year	(125)	-	-	(1)	(856)	(982)
Reversed Unused	(35)	(7)	-	(31)	(278)	(351)
Unwinding of discount	22	-	-	12	-	34
At 31 March 2026	**810**	**18**	**787**	**190**	**87**	**1,892**
Expected timing of cash flows:						
Within one year	124	18	787	1	87	1,017
Between one and five years	482	-	-	10	-	492
After five years	204	-	-	179	-	383
	810	**18**	**787**	**190**	**87**	**1,892**

The legal claim has a probability factor of 50% and is expected to settle within the next year. This Statement is based on information provided by 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 2025/26 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.

+ Prior year Other Provisions (2024/25 accounts £1,893k) has been split as a prior year comparator for the new 2025/26 Provision category, "Pay related claims". This is split as follows £683k B2 to B3 rebanding provision, £1,210k Other.

17.3 Contingent liability

Clinical Negligence Liabilities
£90,836k is included in the provisions of NHS Resolution at 31 March 2026 in respect of clinical negligence liabilities of the Trust (31 March 2025 - £91,230k), as advised by NHS Resolution.

18a. Losses and special payments (Group)

	31 March 2026		31 March 2025	
	Number of cases	Value of Cases £000	Number of cases	Value of Cases £000
Losses				
Loss of Cash	-	-	4	15
Bad Debts	21	46	1	1
Fruitless payments	-	-	1	6
Stores losses	1	97	1	65
	22	**143**	**7**	**87**
Special payments				
Compensation under legal obligation	3	26	2	36
Loss of personal effects	17	13	10	7
Other	9	1	5	1
Special severance payments	1	7	2	38
	30	**47**	**19**	**82**
Total losses and special payments	**52**	**190**	**26**	**169**

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.

18b. Losses and special payments (Foundation Trust)

	31 March 2026		31 March 2025	
	Number	Value of Cases £000	Number	Value of Cases £000
Losses				
Loss of Cash	-	-	-	-
Bad Debts	21	46	1	1
Fruitless payments	-	-	1	6
Stores losses	1	97	1	65
	22	**143**	**3**	**72**
Special payments				
Compensation under legal obligation	3	26	2	36
Loss of personal effects	16	13	10	7
Other	9	1	5	1
Special severance payments	-	-	2	38
	28	**40**	**19**	**82**
Total losses and special payments	**50**	**183**	**22**	**154**

The Trust 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.

19. Contractual Commitments

Commitments under capital expenditure contracts as at 31 March 2026 were £18,911k (£5,368k for 2024/2025).

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.

As from 01/03/26 the Trust has a chair in common with Bradford District Care Trust.

	2025/26 £000	2024/25 £000
The transactions with board members are as follows	1,477	1,855

The expenditure above, is key management personnel compensation which is analysed as follows

	2025/26 £000	2024/25 £000
Short term employment benefits	1,327	1,690
Post-employment benefits	150	165
	1,477	1,855

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.

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 (disclosures required under IAS24)

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
NHS Lancashire & South Cumbria Integrated Care Board
NHS England (Core, Central Commissioning Hub and North East & Yorkshire 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 Visual Collaboration 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 £437k shown on page 5 and below, includes the 2025/26 profit of £211k and any undistributed profit from previous financial years.

Name of Joint Venture (JV)	Cumulative Profit	Interest held	Share of JV
	£000	%	£000
Immedicare LLP	230	50.00%	115
Integrated Laboratory Solutions LLP	874	33.33%	291
Integrated Pathology Solutions LLP	92	33.33%	31
Total	1,197		437

20.4 Summary Financial Activities Wholly Owned Subsidiary - AGH Solutions Limited (Unaudited)

The year-end for the AGH Solutions Limited is 31st March 2026.

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.

AGH Solutions Limited by cash dividends to Airedale NHS Foundation Trust totalling £3.3m in 2025/26 (2024/25 nil)

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. Due to some accelerated loan repayments in prior years the loan term has reduced by three years, now ending in February 2040.
As at 31st March 2026 the amount outstanding on the loan is £13,645k.

Financial Performance

The unaudited financial statements of AGH Solutions Limited show a closing position of £1,457k for 2025/26 (£866k restated 2024/25). The restatement following audit of the accounts improved the financial position by £2k.

20.5 Analysis of Airedale Hospital & Community Charity Charitable Funds reserve

Airedale Hospital & Community Charity

Statement of Financial Position

	2025/26 £000	2024/25 £000
Non-current assets		
Other investments	583	583
Current assets		
Receivables	6	5
Cash & Cash equivalents	525	512
Current liabilities		
Trade and other payables	(77)	(31)
Net assets	**1,037**	**1,069**
Funds of the Charity		
Restricted Funds	**-**	**-**
Unrestricted Funds	1,037	1,069
Total charitable Funds	**1,037**	**1,069**

Movements on Reserves

	Total	Restricted	Unrestricted
Balance At 1 April 2025	1,069	0	1,069
Net incoming	(32)	0	(32)
Balance at 31 March 2026	**1,037**	**0**	**1,037**

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 continue in 2026/27, 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 agreed external PDC funding, 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 31 March 2026

	Held at amortised cost	Held at fair value through I&E	Total book value
	31 March 2026	**31 March 2026**	**31 March 2026**
	£000	**£000**	**£000**
Trade and other receivables excluding non financial assets	14,054	-	14,054
Cash and cash equivalents	13,841	-	13,841
Consolidated NHS Charitable fund financial assets	-	1,114	1,114
Total at 31 March 2026	**27,895**	**1,114**	**29,009**

Carrying value and fair value of financial assets 31 March 2025

	Held at amortised cost	Held at fair value through I&E	Total book value
Carrying value of financial liabilities 31 March 2025	**31 March 2025** **£000**	**31 March 2025** **£000**	**31 March 2025** **£000**
Trade and other receivables excluding non financial assets	9,370	-	9,370
Cash and cash equivalents	21,882	-	21,882
Consolidated NHS Charitable fund financial assets	-	1,100	1,100
Total at 31 March 2025	**31,252**	**1,100**	**32,352**

21.2 Carrying value of financial assets (Trust)

Carrying value and fair value of financial assets 31 March 2026

	Held at amortised cost	Total book value
	31 March 2026	**31 March 2026**
	£000	**£000**
Carrying value of financial liabilities 31 March 2026	10,087	10,087
Other investments / financial assets (AGHS Loan)	13,645	13,645
Cash and cash equivalents	11,461	11,461
Total at 31 March 2026	**35,193**	**35,193**

Carrying value and fair value of financial assets 31 March 2025

	Held at amortised cost	Total book value
	31 March 2025	**31 March 2025**
	£000	**£000**
Trade and other receivables excluding non financial assets	7,796	7,796
Other investments / financial assets (AGHS Loan)	14,400	14,400
Cash and cash equivalents	12,679	12,679
Total at 31 March 2025	**34,875**	**34,875**

21 Financial instruments (continued)

21.3 Carrying value of financial liabilities (Group)

Carrying value of financial liabilities 31 March 2026

	Held at amortised cost	Total book value
	31 March 2026	**31 March 2026**
	£000	**£000**
Obligations under finance leases	11,217	11,217
Trade and other payables (excluding non financial liabilities)	39,361	39,361
Total at 31 March 2026	**50,578**	**50,578**

Carrying value of financial liabilities 31 March 2025

	Held at amortised cost	Total book value
	31 March 2025	**31 March 2025**
	£000	**£000**
Obligations under finance leases	11,513	11,513
Trade and other payables (excluding non financial liabilities)	32,776	32,776
Total at 31 March 2025	**44,289**	**44,289**

21.4 Carrying value of financial liabilities (Trust)

Carrying value of financial liabilities 31 March 2026

	Held at amortised cost	Total book value
	31 March 2026	**31 March 2026**
	£000	**£000**
Obligations under finance leases	23,670	23,670
Trade and other payables (excluding non financial liabilities)	43,313	43,313
Total at 31 March 2026	**66,983**	**66,983**

Carrying value and fair value of financial liabilities 31 March 2025

Total at 31 March 2025	Held at amortised cost	Total book value
	31 March 2025	**31 March 2025**
	£000	**£000**
Obligations under finance leases	25,122	25,122
Trade and other payables (excluding non financial liabilities)	33,649	33,649
Total at 31 March 2025	**58,771**	**58,771**

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 2026	**31 March 2025**	**31 March 2026**	**31 March 2025**
	£000	**£000**	**£000**	**£000**
In one year or less	41,082	34,538	45,097	35,528
In more than one year but not more than five years	5,451	4,961	6,330	5,766
In more than five years	6,410	7,379	15,557	17,477
Total	**52,943**	**46,878**	**66,983**	**58,771**

22. 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	1,273	1,295
Department of Health and Social Care (DHSC)	-	-
Public Health England & UKHSA	-	-
NHS England & CCG's/ICB's	1,067	3,282
Special Health Authorities	-	57
NDPB's	-	-
Other DHSC bodies	-	864
Other Whole Government Accounting bodies	2,033	9,709
As at 31 March 2025	**4,373**	**15,207**

23. 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
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Keighley
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BD20 6TD

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Airedale NHS Foundation Trust is an NHS provider of Healthcare.