



Airedale  
NHS Foundation Trust

# Annual report and accounts 2024-25

NHS  
Airedale  
NHS Foundation Trust  
Senior Sister

Thriving people,  
healthy communities



**Airedale NHS Foundation Trust**

**Annual Report and Accounts  
2024/25**

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

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# Performance Report

# A message from the Chief Executive 'Foluke Ajayi



It is my continued privilege to lead our organisation and to work with our incredible colleagues. Together over the last 12 months we have celebrated some superb achievements and have also worked side by side to face challenges. Both in hospital and out in the community, in our clinical services and our support services, as part of the Trust and in our subsidiary and joint venture organisations, teams continue to work closely together to provide the best care possible to our communities.

This has been a busy year for every part of our organisation, and we have seen continued pressure on the NHS. Winter, the financial challenge and workforce supply issues create their own problems, whilst at Airedale we also face the twin unique challenges of structural issues and preparing for a new hospital build. Despite all this, we have had much to celebrate this year, and you can read more about this in our Snapshot of 2024/25 section.

Our hospital estate is composed of 83% Reinforced Autoclaved Aerated Concrete (RAAC). Teams navigate daily through props, ward closures, and ongoing construction, directly affecting clinical, office and public spaces. These space constraints not only divert operational focus but also add extra pressure on our already busy colleagues striving to deliver services. I would like to commend our colleagues for continuing to deliver high quality care in these circumstances and, in particular, our AGH Solutions estates team for their ongoing management of our structural risks, which is a continuous round of inspection and mitigation.

Given these issues it was with delight that, following the review of the scope of the government's New Hospital Programme, we welcomed the confirmation earlier this year from the Secretary of State for Health and Social Care that Airedale remains on the Programme – and indeed, is in the first wave of hospitals to be constructed. We continue to make significant progress in planning for our new build and in moving towards the delivery of the first phase of enabling works.

Preparing for our new Electronic Patient Record was also a key focus during the year. An extraordinary amount of work went into preparing for switching over to the new system, and it was with reluctance that we took the difficult decision in November to postpone the go-live. This has given us more time to incorporate feedback from teams to ensure that the system works for the way we work at Airedale and to make sure our go-live is safe for patients and colleagues. Work continues on the EPR programme, and we are in the process of appointing a delivery partner to support us as we move towards going live.

Winter this year was particularly difficult, with high numbers of flu cases, sustained demand on urgent care and inpatient beds, increased complexity of patient needs, and a very high caseload in our community services. We also had to contend with a reduction in inpatient beds due to our RAAC mitigation works. Our teams continued to deliver, developing creative solutions to issues, working incredibly hard and always treating patients with compassion, even in the most difficult of circumstances. Despite all these challenges, our urgent care performance has seen continuous improvement over the last 12 months, but it is still not where we would want it to be and I apologise to those of our patients who experienced long waits for treatment or to be admitted to our wards.

We have made some positive strides to improve the efficiency and effectiveness of our urgent care services, including the opening of our Urgent Treatment Centre, funded by NHS England, the implementation of our Discharge to Assess and Home First Assessment and Support Team (HFAST), the expansion of staffing in our emergency department, the introduction of virtual wards and estate works to improve key areas of our emergency department including triage and resuscitation areas. We also continue to work closely with our system partners across Bradford District and Craven to maximise the flow of patients through our services and I would like to thank them for their support.

Performance in other areas has been strong, and I am pleased to report that we have significantly improved, and in some areas, delivered the national performance planning ambitions for both cancer and diagnostics. We have also successfully continued to tackle our waiting list times with no patients waiting over 78 weeks for treatment, virtually eliminating waiting times over 65 weeks and making significant progress on waits over 52 weeks. Our Referral to Treatment performance has been among the top 20 nationally.

The financial landscape continues to be extremely challenging for the NHS and during the last year we have further developed our WAVE initiative – Working to Achieve Value and Excellence. Teams have worked together to develop some innovative responses to the ask. These have resulted in financial and productivity savings but, more importantly, many of these projects have delivered real benefits to patients in terms of increased access and a better experience.

Staff wellbeing is crucial and we have further developed our wellbeing offer to be as broad as possible, from mental and physical advice to practical and financial support. Our staff networks continue to support colleagues with specific protected characteristics, our chaplaincy service provides support to people of every faith and of no faith, and we work closely with our trade unions who provide comprehensive support to their members. We have further developed our flexible working offer, to enable us to attract and retain people, and have relaunched our leadership development programme to provide opportunities to our leaders of the future. You can read more about this in the [Staff Section](#).

Our joint ventures, Immedicare and Integrated Pathology Solutions, and our wholly-owned subsidiary, AGH Solutions, continue to thrive and to support the Trust's priorities. You can read more about their work this year in the [Performance Report](#).

The new government is clear that the focus for the future of the NHS is threefold: to move care out of hospital and into the community; to move from analogue to digital – using digital technology for improve healthcare delivery; and moving from treatment to prevention. We are well-placed to respond to all three of these strategic shifts, continuing to build on our community services – such as our virtual ward beds - and to maximise the opportunities that our new hospital build will bring; to further develop our digital maturity and leverage our telemedicine offer; and to support system partners to tackle health inequalities and

move to prevention – achieving our strategic priority of “thriving people, healthy communities”.

As we head into the new financial year every part of the NHS is facing unprecedented change and challenge. As well as changing the commissioning landscape, these changes are likely to impact many colleagues with whom we work closely. We are also anticipating changes in our own workforce as the ask of provider organisations to become leaner and more efficient becomes clearer. This is the time for all partners in West Yorkshire to work more closely than ever, for leaders to lead with energy and hope, to ensure that we remain focused on the communities who depend on us, whilst supporting colleagues.

This year we have seen some changes to our Trust Board. I would like to pay tribute to our Chair, Andrew Gold, who retired in the summer, and to our Non-Executive Director and Deputy Chair Nadira Mirza, Executive Medical Director and Deputy Chief Executive David Crampsey, Interim Medical Director Julie O’Riordan, Chief Nurse Amanda Stanford and Chief Digital Information Officer, Paul Rice, all of whom left us during the year for pastures new. They have all been enormously supportive during their tenure and I thank them for all they did for the Trust and for our patients.

It is impossible to be chief executive without the support of an excellent team. I would like to thank executive colleagues for their extraordinary hard work and ongoing support; our non-executive director colleagues who make the wider Trust Board for their constructive challenge and wise counsel; our Council of Governors for their tireless work in bringing the voice of their communities to the table; and to our system partners for their collaboration and collective focus on doing the best we can for the people we serve across Bradford District and Craven.

Above all, I give heartfelt thanks to our teams here at Airedale, for their dedication, compassion and their determination to provide the best possible care for our patients. They are the beating heart of our organisation; they make Airedale an extremely special place, and I am honoured to work with them.

**Foluke Ajayi**  
**Chief Executive**



# The purpose and activities of Airedale NHS Foundation Trust

## Performance Report

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.

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 format and context of the Annual Report and Accounts for 2024/25 have been prepared in line with the revisions published in the [NHS England Foundation Trust Annual Reporting Manual 2024/25](#).

## History, purpose, and activities

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

The principal location of business of the Foundation Trust is Airedale General Hospital, Skipton Road, Steeton, Keighley BD20 6TD. In addition to the above, the Foundation Trust has registered the following locations with the Care Quality Commission:

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

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

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

## About us

Airedale NHS Foundation Trust is an award-winning integrated NHS hospital and community services Trust. It 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 the main hospital site, Airedale Hospital, and from community hospitals, as well as health centres and general practices (GPs). Its health services are commissioned by West Yorkshire Integrated Care Board along with Lancashire and South Cumbria Integrated Care Board, as well as regional specialist commissioners and NHS England. Structure Services are organised into four key divisions:

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

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

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

# About us

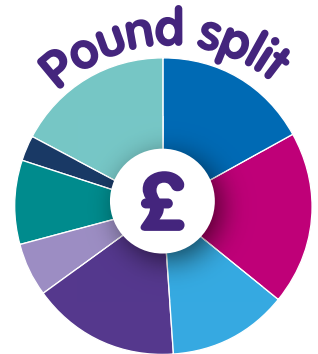
## Our activity

**21,689** inpatient stays  
**144,107** community contacts  
**78,814** Emergency Department attendances  
**176,306** outpatient appointments  
**1,764** births



Operating income:

**£310.5 million**



Clinical support staff pay: 17p  
 Medical staff pay: 19p  
 Nursing staff pay: 13p  
 Other staff pay: 16p  
 Drugs: 6p  
 Clinical supplies & services: 9p  
 Depreciation: 3p  
 Other operating costs: 17p



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# Snapshot of 2024/25

April

## 'Speak to a midwife' campaign

In April the Trust joined the campaign across West Yorkshire and Harrogate urging pregnant women to 'speak to a midwife' as soon as they find out they're pregnant, to make sure they get the care they need as early as possible.

National guidance recommends that women should be offered a first booking appointment with a midwife by 10 weeks of pregnancy. Booking sooner in the pregnancy journey ensures an approach that's right for the individual and means they'll get important information things which will help ensure a healthy pregnancy such as supplements, access to screening and smoking cessation services.



## National Healthcare Support Worker Award

Cherie Melvin, Healthcare Support Worker in the Cardiac Rehabilitation team was awarded the Chief Nursing Officer for England's Healthcare Support Worker Award.

The award recognises the vital contribution of Healthcare Support Workers in England and their exceptional support of nursing and midwifery practice.

Cherie has worked at Airedale General Hospital for 32 years. She was nominated for her natural skill in building rapport with her patients and making them feel at ease.

May

## Armed Forces Advocate named as award finalist

The Trust's Armed Forces Advocate Martin Flint Johnson was named as a finalist for the 'Advocate of the Year' award for his work in supporting ex-forces and veterans in the Trust.

Martin was amongst other talented veterans from across the UK workforce who were recognised in the shortlist of the British Ex-Forces in Business Awards.

The challenges involved in carving out a meaningful second career after serving in the Armed Forces are well documented. The awards were created to showcase veteran talent and demonstrate the huge value that veterans add to employers and the wider economy after leaving the military.



## Celebrating Volunteers Week

The Trust celebrated Volunteers' Week by saying thank you to volunteers for the support they provide to both staff and patients.

Airedale has around 200 registered hospital volunteers working in over 20 wards and departments within the hospital, including the Emergency Department, Maternity Ward, Chaplaincy and HODU (Haematology and Oncology Day unit). The volunteers also give their time and skills to serve in the Friends of Airedale shops, as well as helping vulnerable patients on the wards.

June

## Pride of Airedale Awards



Colleagues and volunteers from across Airedale NHS Foundation Trust and AGH Solutions were celebrated at the Pride of Airedale awards. They were created to recognise the amazing hard work and dedication of staff at the Trust. In 2024 a record-breaking 383 nominations were received and as well as celebrating Teams and Leaders of the year, awards were also given to 'unsung heroes' and those giving outstanding patient care.

Double winners were Ward 14, who scooped both the Clinical Team of the Year award and The Quality Award for Outstanding Patient Experience.

## NHS announces 143 sites to take part in Martha's rule

Airedale was named as one of the 143 hospital sites that will test and roll out Martha's Rule in its first year. The purpose of Martha's Rule is to provide a consistent and understandable way for patients and families to seek an urgent review if their or their loved one's condition deteriorates, and they are concerned this is not being responded to.

July

## Urgent Treatment Centre opens



In July, the Trust opened its new Urgent Treatment Centre. Funded via NHS England, the Centre is co-located with the Emergency Department and enables patients who have an injury or illness that need urgent attention but is not life-threatening to be seen more quickly, in a modern purpose-built clinical space.

Alongside a new staffing model to support those conditions, the Centre enables clear flow and organisation of patients dependent on their condition, which in turn relieves pressure on the Emergency Department.

## Sophie's legacy – food for parents

Following months of collaborative effort, Sophie's Legacy and NHS England announced the launch of a pilot project, aiming to address the critical issue of providing meals to parents staying in hospitals with their children.

Following an initial pilot at nine hospitals in 2023, 15 more hospitals, including Airedale, have now joined a programme funded by Sophie's Legacy, to provide food for parents.

Airedale Hospital & Community Charity has worked together with the Trust's catering team and the paediatric team on a successful pilot project to provide food vouchers to parents.

## August

### New recycling bins for walking aids

In August the Trust opened two new recycling bins across Airedale's sites for members of the public to drop off walking aids that they no longer use.

The bins were funded by the Trust's Therapy Services team after they identified that a large number of walking aids were not being returned when patients no longer needed them.

The recycling bins are accessible to the public and are located in the entrances of Airedale Hospital and Canalside Community Health Centre.

Once the walking aids have been dropped off, they are inspected, cleaned and put back into circulation if they are found to be safe and fit for purpose. If they do not meet health and safety requirements, they are condemned, and the raw materials are recycled.



### UNICEF UK Baby Friendly Initiative

As World Breastfeeding Week launched the Trust announced success with the UNICEF UK Baby Friendly Initiative.

The hospital's Special Care Baby Unit (SCBU) was successful in gaining the Certificate of Commitment and Maternity services gained Stage 2 Status, both awarded by the UNICEF Baby Friendly Initiative.

### Day Nursery Graduation

35 children donned their graduation caps to celebrate an incredible milestone at the Trust's Nightingales Day Nursery, which provides childcare for children of staff members and other emergency services.

Children from the nursery's Robins class and their families were invited to attend a special event to commemorate their last day at nursery before they move up to primary school.

The event kicked off with a disco and was then followed by a ceremony where each child was given a certificate by their key worker.



## September

### Plans shared for building our new hospital

In September the Trust shared plans to get ready for the construction of the new hospital. The works include a new multi-storey car park, a new access road, a power substation and drainage works. These will all need to be in place before the new hospital can be built.

This included engaging with patients, visitors, staff and local residents about what they would want from a new car park, to feed into the design process.

## October

### Anaesthetic re-accreditation

The Trust's Anaesthetic team secured re-accreditation from the Royal College of Anaesthesia (RCoA), in recognition of their commitment to patient safety and excellence of care.

The Anaesthesia Clinical Services Accreditation supports quality improvement across Anaesthesia services, encouraging high standards in patient experience, patient safety and clinical leadership.

This achievement highlights the department's commitment to clinical excellence, patient-centred care, and continuous improvement.

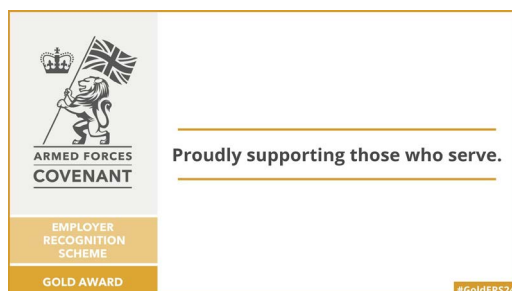
## Research celebration

The Research Development and Innovation team held a special event to celebrate patients who have taken part in research trials.

Trial participants and their friends and family were invited to celebrate, learn more about the Trust's research trials and studies, suggest future research they would like to see and share their experiences with others.

In the last five years, the team have recruited over 5,000 participants and each one of them has helped to provide evidence for new treatments that will shape effective and efficient services for future generations.

## Gold award in the Defence Employer Recognition Scheme



The Trust was awarded the 2024 Defence Employer Recognition Scheme (ERS) Gold Award – the highest level – in recognition of being an employer and advocate of the Armed Forces community.

To achieve Gold status the Trust had to show its forces-friendly credentials and values in its recruitment and support for patients, staff and volunteers.

As an employer, Airedale has over 30 colleagues from the Armed Forces community and has a range of positive policies to support both active and former members of the Armed Forces. This includes a special leave policy to allow for 10 days paid leave, with additional unpaid leave, for Reservist and Cadet Force Volunteers for training camps.

## November

### CQC Maternity survey published

The Care Quality Commission (CQC) maternity survey was published in November, highlighting women's experiences of antenatal, labour and postnatal care.

Airedale NHS Foundation Trust scored better compared to other trusts for women's experiences of being cared for by maternity staff during labour and birth, with higher scores from women having the attention they needed during labour and birth, for partners being involved as much as they wanted in labour and birth and being spoken to in a way they could understand, with good communication. The survey also identified areas for further improvements which the maternity service is actively working on, including communication, families feeling more involved in decisions around care provided, partners being able to stay as much as they wish, improved discharge processes and infant feeding support.



### Queen's Nurse award

Community Specialist Nurse, Colette Scully, was awarded the prestigious title of Queen's Nurse, in recognition of her commitment to excellence in delivering patient care and community nursing practice.

Colette was awarded the honour following a rigorous application process by the Queens' Nursing Institute, the UK's oldest professional nursing organisation. The application called out the fact that the care she gives as a specialist respiratory nurse is not solely related to treating respiratory disease but is focused on the whole person and their family.

### Multi-faith Remembrance service

On 11 November veterans, colleagues, patients and volunteers gathered for a Remembrance Service in our Chapel at Airedale Hospital.

The service included a 2-minute silence and laying of wreaths, along with readings of poetry and prayers from the chaplains. The event was also attended by Angela Monaghan, Deputy Lieutenant for the West Yorkshire Lieutenancy.

## December

### Views sought on Airedale's new hospital

In November, as initial plans became available, a second phase of feedback began on the latest plans for work to prepare for the new Airedale hospital. Local people responded in their hundreds with their views.

Frequently asked questions included how many entrances and exits there would be, if the existing access road would be kept, the noise and light levels from the electricity substation and what sort of trees will be planted and how will they be maintained.

Roadshows were held in local venues and a programme of home visits surrounding the hospital took place, alongside an exhibition in the hospital entrance and a survey.

### Endoscopy unit accreditation

The hospital's endoscopy unit was awarded accreditation following an assessment by the Joint Advisory Group (JAG) of the Royal College of Physicians. This formal accreditation is only awarded to endoscopy services which meet the highest standards covering all aspects of an endoscopy service, including quality and safety, patient experience and the workforce.

The unit provides a range of diagnostic and therapeutic gastrointestinal (GI) procedures including gastroscopy, endoscopy, colonoscopy and bronchoscopy. It also hosts a bowel cancer screening programme and provides an out of hours acute GI bleeding service.



## January



### Diabetes foot care clinics praised

The diabetes foot care clinics in Airedale and Bradford were praised for their excellent patient care in a national audit.

Diabetes foot care is provided across Bradford and Airedale by a multi professional team, including podiatrists, nurses, specialist footwear suppliers and medical and surgical consultants, who work across the community and via hospital foot clinics.

The National Diabetes Foot Care Audit tracks a range of measures over time to assess how well services are supporting this group of people. Within Bradford and Airedale, the results have been exceptionally good across the board, particularly in the key area of the percentage of people that are ulcer free 12 weeks after first presenting with a new foot problem.

### Airedale was confirmed in wave 1 of New Hospital

As one of the seven hospitals with reinforced autoclaved aerated concrete (RAAC) levels regarded as critical, it was recognised in September last year that Airedale's new hospital programme needed to proceed due to the risks posed for both patients and staff. It was again confirmed in the announcement that Airedale Hospital will be built at pace to ensure the Trust can continue to deliver services for our local population.

## Leading the way in diabetes injection pen recycling

Airedale is setting a benchmark in sustainability within West Yorkshire by pioneering PenCycle, a recycling initiative designed to reduce the environmental impact of diabetes and weight management injection pens.

Spearheaded by Katie Bolland, Lead Pharmacy Technician for Clinical Services, Airedale's approach shows how trusts can successfully integrate environmental responsibility into everyday healthcare practices.

PenCycle is a nationwide scheme that aims to reduce plastic waste by recycling pre-filled diabetes and weight management injection pens. Each year, 23 million pens are distributed across the UK, with around 360,000 of those reaching West Yorkshire alone. Patients using Novo Nordisk's pre-filled pens have the option to return them for recycling, instead of contributing to landfill or incineration waste.

Since adopting PenCycle, Airedale NHS Foundation Trust has collected 127 injection pens for recycling in the first year.



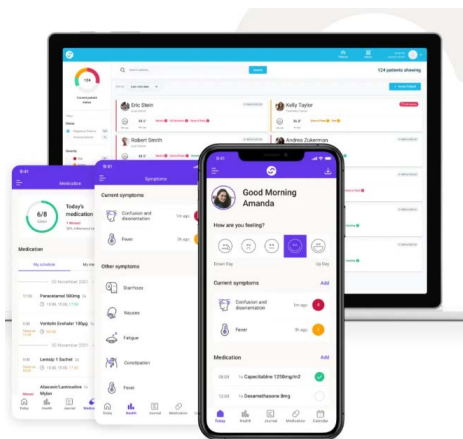
## February

### Careology app launched

The Trust's cancer team launched the Careology app for people being treated for cancer to provide 24/7 support and help them manage their condition.

Airedale is the first NHS Trust in the North to offer this new digital innovation, funded by a bid to the West Yorkshire and Harrogate Cancer Alliance. It was chosen for its opportunities to improve and personalise patient care.

Every new and current patient at the hospital receiving cancer care is eligible to download the app and access support on how to use it.



### AGH Solutions wins national award for collaboration on RAAC

AGH Solutions, Esri UK and BIS Consult won the award for Data, Security, Infrastructure at the 2024/25 HTN Now Awards for their RAAC management project at Airedale Hospital.

Last year, AGH Solutions partnered with digital transformation consultants, BIS Consult, and Geographic Information System (GIS) vendor, Esri UK to design and implement a new data management solution to monitor the Reinforced Autoclaved Aerated Concrete (RAAC) throughout the hospital.

The RAAC surveying process involves a team of eight inspecting 20,000 RAAC planks across 52 departments. Previously, the inspections relied upon hand-written notes and photographs that were manually uploaded and used to monitor any changes. The digital geospatial system is believed to be the first of its kind and reveals where the highest risk areas are in real time.

March

## Gold star for fracture prevention service

Airedale's Fracture Prevention Service achieved a Gold Star from the International Osteoporosis Foundation Capture the Fracture programme. There are only seven other gold star achievers in the UK.

Airedale's Fracture Prevention Service reviews patients over 50 years of age with a fragility fracture (osteoporosis), providing support, advice, treatment and follow up. It was set up in October 2019 and now sees over 1000 patients a year.

The team work together to ensure all fracture patients are identified, diagnosed and treated for osteoporosis. With the right treatment and follow up care the risk of future fractures can be reduced, together with the risk of pain, reduced mobility and loss of independence.



# Subsidiaries and Joint Ventures

## AGH Solutions

AGH Solutions Ltd is the Trust's wholly owned subsidiary, providing estates and facilities management, procurement, catering, and transport and security services to the Trust. Established in 2018, the company has over 600 staff, with over 20% of roles being those brought in-house from previously outsourced contracts. Highlights from 2024/25 include:

- Appointment of a new Managing Director.
- Appointment of a Capital Projects Director.
- Continued to work with the Trust on the delivery of the Green Plan and progressed a range of measures to reduce carbon emissions.
- Expansion of automated catalogue solution, saving clinical and technical time through high quality data provision, and bringing further financial savings.
- Successful tendering and award of a transport contract to support multiple NHS organisations across the Bradford area, delivering social value and sustainability objectives through a ten-year plan for electrification of the fleet.
- RAAC and related capital works delivery, including handing over four remediated wards to the Trust as part of the ward decant process and with risk reduction works in several other areas.
- Planning for the continuation of RAAC works into 2025/26 and beyond.
- Continued to achieve standards of cleanliness and meeting National Cleaning Standards, with processes and outputs reviewed as part of Internal Audit programmes of work.
- Supporting the Trust with the New Hospital Programme via the Securing the Future programme, in particular with development of enabling works programmes of work ahead of the new hospital itself.
- Completion of five major tenders for the New Hospital Programme: Project Management Partner, Business Case Advisor, Cost Advisor, Architect Led Design Team, and the Enabling Works Contractor.
- Continued strong KPI performance across all areas of the business.
- Demonstrated strong compliance across all areas of estates legislative requirements.
- Successful management and maintenance of the accommodation block premises acquired in March 24.
- Successful replacement of two of the three main chillers on site that provide comfort cooling for service critical services, to ensure ongoing HTM compliance and reliability.
- Ongoing successful provision of service delivery for the Trust's critical services on a 24/7 basis.
- Renewal of ISO accreditation in both Medical Electronics (ISO9001) and Sterile Services (ISO13485).
- Sterile Services review as part Joint Accreditation Group (JAG) assessment described as "exemplary".
- Embedding of Strategic Relationship Manager role to deliver enhanced contract relationship management and delivering significant financial benefits.
- Successful assessment on the Central Commercial Functions Commercial Continuous Improvement Assessment Framework through peer review, with a score achieved of 94.3% and a maturity rating of best. This compares to a national cohort average of 72.7%, with a maturity rating of better.
- The Asbestos Compliance Status Audit - Annual Report received an 'outstanding' recommendation from our Authorising Engineer (external expert).

## Immedicare

The Immedicare Joint Venture partnership between the Trust and Involve Visual supported 695 care homes over the year covering a bed base of 26,968. The clinical service completed 56,805 clinical consultations of which 50,861 (90%) resulted in the resident remaining in the care home. 52% did not require a referral to another service and were managed by the clinical team. There were 16,486 consultations relating to falls, this was the biggest reason for care homes contacting the Immedicare service. 86% of falls related calls did not require an ambulance or conveyance to hospital.

### Highlights from 2024/25

The Pharmacy service continued to develop the STOPPFall reviews with 1,377 recommendations to GPs to stop medications associated with higher risk of falls.

The virtual training programme continued during 2024/25 with 109 sessions delivered to 693 participants from care homes across the country. The virtual training programme consists of 12 modules delivered every month, on a rolling programme to care home staff at all levels. Topics include falls prevention, medicines safety, diabetes care and common musculoskeletal injuries.

Actions from the call centre review conducted in February 2024 were implemented which improved performance of the clinical service. The time to speak to a clinician reduced significantly and over the winter months has been within the KPI.

Business growth was challenging due to the economic environment across the NHS and the instability caused by the rationalisation of the commissioning landscape (ICBs).

Work continued with external consultants to align the service with the government's 3 shifts vision. From January 2025 this work is being managed using the internal team's capabilities.

## Integrated Pathology Solutions and Integrated Laboratory Solutions

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

### Highlights from 2024/25

- Continued to maintain collaborative working relationship with regional partners within West Yorkshire & Harrogate Pathology network.
- Completed the full roll-out of regional Pathology LIMS (Laboratory Information Management System) across all IPS sites.
- Commenced implementation of the equipment refresh across Airedale and Bradford laboratories.
- Implementation of digital pathology technology across all IPS sites with 100% scanning capabilities.
- First phase of IPS Leadership and People development programme delivered with commitment to continue to the next phase.
- Delivered financial plans generating surplus for distribution to member trusts.

### Plans for 2025/26

- Maintain collaborative working relationship with regional partners within West Yorkshire & Harrogate Pathology network.
- Complete an equipment refresh across Airedale and Bradford laboratories.
- Support regional LIMS data centre refresh and system upgrade.
- Support consultant validation on digital pathology across IPS sites to move towards digital reporting.
- Continue with next phase of IPS Leadership and People development programme.

# New hospital public and patient involvement 2024/25



A programme of public and patient involvement activities took place during 2024/25 to seek feedback on initial plans to prepare the site for the new hospital.

During August and September 2024 views were sought specifically on plans for a new multi-storey car park. This followed on from work carried out earlier in the year to collect feedback about people's experience of parking and getting to the service they needed.

Responses about plans for a multi-storey car park were received from 1,202 people including staff, volunteers, patients, carers and visitors via an online survey, interviews and four focus groups.

The engagement analysis report is available on the Trust [website](#).

A follow-up programme of engagement on plans developed for key elements of work needed to support the construction of the new hospital took place between October and December 2024. The plans were specifically for the new multi-storey car park, access road and substation, and also included an awareness-raising exercise in relation to the relocation of the Trust's nursery.

This provided an opportunity for patients, local communities and staff to give their feedback on the plans, with activities including:

- An exhibition of the plans at the hospital, including an explanation of each visual, a section about biodiversity and the incorporation of 'you said, we did' information.
- A face-to-face event with local residents.
- A community roadshow.
- A brochure delivered to local households and available at exhibitions.
- An app providing information and weblinks.
- A survey shared through a variety of channels.
- A door-knocking campaign targeting local residents in the immediate vicinity of the hospital (more than 500 homes).

The response was good, with 357 people taking part in the survey and many local people attending the roadshows and exhibitions.

All the feedback has been independently analysed, and the Trust is looking at any actions that may need to be addressed before the plans are finalised. Once the enabling works design is complete the Trust will submit a planning application to Bradford Council, which will give residents another chance to share their comments and feedback

# Key issues and risk affecting delivery of the Trust's Key Objectives

## 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.

The performance analysis focuses on risks based and are linked to the performance of the Trust. This is closely managed within the Corporate Governance Framework including the high-level risk register and the Board Assurance Framework (BAF). Consideration is made between the Key Performance Indicators (KPIs) risk and uncertainty. The Risk Management Strategy is further considered in the [Annual Governance Statement](#) within the report.

# The purpose of the Performance Analysis Section and its Structure

## Summary of Performance

This performance overview highlights Airedale's key programmes of work with the Trust's partners and the people of Bradford District and Craven: to deliver excellent health and care services locally and help people to be happy, healthy at home. It also describes the Trust's performance during 2024/25 and explains some of the challenges it has faced over the period.

Performance during 2024-25 has been challenged by continuing exceptional levels of demand, periods of industrial action, staffing gaps, a significant frail elderly population, and the ongoing management of the significant Reinforced Autoclaved Aerated Concrete (RAAC) risk which has impacted clinic space.

# How the Trust measures performance

## How the Trust measures performance (operations)

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 have been recalculated where appropriate, and the methodology has been refined to reflect best practice - such as using six consecutive data points to identify variation, in line with national guidance.

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.

## Patient Experience

The Trust aims to provide outstanding care and experience where patients are at the centre of all that it does, 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

The Trust aspires to be 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. From this time 6 incidents have been identified for individual in-depth investigations (Patient safety Incident Investigations, PSII) and 78 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. They have enabled teams to come together and work collaboratively to look at patient safety improvements.

Initial PSIRF outcome measures are in place which demonstrate an increase in incident reporting and reduction in patient harm, there are other factors to take in account when reviewing these metrics.

Safety actions developed from incident reviews are systems based and are developed in conjunction with the hierarchy of effectiveness.

Safety actions have included reviewing and strengthening a number of clinical safety checklists and protocols to support staff and patient safety. Examples include, chest drain insertion, difficult intubation and displaying of diagnostic imaging in theatre. Trust processes have also been revised in response to learning reviews. Examples include a change in process for deferred community visits, clinical pathway update for subtle presentation of cauda equina syndrome.

## Patient Access

All patients will have equity of access to care and services, whether this is urgent and emergency care or accessing elective and community services. Where possible the Trust 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 sustainably 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 the operational plan so that staff are well supported and are able to provide high quality patient care. People leaders support and coach people by setting clear objectives, encourage and support learning, communicate effectively and with compassion in line with the Trust's leadership framework.

# Development and Performance Overview

The Trust's performance for the year 2024-25 has shown significant improvements across various key areas, despite facing numerous challenges. In Urgent and Emergency Care, the 4-hour performance has improved to 63.4% for 2024/25 although it remains below the desired target due to high patient acuity levels, attendances into A&E and rising bed occupancy. Performance over winter has been 10 percentage points higher than in previous years. Following the publication of the NHS England Delivery plan for Recovering Urgent and Emergency Care Services in January 2023, the Trust developed and invested in a comprehensive improvement plan. This included:

- Development of a co-located Urgent Treatment Centre following £4.1m external capital.
- Implementation of Discharge to Assess pathways and HFAST with Bradford Council.
- Expansion of ED staffing to match RCEM requirements.
- Expansion of SDEC and introduction of Acute Frailty models of care.
- Introduction of 49 Virtual Ward Beds and expansion of Urgent Community. Response Teams.
- Estates works to expand resus, triage and ambulance handover areas.

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

RTT (Referral to Treatment) performance has improved to 71.4%, placing the Trust in the top 20 nationally. Diagnostic performance has also seen consecutive improvements, with current performance at 98.7% benchmarking highly across the region. Cancer treatment performance remains strong, with the Trust meeting its planning trajectory for the 62-day standard and maintaining high benchmarks nationally. 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 2025, the Trust achieved a 4-hour performance rate of 63.4% for the year, reflecting 12 months of continuous improvement from previous years. However, several challenges persist:

**Increased ED Attendances:** From 2019/20 to 2023/24, there has been an 8% increase in Emergency Department (ED) attendances, equating to over 5,200 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. Since May 2024, ED attendances have continued to grow at a higher rate, with a 5% increase equating to over 400 additional patients per month.

**Aging Population and Mental Health Needs:** The number of patients over the age of 65 has risen by 20% compared to 2021. Additionally, patients requiring mental health interventions have increased by 50% 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. Recent work through the HFAST initiative has helped reduce this back to mean levels.

**Intermediate Care Bed Closures:** Approximately 50% of Intermediate Care Beds have been closed.

**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 G & A bed capacity that is required for winter.

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

In response to the [NHS England Delivery Plan for Recovering Urgent and Emergency Care Services](#) issued in January 2023, the Trust developed and invested in a comprehensive improvement plan. Funding was provided through external sources ring fenced for UEC recovery. This plan aims to enhance the efficiency and effectiveness of urgent and emergency care services, ensuring better patient outcomes and streamlined operations. Key initiatives of this improvement plan include:

### Development of a Co-located Urgent Treatment Centre

The Trust has developed a co-located Urgent Treatment Centre (UTC) following external capital provision of £4.1 million. This centre is designed to provide immediate care for patients with urgent but non-life-threatening conditions, thereby alleviating pressure on the Emergency Department (ED) and improving patient flow

### Implementation of Discharge to Assess Pathways and HFAST

In collaboration with Bradford Council, the Trust has implemented Discharge to Assess (D2A) pathways and the Home First Assessment and Support Team (HFAST). These initiatives aim 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 Emergency Department Staffing

To meet the Royal College of Emergency Medicine (RCEM) requirements, 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.

### Expansion of Same Day Emergency Care (SDEC) and Acute Frailty Models of Care

The Trust has expanded its Same Day Emergency Care (SDEC) services and introduced Acute Frailty Models of care. 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.

### Introduction of Virtual Ward Beds and Expansion of Urgent Community Response Teams

The Trust has introduced 49 Virtual Ward Beds, allowing patients to receive hospital-level care in their own homes. This initiative is complemented by the expansion of Urgent Community Response Teams, which provide rapid support and intervention to prevent hospital admissions and facilitate early discharge.

### Estates Works to Expand Resuscitation, Triage, and Ambulance Handover Areas

Significant estates works have been undertaken to expand the resuscitation, triage, and ambulance handover areas within the hospital. These improvements are designed to enhance the capacity and efficiency of these critical areas, ensuring that patients receive timely and appropriate care upon arrival.

These initiatives collectively represent a robust and forward-thinking approach to improving urgent and emergency care services. By investing in infrastructure, staffing, and innovative care models, the Trust is committed to delivering high-quality, patient-centred care and meeting the evolving needs of the community.

## Elective Care

The Trust has made notable advances in enhancing its 18-week RTT (Referral to Treatment) performance, reaching a rate of 71.4% and reducing its waiting list size. This achievement places the Trust among the top 20 nationally. The consistent improvement in this metric is attributed to the Trust's development of an Elective Recovery Programme, which aims to improve patient care and reduce waiting times.

### RTT (Referral to Treatment)

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Over the past year, the Trust has focused on productivity improvement work in Theatres and Outpatients aligning these efforts with the Model Hospital and Patient Level Information Costing (PLICS) frameworks. This initiative was part of the WAVE (Working to Achieve Value and Excellence) programme for financial sustainability.

The productivity improvement work has delivered substantial benefits. Theatres achieved a £57 reduction in cost per procedure, generating efficiency savings of £1 million. This initiative was supported by Changeology, with £300k in funding from the Cancer Alliance in 2023/24, resulting in a return on investment of 600%.

Within Outpatients, there has been a 4% increase in New Outpatient Appointments and an 11% increase in Follow-Up (FUP) Outpatient appointments which is estimated to be valued at an additional income of £1,6m when annualised (£376k excluding FUPs). The cost of this programme was £399k with a ROI for this work of 406%

This work has significantly contributed to the Trust's success in ensuring that no patients are waiting over 78 weeks for treatment and has virtually eliminated waiting times over 65 weeks. Additionally, significant progress has been made in reducing the number of patients waiting over 52 weeks, with the current count at 49 patients. Moving forward, the Trust will focus on reducing the number of patients waiting over 40 weeks, continuing its efforts to improve access to timely treatment for all patients.

## Diagnostics

### Current Performance

Over the past 12 months, the Trust's Diagnostic Performance has significantly improved, with the percentage of patients receiving their diagnostic tests within 6 weeks rising from 75% to 98.7% by the end of March 2025. This progress has been achieved through the introduction of a Transformational Change Programme in Endoscopy and Radiology, as well as improvement efforts across other modalities. Additionally, the establishment of the Community Diagnostic Centre (CDC) at Westcliffe has played a crucial role in enhancing diagnostic services.

The CDC is part of a national programme aimed at increasing diagnostic capacity and improving patient access to diagnostic tests across England. By providing a wide range of diagnostic tests closer to patients' homes, the CDC supports the Trust in reducing the need for hospital visits and potentially expediting the start of treatment.

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.

The productivity improvement work in Endoscopy has delivered significant results, reducing the cost per procedure by £50 and generating annual savings of £624k. These efficiencies enabled an additional 1,217 patients to be scoped, contributing to a 13% reduction in the waiting list and supporting the Trust in improving diagnostic test waiting times. This initiative was delivered in partnership with Changeology, funded by the Cancer Alliance at a cost of £272k, and achieved a return on investment (ROI) of 230%.

## Cancer

Over the past 12 months, the Trust's performance against national cancer standards has significantly improved. The Trust has consistently met the faster diagnostic standard of 75% within 28 days, achieving this target every month throughout the year. Additionally, the Trust has consistently met the 31-day standard.

Although the Trust has not yet achieved the 62-day constitutional standard, it continues to meet its planning trajectory set by the Cancer Alliance and benchmarks highly, with only 2.5% of patients waiting over 62 days, compared to the regional performance of circa 6%. The 62-day requirement for 2025/26 will be set at 75%. As of the end of March 2025, the Trust's current 62-day performance stands at 82%.

### Key Performance Indicators table 2024/25 table

2024/25	Standard	Q1	Q2	Q3	Q4	Year
Total time in ED under 4hrs	78%	66.37%	64.09%	61.43%	61.59%	63.42%
Attendances >12 hours - %	2%	2.20%	1.55%	2.53%	3.33%	2.39%
% Ambulance handover within 15 minutes	65%	50.5%	49.7%	48.1%	45.2%	48.4
Referral to Treatment Time, 18 wks.	92%	62.4%	65.8%	68.5%	71.4%	66.1%
No. of patients >65 weeks	0	7	7	3	1	N/A
No. of patients >52 weeks	N/A	389	388	266	49	N/A
Diagnostics 6 Week Wait	95%	86.54%	97.62%	93.50%	98.70%	93.0%
Cancer 31-day target	96%	98.9%	97.9%	98.6%	97.2%	98.1%
Cancer 28-day FDS	75%	83.9%	85.4%	82.0%	81.5%	83.2%
Cancer 62-day target	85%	83.5%	83.0%	83.9%	79.4%	82.1%

## Adoption of the 'going concern' basis

The Trust is funded primarily through healthcare contracts. The Trust has contracts in place which are expected to generate income and cash, and whilst the Trust is currently in receipt of deficit support funding from NHS England, which in combination are sufficient to pay its liabilities as they are due. The Trust would also have the ability to apply for more deficit funding if the need should arise.

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](#).

# Equality and performance in 2024/25

## 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 relationships 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 \(RES\)](#), the [Workforce Equality Disability Standard \(WDES\)](#) and the Gender Pay Gap are prioritised.

The Trust has complied with section 13SA of the National Health Service (NHS) Act 2006 and the NHS England statement on its health and inequalities and requirements of NHS Foundation Trusts which is published on the [Trust website](#).

## Equality, Diversity and Human Rights

The Trust is committed to creating a diverse and inclusive environment where all our 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 in the Trust's Inclusion Group reporting into the People Committee. Linked into this is the delivery of the NHS England High Impact Actions as set out in the EDI Improvement Plan.

[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.

## Reports on Inequalities

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 2024/25 period.

## Outpatients

**Did Not Attend (DNA) rates:** The DNA rates are significantly higher for the more deprived patients, with a rate of 12.2% compared to 7.2% for less deprived patients.

**Virtual appointments:** Deprived patients are less likely to access virtual appointments, with a participation rate of 28% compared to 31% for less deprived patients.

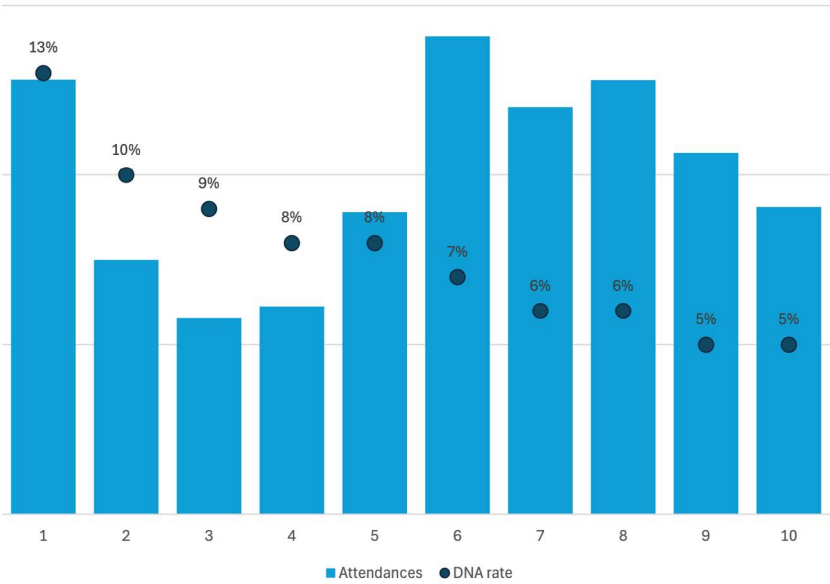
**Wait times:** These patients also experience longer wait times for their first attendance.

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.

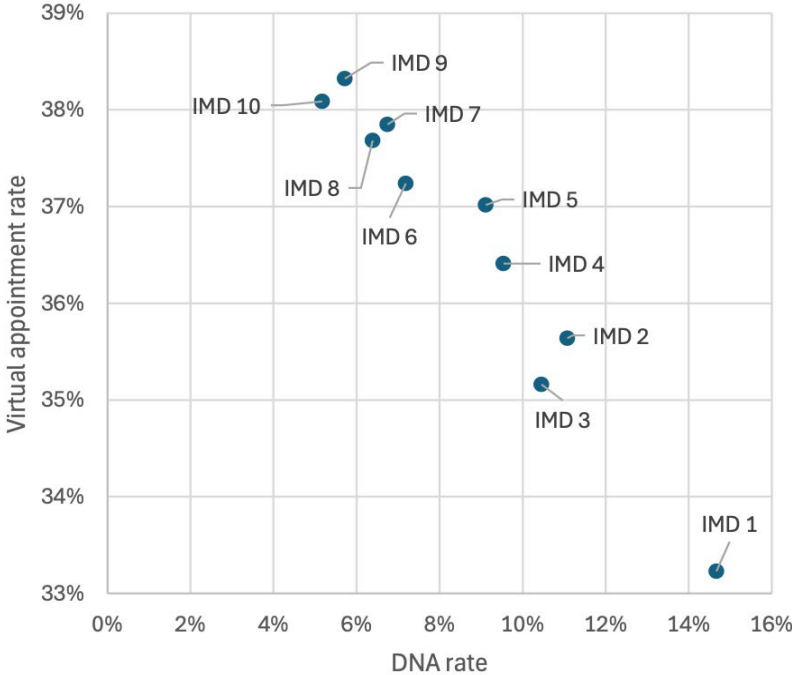
# Outpatient Data for the period 2024/25

DNA rate by IMD decile

deciles 1-2: 12.2%  
deciles 3-10: 7.2%

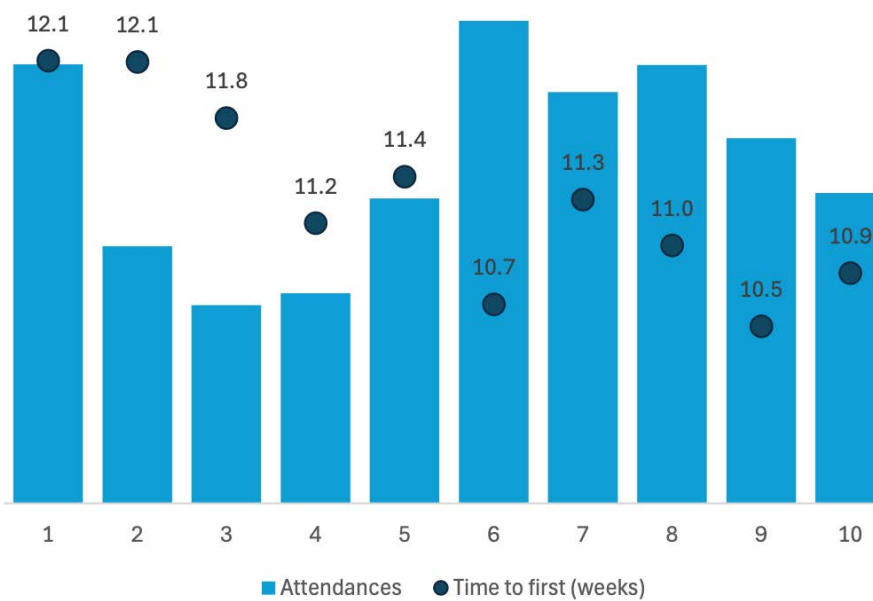


DNA rate vs virtual

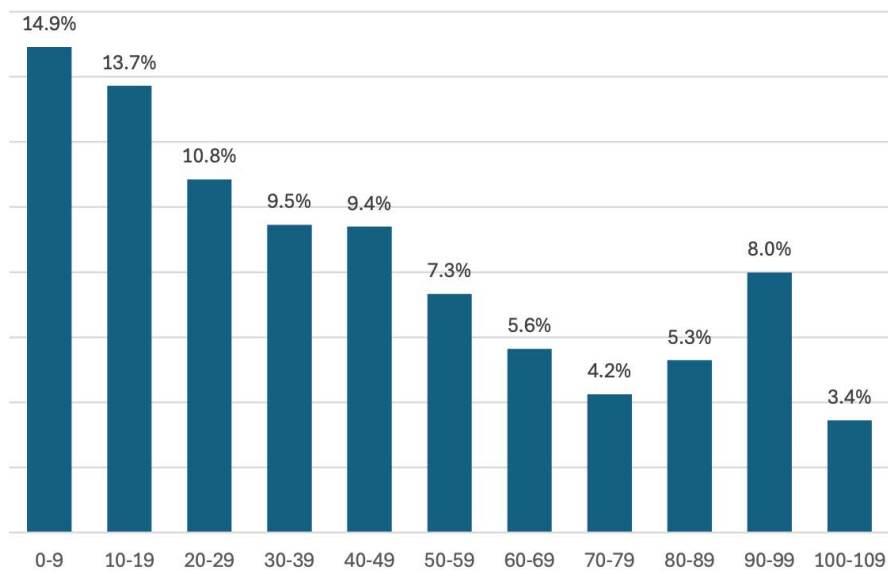


### Weeks to first appointment by IMD decile

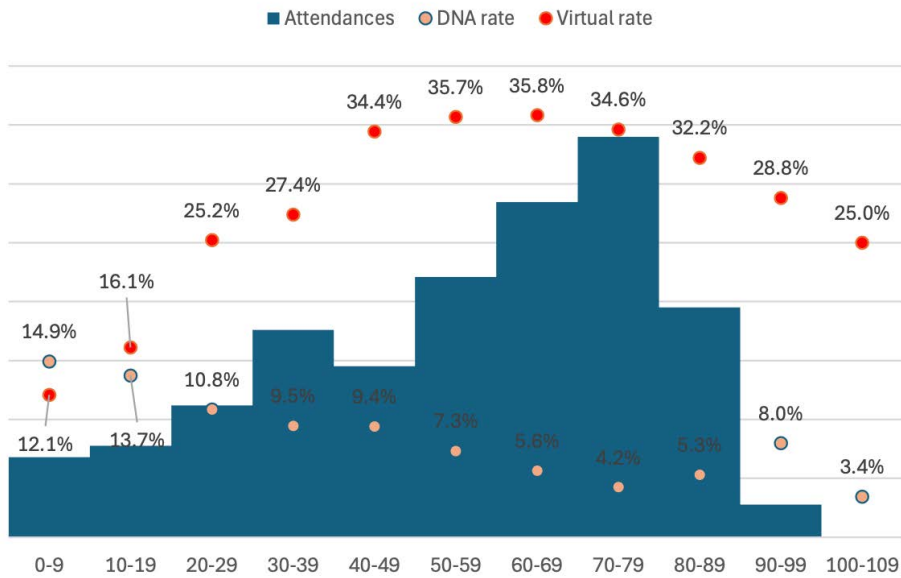
deciles 1-2: 12.1 weeks  
 deciles 3-10: 10.8 weeks



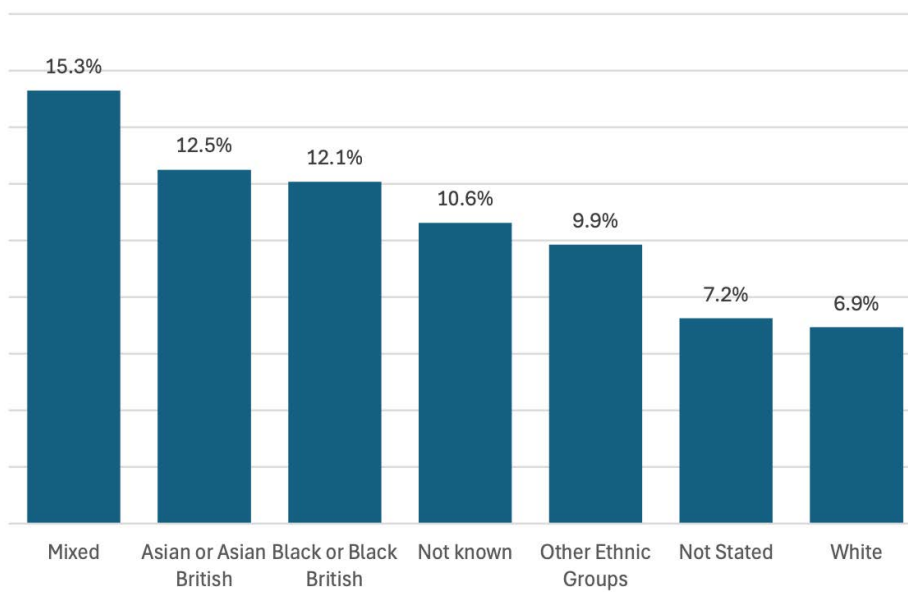
### DNA rate by age



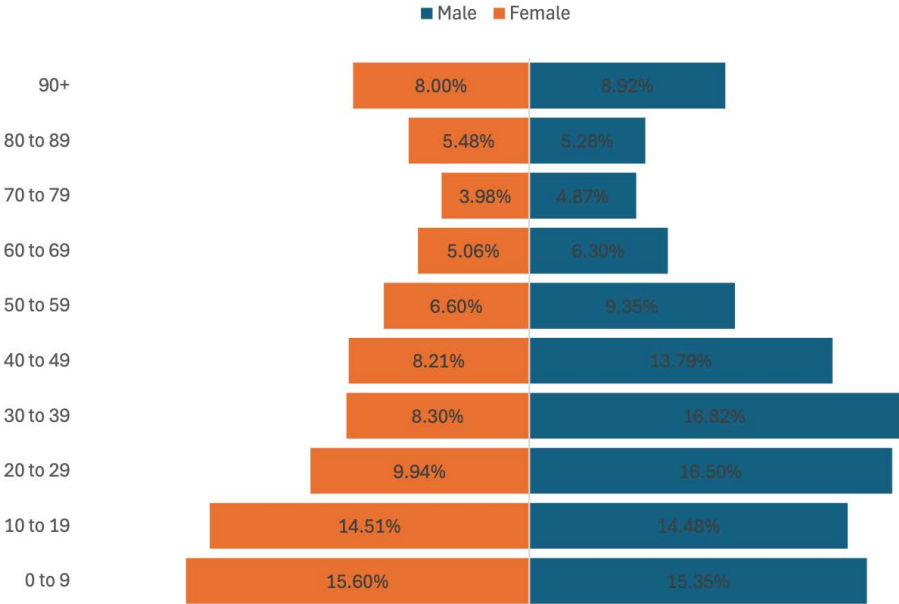
### DNA & virtual rate by age



### DNA rate by ethnicity



### DNA rate by age and sex

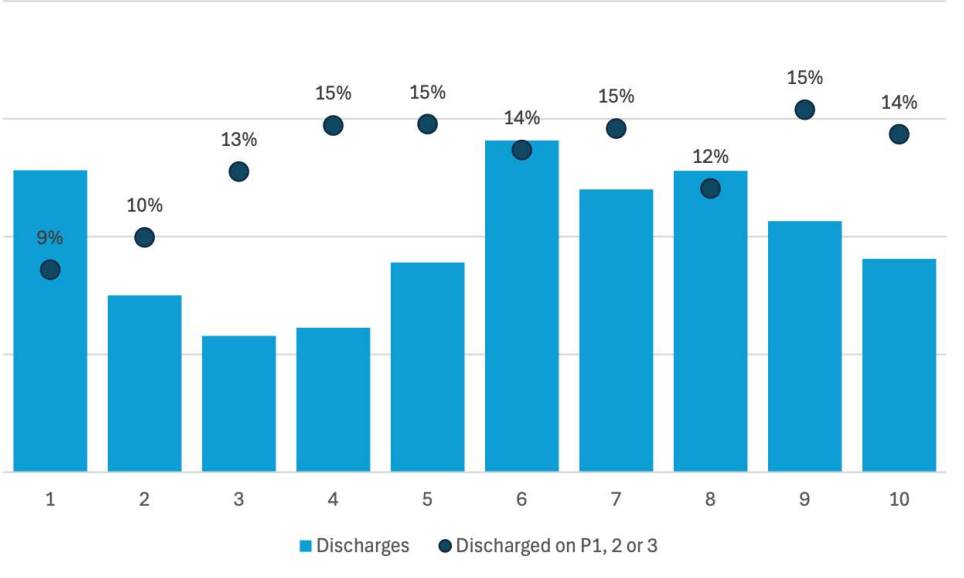


## Discharges

**Pathway discharges:** Patients in the lowest two deciles are less likely to be discharged on pathways 1, 2, or 3, with a rate of 9.1% compared to 14.0% for less deprived patients.

### Discharge data for the period 2024/25

Percentage of patients discharged via pathways 1, 2 or 3 by IMD decile

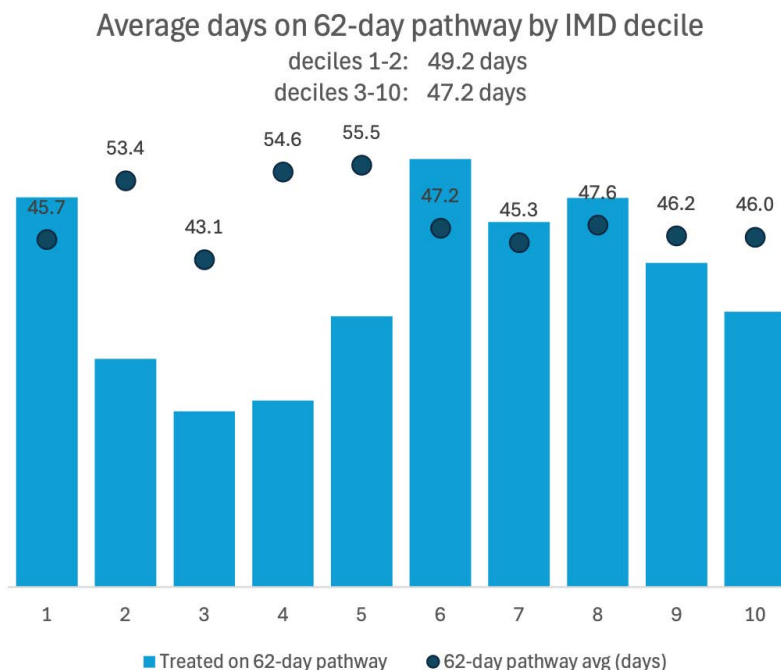
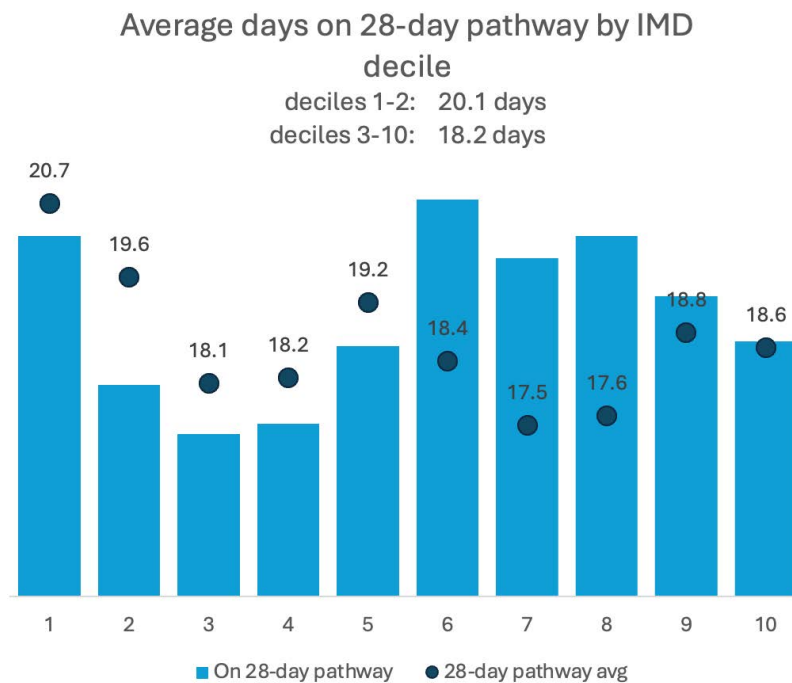


## Cancer

**Diagnostic pathway:** The lowest two deciles of deprived patients spend longer on a diagnostic pathway, averaging 20.1 days vs 18.2 days for less deprived patients.

**62-day pathway:** These patients also spend longer on a 62-day pathway, with an average of 49.2 days compared to 47.2 days for less deprived patients.

### Cancer pathway data for the period 2024/25



## 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. The longer times spent on diagnostic and 62-day pathways for cancer patients indicate that these disparities extend to critical areas of healthcare.

## Activities the Trust is undertaking to promote equality of service delivery

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.

Airedale is actively engaged with partners across Bradford, District and Craven to deliver against the EDS22 (Equality Delivery System Framework 2022). 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 Patient Experience and Engagement Group are working in collaboration with the Trust's Organisational Development team to develop equality objectives which will align to the Trust's strategy.

An Airedale Patient Experience Strategy is in development and is due to be finalised by December 2025. It will 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.

It will include a focus on capturing qualitative data on health inequalities. To date the team have analysed existing patient feedback and complaints and conducted an online survey with a local population of patients, carers and staff, including vulnerable groups such as veterans and the deaf community.

## Our People

The Trust has a programme for [Equality Diversity & Inclusion](#) for its people.

How The Trust Is Collaborating with System Partners to Reduce Inequalities

The Trust is collaborating with system partners across West Yorkshire to develop the Urgent and Emergency Care (UEC) Blueprint. The plan is anticipated to gain approval from the ICB in the first quarter of 2025/26, with implementation scheduled over a five-year period commencing in 2025/26. This outlines a comprehensive plan for improving UEC in West Yorkshire, serving as a framework for planning, strategy development, and transformation. It aligns with the West Yorkshire Integrated Care Strategy, focusing on reducing health inequalities and delivering more joined-up, preventative, and person-centric care. The blueprint supports NHSE's two-year UEC Recovery Plan, aiming to improve patient safety and includes high-impact interventions. Six key themes identified:

1. Single Point of Access (SPoA) and Better Care .. Coordination.
2. Integrated and Coordinated Out-of-Hospital .... Care.
3. Integrated and Coordinated In-Hospital Care.
4. Coordinated and Aligned Communications.
5. Focus on Health Inequalities.
6. Workforce and Organisational Development.

The establishment of the Community Diagnostic Centre (CDC) at Eccleshill has significantly enhanced access to diagnostic services by providing a wide range of tests closer to patients' homes. By offering a broad range of tests closer to where people live, the CDC has reduced reliance on hospital-based visits, shortened waiting times, and supported earlier diagnosis and treatment. This model plays a vital role in addressing health inequalities by removing barriers such as travel, cost, and accessibility - ensuring that our communities receive timely and equitable care.

## Focus for Improvement in 2025/26

The Trust has a programme for Equality Diversity & Inclusion for its people.

1. Addressing DNA rates: Implement targeted interventions to reduce DNA rates among deprived patients. This could include reminder systems, transportation assistance, or flexible scheduling.
2. Improving access to technology: Enhance access to technology for deprived patients to increase participation in virtual appointments. This could involve providing devices or internet access.
3. Further research: Conduct additional research to identify other factors contributing to these disparities, such as age, ethnicity, or specific socioeconomic conditions.

## Patient and Public Engagement Activity 2024/25

### 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 Passport is planned for Carers Week 9 – 15 June.

### Equality Delivery System 22 (EDS22)

The Trust was invited to a stall holder event and to present at a public forum alongside place-based partners across Bradford District and Craven Health and Care Partnership on how we have reduced health inequalities for people with protected characteristics. The presentation focused on EDS22 Domain 1: Commissioned or Provided Services, which assesses equality performance for commissioned and provider services. Presentation discussions focused on non-specific cancer screening, suicide prevention and end of life care.

## PLACE

Patient-Led Assessments of the Care Environment were completed in October 2024 at Airedale Hospital. The results have been reviewed and action plans developed, and a public engagement event has been arranged in June 2025 to discuss findings and next steps. The Securing the Future team will be in attendance to help inform the New Hospital Programme.

### Patient Experience Group

We re-introduced the Patient Experience Group in October 2024. Terms of reference were reviewed, and the purpose of group agreed. Stakeholders have attended to feedback current projects, discuss thematic analysis of feedback, learning and improvements, and monitor progression of organisation action plans to improve patient experience.

### Care Quality Commission (CQC) Inpatient Survey 2024

The CQC Inpatient Survey was completed for 2024. 535 responses were received, the results reviewed, and a summary report presented to Quality and Safety committee. An organisational action plan has been developed in conjunction with the National Cancer Patient Experience Survey results and presented to the Chief Nurse's Business Meeting. Actions will be monitored via the Patient Experience Group and the introduction of a patient and public focus group.

### Accessible Information Standards (AIS)

Work is progressing to meet the standards using SystemOne 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.

Healthwatch Leeds invited Airedale to participate in a self-assessment framework pilot survey to gather feedback for NHS England. The pilot aims to establish whether the framework will support health providers to identify how the AIS has been met. The framework is under review and may ultimately become mandated across health providers.

### Patient Stories - Lived Experience

Every Trust Board meeting begins with a patient presenting their 'story', their lived experience, to Trust Board members. This helps to focus the purpose of the meeting on patient outcomes and experience, and supports shared learning and improvements. In some cases, patients have then worked with the Trust to co-produce effective services. Patients have described care and treatment as a veteran, as a person with Learning Disabilities, and a new parent using maternity services.

### 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 process identifies leaflets that are expired or due to expire, requires a governance check to be recorded in central information library to reduce risk of providing out of date information to patients.

### Parliamentary Health Service Ombudsman (PHSO)

During 2024 – 25 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.

## Consent

Patient and family feedback suggested the consent process for formal complaints was complicated and stressful. Consent forms have therefore been updated to include clear instructions and details of the documents that need to be provided. The Complaints team has worked in conjunction with Information Governance and Legal services to advise on the simplest form of consent that is legal, thus improving the process for patients and families.

## 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.

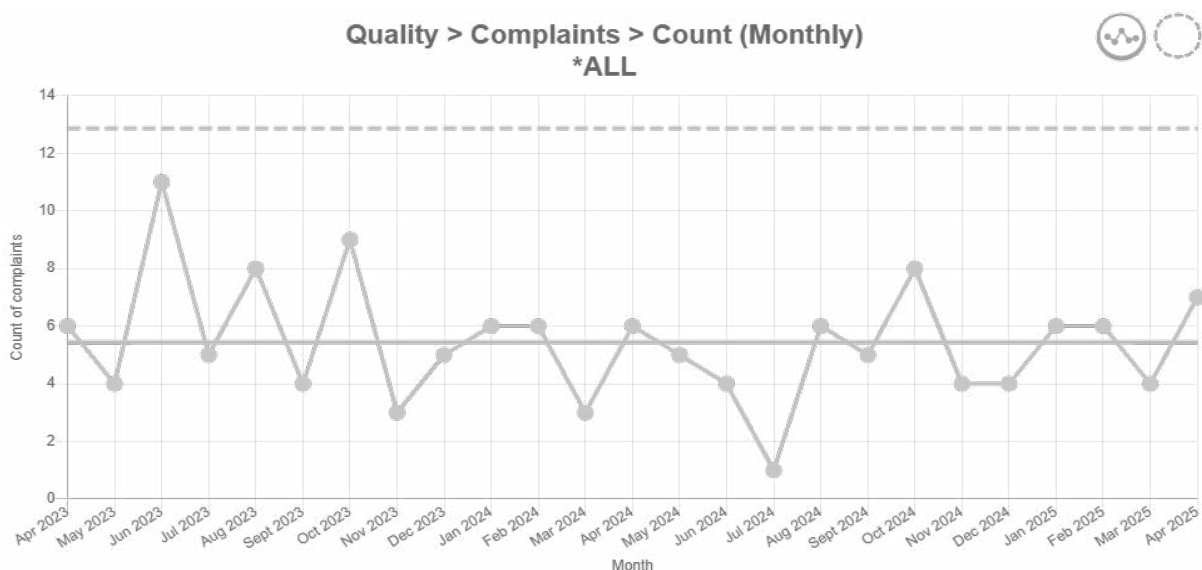
The Trust provides an open, accountable and effective complaints service, where all concerns are dealt with on an individual basis. These are fully investigated in a transparent and timely way and, where required, in partnership with other agencies.

[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:

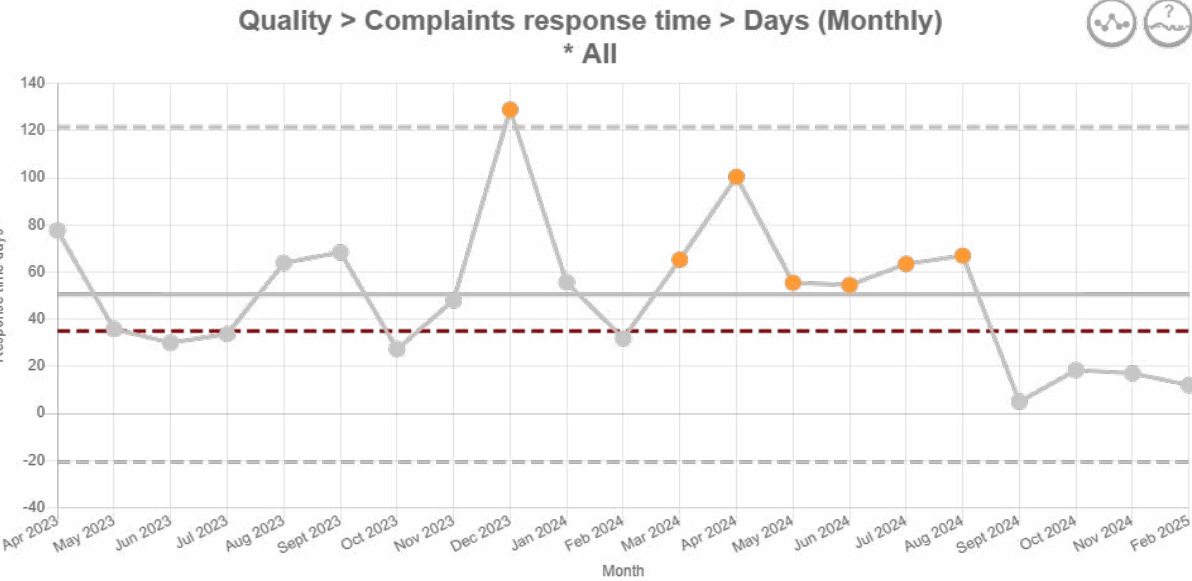
- Have their complaint acknowledged and properly investigated;
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response is likely to be sent;
- To be kept informed of the progress and to know the outcome, including an explanation of the conclusions 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 more timely manner. This will remain a focus for 2025/2026.



Learning from complaints is 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. A focus in 2025/2026 will be to refine the patient and service user experience and engagement plan using information gained throughout the year.

## Quality Accounts priorities 2024/2025

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

### Priority 1

Patient Safety- safe discharge of patients and pressure ulcer and falls management.

### Priority 2

Clinical Effectiveness- medicines safety- time critical medicines, deteriorating patient.

### Priority 3

Patient Experience- care of people with dementia.

## Highlights from within these areas include:

### Priority 1

- Improved processes for sourcing packages of care and relationships with social care.
- A full review of the function of the discharge lounge, demonstrating increased usage and improved effectiveness of discharges.
- A reduction in the number of patients going home with a cannula in situ.
- Full roll out of the Purpose T risk assessment tool for pressure ulcers.
- Zero category 4 pressure ulcers.
- Transition to new reporting metrics for pressure ulcers.
- Improved information for patients regarding falls risks.

### Priority 2

- Reduction in the number of medication doses omitted due to medication unavailability. This has seen a consistent decline since December 2020. Over the last year (24/25) an average 2.33% of doses were omitted, which was down from the previous 12 months (23/24) that had an average of 2.41%.
- Improvements in medicines management across the Trust.
- Increased numbers of staff trained in recognition of the deteriorating patient.
- Inclusion in phase 1 of Martha's Rule project.
- Improved processes for Medical Handover.

### Priority 3

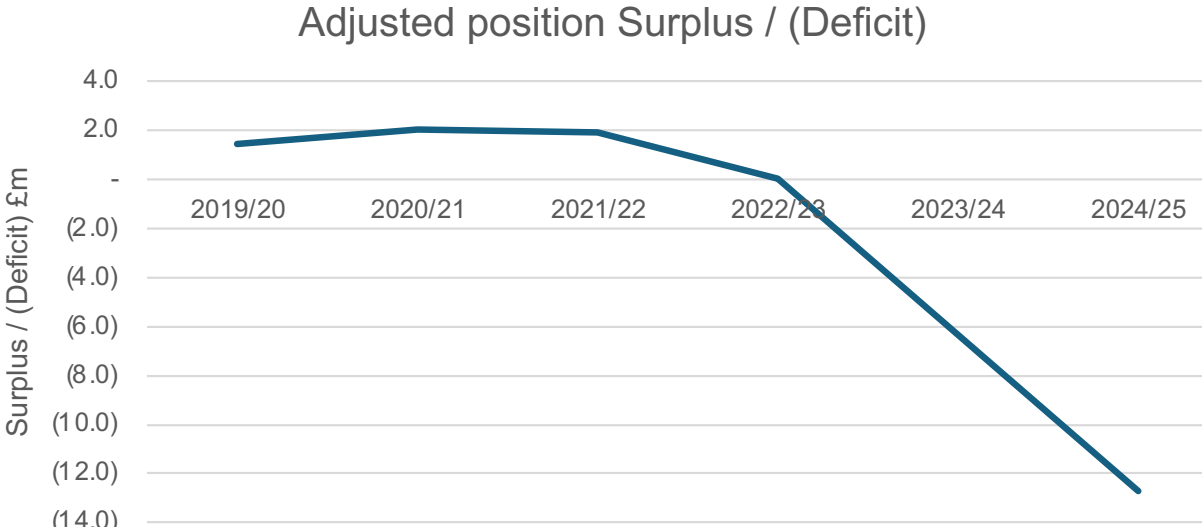
- Increasing number of referrals through to the Admiral Nurse service.
- Full review of the Enhanced Care Tool.
- Review of staff training requirements.

The full details regarding improvements within these areas can be found in the [Trust quality accounts](#).

## Financial performance in 2024/25

For the financial year 2024/25 the Trust reported a deficit of £35.2m, which was £9.7m adverse to plan. The adjusted financial position, (excluding impairments and donated assets), against which the Trust’s performance is assessed was a £12.7m deficit, which was £7.5m adverse variance to plan, and after the inclusion of £10.9m deficit support funding and delivery of £15.1m savings (4.9% of Group income), 48% savings delivered

recurrantly. The position was agreed with and in line with the expectations of West Yorkshire ICB and NHS England. The Trust’s reported finance performance is shown for the last six years in the graph below. The Trust has now delivered a negative adjusted financial position for the last two years in succession. The financial plan and savings requirement in 2025-26 is £14.7m deficit and £20m (7.5% of Group income) respectively after inclusion of £10.8m deficit support funding and with 74% savings delivered recurrantly.



The table below shows a trend of the Trust’s financial position over the last six years.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Group Surplus / (Deficit)	0.6	(21.1)	2.2	(15.0)	(29.0)	(35.2)
Adjusted position Surplus / (Deficit)	1.4	2.0	1.9	0.0	(6.3)	(12.7)

## NHS Oversight Framework (NOF)

The NOF provides the framework for overseeing systems, including providers, and identifying potential support needs. NHS organisations are allocated to one of four 'segments'. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met.

These criteria have two components:

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

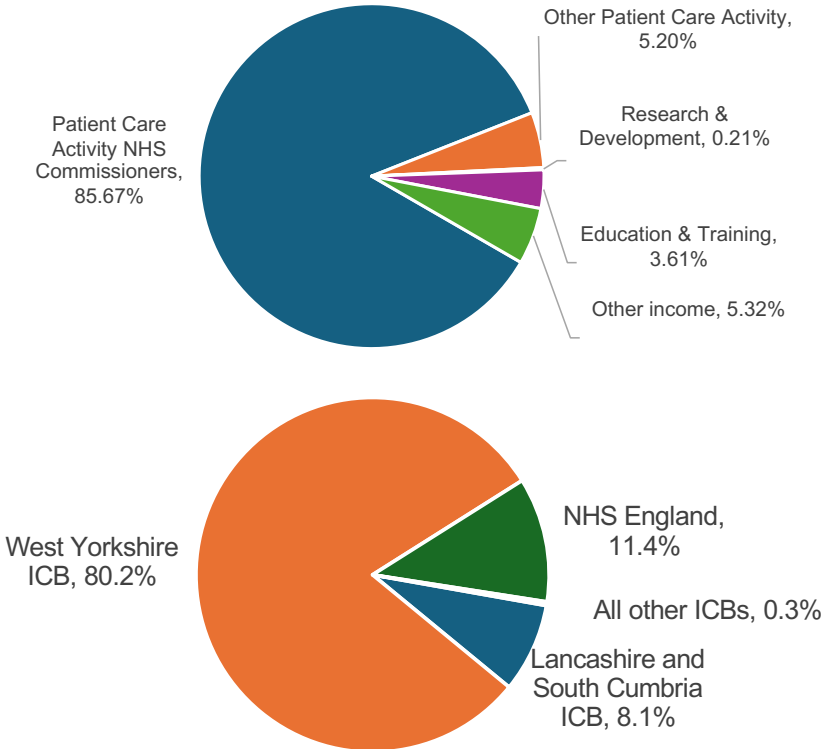
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity. An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions. Current segmentation information for NHS trusts and foundation trusts is published on the [NHS England website](#).

## Segmentation

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.

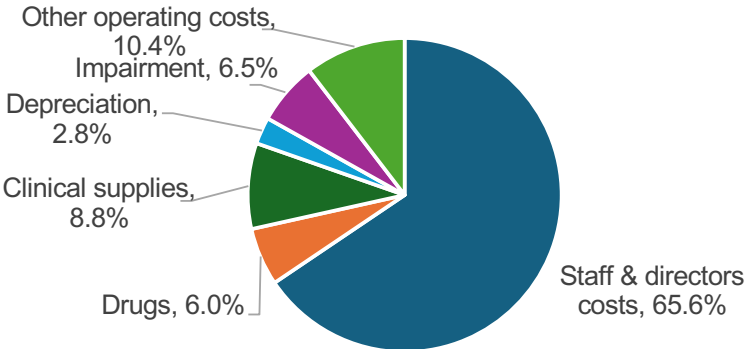
## Income

The Trust reported £310m income in 2024/25, the majority (£266.1m) is from NHS commissioned patient care activity. West Yorkshire ICB is the largest source of income for patient care activity (£213m), comprising 69% of the total income for the Trust.



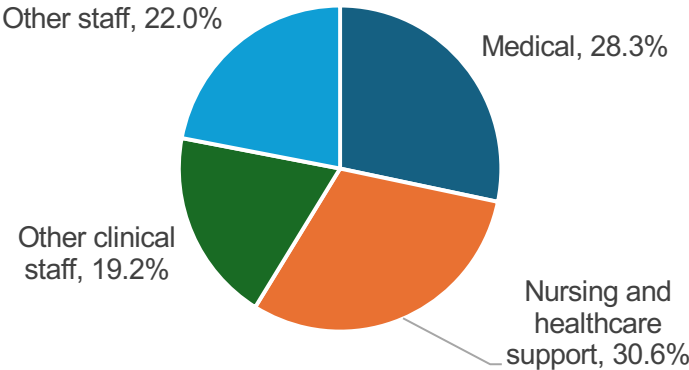
## Operating expenses and finance costs

The total operating expenditure of the Trust was £344.5m, including £225.8m in employee expenses.



## Pay

Pay costs include £189m in substantive employee costs (excluding costs recognised as capital expenditure). The total pay costs (including bank and agency are summarised below):



## Non-Pay

Within the £118.6m non-pay operating expenses, clinical supplies and services (£30.5m) and drugs (£20.5m) are the largest costs for delivering services. Impairments (£22.3m) are also included within this category.

### Non-Operating income and expenditure

The Trust has net finance costs (interest income and expense) of £0.9m and other non-operating costs of £0.3m.

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

The Trust set a target in its 2024/25 annual plan to achieve £14.8m in savings. The final reported total for the year was £15.1m.

### 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 81% of the total capital expenditure in year. The Trust did not receive any new donated capital assets in 2024/25.

Capital Scheme	Internally Funded	PDC Funded	Grand Total
Reinforced Autoclaved Aerated Concrete (RAAC)		18.62	18.62
New Hospital Programme		7.93	7.93
Electronic Patient Record	4.43	6.05	10.48
Replacement Medical Equipment	0.51		0.51
IT and communications	0.73		0.73
Capitalised Leases under IFRS 16	0.38		0.38
Other capital	1.56	0.32	1.88
<b>Total capitalised expenditure</b>	<b>7.62</b>	<b>32.92</b>	<b>40.54</b>

### 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 within 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.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Non-current assets	60.93	40.98	66.25	81.86	92.17	100.70
Current Assets (excluding cash)	23.67	10.91	12.00	18.27	17.32	13.83
Cash	16.52	26.18	29.55	23.17	16.59	22.39
Current liabilities	(32.18)	(30.59)	(38.97)	(40.77)	(37.16)	(46.97)
Non-current liabilities	(4.45)	(4.67)	(4.24)	(8.53)	(12.24)	(11.10)
<b>Total assets employed</b>	<b>64.49</b>	<b>42.82</b>	<b>64.49</b>	<b>73.99</b>	<b>76.69</b>	<b>78.85</b>

# Research and Innovation

The Research Development and Innovation team strives to continue improving the quality, speed and coordination of 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 process studies rapidly through to set up, averaging 12 days against a 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](#) 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 results and value for the NIHR income allocation.

The Trust is the highest performing small/medium sized Trust in terms of recruitment in the Yorkshire and Humber region. For 24-25 year we exceeded our recruitment target by over 200%. We met all our high-level strategic objectives for research. Additionally, forty-five clinical papers have been declared as published by Trust employees in peer-reviewed journals since April 2024.

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 live longer healthier lives.

# Sustainability

## Environmental Sustainability

In 2024/2025, 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 reconfirmed that a new state-of-the-art hospital would be built at the current Airedale General Hospital site with 'enabling' ground works to potentially begin in 2025/2026. Our preparations have continued, developing the blueprint for how our new hospital will be built, known as the site masterplan. The masterplan considers the stages and order of work that need 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, however this is to be refreshed in Autumn 2025. The Outline Business Case is currently scheduled for production by late 2026. As a Wave 1 scheme, enabling works and site preparation shall continue to be progressed over the next two years, ahead of the indicative construction start date in 2027/2028.

## 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 2024-2025 we have achieved a lot.

At the end of the reporting period, we began the refresh of our Green Plan for 2025-2027, which will both inform and form a part of the new hospital planning process. 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 2024/2025. 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 2024/2025.

In addition to the Green Plan, other Trust initiatives overseen by Securing the Future Committee (StFC) in 2024/25 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:

- Impact of climate change – which includes the impacts from adverse weather (initial score 15, current score 5); and
- 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**



## 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:

Emissions Scope & Scope 3 Category	tCO2e	%
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 (Location-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%
<b>Total emissions (Location-based)</b>	<b>79,250.7</b>	<b>100%</b>
<b>Total Emissions (Market-based)</b>	<b>78,801</b>	<b>99%</b>

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 (CO2e) emissions and publish a Carbon Reduction Plan for all their Scope 1, 2 and 3 emissions aligned to the NHS net zero target.

# Accountability Report for 2024/25



# Corporate Governance Report – Directors Report

## Introduction

Our Board of Directors (the Board) operates according to the highest corporate governance standards. It is a unitary Board providing overall leadership and vision to the Trust and is ultimately and collectively responsible for all aspects of performance, including clinical and service quality, financial performance and governance as well as the management of significant risks.

## Our Board Members

The Board has wide-ranging expertise and experience with backgrounds in business and organisational development, commercial, construction, finance, health, people, primary care, regulation.

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. The substantive Chair (until September 2024) and the interim Chair (from September 2024) has 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 Executives.

## Chair of the Trust Board



**Andrew Gold**  
Trust Chair from January  
2018 to September 2024

Andrew joined the Board as Non-Executive Director on 1 June 2016 and was appointed Chair in January 2018.

Andrew is a qualified accountant and has a wide range of Board experience from a career in regulated financial services, mainly with member owned organisations. Until spring 2016, Andrew was the Group Director Risk, Audit and Compliance of a locally based regulated financial service group.



**Andrew Withers**  
Interim Trust Chair from 1  
October 2024

Andy joined the Trust as a Non-Executive Director on 1 April 2021.

He 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 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.

## Chief Executive



[Foluke Ajayi](#)  
Chief Executive (CEO)

'Foluke was appointed in April 2022 as Chief Executive.

As the Trust's Accountable Officer, 'Foluke is responsible for the overall development and performance of the Trust.

In addition to being a Board member, she attends several Board sub-committees.

'Foluke is actively involved in the Nominations and Remuneration Committee and Securing the Future Committee.

She joined the Trust from the 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  
and Deputy Trust Chair

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.



**Fiona Barr**  
Executive Director of  
Corporate Affairs (DOCA)  
(non-voting)

Fiona joined the Trust as Executive Director of Corporate Affairs in December 2022.

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



**Leanne Cooper**  
Chief Operating Officer  
(COO)

Leanne joined the Trust as Chief Operating Officer in February 2023.

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 and Chair of the Immedicare Board.

Leanne was appointed Chief Operating Officer in February 2023 and 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.



**David Crampsey**  
Deputy Chief Executive

David joined as Deputy Medical Director and Divisional Director for Surgery and Diagnostics in February 2018 becoming Executive Medical Director at the Trust in July 2020. David was made Deputy Chief Executive in December 2022. He left the Trust in October 2024 to join the Royal Free Hospital as their Chief Executive.

He was actively involved in system leadership at Place, and across West Yorkshire and Harrogate, having previously been Co-Chair of the Bradford District and Craven System Planned Care Oversight Board. He was Executive Lead for the Yorkshire Imaging Collaborative and chaired the Bradford District and Craven Clinical Forum.

David trained as an ENT Surgeon in Glasgow, London and Christchurch, New Zealand. He was appointed as a Consultant Otolaryngologist in 2011, with a specialist interest in Rhinology and Vertigo. He was Lead Clinician for ENT within NHS Greater Glasgow and Clyde from 2012 to 2017.

He is a member of the Faculty of Medical Leadership and Management and has been an elected member of the BMA Medical Managers' Committee. Rhys Davies Non-Executive Director add image Rhys joined the Trust as a Non-Executive Director in June 2019.



**Rhys Davies**  
Non-Executive Director

Rhys joined the Trust as a Non-Executive Director in June 2019.

Rhys has extensive executive experience in technology and change across the commercial, higher education, research, leisure and health sectors. Rhys' previous roles include Chief Information Officer (CIO) at Queen Mary University, Interim CIO at St Mary's University, Non-Executive Chairman at YHMAN Ltd, Director of Information Technology at University of Leeds, Group Director of Information Services at William Hill and IT Director at Wm Morrison Supermarkets. Prior to these leadership roles he gained extensive supermarket and supply chain experience at Asda and Tesco.



[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.

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.



[Melanie Hudson](#)  
Non-Executive Director

Melanie joined the Trust as a Non-Executive Director in May 2019.

Melanie has spent the majority of her career working within the Further Education sector mainly in a strategic role reporting into and regularly advising and supporting the Board and its associated committees. Most recently Melanie was the Deputy Principal for Kirklees College and Dewsbury Centre Principal. Melanie has over 20 years' experience leading and managing the Human Resources and Organisational Development divisions, as well as having responsibility for the Estates and Capital Strategy, marketing and communications, ICT, and Risk Management and Health and Safety. She has held numerous senior roles including Vice Principal Corporate Services, Kirklees College; Director of Corporate Services, Kirklees College; Assistant Principal for Human Resources and Equality, Huddersfield Technical College; and Director of Corporate Services and Clerk to the Corporation, The Community College Hackney.

Melanie is also Non-Executive Chair of AGH Solutions Ltd



[Ian Knight](#)  
Non-Executive Director

Ian joined the Trust as Non-Executive Director in August 2021.

Ian was a corporate Treasurer with expertise in treasury and finance, acquired in multiple UK and international companies, culminating in being Group Treasurer at Kelda (parent of Yorkshire Water). Ian has been a Non-Executive Director since 2001, most recently at Liverpool Women's NHS Foundation Trust, and is experienced in providing advice on finance, corporate acquisitions and commercial property projects.



[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.



**Nadira Mirza**  
Deputy Chair and Senior  
Independent Director

Nadira joined the Trust as a Non-Executive Director in May 2019 and left the Trust in November 2024.

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



**Melanie Norbury**  
Executive Director of  
Corporate Affairs (DOCA)  
(non-voting)

Melanie joined the Trust as Interim Director of Governance in July 2024 taking on the role as Interim Executive Director of Corporate Affairs in September 2024 and was appointed as Executive Director of Corporate Affairs in January 2025.

Melanie is a qualified Solicitor who has held director positions in private practice for national and international law firms prior to joining the NHS. She has in-depth experience of legal and regulation frameworks, developing and implementing corporate affairs strategies, including public relations, public policy, charity management, regulatory reviews and public enquiries.

The Executive Director of Corporate Affairs has Trust Secretary responsibilities.

She has also advised a number of sectors on information governance frameworks, including local authorities and the NHS, and is the Senior Information Risk Owner (SIRO) for the Trust.



**Dr Paul Rice**  
Chief Digital and  
Information Officer (CDIO)  
(non-voting)

Paul held a joint role with the Trust and Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) from January 2021. He left the Trust on 31 March 2025.

Paul held the joint position of Chief Digital and Information Officer for the Trust and BTHFT, having previously been Regional Director of Digital Transformation for NHS England and NHS Improvement in the North East and Yorkshire.

He has been the Senior Responsible Owner for substantial digital transformation programmes concerned with hospital care, mental health, primary care, maternal and child health and diagnostics.

Paul has also been a Primary Care Trust Director, a Transformation Director in the NHS Modernisation Agency and a policy lead in the Department of Health.



**Dr Julie O'Riordan**  
Deputy Medical Director and  
Interim Medical Director

Julie joined the Trust as Deputy Medical Director in February 2021 and became interim Medical Director in July 2024 until leaving the Trust in December 2024.

Julie trained as an Anaesthetist in Yorkshire and was appointed to a Consultant Anaesthetist post at Calderdale and Huddersfield NHS Foundation Trust (CHFT) in 2000. She was Clinical Director for Anaesthetics/Critical Care from 2008 to 2013, Divisional Director for Surgical and Anaesthetic services and then Families and Specialist services between 2014 and 2021 at CHFT before joining the Trust.



[Lianne Robinson](#)  
Interim Chief Nurse

Lianne joined the Trust as Interim Chief Nurse in April 2024.

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.



[Mike Savage](#)  
Executive Director of Finance

Mike joined the Trust as Executive Director of Finance in October 2022.

Mike joined the Trust in October 2022 from Manchester Royal Infirmary, part of Manchester University NHS Foundation Trust, where he had been Director of Finance since January 2020. Prior to this he was Director of Operational Finance at The Royal Surrey Hospital NHS Foundation Trust. He has previously worked for a NHS Commissioning Support Unit in Yorkshire, as Chief Finance Officer, and then as Customer Delivery Director. His early career was spent at 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.

He also covered as Acting Chief Operating Officer for a short period between January and April 2022.

Stuart became the Executive Director of Strategy, Planning & Partnerships in October 2018 his current role.

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 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 a responsibility for establishing a Performance Management Unit that supported Local Delivery Plans.



Amanda Stanford  
Chief Nurse

Amanda joined the Trust as Chief Nurse in January 2021 and was on secondment to NHS Humber Health Partnership from April 2024. She left her substantive post with Airedale in January 2025.



[Dr Salim \(Sal\) Uka](#)  
Interim Executive Medical  
Director

Sal joined the Trust as Interim Executive Medical Director in December 2024.

As Interim Executive Medical Director, Sal is responsible for the professional leadership of the medical workforce, medical education and training, and research. Sal is also co-responsible (with the Chief Nurse) for Quality and Safety.

Sal graduated from the University of Leeds in 1999. Following specialist training in paediatrics, Sal was appointed as a Consultant Paediatrician at Calderdale & Huddersfield NHS Foundation Trust in 2009. Whilst there he held several clinical leadership roles including Clinical Director for Children's Services, Divisional Director for Diagnostics and Therapeutic Services, and Associate Medical Director initially for Quality and Safety then Medical Workforce.

More recently, Sal held the position of Medical Lead for the West Yorkshire Association of Acute Trusts (WYAAT) working with partner organisations across the wider health, care and voluntary sectors. Sal has extensive operational and corporate clinical leadership experience with specific expertise in delivering improvement at scale.

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

The Board currently comprises the Interim Trust Chair, Chief Executive, five other Executive Directors and five other Non-Executive Directors. In addition, the Board has three non-voting other directors.

The Board of Directors believes that the Trust is led by an effective Board, as 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. The Trust Chair has responsibility for the running of the Board, setting the agenda and for ensuring that all directors are fully informed of matters relevant to their roles. The Chief Executive has responsibility for implementing the strategies agreed by the Board and for managing the day-to-day business of the Trust.

The Board considers that the Non-Executive Directors bring a wide range of business, commercial, financial and clinical knowledge required for the successful direction of the Trust. All of the Non-Executive Directors 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.

## Key responsibilities

### Chief Executive

The Chief Executive 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.

### 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 ensuring:

- delivery of the strategy and ensure value for money.
- upervising the chief executive for delivering the strategy and performance.
- responsible for assuring that risks to the Trust and the public are managed and mitigated effectively.
- providing efficient and effective healthcare.
- 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.

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.

The Chair works with the Chief Executive 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 partnership working.

### Senior Independent Director (SID)

[The Senior Independent Director](#) is a non-executive director appointed by the Board of Directors. The SID may be, but does not have to be, the Deputy Chair of the Board of Directors. They will be available to members of the Board and staff if they have concerns that contact through the usual channels of Chair, Chief Executive, Director of Finance and Company 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 SID consults with the other Non-Executive Directors as part of the annual appraisal process for feedback on the Chair.

The SID 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.

### Independence of the Non-Executive and Associate 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. The Board considers that throughout the year each Non-Executive Director was independent in character and judgement.

### Register of Interests

All Board Directors are required to disclose their relevant interests as defined in the Trust constitution. These are recorded in a publicly available register that is formally reported to the Board at the beginning of each meeting. A copy of the register is available on the Trust website.

### How to Contact the Board of Directors:

Post: Airedale Hospital, Skipton Road, Keighley, BD20 6TD

Switchboard: 01535 652511

Email: [anhsft.corporategovernance@nhs.net](mailto:anhsft.corporategovernance@nhs.net)

# The Board and Committee Structure

## The Board

The role of the Trust Board in maintaining and reviewing the effectiveness of the system of internal control. The Trust Board meets bi-monthly (with the exception of August and December) in public (a public Trust board meeting). In 2024/25 five meetings were held face to face.

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 items; workforce; systems and place; planning and strategy; and assurance and policy. 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.

The Trust Board and Committees have a full evaluation programme in place, which is subject to a continual enhancement programme. In line with the 2023 regulations the Trust Board has a Well-led review scheduled for 2025/26.

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

1) The Chair of each Committee 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.

2) The Trust has to undertake a Well-Led review at least every five years in line with the [Code of Governance 2023 Regulations](#). The next one is scheduled for 2025/26.

3) An annual evaluation and best practice consideration /review including consideration against other Trusts takes place.

4) The Trust has adopted the [NHS Providers Effective board assurance committees' guidance](#).

5) The Trust has adopted the new NHS standards for Board members to strengthen leadership and governance.

6) A full review of the Committee structure has taken place as part of the well-led review which has led to changes taking place in 2024/25.

7) A formal record of attendance is kept for each Committee and the Trust Board.

8) Effective consideration of the agenda and discussions that took place has been enhanced by the Trust Secretariat mapping this across all Committees for 2024/25 with the aim to report to the Chair.

9) Following evaluation further deep dives have been implemented by way of the BAF.

**The following improvements are scheduled for 2025/26:**

1) Implementation of a new meeting reporting structure into Committees of the Board has commenced and will be further developed and embedded in 2025/26

2) The Trust will continue to adopt the [NHS Providers Effective board assurance committees' guidance](#)

3) The Trust will be introducing a new electronic Board portal system to increase efficiency and effectiveness of Committee and Board management.

4) In line with the new appointments to the Board, the Trust is undertaking a full review and enhancement of its Board Development Programme to support an effective Board.

The Trust Board operates with the following subcommittees (which are listed alphabetically):

### Audit & Risk Committee

This Committee supports the Trust Board by critically reviewing the governance and risk assurance processes on which the Board places reliance. This therefore incorporates reviewing governance, risk management and internal control and oversight of the Internal and External Audit and Counter Fraud functions. The Committee also undertakes detailed review of the Trust’s Annual Report and Accounts, and is the Trust’s Auditor Panel (in accordance with [Schedule 4, Paragraph 1, of the Local Audit and Accountability Act 2014](#)). This Committee, and the Board, approves the Internal Audit plan for the year and receives details of the findings from each of the Internal Audit reviews that are undertaken in addition to the other Committees receiving details relevant to their area. The Committee has undertaken a full review against compliance and adopted the recommendations in the [HFMA audit committee handbook 2025](#).

The following limited assurance internal audit reports were received in 2024/25:

AFT/07/2025 Security Management; <a href="#">Self-Assessment against Violence Prevention and Reduction Standards</a>	To provide assurance that robust controls and processes are in place and are being adhered with, which comply with the new Security Management including Violence Prevention and Reduction Standards.	1 limited assurance opinion
AFT/03/2025 <a href="#">Declarations of Interest</a>	To provide assurance that the Foundation Trust ‘the Trust’ have effective processes in place for declaring interests where they arise, with appropriate monitoring and reporting thereof.	1 low assurance opinion

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. This was confirmed that the external auditors had been effective, and a recommendation was made to the Council of Governors to extend their contract.

### Appointments and Remuneration Committee

The Governors, including the lead Governor, make recommendations to the Council of Governors on the [appointment and remuneration](#) of the Chair and Non-Executive Directors and considers and contributes to their appraisals. 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 and/or the services of external advisers to facilitate the search. In co-ordinating the recruitment and selection process, in addition to using open advertising and seeking advice from NHS England’s Non-Executive Talent and Appointments team, the Committee engaged GatenbySanderson and Odgers Berndtson to help attract a diverse pool of qualified candidates and support the recruitment process. 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 GatenbySanderson and Odgers Berndtson and individual directors or other Trust decision makers.

## Charitable Funds Committee

This Committee's objective 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, which includes reviewing, and agreeing the Charitable Fund Annual Report and financial accounts, for approval by the Trust Board. The Committee is chaired by a NED and met four times in 2024/2025.

## Council of Governors (COG)

The Council of Governors continues to play a key role in the work of the Foundation Trust, representing the interests of our membership and the general public. 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.

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 mainly done through formal governor meetings, facilitated by a regularly scheduled item which is led by governors, who provide feedback from these groups for 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 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.

Two Board to Council meetings were held as part of the 2024/2025 Annual Planning work: one in December to receive input from governors on areas the members would like to see prioritised and then in March to review how our plans would respond to these.

Decisions made by our Council of Governors include:

- Appointment or removal of the Chair and the other Non-Executive Directors;
- Approval of the appointment (by the Non-Executive Directors) of the Chief Executive;
- Remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors;
- Appointment or removal of the Foundation Trust's Financial Auditor;

Approval of significant transactions and applications by the Foundation Trust to enter into a merger, acquisition, separation or dissolution; Whether the Foundation Trust's non-NHS work would significantly interfere with the fulfilment of its principal purpose or the performance of its other functions;

- Approval of amendments to the Constitution;
- 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 also made available on the [Trust website](#).

## Lead Governor

In line with the Code of Governance for NHS Provider Trusts, the Council of Governors elects one of the Public / Patient 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](#) in 2024/25.

**Governor elections** were held in 2024/25 for the following seats.

Central & East Keighley, Ilkley & Wharfedale, Pendley & East Colne, South Craven, Craven, All Other Staff, Nursing and Midwifery, Skipton, West Craven, Doctors & Dentists, Bingley Rural. All seats have been filled, other than Bingley Rural, and a further election will take place in 2025/26. The Governors for the elected seats will take up post in June 2025.

## Our Council of Governors comprises 16 governor posts for 2024-25:

1 public governor from the Bingley constituency	<a href="#">Peter Home</a>
1 public governor from the Bingley Rural	Vacant
1 public governor from the Craven constituency	Vacant
1 public governor from the Ilkley and Wharfedale constituency	<a href="#">Karen Ellison</a>
1 public governor from Keighley Central/ East constituency	<a href="#">Linda Dobson</a>
1 public governor from Keighley West and Worth Valley constituency	<a href="#">Shelia Lambert</a>
1 public governor for Skipton constituency	<a href="#">Olukayode Dada</a>
1 public governor for Settle and Mid Craven constituency	<a href="#">Andrew Wilkinson</a>
1 public governor for South Craven constituency	<a href="#">Robert Minton-Taylor</a>
1 public governor for West Craven constituency	<a href="#">Paul Maskell</a>
1 public governor for Pendle East and Colne constituency	<a href="#">Jerry Stanford</a>
1 public governor for the Rest of England constituency	<a href="#">Michael Baines</a>
1 staff governor Allied Health Professionals and Scientists	<a href="#">Annette Ferrier</a>
1 staff governor Nursing and Midwives	<a href="#">David Haston</a>
1 staff governor Doctors and Dentists	Vacant
1 staff governor All other staff	<a href="#">Naheem Ahmed</a>

Attendance at Council of Governor meetings during 2024/25 of those governors who remain in post at the time of writing is detailed in the [attendance at meeting section](#).

## The Trust Constitution

The Constitution was reviewed, updated and approved by the Trust Governors in 2024/25.

## Finance, Performance and Digital Committee

This aims to provide the Trust Board with assurance on the effectiveness of financial management, treasury management, investment and capital expenditure and financial governance; an objective assessment of the financial position and standing of the Trust; and advice and recommendations on all key issues of financial management and financial performance. The Committee receives assurance on the performance of the Trust in line with the Integrated Performance Report (IPR). In addition, the Committee receives assurance on Information Technology (IT) performance (and IT-related business continuity). In 2024/25 it was agreed that this would also include Artificial Intelligence (AI) in line with the [HFMA Audit Committee Handbook 2025](#). The Committee is chaired by a NED and meets monthly.

## Nominations and Remuneration Committee

The Committee reviews, on behalf of the Trust Board, the appointment of members of the Executive Team, to ensure such appointments have been undertaken in accordance with Trust policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of members of the Executive Directors; oversees appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate) and considers and approves, on behalf of the Trust Board, proposals on issues which represent significant change. The Committee is chaired by a Non-Executive Director of the Trust Board and meets on an ad-hoc basis. There are two members of the Committee which are the CEO and Interim Trust Chair for 2024/25.

## People Committee

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

During the year, the Committee has considered:

- Board Assurance Framework and High-Level Risk Register, and assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee.
- Workforce plan approval and monitoring of delivery.
- People Strategy and associated activity/ implementation plan(s), including medical workforce strategies.
- Key people and workforce metrics, including benchmarking data i.e. Gender Pay Gap Report, WDES and WRES data and plan and the Staff Survey Annual Report and Plan.
- Reports from the Freedom to Speak Up Guardian and Guardian of Safe Working, in order to act as an early point of contact for concerns to be raised prior to reporting to Board.
- Safe-staffing reports for nursing, midwifery and AHP teams.
- Integrated Board Report from a people perspective.

The Committee also held additional deep dive sessions in relation to Learning and Education and People Strategy.

The Committee is chaired by a Non-Executive Director.

## Quality and Safety Committee

The Committee receives assurance on the effectiveness of the Trust's governance processes in the delivery of the Trust's objectives and statutory responsibilities relating to Quality and Patient Safety. The Committee provides the Board of Directors with assurance that there is continuous and measurable improvement in the quality of the services provided. It achieves this by receiving regular reporting and performance measures with internal control systems that support the delivery of safe, high quality patient care. The Committee also ensures that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.

Directors (including the Committee Chair, and the NED Maternity Safety Champion), Interim Chief Nurse, Interim Medical Director, and the Chief Operating Officer. Additionally, the Chief Pharmacist is invited to attend all meetings of the Committee.

### During the year, the Committee considered:

- Board Assurance Framework and High-Level Risk Register, and assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee.
- Quality and Safety metric data in relation to serious incidents, stroke services, infection control, claims and litigation.
- Patient, public experience and engagement reports.
- Assurance reports in relation to clinical standards, clinical audit, cleaning standards, nutrition and hydration, mortality and learning from death.
- Annual Reports relating to safeguarding, infection control, organ donation, the Human Tissue Authority.
- Integrated Performance Report from a quality and safety perspective.

The Quality and Safety Committee is chaired by a Non-Executive Director, and Membership for 2024/25 comprised of at least three Non-Executive

## Securing the Future Committee

The Securing the Future Committee is focused on providing an independent and objective review of key programmes such as the new hospital programme and RAAC remedial works which also includes financial considerations. 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. During the year the Committee considered:

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

The Committee is chaired by a Non-Executive Director, and Membership for 2024/25 comprised of at least three Non-Executive Directors (including the Committee Chair), and at least two Executive Directors, these being the Chief Executive and the Director of Finance, along with the Director of Strategy, Planning and Partnerships and the Chief Operating Officer who are the Senior Responsibility Officers for NHP and RAAC respectively.

## 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 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, for example, an Infection Prevention and Control Committee; a Health and Safety Committee; a Sepsis Committee; a Drugs, Therapeutics and Medicines Management Committee; an Information Governance Committee; and a Joint Safeguarding Committee.



## Director Meeting Attendance Summary

The tables overleaf show the attendance at Board of Directors, Council of Governors and Committee meetings for all Directors in post during the 2024-25 financial year.

### Attendance at Trust Board meetings

There were five formal and six extraordinary Trust Board meetings held in 2024/25. Attendance at each meeting is shown below:

 Formal
  Apologies received
  Resignation of Membership
  Not in post

Member	03-Apr-24	5-June-24	4-Sep-24	6-Nov-24	5-Feb-25
Andy Withers Non-Executive Director / Interim Trust Chair	✓	✓	✓	✓	✓
Andrew Gold Chair	✓	✓	✓		
Ian Knight Non-Executive Director	✓	✓	✓	✓	✓
Jyoti Mehan Non-Executive Director					
Mark Andrews Non-Executive Director	✓	✓	✓	✓	✓
Melanie Hudson Non-Executive Director	✓	✓	✓	✓	✓
Nadira Mirza Non-Executive Director	✓	✓	✓	✓	
Rhys Davies Non-Executive Director	✓		✓	✓	
'Foluke Ajayi Chief Executive Officer	✓	✓	✓	✓	✓
Amanda Stanford Chief Nurse					✓
David Crampsey Executive Medical Director & Deputy CEO from 5 June 2024	✓	✓	✓		
Joanne Harrison Executive Director of People and Organisation and Development	✓	✓	✓	✓	✓
Julie O'Riordan Acting Executive Medical Director		✓	✓	✓	
Leanne Cooper Chief Operating Officer	✓	✓	✓	✓	✓
David Crampsey Executive Medical Director & Deputy CEO from 5 June 2024		✓	✓	✓	✓

Formal
  Apologies received
  Resignation of Membership
  Not in post

Member	03-Apr-24	5-June-24	4-Sep-24	6-Nov-24	5-Feb-25
Lianne Robinson Interim Chief Nurse from April 2024		✓	✓	✓	✓
Mike Savage Executive Director of Finance	✓	✓	✓	✓	✓
Sal Uka Interim Medical Director from December 2024					✓
Melanie Norbury Interim Executive Director of Corporate Affairs from July 2024			✓	✓	✓
Fiona Barr Executive Director of Corporate Affairs	✓				
Paul Rice Chief Digital & Information Officer	✓	✓	✓	✓	✓
Stuart Shaw Executive Director of Strategy, Performance and Partnerships		✓	✓	✓	✓

## Attendance at Council of Governors Meeting

There were four formal Council of Governor meetings held in 2024/25. Attendance at each meeting is shown below:



Member	6-Jun-24	20-Aug-24	7-Nov-24	6-Feb-25
Andrew Gold Trust Chair	✓	✓		
Andy Withers Non-Executive Director – Interim Chair from 1 October 2024	✓	✓	✓	✓
Andrew Wilkinson Public Governor - Settle and Mid Craven	✓	✓		✓
Annette Ferrier Staff Governor - Allied Health Professionals and Scientists	✓	✓	✓	✓
Cllr Amjad Zaman Stakeholder Governor - Bradford Metropolitan District Council	-	✓	✓	✓
Cllr Caroline Firth Stakeholder Governor - Bradford Metropolitan District Council		-	-	-
Cllr Chris Church Stakeholder Governor - Pendle Borough Council		✓	✓	
Cllr Richard Foster Stakeholder Governor - North Yorkshire County Council		✓	-	-
David Haston Staff Governor - Nursing and Midwives	✓	✓	✓	✓
Jerry Stanford Public Governor - Pendle East and Colne	✓	✓		✓
Jonathan Kerr Stakeholder Governor - Voluntary Sector	-		-	
Karen Ellison Lead Governor / Public Governor - Ilkley and Wharfedale	✓	✓	✓	
Linda Dobson Public Governor - Keighley Central / East	✓	✓	✓	✓
Michael Baines Public Governor - Rest of England	✓	✓	✓	

Formal
  Apologies received
  Resignation of Membership
  Not in post

Member	6-Jun-24	20-Aug-24	7-Nov-24	6-Feb-25
Naheem Ahmed Staff Governor - all other staff				✓
Olukayode Dada Public Governor - Skipton	✓	✓	✓	
Paul Maskell Deputy Lead Governor / Public Governor - West Craven	✓		✓	✓
Peter Home Public Governor - Bingley	✓		✓	✓
Robert Minton-Taylor Public Governor - South Craven				✓
Sheila Lambert Public Governor - Keighley West and Worth Valley	✓	✓	✓	✓
In attendance				
Ian Knight Non-Executive Director	✓	✓	✓	✓
Jyoti Mehan Non-Executive Director				
Mark Andrews Non-Executive Director	✓	✓	-	✓
Melanie Hudson Non-Executive Director	-		-	
Nadira Mirza Non-Executive Director	✓			
Rhys Davies Non-Executive Director			✓	✓
'Foluke Ajayi Chief Executive Officer			✓	✓
Amanda Stanford Chief Nurse				
David Crampsey Executive Medical Director & Deputy CEO from 5 June 2024	-	-	-	-
Fiona Barr Executive Director of Corporate Affairs				

Formal
  Apologies received
  Resignation of Membership
  Not in post

Member	6-Jun-24	20-Aug-24	7-Nov-24	6-Feb-25
Joanne Harrison Executive Director of People and Organisation and Development	✓	✓	-	-
Julie O’Riordan Acting Executive Medical Director				
Leanne Cooper Chief Operating Officer	✓		✓	✓
Lianne Robinson Interim Chief Nurse from April 2024	-	-	-	✓
Melanie Norbury Interim Executive Director of Corporate Affairs from July 2024		✓	✓	✓
Mike Savage Executive Director of Finance	✓			
Paul Rice Chief Digital & Information Officer				
Sal Uka Interim Medical Director from December 2024			-	✓
Stuart Shaw Executive Director of Strategy, Performance and Partnerships		✓	✓	✓

### Attendance at Appointments and Remuneration Committee

There were 10 formal Appointments and Remuneration Committee meetings held in 2024/25. Attendance at each meeting is shown below:

- Formal
- Apologies received
- Resignation of Membership
- Not in post

Member	15-May-24	4-Jun-24	25-Jun-24	19-Aug-24	16-Sept-24	25-Oct-24	22-Jan25	27-Jan-25	6-Mar-25	27-Mar-25
Andy Withers Non-Executive Director/Interim Trust Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mark Andrews Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karen Ellison Lead Governor, Public Governor for Ilkley & Wharfedale	✓	✓		✓	✓	✓	✓	✓	✓	✓
Annette Ferrier Staff Governor	✓		✓	✓					✓	✓
Paul Maskell Deputy Lead Governor, Public Governor for West Craven	✓	✓	✓	✓	✓	✓	✓		✓	✓
In Attendance										
Naheem Ahmed Staff Governor all other Staff	✓	✓	✓		✓	✓	✓		✓	✓
Olukayode Dada Public Governor	✓	✓	✓	✓			✓	✓	✓	✓
Joanne Harrison Executive Director of People and Organisation Development	✓	✓	✓	✓		-	-	-	-	-
Melanie Norbury Interim Executive Director of Corporate Affairs				✓	✓	✓	✓	✓	✓	✓

Attendance at Audit and Risk Committee meetings

There were seven formal Audit and Risk Committee meetings in 2024/25. Attendance at each meeting is shown below:

- Formal
- Apologies received
- Resignation of Membership
- Not in post

Member	10-Apr-24	08-May-24	26-Jun-24	17-Jul-24	16-Oct-24	22-Jan-25	18-Mar-25
Ian Knight Non-Executive Director / Committee Chair	✓	✓	✓	✓	✓	✓	✓
Andy Withers Non-Executive Director/Interim Trust Chair	✓	✓	✓	✓	✓	✓	-
Melanie Hudson Non-Executive Director	✓	✓		✓	✓	✓	✓
Rhys Davies Non-Executive Director	-	✓	✓	✓	✓	✓	✓
In Attendance							
Amanda Stanford Chief Nurse	✓						
Fiona Barr Executive Director of Corporate Affairs	✓						
'Foluke Ajayi CEO	-	-	✓	-	-	-	-
Lianne Robinson Interim Chief Nurse		✓	✓			✓	✓
Mike Savage Executive Director of Finance	✓	✓	✓			✓	✓
Melanie Norbury Interim Executive Director of Corporate Affairs				✓	✓	✓	✓

### Attendance at Charitable Funds Committee meetings

There were four formal Charitable Funds Committee meetings held in 2024/25. Attendance at each meeting is shown below.

- Formal
- Apologies received
- Resignation of Membership
- Not in post

Member	17-Apr-24	17-Jul-24	16-Oct-24	22-Jan-25
Rhys Davies Non-Executive Director – Committee Chair	✓	✓	✓	✓
Andrew Gold Trust Chair	✓			
Ian Knight Non-Executive Director	✓	✓	✓	✓
Mark Andrews Non-Executive Director	-	✓	✓	✓
David Crampsey Medical Director	✓	✓		
Joanne Harrison Executive Director of People & Organisational Development	✓	✓	✓	✓
Leanne Cooper Chief Operating Officer				
In Attendance				
Fiona Barr Executive Director of Corporate Affairs	✓			
Melanie Norbury Interim Executive Director of Corporate Affairs		✓	✓	✓

## Attendance at Finance, Performance and Digital Committee meetings

There were 10 formal and 2 extraordinary Finance and Performance Committee meetings held in 2024/25. Attendance at each meeting is shown below:

Formal
  Extra Ordinary
  Apologies received
  Resignation of Membership
  Not in post

Member	24-Apr-25	22-May-24	26-Jun-24	24-Jul-24	25-Sep-24	23-Oct-24	EO 01-Nov-24	17-Dec-24	29-Jan-25	26-Feb-25	EO 14-Mar-25	26-Mar-25
Rhys Davies Non-Executive Director / Committee Chair		✓	✓			✓	✓	✓	✓		✓	✓
Andy Withers Non-Executive Director / Interim Trust Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ian Knight Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nadira Mirza Non-Executive Director	✓		-	-	-	-						
Leanne Cooper Chief Operating Officer	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Mike Savage Executive Director of Finance	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
JPaul Rice Chief Digital & Information Officer	✓		✓				✓		✓		✓	
In Attendance												
Mark Andrews Non-Executive Director	-	-	-	-	-	-	-	-	-	✓	-	-
Julie O’Riordan Interim Medical Director	-	-	-	-	-	✓	-					
Melanie Norbury Interim Executive Director of Corporate Affairs				✓	✓	✓	✓	✓	✓	✓	✓	✓
Stuart Shaw Executive Director of Strategy, Planning and Partnerships	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓

### Attendance at Nominations and Remuneration Committee

There were 13 formal Nominations and Remuneration Committee meetings held in 2024/25. Attendance at each meeting is shown below:

- Formal
- Apologies received
- Resignation of Membership
- Not in post

Member	17-Apr-24	1-May-24	4-Jun-24	10-Jun-24	26-Jun24	20-Aug-24	11-Oct-24	26-Nov-24	17-Dec-24	7-Jan-25	18-Feb-25	5-Mar-25	31-Mar-25
Mark Andrews Non-Executive Director / Committee Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andy Withers Non-Executive Director / Interim Trust Chair	✓	✓			✓	-	✓	✓	✓	✓	✓	✓	✓
'Foluke Ajayi Chief Executive Officer			✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
In Attendance													
Joanne Harrison Executive Director of People and Organisation Development	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Melanie Hudson Non-Executive Director	-	-	-	-	-	-	✓	-	-	-	-	-	-
Melanie Norbury, Interim Executive Director of Corporate Affairs						✓	✓	✓		✓	✓	✓	✓

## Attendance at People Committee meetings

There were six formal and one extraordinary People Committee meetings held in 2024/25. Attendance at each meeting is shown below:

Formal
  Extra Ordinary
  Apologies received
  Resignation of Membership
  Not in post

Member	21-May-24	23-Jul-24	22-Oct-24	10-Dec-24	28-Jan-25	EO 14/03/2025	25-Mar-25
Nadira Mirza Non-Executive Director	✓	✓	✓				
Melanie Hudson Non-Executive Director / Committee Chair	✓	✓	-	✓	✓		✓
Andy Withers Non-Executive Director / Interim Trust Chair	-	-	-	-	-	✓	-
Ian Knight Non-Executive Director	✓	✓	-	✓	-	-	-
Mark Andrews Non-Executive Director	✓	✓	✓	✓	✓	✓	✓
Joanne Harrison Executive People and Organisational Development	✓	✓	✓	✓	✓	✓	✓
Lianne Robinson Chief Nurse	✓		✓	✓		✓	✓
In attendance							
David Crampsey Executive Medical Director			✓	✓	✓	✓	✓
Julie O’Riordan Interim Medical Director	-	✓	✓	✓	✓	✓	✓
Mel Norbury Interim Executive Director of Corporate Affairs		✓	✓	✓	✓	✓	✓
Sal Uka Interim Medical Director						✓	✓

Attendance at Quality and Safety Committee meetings

There were nine formal and one extraordinary Quality and Safety Committee meetings held in 2024/25. Attendance at each meeting is shown below:

- Formal
- Extra Ordinary
- Apologies received
- Resignation of Membership
- Not in post

Member	23-Apr-24	21-May-24	25-Jun-24	23-Jul-24	24-Sep-24	22-Oct-24	12-Dec-24	28-Jan-25	EO 14-Mar-25	25-Mar-25
Melanie Hudson Non-Executive Director / Committee Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andy Withers Non-Executive Director / Interim Trust Chair	✓	✓	✓	✓	✓	-	✓	✓	✓	✓
Nadira Mirza Non-Executive Director	✓	✓	✓	✓	✓	✓				
Rhys Davies Non-Executive Director	✓	✓		-	-	-	-	-	-	-
In Attendance										
David Crampsey Medical Director	✓	✓	-	-	-					
Julie O’Riordan Interim Medical Director	-	-		✓	✓	✓				
Leanne Cooper Chief Operating Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lianne Robinson Interim Chief Nurse		✓	✓		✓			✓	✓	✓
Melanie Norbury Interim Executive Director of Corporate Affairs				✓	✓	✓	✓	✓	✓	✓
Sal Uka Interim Medical Director							✓		✓	✓

Attendance at Securing the Future Committee meetings

There were six formal Securing the Future Committee meetings held in 2024/25. Attendance at each meeting is shown below:

- Formal
- Apologies received
- Resignation of Membership
- Not in post

Member	22-May-24	24-Jul-24	25-Sep-24	27-Nov-24	29-Jan-24	26-Mar-24
Mark Andrews Non-Executive Director / Committee Chair	✓	✓	✓	✓	✓	✓
Andrew Gold Trust Chair	-	✓	✓			
Andrew Gold Trust Chair	✓	✓	✓	✓	✓	✓
Andy Withers Non-Executive Director / Interim Trust Chair	✓	✓	✓	✓	✓	✓
Melanie Hudson Non-Executive Director	✓	✓	✓	✓	✓	✓
'Foluke Ajayi Chief Executive Officer	✓	✓	✓	✓	✓	✓
Leanne Cooper Chief Operating Officer	✓	✓	✓	✓	✓	✓
Mike Savage Executive Director of Finance	✓	✓	✓	✓	✓	✓
Stuart Shaw Executive Director of Strategy, Planning and Partnerships	✓	✓	✓	✓	✓	✓
In Attendance						
Melanie Norbury Interim Executive Director of Corporate Affairs		✓	✓	✓	✓	✓

# Emergency planning, response and recovery (EPRR)

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 2024/25, the Trust experienced significant demand on its EPRR function due to several critical and business continuity incidents. These included preparation for digital programme transitions, OPEL 4 declarations, and responses to events such as lift failures, adverse weather, and an electrical fire.

The annual EPRR assurance process was completed through a self-assessment against the NHS England EPRR Core Standards, with a focused deep dive into cyber security and IT-related incidents. 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, the formal establishment of the EPRR Group, and the development of key supporting documents such as a vulnerable person’s plan, a document change log, and a consolidated action log covering incidents, exercises, and audits.

As a result of this work, 32 standards moved from partial to full compliance, while the 17 previously compliant standards were maintained - improving the Trust’s overall assurance rating from non-compliant in 2023 to partially compliant in 2024.

The result of each part of the Core Standards submission is summarised below.

Name and title	Total	Fully Compliant		Partially Compliant		Non Compliant	
		2024	2023	2024	2023	2024	2023
EPRR Core Standards	62	49	17	13	45	0	0
2024 Deep Dive - Cyber	11	3	N/A	8	N/A	N/A	0
2023 Deep Dive - Training	10	N/A	3	N/A	7	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 January 2025, as part of the annual EPRR Core Standards submission. During the year, the Trust's Major Incident Plan was reviewed and subsequently tested through a live exercise.

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. As a result, additional EDI-specific actions for Incident Commanders will be incorporated into the next revision of the Trust's Incident Response Plan, due for review by October 2025.
- Submission of the EPRR Policy and Incident Response Plan to relevant Trust engagement groups to ensure inclusive review and feedback.
- A full review and update 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 2024/25](#).

# Remuneration and Staff Report

## NHS national 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 2024/25 survey among Trust staff was 44% (2023/24: 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) People Promise:	2024/25		2023/24		2022/23	
	Trust score	Bench- marking group score	Trust score	Benchmark- ing group score	Trust score	Bench- marking group score
We are compassionate and inclusive	7.28	7.21	7.23	7.24	7.3	7.2
We are recognised and rewarded	5.93	5.92	5.87	5.94	5.9	5.7
We each have a voice that counts	6.74	6.67	6.75	6.70	6.8	6.6
We are safe and healthy	6.13	6.09	6.01	6.06	6.0	5.9
We are always learning	5.50	5.64	5.46	5.61	5.3	5.4
We work flexibly	6.21	6.24	6.05	6.20	6.1	6.0
We are a team	6.68	6.74	6.60	6.75	6.6	6.6
Staff engagement	6.93	6.84	6.90	6.91	6.9	6.8
Morale	5.90	5.93	5.79	5.91	5.8	5.7

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
Kindness and Civility	<p>Champion the civility saved lives agenda as part of the fair and just culture work</p> <p>Line Manager Letter Microaggressions video Develop allyship toolkit Innocent Bystander Training NHS Resolution Compassionate Conversations training</p>	<p>Quarter one Quarter one Quarter one Quarter three Quarter three Quarter two</p>
Line Manager Skills	<p>Wellbeing conversations Review templates Roll out training Recording and reporting Launch and embed bespoke line manager skills programme to complement current provision.</p> <p>Embed the learning from the shadow board programme and decision needed on the divisional development programme funding</p>	<p>Quarter one Quarter two Quarter three Quarter three Quarter one and two</p>
Speaking Up	<p>Evaluate the effectiveness of the People Champion model to inform the development of the approach.</p> <p>Undertake a gap analysis and develop an action plan for the just and learning culture based on best practice.</p> <p>Evaluate actions taken to reduce barriers to determine whether they have been effective with an inclusion lens.</p> <p>Share some of the learning that is coming through the FTSU route to build confidence among colleagues that the organisation is listening and responding to concerns raised through speaking up channels.</p>	<p>Quarter two Quarter two Quarter three and four Quarter three</p>

## Employee benefits

The details within this section relating to staff benefits, analysed by staff grouping, are included in accordance with [Section 411 of the Companies Act 2006](#).

## Analysis of Staff Costs

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

Employee expenses	2024/25			2023/24		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	170,886	170,886	-	146,312	146,312	-
Social Security Costs	17,533	17,533	-	16,174	16,174	-
Apprenticeship levy	830	830	-	751	751	-
Employer contributions to NHS Pensions Agency	30,776	30,776	-	23,771	23,771	-
Agency/Contract staff	9,891	-	9,891	11,746	-	11,746
<b>Total Staff Costs</b>	<b>229,916</b>	<b>220,025</b>	<b>9,891</b>	<b>198,754</b>	<b>187,008</b>	<b>11,746</b>
Included within the above:						
Costs capitalised as part of assets	4,078	2,780	1,298	2,865	1,534	1,331
<b>Total Staff Costs (excluding capitalised costs)</b>	<b>225,838</b>	<b>217,245</b>	<b>8,593</b>	<b>195,889</b>	<b>185,474</b>	<b>10,415</b>

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

## Analysis of Staff Numbers

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

Average number of employees*	2024/25			2023/24		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Medical and dental	468	413	55	427	379	48
Administration and estates	485	442	43	472	410	62
Healthcare assistants and other support staff	1,342	1,289	53	1,307	1,240	67
Nursing, midwifery and health visiting staff	919	863	56	871	810	61
Scientific, therapeutic and technical staff	350	344	6	333	327	6
Healthcare science staff	159	159	-	151	151	-
Other	7	7	-	9	9	-
<b>Total</b>	<b>3730</b>	<b>3517</b>	<b>213</b>	<b>3570</b>	<b>3326</b>	<b>244</b>

\*WTE = Whole Time Equivalent

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

### Exit packages (subject to audit)

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 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
<b>Total resource cost (£)</b>	<b>£30,636</b>	<b>£84,381</b>	<b>£115,017</b>

### All Exit Packages 2023/24

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	1	1
£10,000 – £25,000	0	0	1
£25,001 – £50,000	0	0	0
£50,001 – £100,000	0	0	0
£100,000 – £150,000	0	0	0
£150,001 – £200,000	0	0	0
Total number of exit packages by type	0	1	1
<b>Total resource cost (£)</b>	<b>0</b>	<b>£3,000</b>	<b>£3,000</b>

## Exit packages: non-compulsory departure payments

	2024/25	2024/25	2023/24	2023/24
	Number of Agreements	Total Value of Agreements £000	Number of Agreements	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	2	46	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval*	2	38	1	3
<b>Total</b>	<b>4</b>	<b>84</b>	<b>1</b>	<b>3</b>
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.

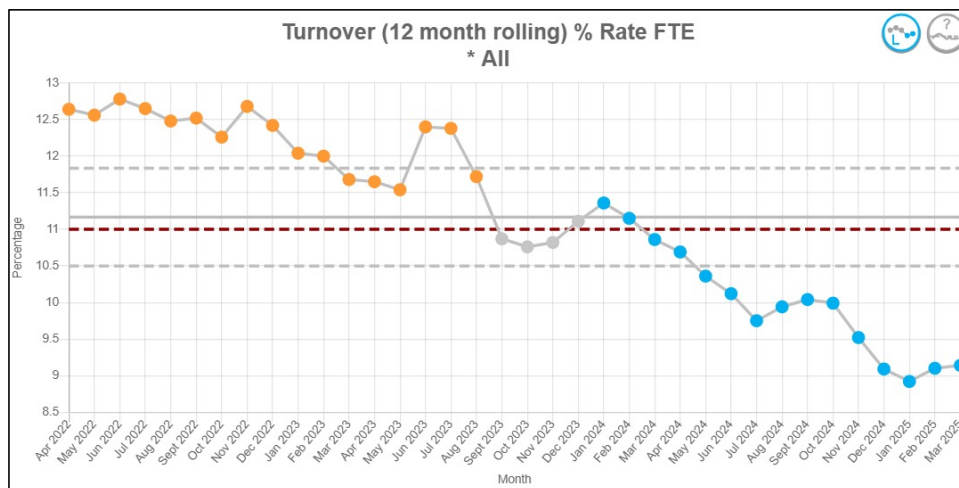
\*Includes any non-contractual severance payment made following judicial mediation. Please note no amounts relating to non-contractual payments in lieu of notice.

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 £26,250
- Minimum £12,000
- Median £19,125

## Staff turnover

The Trust's rolling 12-month turnover figure for April 2024 to March 2025 was 9.14%. This is a 1.72% point improvement from 2023/24 - trend analysis is shown below which demonstrates special cause variation of an improving nature. Turnover is reported on a monthly basis as part of the Integrated Performance Report.



Retention remains a key priority of the Trust's People Strategy with progress monitored as a strategic Key Performance Indicator. In July 2024 the Trust appointed a People Promise manager as part of the national People Promise exemplar programme. Priorities identified include; 'we each have a voice that counts', 'we are a team', 'we work flexibly' and 'we are compassionate and inclusive'. Since the introduction of the People Promise Manager role the Trust has seen a 0.6%-point reduction in turnover which equates to an additional 21 WTE retained. The Trust has also seen an increase engagement and morale scores as part of the 2024 staff survey.

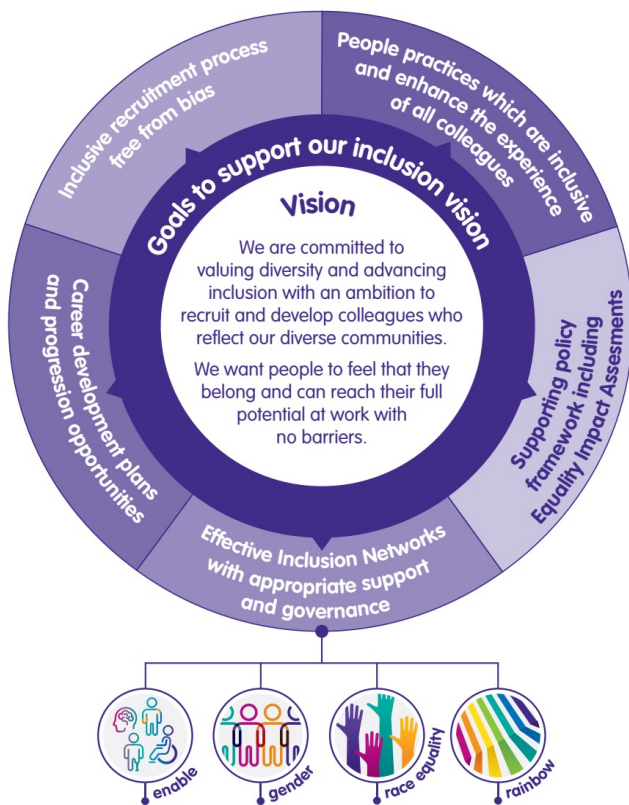
A particular success of the People Promise exemplar work relates to the trial of preference rostering in a clinical department. The trial was undertaken for three months during the staff survey timeline and the following improvements were seen in the staff

survey results for that department:

- An increase from 8.3% to 66.7% of colleagues reporting that the organisation is committed to helping balance work and home life.
- 81% of colleagues reporting that they achieve a good work and home life balance.
- 52.4% of colleagues satisfied with flexible working opportunities.

Learning from the pilot is being shared with other teams to inform a further roll out plan during 2025/26.

Data on turnover is also published by [NHS Digital](#)



### Equality, Diversity and Inclusion (EDI) Delivery System

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

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

### Our inclusion commitments

- Embrace the needs of different individuals and groups when designing and reviewing our services, for both patients and colleagues.
- Forge strong partnerships with each other that are inspired by our differences.
- Ensure that everyone who uses our services or works for us is free from bullying, harassment, discrimination and violence.
- Use data to help us to understand whether the services we provide are fair and accessible identifying when we might need to make changes.
- Ensure that we provide accessible information, which can be understood by all our service users and colleagues.
- Listen to our colleagues, take steps to understand their feedback using this to inform inclusive people policies and practices.
- Make speaking up business as usual and ensure that all our people understand how to raise a concern.
- Handle concerns and complaints fairly, respectfully and efficiently. We know there is always more to learn.
- Put appropriate governance and leadership in place to ensure that equality, diversity and inclusion are a key part of our culture and are embedded into everything we do.
- Ensure that all our people are respected and valued and have the same access to development opportunities, so that we can nurture the leaders of the future.
- Work towards our teams being representative of the communities that we serve through inclusive recruitment processes that are free from bias.
- Actively encourage colleagues to attend EDI training and events and participate in inclusion networks.
- Share and understand national, regional and local EDI strategies and their implications.

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

The Inclusion Group monitors progress against the Trust's internal action plan with regards to EDI priorities to deliver the commitments in the EDI Charter. The action plan is developed in response to key data sets e.g. indicators against the the Workforce Race Equality Standard and Workforce Disability Equality Standard which highlight existing challenges and barriers with regards to colleague experience.

The Trust monitors the board composition closely this is reported through Indicator 9 – the percentage difference between the organisations Board voting membership and the organisations Board executive membership and its overall workforce (comparing the difference in percentage of colleagues from an ethnic minority background).

In March 2025, the Trust had 26.98% colleagues from an ethnic minority background and 2 of its 12 (16.67%), voting members on the Board was of an ethnic minority background. The percentage difference between the organisations' Board voting membership and its overall workforce was -10%.

In March 2025, the Trust had 26.98% colleagues from an ethnic minority background and 2 of its 9 (22.22%), executive members on the Board was of an ethnic minority background. The percentage difference between the organisations' Board executive membership and its overall workforce was -5%.

In February 2025 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. [Equality and diversity - Airedale NHS Foundation Trust](#)

The Trust monitors the composition of the workforce on an annual basis. Information relating to this is included on the Trust website and will identify any key trends. [Equality and diversity - Airedale NHS Foundation Trust](#). In addition, the Trust monitors the ethnic profile of the workforce as a strategic KPI for the People Strategy. This is monitored through the People Committee.

#### Our staff with long term health conditions and disabilities

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, Sickness Absence Policy and Flexible Working Policy. 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.

With regards to inclusive recruitment practices to improve the diversity and inclusiveness of the workforce, the Trust has an inclusive recruitment training programme which is open to all managers. This is a key part of the Trust's line manager skills sessions.

In addition, the Trust has a Reasonable Adjustments Toolkit which is supported by training for managers, the toolkit has the specific purpose of supporting colleagues who require and would benefit from reasonable adjustments. It includes a reasonable adjustments passport which would detail the adjustments agreed and would support colleagues should they move to another role within the Trust.



The Trust has a dedicated inclusion network for colleagues living with a disability or long-term condition. 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 colleagues. The group has undertaken work during 2024/25 to support colleagues in accessing digital accessibility features on the Trust's IT systems.

The network has also undertaken a review of the recruitment process from the perspective of a candidate with a disability, making several changes to local process, including provisions for candidates to be able to offer reasonable adjustments as part of recruitment process and adjusted interview methods including interview questions being shared ahead of the formal interview.

### Colleague Engagement

The Trust recognises that a high level of colleague engagement is crucial to improving the job satisfaction of our people, and to making both improvements in patient care and improvements in the experience of our colleagues. This was highlighted in the recent Quality Summit as a priority for development during 2025/26.

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

Through these mechanisms the Trust is able to provide information on matters impacting on

colleagues and overall Trust performance, with an opportunity for feedback and involvement.

The Trust has undertaken extensive engagement relating to the ongoing development of health and wellbeing initiatives as part of the overall offer, giving colleagues multiple opportunities and methods for providing feedback. The results have enabled a well informed and detailed health and wellbeing benefits package to be developed for 2025.

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

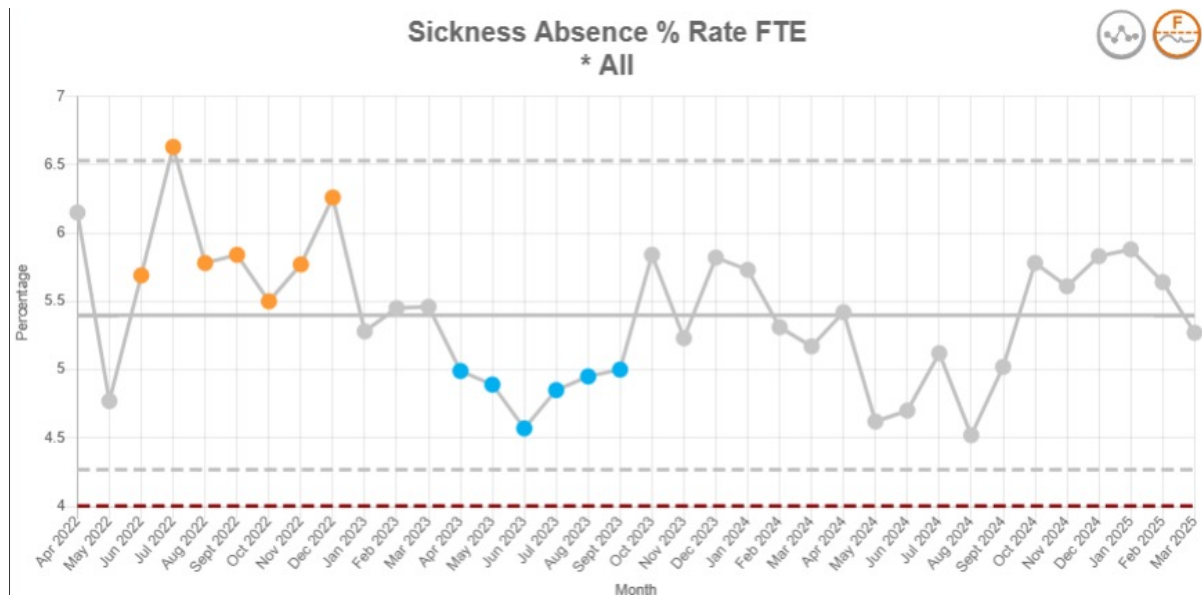
## Staff sickness absence

The Trust continues to prioritise the health and wellbeing of colleagues. To support this the Trust offers a range of bespoke support initiatives each year based on colleague feedback.

The sickness absence rates for 2024/25 are shown below, indicating common cause variation throughout 2024/25.

A key priority during 2024/25 was to embed the financial wellbeing offer and a continued focus on wellbeing conversations within teams to encourage colleagues to proactively seek support. The Trust has also trained People Experience Champions within teams to ensure that colleagues can be signposted to support at a local level.

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



## Employee policies and actions

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

### This is underpinned by four strategic ambitions:

- value our people by promoting a positive culture and working environment that allows everyone to thrive and flourish;
- work towards having enough people to provide great services and care and endeavour to address any material gaps through recruitment;

- have people who want to work for us because of our positive reputation and who are reflective of our population; and
- make sure our people have the right skills and resources to develop and be able to succeed.

Underpinning the above priorities are a full suite of collectively agreed policies detailing the Trust's approach to people practices, supporting a fair and inclusive approach. During 2024/25 the Trust has focused on implementing the nationally agreed policies in a revised format, including Freedom to Speak up and Flexible Working. Policies are supported by toolkits to guide managers in implementation. Training sessions are available for line managers linked to key people policies.

The Trust is committed to ensuring that actions taken are built from colleague feedback, during 2024/25 a continued focus on engagement through the People Promise priorities has taken place. This included:


- Executive led listening sessions as part of the staff survey results.
- Quarterly People Pulse surveys.
- Expansion of People Experience Champions.
- Appointment of a Deputy Freedom to Speak Up Guardian.
- Focused Trust wide communications with ‘we listened, we responded’ feedback based on identified Trust-wide action.

**Support for Colleagues**

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

The Trust actively promotes an employee assistance programme (EAP) that offers a multichannel service, including a 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 Trust’s wellbeing benefits is included below.

 <b>Mental Health &amp; Wellbeing</b>	 <b>Physical Health &amp; Wellbeing</b>	 <b>Financial Health &amp; Wellbeing</b>
 <b>Childcare Responsibilities</b>	 <b>Caring Responsibilities</b>	 <b>Women’s Health</b>
 <b>Men’s Health</b>	 <b>Disabilities &amp; Neurodiverse Conditions</b>	 <b>Veterans, Reservists &amp; their Families</b>
 <b>Food &amp; Nutrition</b>	 <b>Your Development</b>	 <b>Reward &amp; Recognition</b>

## Trade Union Facility Time

Under the [Trade union \(Facility Time Publication Requirements\) Regulations 2017](#), there is a legal requirement to publish this information. The Trust data for the financial year April 2024 to March 2025 is below and also published on the [Trust website](#), in line with the regulation requirements. Airedale NHS Foundation Trust regards the active participation of Trade Unions in its work as an important part of its approach to staff engagement.

Airedale NHS Foundation Trust 1 April 2024 to 31 March 2025

Employees in your organisation 3637 employees

### Trade union representatives and full-time equivalents

- Trade union representatives: 30
- FTE trade union representatives: 23.71

### Percentage of working hours spent on facility time

- 0-1% of working hours: 21 representatives
- 1 to 50% of working hours: 8 representatives
- 51 to 99% of working hours: 0 representatives
- 100% of working hours: 1 representative

### Total pay bill and facility time costs

- Total pay bill: £229,916,000.00
- Total cost of facility time: £52,774.31
- Percentage of pay spent on facility time: 0.023%

## Paid trade union activities

Hours spent on paid facility time: 1322.8

Hours spent on paid trade union activities: 0

Percentage of total paid facility time hours spent on paid TU activities: 0

## Health and Safety at Work

The Trust produces an annual report of health and safety actions taken relating to colleagues' safety. This is considered by the Trust's Health and Safety Committee. A focus during 2024/25 relates to incidents of violence and aggression towards colleagues: this has led to a focus on appropriate training alongside the establishment of a working group to consider data and take proactive action to respond to themes and trends. This includes promotion of the Trust's Managing Challenging Behaviour policy which includes the use of warning letters to patients in response to inappropriate behaviour.

# Senior Managers remuneration

In accordance with [Section 234b and Schedule 7a of the Companies Act](#), as required by NHS Bodies, this report includes details regarding “senior managers” remuneration. In the context of the NHS, this is defined as: “Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments”.

It is usually considered that the regular attendees of the entity’s Board meetings are its “Senior Managers”, and the Chief Executive has confirmed that the definition of “Senior Managers” only applies to Trust Board Members. With the exception of the Non-Executive Directors (whose remuneration guideline is set by NHS England) all “Senior Managers” are on Very Senior Manager (VSM) contracts and salaries are agreed with each individual.

The Trust Board has established a [Nominations and Remuneration Committee](#) for Executive Directors and [Appointments and Remuneration Committee](#) for the Chair and Non-Executive Directors to advise and assist in meeting its responsibilities to ensure appropriate remuneration, allowances and terms of service for the Chief Executive, Executive Directors, Chair and Non-Executive Directors and other key senior posts.

The Chief Executive and Executive Directors’ remuneration is reviewed annually, and decisions are based on benchmarking data, national pay awards and performance.

Pay rates for Non-Executive Directors of the Trust are determined in accordance

with national guidelines, as set by NHS England. Remuneration for the Chair of the Trust Board is also set by NHS England.

The Trust has a [Nominations and Remuneration Committee](#) whose purpose is to develop, apply and

monitor the remuneration and Terms of Service for Executive Directors. The aim of the Committee is to ensure that there is a transparent process for determining pay for the Chief Executive Officer and other Executive Directors. The Committee also recommends and monitors the level and structure of remuneration for the first layer of management below Board level, albeit these roles may be remunerated within the terms and conditions for Agenda for Change or the Medical and Dental contract terms and conditions. The remit covers salary (including any performance related elements/ bonuses or additional payments), benefits (e.g. lease cars, pensions) and contracted terms of employment. Executive Directors and other Board Directors’ contracts of employment include a fixed annual salary payment, which is disclosed in the Annual Report and Accounts. The Committee has approved a pay framework for those employed on Very Senior Manager (VSM) contracts and terms and conditions. This framework complies with national guidance and sets out a formal and transparent process for benchmarking and agreeing Executive Director and VSM levels of pay. The principles in this framework have been followed in agreeing the remuneration of all Executive Directors and VSMs in the Trust. The framework was most recently reviewed by the Committee in November 2024. The Committee considers each of the proposed salaries for Executive Directors at the time of their appointment. The Trust can demonstrate that it reviews remuneration on a regular basis and where new appointments are made, takes into account national benchmarking when setting remuneration levels. The Trust does not have a Performance Related Pay Policy, so performance-related bonuses are not applicable, nor are recruitment and retention premia applied to senior management roles.

The Executive Directors are normally on permanent contracts and subject to a minimum of three months' notice period; the Chief Executive's notice period is three months. Contract, interim and seconded staff will all have termination clauses built into their letters of engagement, which will be broadly in line with the above. All Executive Director contracts contain a 'Fit and Proper Person' clause stating that the post holder will be unable to continue as a Trust Board Member should they meet any of the criteria for being "unfit" within the [Fit and Proper Persons Requirements](#).

Termination arrangements are applied in accordance with statutory regulations as modified by Trust or national NHS conditions of service agreements, and the NHS pension scheme. The Nominations and Remuneration Committee as well as the Appointments and Remuneration Committee will agree any severance arrangements following appropriate approval from NHSE and HM Treasury as appropriate. The figures included in the tables below show details of salaries, allowances, pension entitlements and any other remuneration of the Trust's Senior Managers i.e. non-recurrent awards etc. There is one shared VSM post that sits across the Trust and Bradford Teaching Hospitals NHS Foundation Trust, which is also detailed in the table below.

#### Exit Packages and Payments for loss of office

There were no payments of compensation for loss of office agreed or made to senior managers during 2024/25 (2023/24: nil).

There was one exit package for a senior manager agreed in 2024/25 which comprised solely of contractual payments (2023/24: no agreements).

Salaries and allowances for the year ending 31st March 2025

Name and title	Salary	Taxable Benefits	Annual Performance-related bonuses	Long-term performance-related bonuses	All pension related benefits	Total
	(Bands of £5000) £000	(Total to the nearest £100)	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000
Ms F Ajayi - Chief Executive	200-205	0	0	0	397.5-400	595-600
Ms F Barr -Director of Corporate Affairs	150-155	0	0	0	37.5-40	185-190
Dr L Cooper - Chief Operating Officer	135-140	0	0	0	42.5-45	180-185
Mr D Crampsey - Medical Director	110-115	0	0	0	70-72.5	185-190
Mrs J Harrison – Executive Director of People and OD	110-115	0	0	0	22.5-25	135-140
Mrs M Norbury -Interim Executive Director of Corporate Affairs	95-100	0	0	0	30-32.5	125-130
Mrs J O’Riordan - Interim Medical Director	20-25	0	0	0	0	20-25
Mr P Rice - Chief Digital and Information Officer*	55-60	0	0	0	35-37.5	95-100
Ms L Robinson - Interim Chief Nurse	115-120	0	0	0	42.5-45	155-160
Mr M Savage – Executive Director of Finance	145-150	0	0	0	35-37.5	180-185
Mr S Shaw – Executive Director of Strategy, Planning and Partnerships	120-125	0	0	0	22.5-25	145-150
Mrs Amanda Stanford – Chief Nurse	5-10	0	0	0	575-577.5	585-590
Dr S Uka Interim Medical Director	60-65	0	0	0	165-167.5	225-230
Mr M Andrews - Non-Executive Director	10-15	0	0	0	0	10-15
Mr S R Davies - Non-Executive Director	10-15	0	0	0	0	10-15
Mr A M Dumbleton - Non-Executive Director	0	0	0	0	0	0
Mr A Gold - Chair	20-25	100	0	0	0	20-25
Mrs M T Hudson - Non-Executive Director	10-15	0	0	0	0	10-15
Mr I Knight - Non-Executive Director	10-15	0	0	0	0	10-15
Dr N S Mirza - Non-Executive Director	5-10	0	0	0	0	5-10
Dr A Withers - Non-Executive Director Interim Chair	30-35	0	0	0	0	30-35

Salaries and Allowances (For the period 1 April to 31 March 2023-24)

Name and title	Salary	Taxable Benefits	Annual Performance-related bonuses	Long-term performance-related bonuses	All pension related benefits	Total
	(Bands of £5000) £000	(Total to the nearest £100)	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000
Ms F Ajayi - Chief Executive	180-185	0	0	0	0	180-185
Ms F Barr – Executive Director of Corporate Affairs	110-115	0	0	0	30-32.5	140-145
Dr L Cooper- Chief Operating Officer	120-125	0	0	0	45-47.5	170-175
Mr D Crampsey- Medical Director	180-185	0	0	0	45-47.5	225-230
Mrs J Harrison – Executive Director of People and OD	105-110	0	0	0	0	105-110
Mrs M Norbury -Interim Executive Director of Corporate Affairs	0	0	0	0	0	0
Ms J O’Riordan Interim Medical Director	0	0	0	0	0	0
Mr P Rice - Chief Digital and Information Officer*	55-60	0	0	0	0	55-60
Ms L Robinson - Interim Chief Nurse	0	0	0	0	0	0
Mr M Savage – Executive Director of Finance	135-140	0	0	0	22.5-25	160-165
Mr S Shaw – Executive Director of Strategy, Planning and Partnerships	110-115	0	0	0	0	110-115
Mrs A Stanford – Chief Nurse	120-125	0	0	0	0	120-125
Dr S Uka Interim Medical Director	0	0	0	0	0	0
Mr M Andrews - Non-Executive Director	10-15	0	0	0	0	10-15
Mr S R Davies - Non-Executive Director	10-15	0	0	0	0	10-15
Mr A M Dumbleton - Non-Executive Director	0-5	0	0	0	0	0-5
Mr A Gold - Chair	45-50	100	0	0	0	45-50
Mrs M T Hudson - Non-Executive Director	10-15	0	0	0	0	10-15
Mr I Knight - Non-Executive Director	15-20	0	0	0	0	15-20
Dr N S Mirza - Non-Executive Director	15-20	0	0	0	0	15-20
Dr A Withers - Non-Executive Director Interim Chair	15-20	0	0	0	0	15-20

\* Mr P Rice is also Chief Digital Officer at Bradford Teaching Hospital. He is employed for 60% of his time at Bradford Teaching Hospital and 40% of the time at Airedale NHS Foundation Trust from January 2021 to March 2025. Total salary band: 145-150. Total pension related benefits: 90-95.

Ms F Ajayi - Chief Executive from April 2022  
 Ms F Barr – Director of Corporate Affairs from December 2022 – March 2025  
 Mrs M Norbury- Interim Executive Director of Corporate Affairs from July 2024  
 Dr L Cooper – Chief Operating Officer from February 2023  
 Mr D Crampsey - Medical Director from June 2020 to November 2024  
 Ms J O’Riordan – Interim Medical Director from November to December 2024  
 Dr S Uka – Interim Medical Director from December 2024  
 Mrs J Harrison – Executive Director of People and Organisational Development from September 2019  
 Mr M Savage – Executive Director of Finance from October 2023  
 Mr S Shaw – Acting Chief Operating Officer from January 2022 to April 2022  
 Mrs A Stanford – Chief Nurse from January 2021 to April 2024  
 Mrs L Robinson – Interim Chief Nurse from April 2024  
 Mr A Gold – Chair from January 2028 to September 2025  
 Mr M Andrews – Non-Executive Director from June 2023  
 Mr S R Davies – Non-Executive Director started June 2019  
 Mr A M Dumbleton – Non-Executive Director from June 2019 to May 2023  
 Mrs M T Hudson – Non-Executive Director from May 2019  
 Mr I Knight – Non-Executive Director started November 2021  
 Dr N S Mirza – Non-Executive Director from May 2019 to November 2025  
 Dr A Withers – Non-Executive Director from May 2020  
 Interim Chair from October 2025  
 No former senior manager received compensation in the period 1 April 2020 to 31 March 2023.

The pension related benefits are calculated by taking the inflated increase in pension entitlement (10.1% for 2022/23) less the employee contribution. Assuming pension is paid for a period of 20 years.

The increase in entitlement is calculated as  $(20 \times PE) + LSE - (20 \times PB + LSB)$

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.

### Expenses of the Directors

The table below shows the expenses paid to the Directors in 2024/25.

Name	£
Ms F Ajayi - Chief Executive	241.39
Dr L Cooper- Chief Operating Officer	181.7
Dr D Crampsey - Medical Director	64.35
Mr S R Davies - Non-Executive Director	97.55
Mr A Gold - Trust Chair	555.55
Mrs M Hudson - Non-Executive Director	325.28
Mr M Savage – Executive Director of Finance	176.99
Dr A Withers - Non-Executive Director	95.34
Mrs L Robinson - Interim Chief Nurse	248
Total	1986.15

### Expenses of Governors

Governors may be reimbursed for legitimate expenses, incurred during their official duties, as Governors of the Foundation Trust. During the financial year 2024-25, no governors were paid expenses.

Key: Pension benefit

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	Lump Sum at pension Age Related to Accrued Pension at 31.5.25	Cash Equiv. Transfer Value at 31.3.25	Cash Equiv.	75th percentile	75th percentile
	(Bands of £2500) £000	(Bands of £2500) £000	(Bands of £5000) £000	(Bands of £5000) £000	£000	£000	£000	To nearest £100
Ms F Ajayi - Chief Executive	20-22.5	0-2.5	95-100	105-110	1720	1259	352	0
Miss F Barr – Executive Director of Corporate Affairs	0-2.5	0	20-25	0	350	288	31	0
Dr L Cooper- Chief Operating Officer	2.5-5	0-2.5	25-30	60-65	529	450	34	0
Dr D Crampsey - Medical Director	2.5-5	0	25-30	0	329	250	49	0
Mrs J Harrison – Executive Director of People and Organisational Development	0-2.5	0	25-30	55-60	471	414	15	0
Mrs M Norbury -Interim Executive Director of Corporate Affairs	0-2.5	0	0-5	0	49	16	19	0
Ms J O'Riordan - Interim Medical Director	0	0	0	0	0	0	0	0
Dr P Rice-Chief Digital & Information Officer	5-7.5	5-7.5	55-60	145-150	1331	1135	102	0
Mrs L Robinson - Interim Chief Nurse	2.5-5	0-2.5	35-40	95-100	791	691	38	0
Mr M Savage – Executive Director of Finance	2.5-5	0	25-30	0	411	342	29	0
Mr S Shaw- Executive Director of Strategy, Planning and Partnerships	0-2.5	0	40-45	105-110	933	836	26	0
Mrs A Stanford – Chief Nurse	25-27.5	67.5-70	80-85	230-235	2061	1317	638	0
Dr S Uka - Interim Medical Director	7.5-10	15-17.5	60-65	155-160	1282	1033	156	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 2025. HM Treasury published updated guidance on 27 April 2025 this guidance will be used in the calculation of 2024/25 CETV figures.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

### Payments of loss of office

All contracts for Executive Directors are substantive NHS contracts and are subject to giving three months' notice period by either party. The Trust's normal disciplinary policies apply to Executive Directors, including the sanction of instant dismissal for gross misconduct. The Trust's redundancy policy is consistent with NHS redundancy terms for all staff. In the eventuality of a senior manager's loss of office, the Chief Executive Officer (for Executive Directors) or the Chair (for the Chief Executive) may review certain payments and may alter, postpone or disallow any individual payment they deem appropriate (subject to statutory and contractual obligations). If an Executive Director is to leave the Trust in less than the three months' contractual notice or is to not work their period of notice, for whatever reason these actions will be approved by the Nominations and Remunerations Committee.

### Fair Pay Ratio 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.

### Pay Ratios – highest paid director compared with organisation workforce (including temporary staffing) at 25th, Median and 75th percentile:

The banded remuneration of the highest-paid director in Airedale NHS Foundation Trust in the financial year 2024-25 was £202,500 (2023-24, £182,500). This is a change between years of 11.0%.

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 2024-25.

### Annualised employee remuneration (including temporary staff):

For employees of the Trust as a whole, the range of remuneration in 2024/25 was from £23,615\* to £379,695 (2023/24, £22,383\* to £341,887). 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 0.9%. 18 employees received remuneration in excess of the highest-paid director in 2023/24 (2023/24, 33).

The remuneration of the employee at the 25th percentile, median and 75th percentile

is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation’s workforce.

2024/2025	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

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

\*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.

## Gender Pay Gap

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

As required the Trust is able to report the gender breakdown of the workforce as follows, this data is as at 31 March 2025. The below data is analysed in more detail as part of the [gender pay gap report](#).

\*includes non-voting members of the Board

Group	Female	Male	Total
Directors*	7	7	14
Employees	2755	658	3413
Senior Managers	145	67	212
Total	2907	732	3639

## Social, Community and Human Rights Issues

As an anchor institution and one of the biggest employers locally, the Trust has a responsibility to support and represent our local community. By helping them to improve their health and wellbeing and working with partners to tackle health inequalities, the Trust will achieve the strategic ambition of “thriving people, healthy communities”, and contribute to Bradford District & Craven’s ambition of “happy, healthy, at home”.

Throughout the year the Trust has actively engaged with our local universities to develop our local home offer within nursing, meaning staff who live within the local community will be able to ensure placements at their local hospital. This enables the Trust to retain workforce and invest in the local population.

Trust colleagues attend careers fairs and visits to local schools to promote the careers available in the NHS. A range of apprenticeships is offered, and teams are encouraged to consider apprenticeships, and other learning programmes, when recruiting. The Trust continues to offer work experience placements for students in both clinical and non-clinical roles.

During 2024/25 the Trust has further strengthened links with community groups and the voluntary and community sector. Healthwatch are members of the refreshed Patient Experience and Engagement Group and actively contribute to the discussions, raising issues relevant to local communities. In 2025/2026 the Trust will publish a refreshed service user experience and engagement plan; this is being developed in collaboration with partners and will be available by quarter 3. There is also a planned programme of engagement with communities and stakeholders to inform the development of new hospital plans.

The Trust’s multi-faith chaplaincy team is made up of Christian, Muslim and Buddhist chaplains who are very visible across the trust and work with communities to ensure that spiritual needs are able to be supported whilst in hospital. The team offers ward support, staff support, education

and training, and support palliative care teams in hospital and out in the community. They liaise with local faith leaders to ensure joined up spiritual care for patients.

Trust services also work with patients on a more holistic basis. Over the last year, the pilot of the Stroke Vocational Rehabilitation service, in collaboration with SkillsHouse at Bradford Council, has evaluated extremely positively, helping patients who have had a stroke to get back to work.

We host monthly Airedale Birth Voices service user engagement events; these are hosted at various locations across our demographic to reach into communities that are harder to reach or have higher levels of social deprivation rather than expecting them to come to us. We have engaged with service users in the Airedale Centre, Church Halls, Children's Centre's and the Sangat centre. This is generally hosted by our parent education midwife and Infant feeding lead along with our MNVP Lead.

Additionally, the Bradford & Airedale MNVP host a number of engagement sessions with service users across a number of settings. We work closely with the Bradford and Airedale Act as One, LMNS, Family Hubs & Start for Life using local population data such as deprivation scores and ethnicity to be responsive when hosting the Maternity Circles that are specific to population needs.

We could not do the work we do without the help of our 200+ Friends of Airedale volunteers, from across our community. They carry out a variety of roles to improve the experience of our patients and visitors, including running the two Friendly Café shops, taking a retail trolley around the wards, taking patients to services in the Chapel on Sunday, acting as visitor guides and supporting specific areas such as maternity and the Emergency Department. We also have volunteers who support specific charities, such as Airedale Hospital & Community Charity, or Carers' Resource, and specific areas, such as Chaplaincy volunteers.

Airedale Hospital & Community Charity are committed to supporting the local community, as

well as staff and patients. From donating books to local primary schools on World Book Day, to teaching members of the public vital life-saving skills as part of the CPR-a-Thon and providing work experience opportunities for young people in the area, the Charity makes sure that its work extends beyond the physical boundaries of the Trust.

### Modern Slavery Act 2015

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

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

### Important events since the end of the financial year for 2024/25

There have been no important events since the end of the financial year affecting the Trust.

### Overseas Operations

The Trust does not operate outside of the UK.

Reporting relating to the review of tax arrangements of public sector appointees

When considering the use of off-payroll arrangements for highly paid staff (i.e. those earning £245 per day or greater), the Trust utilises the Employer Status Indicator test that can be found on HMRC's website. Any engagements deemed by the test to constitute employment must be paid through payroll. The Trust also requires all roles required in statute, such as the Chief Executive, Chief Nurse, Medical Director and Director of Finance, to be on payroll.

## Off-payroll Engagements

Highly paid off-payroll engagements as of 31 March 2025, for more than £245 per day and that last for longer than six months.

Number of existing engagements as of 31 March 2025	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

All highly paid off-payroll workers, engaged at any point during the year ended 31 March 2025 earning £245 per day or greater.

Number of off-payroll workers, engaged at any point during the year ended 31 March 2025	0
of which....	
Not subject to off-payroll legislation*	0
Subject to off-payroll legislation determined as within scope of IR35*	0
Subject to off-payroll legislation determined as not within scope of IR35*	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
of which....	
Number of engagements that saw a change to IR35 status following the review	0

\* A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in scope of Intermediaries legislation (IR35) or out of scope for tax purposes.

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025.

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



### Expenditure on consultancy staff

During 2024/25 the Trust spent £1,090,477 on consultancy (2023/24 £814,179).

### Freedom to Speak Up

Freedom to Speak Up (FTSU) is core to the delivery of our People Strategy, supporting the development of a just and learning culture at Airedale and reinforcing the Right Care values and behaviours. Our aim is to create a healthy, business as usual speaking up culture where people feel confident, they can speak up and that when they do, they will be heard and their concerns acted upon. It is critical to our success that FTSU is implemented consistently across the organisation so that it meets the diverse needs of our workforce who are vital to the delivery of high quality, safe and effective care.

Further information about FTSU developments in the last year are included in the Quality Account and the FTSU Annual Report. [Corporate publications - Airedale NHS Foundation Trust](#)

### Patient feedback and protected characteristics

The Trust received a total of 34054 Friends and Family Test (FFT) survey responses during 2024/25. 32850 were submitted by tablet (SMS Text message), 982 online and 222 were paper cards.

The overall percentage of respondents that reported a "Very Good" or "Good" experience of care was 91% and with 5% respondents reporting a "Poor" or "Very Poor" experience of care.

From the responses received 14616 (43%) were from men, 18813 (55%) from women and a further 625 (2%) did not confirm their gender identity.

205 (0.6%) respondents identified a disability, long-term health or mental health condition.

32276 ethnicity questions were answered:

Over 80% of our FFT responses come from the White British population with much lower numbers across other ethnic groups. A programme of work to increase our feedback from across all communities is being progressed through the patient experience and engagement group.

Ethnicity	Number of Responses	Percentage
Any other ethnic group	228	0.70%
Asian / Asian British		
Asian or Asian British - Any other Asian background	226	0.70%
Asian or Asian British - Bangladeshi	194	0.60%
Asian or Asian British - Indian	161	0.50%
Asian or Asian British - Pakistani	1936	6%
Black / African / Caribbean / Black British		
Black or Black British - African	58	0.18%
Black or Black British - Any other Black background	26	0.08%
Black or Black British - Caribbean	26	0.08%
Indian		
Mixed - Any other mixed background	55	0.17%
Mixed - White and Asian	52	0.16%
Mixed - White and Black African	16	0.05%
Mixed - White and Black Caribbean	32	0.10%
Mixed / Multiple ethnic groups		
Not known	129	0.40%
Not stated	1388	4.30%
Other ethnic group		
Other Ethnic Groups - Any other ethnic group	258	0.80%
Other Ethnic Groups - Chinese	26	0.08%
Pakistani		
White	64	0.20%
White - Any other White background	1129	3.50%
White - British	26143	81%
White - Irish	129	0.40%
White and Black African		
<b>Total</b>	<b>32276</b>	<b>100%</b>

Countering fraud, bribery and corruption

The Trust has policies and procedures in place that reduce the likelihood of fraud, corruption and bribery occurring for example, employee verification checks etc. Such policies are available to all staff via the Trust’s Intranet system. These include a Counter Fraud, Bribery and Corruption Policy, Conflicts of interest policy, Standing Orders, Standing Financial Instructions, documented procedures, a system of internal control (including internal and external audit) and a system of risk assessment. In addition, the Trust seeks to ensure that a comprehensive counter-fraud, corruption and bribery culture exists throughout the Trust via the appointment of a dedicated Local Counter-fraud Specialist (LCFS) in accordance with the standards set out in the provider contracts. The Trust has an annual risk based counter fraud plan that is agreed with the LCFS, Executive Director of Finance and the Audit and Risk Committee.

Our LCFS has conducted work across all generic areas of counter-fraud activity, placing emphasis on the continued counter-fraud culture within our Trust and the prevention of fraud. Counter Fraud induction material is provided to new members of staff and an ongoing programme of Counter Fraud Masterclasses are available for staff to attend throughout the year. The LCFS has continued to be proactive in their work and our staff have continued to be alerted to potential and real fraud risks.

Signed



**Foluke Ajayi**  
**Chief Executive**

Date: 30 June 2025

# 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.

Signed



**Foluke Ajayi**  
**Chief Executive**

Date: 30 June 2025

# Annual Governance Statement for 2024/25

## Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Airedale NHS Foundation Trust 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 Trust Accountable Officer Memorandum](#).

## The purpose of the system of internal control

The system of internal control is designed to manage risk to an agreed level of tolerance 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 Board of Directors monitors the Trust's risk management (BAF 2024/25), financial (standard agenda item), operational (Integrated Performance Report) and compliance controls which also includes consideration of the Committees AAA reports and Chair feedback at each meeting. A Committee and Board effectiveness was undertaken for 2024/25. The system of internal control has been in place in Airedale NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the Annual Report and Accounts.

## Capacity to handle risk

As designated Accountable Officer, the Chief Executive has overall accountability for risk management in the Trust. The Executive Director of Corporate Affairs has responsibility for the Trust Board Assurance Framework working closely with the Interim Chief Nurse who has responsibility for the risk register. The Assurance, Risk and Regulation Manager has operational management and oversight of the risk function.

## Risk Management Strategy

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.

The Trust has undergone a programme of enhancement for the Board Assurance Framework (BAF) in 2024/25 (phase 2) which has 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 intends to continue enhancements of the Board Assurance Framework in 2025/26 (phase 3) to enhance Board to Ward understanding and reporting via the Trust Integrated Performance Report (IPR). Reporting of risk with senior oversight on key risks has taken place through the Committee structure by way of deep dives into individual risks.

The BAF risks have undergone a full review to ensure they are focused and aligned correctly to the executive owner and principal risks as highlighted in the tables.

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

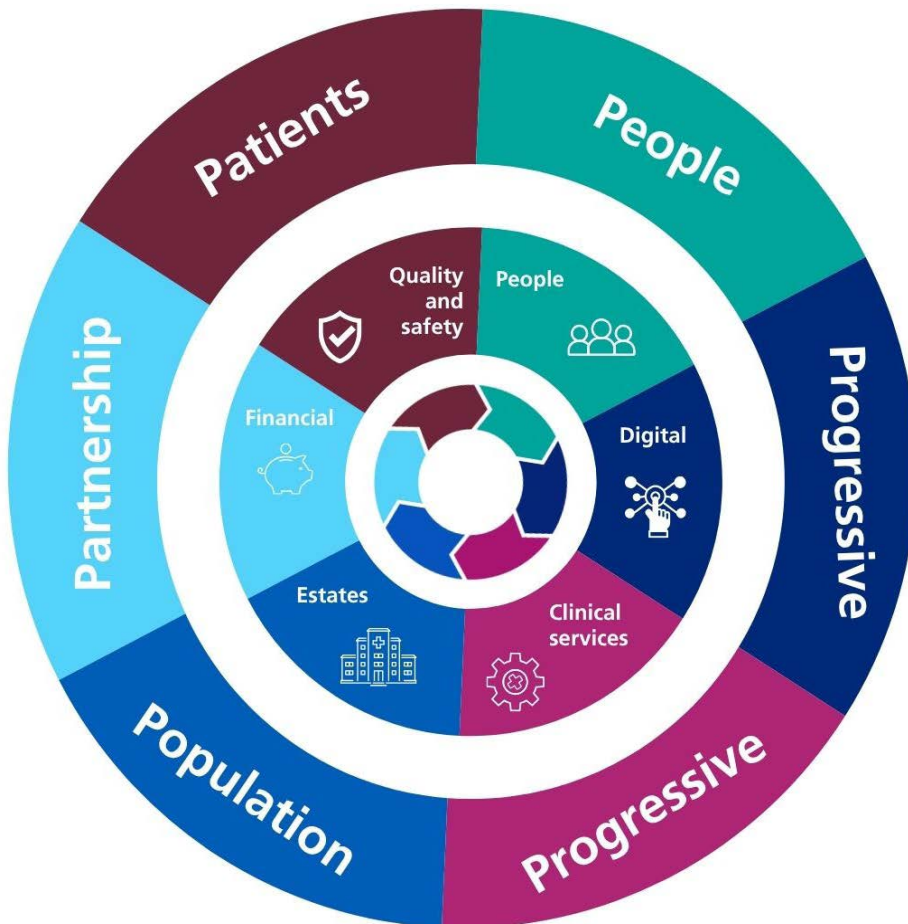
**Risk aligned to Strategic objectives and Supporting Strategies:**

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

The Executive owner meets with the Executive Director of Corporate Affairs prior to each committee meeting to consider emerging risks, mitigations, impact on performance and change in the likelihood or possible impact.

The Trust agreed an open risk appetite due to the high-level risk programmes and close management for 2024/25.

Principal risks identified in the Board Assurance Framework



Principal risks identified in the Board Assurance Framework

Risk Ref	Risk Category	Risk Description	Strategic Aim	Executive Lead	Lead Committee
1	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
2	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
3	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, relocation or closure of services.	Population	Chief Operating Officer	Securing the Future
4	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	Director of People and OD	People
5	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	Director of People and OD	People

Risk Ref	Risk Category	Risk Description	Strategic Aim	Executive Lead	Lead Committee
6	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	Director of Finance	Finance, Performance & Digital
7	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	Director of Finance	Finance, Performance & Digital
8	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	Director of People and OD	People
12	Digital	The EPR Go-Live may have an adverse impact on maintaining clinical quality and safety; impact on financial stability; capacity and capability to deliver the programme in the context of the Trust's competing priorities and national directives; and management of third-party relationships.	Progressive	Chief Operating Officer	Finance Performance & Digital

### Risk review at key management meetings

- The Trust Board meetings have considered the BAF in 2024/25 and high-level risks.
- The relevant risks are considered at the appropriate Committee meetings – deep dives were introduced in 2024/25.
- The BAF as a whole is considered at the Audit & Risk Committee in line with Chapter 14 of [HFMA Risk management Guidance](#).
- The Trust Risk & Group Meeting meets 11 times a year and considers the risk register on Ulysses to ensure effective management.
- The Health & Safety Committee met four times and reviewed the appropriate Trust risk activity, to review risks between 1 April 2024 and 31 March 2025.

### 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 2024/25. Following this further risk training for a wide range of staff is planned for 2025/26 with the support of NHS Providers.
- The Board underwent a Board development session with an external consultant in relation to the BAF in 2024/25.
- On-going coaching in risk management through our existing governance structures.

### 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 Quality Review 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 2025/26.

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 & Risk Committee.

The Trust Internal Auditors (Audit Yorkshire) have undertaken a full review of the Board Assurance Framework for the Trust in 2024/25. Receiving high assurance.

### 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 regularly within the existing risk oversight processes. The risk appetite was agreed as open for 2024/25 in line with the high-level risks within the Trust programmes. This is reported in each individual BAF risk.

### The Risk and Control Framework

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 Audit and Risk Committee).

### Strategic / Major Risks

In 2024/25 the Trusts strategic risks were reviewed against the Board Assurance Framework with the Executive Director (leads) to ensure that they are effectively reported and managed. This work will continue to be monitored closely in 2025/26.

### Patient experience risks

A key theme is the experience of care within maternity services which has been monitored through the Trust governance processes. The Trust having received a S.28 from the coroner which has been reviewed by the Care Quality Commission (no further action taken). This has been taken very seriously and fully reviewed by the appropriate members of the Board. A timeline analysis and multi-skill set review has been undertaken to ensure that the Trust is operating in accordance with all regulations and best practice guidance. This is also monitored through Divisional Clinical Governance, Quality and Safety Group and the Maternity Safety Champions meeting.

### Patient Safety & Clinical Effectiveness risks

Key themes in relation to patient safety and clinical effectiveness have related 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 and Compliance Group meetings.

## People risks

A key theme for People risks has been related to the delivery of the Trust's workforce plan including drivers for temporary staffing and the provision of 7-day services linked to Agenda for Change. These are risks reviewed 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 Board and reported to the Trust Risk and Compliance Group meetings

## 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. All risks are monitored through the Risk and Compliance Group.

## How risks to data security are managed and controlled

These risks are reviewed within division on a monthly basis alongside weekly infrastructure security meetings to review the mitigations and control measures to ensure these remain current and effective.

## Data Security

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

The NHS Data Security and Protection Toolkit (DSPT) has transitioned from using the National Data Guardian's 10 data security standards to the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its underpinning assessment mechanism to measure performance against data security capabilities. At the time of this report the 2024/25 assessment against the CAF aligned DSPT is still underway although an internal audit review by Audit Yorkshire has now concluded, its opinion found the Overall Risk Low and Overall Confidence Level High. The deadline for this year's annual self-assessment is 30 June 2025. The forecast for 2024/25 is Standards Met though this is dependent on all final evidence being provided by owners of the 47 outcomes by 30 June 2025 submission. We expect Standards Met to be achieved.

## 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 strive 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 of Director 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 Trust enhanced its IPR and made use of the 'Making Data Count'. 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.

## The Provider Licence and Code of Governance for NHS Provider Trusts

On an annual basis the Board of Directors considers an assessment of compliance with the Trust's licence and identifies areas of risk for the forthcoming financial year. These risks are monitored via the corporate risk register. The Trust is compliant with the [Provider licence requirements](#) and the [code of governance for NHS provider Trusts \(last updated April 2023\)](#) evidenced by [appendix 1](#).

## Equality Impact Assessments /Incident Reporting

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.

## Workforce strategies

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 a workforce plan is developed and supported by recruitment and training plans. 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.

Any changes or introduction of new clinical working roles/working practices or changes to current roles are considered by the Interim Chief Nurse and the Interim Executive Medical Director who considers the Quality Impact Assessment 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 is 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

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.

There have been no inspections during 2024-25, however there have been four engagement meetings, two of which were held in person and the CQC spent time in the organisation. They spoke to colleagues and patients regarding our services and their experience and visited Skipton Hospital to experience one of our other sites. All engagement events have been positive.

## Well-led Framework

The Trust manages closely its performance against the well-led framework in arriving at the overall evaluation of the Trust as evidenced throughout this report.

## 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.

## Electronic Patient Records (EPR)

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.

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. This will also support the Trust to deliver an effective EPR programme to benefit staff and patients. The review was carried out by PWC and presented at the public Trust Board meeting in [April 2025](#).

To support delivery the Trust is appointing an external delivery partner in 2025/26 to provide expertise in EPR implementation to provide effective assurance throughout the next phase of the programme. The Trust is disappointed that the programme did not go live as planned. We are fully committed to delivering this programme to the benefit of staff and patients. Work continues to ensure that the Trust progresses at pace towards a safe and successful implementation, in line with our duty to provide high-quality care to the communities we serve.

## Never Events

The Trust had one never event for the period of the 1 April 2024 to the 31 March 2025. This 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 Safety Group.

## Register of Interests including gifts and hospitality

The Trust has taken the internal audit findings in 2024 that the Trust did not have effective management of its register of interests including gifts and hospitality very seriously. An intense programme of enhancement has taken place which has included updating of the policy in line with [‘Managing Conflicts of Interest in the NHS ‘guidance’](#). Reporting to each Audit & Risk Committee as to the improvements made and compliance rating achieved. Updating the Civica system with accurate information, a robust communication programme etc.

A register of Interests, including gifts and hospitality for decision making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required and has been published on the Trust website achieving 97% compliance rate as at the 31 March 2025. As part of this, mandatory declarations for decision making staff are monitored and cross referenced against external sources of assurance, for example records held by Companies House relating to individual directorships and the Association of British Pharmaceutical Institute for transfers of value from pharmaceutical companies to individuals employed by the Trust. This register is actively considered at appropriate Committee, Board and other such meetings. The programme of enhancement will continue throughout 2025/26.

## Compliance with HM Treasury Policy

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance.

## Political Donations

The Trust did not receive any political donations during the report period, nor in the previous financial year.

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. There has been no late payment interest levied in 2024/25.

**Non-NHS Trade Creditors  
Summary of Position 2024/25**

Year to 31 March 2025	Numbers	Year to 31 March 2024
51,955	Number of bills paid to date	49,732
45,346	Number of bills paid in 30 days	46,771
87.28%	Percentage of bills paid in 30 days	94.05%
£203,203	£k Value of bills paid to date	£209,257
£173,456	£k Value of bills paid in 30 days	£199,544

**NHS Trade Creditors  
Summary of Position 2024/25**

Year to 31 March 2025	Numbers	Year to 31 March 2024
632	Number of bills paid to date	685
399	Number of bills paid in 30 days	550
63.13%	Percentage of bills paid in 30 days	80.29%
£6,374	£k Value of bills paid to date	£6,186
£3,855	£k Value of bills paid in 30 days	£5,030
60.48%	Percentage of bills paid in 30 days	81.31%

## NHS Pension Scheme

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.

## Involvement of Stakeholders

The interests of service users, carers, staff, our members and local partner organisations are embedded in our values and demonstrated in our ways of working.

Collaborations and partnerships are increasingly the cornerstone of effective integrated health and care delivery, and the Board has paid close attention to the developing Integrated Care Systems in which the Trust operates.

ABCAS (Airedale and Bradford Collaboration of Acute Services) formed in January 2025 which brings Airedale Foundation Trust and Bradford Teaching Hospitals 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 progress throughout 2025/26 towards a shared clinical strategy and subsequent implementation plan.

Regarding Stroke services colleagues at Airedale Foundation Trust and Bradford Teaching Hospitals 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.

## Equality, Diversity & Human Rights

Measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. In addition, strategies are in place to further enhance equality diversity and inclusion.

Financial viability programmes are subject to equality impact assessments as necessary and ongoing monitoring to ensure the efficiencies do not adversely impact on the quality-of-service delivery.

## Sustainability

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

## 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.

## Information governance

The Trust had one Serious Incident (SI) requiring investigation involving personal data that met the criteria for reporting to the Information Commissioner's Office (ICO) detailed as follows.

The incident involved a Bradford student worker who had inadvertently taken two photos; the background of which had a computer with patient data visible and then posted this on their social media. The post was removed promptly, there was no evidence of harm and the Trust self-reported within the required time limit. The ICO was happy with the actions the Trust had taken and took no further action.

## 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 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. Furthermore, all Trusts now submit a weekly copy of their RTT waiting list (Patient Tracking List, or PTL) to NHSE, and NHSE have developed a Data Quality assurance report that is linked to this called "LUNA". All Trusts had the target to reach an RTT PTL confidence level of 95% by December 2021, which

the Trust successfully achieved and maintained throughout 2024/25, currently reporting 99.15% "

### Review in relation to the Health and Care Act 2022

The Trust has worked as a key partner at a place level to ensure we are compliant with the requirements relating to the Health and Social Care act. We have worked with partners to inform priorities and work plans across

### Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the audit and risk committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following is some of the areas that has been applied in maintaining and reviewing the effectiveness of the system of internal control:

- Trust Board
- Audit and Risk Committee
- Risk Framework
- Quality & Safety Committee
- Clinical Audit
- Internal Audit
- Internal Control
- Other explicit review/assurance mechanisms

## Internal Audit

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

The Audit Plan is derived from an assessment of risk areas within the Trust. In 2024/25 the Internal Audit reports issued in the year have generated an overall opinion of Significant Assurance as detailed in the [Head of Internal Audit Opinion](#). It should also be noted that during 2024/25 there was one report issued with a 'low assurance' and another with a 'limited assurance' opinion.

Action plans and progress on all of the recommendations made by Internal Audit is reported to each subsequent Audit and Risk Committee meeting as part of Managements follow-up process.

## External Audit

External audit provides independent assurance on the accounts, annual report, and Annual Governance Statement. These documents and internal and external audits of specific areas of internal control provide the Board of Directors with the information it requires to gain assurance that the Trust is meeting its objectives to protect patients, staff, the public and other stakeholders against risks of any kind: which allows the Board to support me in signing this Annual Governance Statement. The Auditor provided an unqualified audit opinion on 30 June 2025. As noted in the external auditor's report they are unable to conclude their audit and issue their certificate at this time as per the instructions from the National Audit Office (NAO). The audit certificate will be issued and published separately from this report and is not required to be laid before Parliament.

## Conclusion

My overall opinion is that taking into account the items referred to above and the litigations put in place the Trust has maintained a sound system of internal control designed to meet the Trust's objectives and that controls are generally applied consistently. There have been no significant internal control issues during 2024/25.

Signed



**Foluke Ajayi**  
**Chief Executive**

Date: 30 June 2025



# The Head of Internal Audit Opinion for 2024/25



HEAD OF INTERNAL AUDIT OPINION  
ON THE EFFECTIVENESS OF THE SYSTEM OF  
INTERNAL CONTROL AT  
AIREDALE NHS FOUNDATION TRUST  
FOR THE 2024/25 REPORTING PERIOD  
As at 11 June 2025

## 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 (2024), and our internal annual Quality Assurance and Improvement Programme (QAIP) provides assurance that our internal audit work fully complies with the Public Sector Internal Audit Standards (PSIAS) for 2024-25.

The provision of the HoIA Opinion is a requirement of the PSIAS. 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.

NB: The new Global Internal Audit Standards in the UK Public Sector will apply from 1 April 2025.

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.

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.

## 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 PSIAS, 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
<p>High Assurance</p> 	<p>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.</p>
<p>Significant Assurance</p> 	<p>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.</p>
<p>Limited Assurance</p> 	<p>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.</p>
<p>Low Assurance</p> 	<p>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.</p>

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 2024/25 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:

- Risk Management Strategy - The Director of Corporate Governance (Interim) and Chief Nurse have asked that this review be undertaken in 2025/26. Risk Management was viewed at a high level at part of the Board Assurance Framework review.
- Ambulance Handovers - The Director of Corporate Governance (Interim) and Chief Operating Officer asked that this review be added to the 2024/25 plan.
- AGH Solutions; Oversight, Follow Up of independent review and Beachcroft Report - The Director of Corporate Governance (Interim) asked for this review to be cancelled, as the Trust are undertaking a large piece of work with DACB at present which will not be completed until year end.
- AGH Solutions; Standards of Cleaning - The Director of Corporate Governance (Interim) asked that this review be moved to the AGH Solutions plan from the Trust plan.
- Security Management including Violence Prevention and Reduction Standards - The Director of Corporate Governance (Interim) asked that this review be moved to the Trust plan from AGH Solutions.

Audit coverage in 2024/25 has been focussed on:

1) The design and operation of the Board Assurance Framework and Risk Management Arrangements:

Our audit work confirmed that the Foundation Trust has appropriate arrangements in place to develop and monitor the Board Assurance Framework (BAF), thus enabling the Foundation Trust to manage its principal risks and to support the achievement of its strategic objectives.

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 as at 11 June 2025:

Report Title	Outline Scope	Assurance Level
AFT/05/2025 Fit and Proper Persons Test	To provide assurance that the Foundation Trust is compliant with the NHS England Fit and Proper Person Test Framework	2 high assurance opinions
AFT/10/2025 Board Assurance Framework	To provide assurance that the Board of Directors receives adequate and appropriate assurances on the business operations within the organisation	
AFT/01/2025 Discharge to Assess (D2A)	To provide assurance that the Foundation Trust has established effective patient flow and discharge of patients' arrangements, along with compliance with standards, in the pilot work commenced with City of Bradford Metropolitan District Council - 'Home Fast' (HFAST).	9 significant assurance opinions
AFT/04/2025 Mortality Rates Review	To provide assurance that the Trust has a robust mechanism for collating, validating and reporting data in relation to mortality. In addition, that the Trust scrutinises the available data (which may include externally sourced data) in conjunction with contextual information, to identify and understand variations, and takes appropriate action to address potential issues.	
AFT/06/2025 Safeguarding Adults and Children	To provide assurance that the Foundation Trust has effective systems and processes to capture, document and communicate safeguarding concerns for adults and children, and they are being adhered with.	
AFT/08/2025 RAAC (Reinforced Autoclaved Aerated Concrete)	To provide assurance that there are robust governance arrangements (i.e. Reporting, Risk Logs etc.) and operational arrangements, including robust policies, procedures and practices in place to effectively and efficiently respond to RAAC (Reinforced Autoclaved Aerated Concrete).	
AFT/09/2025 Waste Reduction Programme (WRP)	To provide assurance that there are effective arrangements in place for the identification, risk assessment and monitoring of cost efficiencies as part of the Waste Reduction Programme (WRP).	

Report Title	Outline Scope	Assurance Level
AFT/11/2025 Data Quality	To review Trust processes and systems for ensuring data quality is maintained to high standards of consistency, accuracy, validity and completeness.	
AFT/12/2025 Pre-Employment Checks	To provide assurance that the required pre-employment checks take place and that they are in line with the required standards (defined by the NHS Employers Employment Checks Standards) and the Foundation Trust's Recruitment and Selection Policy.	
AFT/13/2025 Key Financial Controls	To provide assurance over the effectiveness of the key financial controls and supporting processes and that reliance can be placed upon the information reported from the system.	
AFT/14/2025 Ambulance Handovers	To provide assurance that an effective system of ambulance handovers is in place and being utilised, and patients are not exposed to undue delays and/or the risk of harm.	
AFT/07/2025 Security Management; Self-Assessment against Violence Prevention and Reduction Standards	To provide assurance that robust controls and processes are in place and are being adhered with, which comply with the new Security Management including Violence Prevention and Reduction Standards.	1 limited assurance opinions
AFT/03/2025 Declarations of Interest	To provide assurance that the Foundation Trust 'the Trust' have effective processes in place for declaring interests where they arise, with appropriate monitoring and reporting thereof.	1 low assurance opinions
AFT/02/2025 Board Assurance Framework and Risk Management Benchmarking Review	To compare how Board Assurance Frameworks have been designed to reflect the maturity of the risk management systems within Audit Yorkshire Clients and shares good practice in place	1 review without an assurance rating
AFT/15/2025 Data Security and Protection Toolkit (DSPT)	The objective of the review is two-fold: a) to satisfy the annual requirement for an independent assessment of the Foundation Trust's DSP Toolkit submission, b) to understand and help address data security and data protection risk and identify opportunities for improvement.	The ratings applied follow NHSE guidance.  Overall Risk; Low  Overall confidence level of Independent Assessment: High

The content of all limited and low assurance reports is discussed in detail at the Audit Committee.

3) Implementation of recommendations:  
A total of 142 Internal Audit recommendations have been live during 2024/25 (this includes recommendations from previous years' reports that were still live at 1 April 2024).

The Foundation Trust have strengthened their processes in year in relation to outstanding recommendations. During the year 1 April 2024 to 31 March 2025 29 recommendations have had their target date revised – 27 of these were marked as complete by 31 March 2025, with the remaining two marked as complete in April 2025. As of April 2025, there are no outstanding recommendations that have passed their original target date.

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:

In total we validated the completion of 52 recommendations from 1 April 2024 to 15 May 2025. Overall, this would indicate a good response by the organisation to Internal Audit's recommendations and validate that they are being appropriately implemented.

We have received appropriate support from Executive Directors in relation to recommendations and there has been regular review by the Audit and Risk Committee.

## **5. 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**  
**11 June 2025**

# 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 and joint ventures (the 'group') for the year ended 31 March 2025, which 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 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 2024-25.

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 2025 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- 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 2024-25; 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 2024-25 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.

### Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set

out in the NHS Foundation Trust Annual Reporting Manual 2024/25 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in 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 2024-25; 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 2024-25, 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 2024-25).
- 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 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 revenue recognition and completeness of expenditure in certain income and expenditure streams such as variable healthcare income and non-pay expenditure. We determined that the principal risks were in relation to:
  - closing non-pay journals, completeness of non-pay expenditure, and recognition of variable healthcare income.
  - material closing journals that are unusual in nature and outside our expectations.

- 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 closing non-pay journals and manually input journals. Our work was planned in a manner to identify cumulative material impacts due to management override of controls through journal entries;
  - 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;
  - enhanced scepticism and testing of income and expenditure transactions in the final month of the financial year following receipt of significant additional income in that month;
  - 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 revenue recognition and/or non-pay expenditure completeness, and the significant 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](http://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 2025.

- We have nothing to report in respect of the above matter except on 28 June 2024 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to weaknesses in the arrangements to enable the Trust to ensure that it is fundamentally financially sustainable. In 2024-25, the Trust's financial deficit outturn was £7.6m adverse to its planned deficit of £5.2m and the savings requirement for 2025-26 has increased to £20m with 76% required to be recurrent, representing c7% of the Trust's cost case.
- We continue to report a key recommendation in respect of financial sustainability: the Trust should take action to understand and reduce its cost base to move towards a more sustainable financial position. In addition, the Trust should ensure it sets a realistic savings

plan that is achievable and supported by detailed, developed recurring profiled savings plans and schemes. The Trust should build this into a comprehensive Medium Term Financial Plan that is agreed with key stakeholders and shows the route back to a sustainable financial position.

- In addition, on 27 June 2025, we identified a further significant weakness in relation to the Trust's governance arrangements to implement its new Electronic Patient Record, initially planned for September then November 2024, which has now been delayed until March 2026 due to issues recognised by the Trust Board immediately prior to the planned go live. Weaknesses identified included an insufficient understanding of clinicians' current workflows, inadequate reporting of clinicians' concerns up to the Board, insufficient consideration of clinical safety and the Board's inability to effectively challenge and act in a timely manner.
- We reported a key recommendation in respect of governance: the Trust should learn lessons from its Electronic Patient Record project to ensure that, for any future significant operational developments and capital programmes, actions are taken to mitigate and avoid repetitions of the issues that occurred in its attempt to deliver its Electronic Patient Record system go live in 2024, including strengthening procurement processes. During 2025-26, the Trust should ensure that it engages with its new assurance delivery partner and the operator of the selected Electronic Patient Record system to ensure appropriate governance arrangements are in place, there is confidence that key milestones are being achieved, and corrective action is taken when required. The Trust should be transparent with key stakeholders (including clinical colleagues) with regard to implementation and timing challenges, prior to the go live date.

## 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 November 2024. 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 2025 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 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 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

## 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**

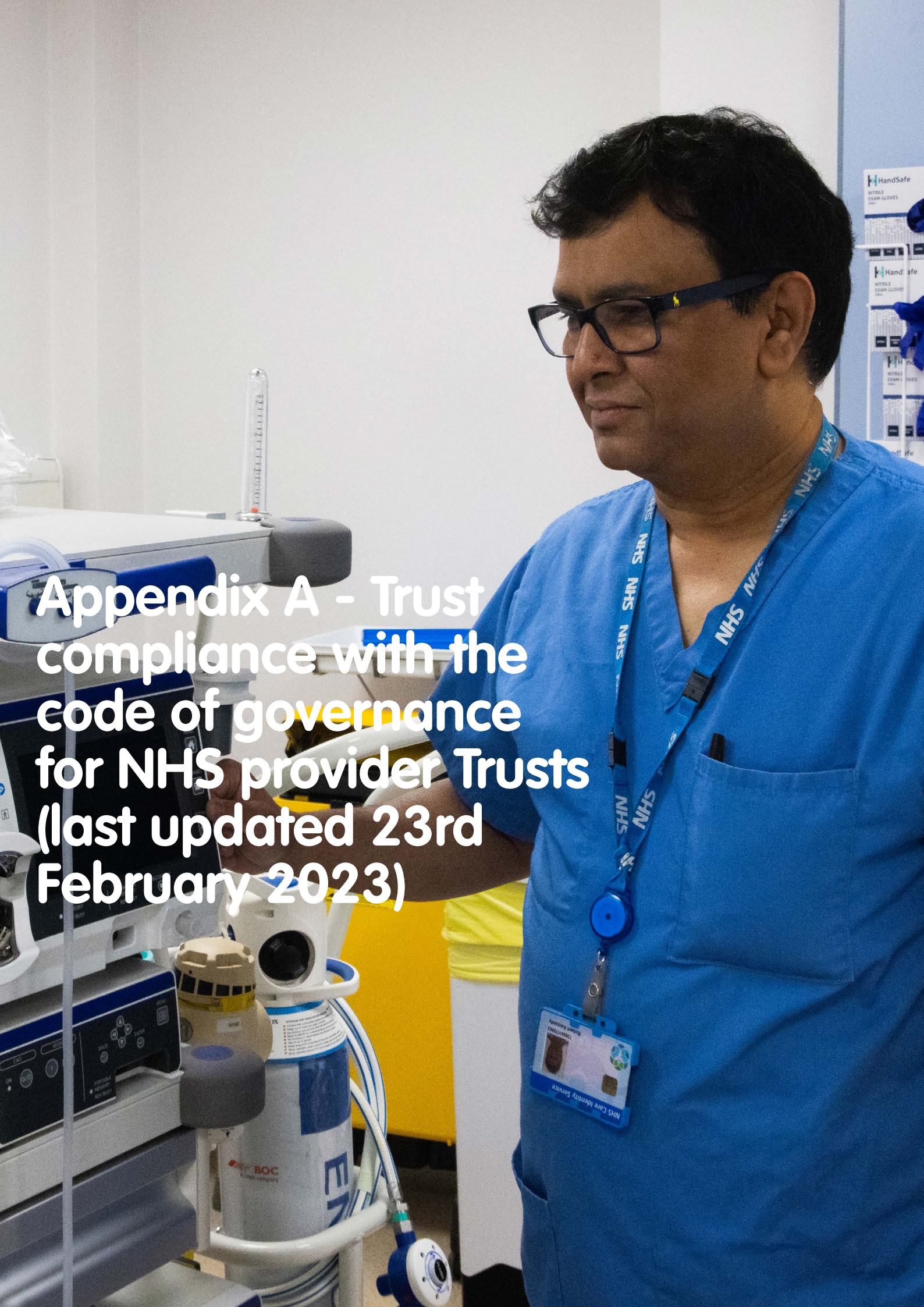
#### **Gareth Mills, Key Audit Partner**

for and on behalf of Grant Thornton UK LLP, Local Auditor




### **Leeds**


**30 June 2025**


















**Appendix A - Trust compliance with the code of governance for NHS provider Trusts (last updated 23rd February 2023)**

Code ref	Requirement	Evidence	Completed
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, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The Board of Directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The Trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	The <a href="#">Trust's Purpose and activities</a> and the key issues and risks affecting delivery of the trust's key objectives <a href="#">Key issues</a> outline how the trust works with other providers to tackle shared challenges.	Complied 
Section A, 2.3	The Board of Directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	The Trust Board is committed to the wellbeing of its workforce and how it <a href="#">monitors culture</a> .	Complied 
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 with other providers into which the trust has entered. The Board of Directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	The <a href="#">interest of stakeholders</a> including system and place-based partners, have been considered within the annual report Including Key <a href="#">Collaboration</a> with other providers.	Complied 





Code ref	Requirement	Evidence	Completed
Section B, 2.6	The Board of Directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:	All Non-Executive Directors and their <a href="#">biographies</a> for 2024/25 are identified in the annual report.	Complied 
	Has been an employee of the trust within the last two years	None of the Non-Executive Directors have been an employee of the Trust in the last two years.	Complied 
	Has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust	None of the Non-Executive Directors have had a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee.	Complied 
	has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme	Pay is limited to a director's fee for all Non-Executive Directors.	Complied 
	has close family ties with any of the trust's advisers, directors or senior employees	None of the non-executive directors has close family ties with any of the Trust's advisers, directors or senior employees.	Complied 
	holds cross-directorships or has significant links with other directors through involvement with other companies or bodies	None of the Non-Executive Directors holds cross directorships or have significant links with other directors through involvement with other companies or bodies.	Complied 




Code ref	Requirement	Evidence	Completed
Section B, 2.6	is an appointed representative of the trust's university medical or dental school.	None of the Non-Executive Directors are an appointed representative of the trust's university medical or dental school.	Complied 
	Where any of these or other relevant circumstances apply, and the Board of Directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	Not applicable for 2024/25.	Complied 
Section B, 2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	A clear statement of the roles and responsibilities of the council of <a href="#">governors is contained within the annual report.</a>	Complied 
Section C, 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	<a href="#">External Consultancy</a> is included within the Register of Interest process.	Complied 
Section C, 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	The <a href="#">Council of Governors</a> role in appointment etc.	Complied 




Code ref	Requirement	Evidence	Completed
Section C, 4.2	The Board of Directors should include in the annual report a description of each director's skills, expertise and experience.	A <a href="#">Bio</a> has been added for each Director to the annual report for 2024/25.	Complied 
Section C, 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	The Trust is due a Well-Led inspection (5 years) which is commissioned for 2025/26.	Complied 
Section C, 4.13	The annual report should describe the work of the nominations committee(s), including:	The Annual report describes the work of the <a href="#">Nominations and Remuneration Committee</a> and the <a href="#">Appointments and Remuneration Committee</a> for the Trust.	Complied 
	the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline	The process for appointments, succession planning etc. are described as above 4.7.	Complied 
	how the board has been evaluated, the nature and extent of an external evaluator's contact with the Board of Directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition	The board process for evaluation has been considered by way of annual effectiveness reviews as confirmed within the report. The board has a well-led review commissioned for 2025/26 to undertake external evaluation.	Complied 
	the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives	Policy on <a href="#">diversity and inclusion</a> in relation to disability etc is included in the annual report	Complied 





Code ref	Requirement	Evidence	Completed
Section C, 4.13	the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served.	Ethnic diversity of the Board is monitored against indicator nine of the NHS Workforce Equality Standard	Complied 
	the gender balance of senior management and their direct reports.	<a href="#">Gender balance of senior management</a> is included in the annual report.	Complied 
Section C, 5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	The Trust is developing a clear Membership and Engagement Strategy which sets out how the Governors engage with the members and public to enhance the management and understanding whilst supporting new Governors. Performance against the Strategy will be monitored with the Council of Governors periodically in 2025/26. The Cycle of Business for the Council of Governors defines the items that will be presented to the Governors in relation to the forward plans of the Trust. Governors have the opportunity through their attendance at Board meetings to raise questions in relation to key strategies and plans that the Board are considering. The draft Annual Operating Plan is shared with Governors each year as part of a development session so that their views can be taken into account prior to the Plan being approved by the Board of Directors.	Complied 

Code ref	Requirement	Evidence	Completed
Section D, 2.4	The annual report should include:		
	the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed	Significant issues relating to the financial statements that the Audit Committee considered and how these were addressed have been identified in the annual report.	Complied 
	an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans	An explanation of how the Audit Committee has assessed the independence and effectiveness of external audit	Complied 
	where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit	The Trust has an <a href="#">internal audit function</a> . Audit Yorkshire	Complied 
	an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	External audit have not provided any non-audit services in 2024/25.	Complied 
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, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	<a href="#">The statement</a> has been added within the 2024/25 annual report	Complied 
Section D, 2.7	The Board of Directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	The Trust has undergone an in-depth review of the <a href="#">Trust's emerging and principal risks and enhancement of the BAF in 2024/25</a> (phase 2) including external benchmarking - receiving high assurance from internal audit.	Complied 




Code ref	Requirement	Evidence	Completed
Section D, 2.8	The Board of Directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	The Board of Directors has monitored the trust's risk management internal controls systems (in depth review phase 2 2024-25) and reviewed the effectiveness as confirmed in the <a href="#">Risk Management Strategy</a> .	Complied 
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 of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	The Trust has considered the <a href="#">ARM</a> for 2024/25, and the statement has been produced accordingly.	Complied 
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 2024/25	Complied 
Section A, 2.2	The Board of Directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaboratives. This should be a formally agreed statement of the organisation's purpose and intended outcomes and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners, and other decisions.	The Board of Directors has developed a clear vision and values with reference to the ICP. <a href="#">ABCAS</a>	Complied 




Code ref	Requirement	Evidence	Completed
Section A, 2.4	The Board of Directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, the success of its contribution to the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners, and to ensure that risk is managed effectively. The board should regularly review the trust's performance in these areas against regulatory and contractual obligations, and approved plans and objectives, including those agreed through place-based partnerships and provider collaboratives.	This is achieved via the <a href="#">Committees and Trust Board.</a>	Complied 
Section A, 2.5	The Board of Directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance. Where appropriate and particularly in high risk or complex areas, the Board of Directors should commission independent advice, e.g. from the internal audit function, to provide an adequate and reliable level of assurance.	The Trust has an <a href="#">Integrated Performance Report (IPR)</a> . Internal audit have a comprehensive programme of audits to provide an adequate and reliable level of assurance that is reviewed no less than annually and also mid-year or in the occasion of a high-level risk being identified that is not within the plan. The Trust commissioned an independent review for the EPR programme in 2024/25.	Complied 
Section A, 2.6	The Board of Directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered.	The Trust publishes its <a href="#">Quality Account</a> on an annual basis, and this sets out its priorities for improving quality for the year ahead in line with national directives. The board record where in the structure of the organisation clinical governance matters are considered Quality and Safety Committee. • Annual Governance Statement 2024/25.	Complied 





Code ref	Requirement	Evidence	Completed
Section A, 2.7	The chair should regularly engage with stakeholders including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The chair should ensure that the Board of Directors as a whole has a clear understanding of the views of the stakeholders including system partners. NHS foundation trusts must hold a members' meeting at least annually. Provisions regarding the role of the council of governors in stakeholder engagement are contained in Appendix B.	The Chair has an engagement programme aligned to the one for the Board. Engagement across various divisions has taken place in 2024/25. Regular meeting attendance including system partners have been undertaken and the highlights are contained in the Chair report to Board and discussions with Non-Executive Directors etc.	Complied 
Section A, 2.9	The workforce should have a means to raise concerns in confidence and – if they wish – anonymously. The Board of Directors should routinely review this and the reports arising from its operation. It should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for follow-up action.	The Trust has a <a href="#">Freedom to Speak up Guardian</a> who reports to People Committee, Audit Committee (HFMA Guidance) and the Trust Board.	Complied 
Section A, 2.10	The Board of Directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement.	<a href="#">Conflicts of interest</a> are managed by the Civica system for individual conflicts to be recorded and to enable effective management. A request by the Chair at the start of each Committee and Board meeting asks all members to identify any possible interests which are recorded and managed accordingly. Conflicts are also considered in Board recruitment.	Complied 





Code ref	Requirement	Evidence	Completed
Section A, 2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes. If on resignation a non-executive director has any such concerns, they should provide a written statement to the chair, for circulation to the board.	Not applicable in 2024/25	Complied 
Section B, 2.1	The chair is responsible for leading on setting the agenda for the Board of Directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues	The Chair leads the agenda setting meetings for the Board and Council of Governors. Evidenced by the agenda setting scheduled meetings and outcomes.	Complied 
Section B, 2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively. A foundation trust chair should take steps to ensure that governors have the necessary skills and knowledge to undertake their role.	The Governors observe trust committee meetings and receive all papers relevant to the meeting. Further information is also provided via the <a href="#">Council of Governors</a> formal meeting and the informal Governor Involvement Group. The Chair meets with the Lead Governor in between these meetings to ensure that timely and clear information is being provided and to consider the skill sets and knowledge of governors. This is being developed further in 2025/26 by way of increased involvement in the new hospital programme, carers and service user considerations and the development of the new Trust Strategy.	Complied 
Section B, 2.3	The chair should promote 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 <a href="#">Interim Trust Chair</a> in 2024/25 has promoted a culture of honesty, openness trust and debate which is evidence within the committee and board minutes and the feedback to their annual appraisal.	Complied 




Code ref	Requirement	Evidence	Completed
Section B, 2.4	A foundation trust chair is responsible for ensuring that the board and council work together effectively.	The <a href="#">Interim Trust Chair</a> has been effective in ensuring that the board and council work together effectively as evidenced by meeting minutes/feedback.	Complied 
Section B, 2.5	The chair should be independent on appointment when assessed against the criteria set out in Section B, provision 2.6. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director.	The <a href="#">Interim Trust Chair</a> for 2024/25 is independent as set out in the criteria in Section B provision 2.6.	
Section B, 2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.	The Trust has undertaken an in-depth recruitment process for the substantive Chair and Non-Executive Directors in 2024/25.	Complied 
	The Board of Directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaboratives. This should be a formally agreed statement of the organisation's purpose and intended outcomes and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners, and other decisions.	The Board of Directors has developed a clear vision and values with reference to the ICP. ABCAS	Complied 
Section B, 2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time.	No individual holds the position of Director and Governor of any Foundation Trust for 2024/25.	Complied 




Code ref	Requirement	Evidence	Completed
Section B, 2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees. For foundation trusts, the council of governors should take into account the value of appointing a non-executive director with a clinical background to the board of directors, as well as the importance of appointing diverse non-executive directors with a range of skill sets, backgrounds and lived experience.	Committee membership is considered no less than annually and is being undertaken within the trust due to the onboarding of new Non-Executive Directors for both 2024/25 and 2025/26.	Complied 
Section B, 2.10	Only the committee chair and members are entitled to be present at nominations, audit or Remuneration Committee meetings, but others may attend by invitation of the particular committee.	Only the Chair and members were present at both the Appointments and Remuneration Committee and the Nomination & Remuneration Committee in 2024/25	Complied 
Section B, 2.11	In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen by NHS England as set out in the chair appraisal framework.	The <a href="#">Senior Independent Director</a> for 2024/25 is also scheduled to undertake the appraisal for the <a href="#">interim Chair</a> . This involves meeting with the non-executives to appraise the Chair's performance.	Complied 





Code ref	Requirement	Evidence	Completed
Section B, 2.14	When appointing a director, the Board of Directors should take into account other demands on their time. Prior to appointment, the individual should disclose their significant commitments with an indication of the time involved. They should not take on additional external appointments without prior approval of the board of directors, with the reasons for permitting significant appointments explained in the annual report. Full-time executive directors should not take on more than one non-executive directorship of another trust or organisation of comparable size and complexity, and not the chairship of such an organisation.	A time commitment is considered in the recruitment process of Directors. Additional significant appointments are subject to approval of the Board. No full-time executive directors have more than one non-executive directorship of another trust or organisation of comparable size and complexity and not the chairship.	Complied 
Section B, 2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the Board of Directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board.	The Trust has an <a href="#">Executive Director of Corporate Affairs</a> who has the Company Secretary responsibilities. They were appointed by the Board in 2024/25.	Complied 
Section B 2.16	The board of directors as a whole is responsible for ensuring the quality and safety of the healthcare services, education, training and research delivered by the trust and applying the principles and standards of clinical governance set out by DHSC, NHS England, the CQC and other relevant bodies.	The board both individually and collectively are aware of its responsibility to for ensuring the quality and safety of the healthcare services, education, training and research delivered by the Trust and applying the principles and standards. This is considered within agenda items at Committee and Board	Complied 



Code ref	Requirement	Evidence	Completed
Section B, 2.16	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop priorities, risk mitigation, values, standards and strategy. In particular, non-executive directors should 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 and clinical quality controls and systems of risk management and governance are robust and implemented.	The board both individually and collectively are aware of their responsibility in relation to this requirement.	Complied 
Section B, 2.17	All members of the board of directors have joint responsibility for every board decision regardless of their individual skills or status. This does not impact on the particular responsibilities of the Chief Executive as accounting officer.	The board both individually and collectively are aware of their responsibility in relation to this requirement.	Complied 
Section B, 2.17	The Board of Directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions.	The Senior Independent Director for 2024/25 is also scheduled to undertake the appraisal for the interim Chair. This involves meeting with the non-executives to appraise the Chair's performance.	Complied 
Section C, 2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust and the skills and expertise required within the Board of Directors to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from the ICB, and the foundation trust should engage with NHS England to agree the approach.	NHS England, the ICB and pier representatives have formed part of recruitment panels for the Board in 2024/25.	Complied 




Code ref	Requirement	Evidence	Completed
Section C, 2.2	There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chair). The nominations committee(s) should regularly review the structure, size and composition of the Board of Directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the Board of Directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.	The Trust has two committees. <a href="#">Appointments and Remuneration Committee</a> - for the Non-Executive and Chair considerations. <a href="#">Nominations and Remuneration Committee</a> - for CEO and Executive Director considerations. The structure, size and composition of the board has been considered as part of the recruitment to roles of the Board in 2024/25. The balance of skills, knowledge, experience and diversity on the Board annual review was considered at Committee in 2024/25.	Complied 
Section C, 2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.	The <a href="#">SID</a> Chairs the Nominations and Remuneration Committee	Complied 
Section C, 2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors.	The governors agreed the process to be delegated to the Appointments & Remuneration Committee.	Complied 
Section C, 2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team should generally be used for the appointment of the chair and non-executive directors.	The Trust as an FT manages the recruitment process. Open advertising is undertaken and advice sort from NHSE Non-Executive Talent and Appointments team if required appreciated this is for non-FTs.	Complied 



Code ref	Requirement	Evidence	Completed
Section C, 2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel.	The Trust has an <a href="#">Appointments and Remuneration Committee</a> (ARC) and a <a href="#">Nomination and Remuneration Committee</a> . ARC is responsible for non-executives, including the appointment of the Chair which has the Governors as majority members. As evidenced in the ToR, minutes, meeting attendance etc. Recruitment has taken place for the Chair and Non-Executive Directors in 2024-25 and Governors were present on the interview panel.	Complied 
Section C, 2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the Board of Directors and the nominations committee on the qualifications, skills and experience required for each position	The Trust undertook a Board qualifications, skills and experience review in 2024/25 which was shared and considered for the Non-Executive Director(s) recruitment and succession considerations.	Complied 
Section C, 4.1	Directors on the Board of Directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). Trusts should also have a policy for ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors.	The Board of Directors and the council of governors have all met the 'fit and proper' persons test. The Trust has a policy for compliance with the <a href="#">CQC's guidance Regulation 5: 'Fit and proper' persons: directors</a> . A full review was reported to Audit Committee and Board in 2024/25, and the Trust received high assurance for the management of FPPT from internal audit (Audit Yorkshire)	Complied 




Code ref	Requirement	Evidence	Completed
Section C, 4.3	The chair should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment the chair was an existing non-executive director. The need for extension should be clearly explained and should have been agreed with NHS England.	The substantive Trust Chair <a href="#">Andrew Gold</a> term came to an end in September 2024. <a href="#">Andrew Withers</a> held the position of interim Chair for the remainder of 2024/25. A substantive Chair for the Trust has been recruited who will take up the post in 2025/26.	Complied 
Section C, 4.4	Elected foundation trust governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The governor names submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles.	Elected governors are subject to re-election after three years. Elections took place for the relevant seats in 2024/25 supported by Civica which included biographical details etc. to enable members to make an informed decision on their election. Governors do not serve more than three consecutive terms.	Complied 
Section C, 4.5	There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts. NHS foundation trusts and NHS trusts should make use of NHS Leadership Competency Framework for board level leaders.	This is facilitated by the Corporate Governance Team as part of the annual effectiveness review process. The performance of the Chair and individual Directors is undertaken as part of the annual appraisal process. The performance evaluation of the Chair, led by the Senior Independent Director, and individual Directors is undertaken as part of the annual appraisal process, undertaken in line with the <a href="#">NHS Chair and NED Appraisal Framework</a> and submitted to NHSE. The Lead Governor facilitates wider consultation with the Council of Governors.	Complied 




Code ref	Requirement	Evidence	Completed
Section C, 4.6	The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified.	This is an outcome of the annual appraisal process and mid-year considerations that may arise. It forms part of the individual and collective individual and board development programmes.	Complied 
Section C, 4.8	Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:	Self-assessments are undertaken annually. The Annual Members Meeting was held in September 2024, where the Lead Governor gave an overview of the Governor achievements and activities throughout the reporting period. An AMM for the 2024/25 report is scheduled for September 2025.	Complied 
	holding the non-executive directors individually and collectively to account for the performance of the board of directors	The Non-Executive Directors are held to account by the <a href="#">governors</a> on an ongoing basis for 2024/25 in various forums such as feedback on the effectiveness of committee meetings. Council of Governor agenda items. Feedback into the appraisal process.  Governors have formed part of the recruitment panels for the substantive Chair and Non-Executive Directors in 2024/25.	Complied 
	communicating with their member constituencies and the public and transmitting their views to the board of directors	The Governors communicate as per the above and transmit their views to the member constituencies/public. There is a programme to enhance this further with the newly appointed governors by way of support in 2025/26.	Complied 




Code ref	Requirement	Evidence	Completed
Section C, 4.8	<p>contributing to the development of the foundation trust's forward plans.</p> <p>The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Your statutory duties: a reference guide for NHS foundation trust governors and an Addendum to Your statutory duties – A reference guide for NHS foundation trust governors.</p>	<p>As per 5.16 below.</p> <p>The Council of governors have undertaken a review as confirmed by the lead governor in 2024/25. An outcome of which was to confirm the implementation of Service User and Carer Governors which will be introduced in 2025/26 in line with best practice.</p>	<p>Complied</p> 
Section C, 4.10	<p>In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust. NHS England's model core constitution suggests that a governor can be removed by a 75% voting majority; however, trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable. NHS England can only use its enforcement powers to require a trust to remove a governor in very limited circumstances: where they have imposed an additional condition relating to governance in the trust's licence because the governance of the trust is such that the trust would otherwise fail to comply with its licence and the trust has breached or is breaching that additional condition. It is more likely that NHS England would have cause to require a trust to remove a director under its enforcement powers than a governor.</p>	<p>Not applicable in 2024/25</p>	<p>Complied</p> 




Code ref	Requirement	Evidence	Completed
Section C, 4.11	The Board of Directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning.	The Board has undergone a detailed recruitment programme in 2024/25 for the Chair, Non-Executive Directors, Executive Director of Corporate Affairs. Skill sets and succession planning has been a key part of this process with Governors led by the Lead Governor to the Trust.	Complied 
Section C, 4.12	The Remuneration Committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment, including but not limited to serving their full notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment.	This consideration has not been brought to Committee in 2024/25.	Complied 
Section C, 5.1	All directors and, for foundation trusts, governors should receive appropriate induction on joining the Board of Directors or the council of governors and should regularly update and refresh their skills and knowledge. Both directors and, for foundation trusts, governors should make every effort to participate in training that is offered.	The Trust has a comprehensive on Boarding for Director and Governors. Governor elections took place in 2024/25 to be in post in 2025/26 and will include internal and external training and engagement as part of the induction.	Complied 




Code ref	Requirement	Evidence	Completed
Section C, 5.2	The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities. Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training including on equality diversity and inclusion, including unconscious bias.	Update and knowledge briefings were held on areas such as the new hospital, charity etc in 2024/25. In line with the 2024/25 Governor elections which have resulted in new governors and re-elections a full skills and knowledge review is taking place to support targeted training in 2025/26. The governors selected to be involved in recruitment will receive appropriate training including on equality diversity and inclusion, including unconscious bias.	Complied  
Section C, 5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff. Directors and governors also need to be appropriately briefed on values and all policies and procedures adopted by the trust.	All Directors have access to all operations and staff. The Board has a director engagement programme in place which is being further developed in 2025/26. Governors are appropriately briefed on values and procedures adopted by the Trust at induction, their attendance at Committee meetings and Council of Governors meetings and targeted communications.	Complied  






Code ref	Requirement	Evidence	Completed
Section C, 5.4	The chair should ensure that new directors and, for foundation trusts, governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff, and system partners. Directors should also have access at the trust's expense to training courses and/or materials that are consistent with their individual and collective development programme.	The Trust has undergone recruitment for Non-Executive Directors and election of governors in 2024/25 that will commence in post in 2025/26. A full induction programme is scheduled which includes an engagement. A Director development programme is in place which is managed by the CEO and Chair as appropriate.	Complied 
Section C, 5.5	The Chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	The Chair agrees training and development as part of the annual appraisal cycle and mid-year as appropriate.	Complied 
Section C, 5.6	A foundation trust board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	Various training and engagement opportunities are planned by the Trust, or partners, for Governors to engage with, to improve skills and knowledge. A training programme with NHS Providers has been scheduled for newly appointed Governors. The Council of Governors self-assessment will further identify any areas that the Council feels additional training or improvements that could be made for 2025/26.	Complied 







Code ref	Requirement	Evidence	Completed
Section C, 5.7	The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and, for foundation trusts, governors should seek clarification or detail where necessary.	The Board and Council of Governors report templates ensure that all relevant information is of a suitable quality and captures the salient points of detail being shared. The Board and Council of Governors have an annual cycle of business to ensure that all key governance information is presented in the appropriate manner at the relevant time.	Complied 
Section C, 5.8	The Chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees; between directors and governors; and for all trusts, between senior management and non-executive directors; as well as facilitating appropriate induction and assisting with professional development as required.	The report templates used by all Committees and Trust Board within the Trust support that information shared is accurate and clear. Governors attend Committee meetings. This output supports the induction and training programme for Governors and NEDs. Coupled with an external best practice and benchmarking review.	Complied 
Section C, 5.9	The Board of Directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The Board of Directors and, for foundation trusts, the council of governors should agree their respective information needs with the executive directors through the chair. The information for boards should be concise, objective, accurate and timely, and complex issues should be clearly explained. The Board of Directors should have complete access to any information about the trust that it deems necessary to discharge its duties, as well as access to senior management and other employees.	The Chair, non-executive directors and Chief Executive each provide an update to the Council of Governors quarterly meetings, highlighting key achievements, upcoming projects and key partnership activities. The Board receives management updates on matters within the cycle of business, as well as ad hoc activities as and when they arise.	Complied 






Code ref	Requirement	Evidence	Completed
Section C, 5.10	The Board of Directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management. They do not need to appoint a relevant adviser for each and every subject area that comes before the Board of Directors but should ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis within the trust in a timely manner. On occasion, non-executives may reasonably decide that external assurance is appropriate.	The Standing Financial Instructions and Scheme of Delegation contains the provision for all Board members to obtain professional advice where appropriate.	Complied 
Section C, 5.11	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. The decision to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	The Board have access to independent professional advice where necessary to discharge their duties. It is included in their induction documentation at the time of their appointment.	Complied 
Section C, 5.12	Committees should be provided with sufficient resources to undertake their duties. The Board of Directors of foundation trusts should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	The Trust's Executive Director of Corporate Affairs is responsible for ensuring that there is adequate resource to support the Board, its Committees and the Council of Governors through the Corporate Governance Team. The team structure has been reviewed and proposals to enhance agreed to best support requirements in 2025 /26.	Complied 


Code ref	Requirement	Evidence	Completed
Section C, 5.13	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would in other similar roles.	This is managed with the Chair and Non-Executive Directors.	Complied 
Section C, 5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would other similar roles.	Timeliness of reporting is considered ongoing by the non-executive directors for committees and the board and is an aspect of the annual evaluation undertaken.	Complied 
Section C, 5.16	Where appropriate, the Board of Directors should in a timely manner take account of the views of the council of governors on the forward plan, and then inform the council of governors which of their views have been incorporated in the NHS foundation trust's plans and explain the reasons for any not being included.	The Chair, non-executive directors and Chief Executive each provide an update to the Council of Governors quarterly meetings, highlighting key achievements, upcoming projects and key partnership activities. The Board receives management updates on matters within the cycle of business, as well as ad hoc activities as and when they arise.	Complied 

Code ref	Requirement	Evidence	Completed
Section C, 5.17	The trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming foundation trust governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	The Trust provides for Governors who have acted in good faith within its overall insurance provision.	Complied 
Section D, 2.1	The Board of Directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the Board of Directors should not be a member and the vice chair or senior independent director should not chair the audit committee. The Board of Directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates.	The Trust has an <a href="#">Audit and Risk Committee</a> .	Complied 
Section D, 2.2	The main roles and responsibilities of the audit committee should include:		
	monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them	The Trust's Audit and Risk Committee Work Plan includes monitoring of the annual financial statements and effectiveness of the financial controls of the organisation.	Complied 



Code ref	Requirement	Evidence	Completed
Section D, 2.2	providing advice (where requested by the board of directors) on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's position and performance, business model and strategy	Minutes of the Audit & Risk Committee meetings evidence review of the annual report and accounts as scheduled for the 27.05.2025 for 2024/25.	Complied 
	reviewing the trust's internal financial controls and internal control and risk management systems, unless expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself	The Board Assurance Framework, High Level Risk Register, internal financial controls, Risk Management Policy and Risk and Compliance Group Terms of Reference form a section of the Audit and Risk Committee work plan and have been considered in 2024/25. This consists of Non-Executive Directors. Finance, risk the BAF and the strategy have also been considered by the Board in 2024/25.	Complied 
	monitoring and reviewing the effectiveness of the trust's internal audit function or, where there is not one, considering annually whether there is a need for one and making a recommendation to the board of directors	The Trust has an internal audit function with <a href="#">Audit Yorkshire</a> their effectiveness was considered in the Audit & Risk Committee in March for 2024/25.	Complied 
	reviewing and monitoring the external auditor's independence and objectivity	Review of the External Auditor and appointment is part of the Audit and Risk Committee Work Plan and is evidenced in minutes of meetings held in 2024/25.	Complied 
	reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements	External Audit Annual Plan and fees along with progress reports are presented to the Audit & Risk Committee, scheduled in the Work Plan. These were presented in January 2024/25.	Complied 

Code ref	Requirement	Evidence	Completed
Section D, 2.2	reporting to the Board of Directors on how it has discharged its responsibilities.	An AAA model report is produced by the Chair of each Committee which is presented to the Trust Board.	Complied 
Section D, 2.3	A trust should change its external audit firm at least every 20 years. Legislation requires an NHS trust to newly appoint its external auditor at least every five years. An NHS foundation trust should re-tender its external audit at least every 10 years and in most cases more frequently than this.	The Trust's external auditors are Grant Thornton (since 2016-17) they were newly appointed in 2025 subject to COG approval).	Complied 
Section D, 2.5	Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services.	The Trust non-policy on the purchase of non-audit services from its external auditor is managed by the Finance which is considered by the audit committee. External audit have not been engaged in no audit services for 2024/25.	Complied 
Section E, 2.1	Any performance-related elements of executive directors' remuneration should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the Remuneration Committee should consider the following provisions.	This is not applicable for the Trust for 2024/25 as there has not been any performance related elements.	Complied 
	Whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients.	This is not applicable for the Trust for 2024/25 as there has not been any annual bonuses.	Complied 
	Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the trust. Consideration should be given to criteria which reflect the performance of the trust against some key indicators and relative to a group of comparator trusts, and the taking of independent and expert advice where appropriate.	The Trust has submitted details to internal audit to meet the requirements in 2024/25.	Complied 


Code ref	Requirement	Evidence	Completed
Section E, 2.1	Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed and must be limited to the lower of £17,500 or 10% of basic salary.	This is not applicable for the Trust for 2024/25 as there are no annual bonuses. The Trust has submitted details to internal audit to meet the requirements in 2024/25.	Complied 
	The Remuneration Committee should consider the pension consequences and associated costs to the trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.	The <a href="#">Nominations and Remuneration Committee</a> have considered the pension consequences etc. in 2024/25 as applicable as evidenced by the minutes of those meetings.	Complied 
Section E, 2.2	Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure.	The levels of remuneration for the Chair and Non-Executives of the Trust are reflected of the Non-Executive Director remuneration structure.	Complied 
Section E, 2.4	The Remuneration Committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	See section 4.12 this has not been brought to Committee in 2024/25	Complied 
Section E, 2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity.	In the event that the Trust had a severance payment whether contractual or otherwise, this would be discussed with the NHS England regional director.	Complied 

Code ref	Requirement	Evidence	Completed
Section E, 2.7	The Remuneration Committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The board should define senior management for this purpose, and this should normally include the first layer of management below board level.	The <a href="#">Nominations and Remuneration Committee</a> set remuneration for all executive directors including pension rights and any compensation payments. This included recommending and monitoring the level and structure of remuneration for senior management.	Complied 




**The provisions listed below require information to be made available to governors, even in the case that the trust is compliant with the provision.**

Code ref	Requirement	Evidence	Completed
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.	The Trust's Constitution sets out this requirement for Governors. The Governor Handbook and Code of Conduct set out the requirements and expectations of Governors. A Standing Operating Procedure (SOP) has been updated/ developed for those who may not meet the minimum requirements, for approval by the Council of Governors in June 2025.	Complied 
Section C, 5.7	The Board of Directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enables them to discharge their respective duties. Foundation trust governors should be provided with information on ICS plans, decisions and delivery that directly affect the organisation and its patients. Statutory requirements on the provision of information from the foundation trust Board of Directors to the council of governors are provided in Your statutory duties: a reference guide for NHS foundation trust governors.	The Board and Council of Governors report templates ensure that all relevant information is of a suitable quality and captures the salient points of detail being shared. The Board and Council of Governors have an annual cycle of business to ensure that all key governance information is presented in the appropriate manner at the relevant time. Further in-depth information is provided to the Board assurance committees which governors attend.	Complied 

The provisions listed below require supporting information to be made available to members, even in the case that the trust is compliant with the provision.

Code ref	Requirement	Evidence	Completed
Section C, 2.9	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information.	Governors are subject to re-election not exceeding three years. Elections took place in 2024/25 to take up post in 2025/26. This was with the support of Civica. Sufficient biographical details etc. was included to enable members to make an informed decision.	Complied 

The provisions listed below require 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.

Code ref	Requirement	Evidence	Completed
Section B, 2.13	The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the Board of Directors and publicly available.	The responsibilities of the <a href="#">Chair, Chief Executive &amp; Senior Independent Director</a> are agreed by the board and are publicly available on the Trust website	Complied 
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's website.	The Board has made a clear statement about its own <a href="#">balance and completeness</a> and appropriateness which is within the annual report and listed on the <a href="#">Trust website</a>	Complied 
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. The board member with responsibility for HR should sit as an advisor on the remuneration committee. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.	The Board has a <a href="#">Remuneration Committee</a> of independent non-executive directors The membership comprises of three independent non-executive directors and the Executive Director of People & Organisational Development is an advisor to this Committee.	Complied 



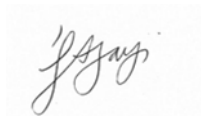
**Appendix B –  
Annual Accounts  
for the year ended  
31 March 2025**

**FOREWORD TO THE ACCOUNTS**

**AIREDALE NHS FOUNDATION TRUST**

The accounts for the year ended 31 March 2025 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 2025 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: 30 June 2025

**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: 30 June 2025

**NATIONAL HEALTH SERVICES ACT 2006**

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

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

**1. Application and interpretation**

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

(2) In these Directions:

(a) references to "the accounts" and to "the annual accounts" refer to:

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

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

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

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

**2. Form and content of accounts**

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

**3. Annual accounts**

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

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

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

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

**4. Annual accounts: Statement of accounting officer's responsibilities**

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

**5. Annual accounts: Foreword to accounts**

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

**Signed by the authority of NHS England.**

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR TO  
31 March 2025

	Note	2024/25		2023/24	
		Group £000	Foundation Trust £000	Group £000	Foundation Trust £000
<b>Operating income from continuing operations</b>	3	<b>310,787</b>	<b>303,547</b>	<b>272,633</b>	<b>267,659</b>
<b>Operating expenses of continuing operations:</b>					
- Operating expenses		(326,077)	(319,867)	(278,256)	(275,122)
- Exceptional item - (Impairment)*		(18,736)	(18,736)	(22,614)	(22,614)
<b>Total Operating Expenses</b>	4	<b>(344,813)</b>	<b>(338,603)</b>	<b>(300,870)</b>	<b>(297,736)</b>
<b>Operating (Deficit)/Surplus before Finance costs</b>		<b>(34,026)</b>	<b>(35,056)</b>	<b>(28,237)</b>	<b>(30,077)</b>
<b>FINANCE COSTS</b>					
Finance income	6.1	1,207	1,364	1,390	1,687
Finance expense - financial liabilities	6.2	(368)	(784)	(135)	(775)
Finance expense - unwinding of discount on provisions	6.2 / 17.2	(19)	(19)	(19)	(19)
Public Dividend Capital - dividends payable		(1,639)	(1,639)	(1,514)	(1,514)
<b>NET FINANCE COSTS</b>		<b>(819)</b>	<b>(1,078)</b>	<b>(278)</b>	<b>(620)</b>
Gains/(loss) on disposal of assets	6.4	(45)	(45)	-	-
Movement in fair value of other investments	6.4	(14)	-	42	-
Share of profit in associates / joint ventures	20.3	171	171	284	284
Corporation Tax Expense	1.18	(453)	-	(844)	-
<b>(DEFICIT)/SURPLUS FOR THE YEAR</b>		<b>(35,186)</b>	<b>(36,007)</b>	<b>(29,033)</b>	<b>(30,413)</b>
<b>OTHER COMPREHENSIVE INCOME</b>					
<b>Will not be reclassified to income and expenditure</b>		<b>Group</b>	<b>Foundation Trust</b>	<b>Group</b>	<b>Foundation Trust</b>
		<b>2024/25</b>	<b>2024/25</b>	<b>2023/24</b>	<b>2023/24</b>
	Note	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Impairments/Reversals	7	(1)	(1)	(1,028)	(1,028)
Revaluations	7	2	2	36	36
Other reserve movements		23	-	206	-
<b>TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR</b>		<b>(35,162)</b>	<b>(36,006)</b>	<b>(29,819)</b>	<b>(31,405)</b>
<b>(Deficit)/surplus for the period attributable to:</b>					
Airedale NHS Foundation Trust		(35,186)	(36,007)	(29,033)	(30,413)
<b>Total</b>		<b>(35,186)</b>	<b>(36,007)</b>	<b>(29,033)</b>	<b>(30,413)</b>
<b>Total comprehensive (expense)/income for the period attributable to:</b>					
Airedale NHS Foundation Trust		(35,162)	(36,006)	(29,819)	(31,405)
<b>Total</b>		<b>(35,162)</b>	<b>(36,006)</b>	<b>(29,819)</b>	<b>(31,405)</b>

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 2024/25, £18.7m was charged to operating expenses as a result of impairment of the RAAC remedial works undertaken during the year. See sections 1.8.2, 1.25 for further details.

This part of the overall impairment has been pulled out separately as it directly relates to the RAAC disclosure as an exceptional item.


The notes on pages 10 to 56 form part of these accounts.

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
as at 31 March 2025

	Note	31 March 2025		31 March 2024	
		Group	Foundation Trust	Group	Foundation Trust
		£000	£000	£000	£000
<b>Non-current assets</b>					
Intangible assets	8	13,509	13,509	6,276	6,276
Property, plant and equipment	7.2/7.5/7.8	72,155	64,884	69,626	61,868
Right of use assets	7.13/7.15	10,715	11,366	11,777	12,479
Investments in subsidiary / joint ventures	20.3/20.4	370	9,261	473	9,364
Other Investments	20.5	583	-	600	-
Loans to subsidiary	20.4	-	13,645	-	16,546
Receivables	10.1	3,363	1,225	3,422	1,156
<b>Total non-current assets</b>		<b>100,695</b>	<b>113,891</b>	<b>92,174</b>	<b>107,688</b>
<b>Current assets</b>					
Inventories	9	3,200	1,366	3,129	1,381
Receivables	10.1	10,638	10,397	14,189	12,356
Loans to subsidiary	20.4	-	755	-	657
Cash and cash equivalents	11	22,394	12,679	16,594	7,891
<b>Total current assets</b>		<b>36,232</b>	<b>25,196</b>	<b>33,912</b>	<b>22,285</b>
<b>Current liabilities</b>					
Trade and other payables	12	(41,564)	(40,280)	(32,999)	(31,891)
Borrowings					
- IFRS16 leases (excl intercompany)		(1,408)	(1,023)	(726)	(480)
- IFRS16 leases (intercompany)		-	(856)	-	(828)
Total Borrowings (current)	14.3	(1,408)	(1,879)	(726)	(1,308)
Provisions	17	(2,043)	(1,949)	(1,317)	(1,285)
Other liabilities	13	(1,964)	(1,964)	(2,120)	(2,120)
<b>Total current liabilities</b>		<b>(46,979)</b>	<b>(46,073)</b>	<b>(37,162)</b>	<b>(36,604)</b>
<b>Total assets less current liabilities</b>		<b>89,948</b>	<b>93,014</b>	<b>88,924</b>	<b>93,368</b>
<b>Non-current liabilities</b>					
Borrowings					
- IFRS16 leases (excl intercompany)		(10,105)	(3,468)	(11,246)	(4,287)
- IFRS16 leases (intercompany)		-	(19,775)	-	(20,631)
Total Borrowings (non-current)	14.3	(10,105)	(23,243)	(11,246)	(24,918)
Provisions	17	(994)	(993)	(991)	(991)
Other liabilities	13	-	-	-	-
<b>Total non-current liabilities</b>		<b>(11,099)</b>	<b>(24,236)</b>	<b>(12,237)</b>	<b>(25,909)</b>
<b>Total assets employed</b>		<b>78,849</b>	<b>68,779</b>	<b>76,687</b>	<b>67,460</b>
<b>Financed by (taxpayers' equity)</b>					
Public Dividend Capital		169,073	169,073	131,748	131,748
Revaluation reserve		598	598	633	633
Income and expenditure reserve		(91,891)	(100,891)	(56,818)	(64,922)
Charitable fund reserves	20.5	1,069	-	1,124	-
<b>Total taxpayers' equity</b>		<b>78,849</b>	<b>68,779</b>	<b>76,687</b>	<b>67,459</b>

The notes on pages 10 to 56 form part of these accounts.

The financial accounts on pages 1 to 56 were approved by the Board of Directors on

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

Date: 30 June 2025

## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

### Information on reserves

#### Public dividend capital

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

#### Income and Expenditure Reserve

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

#### Revaluation Reserve

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

#### Charitable funds reserve

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

The notes on pages 10 to 56 form part of these accounts.

**CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED  
31 March 2025**

<b>GROUP</b>	<b>Public Dividend Capital</b>	<b>Income and Expenditure Reserve</b>	<b>Revaluation Reserve</b>	<b>Charitable Funds Reserve</b>	<b>Total Tax Payers Equity</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
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	<u>169,073</u>	<u>(91,891)</u>	<u>598</u>	<u>1,069</u>	<u>78,849</u>

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

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

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

The notes on pages 10 to 56 form part of these accounts.

**FOUNDATION TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED  
31 March 2025**

<b>Foundation Trust</b>	<b>Public Dividend Capital</b>	<b>Income and Expenditure Reserve</b>	<b>Revaluation Reserve</b>	<b>Total Tax Payers Equity</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
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	<u>169,073</u>	<u>(100,891)</u>	<u>598</u>	<u>68,780</u>

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

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

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

The notes on pages 10 to 56 form part of these accounts.

**CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED  
31 March 2025**

		2024/25	2024/25	2023/24	2023/24
	Note	Group £000	Foundation Trust £000	Group £000	Foundation Trust £000
<b>Cash flows from operating activities</b>					
Operating (deficit)/surplus from continuing operations		(34,026)	(35,056)	(28,237)	(30,077)
		(34,026)	(35,056)	(28,237)	(30,077)
<b>Non-cash income and expense</b>					
Depreciation and amortisation	4/7	9,515	8,878	8,962	8,757
Impairments and reversals	4/7.1	22,282	22,282	22,614	22,614
Non-cash donations/grants credited to income	7.22	-	-	(9)	(9)
(Increase)/Decrease in receivables		3,051	1,601	816	1,864
(Increase)/Decrease in other Assets		-	-	-	-
(Increase)/Decrease in inventories		(71)	15	(264)	(80)
Increase/(Decrease) in trade and other payables		2,528	3,740	(108)	(3,403)
Increase/(Decrease) in other liabilities		(156)	(156)	(3,240)	(3,239)
Increase/(Decrease) in provisions		710	648	(1,035)	(882)
Corporation Tax Paid		(453)	-	(456)	-
Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		32	-	(4)	-
Other movements in cash flow		296	(1)	311	41
<b>NET CASH GENERATED FROM OPERATIONS</b>		<b>3,708</b>	<b>1,952</b>	<b>(650)</b>	<b>(4,414)</b>
<b>Cash flows from investing activities</b>					
Interest received		1,168	1,364	1,349	1,687
Proceeds from sales / settlements of financial assets / investments (incl repayments issued on loans to subsidiaries)		-	2,804	-	634
Distributions received from joint ventures		274	274	512	512
Purchase of intangible assets		(10,371)	(10,371)	(4,516)	(4,516)
Purchase of Property, Plant and Equipment		(23,768)	(25,138)	(32,376)	(26,045)
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(8)	-	-	-
NHS charitable funds: net cash flows from investing activities		25	-	-	-
Receipt of cash donations to purchase capital assets		-	-	9	9
<b>Net cash used in investing activities</b>		<b>(32,680)</b>	<b>(31,067)</b>	<b>(35,022)</b>	<b>(27,719)</b>
<b>Cash flows from financing activities</b>					
Public dividend capital received		37,325	37,325	32,512	32,512
Loans repaid		-	-	-	-
Capital element of finance lease rental payments		(834)	(1,288)	(1,536)	(2,325)
Interest Paid		-	-	-	-
Interest element of lease liability repayments		(369)	(784)	(116)	(776)
PDC dividend paid		(1,350)	(1,350)	(1,767)	(1,767)
<b>Net cash generated from/(used in) financing activities</b>		<b>34,772</b>	<b>33,903</b>	<b>29,093</b>	<b>27,644</b>
<b>Net (decrease)/increase in cash and cash equivalents</b>	11	5,800	4,788	(6,579)	(4,488)
<b>Cash and cash equivalents at 1 April</b>	11	<b>16,594</b>	<b>7,891</b>	<b>23,173</b>	<b>12,380</b>
<b>Cash and cash equivalents at 31 March</b>	11	<b>22,394</b>	<b>12,679</b>	<b>16,594</b>	<b>7,891</b>

The notes on pages 10 to 56 form part of these accounts.

**Note 1 Accounting Policies and Other Information**

**Note 1.1 Basis of Preparation**

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

**Note 1.1.1 Accounting Convention**

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

**Note 1.2 Going Concern Basis**

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

The Trust has developed a £14.7m deficit financial plan for 2025/26, the detail of which has been independently reviewed by NHS England, and Bradford District & Craven PLACE stakeholders. This deficit position involves the achievement of a challenging £20.0m waste reduction programme which has been benchmarked with other West Yorkshire ICS providers. The plan also includes a requirement for £10.8m of deficit support funding, to maintain the Trust cashflow. The Trust knows of no change in market conditions that would impact on its ability to continue to operate successfully.

**Note 1.3 Consolidation**

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

**NHS Charitable Funds**

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

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

**Other subsidiaries**

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

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

**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. These are accounted for using the equity method.

**Note 1.4 Revenue from contracts with customers**

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

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

**Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's 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 Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the 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.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

**Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the 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**

**1.6.1 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](http://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 2025, is based on valuation data as 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

**b) Full actuarial (funding) valuation**

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 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.

**Note 1.6 Expenditure on Employee Benefits (continued)**

**Other Pension Costs**

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

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

**Note 1.7 Expenditure on Other Goods and Services**

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

**Note 1.8 Property, Plant and equipment**

**Note 1.8.1 Recognition**

Property, plant and equipment is capitalised where:

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

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

**Subsequent Expenditure**

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

**Note 1.8.2 Measurement**

**Valuation**

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

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

**Note 1.8.2 Property, Plant and equipment Measurement (Continued)**

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

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

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

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors Valuation standards. The most recent asset valuation was undertaken by Cushman and Wakefield with a valuation date of 31 March 2025.

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

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

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

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

**Depreciation**

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

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

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

**Note 1.8.2 Property, Plant and equipment - Measurement (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.

**Revaluation gains and losses**

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

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

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

**Impairments**

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

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

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

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

- RAAC remedial works	£18.736m
- EPR	£3.138m
- Other movements (net)	£0.408m
<hr/>	
<b>- Net Impairment/(Reversal)</b>	<b>£22.282m</b>

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

**Note 1.8.3 De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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

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

**Note 1.8.4 Donated and grant funded assets**

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

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

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

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

**Software**

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

The Trust currently has one intangible asset (under construction), the Electronic Patent Record (EPR) system, which was due to come into use in 2024/25. However, due to ongoing development it is now expected to come into use in financial year 2026/27.

**Measurement**

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

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

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

**Amortisation**

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits. The EPR asset will begin to amortise from the quarter after it comes into use.

**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.

Between 2020/21 and 2023/24 the Trust receives inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

**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

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

**Note 1.12 Financial Assets and Financial Liabilities**

**Note 1.12.1 Recognition**

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

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

**Note 1.12.2 Classification and Measurement**

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

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

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

Financial liabilities classified as subsequently measured at amortised cost.

**Financial assets and financial liabilities at amortised cost**

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

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

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

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

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

**Note 1.12 Financial Instruments and Financial Liabilities (Continued)**

**Note 1.12.2 Classification and Measurement (continued)**

**Financial assets at fair value through income and expenditure**

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

**Impairment of Financial Assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

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

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

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

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

**Note 1.12.3 Derecognition**

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

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

**Note 1.13 Leases**

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

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

### Note 1.13.1 The Trust as lessee

#### **Initial recognition and measurement**

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

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

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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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

#### **Subsequent measurement**

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

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

#### **The Trust as lessor**

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

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

#### **Finance leases**

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

#### **Operating leases**

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

**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 2025:

		<b>Nominal rate</b>	<b>Prior year rate</b>
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

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 2025:

	<b>Inflation rate</b>	<b>Prior year rate</b>
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
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 2.40% in real terms (prior year: 2.45%).

**Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 17.3 but is not recognised in the Trust's accounts.

**Non-clinical Risk Pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

**Note 1.15 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 15 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 15, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

**Note 1.16 Public Dividend Capital**

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

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

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

This policy is available at:

<https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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

**Note 1.17 Value Added Tax**

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

AGH Solutions Limited is a wholly owned subsidiary and is registered for VAT.

**Note 1.18 Corporation Tax**

At the Spring Budget 2021, the Corporation Tax main rate for non-ring fenced profits was increased from 19% to 25% for companies with profits above £250,000. This is the rate applicable to AGH Solutions Limited's profits. This rate will continue for 2025/26.

**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.

**Note 1.18 (continued)**

**Deferred Taxation**

Tax on the profit or loss for the year comprises current and deferred tax. Tax is recognised in the Statement of Comprehensive Income except to the extent that it relates to items recognised directly in equity or other comprehensive income, in which case it is recognised directly in equity or other comprehensive income. Current tax is the expected tax payable or receivable on the taxable income or loss for the year, using tax rates enacted or substantively enacted at the reporting date, and any adjustment to tax payable in respect of previous years. Deferred tax is provided on temporary differences between the carrying amounts of assets and liabilities, for reporting purposes and the amounts used for taxation purposes. The amount of deferred tax provided is based on the expected manner of realisation or settlement of the carrying amount of assets and liabilities, using tax rates enacted or substantially enacted on the reporting date. A deferred tax asset is recognised only to the extent that it is probable that future taxable profits will be available against which the temporary difference can be utilised.

Deferred taxation - 2024/25 £2.138m (2023/24 - £2.304m 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 2024/25.

**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 2024/25:

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

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

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

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

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

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

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

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

The impact of applying these changes will not affect the financial statements of Airedale NHS Foundation Trust, as the site is not valued on the alternative site basis, instead it is valued at modern equivalent value on

**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 an alternative site basis, but in the current location. The site is valued based on the size of the modern equivalent, and not the actual site area occupied at current (i.e. MEA site area 6.8 hectares, compared to existing site 20.93 hectares, a reduction of 2/3).

As stated in note 1.8.2, the Trust has had a revaluation of its estate as at 31 March 2025, which was a full revaluation of all the RAAC impacted assets, which incorporated a site visit to update the valuer on the condition of the RAAC panel construction of the hospital and the remedial works undertaken in 2024/25. The remaining parts of the estate were updated on a desktop valuation basis.

The valuation is net of VAT. The Trust set up a wholly owned subsidiary which is a limited company registered for VAT, which will be responsible for providing a fully managed hospital, which supports the option to value net of VAT. The substance of the transaction between the Trust and AGH Solutions Limited, for the Property, Plant and Equipment has resulted in a finance lease.

Historic Car Parking Cash settlement following the judgement in Northumbria vs HMRC and prior to the Supreme Court Appeal

Brockenhurst College brought a successful case against HMRC that car parking charges in educational establishments should not be subject to VAT. A subsequent case was brought based on that precedent, to challenge the VAT treatment for NHS car parks.

Since May 2017, Northumbria Healthcare NHS Foundation Trust, have challenged HMRC's view that VAT is chargeable at the standard rate for charges levied for car parking at sites operated by the NHS. This long-running claim had numerous NHS Trusts sitting behind the lead case, including Airedale NHS Foundation Trust. Airedale initially lodged a claim in 2017, for the allowable 4-year window covering the period 2013-2017. When that claim became time barred for recovery, Airedale claimed again in 2020 covering the period 2017 – March 2020.

The argument was previously lost in the First Tier Tribunal in 2021, and subsequently lost again in the Upper Tribunal in 2022, before moving to the Court of Appeal in February 2024. The Court of Appeal on Tuesday 27th February 2024 issued a landmark ruling against HMRC, concluding that car parking income should not be treated as standard rated for VAT. This is on the basis that it is not an economic activity (business), but rather it comes under a special legal regime not in competition with commercial operators, so outside the scope of VAT. HMRC have appealed to the Supreme Court with the case expected to be heard April 2025, decision no later than September 2025.

HMRC have written to Airedale NHS Foundation Trust based on the Court of Appeal decision in February 2024, offering a cash settlement of £1.67m covering overpaid VAT from 2013-2024. This is subject to repayment with interest if the case is overturned in 2025. Airedale received a payment of £1.06m in February 2025, with the remainder in query with HMRC.

The Trust has accounted for this payment as income (net of fees) but due to the appeal by HMRC the Trust has included a provision under IAS 37 for repayment in full, meaning the impact on the 2024/25 financial position is net neutral.

**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

a) Property Plant and Equipment

The Trust's accounting policy for property, plant and equipment is detailed in Note 1.8. The carrying value of property, plant and equipment is detailed in Note 7. As stated above Cushman and Wakefield (C&W) has provided an MEA valuation of land and buildings, whilst on an annual basis management estimates the useful economic lives of equipment based on management's judgement and experience. When management identifies that actual useful lives differ materially from the estimates used to calculate depreciation, that charge is adjusted prospectively. This judgement has been used in determining the asset lives of different areas of the site, on the basis of their condition.

(a1) Reinforced Autoclaved Aerated Concrete (RAAC) panels

The temporary impairment of areas of the hospital which is where significant and urgent remedial works are required to the RAAC construction elements in order to extend the safe useful life of the affected buildings until 2030. C&W advised the Trust that the associated liability would be taken into account by a potential Purchaser of the asset as at 31 March 2025, and should therefore be accounted for in the valuation. As at 31 March 2025, the Trust are however not in a position where they are able to reliably measure/quantify the extent and cost of the remedial works required and therefore not able to reliably take the liability into account in the valuation.

To mitigate the above uncertainty, the Trust has had its 5th 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 2024/25.

It will continue to be reviewed annually and the effect of the planned remedial works will be adjusted for as required.

(a2) Sensitivity analysis

Due to the assumptions in the RAAC valuation methodology, generating a degree of uncertainty, this could increase sensitivities in the values and lives of buildings.

Values

A 1% change in the RAAC affected buildings valuation would have £67k impact on the Trust statement of financial position (2023/24 £80k) with a £1-2k impact on the PDC dividend due to be paid next year and accrued in these financial statements. This impact is low and reducing due to the relatively low lives and asset values remaining.

For comparison, a 1% change in the valuation of all land and buildings (RAAC and non-RAAC) would have £461k impact on the Trust statement of financial position (2023/24 £477k) with a £8k impact on the PDC dividend due to be paid next year and accrued in these financial statements.

Lives

The impact on the Trust statement of financial position of a variation in RAAC asset lives is more material due to the short-lives remaining (see table below):

Variation in RAAC		
asset lives	2024/25	2023/24
	£000	£000
1 year	1.496	1.466
2 year	2.992	2.932
3 year	4.488	4.398
4 year	5.984	5.864
5 year	7.480	7.330

The RAAC population is £6.7m of the total £46.1m Land and Buildings value (2023/24 £8.0m of the total £47.7m Land and Buildings value).

The variation in non-RAAC lives is not disclosed as due to the average life of the retained estate being 40 years, the sensitivity and therefore estimation uncertainty is significantly lower.

## **2 Operating segments**

The Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Board of Directors.

These activities are primarily the provision of NHS healthcare, the income for which is received through contracts with commissioners. In 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 -£36,007k excluding the Airedale Hospital & Community Charity and AGH Solutions Limited, which is the same as the position reported in the Statement of Comprehensive Income.

There have been no changes from prior periods in the measurement methods used to determine reported segment profit or loss.

The composition of the entity's reportable segments has not changed since the previous reporting period.

AGH Solutions Limited is a wholly owned subsidiary of the Trust reporting to the Trust's Board but is managed as an independent limited company.

AGH Solutions Limited's activities are **primarily those of the Operator of a Fully Managed Healthcare Facility**.

### **2.1 Operating Segments-Statement of Cash Flow**

AGH Solutions Limited and Airedale Hospital & Community Charity's activities are included in this account for consolidation.

### 3 Operating Income from continuing operations

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

#### 3.1a Income from patient care activities (by nature):

	2024/25 Group	2024/25 Foundation Trust	2023/24 Group	2023/24 Foundation Trust
	£000	£000	£000	£000
* Income from commissioners under API contracts - variable element	10,005	10,005	656	656
Income from commissioners under API contracts - fixed element*	218,704	218,704	196,996	196,996
High cost drugs from Commissioners	16,863	16,863	15,511	15,511
Community Services	6,693	6,693	6,049	6,049
*** National pay award central funding	583	583	113	113
** Additional pension contribution central funding	12,164	11,768	7,149	6,863
Other non-protected Clinical income	17,186	17,449	24,163	23,902
<b>Total income from activities</b>	<b>282,198</b>	<b>282,065</b>	<b>250,637</b>	<b>250,090</b>

\* 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.

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**3.1b Income from patient care activities (by source):**

	2024/25 Group £000	2024/25 Foundation Trust £000	2023/24 Group £000	2023/24 Foundation Trust £000
NHS Providers	3,444	3,312	3,021	2,882
ICBs, NHS England and SCCL	266,058	266,058	230,855	230,455
NHS Other	-	-	45	45
Non NHS: Private Patients	-	-	-	-
Non NHS: Overseas visitors	27	27	38	38
+ NHS injury scheme (see below)	573	573	344	344
Non NHS: Other	12,096	12,095	16,334	16,326
<b>Total income from activities</b>	<b>282,198</b>	<b>282,065</b>	<b>250,637</b>	<b>250,090</b>

**3.1c Other operating income from contracts with customers (in accordance with IFRS 15):**

Research and development (contract)	643	643	630	630
Education and training (excluding notional apprenticeship levy income)	11,199	11,198	8,834	8,834
Non-patient care services to other bodies	6,286	179	4,401	230
Income in respect of employee benefits accounted on a gross basis	498	498	395	395
Other contract income (see note 3.2)	9,181	8,423	6,781	6,744
<b>Other non-contract operating income (non-IFRS 15):</b>		.		.
Notional income from Apprenticeship Fund	541	541	700	700
Cash donations for the purchase of capital assets - received from other bodies	-	-	9	9
++ Contribution to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	-	-	27	27
Charitable Funds: Incoming Resources excluding investment income	241	-	219	-
<b>Total other operating income</b>	<b>28,589</b>	<b>21,482</b>	<b>21,996</b>	<b>17,569</b>
<b>Total operating income</b>	<b>310,787</b>	<b>303,547</b>	<b>272,633</b>	<b>267,659</b>

+ NHS injury scheme income is subject to a provision for doubtful debts of 13.95% (2023/24 - 13.40%) to reflect expected rates of collection. Airedale NHS Foundation Trust use a local percentage rather than the national percentage, which is allowable within guidance.

++ These relate to equipment or consumables given to the Trust to aid in the COVID-19 response.

**3.2 Analysis of Other Contract Income: Other**

	2024/25	2023/24
	Group	Group
	£000	£000
Car Parking	1,441	1,298
Catering	647	586
Pharmacy Sales	139	97
Staff Accommodation rental	301	78
Crèche services	1,090	837
Clinical Tests	723	627
Other income	4,840	3,258
	<u>9,181</u>	<u>6,781</u>

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:

	2024/25	2023/24
	Group	Group
	£000	£000
Commissioner requested services	33,561	22,216
Non-commissioner requested services	248,637	228,421
<b>Total</b>	<u><b>282,198</b></u>	<u><b>250,637</b></u>

**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)**

	2024/25	2023/24
	Group	Group
	£000	£000
Income recognised this year	27	38
Cash payments received in year	27	38
Amounts <u>added</u> 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)	0	4

## 4. Operating Expenses from continuing operations

## 4.1 Operating expenses comprise:

	Note	2024/25	2024/25	2023/24	2023/24
		Group	Foundation Trust	Group	Foundation Trust
		£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies		1,346	1,346	1,448	1,448
Purchase of healthcare from non NHS bodies		2,400	2,337	2,032	1,984
Employee expenses - staff (excl. additional pension, R&D staff, Education staff)		208,342	193,472	184,773	171,140
Additional pension contribution (centrally funded)*		12,164	11,768	7,149	6,863
Remuneration of non-executive directors		134	126	151	138
Supplies and services - clinical (excluding drug costs)		30,403	21,450	21,231	15,714
Supplies and services - clinical utilisation of consumables from DHSC group bodies for COVID response		43	43	51	51
Supplies and services - general		2,825	37	2,792	56
Drugs Inventories consumed		20,477	20,477	17,884	17,884
Inventories written down (net, including inventory drugs)		65	65	236	236
Consultancy costs		1,090	1,036	1,059	814
Establishment		1,093	729	1,244	939
Premises - business rates payable to local authorities		706	706	617	617
Premises - other		12,081	35,177	12,296	33,788
Transport (including patient travel)		1,085	903	980	859
Depreciation on property, plant and equipment	7.1/7.4/7.10/7.12/7.7	9,515	8,878	8,962	8,757
Impairment of Property, Plant & Equipment, net of reversals	7.1/7.4/7.7/7.12	19,144	19,144	22,614	22,614
Impairment of Intangible assets, net of reversals	8	3,138	3,138	-	-
Movement in credit loss allowance: contract receivables / contract assets	10.2	26	26	(159)	(159)
Movement in credit loss allowance: all other receivables and investments	10.2	9	9	9	20
Audit services- statutory audit**		140	140	128	128
Other auditors remuneration***		35	-	37	-
Audit fees payable to external auditor of charitable fund accounts****		1	-	2	-
Internal audit costs - (not included in employee expenses)		118	93	90	73
Clinical negligence - amounts payable to NHS Resolution (premiums)		7,838	7,838	7,201	7,201
Legal fees		243	236	142	118
Insurance		155	39	121	11
Research and development - staff costs		627	627	592	592
Research and development - non-staff		1	-	1	1
Education and training - staff costs		4,705	4,705	3,375	3,375
Education and training - non staff		761	713	688	665
Notional apprenticeship expenditure		541	541	700	700
Lease expenditure - Low value / Short-term / variable payments not included in liability		87	24	106	31
Losses, ex gratia & special payments- (not included in employee expenses)		110	27	26	26
NHS charitable funds: Other resources expended	20.5	320	-	262	-
Other		3,045	2,753	2,030	1,051
<b>Operating expenses</b>		<b>344,813</b>	<b>338,603</b>	<b>300,870</b>	<b>297,736</b>

\* Addition pension contribution figures which equates to 9.4% of the employer pension contribution (6.3% in 2023/24) 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 £140k (£117k+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 Azet Holdings Ltd. The external audit liability is limited to a maximum of £5 million.

\*\*\*\*The independent examination of Airedale Hospital & Community Charity. This independent examination is performed by Stirk, Lambert and Co.

## 5. Employee expenses and numbers

## 5.1a Employee expenses

	Group					
	2024/25			2023/24		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
£000	£000	£000	£000	£000	£000	
Salaries and wages	168,106	168,106	-	144,778	144,778	-
Social Security Costs	17,533	17,533	-	16,174	16,174	-
Apprenticeship levy	830	830	-	751	751	-
Employer contributions to NHS Pensions Agency	30,776	30,776	-	23,771	23,771	-
Agency staff	8,593	-	8,593	10,415	-	10,415
	<b>225,838</b>	<b>217,245</b>	<b>8,593</b>	<b>195,889</b>	<b>185,474</b>	<b>10,415</b>

Balance to OpEx Note 4.1

Employee expenses - staff	208,342		184,773
Additional pension contribution (centrally funded)	12,164		7,149
Research and development - staff costs	627		592
Education and training - staff costs	4,705		3,375
	<b>225,838</b>		<b>195,889</b>

	Foundation Trust					
	2024/25			2023/24		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
£000	£000	£000	£000	£000	£000	
Salaries and wages	154,624	154,624	-	133,718	133,718	-
Social Security Costs	16,482	16,482	-	15,274	15,274	-
Apprenticeship levy	830	830	-	707	707	-
Employer contributions to NHS Pensions Agency	29,771	29,771	-	22,643	22,643	-
Agency staff	8,865	-	8,865	9,628	-	9,628
	<b>210,572</b>	<b>201,707</b>	<b>8,865</b>	<b>181,970</b>	<b>172,342</b>	<b>9,628</b>

Balance to OpEx Note 4.1

Employee expenses - staff	193,472		171,140
Additional pension contribution (centrally funded)	11,768		6,863
Research and development - staff costs	627		592
Education and training - staff costs	4,705		3,375
	<b>210,572</b>		<b>181,970</b>

## 5.1b Average number of employees (WTE basis)

	Group					
	Total 2024/25	Permanently Employed	Other	Total 2023/24	Permanently Employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	468	413	55	427	379	48
Administration and estates	485	442	43	472	410	62
Healthcare assistants and other support staff	1,342	1,289	53	1,307	1,240	67
Nursing, midwifery and health visiting staff	919	863	56	871	810	61
Scientific, therapeutic and technical staff	350	344	6	333	327	6
Healthcare science staff	159	159	-	151	151	-
Other	7	7	-	9	9	-
<b>Total</b>	<b>3,730</b>	<b>3,517</b>	<b>213</b>	<b>3,570</b>	<b>3,326</b>	<b>244</b>

	Foundation Trust					
	Total 2024/25	Permanently Employed	Other	Total 2023/24	Permanently Employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	468	413	55	427	379	48
Administration and estates	300	287	13	470	410	60
Healthcare assistants and other support staff	1,103	1,051	52	958	891	67
Nursing, midwifery and health visiting staff	919	863	56	871	810	61
Scientific, therapeutic and technical staff	350	344	6	333	327	6
Healthcare science staff	153	153	-	144	144	-
Other	6	6	-	9	9	-
<b>Total</b>	<b>3,299</b>	<b>3,117</b>	<b>182</b>	<b>3,212</b>	<b>2,970</b>	<b>242</b>

WTE = Whole time equivalents

**5.3 Retirement due to ill health**

During 2024/25 from the 1 April 2024 to the 31 March 2025 there were no early retirements from the NHS agreed on the grounds of ill health (2023/24 - 4). The estimated additional pension liability of this ill-health retirement was £0k (2023/24 : £797k). The cost of these ill-health retirements will be borne by the NHS Business Authority - Pensions Division.

**5.4 Exit packages**

There has been 4 exit packages agreed in 2024/2025 by Airedale NHS Foundation Trust. Two required HM Treasury approval which was applied for and granted prior to the payments being enacted.

**5.5 Directors Remuneration**

	<b>Year ended 31 March 2025</b>	<b>Year ended 31 March 2025</b>	<b>Year ended 31 March 2024</b>	<b>Year ended 31 March 2024</b>
	<b>Group</b>	<b>Foundation Trust</b>	<b>Group</b>	<b>Foundation Trust</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Aggregate emoluments to Executive Directors	1,556	1,556	1,309	1,309
Remuneration to Non-Executive Directors	134	134	138	138
Pension Costs	165	165	148	148
	<b>1,855</b>	<b>1,855</b>	<b>1,595</b>	<b>1,595</b>

There have been no compensation or exit packages paid to directors resigning in the year, although one exit package was agreed.

## 6 Finance and Other

### 6.1 Finance Income (Group)

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

	2024/25	2023/24
	£000	£000
Interest on bank accounts	1,168	1,349
NHS charitable fund investment income	39	41
<b>Total finance income</b>	<b>1,207</b>	<b>1,390</b>

### 6.2 Finance Expenditure (Group)

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

	2024/25	2023/24
	£000	£000
Interest on lease obligations	368	116
Interest on late payment of commercial debt	-	-
<b>Total interest expense</b>	<b>368</b>	<b>116</b>
Unwinding of discount on provisions	19	19
Other finance costs	-	19
<b>Total finance costs</b>	<b>387</b>	<b>154</b>

### 6.3 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulation 2015 (Group)

	2024/25	2023/24
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	-
	-	-

### 6.4 Other Gains / (losses) (Group)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	(45)	-
<b>Total (losses) / gains on disposal of assets</b>	<b>(45)</b>	<b>-</b>
Fair value (losses) / gains on charitable fund investments	(14)	42
<b>Total other (losses) / gains</b>	<b>(59)</b>	<b>42</b>

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 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)
<b>Cost or valuation At 31 March 2025</b>	<b>2,998</b>	<b>39,841</b>	<b>3,260</b>	<b>10,947</b>	<b>16,776</b>	<b>116</b>	<b>23,234</b>	<b>274</b>	<b>97,445</b>
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)
<b>Depreciation at 31 March 2025</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,840</b>	<b>101</b>	<b>16,098</b>	<b>251</b>	<b>25,290</b>
<b>7.2 Property, plant and equipment financing - 2024/25</b>									
<b>Net book value as at 31 March 2025</b>									
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
<b>NBV total at 31 March 2025</b>	<b>2,998</b>	<b>39,841</b>	<b>3,260</b>	<b>10,947</b>	<b>7,936</b>	<b>15</b>	<b>7,136</b>	<b>23</b>	<b>72,155</b>

7.3 Current 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)

7.4 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 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)
Disposals/derecognition	-	-	-	-	(1,495)	-	(12)	-	(1,507)
<b>Cost or valuation At 31 March 2025</b>	<b>1,585</b>	<b>33,991</b>	<b>3,260</b>	<b>10,947</b>	<b>15,045</b>	<b>110</b>	<b>22,930</b>	<b>81</b>	<b>87,950</b>
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)
Disposals	-	-	-	-	(1,448)	-	(13)	-	(1,461)
<b>Depreciation at 31 March 2025</b>	<b>-</b>	<b>7</b>	<b>-</b>	<b>-</b>	<b>7,114</b>	<b>89</b>	<b>15,798</b>	<b>58</b>	<b>23,066</b>
<b>7.5 Property, plant and equipment financing - 2024/25</b>									
<b>Net book value as at 31 March 2025</b>									
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
<b>NBV total at 31 March 2025</b>	<b>1,585</b>	<b>33,984</b>	<b>3,260</b>	<b>10,947</b>	<b>7,931</b>	<b>21</b>	<b>7,133</b>	<b>23</b>	<b>64,884</b>

7.6 Current 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. 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 2023 - brought forward	3,347	37,987	3,896	5,754	16,561	116	19,106	274	87,040
Additions - purchased	-	21,719	539	4,445	1,134	-	3,022	-	30,859
Additions - assets purchased from cash donation/grants	-	3	-	-	6	-	-	-	9
Impairments charged to the revaluation reserve	(342)	(47)	(640)	-	-	-	-	-	(1,029)
Reversal of impairments credited to the revaluation reserve	-	1	-	-	-	-	-	-	1
Revaluations	(8)	(24,882)	(487)	-	-	-	-	-	(25,377)
Reclassifications	-	6,627	-	(6,627)	-	-	-	-	-
Disposals/derecognition	-	-	-	-	(244)	-	-	-	(244)
<b>Cost or valuation At 31 March 2024</b>	<b>2,997</b>	<b>41,408</b>	<b>3,308</b>	<b>3,572</b>	<b>17,457</b>	<b>116</b>	<b>22,128</b>	<b>274</b>	<b>91,259</b>
Accumulated depreciation at 1 April 2023 - brought forward	-	-	-	-	6,983	91	9,747	222	17,043
Provided during the year	-	2,704	95	-	1,755	5	3,055	19	7,633
Impairments charged to operating expenses	8	22,467	392	-	-	-	-	-	22,867
Reversal of impairments credited to operating expenses	-	(253)	-	-	-	-	-	-	(253)
Revaluations	(8)	(24,918)	(487)	-	-	-	-	-	(25,413)
Disposals	-	-	-	-	(244)	-	-	-	(244)
<b>Depreciation at 31 March 2024</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,494</b>	<b>96</b>	<b>12,802</b>	<b>241</b>	<b>21,633</b>
<b>7.8 Property, plant and equipment financing - 2023/24</b>									
<b>Net book value as at 31 March 2024</b>									
Owned - Purchased	2,997	41,264	3,308	3,282	8,568	20	9,296	19	68,753
Finance Leased	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	144	-	290	395	-	30	14	873
<b>NBV total at 31 March 2024</b>	<b>2,997</b>	<b>41,408</b>	<b>3,308</b>	<b>3,572</b>	<b>8,963</b>	<b>20</b>	<b>9,326</b>	<b>33</b>	<b>69,626</b>

7.9 Prior year analysis of property, plant and equipment:

At 31 March 2024 the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work carried out by Cushman and Wakefield has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards (current edition as at the valuation date).

-At the 31st March 2024 the modular office block (modular 2) was formally revalued into use as it was transferred from asset under construction during the financial year.

7. Property, plant and equipment (Foundation Trust)

7.10 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 2023 - brought forward	1,757	30,740	3,895	5,754	16,561	116	19,106	274	78,202
Additions - purchased	-	21,718	539	4,445	1,134	-	3,022	-	30,857
Additions - assets purchased from cash donation/grants	-	3	-	-	6	-	-	-	9
Impairments charged to the revaluation reserve	(165)	(34)	(639)	-	-	-	-	-	(838)
Reversal of impairments credited to the revaluation reserve	-	1	-	-	-	-	-	-	1
Revaluations	(8)	(23,986)	(486)	-	-	-	-	-	(24,480)
Reclassifications	-	6,628	-	(6,628)	-	2	(3)	1	-
Disposals/derecognition	-	-	-	-	(244)	-	-	-	(244)
<b>Cost or valuation At 31 March 2024</b>	<b>1,584</b>	<b>35,071</b>	<b>3,309</b>	<b>3,571</b>	<b>17,456</b>	<b>118</b>	<b>22,124</b>	<b>275</b>	<b>83,508</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	-	2	-	-	6,985	88	9,747	223	17,045
Provided during the year	-	2,348	95	-	1,755	5	3,055	19	7,277
Impairments charged to operating expenses	8	21,859	392	-	-	-	-	-	22,259
Reversal of impairments credited to operating expenses	-	(177)	-	-	-	-	-	-	(177)
Revaluations	(8)	(24,025)	(486)	-	-	-	-	-	(24,519)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(244)	-	-	-	(244)
<b>Depreciation at 31 March 2024</b>	<b>-</b>	<b>7</b>	<b>0</b>	<b>-</b>	<b>8,496</b>	<b>93</b>	<b>12,802</b>	<b>242</b>	<b>21,640</b>
<b>7.11 Property, plant and equipment financing - 2023/24</b>									
<b>Net book value as at 31 March 2024</b>									
<b>Owned - Purchased</b>	1,584	34,921	3,308	3,281	8,564	25	9,293	19	60,995
<b>Finance Leased</b>	-	-	-	-	-	-	-	-	-
Owned - Donated/Granted	-	144	-	290	396	-	30	14	873
<b>NBV total at 31 March 2024</b>	<b>1,584</b>	<b>35,064</b>	<b>3,308</b>	<b>3,571</b>	<b>8,960</b>	<b>25</b>	<b>9,323</b>	<b>33</b>	<b>61,868</b>

7.12 Prior year analysis of property, plant and equipment:

At 31 March 2024 the Trust's land and Buildings were revalued on a modern equivalent asset basis. The valuation work carried out by Cushman and Wakefield has confirmed that the valuation has been undertaken with regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards (current edition as at the valuation date).

-At the 31st March 2024 the modular office block (modular 2) was formally revalued into use as it was transferred from asset under construction during the financial year.

7. 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 2024 - brought forward	5,489	7,506	164	13,159	5,489
Additions	-	9	164	173	-
Remeasurements of the lease liability	161	50	-	211	161
Disposals/derecognition	-	(47)	(81)	(128)	-
<b>Cost or valuation At 31 March 2025</b>	<b>5,650</b>	<b>7,518</b>	<b>247</b>	<b>13,415</b>	<b>5,650</b>
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)	-
<b>Depreciation at 31 March 2025</b>	<b>1,665</b>	<b>927</b>	<b>108</b>	<b>2,700</b>	<b>1,665</b>
<b>NBV total at 31 March 2025</b>	<b>3,985</b>	<b>6,591</b>	<b>139</b>	<b>10,715</b>	<b>3,985</b>

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.

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)

7.15 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 2024 - brought forward	13,246	315	51	13,612	5,489
Additions	-	-	23	23	-
Remeasurements of the lease liability	161	-	-	161	161
Impairments charged to the revaluation reserve	(1)	-	-	(1)	-
Revaluations	(486)	-	-	(486)	-
Disposals/derecognition	-	(47)	(12)	(59)	-
<b>Cost or valuation At 31 March 2025</b>	<b>12,920</b>	<b>269</b>	<b>62</b>	<b>13,250</b>	<b>5,650</b>
Accumulated depreciation at 1 April 2024 - 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)	-
<b>Depreciation at 31 March 2025</b>	<b>1,666</b>	<b>175</b>	<b>43</b>	<b>1,884</b>	<b>1,666</b>
<b>NBV total at 31 March 2025</b>	<b>11,254</b>	<b>94</b>	<b>20</b>	<b>11,366</b>	<b>3,985</b>

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 2023 - brought forward	5,470	1,200	200	6,870	5,470
Additions	-	7,507	28	7,535	0
Remeasurements of the lease liability	19	-	-	19	19
Disposals/derecognition	-	(1,201)	(64)	(1,265)	-
<b>Cost or valuation At 31 March 2024</b>	<b>5,489</b>	<b>7,506</b>	<b>164</b>	<b>13,159</b>	<b>5,489</b>
Accumulated depreciation at 1 April 2023 - brought forward	547	653	118	1,318	547
Provided during the year	549	702	78	1,329	549
Disposals	-	(1,201)	(64)	(1,265)	-
<b>Depreciation at 31 March 2024</b>	<b>1,096</b>	<b>154</b>	<b>132</b>	<b>1,382</b>	<b>1,096</b>
<b>NBV total at 31 March 2024</b>	<b>4,393</b>	<b>7,352</b>	<b>32</b>	<b>11,777</b>	<b>4,393</b>

### 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.

The Trust has entered into a new lease with Siemens for the provisions of Radiology equipment. The new lease is for 12 years with a 5 year extension option. The annual charge for the service is fixed and includes an amount for maintenance (which is expensed and not included as part of the liability).

The transport leases are for community vehicle and Estates works vehicles.

7. Right of Use Assets (Foundation Trust)

7.19 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	14,306	1,180	74	15,560	5,470
Additions	-	316	4	321	0
Remeasurements of the lease liability	19	-	-	19	19
Impairments charged to the revaluation reserve	(191)	-	-	(191)	0
Reversal of impairments credited to the revaluation reserve	1	-	-	1	0
Revaluations	(889)	-	-	(889)	0
Disposals/derecognition	-	(1,181)	(27)	(1,209)	0
<b>Cost or valuation At 31 March 2024</b>	<b>13,246</b>	<b>315</b>	<b>51</b>	<b>13,612</b>	<b>5,489</b>
Accumulated depreciation at 1 April 2023 - brought forward	548	642	28	1,218	548
Provided during the year	905	543	32	1,480	549
Impairments charged to operating expenses	608	-	-	608	-
Reversal of impairments credited to operating expenses	(75)	-	-	(75)	-
Revaluations	(889)	-	-	(889)	-
Disposals	-	(1,181)	(27)	(1,208)	-
<b>Depreciation at 31 March 2024</b>	<b>1,097</b>	<b>4</b>	<b>32</b>	<b>1,134</b>	<b>1,097</b>
<b>NBV total at 31 March 2024</b>	<b>12,149</b>	<b>311</b>	<b>19</b>	<b>12,479</b>	

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.

The Trust has entered into a new lease with Siemens for the provisions of Radiology equipment. The new lease is for 12 years with a 5 year extension option. The annual charge for the service is fixed and includes an amount for maintenance (which is expensed and not included as part of the liability).

The transport leases are for community vehicle and Estates works vehicles.

**7.21 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 2024/2025 the net book value of the Property continues to be valued net of VAT.

**7.22 Donors of property, plant and equipment:**

	2024/25 £000	2023/24 £000
<b>Airedale Hospital &amp; Community Charity</b>	-	9
<b>HELP (Helicopter Emergency Landing Pads)</b>	-	-
	<u>-</u>	<u>9</u>

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 £37,325k has been received in 2024/25 (split £32,925k capital support, £4,400k revenue support).

Public Dividend Capital (PDC) of £32,512k has been received in 2023/24.

**8. Current year intangible fixed assets (Group and Foundation Trust)**

The Trust had no in use intangible fixed assets at the 31 March 2025, but there is an intangible asset-under-construction related to the Electronic Patient Record (EPR) Project current net book value £13.51m (23/24 EPR £6.27m), which is due for completion in 2026/27. The closing net book value of £13.51m is net of an impairment of £3.138m

**9. Inventories**

**9.1 Analysis of inventories**

	31 March 2025 £000 Group	31 March 2025 £000 Foundation Trust	31 March 2024 £000 Group	31 March 2024 £000 Foundation Trust
Drugs	1,136	1,136	1,040	1,040
Other	2,010	230	2,010	298
Energy	54	-	36	-
Consumables donated from DHSC group (Personal Protective Equipment)	-	-	43	43
<b>Total</b>	<u>3,200</u>	<u>1,366</u>	<u>3,129</u>	<u>1,381</u>

## 9.2 Inventories recognised in expenses

	2024/25	2024/25	2023/24	2023/24
	£000	£000	£000	£000
	Group	Foundation Trust	Group (restated)*	Foundation Trust (restated)*
Inventories recognised as an expense in the year	35,996	21,349	27,840	21,103
Write-down of inventories (including losses)	65	65	236	236
<b>Total</b>	<b>36,061</b>	<b>21,414</b>	<b>28,076</b>	<b>21,339</b>

\* Restated as the figures on last years accounts contained an error.

## 10. Trade and other receivables

### 10.1 Trade and other receivables are made up of:

Current	Note	31 March 2025	31 March 2025	31 March 2024	31 March 2024
		£000 Group	£000 Foundation	£000 Group	£000 Foundation
Contract receivables		6,271	6,823	10,607	9,080
Allowance for impaired receivables		(253)	(253)	(220)	(220)
Prepayments		1,637	1,257	1,450	1,145
PDC Dividend receivable		104	104	393	393
VAT Receivable		2,873	2,465	1,956	1,956
Clinician pension		1	1	2	2
Other receivables		-	-	-	-
Charitable Funds Trade and other receivables	20.5	5	-	1	-
<b>Total</b>		<b>10,638</b>	<b>10,397</b>	<b>14,189</b>	<b>12,356</b>
<b>Non-Current</b>					
Contract receivables - with other related parties		3,139	1,001	3,211	945
Other receivables		-	-	-	-
Clinician pension		224	224	211	211
<b>Total</b>		<b>3,363</b>	<b>1,225</b>	<b>3,422</b>	<b>1,156</b>

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 - 2024/25

	31 March 2025 £000	31 March 2025 £000
	Group	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)
<b>Balance at 31 March 2025</b>	<b>254</b>	<b>254</b>

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 - 2023/24

	31 March 2024 £000	31 March 2024 £000
	Group	Foundation Trust
Balance at 1 April 2023	376	366
New allowances arising	19	19
Changes in existing allowances	(159)	(159)
Reversals of allowances	(10)	-
Utilisation of allowances (write offs)	(6)	(6)
<b>Balance at 31 March 2024</b>	<b>220</b>	<b>220</b>

**11. Cash and cash equivalents**

	31 March 2025		31 March 2024	
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
Opening balance at 1 April	16,594	7,891	23,173	12,380
Net change in year	5,800	4,788	(6,579)	(4,489)
Closing balance at 31 March	<b>22,394</b>	<b>12,679</b>	<b>16,594</b>	<b>7,891</b>
Made up of:				
Cash with Government Banking Service	21,879	12,676	15,994	7,888
Cash at commercial banks and in hand	515	3	600	3
Cash and cash equivalents	<b>22,394</b>	<b>12,679</b>	<b>16,594</b>	<b>7,891</b>

**12. Trade and other payables**

	Note	31 March 2025	31 March 2025	31 March 2024	31 March 2024
		Group	Foundation Trust	Group	Foundation Trust
		£000	£000	£000	£000
Trade payables		11,363	9,363	7,090	5,647
Capital payables		9,494	16,486	3,476	11,838
Accruals		2,977	4,120	6,978	4,224
Social Security Costs		2,114	1,985	1,986	1,867
VAT payable		1,669	-	1,804	-
Other taxes payable		2,306	2,058	1,905	1,814
PDC dividend payable		-	-	-	-
Pension contributions payable		2,565	2,486	2,349	2,266
Other Payables		9,045	3,783	7,399	4,237
payables	20.5	31	-	12	-
<b>TOTAL</b>		<b>41,564</b>	<b>40,281</b>	<b>32,999</b>	<b>31,892</b>

**13. Other liabilities**

	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
<b>Current</b>				
Deferred income : Contract Liability (IFRS 15)	1,964	1,964	2,120	2,120
<b>Non-Current</b>				
Deferred income : Contract Liability (IFRS 15)	-	-	-	-
	<b>1,964</b>	<b>1,964</b>	<b>2,120</b>	<b>2,120</b>

Other liabilities (current) £1.94m, includes £1.21m 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 2024/25.

**14.2 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the Statement of Financial Position.

	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	Group	Foundation Trust	Group	Foundation Trust
	£000	£000	£000	£000
<b>Carrying value at 1 April</b>	11,972	26,226	5,954	28,169
Lease additions	165	23	7,535	321
Lease liability remeasurements	211	161	19	19
Interest charge arising in year	368	784	116	776
Lease payments (cash outflows)	(1,203)	(2,072)	(1,652)	(3,101)
Other changes	-	-	-	42
<b>Carrying value at 31 March</b>	<b>11,513</b>	<b>25,122</b>	<b>11,972</b>	<b>26,226</b>

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 2025	31 March 2025	31 March 2024	31 March 2024
	£000	£000	£000	£000
	Group	Foundation	Group	Foundation
Within one year	1,408	1,879	726	1,308
Between one and five years	4,961	5,766	3,173	5,945
After five years	5,144	17,477	8,073	18,973
Present value of minimum lease	<b>11,513</b>	<b>25,122</b>	<b>11,972</b>	<b>26,226</b>

**15. Contingencies (Group and Foundation Trust)**

At 31 March 2024 the NHS Foundation Trust has £14k contingent liability for legal expenses, which is based upon

**16. Third Party Assets ( Group and Foundation Trust)**

Airedale NHS Foundation Trust held no monies on behalf of patients at the 31st March 2024 (£2k for 31st March 2023).

**17. Provisions**

**17.1a Provisions current and non-current (Group)**

	Current		Non-current	
	31 March 2025 Group £000	31 March 2024 Group £000	31 March 2025 Group £000	31 March 2024 Group £000
Pensions relating to the early retirement of staff pre 1995	132	121	770	780
Legal claims	17	28	-	-
Clinical Pensions	1	2	224	211
Other	1,893 *	1,166	-	-
	<b>2,043</b>	<b>1,317</b>	<b>994</b>	<b>991</b>

\* Other provisions (current) have increased in 2024/25, mainly due to the following item;

1) Provision for repayment of HMRC Car Parking VAT historic cash settlement £0.8m - see note 1.25 for more details.

**17.1b Provisions current and non-current (Trust)**

	Current		Non-current	
	31 March 2025 Foundation £000	31 March 2024 Foundation £000	31 March 2025 Foundation £000	31 March 2024 Foundation £000
Pensions relating to the early retirement of staff pre 1995	132	121	770	780
Legal claims	17	28	-	-
Clinical Pensions	1	2	224	211
Other (see narrative disclosed in 17.1a)	1,799	1,134	-	-
	<b>1,949</b>	<b>1,285</b>	<b>994</b>	<b>991</b>

**17.2 Provisions by category (Group)**

	Pensions relating to the early retirement of staff pre 1995	Legal claims	Clinical Pensions	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	901	28	213	1,166	2,308
Changes in discount rate	-	-	(2)	-	(2)
Arising during the year	126	-	6	1,421	1,553
Utilised during the year	(131)	(11)	(3)	(391)	(536)
Reversed Unused	(13)	-	-	(303)	(316)
Unwinding of discount	19	-	11	-	30
At 31 March 2025	<u>902</u>	<u>17</u>	<u>225</u>	<u>1,893</u>	<u>3,037</u>

**Expected timing of cash flows:**

Within one year	132	17	1	1,893	2,043
Between one and five years	517	-	14	-	531
After five years	253	-	210	-	463
	<u>902</u>	<u>17</u>	<u>225</u>	<u>1,893</u>	<u>3,037</u>

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 2024/25 amounts arising in year and changes in discount rate.

The 'Other' provisions column comprises provisions in respect of a number of issues which are expected to be settled within 12 months.

**17.3 Contingent liability**

**Clinical Negligence**

£91,230k is included in the provisions of NHS Resolution at 31 March 2025 in respect of clinical negligence liabilities of the Trust (31 March 2024 - £114,989k restated), as advised by NHS Resolution.

**18a. Losses and special payments (Group)**

	31 March 2025		31 March 2024	
	Number of cases	Value of Cases £000	Number of cases (restated)	Value of Cases £000
<b>Losses</b>				
Loss of Cash	4	15	1	-
Bad Debts	1	1	11	6
Fruitless payments	1	6	-	-
Stores losses	1	65	2	237
	<u>7</u>	<u>87</u>	<u>14</u>	<u>243</u>
<b>Special payments</b>				
Compensation under legal obligation	2	36	1	6
Loss of personal effects	10	7	12	9
Other	5	1	8	14
Special severance payments	2	38	1	3
	<u>19</u>	<u>82</u>	<u>22</u>	<u>32</u>
<b>Total losses and special payments</b>	<u><u>26</u></u>	<u><u>169</u></u>	<u><u>36</u></u>	<u><u>275</u></u>

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 2025		31 March 2024	
	Number of cases	Value of Cases £000	Number of cases (restated)	Value of Cases £000
<b>Losses</b>				
Loss of Cash	-	-	1	-
Bad Debts	1	1	11	6
Fruitless payments	1	6	-	-
Stores losses	1	65	2	237
	<u>3</u>	<u>72</u>	<u>14</u>	<u>243</u>
<b>Special payments</b>				
Compensation under legal obligation	2	36	1	6
Loss of personal effects	10	7	12	9
Other	5	1	8	14
Special severance payments	2	38	1	3
	<u>19</u>	<u>82</u>	<u>22</u>	<u>32</u>
<b>Total losses and special payments</b>	<u><u>22</u></u>	<u><u>154</u></u>	<u><u>36</u></u>	<u><u>275</u></u>

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 2025 were £5,368k (£9,512k for 2023/2024).

## 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.

	2024/25	2023/24
	£000	£000
The transactions with board members are as follows	1,855	1,595

The expenditure above, is key management personnel compensation which is analysed as follows

	2024/25	2023/24
	£000	£000
Short term employment benefits	1,690	1,447
Post-employment benefits	165	148
	<u>1,855</u>	<u>1,595</u>

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

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 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 £370k shown on page 5 and below, includes the 2024/25 profit of £171k and any undistributed profit from previous financial years.

<u>Name of Joint Venture (JV)</u>	<u>Cumulative Interest Share</u>	
	<u>Profit</u>	<u>held of JV</u>
	£000	%
Immedicare LLP	161	50.00%
Integrated Laboratory Solutions LLP	777	33.33%
Integrated Pathology Solutions LLP	91	33.33%
<b>Total</b>	<b>1,029</b>	<b>370</b>

### 20.4 Summary Financial Activities Wholly Owned Subsidiary - AGH Solutions Limited (Unaudited)

The year-end for the AGH Solutions Limited is 31st March 2025.

#### Investment in Subsidiary Undertakings

The shares in the subsidiary company AGH Solutions Limited comprises a 100% holding in the share capital consisting of 8,891,000 ordinary £1 shares.

#### Loan to subsidiary

At its inception, AGH Solutions Limited was financed by a loan from Airedale NHS Foundation Trust of £20,746k, to be repaid over 25 years. During 2024/25, three accelerated loan repayments were made totalling £2.1m, and consequently the loan term has reduced by three years, now ending in February 2040. As at 31st March 2025 the amount outstanding on the loan is £14,400k.

#### Financial Performance

The unaudited financial statements of AGH Solutions Limited show a closing position of £864k for 2024/25 (£1,391k restated 2023/24). The restatement following audit of the accounts improved the financial position by £32k.

20.5 Analysis of Airedale Hospital & Community Charity Charitable Funds reserve

Airedale Hospital & Community Charity

Statement of Financial Position

	2024/25 £000			2023/24 £000
<b>Non-current assets</b>				
Other investments	583			600
<b>Current assets</b>				
Receivables	5			1
Cash & Cash equivalents	512			535
<b>Current liabilities</b>				
Trade and other payables	(31)			(12)
<b>Net assets 31 March 2024</b>	<b><u>1,069</u></b>			<b><u>1,124</u></b>
<b>Funds of the Charity</b>				
Restricted Funds	-			-
Unrestricted Funds	1,069			1,124
<b>Total charitable Funds</b>	<b><u>1,069</u></b>			<b><u>1,124</u></b>
<b>Movements on Reserves</b>				
	<b>Total</b>	<b>Restricted</b>		<b>Unrestricted</b>
Balance At 1 April 2024	1,124	0		1,124
Net incoming	(55)	0		(55)
<b>Balance at 31 March 2025</b>	<b><u>1,069</u></b>	<b><u>0</u></b>		<b><u>1,069</u></b>

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 2025/26, 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 as at 31 March 2025

	Held at amortised cost <b>31 March 2025</b> <b>£000</b>	Held at fair value through I&E <b>31 March 2025</b> <b>£000</b>	Total book value <b>31 March 2025</b> <b>£000</b>
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
<b>Total at 31 March 2025</b>	<b>31,252</b>	<b>1,100</b>	<b>32,352</b>

Carrying value and fair value of financial assets 31 March 2024

	Held at amortised cost <b>31 March 2024</b> <b>£000</b>	Held at fair value through I&E <b>31 March 2024</b> <b>£000</b>	Total book value <b>31 March 2024</b> <b>£000</b>
Trade and other receivables excluding non financial assets	13,754	-	13,754
Cash and cash equivalents	16,059	-	16,059
Consolidated NHS Charitable fund financial assets	-	1,136	1,136
<b>Total at 31 March 2024</b>	<b>29,813</b>	<b>1,136</b>	<b>30,949</b>

21.2 Carrying value of financial assets (Trust)

Carrying value and fair value of financial assets as at 31 March 2025

	Held at amortised cost <b>31 March 2025</b> <b>£000</b>	Total book value <b>31 March 2025</b> <b>£000</b>
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
<b>Total at 31 March 2025</b>	<b>34,875</b>	<b>34,875</b>

Carrying value and fair value of financial assets 31 March 2024

	Held at amortised cost <b>31 March 2024</b> <b>£000</b>	Total book value <b>31 March 2024</b> <b>£000</b>
Trade and other receivables excluding non financial assets	10,018	10,018
Other investments / financial assets (AGHS Loan)	17,203	17,203
Cash and cash equivalents	7,891	7,891
<b>Total at 31 March 2024</b>	<b>35,112</b>	<b>35,112</b>

21 Financial instruments (continued)

21.3 Carrying value of financial liabilities (Group)

Carrying value of financial liabilities 31 March 2025

	Held at amortised cost 31 March 2025	Total book value 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
<b>Total at 31 March 2025</b>	<b>44,289</b>	<b>44,289</b>

Carrying value of financial liabilities 31 March 2024

	Held at amortised cost 31 March 2024	Total book value 31 March 2024
	£000	£000
Obligations under finance leases	11,972	11,972
Trade and other payables (excluding non financial liabilities)	24,796	24,796
<b>Total at 31 March 2024</b>	<b>36,768</b>	<b>36,768</b>

21.4 Carrying value of financial liabilities (Trust)

Carrying value of financial liabilities 31 March 2025

	Held at amortised cost 31 March 2025	Total book value 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
<b>Total at 31 March 2025</b>	<b>58,771</b>	<b>58,771</b>

Carrying value and fair value of financial liabilities 31 March 2024

	Held at amortised cost 31 March 2024	Total book value 31 March 2024
	£000	£000
Obligations under finance leases	26,226	26,226
Trade and other payables (excluding non financial liabilities)	25,799	25,799
<b>Total at 31 March 2024</b>	<b>52,025</b>	<b>52,025</b>

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 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
In one year or less	32,776	24,796	35,528	27,107
In more than one year but not more than five years	1,408	726	5,766	5,945
In more than five years	10,105	11,246	17,477	18,973
<b>Total</b>	<b>44,289</b>	<b>36,768</b>	<b>58,771</b>	<b>52,025</b>

**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	1,138	2,059
Department of Health and Social Care (DHSC)	-	-
Public Health England & UKHSA	-	-
NHS England & CCG's/ICB's	731	787
Special Health Authorities	-	6
NDPB's	-	-
Other DHSC bodies	1	1,331
Other Whole Government Accounting bodies	2,873	8,747
<b>As at 31 March 2025</b>	<b>4,743</b>	<b>12,930</b>

**23. Adjusted Financial Performance**

	Group 2024/25 £000	Group 2023/24 £000
<b>Surplus/(Deficit) For The Year</b>	<b>(35,186)</b>	<b>(29,033)</b>
Exclude Net Movement in Charitable Funds	55	(38)
<b>Surplus/(Deficit) For The Year (before consolidation of charity)</b>	<b>(35,131)</b>	<b>(29,071)</b>
Add back all I&E impairments / (reversals)	22,282	22,614
<b>Surplus/(Deficit) before impairments</b>	<b>(12,849)</b>	<b>(6,457)</b>
Remove capital donations / grants	100	116
Remove net impact of DHSC centrally procured inventories	43	24
<b>Adjusted financial performance surplus / (deficit)</b>	<b>(12,706)</b>	<b>(6,317)</b>

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.

**24. Events after the Reporting year**

There are no adjusting or non-adjusting events of a financial nature after the reporting year requiring disclosure.

**Annual accounts of:**

**Airedale NHS Foundation Trust  
Airedale General Hospital  
Skipton Road  
Steeton  
Keighley  
Yorkshire  
England  
BD20 6TD**

<http://airedale-trust.nhs.uk>

Airedale NHS Foundation Trust is an NHS provider of Healthcare.

## Join us as a Foundation Trust member

If you have an interest in healthcare in the district and would like to find out more about the work of your local hospital and its community services, becoming a member of Airedale NHS Foundation Trust is ideal for you. Membership is free and is open to everyone aged 14 or above living in the community that the Trust serves. Becoming a member of our Foundation Trust means that you will be able to:

- get a better understanding of how the Trust works
- become actively involved in the work of the Trust and help shape our future plans
- share your views and those of your community with the Trust
- receive regular updates on all our news
- attend the Annual Members' Meeting
- vote for Council Governors
- stand for election as a Council Governor

Find out more via the Trust website: [www.airedale-trust.nhs.uk](http://www.airedale-trust.nhs.uk)

## How to join

There are many ways to join, you can:

- Complete our online application form:  
<https://secure.membra.co.uk/Join/Airedale>
- Email us at [anhsft.members@nhs.net](mailto:anhsft.members@nhs.net)
- or if you don't have internet access please telephone:  
**01535 294540** or write to us at: **Foundation Trust Membership Office, Airedale NHS Foundation Trust, Airedale General Hospital, Skipton Road, Steeton, Keighley, BD20 6TD.**



Find out more via the Trust website: [www.airedale-trust.nhs.uk](http://www.airedale-trust.nhs.uk)

## Get in touch

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