North Bristol NHS Trust Annual Report 2024/25 “Proud of our Progress: Collaborating for a Healthier Future”

Contents

Chair’s Introduction – Ingrid Barker 2
Chief Executive’s Statement – Maria Kane 3
PART 1 - Performance Report 6
Our Performance and Progress 6
Our Patients 20
Health Inequalities 34
Our People 45
Research & Innovation 63
Sustainability 65
PART 2 - Accountability report 76
Corporate Governance Report 76
Directors’ Report 76
Annual Governance Statement 85
PART 3 - Remuneration and Staff Report 98

Chair's Introduction – Ingrid Barker

A Year of Belonging, Resilience and Community Impact

As Chair of North Bristol NHS Trust (NBT), I am proud to reflect on a year in which our people have once again demonstrated resilience, compassion, and a profound sense of community purpose.

Our colleagues are the beating heart of our Trust. From our clinical teams to volunteers, corporate colleagues to apprentices, I have seen daily evidence of professionalism and empathy under pressure. It has been particularly inspiring to witness how our teams have embraced our Patient First strategy—not as a slogan, but as a lived reality. Initiatives such as Patient and Carer Conversations, new inclusion campaigns, and our award-winning staff recognition events show that the culture we are building is one of kindness, transparency, and listening.

This was also the year we celebrated the 10th anniversary of our Brunel building — an architectural milestone that provided a moment to reflect on how far we've come, and how deeply embedded we are in the fabric of our communities. From opening the Community Diagnostic Centre at Cribbs Causeway, to delivering health checks for fire and police colleagues, to co-producing public health films with local schoolchildren, our reach has extended well beyond hospital walls.

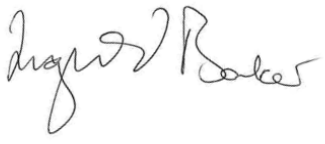
We are especially proud of our "We Do Not Accept" campaign, which has attracted national interest for protecting colleagues and patients from unacceptable behaviour—we've still got work to do but have made a good start.

However, we are not complacent. We know that we must continue to improve colleagues' experience, tackle inequality, and ensure that everyone—regardless of role or background—feels proud to work here.

The formation of the Bristol NHS Group with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) offers new opportunities. As a unified force, we will be stronger, more agile, and better placed to deliver the equitable, high-quality care that our population deserves.

To all our colleagues, partners, and communities—thank you. Your work this year has laid the foundation for an even brighter future.

Best wishes,



Ingrid Barker
Joint Trust and Group Chair

Chief Executive's Statement – Maria Kane

Performance, Progress and Partnership in Action

2024/25 has been a year of high performance, strategic progress and delivery against some of our most ambitious targets at North Bristol NHS Trust.

We made real strides in operational performance. Waits for elective care were significantly reduced, with all 65-week waiters cleared by year-end. Diagnostic performance exceeded national standards, with fewer than 1% of patients waiting over six weeks from July 2024 onwards. In cancer care, we returned to and sustained 28-Day Faster Diagnosis performance above 83%—the best result since the standard was introduced. These improvements mean patients are being seen, treated, and reassured faster than at any time since the pandemic.

Financially, we delivered a small but important in-year surplus of £30,000 and achieved £22.2 million in recurrent savings. These were not just efficiency gains — they were made possible through smarter systems, better data, and strong grip on resources across the organisation.

We've also been highly visible this year. The Prime Minister's visit to the Community Diagnostic Centre and the return of HRH The Princess Royal to thank our clinical teams were powerful moments that put the work of NBT staff on a national stage. The pride with which our teams spoke about their services was a reminder of the quiet excellence that defines this organisation.

I want to take this opportunity to celebrate the incredible work of our staff. Across every profession and every pay band, I have seen a workforce that embodies care, innovation, and determination. Over 600,000 outpatient appointments were delivered, digital communications reached tens of thousands of patients, and our teams adapted at pace to new clinical models and operational pressures. Our rolling 12-month staff turnover sits at 12.3%, our best in recent years, and a sign that our people are increasingly choosing to stay, grow and thrive at NBT. It was gratifying to see this reflected in the annual NHS Staff Survey, where 86% of our results were the same or better than the national comparator average.

We also recognise that none of this progress happens in isolation. Our partners across the Bristol, North Somerset and South Gloucestershire (BNSSG) system, NHS England, and the broader South West region have been instrumental to our success. From capital support to integrated discharge planning, we've tackled shared challenges with shared solutions. Collaboration with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) through the Hospital Group model has opened the door to deeper service transformation, stronger governance, and a future of integrated care that's already taking shape through joint initiatives like the Elective Centre and the Cardiology Single Managed Service.

Informatics and digital capability have underpinned our journey. The new Integrated Quality and Performance Report (IQPR), jointly developed with UHBW, has provided clearer oversight and stronger assurance. Our AI Task and Finish Group, in partnership with UWE

and the University of Bristol, is now supporting pilots in diagnostics, triage and feedback analysis that will shape the next era of NHS care delivery.

We are not without challenge. Emergency care performance remains below expectations, driven by high bed occupancy and delays in patient flow. But we are tackling this with urgency—through hospital flow redesign, virtual wards, and system-wide initiatives focused on admission avoidance and timely discharge.

As we move forward as the Bristol NHS Group, our focus is fixed on one goal: delivering compassionate, effective care to every patient, every day. With the calibre of our people and the strength of our partnerships, I believe we are well placed to do exactly that.

Thank you to all of our staff and to our system and regional colleagues. Your commitment and professionalism have powered our progress.

Best wishes

Maria Kane
Joint Trust and Group Chief Executive

Organisation's Purpose and Aims

North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West of England in a number of fields, with an annual turnover of circa £1.1 billion. Of this, approximately 90% comes from commissioning through Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) and specialist services through NHS England for direct patient care. Further income is also received from other NHS Integrated Care System (ICS) organisations and for purposes other than direct patient care (such as training and research activities).

We provide high quality clinical services to our patients from both the local area and across the region. These clinical services include:

- **Urgent and emergency care** – we provide expert emergency care and treatment 24 hours a day, 365 days a year for patients when they need us most. Most of these services are co-located on the Southmead hospital site in our Emergency Zone (EZ).
- **Local acute care** – we provide elective, maternity, and urgent hospital services for a population of more than 500,000 people, primarily in South Gloucestershire and North Bristol.
- **Specialist services** – we excel in the provision of tertiary services for patients across the region and beyond. We provide both complex surgical interventions as well as a suite of non-surgical specialist services that are a critical part of NHS care in the South West.
- **Diagnostic services** – NBT delivers pathology and radiology across a wide network and is at the leading edge of diagnostic technologies. Our services include the Bristol Genomics Lab, one of only seven services in England.

Our reason for existing as an organisation is to put the Patient First by delivering Outstanding Patient Experience. This is the focal point and aim of our Trust strategy which continues overall focus on three objectives:

- Delivering great care
- Healthcare for the future
- Being an anchor in our community.

These objectives are underpinned by strategic improvement areas:

- High quality care – *we'll make our care better by design*
- Innovate to improve – *we'll unlock a better future*
- Sustainability – *we'll make best use of limited resources*
- People – *our people will be proud to belong here*
- Commitment to our community – *we'll be in our community, for our community.*

In April 2023 we launched our organisational clinical strategy followed by our joint clinical strategy with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), continuing our focus on seamless, high quality, equitable, and sustainable care across our

healthcare system. These have continued to develop during 2024/25 and into 2025/26, with NBT and UHBW deciding to operate as Bristol NHS Group from 8 April 2025.

NBT's services are delivered via our five clinical divisions:

- Anaesthesia, Surgery, Critical Care & Renal (ASCR)
- Core Clinical Services (CCS)
- Medicine
- Neurological & Musculoskeletal Sciences (NMSK)
- Women & Children's Health (W&CH).

The clinical divisions are supported by our corporate directorates, aligned with Executive Directors' portfolios; namely, Finance, Informatics, Nursing & Quality, Operations, People, and Research & Strategy. Further detail on the Trust's organisational and management structure is available on its website: http://www.nbt.nhs.uk/about-us.

PART 1 - Performance Report

Our Performance and Progress

Performance Overview

This section of the report is intended to give an overview of the Trust's performance during 2024/25 against key operational performance metrics.

2024/25 has been a successful year for the Trust in terms of delivering our performance objectives. This has included:

- **Referral to Treatment** – reduction in the number of patients waiting more than 65 weeks for treatment, achieving the Trust's target ahead of planned trajectory, and ending the year with zero patients waiting >65 weeks. We maintained zero patients waiting longer than the national milestones of 104 weeks and 78 weeks (i.e. waiting due to lack of capacity on a referral to treatment pathway). The Trust has also significantly reduced the number of patients waiting >52 weeks for their treatment, delivering <1% of the total wait list at 52 weeks or above, over a year earlier than national expectation.
- **Diagnostics** – no more than 5% of patients waiting greater than 6 weeks for a diagnostic test by year-end; NBT had already achieved and then maintained this target since the start of the year. Diagnostics performance has improved to such a degree that NBT achieved the national constitutional standard of no more than 1% of patients waiting as of July 2024 and has sustained this consistently since September 2024. For over a year, NBT has had no patient waiting over 13 weeks for a diagnostic test.
- **Cancer** –NBT's plan to recover the cancer position has resulted in the 28-Day Faster Diagnosis Standard (FDS) performance coming back in line with the expected improvement trajectory, performing above the 75% target consistently since June

2024. The performance against the 62-Day Combined measure has been variable, but did meet our planned monthly trajectory for the majority of the year. The Trust ended the year with an improved position; and higher than that achieved in 2023/24.

Whilst there is still room for further improvement in 2025/26, we are starting from a strong position to deliver our future objectives and tackle our remaining risks and challenges.

During 2024/25, there continued to be significant pressure on our bed base due to a high number of patients not meeting the criteria to reside in the hospital remaining as inpatients, and this continues to impact on Urgent and Emergency Care flow through the hospital, and on NBT's Emergency Department performance.

Did you know?
Our Emergency Department had just over 106,700 attendances in 2024/25, which was slightly up on the previous year.
There were just under 31,000 ambulance arrivals, which is slightly down on 2023/24.
We had just under 64,000 patients admitted into our hospital on an urgent or emergency care pathway, which was 3% up on 2023/24.
The number of patients in our beds remained higher than the target of 93% for the whole year, with average occupancy of 97% for 2024/25. Occupancy peaked at over 98% during September and October 2024.
On average 205 of our inpatients each day did not meet the criteria to reside in 2024/25.
We delivered over 600,000 outpatient appointments in 2024/25 - that's over 2,000 appointments per working day.

The Community Diagnostic Centre (CDC) opened in mobile units at Cribbs Causeway on 1 April 2024 and moved into the permanent fixed site in September 2024. The new facility enables NBT to provide 45,000 diagnostic procedures a year, in partnership with independent healthcare provider InHealth. The CDC offers multiple tests on one site, including Endoscopy, Respiratory, Echocardiography and Imaging, increasing NBT's diagnostic capacity and improving the patient experience for thousands of people in the area.

Additionally, construction is underway for the Elective Centre, a state-of-the-art standalone facility on the Southmead Hospital site featuring four surgical theatres and 40 inpatient beds. This is a joint project between NBT and UHBW supported by BNSSG Integrated Care Board and NHS England. As the centre will be separated from emergency services, these surgical beds will be kept free for patients waiting for planned operations, reducing the risk of short-notice cancellations. It will enable thousands more operations to be carried out annually across BNSSG and is due to open in summer 2025.

In terms of overall assurance on performance throughout the year, the Trust Board receives a monthly Integrated Performance Report (IPR) which provides overview and detail of the key measures of performance and supporting indicators to ensure that a balanced performance

position is understood. This report is also published to the Trust's website to allow public scrutiny. Following the development of a Hospital Group with UHBW, as of April 2025 Board meetings will be held in common and the two Trusts have worked together to develop a new consolidated Integrated Quality and Performance Report (IQPR) to be presented to the Board in common. It sets out a range of measures in line with the objectives in the CQC domains of Safe, Effective, Caring, Responsive and Well Led. This information is provided for the previous month, trending over time, and against a set of business rules indicating normal or significant variation. These key measures are then monitored through the Accountability Framework in both static and operational reports provided through the Trust's Business Intelligence Unit (BIU). These are monitored through a series of daily, weekly and monthly performance reviews that provide a view of the current and past position as well as a forecast against target, where applicable.

Other details of quality and performance measures are provided by the BIU and considered across the Trust at various meetings. The Quality, Finance & Performance, and People and Equality, Diversity and Inclusion Committees and other specialist groups also review specific and appropriate performance data. These sub-committees provide the Board with assurance that it is receiving correct data and that the right processes are in place to ensure patient safety and performance standards are not only being maintained, but also improved. The BIU, in conjunction with the Operations Team, also monitors and acts to improve data quality and assurance reporting throughout the year through comparative measures and audits.

Performance Analysis

This section of the report provides a more detailed breakdown of performance against operational key performance indicators and strategic objectives.

Urgent and Emergency Care

2024/25 has been a very challenging year for the timely delivery of Urgent and Emergency Care (UEC) for the Trust with the impact of high attendances, high bed occupancy and numbers of patients with no criteria to reside.

NBT has continued to deliver projects across the UEC pathway to improve patient care and performance at the front door, within the hospital and in discharging our patients.

At the 'Front Door' these include:

- Working with South West Ambulance Service Foundation Trust (SWASFT) on improving handover processes, resulting in NBT maintaining mean handover performance below the South West average.
- Expanding our streaming and redirection service offer to patients who attend the Emergency Department with needs better met elsewhere, including supporting them to access their own GPs.
- Working with NHS@Home virtual ward teams to provide additional pathways for our patients, including those with infectious diseases and those with frailty.

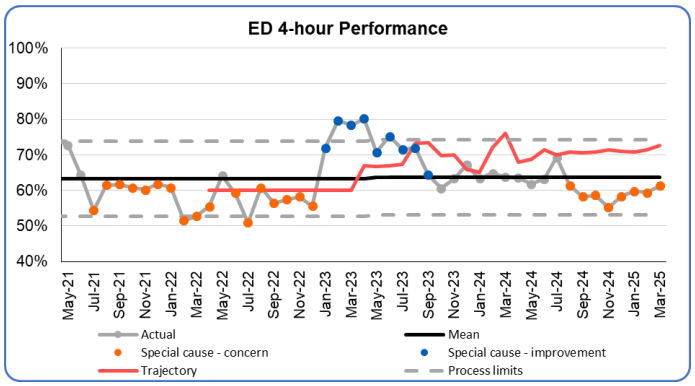
- Increasing the number of patients who benefit from our medical and surgical Same Day Emergency Care Services.

For onward care, promoting hospital flow and helping patients get home sooner by:

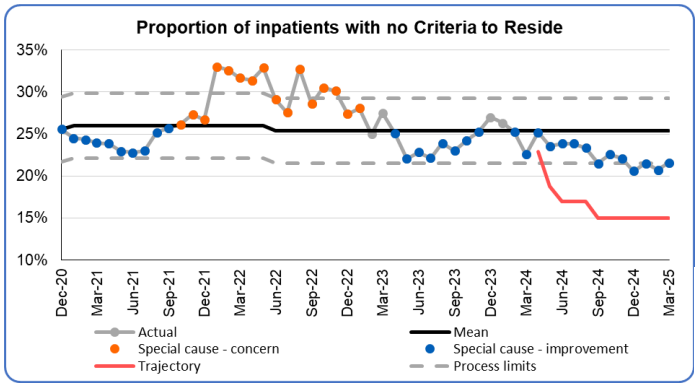
- Embedding our new ways of working as system partners in the Transfer of Care Hub – this includes trusted referrals and a streamlined process for supporting patients to return home, thereby minimising the time they spend away from home waiting for onward care and reducing the number of patients who need interim services in bedded units.
- Implementing new processes to support patients with longer lengths of stay in hospital such that complex discharge planning takes place concurrent to hospital care and treatment planning.
- Expanding the reach of our Transfer of Care Hub across the Emergency Zone to support admission avoidance and front-loaded discharge plans.

Emergency Department (ED) 4-hour performance has been a challenge in 2024/25; the year started with a sub-65% position, which, despite improving to 69.3% in July 2024, began to deteriorate and has been sub-60% since September 2024, improving slightly to 61.28% for March-25; ranking NBT fourth out of 11 Adult Major Trauma Centres and third out of the 13 Type 1 NHS Trusts in the South West region for performance.

In 2025/26, NBT will continue to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals, with a new Community First Operational Delivery Group leading the design of admission avoidance and discharge facilitation schemes. This group will lead on the delivery of the no criteria to reside (NC2R) 15% system-wide reduction ambition and will be working on mitigations for the reduction in community capacity through productivity opportunities.



Improving the 4-hour target has remained challenging.



There have been marginal fluctuations in NC2R but fundamentally, it remains far higher than the System ambition of 15%.

Overall, there has been fluctuation in ambulance handover delays over 1 hour; there was a peak of 810 in November 2024, which was a significant increase from the less than 200 seen for the months of July and August 2024. Average handover times were under 28 minutes at the start of the year, improving to under 25 minutes during the summer months. This deteriorated during the winter pressures period and peaked at over 61 minutes in November 2024. This trend reflected that which was seen for the aggregate South West position for ambulance handovers – the average handover time deteriorated from October 2024 onwards into the period of winter pressures. Despite this, NBT still had lower average handover times between April-November 2024 when compared to the SWASFT aggregate position for all South West acute Trusts (35.4 minutes for NBT versus 57.3 minutes).

Improving the timeliness of ambulance handovers remains a Trust improvement priority under our Patient First strategy. NBT is looking to see a further improvement in ambulance handover times through the implementation of priority schemes under its Urgent and Emergency Care Programme.

12-hour trolley breaches also fluctuated through the year with a similar pattern of improvement during the summer months (less than 90 in August 2024) before deteriorating during winter pressures, with NBT reporting over 500 for the months of January and February. A delay-related harm reduction plan, held at NBT's Emergency Zone Operational Group, provides the basis for our work into 2025/26 to improve patient flow from ED into the bed base.

Planned Care

Referral to Treatment (RTT)

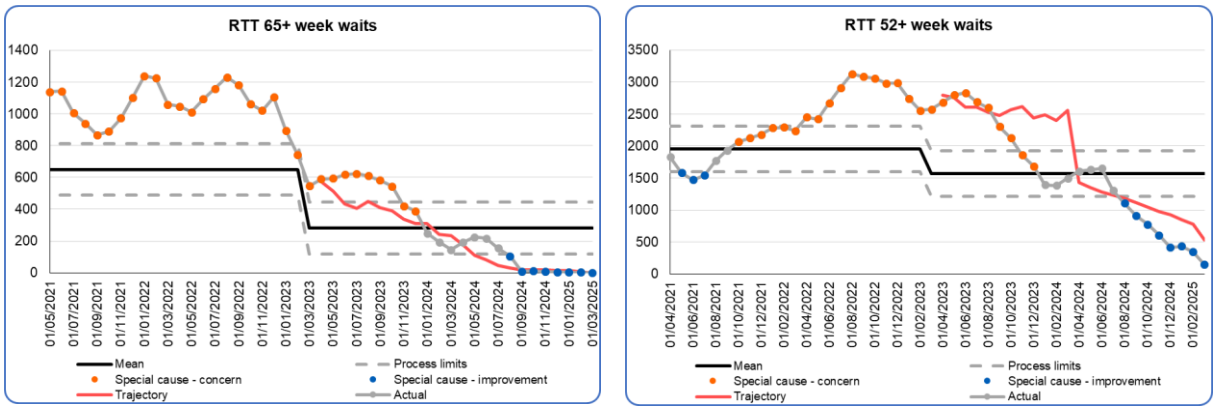
In 2024/25, we have been able to successfully deliver planned care improvement trajectories for the third consecutive year. We have been able to successfully treat our most clinically urgent patients, whilst making significant improvements to access to treatment for our longest-waiting patients.

We maintained zero patients waiting longer than the national milestones of 78 weeks due to lack of capacity on a referral to treatment pathway, and as of October 2024, had no patients waiting over 78 weeks for any reason.

We delivered against our 65-week clearance operational plan; it was acknowledged that up to 20 very complex breast surgery procedures would be outstanding in September 2024, but

NBT successfully cleared the number down further to only nine patients. Since then, NBT has been able to sustain this, resulting in the clearance of patients waiting more than 65 weeks for treatment at year-end.

In addition, the 52-week backlog has seen a significant reduction through the year, with it reaching the milestone figure of fewer than 1,000 patients in September 2024, the first time since the COVID-19 pandemic. The plan is to continue waiting time reductions in line with national directives of less than 1% of the total RTT waiting list waiting over 52 weeks – a target which NBT has already achieved as of December 2024.



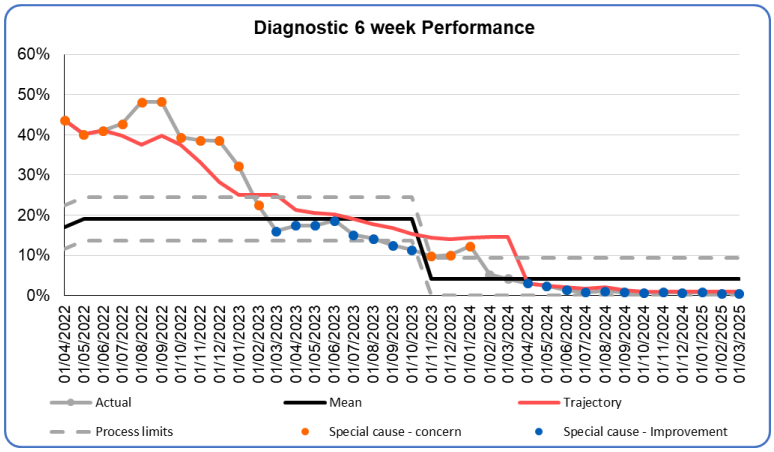
Reduction of patients waiting over >65 weeks for treatment in March 2025. The number of patients waiting >52 weeks continues to reduce.

Diagnostics

Throughout 2024/25, we have maximised the use of our core diagnostic capacity and have secured additional capacity from independent sector providers to support delivery of activity within the Trust and at external locations in the lead-up to the opening of the CDC, which further supported our success in delivering against Diagnostic performance targets.

Since March 2024, NBT has consistently delivered our improvement trajectory for no more than 5% of patients waiting >6 weeks for their diagnostic test. NBT reached a further milestone in-year by achieving the national constitutional standard of no more than 1% of patients waiting in July 2024. This position has been maintained month-on-month since September 2024. Benchmarking against similar Hospital Trusts in England, NBT consistently ranked first for our monthly Diagnostic performance between June 2024 to January 2025. NBT ends the year with performance of 0.57% for March 2025.

Last year, there was significant achievement in clearing the backlog of 13-week breaches down to zero in March 2024, a position that NBT has maintained ever since.



Since September 2024, 99% of patients have been receiving their diagnostic test within 6 weeks.

Cancer

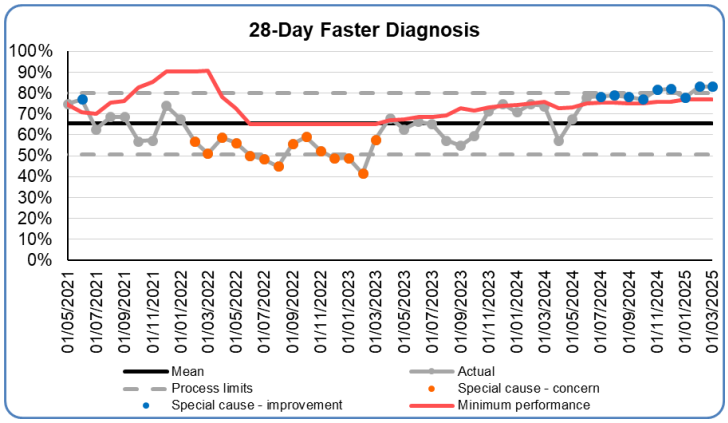
There has been sustained improvement since 2022/23 when NBT experienced a range of challenges including difficulties with staff recruitment and retention within our central Cancer Services Team and significant demand and capacity shortages across a number of high-volume Tumour sites such as Breast and Skin.

During 2024/25, NBT stabilised and achieved a reduction in the total >62-Day waiting list and was able to bring 62-Day and 28-Day Faster Diagnosis Standard (FDS) performance back in line for a significant portion of the year. The challenge remains to sustain this improvement; the work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust has focussed on some of the most challenging pathways and areas of backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy), which did increase activity during the year.

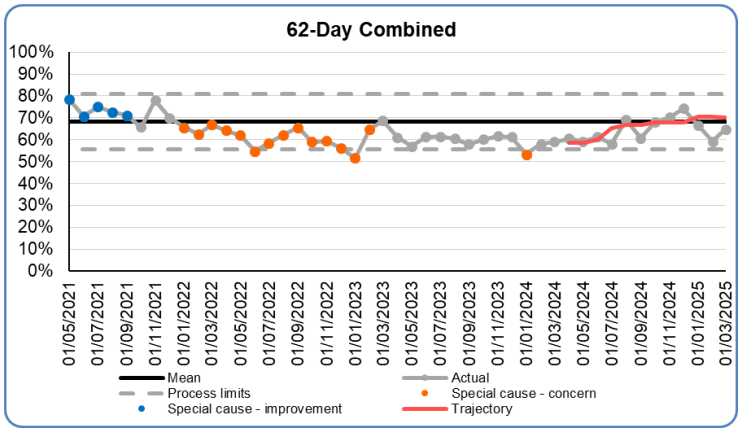
This builds upon the ongoing work commenced in the previous year where additional activity was commissioned to recover deterioration in specialties such as Skin including high-volume Skin ‘poly-clinics’, innovation through Teledermatology, which 11 Primary Care Networks support to deliver, with further expansion planned in 2025. In Gynaecology, to build upon the pathway improvements for women experiencing post-menopausal bleeding, a new direct-to-test pathway was launched in January 2025, which will reduce demand on the cancer pathway and support earlier diagnosis.

Design work to fundamentally improve patient pathways continues, as well as work with BNSSG System partners in looking to reform cancer referral processes at primary care level in an effort to manage high demand.

We have seen improvement in performance against the 28-Day FDS Cancer Waiting Times Standard, increasing from 57.28% to 82.08% between April 2024 and December 2024. The Trust reported a position of 83.25% against this requirement in March 2025. The Trust is expecting to continue meeting its commitments to secure the Patient Tracking List (PTL), FDS and the 62-Day standards in 2025/26, as per the national requirements.



More patients are having a consultation, test and receiving an outcome for cancer within 28 days.



More patients treated for Cancer within 62 days.

- **Trust Objectives for 2024/25**

Trust Objectives for 2024/25

Our Trust strategy launched in February 2023, and Patient First is the continuous improvement approach that NBT has adopted to implement this strategy. The Trust aligned the 2023/24 planning process to the roll-out and development of Patient First within the Trust and this continued for 2024/25.

The fundamental principles of the Patient First approach are to:

- have a clear strategy that is easy to understand at all levels of NBT
- reduce our improvement expectation at NBT to a small number of critical priorities
- develop our leaders to know, run and improve their business
- become a Trust where everybody contributes to delivering improvements for our patients.

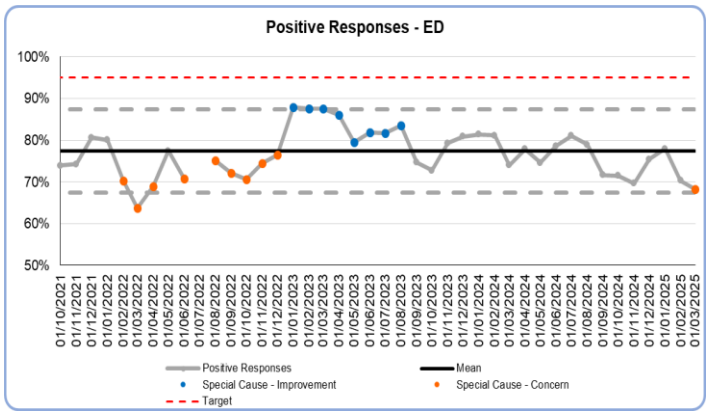
Our reason for existing as an organisation is to put the patient first by delivering outstanding patient care – and that's the focal point of our strategy. Everything else supports this aspiration.

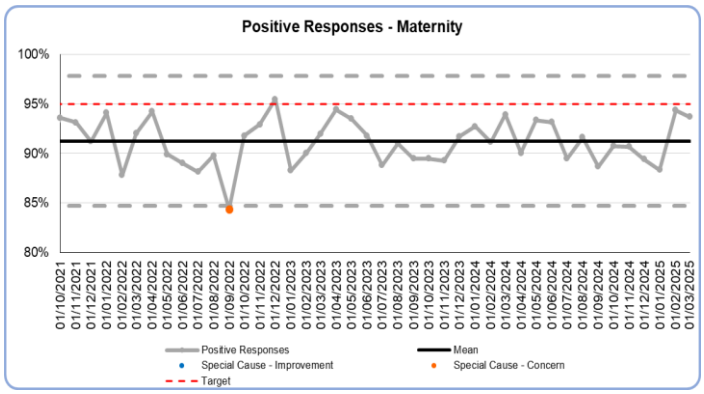
The tables below provide an overview of our 2024/25 performance against our Patient First improvement priorities. Additional information is set out within the remainder of the Performance Analysis section of this report.

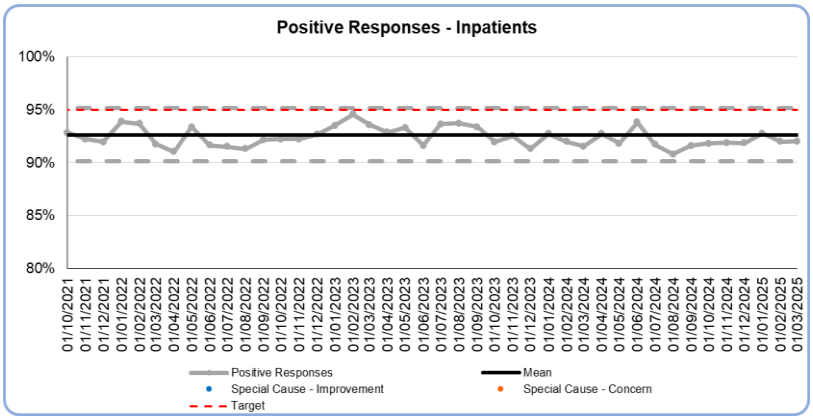
Strategic Theme	Strategic Goal (over five-years)	2024/25 Breakthrough Objective
Patients – *we'll provide outstanding patient experience.*	We have the highest % of patients recommending us as a place to be treated among non-specialist acute hospitals with a Friends and Family Test (FFT) response rate of at least 10% in England.	Improving FFT positive experience scores in each care domain.

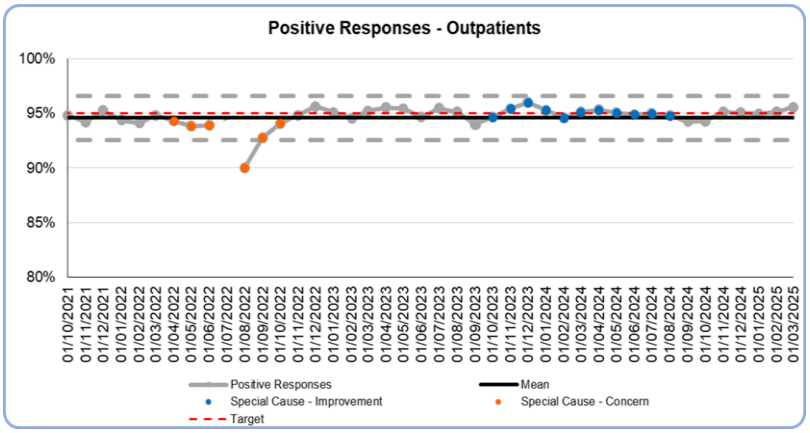
2024/25 Performance:

Partially achieved: Improvements seen in Outpatients areas.



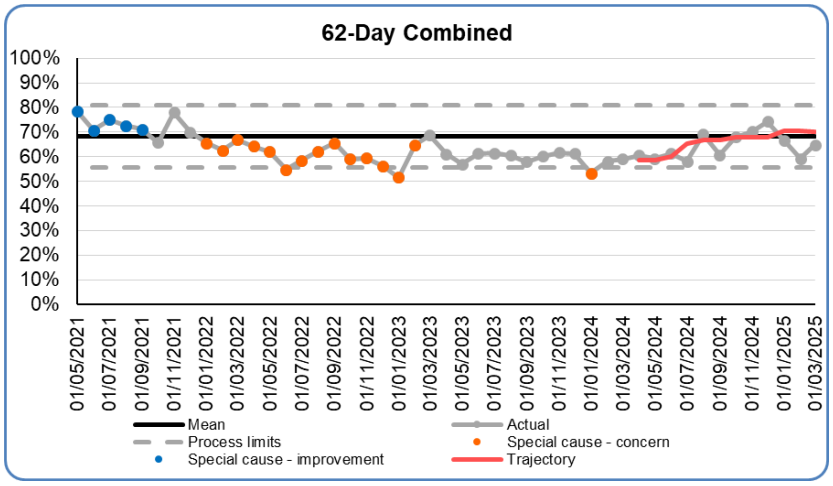




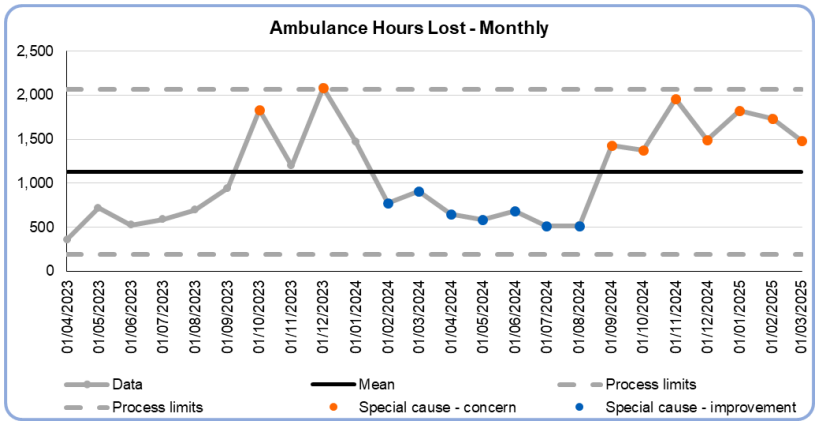


(see “Our Patients” section below for further analysis of FFT performance).

Strategic Theme	Strategic Goal (over five-years)	2024/25 Breakthrough Objective
High quality care - *we’ll make our care better by design.*	1. 62-day cancer compliance. 2. >15 min ambulance handover compliance.	1. 70% of patients will receive treatment for cancer within 62 days. 2. Maintain best weekly delivered position between April 2021 and August 2022 (141 hours in week commencing 29 August 2022).
2024/25 Performance: **1.** The Trust ended the year with an improved position and higher than that achieved in 2023/24.		



2. **Not achieved:** Though NBT average handover time remains below South-West overall average.

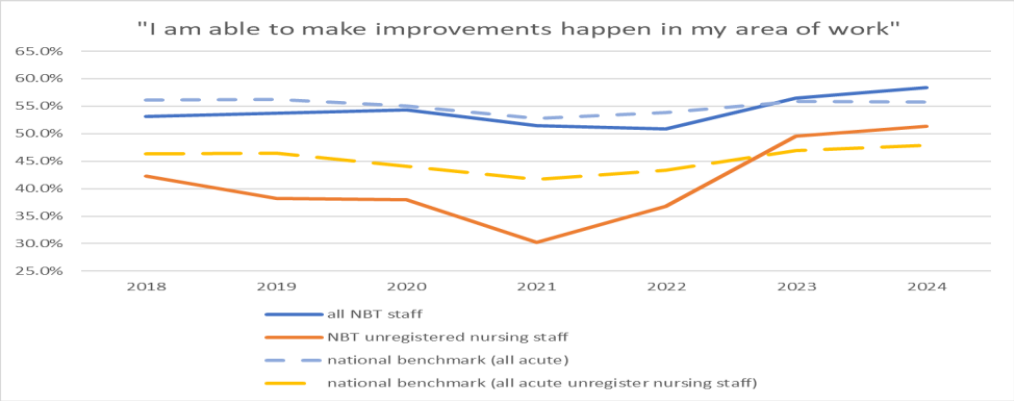


(see “Performance Analysis” sections above for more information)

Strategic Theme	Strategic Goal (over five-years)	2024/25 Breakthrough Objective
Innovate to improve – *we’ll unlock a better future.*	Increase the number of staff able to make improvements in their areas to 63% of respondents by 2024/2025 (measured through the annual Staff Attitude Survey).	Increase number of staff able to make improvements in their areas to 1% point above the benchmark average in 2024 (57% based on 2023 staff survey results).

2024/25 Performance:

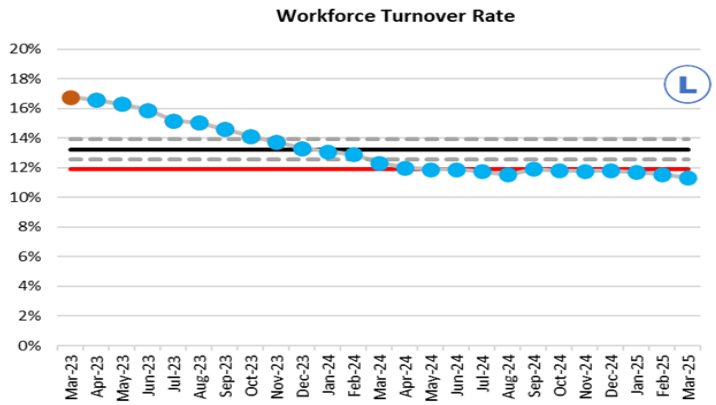
Achieved: the 2024 Staff Attitude Survey results showed that 58.4% of respondents reported they can make improvements in their area of work. This was 2.6% above the benchmark (See “Our People” section below for further information on the Staff Attitude Survey performance).



Strategic Theme	Strategic Goal (over five-years)	2024/25 Breakthrough Objective
Sustainability – *we'll make best use of limited resources.*	To eliminate the underlying financial deficit by 2026/2027.	Deliver the planned levels of recurrent savings in 2024/25.
2024/25 Performance: Partially achieved: 77% of planning savings delivered in 2024/25 (total £22.2m of recurrent savings against a target of £28.7m).		

Strategic Theme	Strategic Goal (over five-years)	2024/25 Breakthrough Objective
People – *our people will be proud to belong here.*	Staff turnover sustained at 10% or below.	Staff Turnover held at 11.9% or below.

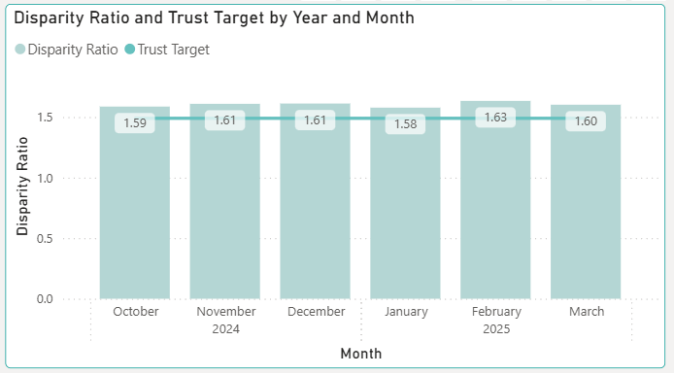
2024/25 Performance:



Achieved: NBT's Rolling 12-month staff turnover rate was 11.3% in March 2025

Strategic Theme	Strategic Goal (over five-years)	2024/25 Breakthrough Objective
Commitment to our community – *we'll be in our community, for our community.*	Increase net employment offers in our most deprived communities and amongst under-represented groups.	Reduce disparity ratio of our Global Majority applicants.

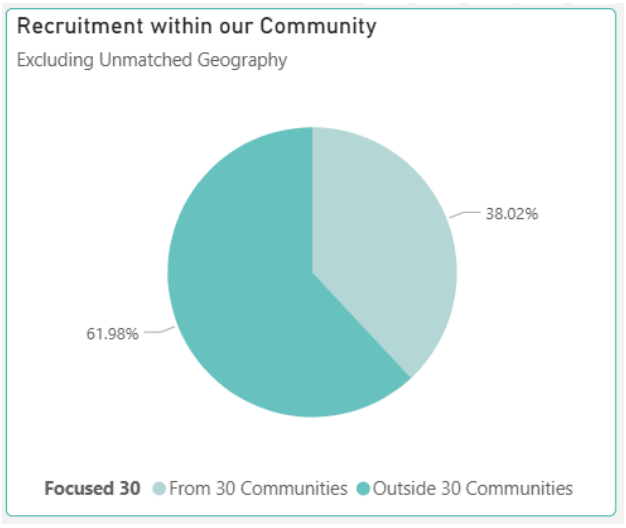
2024/25 Performance:



Achieved: The rolling disparity ratio was 1.60 at the end 2024/25.

Strategic Theme	Strategic Goal (over five-years)	2024/25 Breakthrough Objective
Commitment to our community – *we'll be in our community, for our community.*	Increase net employment offers in our most deprived communities and amongst under-represented groups.	38% recruitment into target roles from our most socio-economical challenged areas.

2024/25 Performance: The chart below shows the position for all recruitment into target roles in 2024/25



Achieved: 38% of recruitment into target roles was delivered in 2024/25.

- **Financial Performance**

The Trust has achieved a performance-adjusted surplus for 2025/26 of £0.03m (0.003% of turnover), against a required break-even performance by NHS England. The Trust delivered recurrent savings of £22.2m.

The reconciliation of this to the deficit from continuing operations is shown below:

	2024/25 (£m)
Deficit for the year from continuing operations	(-29.3)
Add back impairments/ (reversals)	7.8
Add capital donations / grants and Income & Expenditure impact	0.6
Remove I&E impact of IFRS 16 on IFRIC 12 schemes	20.9
Adjust financial performance surpluses for the purposes of system achievement	0.0

The financial framework under which the Trust will work for the medium term is as part of an Integrated Care System (ICS) as laid out in the Health and Care Act 2022. The ICS came into being in July 2022. The basis for income was not based on levels of activity delivered (Payment by Results/PbR, or 'tariff'), but was a move to block funding based on 2019/20 levels of activity, adjusted for inflation and efficiencies. There are variable elements around the delivery of Elective activity, as well as some elements of diagnostics and drugs. Through this, the BNSSG system has received funding to cover an element of the Trust's Private Finance Initiative (PFI) hospital and therefore, in part, mitigate the Trust's previous underlying deficit position.

The drivers of the current underlying deficit include undelivered efficiencies, incremental drift, the impact of non-pay inflation and increased costs to support a number of services across the hospital. The BNSSG system will collectively work towards reducing the system underlying deficit through closer working between all partners to increase planned levels of productivity, this included the production of a Medium-Term Financial Plan in 2023/24 with the aim of recurrent financial balance by 2026/27.

- **Financial Duties and Financial Health**

The Trust has three key financial duties:

1. To break even on income and expenditure taking one year with another
2. Not to overspend its capital resource limit (a limit on capital expenditure set to an agreed plan with the Department of Health & Social Care)
3. Not to overshoot its external financing limit (a cash limit set by the Department of Health & Social Care).

The table below sets out the Trust's performance against these targets in 2024/25 and the previous five years of the Trust.

£'m	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Breakeven Duty - Annual	7.5	10.8	13.1	8.5	2.1	0.1
Breakeven Duty - cumulative	(-122.1)	(-111.3)	(-98.3)	(-89.9)	(-87.8)	(-87.6)
External Financing Limit	Achieved	Achieved	Achieved	Achieved	Achieved	N/A
Capital Resource Limit	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Despite recording surpluses in the last five years, the Trust remains cumulatively in deficit to 31 March 2025. As a result, in accordance with their statutory responsibility, the Trust's external auditors have made a referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014. This approach is consistent with previous years. Under the financial regime for 2020/21 and 2021/22, Trusts were being managed against a break-even requirement in-year, therefore the Trust was not able to make a significant surplus. Under the financial framework in 2022/23, 2023/24, and 2024/25 the majority of NHS income was under block arrangements, again limiting the ability to generate surpluses.

Capital expenditure for 2024/25 was £72.6m. This was funded by internally generated funds of £24.1m, Public Dividend Capital (PDC) draw-down of £30.1m and system capital support of £18.4m.

The Trust has a capital plan of £31.1m for 2025/26 and an opening cash position of £77.4m. The capital plan will be affordable from internally generated funds; thus, the Trust will have sufficient cash in 2024/25 that cash support from the Department of Health & Social Care will not be required.

After considering the above and making appropriate enquiries the directors of the Trust have a reasonable expectation that North Bristol NHS Trust has adequate resources to continue in operational existence for the foreseeable future. The annual report and accounts for 2024/25 have, therefore, been prepared on a going concern basis.

Our Patients

Patient and Carer Experience Strategy

A person's experience starts from their first contact with our services, right through to their last, including maternity and end-of-life care. It is important to understand and learn from people who use our services and those who do not currently access them but who have a need to, ensuring that the service provided meets the needs of the community. Hearing from our patients and carers about their experiences is invaluable in helping us to understand whether we are delivering good, personalised care for them.

Our three-year Patient and Carer Experience Strategy builds on our Trust Strategic aim: Outstanding Patient Experience. In this second year, we continued to focus on four key commitments which have underpinned and shaped our work:

1. Listening to what patients tell us
2. Working together to support and value the individual and promote inclusion
3. Being responsive and striving for better
4. Putting the spotlight on patient and carer experience

For each of these commitments, we identified a set of priority objectives for the second year. A detailed work plan guides and supports their implementation, and a summary of progress is outlined below:

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Completed in year. Stories gathered from patients and carers continue to allow us to gather insights into the care received, helping us to improve services and the care we provide. A wide range of experiences were heard during the year, including breastfeeding initiatives, surgical waits, hearing for the first time from the Gypsy, Roma and Traveller Community and a moving story of a volunteer reflecting on how they support patients. Valuable insights continue to be shared. A Group approach to patient and carer stories at Board will be taken forward.
	We will **build on our existing methods to collect patient feedback ensuring these are accessible to all**. We will explore the **use of new technologies** to support this including how we capture social listening (social media comments).	**Identified as a Quality Priority.** An evaluation of the first year of Patient and Carer Conversations was shared with the Patient and Carer Experience Committee (PCEC) in December 2024, highlighting conversations, led largely by volunteers, with over 200 patients for real-time patient feedback. We will embed and grow the model in the year ahead, ensuring it is accessible and effective. A one-year feasibility study of the Patient Experience Platform (PEP) commenced with three pilot areas starting to evaluate the system, data usage and

		insights from FFT and social listening using AI technology.
	We will continue to **develop the Integrated Performance Report**, so that the Board and other leaders can have oversight of the experience our patients receive.	Complete. Use of the new Integrated Quality Performance Report format commenced in Quarter 4.
Working together to support and value the individual and promote inclusion	We will **aim to increase the diversity of our volunteer teams** to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	The Volunteer Service strategic plan 2025-2028 was shared at Trust Board in March 2025. This commitment is captured within the strategic plan.
	We will **meet the needs of patients with lived experience of Mental Health or Learning Disability (LD) and neurodivergent people** in a person-centred way.	**Identified as a Quality Priority.** We completed our first patient conversations with patients with LD in December, speaking to four patients. Further conversations took place up to March and findings are being evaluated to inform improvements and learning.
	The **voice and the involvement of carers** will be respected and integral in all we do.	Carers Awareness Training is now available to staff with sessions arranged in April, May and June 2025. This supports a culture of supporting and working in partnership with carers at NBT. 10 carers chairs have been shared with wards. The Carers Strategy Group has quarterly meetings planned.
	Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' (SDM) and "Informed Decision Making".	**This has been identified as a Quality Priority**. SDM processes are running as business as usual in seven specialties, with divisional performance metrics being reported. This will be embedded into further specialties in 2025-26. SDM training modules have been designed and delivered for nursing and AHP colleagues. Patient communications for the 'It's OK to ask' campaign have been rolled out, including updates on the Trust internet, banners in waiting areas and inclusion in digital patient information leaflets.
	We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the	A Patient Story to Board in January 2025 provided insight into the lived experience of the Gypsy,

	lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.	Roma and Traveller community accessing our services. This highlighted some of the Trust and wider system work underway to help reduce health inequalities experienced by this group. We have also listened to people experiencing homelessness and fed this into an outpatient access project. We continue to engage with West of England Sight Loss Council and the Centre for Deaf and Hard of Hearing.
Being responsive and striving for better	We will continue to **sustain and grow our Complaints Lay Review Panel** as part of our evaluation of the quality of complaint investigations and responses.	Complete. The panel welcomed two new members in November and continues to meet quarterly.
	We will continue to **undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits** and respond to areas of improvement.	Complete. PLACE assessments have taken place with involvement from Patient and Carer Partners. Our physical access steering group will support the follow-up work focused on access.
	We will **involve the volunteer voice within feedback** to shape future volunteer roles and patient engagement opportunities.	Complete. The Volunteer Service strategic plan was shared at Trust Board in March 2025. This commitment is captured within the strategic plan.
Putting the spotlight on patient and carer experience	We will **refresh the patient experience portal** on our website and staff intranet.	Completed.
	We will **develop a Patient Experience e-learning module** to support the ongoing need of staff for easy access to busy frontline staff.	Complete. NHSE's Elective Care Reform paper, January 2025, details a commitment to make customer service training available for non-clinical patient-facing staff. A new e-learning module called 'Improving the patient experience - Customer care' has been developed in partnership with NHS Elect. This will be launched during Patient Experience Week in April and will be accessible to all staff via LEARN. An evaluation will follow in key areas identified including outpatients and Gynaecology to review impact on improving patient satisfaction and reducing complaints and concerns.

Listening to what patients tell us: Friends and Family Test (FFT)

The FFT is an important tool that allows people using our services to provide feedback on their experience and let us know if we are delivering for them. We ask: 'Overall, how was your experience of our service?' and 'Please tell us why you gave your answer'.

Between 1 April 2024 and 31 March 2025, 109,251 responses were received. This is an increase of 5.5% from last year.

Outstanding Patient Experience was a breakthrough objective for the Trust in 2024/25 with a 3–5-year target for upper decile performance against non-specialist acute hospitals with a response rate of at least 10% (based on June 2022 baseline). The Patient First improvement approach was used to implement this. The overall Friends and Family Test (FFT) metrics remained stable through the year. Although there was a slight decrease from 16% to 13.2% this year, more patients shared their feedback than last year, across a larger patient group, as we invited more patients to participate. As such, the reduction in response rate does not indicate reduced engagement. In line with NHS England National FFT guidance, we continue to focus on the volume and quality of feedback rather than the response rate alone.

We achieved an overall positive rating of 92.39%, a minor decrease from last year's rating (92.67%). Given the increase in total responses, it is encouraging that there has been only a small variation in the overall score. This consistency strengthens the FFT's value as a broadly reliable measure of general patient experience.

The following table shows the positive score against each care domain. Most areas saw a very slight decrease, however the overall satisfaction rating dropped by 5.7% for the Emergency Department and by 1.6% for experience of Birth in our Maternity Services. Pressures on emergency care within the healthcare system can impact satisfaction. In the year ahead, we will be introducing regular local surveys to gather more insight in these areas to inform improvements to care.

	Response rate		Rating (positive)	
	2023/24	2024/25	2023/24	2024/25
Trust-wide	16%	13%	92.7%	92.4%
Emergency Department	20%	19%	80%	74.7%
Inpatients	22%	22%	89.6%	89.6%
Outpatients	14%	11%	95.1%	94.9%
Birth	27%	21%	95%	93.4%
Day-case	21%	19%	96.2%	95.2%

The table below shows our top positive and negative themes for the past 12 months. These are consistent with last year's themes and align with the themes we see through compliments, Patient Advice and Liaison Service (PALS) concerns, and complaints.

Top 10 Themes			
Positive		**Negative**	
Staff	33,123	Waiting time	2,526
Waiting time	15,405	Communication	1,861
Clinical treatment	12,326	Staff	1,729
Communication	6,833	Clinical treatment	1,371
Environment	4,531	Environment	979
Catering	734	Discharge	272
Discharge	572	Catering	200
Staffing levels	228	Staffing levels	100

As outlined in the summary of progress against our objectives this year, a one-year feasibility study has commenced using the PEP platform to make FFT data and comments more accessible to divisional teams across ten pilot areas. The study will include an evaluation of the system, data usage and insights from FFT, together with social listening insight, to better utilise the information to create actionable change within the Trust. The study will run during 2025, aiming to demonstrate value through insight, learning and improvement actions. We will continue to work with teams over the next 12 months to increase their engagement with the feedback received through this source.

In the year ahead, the Trust will look to focus on monthly surveys linked to specific national survey improvement areas agreed as an output from each published survey.

We continue to collect demographic information alongside our Friends and Family Test data. Based on the data currently available, we know the following:

- Disability: Of the 109,251 responses to the Friends and Family Test, there were 3079 responses (2.8%) to the question about disability, with 43% of those respondents reporting they have a disability.

- Age: The distribution of responses across age ranges is:

0-15	1.25%
16-24	3.30%
25-34	7.62%
35-44	10.12%
45-54	13.23%
55-65	22.54%
65-74	13.00%
75-84	22.55%
85+	6.35%

- Gender: A higher proportion of respondents to the Friends and Family Test were women (58%), compared to men (41%). The other categories “not specified”, “female - identifies as male” and “male - identifies as female” made up the other 1%.

- Ethnicity: The distribution of responses across ethnic groups is:

White	74080	68.65%
Not Stated/Known	28283	26.21%
Asian or Asian British	1676	1.55%
Other ethnic group	1393	1.29%
Black, Black British, Caribbean or African	1391	1.28%
Mixed or multiple ethnic groups	1081	1.00%

We acknowledge that current FFT responses may not represent the breadth and diversity of our patient population. We continue to explore ways to improve accessibility to the survey, including supporting people to complete surveys in person, and encourage participation from underrepresented groups, ensuring that all voices are heard through a variety of engagement and feedback routes.

Patient and Carer Conversations – real-time feedback

Patient and Carer Conversations are a way of gathering real-time feedback from patients and carers through volunteers visiting wards or outpatient areas. They open an authentic conversation with the patient or carer and listen to their experience of being in our hospital. At the end of their conversations, volunteers share feedback with the ward manager or nurse-in-charge immediately, so any identified opportunities for improvement can be implemented without delay. The volunteer follows up in writing shortly after the visit to confirm the findings from their conversation.

In December, we were pleased to report on the first year of Patient and Carer Conversations, following the launch in November 2023. Between 1 November 2023 and 31 October 2024, we completed 59 visits to inpatient areas and spoke with 204 patients, through conversations hosted by 25 volunteers. These volunteers were a mix of staff, feedback volunteers and Patient and Carer Partners. We also undertook patient conversations in six outpatient areas.

After a successful first year, we continue to have conversations, hearing in ‘real-time’ about experiences of care, reflecting on what matters most. Between 1 November 2024 and 31 March 2025 we have spoken with 65 patients across 24 areas. Most feedback was extremely positive, providing a welcome morale boost to staff. Patients have enjoyed having someone to speak with about their experiences.

Overarching themes:

Food was something that divided opinion but was also one of the main topics patients wished to talk about. Some felt that the food choices and quality were excellent whilst others felt the standard was inconsistent. Feedback from those with dietary requirements was that food does not always arrive as ordered or what is offered on the menu isn’t provided at mealtimes. All feedback has been shared with the Catering team to inform developments in the service offered.

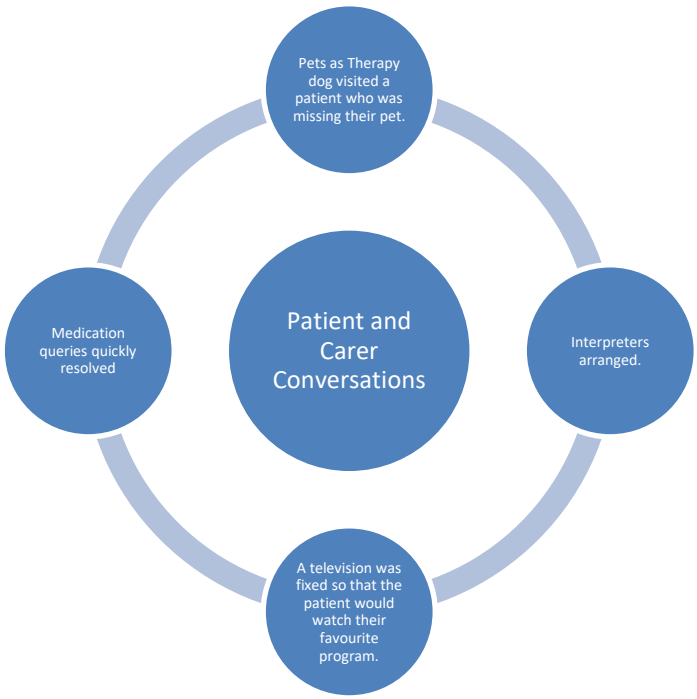
Staff Attitude One of the resounding positive themes from every area visited was that patients were impressed by the staff, often referencing their supportive and caring attitude. Whilst feedback about staff was incredibly positive, a disparity between day staff and night staff was noted, with patients noticing that it took longer for call bells to be answered during the night compared to the day. All feedback was passed on to each ward and staff, providing opportunities for improvement.

Environment and Facilities Positive comments included how clean and safe the hospital felt, with constructive comments made about the environment and facilities such as noise levels, televisions not working or not being available and faulty equipment. In most areas, the team were already aware and had requested maintenance support. We acknowledge the impact of noise levels on patient wellbeing. Whilst we tend to score better than other Trusts on this area in our annual national inpatient survey, we continue to explore and implement measures to minimise disruption within inpatient environments, such as offering earplugs to patients.

Communication about care plan and discharge arrangements Patients' and carers' experience of communication was varied, with a number stating they had received good communication and felt involved in their care, particularly in Maternity services. Conversely, other patients felt they had received contradictory information from staff about their care plan or discharge arrangements.

Largely, the themes identified through patient conversations reinforce key themes we hear through other sources of feedback such as concerns, complaints, Friends and Family Test and the national survey programme. It is reassuring that these other mechanisms are picking up what matters most to patients.

Taking swift action with clinical teams has enabled several improvements to the experiences of patients and carers:

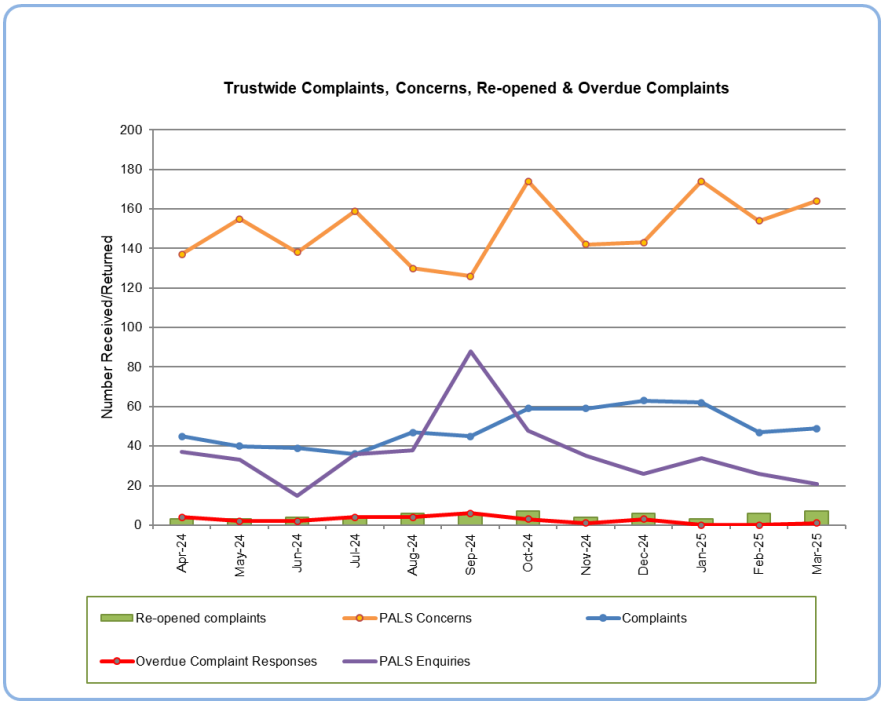


In the year ahead, we plan to utilise our database Radar for feedback reporting to enable better analysis of themes and trends, triangulating with other feedback types. We will also seek conversations to hear from individuals whose voices are not often heard, such as patients with learning disabilities or Autism, young people, those with sight loss, deaf and non-English speaking patients.

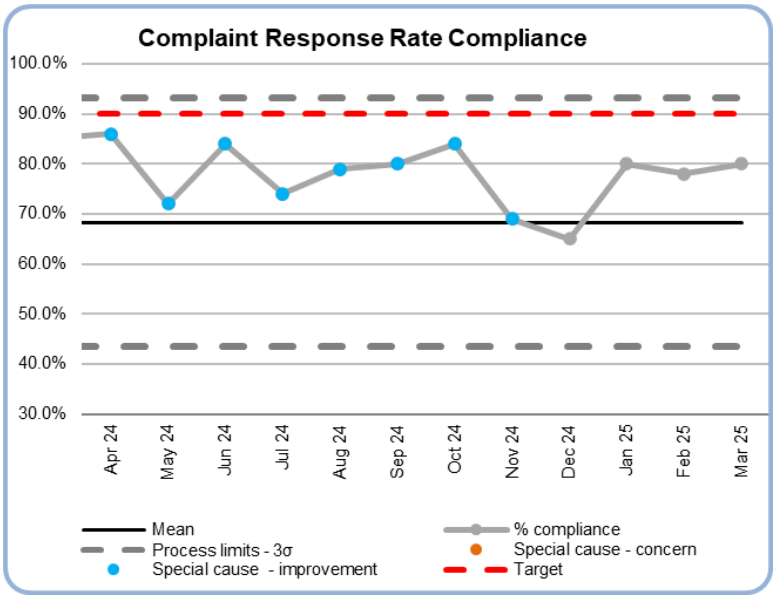
Being responsive and striving for better: Complaints and Patient Advice and Liaison Service (PALS)

We received 578 formal complaints in 2024/25, a 3% increase on the previous year, when 560 complaints were received. Of the 578 complaints, 10% were re-opened (4% higher than the previous year). Re-opened complaints are carefully reviewed to understand the reasons and identify opportunities for learning. We will focus on improving the monitoring of reasons for re-opened complaints in the year ahead, to more easily identify any recurring issues, improve the quality of responses and address any gaps in communication or service delivery.

PALS activity has increased by 8%, with 1,811 concerns received compared with 1,670 the previous year. The chart below shows a summary of activity by month.



Complaint response rate performance

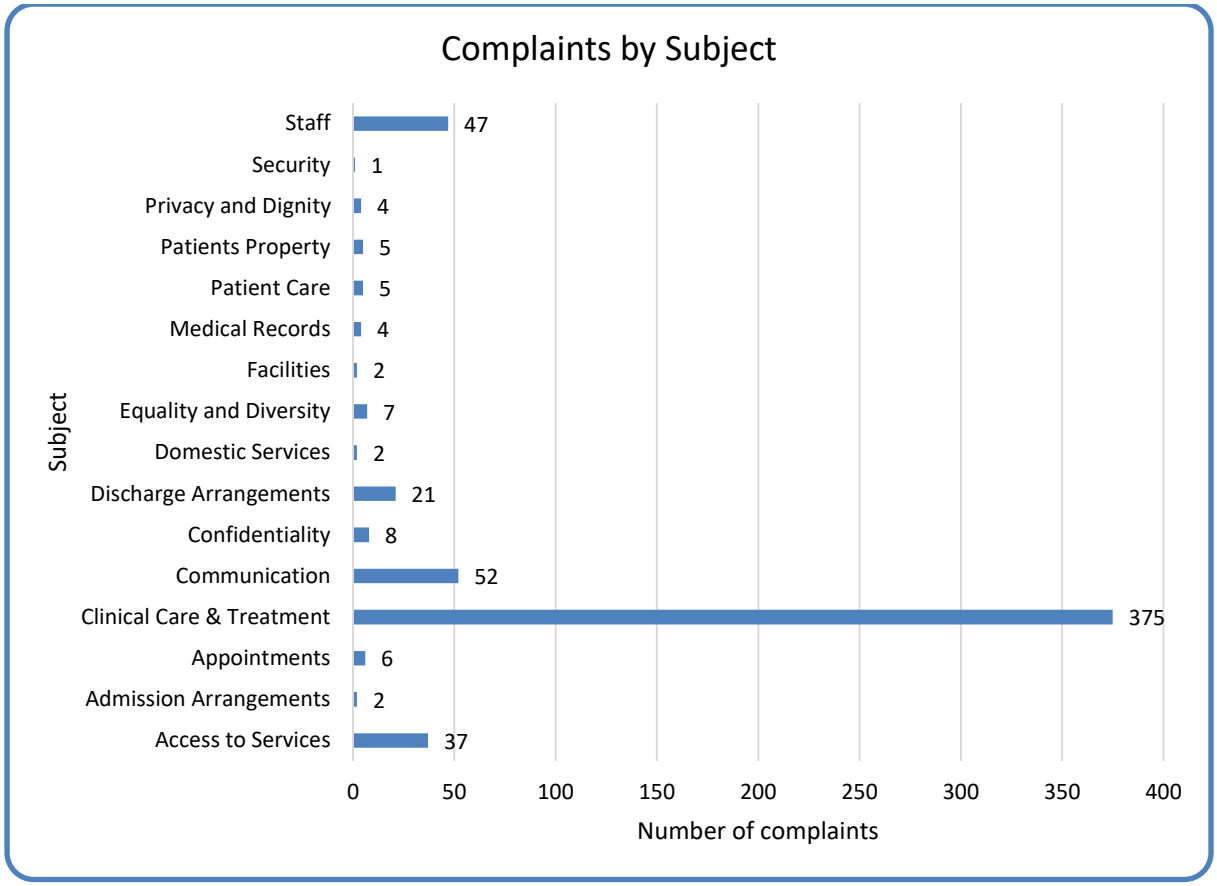


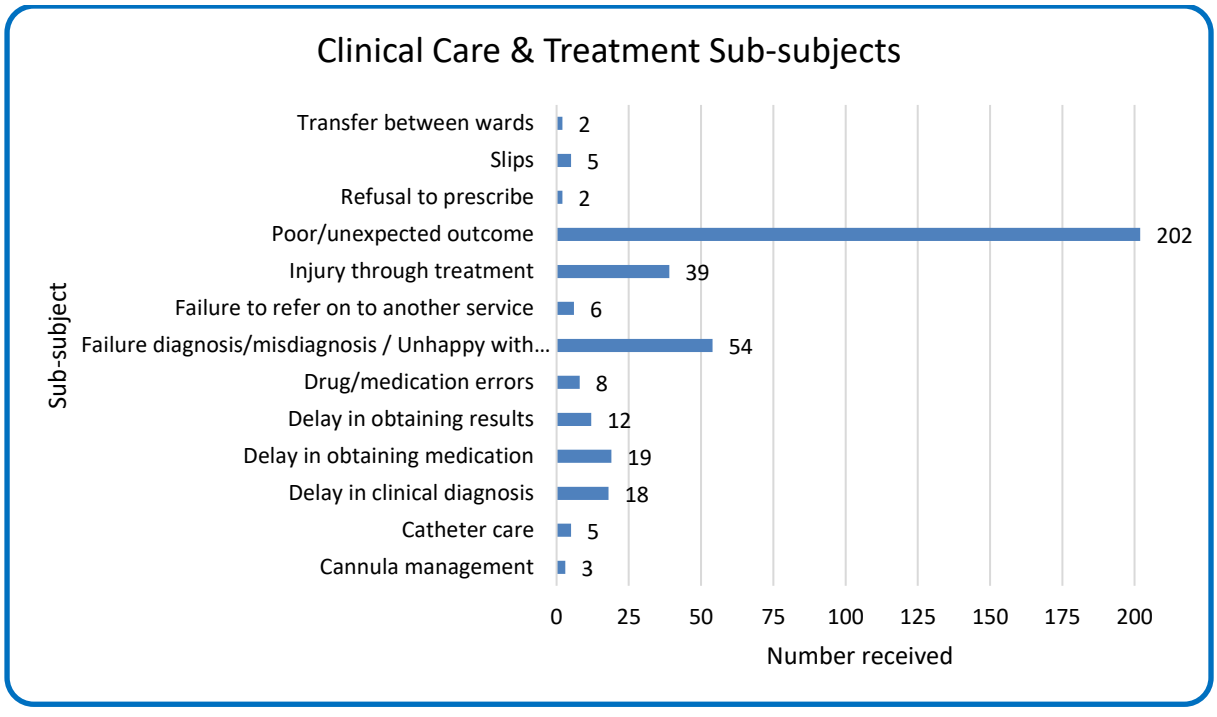
The Trust has a target to respond to 90% of formal complaints received within the agreed timescale. Results have fluctuated across the year and the target has not been met. On average 78% of complaints were responded to within the agreed timescale, which is a 5% improvement on the previous year. This is encouraging, particularly given the increase in the number of complaints received.

Work to improve timescales continues to be a key priority. Weekly meetings are held with divisions to review complaint progress, and a weekly tracker is circulated to highlight those approaching their response deadlines and any overdue, to add focus on these.

Complaint themes

As in the previous year, the main themes seen across complaints in 2024/25 were around Clinical Care & Treatment, Communication, Access to Services and Discharge Arrangements. Through our Divisional Patient Experience Group (DPEG) and Patient and Carer Experience Group, these themes have been discussed and actions taken upwards to the Patient and Carer Experience Committee and outwards through divisional governance meetings. The charts below show a breakdown of complaints by lead and sub-subjects.





Complaints Lay Review Panel

Our Complaints Lay Review Panel continued to review the quality of complaint responses and investigations. Meeting quarterly, the panel reviewed 12 cases over the year, assessing how each complaint was handled. They assigned scores based on the Patients Association

principles and identified examples of good practice and areas for improvement. A member of the panel attends our Divisional Patient Experience Group meeting to give feedback directly to divisional representatives on the panel's findings.

This year, we recruited two new members, bringing the total membership to 10. We remain committed to growing the panel further, aiming to enhance diversity and adding new perspectives to the group.

Accessibility of the Complaints Process

Equality monitoring data is collected about those raising complaints through a non-mandatory questionnaire, sent to complainants during the acknowledgment process. In 2024/25 we received 97 responses, representing a response rate of 17%. The data shows:

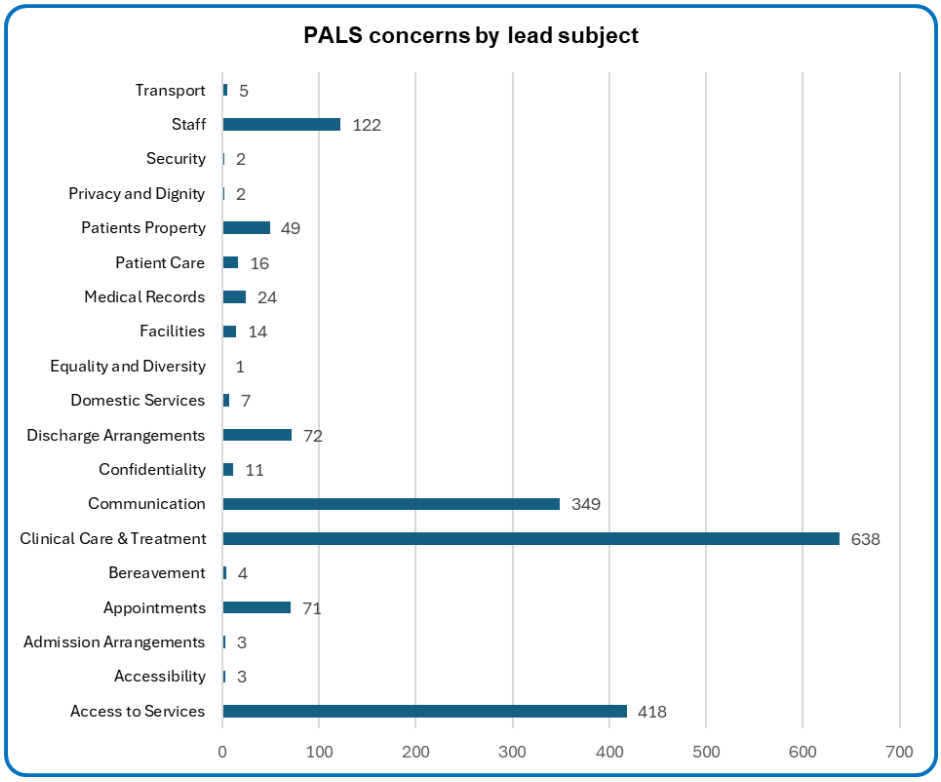
- Most complainants were from three age categories (31-45, 46-60, 61-74), which is a change from the previous year when most responses were from people aged 31-45.
- 41% of complainants disclosed they had a disability, a 3% increase on the previous year.
- No complaints or PALS concerns were noted as received from patients with a learning disability. Four complaints and seven PALS concerns were raised from Autistic patients.
- The distribution of respondent ethnicity is:

White	89	91.70%
Black, Black British, Caribbean or African	3	3.09%
Mixed or multiple ethnic groups	3	3.09%
Asian or Asian British	2	2.00%

We recognise that these findings do not fully reflect the diversity of our local communities or those accessing our services. To help address this, Healthwatch Bristol has continued to run a dedicated feedback stall in the hospital atrium, offering an accessible and informal way for individuals who may feel less able to raise concerns through the complaints process.

PALS concern themes

PALS concerns are reviewed thematically to flag any notable issues within the data. Over 2024/25, the following chart shows concerns by lead subject.



The top three PALS concern lead subjects are Clinical Care & Treatment, Access to Services and Communication, which is consistent with the previous year. The top theme was Clinical Care and treatment, with 55% of the sub subjects reported as 'Poor/unexpected outcome', which was in keeping with trends in complaints. The two main sub-subjects for 'Access to Services' are length of wait for inpatient appointments (including surgery) and outpatient appointments, making up 93% of the total. The main sub-subject for Communication was Communication to patients, making up 77% of the total.

Working together to support and value the individual and promote inclusion: Patient and Carer Engagement, Access and Inclusion

The Patient and Carer Partnership Group is chaired by a Patient and Carer Partner (PCP), with members including other PCPs who are volunteers or NBT staff. During 2024/25, the group continued to contribute to several workstreams, as seen below. The partnership continues to grow in number and breadth of impact. In the year ahead, Patient and Carer Partners will play a valuable role to support the patient and public involvement and engagement plan for the Trust's Single Managed Services programme.

Our Patient Access and Inclusion Lead continued working with our Health Inequalities programme, the Voluntary, Community and Social Enterprise (VCSE) sector and with colleagues in Sirona and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) to develop relationships with health inclusion groups.

We connected with Bristol Outreach Services for the Homeless (BOSH) and were able to visit their welcoming space to listen to those experiencing homelessness. This feedback informed a project on outpatient access.

During the year, we continued to develop relationships with Gypsy, Roma and Traveller communities to understand their experiences and health inequalities. We also attended a wide range of other community events to listen to patients' and public experiences and share ways people could feed back further. These activities are very closely linked with our health inequalities work and are described further in the health inequalities section of this report.

Important relationships with key community partners continue to support access and inclusion. In the last year we have worked with the West of England Sight Loss Council to continue to improve access for those with a visual impairment. We have trained over 230 staff and volunteers since 2023 and visited several visual loss support groups this year to further understand their experiences. This work is closely linked with our health inequalities work and is described further in the health inequalities section of this report.

We continued to work with the Centre for Deaf and Hard of Hearing People Bristol. For their Deaf Information Day in the community this year we provided a range of health and information stalls and ensured we took into consideration the experiences heard from the Bristol Deaf Health Partnership over the last year. Our Complaints and PALS manager has delivered a session to this community to improve access to PALS and complaints and we are co-ordinating with the Southmead Hospital Charity to run stalls at Southmead and Cossham hospitals, to engage with Deaf and Hard of Hearing patients to reduce isolation, inform them of access support and gather feedback.

In November 2024 we rolled out implementation with our new spoken language interpreting and translation provider Word360. Now over 1,200 staff have accounts with Word360 and there is a good fulfilment rate. Discussions on innovative solutions commenced, such as access to remote video interpreting through Wordskii on Wheels (iPads on wheels dedicated to interpreting).

During the year, we worked alongside our Physical Access group of Patient and Carer Partners and visited Bristol Centre for Enablement (BCE) to discuss feedback and best practice. A Physiotherapist and Occupational Therapist joined the group to progress actions.

Whilst some of our Patient and Carer Partners were involved in this year's Patient Led Assessments of Care Environments (PLACE), which allows for a good range of feedback and improvements, we will also be undertaking a follow-on session with the Physical Access Group, focused on accessibility, in May 2025. We have also completed a separate food testing PLACE assessment with one of our partners with a Learning Disability.

There has been focus on improving communications around requesting support such as wheelchair support, sighted guiding and volunteer buddy by putting up posters on site and sending posters to local VCSE organisations. We have audited a variety of Hearing Aid Loops in the outpatient areas and followed on with creating guidance for staff on how to ensure these are maintained or issues reported. The group have been active in engaging with Fresh Arts on an art project for the BCE site. As we move forward, we hope to see this group create more impact and a better experience for those with physical access needs in the next year.

There is a focus across the Patient Experience Team to ensure all patients and carers are represented and supported to have an outstanding experience. We work closely to support carers and have recently received funding from the League of Friends and purchased ten carer chairs. Carers Awareness training will be launched in the coming year. Our Spiritual, Pastoral and Religious Care Team ran a wonderful National Interfaith Week which saw a variety of communities come together and hosted our second Interfaith Representatives meeting. Our Fresh Arts Team have celebrated a host of equality and awareness days throughout the year and particularly ensured celebration and inclusion of disabled artists during Disability History Month and a fantastic contribution of Global Majority artists for Black History Month.

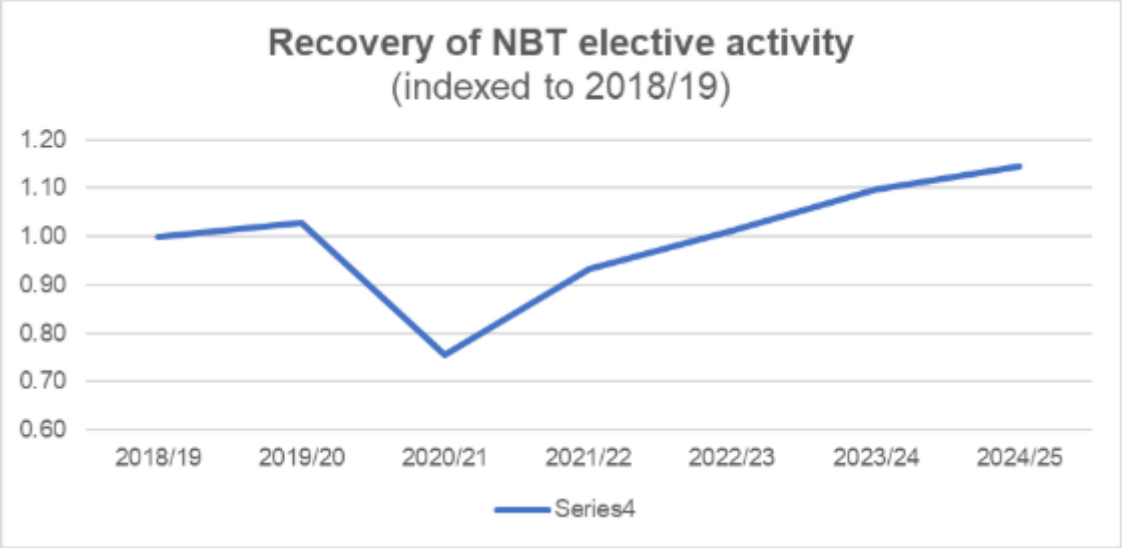
Health Inequalities

The Trust has progressed delivery of the Clinical Strategy and Joint Clinical Strategy focussing on how we meet the needs of our population and respond to health inequalities. We are committed to being an anchor in our communities and recognise that staff, patients and communities all experience the same social and health inequalities. Staff health and wellbeing has been a focus to support our workforce both as an anchor institution, and to enable provision of excellent patient care. Advancing health equity requires collaboration and a shared commitment to local needs and health outcomes, with services oriented to community needs. The Trust continues to work with, and strengthen understanding between, hospital group, system partners, and our wider community partners.

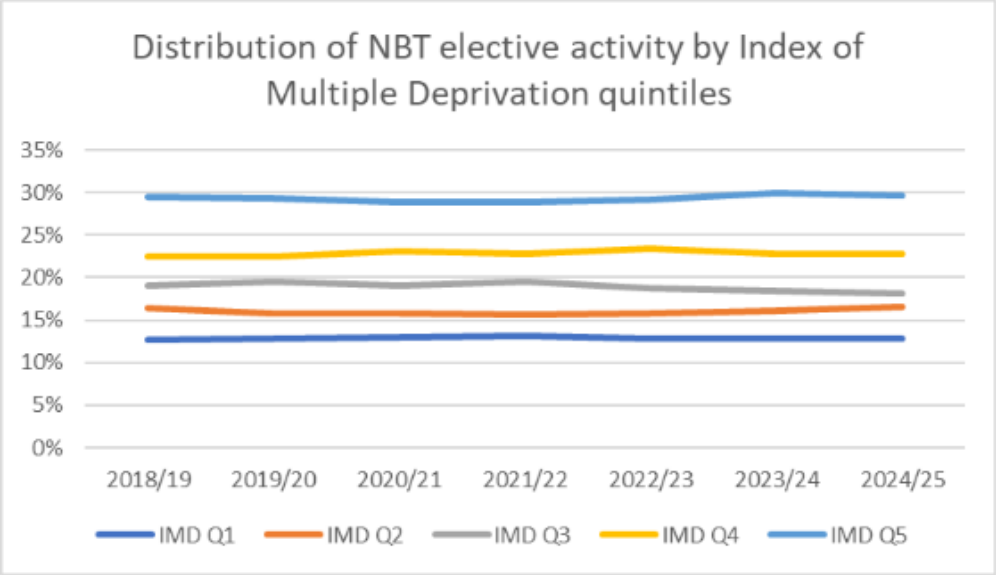
In 2024/25 we have focussed on:

Understanding and improving our data on our population needs

- High quality data is essential to understand health inequalities and target work to deliver health equity.
- We have worked with service and divisional leads to embed our inequality dashboards so that our services can monitor how they are meeting the needs of different populations. The dashboards focus on inequalities by deprivation and for Global Majority groups, and allow real-time monitoring of variations in access. We have worked with UHBW to align the use of data for inequalities across the hospital group.
- In line with national guidance, we are monitoring our recovery in elective services following the Covid pandemic to ensure we understand and act on inequities of access. Overall, Trust levels of elective activity remain above pre-pandemic levels.

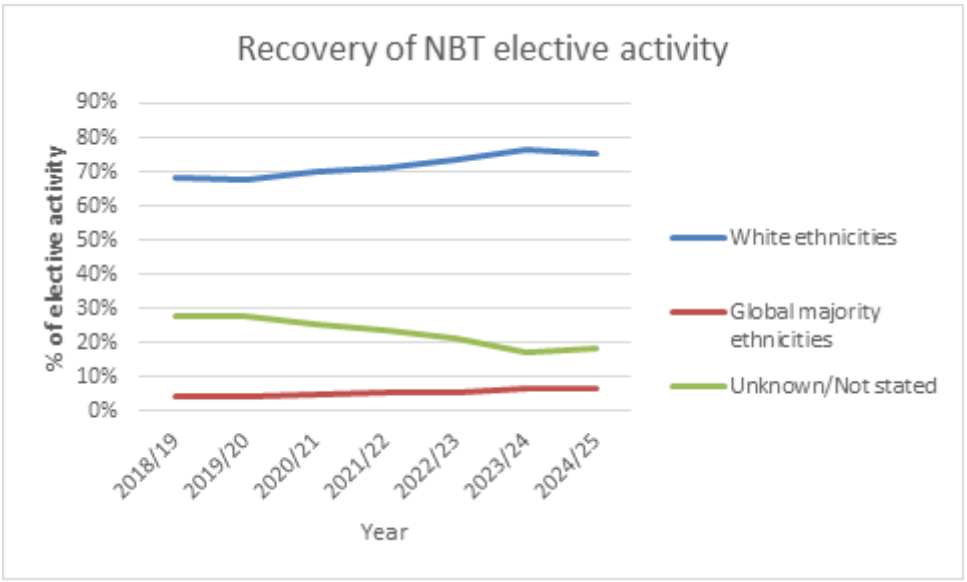


Recovery of NBT Elective Activity: Chart shows elective activity for each year, with 2018/19 as a baseline.



Distribution of NBT elective activity by Index of Multiple Deprivation quintiles: Chart shows NBT elective activity split into deprivation groups. IMD Q1 = 20% most deprived patients, IMD Q5 = 20% least deprived patients.

- Ethnicity status in Trust datasets for elective pathways is an area of focus for improvement. The Trust's target is for 80% of patients to have their ethnicity recorded. In March 2025, 68.7% patients awaiting treatment had a known ethnicity, compared to 66.7% in March 2024. More significant progress has been made on recording ethnicity of patients who have attended an appointment; 82% of outpatient attendances in March 2025 have an ethnicity status recorded. Further improvement is required for effective monitoring. We have developed training for staff on recording ethnicity status. Our Trauma and Orthopaedics service has made sustained improvements in recording of ethnicity to meet Trust targets, and the learning has been shared with other areas. We are continuing to work with our integrated care system and community partners to progress data sharing.



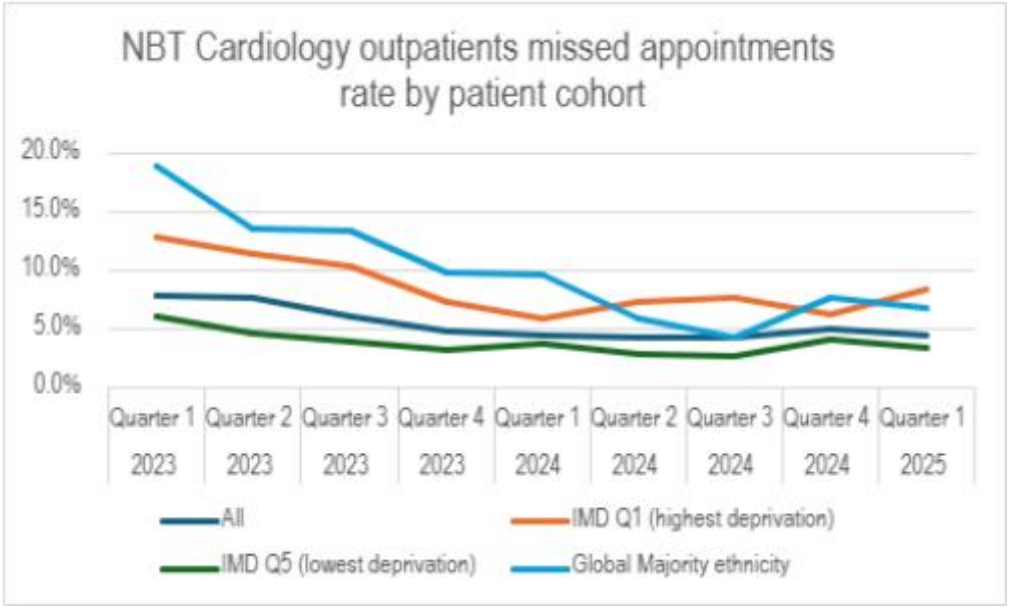
Recovery of NBT elective activity: chart shows elective activity from 2018/19 to 2024/25 split by patients' recorded ethnicity.

Improving patient experience, access to our services and outcomes

We have worked across specialties and patient groups to raise awareness of inequities and develop effective approaches to improve access. The projects below highlight some of our progress this year. Community engagement is a thread through this work and is expanded on in the Working With Community Partners section.

Cardiology outpatient access

- Jointly with UHBW[1] from 2023/24 we have delivered a project on improving access to cardiology outpatient services for patients who live in areas of deprivation and, or patients from Global Majority groups. These patient groups are more likely to miss an appointment.
- The project has successfully delivered progressive and sustained improvements in attendance rates for IMD-1 (20% most deprived communities) and Global Majority group patients. The learning on the barriers to attending appointments and effective ways to support attendance are being collated and will be used to enable wider action.



NBT Cardiology outpatients missed appointment rates by patient cohort: chart shows the % of missed appointments for different patient groups from 2023 to quarter 1 2025

Prison health and outpatient access

- Data shows that prisoners often wait longer than the general population for elective care. The Trust has been working with the local prisons and Health and Justice Commissioners to understand how hospitals and prisons could work better together to improve care for these patients. We have reviewed hospital data and put systems in place to more easily identify patients that are in prison, so that we can better plan their appointments and treatment. We are also working to improve communication channels between the hospitals and prisons, as well as reviewing discharge pathways, to further reduce inequalities that this patient cohort typically face.

Homeless health

- Homelessness drives poor health outcomes and is often “hidden homelessness”, including in health data sets. With the support of a public health registrar, the Trust worked with people with experience of homelessness, our community homeless health service, Bristol Outreach Services for the Homeless (BOSH) and national leads. We reviewed hospital data to understand more about emergency presentations, recording of homelessness, referral to outpatients, the high rates of non-attendance and the barriers to access.
- To improve access and outcomes we are working on outpatient referral pathways from the homeless health service. Our Emergency Department has developed systems to record homelessness, and this year has referred 151 people using Duty To Refer pathways to local authority housing services, alongside supporting patients through our hospital InReach Team.

Cancer services and health literacy

- Health literacy means information is easy to understand and use so patients can access services effectively. Following a self-assessment using the Cancer Faster Diagnosis Framework, a project support manager was funded for one year by the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance[2], which NBT hosts, to update patient-related information. The project manager worked with the cancer team and specialities to review the public-facing cancer pages, patient information leaflets and staff internal intranet pages.
- The review of patient-related communications included using health literacy standards and improving the accessibility of information. An example of this work is a paper and online resource entitled: ‘I have been referred for possible cancer’. This outlines what to expect when someone has been referred to NBT for tests or an appointment and the timescales and resources to help them while they wait to have cancer confirmed or ruled out. Further work is needed more broadly on health literacy for patient-related communications across specialties.

Learning disabilities and reasonable adjustments

- This year we started a project on improving outpatient attendance as it was identified that the ‘Did not Attend’ (DNA) or ‘Was Not Brought’ rate among patients with a learning disability was 14% compared to 9% for the general population. The Trust acknowledges that there is more to be done for patients with learning disabilities as they will most often need reasonable adjustments to support effective attendance, improved experience and outcomes. The mortality rates among these groups of patients are much higher than the general population and the Trust needs to respond through a collaborative effort with system partners. This year the Learning Disability Team has worked with some of the divisions to support exploring the problems with non-attendance, develop a reasonable adjustment checklist and understand how best to support reasonable adjustments for these patients.
- A pilot was undertaken in the neuromusculoskeletal (NMSK) division to review what reasonable adjustments patients need before attending their appointments through proactively contacting patients. The next stages will explore the impact reasonable

adjustments had on patient experience, share learning with other divisions and consider the resources needed to support this work.

Maternity Services

- Throughout 2024, our maternity services reviewed and progressed plans to deliver obstetric appointments in the community. Our new community obstetric appointment service went live in April 2025, providing obstetric clinics at Patchway Children's Centre. This collaborative piece of work with stakeholders, the local community and South Gloucestershire Council means care is provided closer to home and supports the Trust's vision of becoming an anchor within the community. Prior to the service going live, obstetric appointments have only been available at Southmead Hospital, which presented barriers for some people to access services.
- Patchway was selected as the first location to trial an obstetric clinic in the community via a review of outcomes, demographics, risk factors and Did Not Attend (DNA) data. The DNA data was analysed by postcode and ethnicity which found that Global Majority women in this postcode area had the highest DNA rate. Engagement with community groups has given consistent feedback that more needs to be done to engage and embed within local communities (Project SMILE 2022). By running obstetric clinics out of Patchway Children's Centre we aim to improve patient experience, remove barriers to accessing our services and build and develop relationships with local services and communities within the area.

Working with Southmead Hospital Charity, the Trust's charity partner

The charity has supported multiple projects to advance equitable care and address wider social factors that are building blocks for health and cause health inequalities. Projects delivered in 2024/25 include:

- £4,500 for antenatal courses for parents with mental health problems, broadening access to support
- £10,000 for face-to-face support for patients with Parkinson's Disease to improve access to government support, benefits and wider services
- Over £100,000 for Fresh Arts programmes, including Arts on Referral, Dance for Parkinson's and Dance for Dementia
- £5,000 for a 'welcome' animation video for the Emergency Department, improving the patient experience by providing patients with information on what they can expect and how to access other services.

Working with community partners

Over the last year we have engaged with many new community groups and partners to understand the experiences of different groups, share information, build health literacy and co-develop improvements to reduce health inequalities. Our staff are diverse, with a wealth of experience and community connections, and this report only represents a sub-section of the community engagement and co-production from our organisation.

- **Supporting community-led events and building shared understanding**

Through working with various partners including local authorities, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), Sirona Care and Health, and local Voluntary, Community, and Social Enterprise (VCSE) organisations we have supported the following range of community events; Deaf Information Day, Yate Ageing Well Event, Knowle West Family Health Day, Chipping Sodbury Health Event, BS3 Carers Event and more.

We have developed relationships with Gypsy, Roma and Traveller communities to understand their experiences and stark health inequalities. We raised their voices through a patient story at the Trust Board and continue to work on actions including awareness and training for Gypsy, Roma and Traveller History Month and supporting women's health workshops in this community.

We recognise that health information needs to be more accessible and engaging for all age groups, enabling people to make informed health decisions and take an active role in their wellbeing. This year we have collaborated with Filton Avenue Primary School to create a series of short public health information films. These films feature primary school pupils as healthcare workers and adult patients, aiming to educate the public about common ailments and the appropriate NHS services to use.

We worked closely with the school to produce these videos, which are shared on social media, on NBT's website and through the school's internal network for parents.

- **Hosting community health events**

We have hosted two health events. In September 2024, NBT hosted a dedicated health event for the local Chinese community. Working in close partnership with the Chinese Community Wellbeing Society, the event saw a range of stalls and healthcare providers specifically relevant to their needs. Key partners included Sirona, Accure Health, Rethink, UHBW and Diabetes UK. Over 60 members of the Chinese community attended the day at Southmead Hospital and engaged with the 14 stalls.

"Thanks to the immediate interpretation service, I was able to access the health check today without any barriers."

"It's wonderful to see an event like this catering to the specific needs of our community. I hope it happens more often!"

Community attendee feedback, Health Event

We also organised a Health Fair alongside our Annual Public Meeting, themed "Commitment to Our Community". This was a resounding success, with over 60 attendees participating in various activities aimed at addressing health inequalities. The event featured comprehensive health checks for cholesterol, blood pressure, and glucose provided by Caafi Health, ensuring that attendees had access to essential health screenings.

The health fair included a variety of stalls representing our NBT services, including Sustainability, Treating Tobacco Dependency (TTD), Cancer Services, Southmead Charity, NBT Careers, Research and Development, Patient Experience, and Maternity. These stalls provided information and resources to the community, highlighting the breadth of services available to support health and wellbeing.

Local community groups played a significant role in the event, with the Bristol Somali Resource Centre, Rethink Mental Illness, and Swap to Shop contributing to the diverse range of support and information available.

By bringing together healthcare providers, community groups, and individuals, the Health Fair and Annual Public Meeting fostered a collaborative environment focused on improving health outcomes and reducing disparities. The theme "Commitment to Our Community" was evident throughout the event, as participants and organisers alike demonstrated a shared dedication to promoting health equity and supporting the wellbeing of all community members.

- **Community asset-based approaches and reducing interpersonal violence**

The Trust continues to support Bristol city-wide efforts to reduce instances of interpersonal violence, with three work streams focussing on schools, the voluntary sector and supporting those involved in interpersonal violence when at hospital.

Working with Cabot Learning Federation (CLF) Post-16 we piloted an indepth career support programme for 11 teenagers to help find the next generation of NHS workers and to showcase the opportunities available to them.

“My hope for the future is that this group of students see the opportunities available to them and have the belief in themselves they can achieve their goal. It would also be fantastic if these young people apply for a role within the NHS and get a job to enable them in their next steps after they leave Post-16. I would love them to have secured a positive destination from this piece of work.” Associate Assistant Principal: Wider Curriculum, at CLF.

A highlight in our support for the charity sector was the NBT psychology team's reciprocal mentoring scheme. Volunteers from the team partnered with staff members at small charities working with vulnerable young people, creating reflective spaces for shared support and mutual learning.

“[NBT Psych]’s support has been great, it has helped manage the impact of work on my personal life and vice versa. Professional support has empowered my workplace delivery and improved my wellbeing.”

In November we hosted a visit from the Clinical Director for Violence Reduction NHS London, meeting with colleagues and partners from our Emergency Department, the Severn Major Trauma Network, UHBW, the University of Bristol, Bristol City Council and community groups Bin the Blade and Mwanzo Project. National colleagues shared learning on how they have helped to reduce serious violence in London supporting us to take forward our own work.

- **Engagement and co-production for accessible services**

In the last year we have worked with the West of England Sight Loss Council to continue to improve access for those with a visual impairment. After four years of working together we have trained over 230 staff and volunteers. We visited several visual loss support groups this year to further understand their experiences and inform our ongoing work. We have engaged this group in the accessibility of digital procurement and projects such as Dr Doctor to ensure these new technology developments are accessible.

We continued to work with the Centre for Deaf and Hard of Hearing People Bristol. For their Deaf Information Day in the community this year we provided a range of health and information stalls including breast care, Dr Doctor, the Accessible Information Standard and more. We also reprocured for Sign Language Interpreting services using the experiences and learning from the Bristol Deaf Health Partnership over the last year.

Prevention for health inequalities: Treating tobacco dependency (TTD)

- Tobacco use remains a leading cause of premature mortality and preventable illness for our population. Smoking rates are higher in Bristol than other comparable cities, in part due to the legacy of the tobacco industry. Our most deprived communities have higher smoking rates (rising in some cases) and treating tobacco dependency is our foremost prevention priority to reduce health inequalities. Collaboration with integrated care system partners through the BNSSG Smokefree Alliance has been key to driving progress on tobacco dependency this year.
- Our integrated care system funds the inpatient and maternity Treating Tobacco Dependency (TTD) service. The TTD service works across the Group to treat and support patients in hospital, and with continuity through local authority-commissioned community services. This year TTD services have become embedded into the Trust. For inpatient services this was enabled through a quality improvement approach, led by resident doctors and presented nationally.
- For 2024-25, in maternity, 315 patients have been referred to the service and for inpatients 764 patients have been referred to the service. Of those who engaged in a quit attempt, 187 have successfully quit. The inpatient service has used innovative approaches to reach more patients, including a digital support offer.
- TTD services and the partnership approach have delivered significant health impacts. Smoking at the time of delivery (SATOD) rates for our area are now at a historic low of 5.4%. This improves maternal health and substantially reduces the risk of infant mortality.

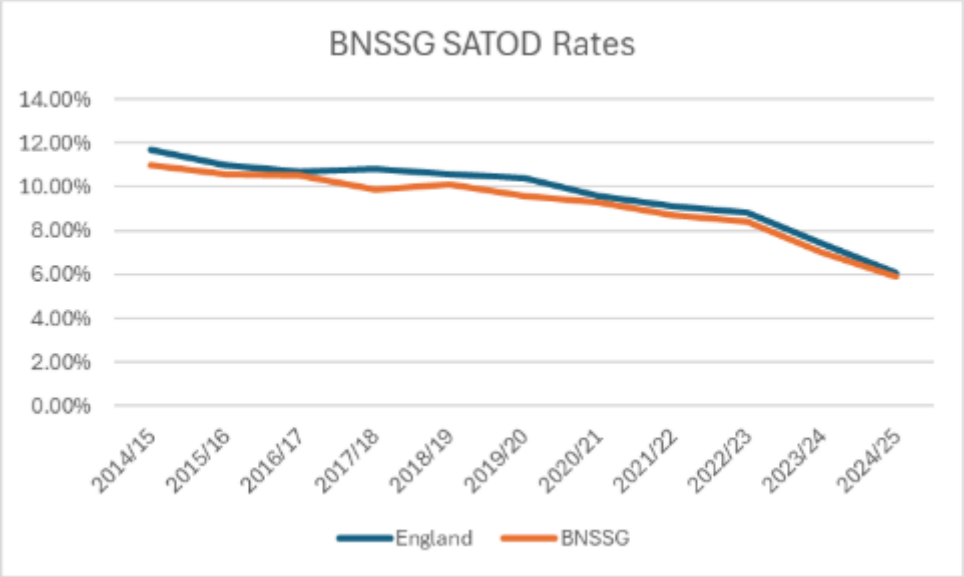


Chart shows Bristol, North Somerset and South Gloucestershire (BNSSG) and national Smoking at the time of delivery (SATOD) rates reducing from 2014/15 to 2024/25.

- Our understanding of smoking status is very good in maternity services, with 100% of patients having smoking status recorded and 77% engaging with the TTD service. For inpatients we do not yet have good data on smoking status and estimate that around 30% of inpatients who smoke are identified and referred into the TTD service.
- Smoking has wider impacts. Young people who grow up in a household with an adult who smokes are three times as likely to smoke themselves, and NHS staff who smoke are more likely to have time off work due to physical illness. We have prioritised supporting more staff to stop smoking and using a whole household approach that gives people a range of ways to access evidence-based support. In collaboration with our local authority partners, we have:
  - embedded stop smoking support and referral into local services into our staff health checks
  - run drop-in stop smoking support and Swap To Stop sessions accessed by over 200 staff, patients and visitors, with 29% of attendees quitting to date
  - connected patients' friends and family with local stop smoking services
  - launched a pilot service in Trauma and Orthopaedics for preoperative assessment and optimisation, including referring patients who smoke into local services
  - co-developed system-wide communications for the Swap To Stop scheme.

Our data shows that our TTD services are reaching groups where smoking rates are higher.

"Thank you for the opportunity to stop smoking"
NHS Staff Service User, Stop Smoking Drop-In

Prevention for health inequalities: Blood borne virus (BBV) screening

- HIV and hepatitis B and C disproportionately affect deprived communities and socially marginalised groups, causing health inequalities. People may not know they are infected, and early diagnosis and treatment improves outcomes and reduces transmission. In November 2021 NHS England identified £20 million funding over three

years to implement emergency department (ED) opt-out HIV testing in local authorities with high diagnosed HIV prevalence as part of the national HIV Action Plan. Partnering with the NHS England Hepatitis C Elimination Programme enabled the scope to expand to include testing for hepatitis B and C. This programme of routine blood-borne viruses (BBV) opt out testing in EDs launched April 2022. In participating EDs all adults who are having blood tests are tested for BBVs unless they opt-out. In November 2023 £20 million of NIHR funding was announced to expand ED HIV testing to a further 47 sites in the form of research to evaluate the impact of expansion.

- NBT is one of the earliest Phase 2 sites to commence opt-out BBV screening, launching in October 2024. NBT has worked closely as part of a Bristol-wide steering group with UHBW, co-developing pathways and resources. Since launch, NBT has performed 18,332 BBV tests for patients attending the ED (data to end of March 2025), giving an overall uptake of 81% of eligible patients. Over 100 members of staff in the Emergency Department have received HIV Stigma Awareness training as part of the educational component of opt-out screening.
- A number of patients have been supported with new diagnoses and successfully started treatment. This programme supports the global aims to eliminate hepatitis C and reduce HIV transmission to zero by 2030. The team from NBT have spoken at the national ED BBV Opt Out Screening Programme 'Learn & Share' event in Leeds, in December 2024, and have gone on to support two other sites with their roll-out.

Prevention for health inequalities: Why weight pledge

- Obesity is a major risk factor for multiple health conditions, and follows a socioeconomic gradient, with higher rates of childhood and adult obesity in our most deprived communities. The Trust has worked with partners from across the integrated care partnership to launch the system-wide Why Weight Pledge for Creating Healthier Places Together in February 2025. The Trust has committed to the pledge and rolled out Why Weight training for staff to improve understanding of the causes and experiences around obesity. We will continue to work with system and community partners to develop our action plan.

Staff Health and Vaccination Team

- The Staff Health and Vaccination Team has continued to deliver a comprehensive programme of health checks, seasonal vaccinations and fit testing to complement the wider well-being offer for staff.
- An evaluation report for the Health Check programme in June 2024 demonstrated that from October 2023 until May 2024 2,524 health checks were delivered – 19.4% of NBT staff. During that time health checks were most commonly accessed by administration and clerical (33%), nursing and midwifery (16%), allied health professionals (14%), healthcare scientists (11%) and facilities and estates staff (10%). Of the staff who had a health check, 25% had one or more risk factors or abnormalities identified. Staff had comparatively lower rates of health issues and risk factors compared to the general population. Staff feedback was that the health checks were well-run and valuable, particularly in the context of issues with GP access.

Our People

Equality, Diversity & Inclusion (EDI)

We remain committed to increasing inclusion throughout NBT and recognise our legal duties under the Equality Act 2010 and the need to act in line with the Public Sector Equality Duty.

There has been a continued and positive focus on EDI this year, with the continued implementation of our three-year EDI Plan. The key themes against which the actions in our NBT Plan were developed are as follows:

1. Ensuring EDI ownership and accountability
2. Eliminating discrimination, harassment, bullying and violence
3. Embedding diverse and fair recruitment
4. Closing the pay gap.

During 2024/25 our focussed activities have included:

Inclusive and fair recruitment:

- We have embedded Diverse Recruitment panel members into selection processes for senior level posts
- Reviewed and refreshed our recruitment and selection training
- Continued to promote job roles and posts as 'Positive Action' opportunities.

Career and personal development:

- Continued the support of the 'Stepping Up' Programme
- Focussed on improving the quality of appraisals, particularly for Global Majority staff, with very positive outcomes as demonstrated in our Staff Survey results
- Celebrated the end of our fourth successful mentoring programme with Defence Equipment & Services (DE&S). During this eight-month programme, NBT staff were matched with mentors or mentees with similar roles in the DE&S's Project Delivery team to share transferable skills and insights across organisations (image below):

- We have extended and embedded our ‘Accelerate’ Positive Action Training programme aimed at Global Majority staff in bands 2-5, which aims to address barriers and equip participants with skills for career progression at NBT
- We have developed an alumni of graduates from this programme (image below):

On Tuesday 4 February we celebrated the first ever Alumni event for the Accelerate programme. Participants across cohorts from September 2023 – September 2024 had the opportunity to meet, share their experiences, and network. During this event participants shared how Accelerate has helped them to gain more self-confidence. This has helped when in conversations with colleagues and patients. Participants also stated how having completed Accelerate has given them insights into their personality traits, how to prepare for and approach interviews with a positive mindset. Feedback:

‘It was great meeting others that have completed Accelerate.’
‘I have reflected on what I have learnt and adjusted how I communicate with my colleagues.’
‘I didn’t realise how my mind-set was holding me back from going for my goals.’
‘It has been great networking and building my support networks.’

Ensuring fairness and equity in processes and services:

- We have completed the EDS22 (Equality Delivery System), highlighting areas of good practice and areas for improvement in our Maternity, Accessible Information Standard, Cardiology, Leadership, and staff wellbeing services
- Following our successful bid for funding from the National Workforce Disability Equality Standard (WDES) team, we have undertaken work and developed skills and resources in conjunction with the Diversity Trust and WECIL (the West of England Centre for Integrated Living) to better support neurodivergent staff at NBT
- We have adopted and promoted the Social Model of Disability at NBT:

Feedback: "Love the model! I am really glad that the Trust is using this model and approach."

"I've learnt loads about all the things NBT is doing which is really great and hopefully enabling positive support and practices that benefits everyone."

Fighting discrimination and poor behaviour:

- Following our comprehensive 'We Do Not Accept' campaign which ran from January to May 2024, we have undertaken significant work to try and reduce the incidence of discrimination at NBT, particularly on the grounds of race.

- Our anti-racism work programme has included:

    - Development of an organisational anti-racism pledge. Listening/engagement sessions commenced in autumn 2024 with more scheduled April – May 2025, in person and on-line.

- Anti-racism training programme for senior leaders and 'Champions' (partnering with Black Maternity Matters) pilot running Nov 2024 – April 2025. 74 delegates have so far undergone the anti-racism pilot workshop.
- Collaborative working with UHBW to implement a joint anti-racism framework (Group approach).
- Development and embedding our '*We do not Accept*' Campaign into business as usual through a cultural 'Living our Values' programme of work, commenced January 2025.
- Development of a three-year staff Health and Wellbeing Plan (with the golden thread of addressing health inequalities running through).
- Development of a new EDI Champion role and Racial Trauma Peer Support Pathway.

- Our Staff Survey results this year have shown improvements and progress in many areas of EDI, particularly around the Workforce Race Equality Standard (WRES) and the experience of Global Majority staff working at NBT.

Collaboration and embedding EDI within and across NBT and our ICS:

- We have continued working with system partners, regional EDI leads and Bristol City Council, sharing resources and plans and collaborating wherever possible
- Worked closely with the Trust Board and Divisional leads to ensure they understand their responsibilities for EDI
- This ownership and accountability approach is embedded through the Operational EDI Group meetings which bring divisional staff, Network leads and those with corporate responsibility for EDI together on a regular basis.

Staff health and wellbeing

The Staff Health and Wellbeing Strategy Group and the Staff Experience team developed an ambitious three-year plan in 2024 to deliver improved staff health and wellbeing support for our staff. This aims to match the care we advocate for our patients to the care we want for our staff, thereby helping individuals and teams to maintain optimal health and wellbeing.

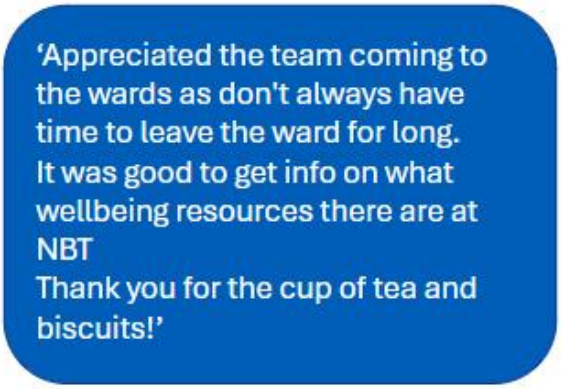
The draft Staff Health and Wellbeing plan is now moving to the final stages of development. The plan has been reviewed in line with Patient First methodology and is a data-driven approach to delivering improved health and wellbeing outcomes for our staff while simultaneously reducing the cost of sickness absence and turnover. Any investment which may be required will be sought from charities, corporate sponsors and through collaboration with other NHS and ICB partners.

Winter Wellbeing:

Our Staff Experience Team collaborated with Compass Health Care and Marks & Spencer to deliver Winter Wellbeing drop-ins from January to April 2025 with 312 members of staff attending these sessions. Benefits included:

- Planned drop-ins with teams in their own work environments so they were able to engage more easily with the Staff Experience offer
- Recruiting more health and wellbeing champions
- Improved visibility and accessibility of the Staff Experience Offer
- Follows the “Culture Corner” approach which has been successful in improving staff engagement at Warrington & Halton Hospitals Trust (featured in an NHSE case study)
- Opportunity to build connections over tea and coffee to foster better, closer working in divisions
- Opportunity to talk about and join staff networks and staff social groups at NBT; reducing loneliness and social isolation in our workforce
- The identification of themes to further support people were highlighted, including addressing violence and aggression from patients and visitors, operational pressures, menopause and women's health support, indoor staff gym and yoga sessions and flexible working needed for clinical staff. All these themes are referenced in our Staff Health and Wellbeing plan.

(Images from some of these events are shown below)



Menopause work during 2024-25 – We delivered a wide-ranging package of training and support for our staff relating to the Menopause this year. Achievements included:

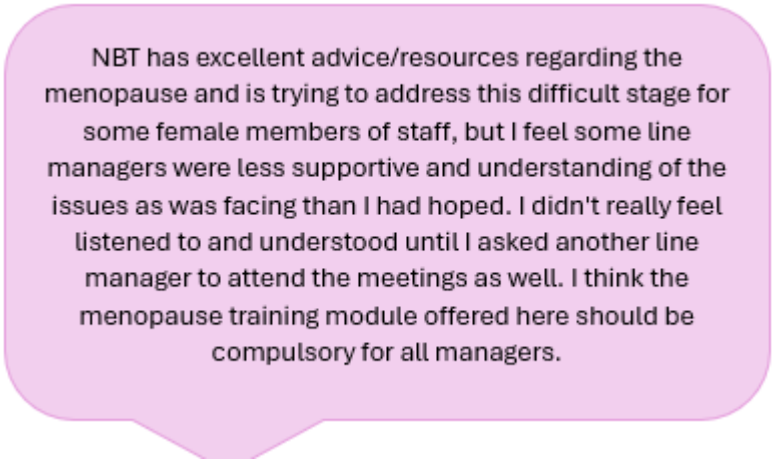
- Menopause Matters Training January 2023 to January 2025: over 100 staff members, mainly leaders and managers, trained. **Average star rating 4.6 out of 5.**

> *“It’s really helped me by confirming what I am doing is the right thing, which is good as I was doubting my management style. It has empowered me to continue doing what I believe is right for my staff and our patients.”*

"Really informative and useful session. I feel I have learnt a lot from the session, and I will be able to support members of staff well and offer help and advice, following this."

"Not being afraid to open a conversation and ask what people want. I've already put this to good use & had a really good conversation with a member of my team at her appraisal."

- Menopause e-learning. 40 people have completed this training in the past 12 months. Average star rating 4.7 stars out of 5.
- Menopause Link Page - Received 500 views in the past 12 months from individual users across all divisions. Leading users include People Team, Genetics, Occupational Therapy and Bank Workers.
- Menopause Cafes **-** We continued to run Menopause Cafés. Over 200 women have attended a Menopause Café in the past two years.
- Virtual menopause conference - Over 300 colleagues from NBT, UHBW and Sirona attended the annual virtual menopause conference. Sessions offered included Menopause and the workplace/sleep/nutrition/joint health.
- The programme of support is currently being reviewed to make further improvements with a menopause trainers refresh planned for 2025/26 to increase the pool of trainers for Menopause Matters Training.
- Feedback on Menopause support from Staff survey 2024:



Social groups

Building social connections and belonging to a group is a proven method for improving mental health. It helps to combat loneliness and can build resilience. All NBT staff share a common bond through our workplace, but we can also form stronger connections based on our interests, heritage, or shared experience in life.

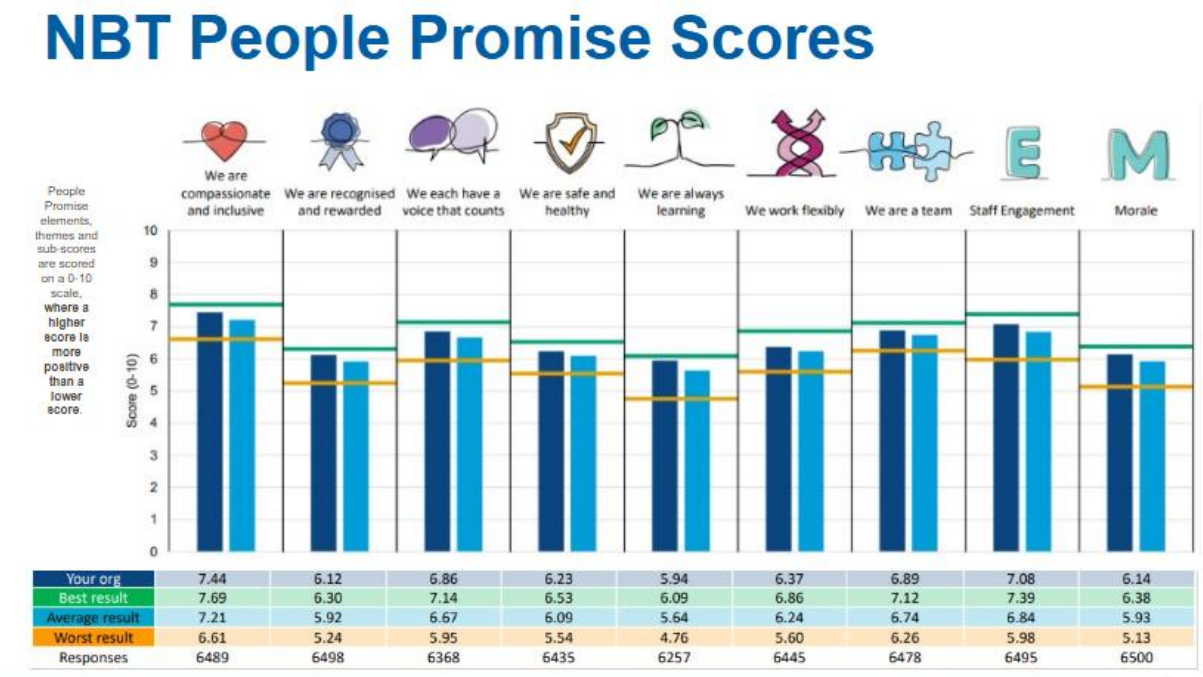
The Staff Experience Team have created some general guidance to support individuals to set up and sustain social groups. Since August 2024, seven social and interest groups have been created; these include the Filipino Staff Group, Portuguese Language Staff Community, running and cycling groups and some faith-based communities.

This work was undertaken in conjunction with the People Promise work portfolio. 620 staff are now part of a shared interest group at NBT with large numbers in our Filipino Staff Community (200+ members) and Nigerian Staff Community (250+ members). Our approach and success have received national attention and we facilitated a national People Promise webinar and are being featured as a future People Promise case study.

Staff Attitude Survey 2024

NBT delivered a record response rate of 62% in 2024, which is 13% above the national mean average response rate for acute community trusts.

- 86% of NBT staff survey results are same or better than the National comparator average. This equates to the same ratio as 2023.
- NBT is number one in the South West for people recommending the Trust as a place to work.
- NBT is number one in the South West for recommending standard of care to friend or relative.
- NBT is second in the South West for care of patients being the top priority.
- NBT came third in the regional large acute trust rankings on People Promise Scores and also third in terms of response rates in the same group.
- All People Promise themes, morale and engagement are above National comparator average.



Trust wide Areas of focus for 2025/256

- We have identified several areas where we would like to see further improvements, including a particular theme relating to managing patient behaviour in particular discriminatory behaviours relating to race, religion and sex. In addition, violence from

patients and service users remains above average and is deteriorating, and this is an area of focus for us moving into 2025/26.

Trust-wide areas of success

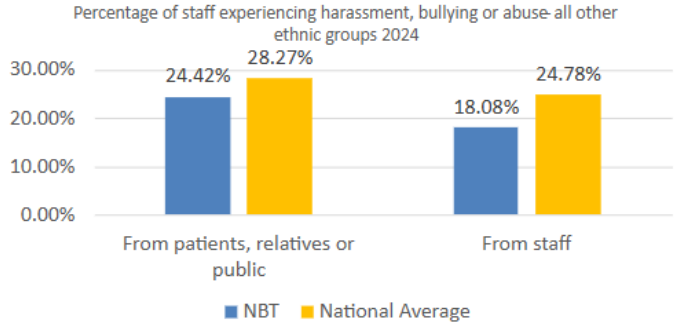
- Improvements in staffing (closing the vacancy gap and reducing turnover) have led to improved scores on the question: *'there are enough people to do my job properly'*
- 'Unrealistic time pressures and burnout': work-related stress in the workforce has continued to decline, i.e. this is positive.
- All scores against the Workforce Race Equality Standards (WRES) have improved compared to 2023, against Trust results and National comparator average.

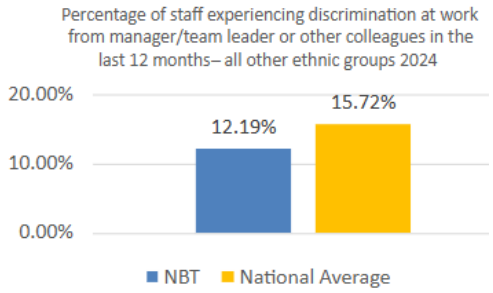
Workforce Race Equality Standards (WRES)

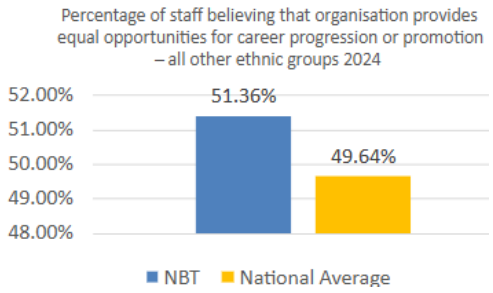
All scores have improved compared to 2023, against Trust results and National Comparator average.

Results for all other ethnic groups at NBT:

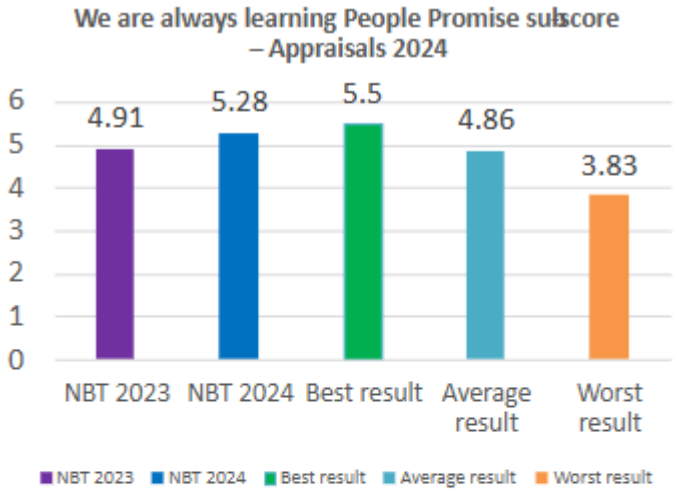
- 4.94% increase in bullying and harassment from patients since 2023 but NBT is 3.85% below National comparator average, which is positive.
- 1.16% decline in Bullying & Harassment from staff since 2023 and NBT is 6.7% below National comparator average, which is positive.
- Career progression: NBT has improved by 2.25% since 2023 and is 1.66% better than the National comparator average.
- Discrimination from staff – 1.65% improvement since 2023 and NBT is 3.53% better than the National comparator average.







- Management development scores related to management practice and support have improved, some against a backdrop of national decline. We have seen improvements in 'compassionate leadership'.
- Staff-on-staff discrimination has decreased, in contrast to the national picture and trend.
- The percentage of staff having an appraisal in the past 12 months improved to **92.13%,** up 4.78% higher than 2023 – 18.54% higher than 2020. NBT is also 7.05% higher than national comparator.
- Positive results on the quality of appraisal, in particular for Global Majority staff, are detailed below:



Global majority staff have scored significantly better than white staff and NBT average for appraisal quality.	NBT	White	Global Majority
Appraisal People Promise sub-score	5.28	4.75	6.55
Q23b - It helped me to improve how I do my job (Yes, definitely).	25.30%	16%	49.3%
Q23c - It helped me agree clear objectives for my work (Yes, definitely).	37.03%	30.1%	54.4%
Q23d - It left me feeling that my work is valued by my organisation (Yes, definitely).	34.26%	28.3%	50.2%

NHS People Promise

- We were delighted this year that NBT joined the 2024–2025 cohort 2 of the People Promise Exemplar Programme as one of 116 NHS organisations selected to participate in this national retention initiative. Our involvement in the Exemplar Programme aligned with several of NBT's existing strategic priorities, including the Patient First framework, the Equality, Diversity, and Inclusion Plan, and the Long-Term Retention Plan. We have delivered a large range of interventions across the *'We Work Flexibly', 'We are a Team' and 'We are Compassionate and Inclusive'* banners. Our hard work and success were recognised in our site visit with positive feedback:

"Great engagement, quality discussions, fabulous facilities, an inspirational day, impressive – well done all." Director of Workforce, Training & Education, NHS England South West.

Programmes of work we delivered include:

- The development and delivery of a pilot workshop for 80 managers on 'leading a flexible team' to support managers in enabling flexible working in their teams. Flexible working requests have increased by 187% this year. Our success in the flexible working space has been recognised nationally with NBT presenting at a national NHS Employers webinar on flexible working and our assets have been shared on NHS Futures and are being used by other Trusts.

- Campaign for staff approaching retirement making them aware of the benefits of the NHS Pension and opportunities available to work flexibly and retire and return, including a live webinar accessed by more than 300 staff.
- Case studies and management guidance on sabbaticals and career breaks.
- Roll out of NHS England's Civility and Respect Toolkit feeding into '*Living Our Values'* with a gateway for staff to get help with issues and a toolkit pulling together all our proactive tools and resources.
- We developed our onboarding managers hub with information to improve induction and five simple things to create a great onboarding experience. *'My First 90 Days' Guide* has been successfully piloted to enhance our induction experience for staff.

Freedom to Speak Up (FTSU)

Freedom to Speak Up service

A routine speaking up, listening up and following up improvement environment is nationally expected as part of safe and effective services in which worker voice is valued as a gift to the organisation, and supporting colleagues to thrive at work. These behaviours are key aspects of NBT's values and behaviours framework and contribute to the organisation's improvement priorities. The expectation is that there is an open, safe culture in which workers can speak up easily and effectively to a manager as routine, with concerns resolved and feedback provided. Freedom to Speak Up (FTSU) Guardians provide an additional route where the above has not been possible or has been felt to be ineffective. As subject matter experts, FTSU Guardians also support workers through training and the organisation's leadership and managers to develop, role model and deliver the routine speak up culture, in addition to reflecting back opportunities for improvement.

NBT has a 0.9WTE Lead FTSU Guardian and during 2024/2025 introduced a fixed term, 0.6WTE Associate FTSU Guardian to support capacity in responsiveness and visibility and assist in supporting further evolution of the network of FTSU Champions as a key mechanism to break down barriers to speaking up (signposting to appropriate sources).

Responsive work:

2024/25	Q1	Q2	Q3	Q4
Number of cases raised with the FTSU Guardians	28	34	31	37

Proactive improvement work:

In addition to ongoing proactive visibility (walkarounds, training and communications) to ensure a broad range of workers are aware of, and have access to, support, key areas of focus in 2024/2025 have been:

- Increasing the number, diversity and representation of FTSU Champions

- Supporting leadership and management training leads to weave related key aspects into the HELM (Healthcare Excellence in Leadership and Management) programme and other management training modules
- Supporting further development of triangulation of data and themes of concerns with partners in the organisation, for improvement action
- Feeding back on engagement activity reflecting barriers to speaking up at NBT
- Engaging with senior leaders around role-modelling and communicating the expected routine environment; Listen Up pledges were encouraged
- Producing guidance for managers as a key part of a focus on supporting managers
- Supporting key related areas of cultural improvement and worker voice: 'We do not accept', sexual safety, anti-racism.

Further details of the work of the FTSU service at NBT are included in bi-annual reports to the Trust Board (May and November 2024), available on the NBT website.

Joint Resourcing Programme with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

In April 2024, a programme of work was mobilised to create a single model of resourcing services across NBT and UHBW with the aim of eradicating extensive onboarding timeframes and duplication of processes and delivering an improved customer experience for the hiring manager, candidates, and recruitment teams. For example, duplication can be removed when staff move between the two Trusts, eliminating the need for repeated pre-employment checks. This will be particularly valuable as we deliver on all elements of the Joint Clinical Strategy and Group model.

Similar collaboration activity in our temporary staffing teams has seen the launch of Cloudstaff, a digital bank that gives bank workers access to available shifts at the partner Trust. This has presented the opportunity to staff share between our Trusts but with the potential to expand to system partners. By giving bank workers access to all available shifts, we have been able to drive down agency use and increase fill rates where there is a high demand for skills and resource.

Looking to 2025/26, there are plans underway to engage a programme of automation. This begins our journey of digitising high volume and repetitive manual processes that currently exist in our recruitment teams, further reducing onboarding timeframes and driving up the quality of data entry. This is great news for our recruitment colleagues who will be able to focus on more varied and interesting work with a focus on delivering outstanding customer experience.

Learning and workforce development

<u>Appraisal</u>

Further work has been done this year to improve the quality and impact of good appraisal conversations. Our Leadership, Management and Coaching team has delivered a number of half-day workshops on Meaningful Appraisals to support managers to provide a high-quality experience of appraisals for their teams. 114 people have completed the face-to-face learning

with a further 56 undertaking the e-learning module. This year's appraisals saw a record number of staff reporting having had an appraisal. Our 2024 Annual Staff Survey showed that 92.13% of staff had an appraisal and all three sub score questions had more positive scores over the previous year, demonstrating that the quality of the appraisal meeting had improved.

Induction

Since April 2024, North Bristol NHS Trust (NBT) has successfully inducted 1,485 new starters, including over 300 Healthcare Support Workers (HCSWs). Our reformed Principles of Healthcare induction programme ensures that all HCSWs receive structured support for up to six months from dedicated induction facilitators. This enhanced approach includes increased supernumerary time and a focus on celebrating HCSW progression and achievements. These improvements have strengthened retention in these vital roles and ensured that new HCSWs are well-equipped from their first day.

Community and widening engagement

As one of the largest employers in Bristol, we want to ensure that we have a truly diverse workforce that is representative of our local communities, because we know this enables us to deliver our organisational aim of outstanding patient experience. Our commitment is to increase employment opportunities for those who live locally, with a focus on ethnically diverse groups and in particular areas which are impacted by socio-economic disadvantage and experiencing inequalities. We know this will help increase the diversity of our workforce and provide valuable employment opportunities to help people with increased financial stability, encouraging them to develop and thrive.

This year we set ourselves clear objectives to increase the number of people we recruit from the most socio-economically challenged areas in and around Bristol, and we took positive and proactive action within our local communities to achieve this. We also aim to address the disparity that exists when people apply for jobs from Global Majority backgrounds, as sadly we know from data across the country that people from these groups are less likely to be shortlisted or appointed, and this is simply not right. We want people to feel proud to belong in NBT and are striving to make a real difference in and for our local communities, enabling an outstanding staff and patient experience for all.

As part of this, NBT remains committed to providing valuable work experience opportunities for school and college students, as well as members of the community. In the 2023/24 academic year, we supported 378 work experience placements, and we are on track to exceed this figure for 2024/25. Additionally, the annual Pathway to Medicine Conference welcomed 100 attendees and facilitated 36 work placements, helping to inspire and support future healthcare professionals.

NBT continues to collaborate with South Gloucestershire and Stroud College to support Health T-Level students, and our involvement with the Multiply programme has further expanded opportunities for skills development. In 2024/25, we successfully launched a digital skills bootcamp through funding from the West of England Combined Authority (WECA), with plans to expand this initiative in 2025/26.

NBT also fulfills a subcontracting agreement with Bristol City Council, allocating funding for 40 people to attain English and Maths Functional Skills qualifications to help staff develop essential literacy and numeracy skills. Meanwhile, our Mayoral Priority Skills Fund projects have delivered significant impact, supporting 169 community members and achieving 334 positive outcomes in the form of job placements, qualifications, and increased confidence.

Our Commitment To Our Community engagement remains strong, as we continue to work with a range of partners, including Women's Work Lab, Project Search, One Front Door, Post 16, Ashley Community Housing, Seetec and Ablaze, to create meaningful opportunities for learning, employment and career progression. Through these initiatives, NBT is fostering a skilled, confident, and well-supported workforce, while strengthening pathways into healthcare careers for the wider community.

Apprenticeships

The North Bristol NHS Trust (NBT) Apprenticeship Centre continues to play a vital role in developing both clinical and non-clinical staff, having supported over 1,000 apprentices to date. Through strong collaboration with employers, the Centre ensures that its curriculum remains relevant, high-quality, and aligned with the needs of the healthcare setting.

Building on the positive feedback from the Centre's Ofsted inspection in March 2024, we have further strengthened our accountability measures. Our qualification achievement rate for 2023/24 exceeded the national average, reflecting our commitment to supporting apprentices to thrive in the workplace. Ofsted recognised this impact, stating that "Apprentices grow in confidence because of the training they receive and apply the knowledge and professional behaviours they gain in their job roles well."

The Centre has also successfully undergone multiple external quality visits this year, including those from our awarding bodies, City & Guilds and Institute for Leadership and Management (ILM). The annual ILM system review confirmed our "strong quality assurance procedures," and the Centre has once again achieved accreditation to the Matrix Quality Standard for information, advice, and guidance as of September 2024. NBT Apprenticeship Centre maintains its strategic ambitions to become the preferred provider for Healthcare Support Workers and Administrative & Clerical staff across the BNSSG system.

NBT also remains dedicated to expanding apprenticeship opportunities for all staff groups. With approximately 380 apprentices at any one time, we continue to make full use of the apprenticeship levy to support a wide range of roles, including Allied Health Professions (AHPs), where we have successfully introduced Level 6 Occupational Therapist degree apprenticeships. Additionally, we have expanded apprenticeship opportunities beyond traditional healthcare roles, supporting a Level 7 Solicitor apprenticeship within our legal department and a Level 3 Education Technician apprenticeship within our Medical Education team. Additionally, we also support other Healthcare providers by gifting our levy to enable other healthcare organisations to support their workforce through apprenticeships.

NBT has successfully secured NHS England funding grants to support apprenticeships in Healthcare Science, further reinforcing our commitment to workforce development and career progression opportunities.

This year, we have supported a record number of apprenticeship vacancies across a broad range of clinical and non-clinical roles, reinforcing our commitment to developing talent and supporting local communities. Our dedication to apprenticeships was formally recognised during National Apprenticeship Week, where one of our education providers awarded NBT the Apprentice Employer of the Year accolade.

Through continuous improvement, strategic investment and a strong commitment to workforce development, the NBT Apprenticeship Centre remains a cornerstone of our Trust's long-term workforce strategy.

PostGraduate Medical Education (PGME)

Over the last 12 months, NBT has continued to benefit from an increase in the number of doctors in training posts, which is linked to the national expansion and redistribution of training. An additional eight trainees were allocated to a variety of specialties in 2024 with a further cohort in 2025 that will see another twelve trainees allocated to NBT. This brings our total expansion to 39 additional training posts.

NBT received the GMC survey results in July 2024. Nationally, the South West scores improved, and at NBT, several areas have been congratulated for continued improvement in their indicator scores; these include dermatology, emergency medicine, intensive care, neonatal care, and rheumatology. Several specialties were on the priority to improve list and improvement plans in these areas have already been agreed by the ADME Quality Team and specialty leads.

Internally, the PGME Simspace team continue to work on areas of improvement linked to patient safety and putting our patients first. Pilots of our new In-Situ simulation training pathways have taken place within specialties with excellent feedback. We were also delighted when the Medical Education Manager was nominated and shortlisted by the Medical Education Leaders UK Group for Manager of the year; she went on to receive the highly commended award.

North Bristol Academy (Undergraduate Medical Education)

The University of Bristol Medical School senior team conducts an annual monitoring visit to the Academy. The feedback from our most recent visit stated that "*the students overall have a very positive experience, feeling welcome throughout the hospital, receiving excellent teaching, and being well supported academically and pastorally by the tutors, Clinical Teaching Fellows and Academy team, all of whom were well organized, responsive, and welcoming."*

Improvements have been made to establish and enhance a programme of student wellbeing events that are supported by the Wellbeing Dean, teaching fellows and undergraduate staff. These events have been welcomed by the students and will now become a fixed item for us to deliver on.

We deliver a full elective student placement programme for students from other universities around the world to come and experience working in an acute trust such as NBT. Collaborations with Pune in India have, in particular, worked extremely well and are now part of our established programme.

Leadership development

NHS Elect continues to facilitate the delivery of both the Accelerate and Excellence in Management (EiM) elements within our Healthcare Excellence in Leadership & Management Programme. Membership also provides the Trust with access for all NBT staff to live webinars, online courses, learning resources/templates, recorded webinars, 1-2-1 coaching for our senior leaders, and coaching Continuing Professional Development (CPD) for the NBT Coaching Community. The past year has seen a significant increase in usage of this membership: 442 staff have attended webinars (+47% on the previous year); 283 have signed up for an online course (+116% on the previous year), and 381 resources have been downloaded (+172% on the previous year).

Over the last year, there have been two further cohorts of the Accelerate programme, which aims to address barriers and equip participants with skills for career progression at NBT, such as improving confidence in applying for roles and enhancing understanding of career pathways in the NHS. 34 participants have completed this programme this year. Positive feedback has been received on the impact of this programme on levels of confidence and has encouraged participants to explore new career and learning opportunities within the Trust.

Cohort 5 for the Excellence in Management (EiM) Programme started in March 2025. Since its launch in August 2023, 112 managers have completed or are currently on the programme. It has maintained a 33% representation of people from the protected characteristics groups (race, disability and sexual orientation). The gender split now averages 73% female and 27% male. To date, six delegates have achieved promotion following the EiM programme and it continues to have a delegate satisfaction score of 4.5 out of 5.

Our “Mastering Management” programme started in June 2023 and is being delivered by the University of the West of England, Bristol (UWE) in partnership with NBT’s leadership and management development trainers. It is an onboarding programme for newly recruited/ appointed clinical and non-clinical managers. 241 managers have completed or are currently on the programme. 46% of the delegates on the programme have race, disability, sexual orientation or other protected characteristics. The gender split is 74% female and 26% male and participants are in Band 4 to Band 8d/Consultant-level roles. Feedback from participants has been excellent, with a rating of 4.4 out of 5 on the question, "Overall, how would you rate the learning impact from this module?" We constantly review and improve our modules based on qualitative and quantitative feedback.

The Leadership Management and Coaching team has delivered a range of programmes over the course of this year, including six ‘Bitesize’ modules, covering topics such as Giving Effective Feedback and Bringing Your Teams Together. 230 staff have attended these online sessions. Face-to-face delivery of half-day and full-day modules have included Assertiveness, having Coaching Conversations and Meaningful Appraisals.

Throughout 2024/25:

- 56 colleagues attended and passed the Institute of Leadership and Management Level 2 Award in Leadership and Team Skills
- The new coaching and mentoring platform has been rolled out in NBT and will be joined with the UHBW platform in the coming months to enable coaching to be accessible between both organisations. A CPD day for all our coaches was arranged in March 2025, to provide support and development to our coaching community.

Library and Knowledge Service

In April 2024, the Library and Knowledge Service (LKS) was assessed by NHS England as part of the National Quality and Service Improvement Framework. The outcome report highlighted the LKS's integral role in supporting evidence-based practice, clinical decision-making and professional development across the Trust. NBT was commended for our proactive approach, delivering a high-quality responsive service and fostering a culture of learning and innovation. Our key strengths included tailored current awareness bulletins, expert evidence searches and strong partnerships with clinical and corporate teams.

During 2025, the service has started to work more collaboratively with the Knowledge and Library Service at UHBW running several successful joint knowledge management initiatives across both organisations. Moving forward, we remain committed to aligning our work with the Trust's strategic priorities, equipping staff with the knowledge they need to provide an outstanding patient experience.

Clinical Learning and Development

The introduction of the Safe Learning Environment Charter (SLEC) and Educator Workforce Strategy (EWS) has informed a number of developments within Learning and Development this year.

Self-assessment of the SLEC pillars using the NHSE maturity matrix has been conducted across departments, and three-monthly Steering Group meetings have been held to review progress. A joint NBT/UHBW self-assessment was submitted to the ICB in March 2025 identifying shared practices and development needs according to the SLEC pillars. In addition, a joint NBT/UHBW self-assessment of the EWS was conducted, identifying areas for development going forward.

The clinical skills team offer nine clinical skills programmes. One or more of these were accessed by 2,155 staff this year. The team facilitated a number of external teaching and learning sessions to health and social care organisations. In addition, 11 specialist clinical skills programmes of learning were provided in 2024/25, and these were accessed by 1,135 staff members.

The resuscitation team provide nine different training sessions and 2024/25 saw 3,018 people access their services. Basic Life Support is core mandatory and statutory training for NBT

employees, with national courses of intermediate and advanced life support offered to internal staff and external candidates.

The team facilitate the Neonatal Life Support course six times a year, with 144 candidates attending in the 2024/25 year and the European Trauma Course twice a year, with a further 44 candidates attending.

We were also delighted that 64 Internationally Educated Nurses (IENs) successfully completed the Nursing and Midwifery Council (NMC) OSCE programme in 2024, with a further 35 candidates attending an external programme in January 2025. Two Internationally Educated Midwives (IEMs) also completed their OSCE programme.

The nursing apprenticeship pathways continue to be a popular career route. In 2024/25, 14 learners started the two-year Student Nursing Associate (SNA) Apprenticeship programme, with 46 completing the SNA programme. The retention rate of completers for 2024/25 was 95%. On completion, nursing associates will be awarded a foundation degree (FdSc) and be eligible to register with the Nursing Midwifery Council (NMC) and apply for a band 4 post.

25 registered nursing associates (RNAs) commenced the two-year Registered Nursing Degree apprenticeship (RNDA) programme. On completion in 2026, RNAs will be awarded a BSc and be eligible to apply for a band 5 registered nurse post.

Eleven colleagues began the ACP programme in 2024/25 and are studying at Masters' level.

NBT has excellent partnership working relations with several higher education institutions (HEIs) providing clinical placements as part of a student's healthcare programme of study. The highest number of students are from the University of the West of England, undertaking the Adult Nursing three-year degree programme, but in addition NBT supports a smaller number of students on the Child, Mental Health and Learning Disabilities Nursing pathways.

During 2024/25 NBT supported a total of 1,365 placements for undergraduate nursing, midwifery and allied health professional learners. There has been a fall in undergraduate numbers for nursing nationally, and this has been reflected in a lower number of students requiring Year 1 placements. It has been noticeable however, that there are increasing numbers of students requiring reasonable adjustments to meet their individual needs.

The clinical education team use a variety of approaches to deliver ongoing support to all learners in clinical practice at NBT. The team has developed a student/learner App to enhance meaningful student/learner engagement visits across programmes. In addition to this, they facilitate education sessions for registered practice assessors and supervisors, enabling them to remain current in their role and meet their professional body standards.

Throughout 2024/25, newly qualified staff accessing the Preceptorship Programme for newly registered practitioners increased by over 50% from the previous year, with 1,213 staff members attending four study days in a 12-month period. The team have developed a robust support system for both preceptees and preceptors, including drop-in sessions facilitated by the preceptorship team for preceptors, and preceptorship champions based in clinical

practice. The Preceptorship Programme maintains the NHSE Quality Mark for Nursing, aligning to the national NHSE framework and standards for preceptorship, and a refreshed AHP quality preceptorship self-assessment has been submitted with improving scores.

The midwifery preceptorship programme follows the same core values as the nursing/AHP programme but with a midwifery focus. Twenty newly qualified midwives accessed the midwifery preceptorship programme in 2024/25.

NHSE Continuous Professional Development (CPD) funding of £1.1 million has been utilised in 2024/25 for a wide range of university modules, specialist study days and conferences for Nursing, Midwifery, Allied Health Professional and Nursing Associate staff across the Clinical and Corporate Divisions. All training has been prioritised according to service need. NBT have delivered three specialist modules (Enhancing Burn Care, Orthopaedics: Trauma & Surgery, and Principles of Neurosciences) in collaboration with the University of the West England. These modules have attracted practitioners from outside the South West region and enabled income generation, as well as providing educator development opportunities for the NBT staff delivering the modules.

Sixteen members of staff commenced the stand-alone independent prescribing module in 2024/25. This excludes individuals who have completed the module as part of the ACP programme. A development opportunity has been provided for 80 independent prescribers across NBT as well as small numbers from UHBW and Sirona in a showcase conference event organised and hosted by NBT.

Southmead Hospital Charity

Our official charity, Southmead Hospital Charity, has continued to support our patients, their loved ones, and staff by raising funds to deliver world-class projects and comforting items over and above what the NHS can afford. Working together with colleagues from across the Trust, the Charity has identified and funded hundreds of projects where donations can make a difference, helping to support over one million people locally, and nearly four million people across the South West and beyond.

The Charity is proud to have funded innovative projects across the Trust's renal services, enhancing both patient care and experience. Hypothermic Machine Perfusion (HMP) equipment is now being used, giving patients on the transplant waiting list a better chance of a successful operation, while the introduction of a peer mentoring programme offers vital support from those with lived experience of kidney disease.

Alongside these advancements, the Charity has also enhanced patient treatment spaces across the Trust. Partnering with Dan's Fund for Burns, the Charity has transformed a Burns Therapy Room into a dedicated Rehabilitation Room, bringing the space in line with national burn care standards and ensuring patients receive the high-quality rehabilitation they need. At Cossham Dialysis Unit, donations have funded new murals and transformed the surroundings, creating a more calming and welcoming space for patients during treatment.

Southmead Hospital Charity's work is made possible thanks to the thousands of supporters from across our region and beyond who are united in fundraising and donating to ensure an outstanding patient experience for each and every patient. The Trust, along with the Charity, is incredibly grateful for their support.

Research & Innovation

Our research and development (R&D) priorities for 2024/25 built on the foundations of success laid since the end of the pandemic.

During 2024/25, the Trust opened 106 studies, including 38 commercial studies, an increase of 52%. NBT recruited over 9,000 participants across 250 ongoing research studies and supported a further 5,000 participants who continue their research involvement.

In 2024/25 NBT supported the delivery of an mRNA Vaccine trial which, if successful, could help to prevent norovirus acute gastroenteritis. The impact of norovirus on the NHS is significant. During February 2025, over 1,100 patients a day were in hospitals across the UK with norovirus; 150% higher than in 2024. Norovirus causes over 200,000 deaths per year, with estimated costs of £298 million per year to NHS inpatient services and around 30,000 bed days lost. In addition to potentially helping patient flow, each of those statistics is a person, so the wider impact on family, friends and society is incalculable.

A pilot project was undertaken by R&D, to quantify the value of study medication or medical devices provided to the Trust, which otherwise would have been purchased by the NHS. This project only looked at studies recruiting in 2024/25, including savings from patients recruited into the study the previous year but for whom savings occurred in 2024/25. This analysis showed that NBT/BNSSG benefited from medication/medical devices to the value of over £300,000 in one year. NBT R&D is now working with UBHW to identify pragmatic and efficient ways to collect this data for the Bristol Hospital Group.

Equity of access and addressing health inequalities remains a focus of concern. Over a three-year period, inclusion of Global Majority participants has improved from 4% to 7% (BNSSG demographic data suggests a non-white population of 16%). While this is progress, significant work is still needed to achieve true representation in our research studies.

In addition to monitoring and promoting research for all our communities, NBT has actively sought to lead and participate in several projects aimed at understanding and addressing the inequalities within healthcare. Dr Jon Anning is leading a Prostate Cancer UK funded study, exploring the impact the current two-week prostate cancer diagnosis pathway has on black men.

In 2024/25 NBT managed a portfolio of 104 external grants with a combined value of £56 million, of which £37.3 million was from NBT-led NIHR (National Institute for Health Research) grants. NBT submitted 18 Stage 1 and 15 stage 2 NIHR applications and continues to maintain an astonishing success rate:

	2020	2021	2022	2023	2024	2025 (YTD)
EoI stage % Shortlisted	60%	83%	50%	53%	44%	100%
Full stage % successful	50%	75%	90%	53%	75%	67%

The value of the successful grant applications for 2024/25 is £9.2 million.

R&D created a dedicated funding and mentoring scheme for non-medical researchers in 2022/23. As a direct result of that investment, in 2024/25, NBT has been awarded eight NIHR prestigious academic training awards; two RfPBs (Research for Patient Benefits) led by a Physiotherapist and Speech and Language therapist respectively, three research internships, one pre-application support award, one pre-doc bridging award and one Development and Skills Enhancement award. Visibility of non-medical researchers is helping grow and inspire non-medical researchers.

Meanwhile, NBT continues to benefit from a wealth of dedicated medical researchers, both academic and non-academic, who are seeking to improve health outcomes and ill health prevention. Professor Liz Coulthard has been awarded an RfPB to explore the potential benefits of sleep apnoea treatments to slow neurodegeneration.

Professor Edd Carlton has been awarded an HTA (Health Technology Assessment) to lead a national randomised controlled trial to evaluate the clinical and cost effectiveness of small-bore vs large-bore chest drains for the treatment of traumatic haemopneumothoraces in Emergency Departments.

Dr Pippa Bailey has been awarded NBT's first prestigious HSDR (Health and Social Care Delivery Research Programme) grant to undertake a hybrid-effectiveness-implementation trial of a patient and family outreach service to improve access to living-donor kidney transplantation.

Professor Shelley Potter has been awarded an HTA to undertake a Phase 3 Randomised Controlled Trial comparing Targeted Axillary Dissection vs axillary node clearance in patients with Positive axillary Lymph nodes in Early breast cancer.

In 2024, NBT also became the first NHS Trust to become a signatory for the Welcome Concordat for the Environmental Sustainability of Research and Innovation Practice. This commitment reflects our commitment to ensure the research we undertake serves our populations and communities, including protecting communities globally. 2025/26 will see remodelling work within the Clinical Research Centre (CRC), funded by an NIHR capital grant, which will increase clinical capacity within the CRC, upgrade the clean utility into a laboratory grade facility, increasing the scope of activities which can be undertaken. The grant also enables NBT to have a research-dedicated Dexa scanner to support research projects at NBT/ UHBW and across primary care, supporting the growth of clinical research in out of hospital settings.

NBT and UHBW will also launch the Bristol Hospital Group Joint Research strategy in 2025, which will align our ambitions and mutual support, while enabling the two Trusts' unique infrastructure, specialisms and strengths to continue to flourish.

Sustainability

1. Delivering for our Patients and Building for the Future

Throughout this year, North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) have worked together to achieve key milestones across the Green Plan work areas to deliver our net zero carbon goal and address the ecological emergency. The Green Plan and its associated Delivery Plan set out the actions we need to achieve across the Integrated Care System to get to net zero carbon by 2030. Through delivering our Green Plan, we will build a healthcare service that improves the long-term health of our population and can deliver great care for generations to come.

One of our most notable achievements this year was the appointment of Dr Sanjoy Shah as the Joint Clinical Director for Green and Sustainable Healthcare for NBT and UHBW. Sanjoy's experience as Deputy Chief Medical Officer at NBT and ITU Consultant at UHBW will support us in embedding sustainability into our divisional governance processes and will foster collaboration between clinical specialities across our acute Trusts.

The Trust has recently approved a system-wide Sustainability Policy which outlines our commitments to reduce the impact our services have on planetary and human health and defines the role of all staff in delivering sustainable healthcare that improves patient experience.

The Trust is leading the way in delivering sustainable healthcare with NBT being the first NHS organisation to sign the Concordat for the Environmental Sustainability of Research and Innovation Practice and Bristol, North Somerset and South Gloucestershire set to be the first Integrated Care System to sign the Why Weight Pledge, aiming to support a food environment that is sustainable, affordable and enables healthy choices.

The Green Plan objectives are currently delivered through eight key workstreams that span across the two Trusts and which report progress up to the Green Plan Implementation Group and Green Plan Steering Group. This year we will be refreshing our Green Plan in line with national requirements and nominating executive and director-level leads for each Green Plan objective. Over the next few months, we will be seeking the support of three pathfinder divisions to prioritise and deliver three to four key projects to report through their divisional performance processes. These projects will be prioritised through the recently formed Sustainable Healthcare Collaboration which spans both Trusts and includes staff from both clinical and non-clinical settings.

Progress made against the Green Plan is reported below and is monitored monthly by the Green Plan Implementation Group. A Green Plan progress report will be provided to the Trust Board in September 2025.

2. Being an Anchor in the Community

a. Working more closely with local partners

The Trust works closely with our local partners to ensure our strategies and plans align with local priorities.

This year we have maintained our relationship with the West of England Nature Partnership, exploring opportunities to funnel social value from our contracts into community-based programmes focusing on improving the health and wellbeing of our communities. Our newly appointed Green Spaces Co-ordinator has spent the past seven months building relationships with community-led groups that deliver social prescribing programmes to patients from across the health service. We attended the launch of the West of England's Local Nature Recovery Strategy and the West of England Combined Authorities Environment Directorate away day. The Trust continues to work with organisations such as Southmead Development Trust, Forestry England and Natural England to improve access to green space and advocate for local nature recovery.

We continue to be involved with the West of England Combined Authority's (WECA's) Future Transport Zone programme. Our Clean Air Manager has continued representing the Trust in the North Bristol SusCom group, receiving important travel updates across the region to share with staff as well as maintaining the Trust's position in local authority transport plans.

The Trust is a member of the SDG Alliance, Bristol Climate and Nature Partnership, the Bristol Good Food network and the SHINE network. The Sustainability team represents the two Trusts on the One City Environment Board and Transport Board.

b. Using Buildings and Spaces to Support Communities

In May 2024, we were successful in receiving £193,000 of funding from NHS Charities Together Greener Communities Fund to improve the Head Injury Therapy Unit's therapy garden to facilitate nature-based rehabilitation programmes and to pilot six bespoke green social prescribing programmes for patients with head injuries and renal conditions. This work is being delivered by our Green Spaces Co-ordinator who also supports projects at UHBW, having recently planted a community orchard at Weston General Hospital with the staff psychology support lead. The Trust's Green Spaces Co-ordinator also runs weekly allotment drop-ins for both staff and community members, supporting patients and the wider community to connect with nature and learn how to grow chemical free food.

c. Widening Access to Quality Work

i. Improving Access to Roles in Sustainability

As one of the largest Trusts in the country, we recognise our influence in improving access to sustainability roles within the NHS. In 2024, alongside UHBW, we partnered with the Sustainable Healthcare Academy to enrol three staff members on the Level 4 Corporate Responsibility & Sustainability Practitioner apprenticeship, where they will learn the skills required to deliver sustainability projects in their departments to support the Green Plan.

The Trust created a project proposal for Masters' Students from the University of Bristol to develop their skills in sustainable policy and management consulting, which will contribute towards their professional conduct assessment.

The Head of Sustainability for the Integrated Care System presented at the Bristol Climate and Nature Partnerships 'Inspiring Green Futures' event, encouraging young people to work in sustainability.

Sustainability Link Nurses have been identified in two departments within the Trust, with many other staff undertaking sustainability work in their own time.

ii. Staff Engagement

This year the Trust rebranded and merged its network of Sustainable Healthcare Advocates with UHBW to encourage collaborative working on sustainability initiatives and sharing of best practice across the Trusts.

The Sustainability Team has shifted its engagement work away from individual action to a team-based approach that is specific to clinical areas and aligned with each speciality's national guidance. This is being accomplished through the Sustainability Audit Programme which uses the Patient First methodology "*go and see*", to observe clinical and non-clinical processes to identify best practice and prioritise actions to improve.

Clinical staff have received national recognition for their sustainability projects, which have won four awards in total.

- **3** NBT staff enrolled in Sustainable Healthcare Academy Apprenticeships
- **114 Sustainable Healthcare Advocates** from 60 departments
- **70** people across the NHS attended NBT's first Sustainable Healthcare Showcase
- **1,000 new starters** engaged
- Piloted the Most Sustainable Workplace Index with staff in Theatres & Facilities at NBT
- **43** staff members attended seasonal wellbeing workshops at NBT and Cossham
- Over **2,000 in person** engagements
- **2,173** staff attended workshops, training, stalls and presentations
- **3,925** read our sustainability newsletter

d. Reducing Our Environmental Impact

Reducing the Trust's carbon emissions to net zero by 2030 is crucial to ensuring the Trust is not contributing to climate change nor deepening health inequalities within our communities through pollution. We know climate change is important to our staff and patients, so we must demonstrate progress towards reducing our emissions, whilst also providing the tools and resources to deliver and prioritise healthcare that is more sustainable.

The Trust's carbon footprint is broken down into three scopes:

- Scope 1 – the carbon we emit directly through driving our fleet vehicles, burning gas in boilers to heat our buildings, administering anaesthetics to patients and using refrigerants for cooling our buildings and in fridges.
- Scope 2 – the carbon we emit indirectly from the electricity we purchase.
- Scope 3 – the carbon we emit indirectly through the supply chain of goods and services we purchase.

In 2023-24 (the latest year for which full-year data is available), the Trust reduced the emissions it directly controls by 12% due to reduced gas and oil consumption, whilst scope 2 emissions remained the same (Figure 1). The 29% increase in the overall Trust carbon footprint was driven by supply chain emissions from increased spending on items including medical, surgical, and diagnostic equipment, chemicals, reagents, and building and engineering products. This is currently calculated using spend data which does not provide a true representation of the Trust's carbon footprint.

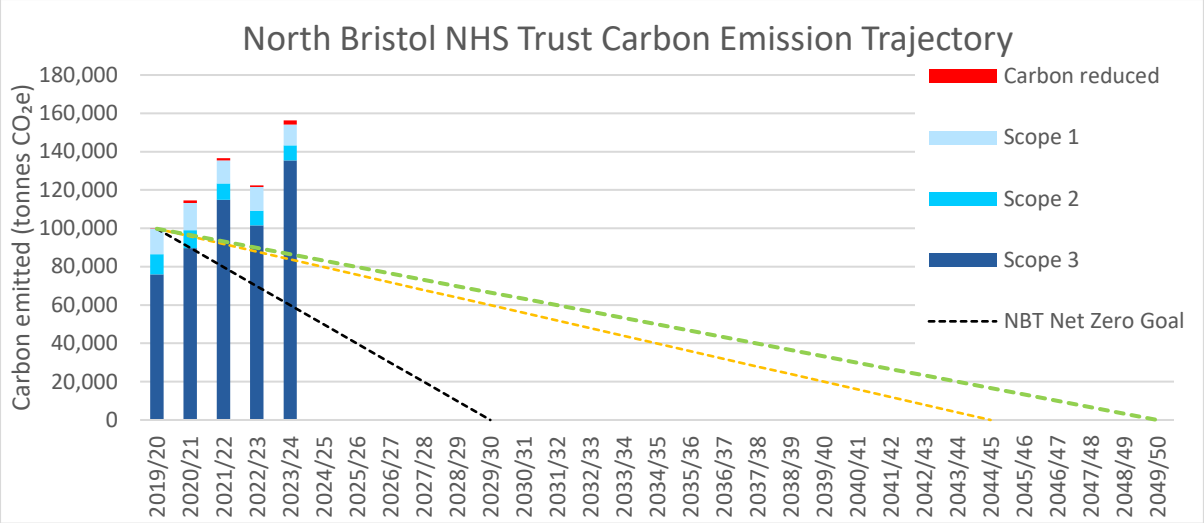


Figure 1 North Bristol NHS Trust's total carbon emissions for financial years 2019/20, 2020/21, 2021/22, 2022/23 and 2023/24 compared with the carbon emissions trajectory required to achieve net zero carbon by 2030 as well as the trajectories to achieve the NHS Carbon Footprint Plus goal and the Climate Change Act 2008 target.

Data is regularly collected to monitor the targets within our Green Plan. The full breakdown of the Trust carbon footprint will be reported to the Trust Board in the Green Plan Annual Report.

The Trust is forecast to reduce carbon emissions related to our buildings and energy by over 2,300 tonnes due to the delivery of energy efficiency and heat pump installation projects. The Trust is on track to reducing carbon related to business travel by 139 tonnes due to a reduction in long haul mileage. Carbon emissions associated with inhalers is set to reduce by 30 tonnes due to a reduction in prescriptions of the most carbon intensive inhalers.

Carbon is forecast to increase from supply chain and procurement activity by 17,475 tonnes due to increased spending on medicines, chemicals, gases and medical equipment. The Trust will work to combat this upward trend by reviewing our sourcing strategy and delivering clinical sustainability projects that can reduce carbon.

The Trust is on track to reduce overall waste produced by 78 tonnes, however more waste has been sent for high temperature incineration which could result in an overall 279 tonne increase in carbon from waste treatment. The Trust will reverse this trend by providing training and educational resources to our staff to promote good waste segregation practice.

Carbon emitted due to anaesthetics is expected to increase by 146 tonnes this year. This is being driven by a predicted 626,000 litre increase in nitrous oxide and Entonox purchased. This is being investigated by the Trust's Medical Gas Waste Group.

i. Buildings and Energy

Our Carbon and Energy team has been successful in unlocking funding to decarbonise the way we heat and light our buildings as well as improving their efficiency. This is evident in the figures reported above and is to date delivering the largest carbon reductions for the Trust. The work to produce a strategy for future electrical capacity is underway; this is crucial as new

facilities are developed on site and we move our heating demands from gas to electricity. This will support achievement of the NHS Net Zero Building Standard (published February 2023) which will further drive reductions in carbon for all new major investments in healthcare buildings.

- Secured **£7.3m PSDS** wave 3c funding and **£1m system funding** for Pathology heat pumps to reduce carbon by up to **1,187,770 kg** of carbon.
- Recognition in the ICS that NBT is able to deliver energy efficiency projects resulting in NBT being **awarded £2.3m in 2024-25**
- **£2m** National Energy Efficiency Fund (NEEF) phase 3 funding from NHSE/DHSC for BMS and LED lighting upgrades in Brunel
- **£750k** secured from ICS for energy efficient motor upgrades in Brunel air handling systems
- **£300k** NEEF phase 3 funding for Building Management System (BMS) upgrade in Brunel
- **£112k** secured from Low Carbon Skills Fund (wave 5) and delivered RIBA stage 4 detailed design for decarbonising all the heating systems across the Cossham Hospital site.
- **£350k** system funding secured for LED lighting on the retained estate
- ICS Standard Building Specification signed off
- Electricity switched on for heat pumps in CDS, Antenatal, Elgar House, NICU and Percy Philips, saving **877 tonnes** of carbon.

ii. Travel and Transport

In 2024/25 we have continued our work to support staff to choose a mode of transport for their commute with a lower environmental impact. This includes initiatives like our bike loan scheme, pool car scheme, bus travel discounts and salary sacrifice schemes to allow tax-efficient purchase of bikes and accessories, or lease of an ultra-low emission car.

Locally, we have made improvements to our provision for active travel, upgrading elements of our bike storage at Southmead and reinstating our abandoned bike policy to maximise capacity. We have increased our collection of feedback relating to public transport serving our sites and how we share this with public transport providers.

- NBT has secured representation on **Bristol's One City Transport Board**, giving us a voice in conversations about the strategic direction of travel and transport in the region.
- Partnered with **WECA's Future Transport Zone** programme to trial an electric cargo quadricycle in place of one of our diesel vans
- Travel and Transport workstream undertaking fleet optimisation study across NBT, UHBW, AWP and Sirona to remove duplication and understand fleet requirements for medium term decarbonisation.
- Staff took up more than **95%** of available Dr Bike sessions, proving strong demand for the service.
- Quarterly audits show that our main staff cycling facility (Brunel Cycle Centre) is regularly at capacity, year round
- Uptake of Ultra-low Emission Vehicle salary sacrifice scheme is now over **200 vehicles** since launch, with more staff becoming eligible to lease a vehicle as cost of EVs gets closer to parity with ICE vehicles
- Submitted EOI for EV charging
- **56 bikes loaned** to staff with over **2,500 miles** travelled on electric bikes this year.
- **132** bike maintenance sessions.

iii. Waste

The Trust is currently achieving a 42:04:54 split across clinical waste segregated as high temperature incineration waste, alternative treatment waste and offensive waste, which is almost in line with the NHS Clinical Waste Strategy target to achieve a 20:20:60 split by 2026 (Figure 2). The carbon footprint of waste so far in 2024-25 is 5% greater than it was in 2022, which is not on track to achieving a 50% reduction in waste carbon by 2026. The Trust will improve its performance by reducing the amount of non-hazardous waste being overclassified and incorrectly segregated, and segregating food and recyclables out of general and clinical waste.

- Installed reusable sharps bins across Southmead Hospital. In five months this project has saved **8 tonnes of waste, 24 tonnes of carbon** and **£6k**.
- Implemented waste contracts to support in achieving NHS England targets.
- Installed food de-waterer in VU kitchen to reduce food waste volume.
- Warp It equipment and furniture reuse scheme avoided **4 tonnes** of waste, **£52,263** in costs, **23 tonnes of carbon**.
- **22%** of all waste produced in 2024/25 was recycled.

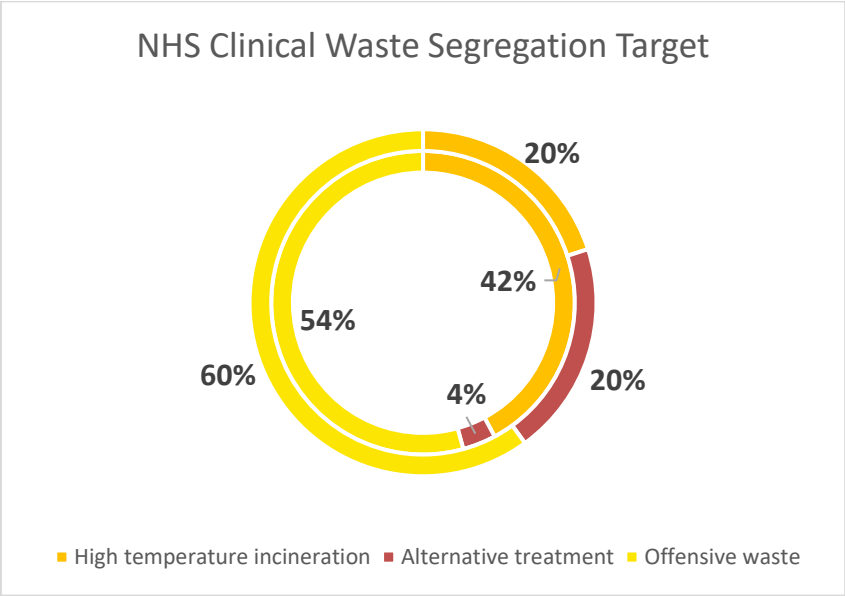


Figure 2 Pie chart outlining the Trust's current split of clinical waste classified as high temperature incineration waste, alternative treatment waste and offensive waste (inner ring) compared with the NHS' clinical waste segregation target 20:20:60 for Trust's to achieve by 2026 (outer ring).

iv. Sustainable Models of Care

Throughout this year, clinical and non-clinical teams across the Trust have delivered sustainability improvement projects that have improved patient experience and staff productivity, created more efficient ways of working and used fewer resources to deliver outstanding care. Following the appointment of the Joint Clinical Director of Green and Sustainable Healthcare, the two Trusts have set up the Sustainable Healthcare Collaboration to bridge the gap in governance of clinical sustainability projects and encourage collaboration. The aim of the group is to deliver projects that decarbonise clinical pathways and deliver improved patient outcomes. This group will also identify projects that resident doctors can undertake as part of their Quality Improvement portfolio.

Special recognition is made to the Trust's Infection Prevention and Control team who have identified and advocated for sustainable models of care across the Trust through their service.

- Logged **26 Sustainability Quality Improvement projects** with the potential to reduce carbon by **1,190 tonnes.**
- Trailblazing Neurospinal team won the HSJ Towards Net Zero Award for the Green Operating Day project which was published in the British Journal of Neurosurgery and the Faculty of Pain Medicine.
- ED Cannulation project won Excellence in Waste Management Award, reducing cannulas by **62%**, delivering **1,898 kg of carbon**.
- Stoma team won the NBT Annual Staff Award in the 'We respect our Environment' category for their reusable stoma bag project.
- Pharmacy won the Sustainability Partnerships Sustainability Hero Award for their project reducing medicines waste from wards.
- Virology reduced rejected specimens from self-taken blood samples, avoiding **5,890kg of carbon** in just five months. Abstract submitted to European Academy of Dermatology and Venereology (EADV) congress.
- Pharmacy took part in World Antimicrobial Resistance Awareness Week, raising awareness of the impacts between oral antibiotics compared to IV. Reducing our top 6 IV antibiotic usage by 10% would save **43,760 kg of carbon**, equivalent to not using a washing machine for **351 years**.
- Skin cancer treatment project abstract submitted for European Academy of Dermatology and Venereology (EADV) congress in Paris in September.
- Trialled reusable tourniquets in Emergency Department and Anaesthetics.

e. Using Our Spend as a Positive Influence

Carbon emissions from the purchase of goods and services remains the largest contributor to the Trust's carbon footprint, accounting for over 70% in 2023-24. This has increased further in 2024-25 with carbon estimated to increase by 16,000 tonnes due to increased spending on business services, office and telecommunications equipment and medical instruments and equipment, even when adjusted for average inflation. Carbon emitted due to supply chain and procurement is currently based on spend and is therefore not an accurate representation of the true carbon footprint.

The Sustainability Teams across NBT and UHBW have shared their resources to collaborate on implementing social value in tenders across the two Trusts and the wider ICS. The teams have engaged with the Voluntary, Community and Social Enterprise (VCSE) sector to understand local priorities that social value could deliver. In 2025, the Trusts will be exploring mechanisms to deliver social value that creates lasting change for the community.

- Social value included and evaluated in **10 tenders**.
- Training delivered to BWPC on social value, Carbon Reduction Plans and modern slavery.
- Embedding the Sustainability Impact Assessment (SIA) into Cost Improvement Programme.
- **47 SIAs** submitted out of 77 business cases.
  - **21** were identified as delivering a sustainability improvement.
  - Captured **5,223 tonnes** of potential carbon emissions, equivalent to £2 million in carbon tax.
  - Identified **2,106 tonnes** of potential carbon avoided, equivalent to £806k in carbon tax.

Task force on climate-related financial disclosures (TCFD)

The Group Accounting Manual (GAM) 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 2025/26 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. However, NBT does calculate and publish this data to help track our progress against the Green Plan sustainability commitments. This data is reported in the Sustainability section of this report.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillar for 2024-25. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the ARA and in other external publications.

1. Governance Pillar

1.1 Board's oversight of climate-related issues

The Board is informed about climate related issues and progress against the ICS Green Plan via:

- The Trust Annual Report, the Green Plan Annual Report and the Green Plan Bi-Annual Update which include a breakdown of the Trust's carbon footprint and set out achievements made against the Green Plan Delivery Plan, a schedule of time-bound objectives and actions to achieve change.
- Business plans and business cases which must include Sustainability Impact Assessments to identify risks and opportunities.
- The Sustainability Policy for Board approval.
- Trust Risk Register, reported through the regular risk reporting processes to the Board.

1.2 Management's role in assessing and managing climate-related issues

The Sustainability Policy defines the roles and responsibilities of all management staff with regards to reporting, monitoring and addressing climate-related issues. Climate-related issues are assessed and managed by the below people.

- The Trust's sustainability and carbon and energy teams
    - Head of Sustainability for the ICS
    - Sustainability Manager
    - Clean Air Manager
    - Sustainability Engagement Officer
    - Sustainability Project Officer Apprentice
    - Green Spaces Co-Ordinator
    - Carbon and Energy Manager
    - Carbon and Energy Officer
- The Trust's Chief Finance Officer (CFO) is the ICS senior responsible officer for sustainability and net zero carbon.
- Joint Strategic Estates Director responsible for Green Plan delivery.
- The Trust's Deputy Chief Medical Officer holds the position of Joint Clinical Director for Green and Sustainable Healthcare and is responsible for embedding sustainability

into clinical governance, and reports directly into the Trust's CFO and the Senior Leadership Team.

Climate-related issues are assessed and managed through the below groups.

- The Green Plan is delivered through nine workstreams with meetings chaired by the Trust and its partner organisation, UHBW.
- The Green Plan Implementation Group (GPIG) monitors monthly progress made towards the Green Plan.
- The Green Plan Steering Group (GPSG) monitors quarterly progress made towards delivering the Green Plan through a highlight report submitted by the GPIG. This is attended by the Sustainability Executive Director Leads of each ICS organisations.
- The Retained Estate Energy Committee and the PFI Energy Sub-Committee review quarterly progress made towards decarbonising buildings and energy.
- The PFI Energy and Decarbonisation Steering Group meets monthly to deliver sustainability improvements within the PFI.
- The Sustainable Healthcare Collaboration sits across NBT and UHBW and monitors monthly progress towards delivering clinical sustainability improvements. This group contains representatives from infection control, facilities, procurement, finance, and clinical leads from high impact areas.
- The Patient First Long-Term Sustainability Steering Group meets every month to drive sustainable change necessary to contribute to the Trust's goal of delivering outstanding patient care as part of the Trust sponsored quality improvement process.
- The Business Case Review Group reviews the sustainability impact of business cases each month.

2. Risk Management Pillar

2.1 Processes for identifying and assessing climate-related risks

Climate-related risks are identified and assessed through the Trust Risk Register and Board Assurance Framework. Two climate-related risks are reported on the Trust Risk Register and one risk is reported on the Board Assurance Framework.

The first climate risk (1776) is a risk to the health of our population and the delivery of our services if we fail to adapt to climate change. This has been identified as an extreme risk with a score of 16 which exceeds the threshold for escalation by 1 point.

The second climate risk (1777) is a financial risk related to the capital funding required to achieve decarbonisation targets as well as the costs imposed by carbon taxation and offsetting if decarbonisation targets are not achieved. This has been identified as an extreme risk with a score of 20 which exceeds the threshold for escalation by 4 points.

The risk reported in the Board Assurance Framework (SIR 18) is a reputational, health and financial risk related to the Trust not meeting the net zero carbon goal and biodiversity net gain leading to ecosystem collapse, reduced health outcomes and additional costs from carbon taxation and offsetting. This is reported as an extreme risk with a score of 15 which is currently the lowest risk rating on the Board Assurance Framework.

Risks related to specific projects are reported through workstreams monthly highlight reports to the GPIG.

2.2 Processes for managing climate-related risks

Climate-related risks reported above are managed through the Trust Risk Register and Board Assurance Framework.

Trust Risk (1776) is owned by the Trust's Deputy Chief Operating Officer and the Emergency Planning Manager who assess climate change impacts and evaluate progress made to adapt through the Emergency Planning and Preparation Group. The Heatwave Cell evaluates actions taken to respond to heatwave events and prepares the Trust's workforce and estate for forecasted heatwaves.

Trust Risk (1777) is owned by the Joint Strategic Estates Director and is controlled through the GPIG and GPSG.

2.3 Integrating processes into the overall risk management approach

Climate-related risks are integrated into the Trust’s overall risk management process through the Trust Risk Register and Board Assurance Framework. These risks are identified as principal risks for the Trust.

3. Metrics and Target Pillar

3.1 Metrics used to assess climate-related risks and opportunities

The key metrics used to measure and manage climate-related risks and opportunities are reported in the Green Plan. Historical trends of these metrics are reported through the Green Plan Annual Report and Green Plan Bi-Annual Update each year. Data is reported for each financial year, 1 April to 31 March, and compared with the 2019-2020 baseline. This baseline year was selected in 2022 when the Trust commissioned an external consultant to develop a Routemap to Net Zero Carbon and corresponds to the year the Trust set its net zero carbon goal.

Methodologies to calculate and estimate metrics are provided in the table below.

Metric	Methodology
Electricity	Provider invoices
Gas	Provider invoices
Oil	Supplier invoices
Renewable Energy	Meters
Water	Provider invoices
Waste	Contractor tonnage reports
Supply Chain and Procurement	Level 1 e-class data, finance reports, TR18 reports

Fleet mileage	Vehicle mileage readings
Business travel	Pool car supplier invoices, staff expense claims
Patient and visitor travel	Clinical activity data for emergency attendances, outpatient appointments and inpatient appointments. Multiplied by 75.48 (average patient travel distance of 9.4 miles (15km) and 3.7 patient and visitor journeys per patient contact).
Staff commute	Travel to Work survey results, workforce reporting total FTE as of year-end.
Anaesthetic gas volumes	Medical gas supplier reports, pharmacy reports
Inhalers prescribed	Pharmacy reports

Internal carbon pricing is estimated for business cases and projects using the Sustainability Impact Assessment (SIA). This uses the high series annual price per tonne of carbon from Annex 1 of the UK Government's Policy Paper, Valuation of greenhouse gas emissions: for policy appraisal and evaluation. The SIA calculates a capital and revenue carbon cost depending on carbon reductions made during the implementation of a project and carbon reductions that will occur every year from the project commencement. The calculated carbon price is reported in the business case document and is used to inform decisions to approve business cases at the Business Case Review Group.

3.2 Targets used to manage climate-related risks and opportunities

The Trust has a Board-approved goal to achieve net zero carbon by 2030 in alignment with Bristol City Council and organisations across the Integrated Care System. The timeframe for achieving this goal along with specific targets are reported in the Green Plan. Interim targets are set over a three-year period. Progress made towards targets is compared with the 2019-2020 baseline. Progress against targets is reported as outlined in section 2 of this report.

PART 2 - Accountability report

Corporate Governance Report

Directors' Report

Composition of the Trust Board

The Trust Board is a unitary board accountable for setting the Trust's strategic direction, vision and values, monitoring performance against strategic and operational objectives, ensuring high standards of corporate governance, and helping to promote links between the Trust and the local community, including the local ICS, Healthier Together.

The Trust Board is made up of the Joint Chair (who chairs both North Bristol NHS Trust ("NBT") and University Hospitals Bristol and Weston NHS Foundation Trust ("UHBW")), the Joint Chief Executive (who is the Joint Chief Executive of both NBT and UHBW), four other Executive Directors and six other Non-Executive Directors, all with voting rights. Two additional Executive Directors attend the board in a non-voting capacity (a Joint Chief Digital Information Officer, who holds a joint appointment for NBT and UHBW, and the Chief People Officer).

On 2 September 2024, the Trust also appointed an Interim Hospital Managing Director, acknowledging the Joint Chief Executive's changed role and responsibilities across both NBT and UHBW. The Hospital Managing Director is the substantive Chief Finance Officer and exercises his vote on the Board as Chief Finance Officer.

As of 31 March 2025, there were no executive or non-executive vacancies on the Trust Board. There were a number of interim Executive Directors in post, as outlined further below.

Board membership for the year ending 31 March 2025 is set out below. Biographies of existing Board members can be located on the Trust Website, together with their declarations of interest (https://www.nbt.nhs.uk/about-us/trust-board/declarations-interest):

Non-Executive Directors:

Ingrid Barker, Joint Trust Chair – Joint Chair of NBT and UHBW (from 1 June 2024)
Ingrid has significant NHS Board-level experience gained over 25 years, including her previous role as Chair at Gloucestershire Health and Care NHS Foundation Trust. A qualified social worker, she is an active Governor at the University of Gloucestershire and previously held the role of Joint Chair of Gloucestershire Care Services NHS Trust and ²gether NHS Foundation Trust. Ingrid is also a Deputy Lieutenant of Gloucestershire.

Professor Sarah Purdy, Non-Executive Director, Vice Chair of the Trust and Chair of the Quality and Outcomes Committee
Sarah is Vice-Chair of the Board at NBT and is a GP and clinical academic by background. Until 2022 Sarah was Pro Vice-Chancellor Student Experience at the University of Bristol and previously, she led Bristol Medical School. Sarah has held leadership positions including as a non-executive director and trustee in a number of organisations including the wider NHS, charities and a multi-academy trust. She is a Barts Charity Trustee.
Sarah practised as a GP from 1991 to 2022 and was awarded an OBE for services to general practice in the 2022 Queen's Birthday Honours.

Dr Jane Khawaja
Jane is Bristol Innovations Programme Director at the University of Bristol. At the University, she is a member of the Board of Trustees and University Court and she chairs the University's Anti-Racism Working Group. Jane is also a Director of the Gloucestershire Cricket Foundation Board and a commissioner on Bristol's Commission on Race Equality. Jane has a degree in Physics and PhD in Plasma Physics. She started her career working for Applied Materials, a global leader in the semiconductor industry. She then worked for the Engineering and Physical Sciences Research Council, the UK's main agency for funding research in engineering and the physical sciences, before joining the University of Bristol. Jane has a very keen interest in

equality, diversity and inclusion and is passionate about addressing the root causes of racial inequality and ensuring race equality is embedded into policies and processes.

Kelvin Blake
Kelvin is an experienced Non-Executive Director and Board-level leader. He previously led some of the largest and most complex programmes for BT and their customers and also sat as a Board member on BT's South-West Regional Board. He has experience in the NHS, having spent six years on the Board of University Hospitals Bristol NHS Foundation Trust. Kelvin is also currently a Non-Executive Director of BrisDoc, Chair and Trustee of Second Step, a Trustee of the SS Great Britain Trust, a Trustee of the Robins Foundation (Bristol City Football Club), a member of the Labour Party and an elected member of the City of Bristol Council. Kelvin is Chair of the People and EDI Committee at NBT.

Kelly Macfarlane
Kelly is Managing Director of HWM Global, a UK company specialising in the design and manufacture of monitoring and telemetry equipment for utility networks. Kelly has extensive experience in customer operations, strategy, business transformation and commercial leadership in senior executive roles within the water and telecommunications industries including Thames Water and Openreach. Kelly is also the Non-Executive Maternity Safety Champion for NBT.

Richard Gaunt
Richard is an experienced Board member and is currently a Non-Executive Director of Alliance Homes. He is Chair of the NBT Finance, Digital and Performance Committee. Previous appointments as a non-executive director or governor including a Further Education College, Multi-Academy Trust and a Charity. He has a broad range of skills including significant strength in finance, strategy and treasury. Prior to his retirement in 2009, Richard was an Audit Partner at KPMG, and he remains a Fellow of the Society of Chartered Accountants England and Wales.

Shawn Smith
Shawn is an experienced Board member having served on Boards in the UK, Poland and India. Having gained a degree in Economics, Shawn qualified as an accountant and is a Fellow of the Chartered Association of Certified Accountants with over thirty years' experience. Shawn has held senior finance roles across different industries for over 25 years, most recently within the aerospace sector where he was Chief Financial Officer of European Operations with additional responsibility for the company's Indian operations. Shawn is a governor at City of Bristol College, a trustee with Bristol-based charity Frank Water and a Board member with Elim Housing Association. Shawn is Chair of NBT's Audit and Risk Committee.

Executive Directors

Maria Kane OBE, North Bristol NHS Trust Chief Executive until 28 July 2024 and Joint Chief Executive (of NBT and UHBW) from 29 July 2024
Maria Kane OBE joined North Bristol NHS Trust as its Chief Executive in April 2021. Prior to her appointment at NBT, she held the role of Chief Executive of North Middlesex University Hospital NHS Trust, where she had been in post since December 2017.

Maria previously worked as Chief Executive of Barnet, Enfield and Haringey Mental Health NHS Trust between 2007 and 2017, and as Executive Director at North-West London Strategic Health Authority between 2002 and 2006. Maria has held a variety of senior roles in corporate and strategic development for the Royal College of Midwives, Medical Protection Society and the National Council of Voluntary Organisations.
In 2019, Maria was made an OBE for services to healthcare leadership over two decades, particularly in North London. She has previously been a trustee of Open Mind, Umbrella Mental Health, and Young Minds, as well as an adviser to the Lullaby Trust and a special adviser to the Care Quality Commission. She was also chair of governors of a primary school for ten years. Maria is a Visiting Professor at the University of the West of England and a Trustee for the charity Help to Create Hope.

Steve Curry, Chief Operating Officer & Deputy Chief Executive (until 14 March 2025)
Steve Curry was appointed as Chief Operating Officer for North Bristol NHS Trust in January 2022. Prior to this, Steve was Chief Operating Officer at Cardiff and Vale UHB.
Steve was born and educated in Northern Ireland where he qualified as a registered nurse. After specialising in intensive care, he undertook his further education at universities in Leeds and Cardiff, where he completed first-and-second-degree level education.
Steve has extensive clinical and managerial experience, having worked in and managed services in Northern Ireland, St James' NHS Trust in Leeds, and Chelsea & Westminster NHS Trust in London. Steve has also held senior management positions across a number of health boards in Wales, including General Manager positions for scheduled and unscheduled care, Assistant Director of Operations, and Deputy Chief Operating Officer for Cardiff & Vale UHB.

Tim Whittlestone, Chief Medical Officer
Tim Whittlestone is a Consultant Urological Surgeon who started his consultant life in Bristol Royal Infirmary and after 10 years was responsible for moving the Urology service over to North Bristol. He spent the next 10 years leading the Bristol Urology Institute, surgery and ultimately ASCR. He has held a number of senior roles in North Bristol NHS Trust and Bristol, North Somerset and South Gloucestershire (BNSSG) over the years, having been the Trust's Deputy Medical Director and the Chief Medical Officer for Bristol's Nightingale Hospital and for BNSSG's Covid Vaccination Programme.
His lead areas are professional and clinical accountability of the medical workforce, revalidation, operational performance, clinical effectiveness, safety strategy, cancer services, Caldicott guardian, medical equipment including clinical IT, clinical governance (jointly with the Chief Nursing Officer) and specialised services development. Tim also leads the Trust on collaboration, both across the acute providers and more widely in the development of the Integrated Care System (ICS). Tim is also Vice-Chair of the South-West Genomic Medicine Service Alliance Board and Chair of the Wales and West Acute Transport for Children Service.

Professor Steve Hams MBE, Chief Nursing Officer
Professor Steve Hams joined North Bristol NHS Trust in March 2022. He is responsible for nursing, midwifery and allied health professions and holds the responsibility as the Director of Infection Prevention and Control. He is also a Visiting Professor at the University of West of England, an Independent Trustee and Chair of the Infection Prevention Society, Associate Non-Executive Director at Surrey Heartlands Integrated Care Board, an affiliate member of Bristol and Avon St John Priory Group and an external examiner for the School of Nursing at BPP University. Steve has been a registered nurse for more than 25 years, having initially

specialised in coronary care, and has held roles in the NHS, voluntary sector and higher education. Steve has particular interests in leadership and coaching, LGBTQIA+ equality and diversity and mental health. Steve was awarded an MBE for services to nursing in the 2022 New Year's Honours and in 2011 became a Member of The Most Venerable Order of the Hospital of St John of Jerusalem for services to St John Ambulance.

Glyn Howells, Interim Hospital Managing Director (from 2 September 2024) and Chief Finance Officer (substantive)
Reporting to the Group Chief Executive Officer, as Hospital Managing Director, Glyn provides strategic and operational leadership and direction across North Bristol NHS Trust and manages the Executive Team. He has previously held senior executive roles in both the private and public sectors, most recently as Chief Finance Officer at NBT.

Elizabeth Poskitt, Interim Chief Finance Officer (from 1 October 2024)
Elizabeth Poskitt leads on the financial sustainability of the Trust, including business planning processes and ensuring the Trust delivers good value for money within a strong control environment. Additionally, she leads the Estates and Facilities Directorate, ensuring that clinical and operational colleagues have access to the space and facilities they need to deliver their services in a safe, effective and sustainable way, both today and in the future.
A qualified Chartered Management Accountant since 2007, Elizabeth joined NBT in October 2021 as Director of Operational Finance following a 17-year career in the NHS including experience in financial services, income and contracting and financial management. Prior to this she gained broad experience at senior level in a number of acute trusts in the South-West.

Nicholas Smith, Interim Chief Operating Officer (from 14 March 2025)
Nick rejoined NBT in 2015 as the General Manager for Urology and has since held a number of roles, including Divisional Operations Director for 2 Divisions at NBT and most recently as the Deputy Chief Operating Officer. Nick began his career as a Biomedical Scientist in Microbiology and gained experience in general management at a senior level in other acute Trusts in the Southwest.
As Chief Operating Officer (COO), Nick ensures effective operational delivery of the Trust's business on a day-to-day basis. Working with system partners and through the clinical divisions, the COO provides leadership, management and direction to secure the effective and clinical operation and flow of the hospital.

Peter Mitchell Interim Chief People Officer (non-voting) (from 2 April 2024)
Peter has a background predominantly in higher education and has held senior positions including HR Director across six different universities, primarily in London, including the Royal Veterinary College, School of Oriental and African Studies, and the London School of Hygiene & Tropical Medicine. Peter has also undertaken interim roles at institutions such as the University of Derby, Kingston University, and the University of Sussex and has contributed his skills and knowledge to the healthcare sector, serving previously as the interim Director of HR & OD at Camden & Islington NHS Foundation Trust.

Neil Darvill, Chief Digital Information Officer (non-voting) (from 1 June 2023, this role became a joint role sitting on the Boards of both NBT and UHBW)
Neil has Board level responsibility at North Bristol NHS Trust and UHBW and has over 30 years' experience working in healthcare environments. Neil is responsible for setting and driving forward the IM&T Strategy at the two Trusts and developing key partnerships with suppliers and customers alike to ensure targets and expectations are met, year on year.

Board and Committee Attendance 2024/25

The Trust Board discharged its duties during 2024/25 in 15 public and private meetings and through the work of its committees. The table below shows the membership and attendance of Board members at meetings of the Trust Board and its committees. Where a column reads "N/A" that individual is not a member of the relevant committee (or was not a member of the committee for part of the year).

Board member	Trust Board X15	Audit & Risk X5	Finance & Performance X8	Quality x10	Nom & Rem X10	People & EDI x6	Charity X5	Patient & Carer Experience x4
Ingrid Barker (from 1 June 2024)	12/12	N/A	N/A	N/A	9/10	N/A	N/A	N/A
Kelvin Blake	14/15	5/5	6/8	N/A	7/10	6/6	4/5	4/4
Kelly Macfarlane	15/15	N/A	7/8	6/10	8/10	1/6	N/A	N/A
Richard Gaunt	15/15	5/5	6/8	N/A	9/10	N/A	5/5	N/A
Sarah Purdy	13/15	N/A	N/A	8/10	9/10	N/A	N/A	N/A
Jane Khawaja	13/15	N/A	N/A	N/A	6/10	5/6	N/A	4/4
Shawn Smith	13/15	5/5	N/A	10/10	9/10	N/A	N/A	N/A
Maria Kane	15/15	N/A	N/A	N/A	3/5	N/A	N/A	N/A
Tim Whittlestone	15/15	N/A	N/A	7/10	N/A	0/6	N/A	0/2
Neil Darvill	13/15	N/A	1/8	N/A	N/A	N/A	N/A	N/A
Glyn Howells	15/15	2/3	2/3	N/A	N/A	0/2	2/2	N/A
Steve Curry (until 14 March 2025)	11/13	N/A	5/7	6/9	N/A	N/A	N/A	N/A
Nicholas Smith (from	2/2	N/A	1/1	1/1	N/A	N/A	N/A	N/A

Board member	Trust Board X15	Audit & Risk X5	Finance & Performance X8	Quality x10	Nom & Rem X10	People & EDI x6	Charity X5	Patient & Carer Experience x4
14 March 2025)								
Steve Hams	12/15	N/A	N/A	9/10	N/A	4/6	4/5	4/4
Peter Mitchell (from 2 April 2024)	12/15	N/A	N/A	N/A	N/A	6/6	3/5	N/A
Elizabeth Poskitt (from 1 Oct 2024)	6/6	2/2	3/4	N/A	N/A	2/3	3/3	N/A

Fit and Proper Persons (FPPR) Requirements

The Trust has a policy for Fit and Proper Persons and as part of this policy, FPPR checks have been completed for all Board members. Appropriate checks are cross-referenced with the Disqualified Directors Register on the Companies House website on an annual basis. It can be confirmed that as at the date of this report, none of the above-mentioned Board members appeared on the Disqualified Directors' Register.

Code of Governance for NHS Provider Trusts

2024/25 is the second year where the Code of Governance for NHS Provider Trusts (the Code) applies to North Bristol NHS Trust. The Code sets out a common overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and the development of integrated care systems. We have applied the principles of the Code on a "comply or explain" basis.

The Trust Board considers that it was fully compliant with the provisions of the Code in 2024/25, noting the comments below on the independence of Non-Executive Directors.

All of the Non-Executive Directors are considered to be independent in character and judgement. The Code states that at least half of the board of directors, excluding the chair, should be non-executive directors who the board considers to be independent. Among the circumstances that are likely to impair, or could appear to impair, a non-executive director's independence listed in the code is if the individual "is an appointed representative of the trust's university medical or dental school".

NBT is limited by its Establishment Order to having six non-executive directors (in addition to the Chair) and five executive directors. One of its non-executive directors must be appointed from the University of Bristol. The Trust Board considers this non-executive director (Jane

Khwaja) to be independent, as they have been in post for less than six years, and they bring a wide range of expertise to the Board, not simply the perspective of the University of Bristol.

The Trust Board is committed to the highest standards of good corporate governance and follows an approach that complies with the Code through the arrangements that it puts in place for its governance structures, policies and processes and how it will keep them under review. These arrangements are set out in documents that include:

- Standing orders
- Standing financial instructions
- Schemes of delegation and decisions reserved to the Board
- Terms of reference for the Board's Committees
- Role descriptions for employees including Executive Directors
- Codes of conduct for staff and Board members
- Annual declarations of interest
- The Annual Governance Statement.

Board members undertake an annual appraisal process to ensure that the Board remains focused on the patient and delivering safe, high quality, patient centred care.

The Trust Board is accountable to stakeholders for the achievement of sustainable performance and the creation of stakeholder value through development and delivery of the Trust's long-term vision, mission and strategy. The Board ensures that adequate systems and processes are maintained to deliver the Trust's annual operational plan, deliver outstanding patient experience and safe, high-quality healthcare, to measure and monitor the Trust's effectiveness and efficiency and seek continuous improvement and innovation. The Board delegates some of its powers to committees of Directors or to an Executive Director and these matters are set out in the Trust's scheme of delegation. There are specific responsibilities reserved by the entire Board, for example, approval of the Trust's long-term objectives; annual operating and capital budgets; the Board's overall 'risk appetite' and tolerance thresholds, etc.

Audit & Risk Committee

Members of the Trust's Audit & Risk Committee in 2024/25 have been:

- Shawn Smith, Non-Executive Director (Committee Chair)
- Richard Gaunt, Non-Executive Director
- Kelvin Blake, Non-Executive Director.

External Auditors

The Trust's auditors are Grant Thornton. During the financial year there was expenditure of £134,400 (including VAT) for statutory audit services to the Trust.

In order to ensure that the independence and objectivity of the external auditors is not compromised, they are not engaged to undertake other non-audit work for the Trust. The Audit Committee meets as an Auditor Panel on an ad-hoc basis to oversee the appointment or re-

appointment of both the internal and external auditor arrangements. The current contractual arrangements for external audit services expire in 2026 and will be re-tendered during that financial year.

The Trust also spent £17,520 (including VAT) with Albert Goodman who are the auditors for the Southmead Hospital Charity (North Bristol NHS Trust Charitable Funds). The Charity's audit fee is paid directly from the Charity bank account.

Board effectiveness and development

The Boards of NBT and UHBW have been engaged throughout 2024/25 in reviewing the effectiveness of both Boards, and all Board committees, and aligning the Board and committee arrangements, and terms of reference, as part of the two Trusts' closer collaboration and move towards a Hospital Group (which takes effect in April 2025). 2025 will see ongoing and continuous review of these arrangements, as the Group develops further. A number of Board Development away days were held (by NBT, by UHBW, and jointly) during 2024/25 as part of the development of the Hospital Group.

Well-Led Services

The most recent full CQC inspection in September 2019 identified the trust as "Good" overall and "Outstanding" when assessed against the CQC's well-led framework.

The CQC undertook a targeted inspection of Maternity Services in November 2023 as part of the national Maternity inspection programme (which inspected the Well-Led and Caring domains). The service at NBT maintained its "Good" status overall. The CQC rated the Maternity Service's Well-Led domain as "Good" and increased the Safe domain rating to "Good" from "Requires Improvement". The overall rating for Southmead Hospital and the Trust, which runs the hospital and its maternity services, remain rated as "Good".

Fraud, Bribery and Corruption

The Trust's Counter Fraud & Corruption Policy sets out the arrangements the Trust maintains to deter, prevent, detect, and investigate instances of fraud, corruption and bribery carried out against the Trust and the wider NHS.

The Trust retains a qualified Local Counter Fraud Specialist (contracted from ASW Assurance during 2024/25) who ensures that the annual plan of proactive work minimises the risk of fraud within the Trust and is fully compliant with NHS Counter Fraud Authority counter fraud standards for providers. Proactive reviews were commenced in the areas of Due Diligence and Contract Management during 2024/25 (and are continuing into 2025/26), alongside additional work related to the implementation of the Procurement Act (effective 24 February 2025) and the roll-out of the new procurement system, SAP Ariba.

Counter fraud reports are presented to the Audit & Risk Committee at each meeting.

Annual Governance Statement

Maria Kane, Joint Chief Executive

Scope of responsibility

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

The purpose of the system of internal control

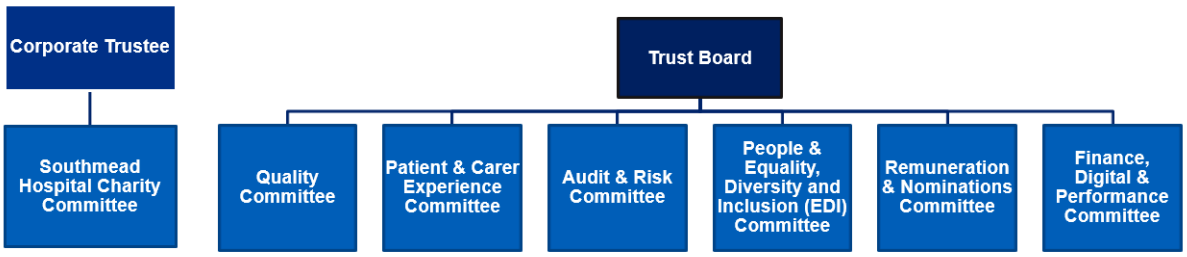
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North Bristol NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North Bristol NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Governance Framework

The Trust Board maintains overall accountability for the effectiveness of the Trust's system of internal control. It delegates elements of its responsibility to its various Committees. In 2024/25 it primarily discharged this responsibility through the receipt and review of:

- Regular reports on the Board Assurance Framework and Trust Level Risks ensuring key risks were identified and controls or assurance gaps were being addressed,
- Regular upward reports from its Committees, including assurance that the Committees were reviewing relevant strategic and operational risks and associated controls and actions at each meeting,
- An Integrated Performance Report providing internal assurances at monthly intervals on quality, finance, activity and workforce measures and other quarterly and six-monthly measures on quality and safety, clinical governance and safe staffing,
- Various deep-dive reviews of key operational and performance pressures at Trust Board and Committee meetings, and
- External assurance sources, including the External Auditor's review of financial year-end accounts and value-for-money (VFM) commentary, formal and informal visits/inspections from the CQC, and other external regulators as relevant.

Approved terms of reference for each of the Board's Committees are available on the Trust's website (https://www.nbt.nhs.uk/about-us/trust-board/committee-terms-reference) and the formal Board Committee structure on 31 March 2025 is set out below:



As Accountable Officer, the Chief Executive also convenes a formal meeting of the Executive Management Team which:

- Oversees the operational management and performance of the Trust and the delivery of objectives set by the Board,
- Makes management decisions on issues within the remit of the Executive Directors, and
- Supports individual Executive Directors to deliver their delegated responsibilities by providing a forum for briefing, exchange of information and resolution of issues.

This Executive Management Team is joined regularly by the Clinical Directors of the Trust's five Clinical Divisions, and works alongside the Senior Leadership Group, which supports the Executive Directors to deliver their accountabilities through providing a forum for engagement with senior leaders across the organisation in relation to clinical and organisational strategy, workforce, cultural change, the development of organisational change proposals, and significant operational issues requiring a whole-Trust response.

From 29 July 2024 I was appointed as the Joint Chief Executive across both North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), and I delegated the day-to-day operational management oversight of North Bristol NHS Trust to an Interim Hospital Managing Director who leads the Executive Management Team meeting on my behalf.

Hospital Group Model

In December 2023 North Bristol NHS Trust and UHBW announced their decision to move to a Joint Chair and Joint Chief Executive and the strategic intention to form an NHS Group. These changes will be crucial to unlocking significant benefits for our patients, our population, our people and the public purse.

Work on developing the NHS Group model has progressed during 2024/25, with our Joint Chair taking up post on 1 June 2024. From 29 July 2024 I was appointed as the Joint Chief Executive. We have worked with a strategic partner to develop a comprehensive governance and accountability framework and group operating model, which will launch in early 2025/26.

During 2024/25 the Boards of North Bristol NHS Trust and UHBW began meeting in common, first informally as part of the development of the group model, and then more formally, with the first formal meeting of the Boards in-common in public scheduled for April 2025. The Nominations and Remuneration Committees met in-common throughout 2024/25 as required to consider matters relevant to any joint executive leadership roles.

Further details of the NHS Group governance and model will be reported in 2025/26.

Quality Governance

The Trust is fully compliant with the registration requirements of the CQC and maintains an active dialogue with the local inspection team to address any specific issues raised during the year and to facilitate in-year monitoring and engagement visits.

The Trust has progressed a range of quality improvement initiatives as set out within the Trust's Quality priorities 2024/25, approved by the Quality Committee and Trust Board and aligned to the related Patient First Strategic objectives under 'Outstanding Patient Experience and 'Quality & Safety.' Specific improvement projects during the year aligned to these objectives include:

- Enhanced approaches to patient and carer feedback – using Artificial Intelligence (AI) digital technology for high volume digital feedback via FFT and other surveys and open 'patient conversations' with patients for immediate insight and improvement at ward level.
- Extending high quality Shared Decision Making (SDM) conversations across surgical pathways and tailoring consent forms to specific treatment types to enhance and evidence those discussions.
- Develop, approve and commence implementation of a Mental Health Strategy in collaboration with system partners.
- Refresh of Urgent & Emergency Care Programme for 24/25 and implementation of priority schemes focusing on two key workstreams – Front door and Flow & Discharge, to support timeliness of ambulance handover.
- Aligning to national target to move to 70% for combined cancer pathway target for patients receiving treatment within 62 days, with a particular focus on Urology, Gynaecology and Skin pathways
- Implement Patient Safety Incident Response Plan priorities (Board approved Nov 23):
    - Inpatient falls
    - Medication Safety – with a particular focus on reducing allergy related incidents
- Responding well to clinically changing conditions, with the establishment of an Acute response Team to enhance identification, support and management of patient deterioration and implementation of Martha's Law in line with national requirements.
- Implementation of Learning from Patient Safety Events (LfPSE) national reporting requirements.
- Establishing and progressing Mortality Improvement Programme - in collaboration with Medical Examiner Service & UHBW Foundation trust

- Reducing Health Inequalities – driving priorities set through the Health Inequalities Steering Group, such as Tackling Tobacco dependency, improving data quality (demographics), Enhancing understanding the needs of priority inclusion groups.

Delivery of these improvement initiatives has been overseen via bi-monthly reporting through the Trust's Senior Leadership group (Patient First priorities) and on a quarterly basis through the Trust's Quality Committee, and the Trust has recorded successful delivery against key improvement measures.

Monthly divisional performance review meetings continued throughout 2024/25, allowing Executive Directors to check and challenge key quality and safety matters, as well as overarching operational performance at a divisional level.

Throughout the year Executive Director-led quality committees have continued to operate as follows:

- Clinical Effectiveness & Outcomes Group
- Patient Safety Group
- Safeguarding Committee
- Control of Infection Committee
- Drugs and Therapeutics Committee
- Patient and Carer Experience Group
- Learning Disability/Autism Steering Group
- End of Life Care Steering Group.

The first five groups listed above provided assurance into the Quality Committee and the final three groups into the Patient & Carer Experience Committee, both chaired by a Non-Executive Director. These committees seek assurance from Executive Directors and teams and provide assurance to the Trust Board based upon the business conducted within those meetings.

Independent quality assurance is provided through the Trust's Internal Audit programme, as well as external agency reviews. The outcomes of Internal Audit reviews are reported to the Audit & Risk Committee but also to Quality Committee and into the Executive-led quality committees outlined above where appropriate. Quality-related internal audits in 2024/25 included a review of risk management processes and Patient Safety Incident Response (PSIRF).

Overall delivery against the Trust's Quality Priorities for 2024/25 and across a wider range of quality indicators and workstreams is set out within the Trust's Quality Account for 2024/25, including external stakeholder feedback, in line with Quality Account regulations.

Capacity to handle risk

As designated Accountable Officer, the Chief Executive has overall accountability for risk management in the Trust. The Chief Nursing Officer is the Executive Director with responsibility for risk management at Trust Board level. The corporate risk management function sits within the Corporate Governance Team under the leadership of the Director of Corporate Governance.

The Trust's risk management approach focuses on equipping staff to manage risk in a way that is simple and helpful, and appropriate to their authority and duties. The Trust ensures senior focus on key risks using:

- The descriptor of "Trust Level Risk" (TLR). This is used to describe any risk that meets the risk appetite threshold for its related risk type as set by the Trust Board. The Trust Risk Register is made up of all TLRs,
- Executive Risk Sponsors (ERS) for all TLRs,
- Accountable Committees: these are Board Committees, with all TLRs mapped to an appropriate Accountability Committee for oversight.

Divisional quality governance forums review division-specific risks and escalate any proposed TLRs to a monthly Executive-led Risk Management Group (RMG). RMG has responsibilities in relation to effective risk management and sharing learning between different areas, pulling together senior representatives from clinical divisions and corporate functions as well as members of the Executive Team. The wider senior leadership continue to review TLRs at the monthly Executive Assurance Forum, receiving a summary report from the Risk Management Group.

During 2024/25 work has commenced on aligning North Bristol NHS Trust and UHBW risk management processes, with a view to more aligned working as part of the emerging NHS Group. This work will deliver in 2024/25, with an aligned "Group Board Assurance Framework" being presented to the Boards in April 2025 for consideration and approval.

Accountable committees

The overall responsibility for managing risk remains with the Chief Executive and assurance on risk management is provided to the Board through the Audit & Risk Committee, chaired by a Non-Executive Director. The Board maintains oversight of the risk management system and reviews the Board Assurance Framework alongside the TLRs on a regular basis.

Approved subject-specific TLRs are also reported to other key Accountable Committees as appropriate, and when deemed necessary or important, these are highlighted to Trust Board via committee reports. Relevant risks, including TLRs are also monitored via Executive-led groups such as the Health and Safety Committee and the Operational Management Board.

Risk appetite and tolerance thresholds

The Board re-affirmed its risk appetite position in May 2024. Ongoing challenge and review of risk appetite/tolerance forms part of the discussion at Board and Committees when reviewing TLRs, and any recommendation on changing risk appetite/tolerance is referred to Trust Board for ratification. The Board's tolerance for risk informs the threshold for a TLR. The Head of Risk Management reviews the risk register to identify risks common across more than one division and makes recommendations to Risk Management Group when it is appropriate to aggregate separate risks and assess them as one.

The risk and control framework

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.

Risk management at NBT 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. Similarly, equality impact assessments and sustainability impact assessments are also utilised, particularly via the organisation's business case approval processes, to identify risks and interdependencies. Discussions of new and emerging risks form a key part of the Trust's governance/committee framework.

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 acted upon by the Trust and this is overseen by the Audit & Risk Committee. The 2024/25 Internal Audit review of risk management concluded "satisfactory assurance".

Board assurance framework

The Board Assurance Framework (BAF) defines and assesses the principal strategic risks to the Trust's objectives and sets out the controls and assurances in place to mitigate these.

Each of the risks in the BAF have been aligned to the objectives within the Trust's strategy, have their unmitigated, mitigated and target risk scores reported, and information showing the anticipated changes in rating over time. Gaps or areas where controls can be improved are identified and are translated into actions.

The BAF is reviewed by Trust Board and its Committees on an ongoing cycle alongside TLRs, with key risk changes highlighted, and updates provided on any ongoing actions to improve risk control and mitigation.

The BAF is used to help inform the Internal Audit work programme, and audit outcomes are used to inform further actions, or are used by the Board as part of its assurance process, that the risk is adequately controlled. The risks are also used to inform the work programmes of the Committees to ensure they are focusing on the key risks to the delivery of the Trust's strategy.

Risks to data security

Risks to data security are managed by the Informatics Division (IM&T). Internally, any risks to Trust data can be raised on the Trust's risk register which, depending on risk type and score, may be reported to an Accountable Committee. Cyber Security is also a risk on the BAF,

ensuring that visibility of this key risk remains high. On a day-to-day basis, monitoring is in place to ensure any unusual digital activity can be reported by staff to the IT Service Desk to investigate further, e.g., virus risks, phishing attacks etc. IM&T also monitor network security boundaries to pick up and block any suspicious activity.

Externally, IM&T are an active member of the National Cyber Security Centre (NCSC) Cyber information sharing partnership (CiSP) which is a national forum for sharing security incidents and receiving advice and support. IM&T are subscribers to the NHS England CareCERT initiative and receive regular security advice and guidance on how to update our IT systems and prevent unauthorised access to our data. The Trust actively supports NHS England and other regulatory bodies in their Cyber Security planning through supplying additional evidence and assurance sourced from the Trust's Data Security & Protection Toolkit which is also managed by the IM&T Division.

Continual improvement in our data security is also addressed through regular external cyber security audits and technical vulnerability testing, a programme of decommissioning end-of-life IT infrastructure, and advisory recommendations from the Information Commissioner's Office (ICO).

In 2024/25 the internal audit rating of the Trust's Data Security and Protection Toolkit assessed the overall risk across all five Cyber Assessment Framework objectives as "very low" and overall confident level in the veracity of our self-assessment as "high".

The organisation's major risks

During 2024/25 the following strategic risks have been tracked on the BAF and monitored via the Accountable Committees and Trust Board:

Strategic risk: Patient flow & Ambulance Handovers
Due to a combination of factors, primarily high number of patients with no criteria to reside, but also including constrained community and primary care capacity and workforce pressures, the flow of patients across the hospital is constrained. This results in delays to key targets within the Emergency Zone, including the timely treatment of patients and delayed ambulance handovers. In turn this has the potential to result in patient harm, poor patient experience, and reputational damage to the Trust. Note: Elements of this risk are outside of the Trust's direct control – actions are focused on those areas that are within the organisation's influence.

Key management and mitigation actions:
This has remained a high scoring risk and has in effect been managed as a live issue through much of the year. Mitigation actions have involved the ongoing use of a dynamic risk assessed approach to pre-emptive transfers out of the emergency department, engagement with system and regional partners to reduce hight numbers of patients with no criteria to reside and the use of winter pressure funding mechanisms to create additional capacity at times of pressure.

This remains a significant strategic risk moving into 2025/26.

Strategic risk: Long waits for Treatment
The impact of the Covid-19 pandemic, together with high numbers of patients with no criteria to reside, workforce/skills shortages, and complex clinical pathways, has resulted in a demand/capacity gap in cancer services, diagnostics, and planned care. This has the potential to result in long-waiting patients deteriorating and coming to harm, poor patient experience, and reputational damage to the Trust.

Key management and mitigation actions:
This has remained a high scoring risk and has in effect been managed as a live issue through much of the year. Mitigation actions have involved the ring-fencing of elective capacity that has been maintained even during the times of most pressure over the winter period, the implementation of agile and responsive infection control arrangements and focused improvement programmes for key services. The Trust has also contracted with InHealth and opened a Community Diagnostic Centre in BNSSG, and a new Elective Care Centre will come online in 2025 and form part of the longer-term mitigation for this risk.

Strategic risk: Workforce
Due to healthcare workforce shortages at a national level, exacerbated by the local high cost of living, workforce demand is outstripping supply in key areas, including nursing, midwifery, and specialist consultant roles. This gives rise to the risk of:

- Increased workload intensity leading to staff turnover,
- Uncontrolled spend on expensive agency/temporary staff,
- Increase in recruitment activity and associated costs,
- Poor staff morale, and
- Poor patient safety & experience.

Key management and mitigation actions:
Workforce availability has remained among the organisation's top risks in 2024/25. Mitigations include international recruitment, staff wellbeing offerings, system-wide recruitment campaigns, flexible working offers, a "faster, fairer recruitment" programme, and increased use of trainees and apprenticeships.

Strategic Risk: Retained Estate
Parts of the retained estates are ageing and approaching the point where significant refurbishment is required. Without decant facilities or alternative provision this work cannot be undertaken in a proactive manner, exposing the Trust to the risk of unplanned service failure, and associated degradation of patient safety, operational performance, and patient/staff experience.

Key management and mitigation actions:
Careful prioritisation of the Trust's capital programme and a preventative maintenance programme are key elements of the Trust's mitigation of this risk. While the new Elective Care Centre (coming online in 2025) is intended to provide additional activity, longer-term it will provide decant facilities, freeing up retained estate for crucial improvement works.

Strategic risk: Cyber Security
A significant cyber-attack may result in the loss of all Trust IT systems for an extended period leading to a failure of business continuity and the inability to treat patients.

Key management and mitigation actions:
Mitigations have included ongoing hardware and software upgrades, increased monitoring, and system/national engagement to ensure best practice. This is an ongoing focus for the IM&T Division at all times.

Strategic risk: Underlying Financial Position
There is a risk that if the Trust does not deliver its planned financial position sustainably, and reduce its underlying deficit, it will be subject to increased regulatory intervention. This may include a loss of decision-making autonomy, increased scrutiny, and increased reporting requirements.

Key management and mitigation actions:
Mitigating actions in 2024/25 have included an Executive-led Financial Sustainability Board, the implementation of enhanced procurement and workforce controls, a focus on financial management in divisional review meetings, and engagement in a more system-focused approach to planning and funding allocation, as well as adoption of the NHSE Grip and Control Framework.

Many of the themes arising from the strategic risks outlined in the table above have also been present within the organisation's TLRs during 2023/24. Top risk themes have remained consistent:

- **Patient Safety risks** linked to delays in access to care,
- **Service Delivery risks** linked to medical workforce shortages and retained estate,
- **Performance risks** linked to long waits for planned treatment,
- **Facilities risks** particularly across the retained estate, including drains, electrical infrastructure, ventilation, chillers, and community site connectivity,
- **Finance risks** linked to inflation and the limited capital funding available for equipment replacement and estates work.

Principal risks to compliance with the NHS provider licence section 4 (governance)

Section four requires the Trust to apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of healthcare services to the NHS and to have regard to guidance on good corporate governance, guidance on tackling climate change and delivering net zero emissions, and guidance on digital maturity.

The Trust has not been subject to any enforcement action from NHS England in 2024/25 and does not anticipate being subject to such action in 2025/26. A self-certification exercise was completed in May 2024 which included a review of evidence of compliance with NHS Provider Licence Section 4. The Board confirms its compliance with the NHS Provider Licence conditions monthly via the Integrated Performance Report.

Like many NHS organisations, the Trust is not currently achieving several of the national constitutional standards including the four-hour standard in ED and the 18-week RTT standard for planned care. Failure to achieve these standards represents the main risk to the Trust's compliance with its obligations to operate efficiently, economically, and effectively; however, as the Trust has so far achieved or exceeded its operational recovery and improvement trajectories set nationally by NHS England, it does not consider this risk to be significant.

Workforce safeguards

The Board receives a regular report on Nursing and Midwifery staffing, providing assurance that the Trust has a clear validated process in place for monitoring and ensuring safe staffing in line with current national recommendations and is compliant with the 'Developing Workforce Safeguards' recommendations and the requirements of the National Quality Board (NQB).

The People and EDI Committee also received updates on safe nurse and midwifery staffing in May 2024 and a further update on midwifery staffing in November 2024. These set out the results of the Safe Nursing Care Tool (SNCT) (Shelford 2013) and the Midwife to Birth ratios as recommended and found within the Birthrate Plus ® tool. The People and EDI Committee provided assurance to Trust Board via its upward reports.

When completing these staffing reports, Divisional Directors of Nursing and the Director of Midwifery consider the results and triangulate the findings with professional judgement in reaching conclusions and making recommendations to the Chief Nursing Officer, who then makes recommendations to the Board.

The Trust's process for managing safe staffing on a daily basis is set out in a Safe Staffing Standard Operating Procedure to ensure consistency in the process of managing safe staffing and a clear process for the escalation of shifts. This articulates the triangulated approach to safe staffing that NQB require and ensures robust decision making for all staff around the safe care of our patients.

Twice-daily safe staffing meetings occur between Divisions, overseen by a Divisional Director of Nursing (or deputy) for the week, where real time data of actual staffing levels and patient acuity are reviewed, additional temporary staff booked as necessary and can be viewed, and staff redeployed as required to balance patient safety.

In line with the junior doctor contract the Trust's Guardian of Safe Working (GOSW) is responsible for ensuring that Postgraduate Doctors in Training have systems in place to report by exception, should there be any breach of safe hours limits, or if there are any other immediate safety concerns. This is reported through the Allocate Exception Reporting system which both Postgraduate Doctors in Training and Trust-appointed Clinical Fellows have access to in order to raise any concerns.

The GOSW produces monthly reports for Divisional Management Teams, allowing them to review and address any persistent breaches, as well as a report presented to the Trust Board three times a year.

The Trust continues to roll out e-Rostering and e-Job Planning for all staff, with the aim of providing transparent divisional and corporate oversight of efficient and effective staff deployment across the Trust. Monitoring and reporting of medical staff deployment is through the Medical Professionals Group. For other staff groups, this is done through our AHP Workforce Group and Nursing and Midwifery Workforce Group.

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

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

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

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust Board has overarching responsibility for ensuring that the organisation has appropriate arrangements in place to exercise its functions effectively, efficiently, and economically, and in accordance with the principles of good governance.

The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. The Trust produces an annual operating plan that is underpinned by plans produced by each division. The annual plan details how the Trust will utilise its resources throughout the year, identifies the principal risks to the delivery of the plan and any mitigations, and is supported by financial forecasting.

The Chief Finance Officer and their team work closely with divisional and corporate managers throughout the year to ensure that a robust annual budget is prepared and delivered, including through the Divisional Performance Review process and the Financial Sustainability Board.

The Trust is also closely engaged in ICS forums, including those forums focused on aligning and prioritising financial investment, to ensure that when exercising its functions, it plays its part in delivering the system duty to “breakeven” financially by not exceeding local capital and revenue resource limits set by NHS England.

The Finance, Digital and Performance Committee has received regular reports on the use of resources, both finance and otherwise, and seeks assurance on behalf of the Board. The reports provide detail on the financial and operational performance of the Trust and the delivery of cost improvement plans (CIP), highlighting any areas of concern.

In 2024/25 NHS England issued a “Grip and Control” checklist, which supports improved financial control. Recognising the challenging financial year that North Bristol NHS Trust faced in 2024/25 and will again face in 2025/26, the Trust has started to use the tools set out in the National Recovery Finance Playbook to support delivery of its financial plans. Additional oversight of the Trust’s financial performance has been provided via the Executive Management Team meetings acting as Finance Oversight Group, and via Grip and Control reports to the Audit and Risk Committee. This has all facilitated the delivery of a breakeven financial position in 2024/25.

Additional assurance on the Trust’s approach to economy, efficiency, effectiveness, and use of resources has been provided via internal audit, who have undertaken a review of Capital spend and expenditure controls. This review was commissioned following an unplanned capital overspend on a specific project and provided assurance that the Trust had implemented appropriate controls to ensure this did not occur again.

Information governance

Over the past 12 months, the Trust has self-reported three data security breaches via the Data Security and Protection Toolkit (DSPT). Two incidents involved the disclosure of personally identifiable information without appropriate verification, and one involved unauthorised access to such information. All three incidents were reported to the Information Commissioner's Office (ICO), which reviewed the cases and confirmed that no regulatory action would be taken against the Trust.

Data quality and governance

The Data Quality Tracker is a Trust-developed intelligence application used by Operations and Performance teams to measure, track, and resolve data quality issues. The Tracker is updated daily to prompt action across each Division. Division-specific data quality dashboards have been built and have been active since April 2024. The dashboards contain top data quality indicators linked to the main Data Quality Tracker to aid Divisional focus on issues to be reviewed and resolved. Individual targets and thresholds are set against each KPI. Progress is monitored regularly via Divisional Performance Review meetings, and each plan is presented quarterly at Executive-chaired Board sub-committees for assurance. National indicators of data quality are monitored monthly, and the Trust continues to outperform the national average in most categories. Where improvements are required, they are added to plans and the Data Quality Tracker.

Review of effectiveness

As Accountable 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 trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other 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 and its Committees, particularly the Audit and Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review of the effectiveness of the Trust's system of internal control has particularly been informed by the following:

- Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control (including but not limited to the Chief Operating Officer, the Chief Finance Officer, the Chief Nursing Officer and the Director of Corporate Governance) who provide me with assurance,
- The Board Assurance Framework and TLR reports and their regular review via the Trust Board's committees and the Board itself, as well as the Risk Management

Group and Executive Assurance Forum, provides me with evidence of the effectiveness of controls that manage the risks to the organisation achieving its strategic and operational objectives,
- Internal Audit, which provides me with an opinion about the effectiveness of the risk management framework ("satisfactory" assurance) and the internal controls reviewed as part of the Internal Audit plan,
- Engagement with, and inspection reports from, key regulators, particularly the CQC.

The Head of Internal Audit has provided me with an opinion (HIAO) for the period of 1 April 2024 to 31 March 2025 of "satisfactory assurance", confirming that: "Largely there is a sound system of internal control, designed to meet the Trust's objectives, and controls which are generally being applied consistently. Weaknesses in the design and/or inconsistent application of controls in some areas put the achievement of particular objectives at risk."

My review is also informed by External Audit opinion.

In addition to the above, the processes outlined below are well established and ensure the effectiveness of the systems of internal control and data quality through:

- Board Committees' review of the Trust Level Risks, and divisional/directorate review of their own specific risk registers
- Review of patient safety incidents and learning by the Executive Incident Review Meetings and the Patient Safety Committee
- Clinical Audits
- National Patient and Staff Surveys
- The Trust's ongoing engagement with the CQC and other regulators.

Conclusion

My overall conclusion is that, taking into account the items referred to above and the various mitigations put in place, there is an adequate system of internal control in place, which is designed to manage the key organisational objectives and minimise the Trust's exposure to risk. Reflecting on the guidance provided by NHS England on determining significant internal control issues, I do not consider there to have been any significant internal control issues in 2024/25.

Signed……...

Chief Executive Date: 25 June 2025

PART 3 - Remuneration Report

Salary and Pensions entitlements of senior managers 2024/25 – Subject to Audit

Remuneration of senior managers

Name and title	2024/25						2023/24					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits, (bands of £2,500)	(f) Total (a to e) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) Total (a to e) (bands of £5,000)
Non-Executive Directors												
Michele Romaine – Chair, Left June 2024	15-20	1,600	0	0	0	15-20	60-65	4,400	0	0	0	60-65
Ingrid Baker – Joint Chair with UHBW, joined June 2024*	35-40	1,300	0	0	0	35-40						
Kelvin Blake - Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Kelly Macfarlane - Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Sarah Purdy - Vice Chair**	20-25	0	0	0	0	20-25	10-15	0	0	0	0	10-15
Richard Gaunt- Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Jane Khawaja - Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Omar Mashjari – Associate Non-Executive, left April 2024	0-5	0	0	0	0	0-5	5-10	0	0	0	0	5-10
Darren Roach – Associate Non-Executive Director, left April 2024	0-5	0	0	0	0	0-5	5-10	0	0	0	0	5-10
Shawn Smith – Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Tim Gregory – Associate Non-Executive Director, left December 2023							10-15	0	0	0	0	10-15

* Ingrid Baker started as Joint Chair of North Bristol and University Hospitals Bristol & Weston on 1 June 2024, her total remuneration for the period is in the bracket £75k-£80k. NBT is only responsible for 50% of Ingrid Baker's remuneration as per the agreement between both Trusts.

** On 1st October 2024 Sarah Purdy became Vice Chair.

Name and title	2024/25						2023/24					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits, (bands of £2,500)	(f) Total (a to e) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) Total (a to e) (bands of £5,000)
Executive Directors												
Maria Kane- Joint Chief Executive, joint with UHBW from July 2024*	195-200	1,200	10-15	0	0	210-215	270-275	18,200	10-15	0	0	300-305
Tim Whittlestone - Chief Medical Officer**	295-300	0	0	0	27.5-30	325-330	250-255	0	0-5	0	0	250-255
Steve Curry- Chief Operating Officer	235-240	0	0	0	145.5-147	385-390	205-210	18,000	15-20	0	0	245-250
Steve Hams- Chief Nursing Officer	175-180	0	5-10	0	0	185-190	165-170	0	5-10	0	0	175-180
Glyn Howells- Interim Hospital Managing Director***	175-180	5,000	15-20	0	75-77.5	275-280	150-155	8,100	15-20	0	0	180-185
Nicholas Smith - Interim Chief Operating Officer, started in role March 2025	5-10	0	0	0	90-92.5	95-100						
Corporate Directors												
Neil Darvill – Chief Digital Information Officer - joint with UHBW ****	95-100	0	0	0	20-22.5	115-120	100-105	0	0-5	0	87.5-90	190-195
Elizabeth Poskitt – Interim Chief Financial Officer, started in role October 2024	75-80	0	0	0	95-97.5	170-175						
Peter Mitchell – Interim Chief People Officer, joined April 2024	135-140	0	0	0	30-32.5	165-170						
Jacqui Marshall - Chief People Officer, left April 2024*****	130-135	0	25-30	0	0	155-160	185-190	0	15-20	0	0	200-205
Judith Gray – Interim Chief People Officer – Left 30 September 2023******							0-5	0	0-5	0	0	0-5

* Maria Kane became Joint Chief Executive of North Bristol and University Hospitals Bristol & Weston on 1 July 2024, her total remuneration for the period is in the bracket £340k-£345k. From 1 July 2025 NBT is responsible for 50% of Maria Kane's remuneration as per the agreement between both Trusts

**Tim Whittlestone includes an element of salary remuneration for his work as a consultant in the range of £100-115k

*** On 1 September 2024 Glyn Howells became Interim Hospital Managing Director, previously Glyn Howells was the Chief Financial Officer

**** Neil Darvill is Joint Chief Digital Information Officer of North Bristol & University Hospitals Bristol & Weston, his total remuneration for the period is in the bracket £250k-255k. NBT is responsible for 50% of Neil Darvill's remuneration as per the agreement between both Trusts.

***** Jacqui Marshall's remuneration includes an element of pay in lieu of notice and annual leave

******Judith Gray was an Interim Chief People Officer on secondment from Great Western Hospital, her total remuneration for the year is in the bracket £135-140k. NBT only covered an element of her remuneration as the arrangement was such that NBT covered the cost of backfilling additional roles. For a full year this additional cost would total an estimated in the £170-175k bracket.

For any part year post, the full value of the pension gain is included in the table

Salary

The following Director's salaries are based on part year as they joined the Trust or moved into a new role during the year:

Ingrid Baker

Peter Mitchell

Elizabeth Poskitt (previously Director of Operational Finance for the Trust)

Nicholas Smith (previously Deputy Chief Operating Officer for the Trust)

Pension Arrangements

Steve Hams and Jacqui Marshall chose not to be covered by the pension arrangements during the reporting year.

Maria Kane, Steve Curry, Steve Hams, and Jacqui Marshall chose not to be covered by the pension arrangements during the prior reporting year.

Expense Payments

Expense payments within the Trust largely relate to taxable mileage expenses, some telephone rental expenses and, where applicable, relocation expenses.

In 2024/25 Chief Executive Officer Maria Kane, Chief Operating Officer Steve Curry, Interim Hospital Managing Director Glyn Howells, and Interim Chief People Officer Peter Mitchell received in-year living allowance payments. In 2023/24 Chief Executive Officer Maria Kane, Chief Operating Officer Steve Curry, and Chief Finance Officer Glyn Howells received in-year living allowance payments. These are included within the salary costs.

Performance Pay and Bonuses

In 2024/25 Chief Executive Officer Maria Kane, Chief Nursing Officer Steve Hams, Chief People Officer Jacqui Marshall, and Interim Hospital Managing Director Glyn Howells received performance related bonus contributions, recognising the complexities of their roles and the deliverables strongly associated with the success of the Trust.

For Executive Directors, attainment and performance was reviewed by the Chief Executive Officer, and for the Chief Executive attainment and performance was reviewed by the Trust Chair.

In 2023/24 Chief Executive Officer Maria Kane, Chief Operating Officer Steve Curry, Chief Nursing Officer Steve Hams, Chief People Officer Jacqui Marshall, and Chief Financial Officer Glyn Howells received performance related bonus contributions, recognising the

complexities of their roles and the deliverables strongly associated with the success of the Trust.

NHS England and the Trust's Remuneration and Nominations Committee agreed the performance related bonuses as part of these Executive Directors' remuneration packages.

Pension Related Benefits

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Remuneration Policy

The Trust's approach to Remuneration Policy for Directors is in line with guidance issued by NHS England in order that directors' pay remains both competitive and provides value for money.

The Trust has a Remuneration and Nominations Committee that agrees the remuneration packages for executive directors.

Percentage change in remuneration of highest paid director – subject to audit

For the below calculations, where there is a sharing arrangement, it is the cost to the entity of an individual used to identify them as "highest paid".

For salary and allowances the percentage change in the highest paid director from 2023/24 to 2024/25 was an increase of 3.5% (2023/24: 9.5% increase). The average percentage increase for all other staff was 8.6% (2023/24: 1.6% increase).In 2024/25 the highest paid director's bonus decreased by 100% (2023/24: 66.7% increase). The average percentage increase in performance related bonuses for all other staff was 2.3% (2023/24: 8% increase).

For all taxable benefits, the percentage change from 2023/24 to 2024/25 for the highest paid director was a decrease of 1.7% (2023/24: 11% increase). The average percentage increase for all other staff was 6.9% (2023/24: 1.6% increase). ***(Taxable benefits are not subject to audit)***

Pay Multiples – Subject to Audit

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The annualised banded remuneration, excluding pension benefits, of the highest paid director in the organisation in the financial year 2024/25 was £295-£300k (2023/24: £300k-£305k). The relationship to the remuneration of the organisation's workforce is disclosed in the table below:

2024/25	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	29,502	41,922	53,028
Salary component of total remuneration (£)	25,674	36,483	46,148
Pay ratio information	11.1:1	7.8.:1	6.2:1
2023/24	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	29,618	42,087	54,212
Salary component of total remuneration (£)	24,336	34,581	44,544
Pay ratio information	10.2:1	6.9:1	5.2:1

In 2024/25 no employees (2023/24 one employee) received remuneration in excess of the highest-paid director. Remuneration ranged from £23,615 to £299,963 (2023/24: £22,383 to £326,766).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, taxable expenses but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. As a result, this figure does directly match the salary banding shown earlier in this report.

The highest paid director has changed from Maria Kane in 2023/24 to Tim Whittlestone in 2024/25 due to the change in Maria's role to Joint Chief Executive of North Bristol and University Hospitals Bristol & Weston as NBT is responsible for 50% of Maria's remuneration as per the agreement between both Trusts. If Maria's full remuneration been used for the calculations, then the percentage change in highest paid director would have been an increase of 12.2% and the ratio of highest paid director to the median employee remuneration value would be 8.2:1.

Pension Entitlements of senior managers – Subject to audit

2024-25 Pension Entitlements

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employer's contribution to stakeholder pension
	(Bands of £2,500)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)				
	£000	£000	£000	£000	£000	£000	£000	£000
Executive Directors								
Maria Kane – Chief Executive Officer	0	0	55-60	165-170	1,436	0	1,518	0
Glyn Howells – Interim Hospital Managing Director	2.5-5	0	30-35	0-5	446	68	566	0
Tim Whittlestone – Chief Medical Officer	0-2.5	0-2.5	75-80	230-235	1,769	53	1,948	0
Steve Curry – Chief Operating Officer	5-7.5	25-27.5	85-90	245-250	1,925	0	71	0
Nicholas Smith – Interim Chief Operating Officer	2.5-5	7.5-10	40-45	110-115	768	91	924	0
Corporate Directors								
Neil Darvill – Chief Digital Information Officer	2.5-5	0	80-85	210-215	103	39	172	0
Elizabeth Poskitt – Interim Chief Financial Officer	5-7.5	5-7.5	40-45	95-100	680	79	834	0
Peter Mitchell – Interim Chief People Officer	0-2.5	0	0-5	0-5	0	23	38	0

Steve Hams and Jacqui Marshall chose not to be covered by the pension arrangements during the reporting year.

As it is not possible to allocate pension gains to individual organisations, for roles shared between NBT & UHBW, the full value of the pension gain is included in the table.

2023-24 Pension Entitlements

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's contribution to stakeholder pension
	(Bands of £2,500)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)				
	£000	£000	£000	£000	£000	£000	£000	£000
Executive Directors								
Glyn Howells – Chief Finance Officer	0	0-2.5	25-30	0	377	10	446	0
Tim Whittlestone – Chief Medical Officer	0-2.5	0	70-75	210-215	1,580	0	1,769	0
Corporate Directors								
Neil Darvill – Chief Digital Information Officer	7.5-10	45-47.5	70-75	200-205	1,353	0	103	0
Judith Gray – Interim Chief People Officer	0-2.5	0	10-15	0	127	15	200	0

Maria Kane, Steve Curry, Steve Hams and Jacqui Marshall chose not to be covered by the pension arrangements during the reporting year.

Tim Whittlestone and Glyn Howells are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 scheme on 1 October 2023. This is a default position and may in some cases may have caused the value of the pension to fall when compared to 2022/23, however at pension age individuals will be able to choose which scheme is used to calculate this section of their pension. Negative values are not disclosed in this table but are substituted for a zero.

For roles shared between NBT and UHBW, the full value of pension gains is included in the table.

Past and present employees of the Trust are covered by the NHS Pension Scheme, details of this scheme are provided within the full accounts.

The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2024/25 NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in the accounts.

The tables of salary and pension entitlements of senior managers, including supporting notes, and the narrative notes relating to pay multiples are subject to audit.

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

Cash Equivalent Transfer Values

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2024. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2024 to 2025 CETV figures.

The pension benefits and related CETVs above do not include any potential future adjustments for eligible employees arising from the McCloud judgement. The McCloud judgement is a legal case concerning age discrimination over the manner in which UK public services pension schemes introduced an average earnings-based benefits scheme from 2015 for all but the oldest members, who retained a final salary benefit design.

Real Increase CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement.

Staff Report

Staff numbers and costs in the below report are subject to audit.

Staff Numbers

The Trust staff numbers are listed below. Senior Managers are listed as per the Remuneration Report.

	2024/25			2023/24
Average Staff Numbers	**Permanent**	**Other**	**Total**	**Total**
	Number	**Number**	**Number**	**Number**
Medical and dental	1,176	60	1,236	1,179
Administration and estates	2,323	163	2,486	2,315
Healthcare assistants and other support staff	1,581	264	1,844	1,778
Nursing, midwifery, and health visiting staff	2,780	226	3,006	2,917
Scientific, therapeutic, and technical staff	1,017	9	1,026	976
Healthcare Science Staff	619	21	640	697
Total	**9,497**	**742**	**10,238**	**9,862**
Of Which				
Staff engaged on capital projects	40	2	42	32

Staff Composition

	2024/25			2023/24		
	Male	Female	Total	Male	Female	**Total**
Board members	10	6	16	10	6	16
Other staff	2,607	6,953	9,560	2,484	6,824	9,308
Total	**2,617**	**6,959**	**9,576**	**2,494**	**6,830**	**9,324**
Total %	**27%**	**73%**		**27%**	**73%**	

Staff Costs

The table below shows staff costs:

	2024/25			2023/24
Staff Costs	**Permanent**	**Other**	**Total**	**Total**
	£000s	**£000s**	**£000s**	**£000s**
Salaries and wages	479,157	6,696	485,853	432,652
Social security costs	50,996	0	50,996	47,629
Apprenticeship levy	2,375	0	2,375	2,213
Pension cost - Employer's contributions to NHS pension scheme	57,248	0	57,248	51,369
Termination benefits	515	0	0	316
Temporary staff - agency/contract staff	0	8,889	8,889	23,352
Pension Cost – Employer contributions paid by NHSE on provider's behalf (6.3%)	37,434	0	37,434	22,358
Total gross staff costs	**627,725**	**15,585**	**643,310**	**579,889**
Capital Of which				
Costs capitalised as part of assets	**2,665**	**294**	**2,960**	**2,068**

Exit Packages – Subject to Audit

Reporting of compensation schemes – exit packages 2024/25

The Exit packages agreed by the Trust are as follows:

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £s	Number of other departures agreed	Cost of other departures agreed £s	Total numberof exit packages	Total cost of exit packages £s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £s
Less than £10,000	3	20,958	26	119,454	29	140,412	0	0
£10,000 - £25,000	4	61,089	8	134,891	12	195,980	0	0
£25,001 - £50,000	2	62,896	0	0	2	62,896	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	1	116,131	1	116,131	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	**9**	**144,943**	**35**	**370,476**	**44**	**515,419**	0	**0**

Note: *the expense associated with these departures may have been recognised in part or in full in a previous period*

Reporting of compensation schemes – exit packages 2023/24 (audited)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £s	Number of other departures agreed	Cost of other departures agreed £s	Total numberof exit packages	Total cost of exit packages £s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £s
Less than £10,000	1	3,333	31	104,393	32	107,726	0	0
£10,000 - £25,000	0	0	8	111,266	8	111,266	0	0
£25,001 - £50,000	1	36,667	2	60,240	3	96,907	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	**2**	**40,000**	**41**	**275,899**	**43**	**315,899**	0	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of the relevant contractual obligations and NHS Pensions scheme. Exit costs in this note are the full costs of departures agreed in the year. Where North Bristol NHS Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages in the year.

Note: *the expense associated with these departures may have been recognised in part or in full in a previous period.*

Exit Packages: Other (non-compulsory) departure payments

	2024/25		2023/24	
	Agreements	**Total value of agreements**	**Agreements**	**Total value of agreements**
	Number	**£000s**	**Number**	**£000s**
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	35	370	41	275
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**35**	**370**	**41**	**275**

Zero non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

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

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Sickness Absence Data and Pension Liabilities

	2024/25	2023/24
Total Days Lost	101,813	96,742
Total FTE Staff Years	9,457	8,903
Average working days lost per staff year	11	11

***Note**: Figures presented are per financial year. Pension liabilities are detailed within the accounts under Note 9. The policy note for pensions is presented under note 1.9 detailing how pension liabilities are treated in the accounts. Salary and pension entitlements of senior managers has been provided within the Remuneration Report.*

Trade Union Facility Time as at 31 March 2025

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017.

Under the Regulations, North Bristol NHS Trust is required to publish the following information relating to trades union officials and facility time.

Trades Unions and numbers of representatives	
Staff who are Union representatives	31
Staff who are Union representatives (H&S only)	3
Staff who are Union representatives with regular paid facility time	8
Unions (covering the above) BDA (British Dietetic Association) BMA (British Medical Association) CSP (Chartered Society of Physiotherapists) FCS (Federation of Clinical Scientists) GMB RCM (Royal College of Midwives) RCN (Royal College of Nurses) SOR (Society of Radiographers) UNISON Unite	

Relevant Union Officials	
What was the total number of your employees who were relevant union officials during the relevant period?	
Number of employees who were relevant union officials employed during the relevant period	Number of employees (WTE) in the organisation
31	8

Percentage of time spent on facility time for each relevant union official	
How many of your employees who were relevant union officials employed during the relevant period spent a) 0 - 50%, b) 51 – 99%, c) 100% of their time on facility time?	
Percentage of time	Number of employees
0 – 50%	27
51 – 99%	0
100%	4

Percentage of pay bill spent on facility time
What is the percentage of pay bill spent on facility time?
0.026%

Paid Trade Union activities
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials?
100%

Staff Policies applied during the year

The Trust has a range of Human Resources policies that support staff, which are available on the Intranet.

In respect of disability, the Trust's Recruitment and Selection Policy and Guidelines sets out its commitment to ensuring that all staff, including those who are disabled, are treated fairly and equitably in relation to the appointment processes.

The Trust is now a Disability Confident employer guaranteeing an interview for disabled applicants who meet the person specification and to ensure reasonable adjustments are made.

The Trust monitors its employment and policies to ensure actions are taken to avoid unlawful discrimination whether direct or indirect.

Expenditure on consultancy

Expenditure on consultancy services was £865,364 (2023/24 £154,882) during the year.

Off Payroll Arrangements

As part of the 'Review of Tax Arrangements of Public Sector Appointees' the Trust is required to disclose the number of non-payroll arrangements which existed at 31 March 2025 and what action has been taken in regard to their tax status since that date.

As per IR35 legislation, the responsibility for applying these rules rests with the employer. As a result of this all off-payroll arrangements, irrespective of value, have been assessed using the HMRC on-line tool and steps taken to ensure that tax and national insurance is deducted correctly in line with the results of the tool.

Existing off-payroll engagements as of 31 March 2025, for more than £245 per day

	2024/25 Number
Number of existing engagements as of 31 March 2025	6
Of which, the number that have existed	
for less than one year at the time of reporting	3
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Any off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245 per day

	2024/25 Number
Number of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	51
Of which	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	51
Number subject to off-payroll legislation and determined as out of scope of IR35	
Number of engagements reassessed for compliance or assurance purposes during the year	
Of which, number of engagements that saw a change to IR35 status following review	

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

	2024/25 Number
Number of off-payroll engagements of Board members, and / or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "Board members, and/or senior officials with significant financial responsibility", during the financial year.	20

North Bristol NHS Trust

Annual accounts for the year ended 31 March 2025

Contents

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust 3
Statement of Directors' responsibilities in respect of the accounts 4
Independent auditor's report to the directors of North Bristol NHS Trust 5
Consolidated Statement of Comprehensive Income 10
Statement of Financial Position 11
Statement of Changes in Equity 12
Statements of Cash Flows 14
Notes to the Accounts 15

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the 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 my letter of appointment as an Accountable Officer.

Signed  ..... Chief Executive

Date 25.6.2025

Statement of Directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.
-

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors 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 trust's performance, business model and strategy

By order of the Board

Name: Maria Kane

Signed: 

Position: Chief Executive
Date: 25 June 2025

Name: Neil Kemsley

Signed: 

Position: Chief Financial Officer
Date: 25 June 2025

Independent auditor's report to the directors of North Bristol NHS Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of North Bristol NHS Trust (the 'Trust') and its subsidiary (the 'group') for the year ended 31 March 2025, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statement of Changes in Equity, the Statements of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. 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 15 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 its expenditure and income for the year then ended;

have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 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 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 directors' 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 and 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 Trust to cease to continue as a going concern.

In our evaluation of the directors' 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 and 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 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 Trust and the group and Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' 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 directors 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, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. 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 requirements of the Department of Health and Social Care Group Accounting 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 and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting 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 Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or

we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 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 body incurring 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; or

we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 16 May 2025 we made a referral to the Secretary of State under section 30(b) of the Local Audit and Accountability Act 2014 in relation to North Bristol NHS Trust's ongoing breach of its cumulative breakeven duty for the five-year period ending 31 March 2025.

Responsibilities of directors

As explained more fully in the Statement of directors' responsibilities in respect of the accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine 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 directors are 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 they have been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of its 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 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 assurance committee, concerning the Trust's policies and procedures relating to:

the identification, evaluation and compliance with laws and regulations;

the detection and response to the risks of fraud; and

the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management , internal audit and the Audit and Risk Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

We assessed the susceptibility of the 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, revenue recognition and expenditure recognition. We determined that the principal risks were in relation to:

journal entries posted by senior officers, journals not authorised, large value manual journals towards and after year end and journals posted by super users; and

the significant accounting estimates in the financial statements, including those related to the year-end accruals.

The recognition of income from patient care activities and non-patient care activities.

Fraudulent expenditure recognition related to operating expenses

Our audit procedures involved:

evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;

journal entry testing, with a focus on large and unusual journals;

Testing payments made and invoices received in March, April and May 2025 to ensure these have been accounted for in the correct financial year.

Testing income received and invoices raised in March, April and May 2025 to ensure these have been accounted for in the correct financial year

challenging assumptions and judgements made by management in its significant accounting estimates in respect of property, plant and equipment valuations and significant accruals;

assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

testing a sample of patient care activities and non-patient care activities income transactions for compliance with the DHSC Group Accounting Manual 2024-25

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 ongoing breach due to its cumulative deficit, the potential for fraud in revenue and expenditure recognition and the

significant accounting estimates related to property, plant and equipment valuations and accrual. 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 engagement team included consideration of the engagement team's:

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 Trust operates

understanding of the legal and regulatory requirements specific to 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 and 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, expected financial statement disclosures and business risks that may result in risks of material misstatement.

The group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework**.**

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's responsibilities as the accountable officer of the Trust, the Chief Executive, as Accountable 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 Section 21(2A)(c) of the Local Audit and Accountability Act 2014 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 North Bristol NHS Trust for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 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 directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors 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 directors as a body, for our audit work, for this report, or for the opinions we have formed.

Peter Barber

Peter Barber, Key Audit Partner

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

Bristol

26 June 2025

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2024/25	2023/24	2024/25	2023/24
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	948,010	855,219	948,010	855,219
Other operating income	4	102,992	92,811	102,614	94,169
Operating expenses	7,9	(1,019,731)	(913,606)	(1,019,160)	(912,854)
Operating surplus/(deficit) from continuing operations		**31,271**	**34,424**	**31,464**	**36,534**
Finance income	11	3,627	4,627	3,405	4,364
Finance expenses	12	(64,210)	(109,897)	(64,210)	(109,897)
Net finance costs		**(60,583)**	**(105,270)**	**(60,805)**	**(105,533)**
Other gains / (losses)	13	155	234	82	-
Surplus / (deficit) for the year		**(29,157)**	**(70,612)**	**(29,259)**	**(68,999)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8	(1,920)	(3,617)	(1,920)	(3,617)
Revaluations	17	5,105	7,560	5,105	7,560
Total comprehensive income / (expense) for the period		**(25,972)**	**(66,669)**	**(26,074)**	**(65,056)**

The following information is not part of the Statement of Comprehensive Income and forms part of the notes to the financial statements. It has been included to show the Trust's financial performance as it is assessed for NHS purposes.

Reconciliation of SOCI to NHS England's "Control Total" for evaluation of the Trust's Financial Performance

Adjusted financial performance (control total basis):

Surplus / (deficit) for the period	(29,157)	(70,612)
Remove impact of consolidating NHS charitable fund	(102)	1,613
Remove net impairments not scoring to the Departmental expenditure limit	7,800	7,720
Remove I&E impact of capital grants and donations	600	(2,295)
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	72,710	109,718
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(51,821)	
Add back I&E impact of IFRIC 12 schemes on an IAS 17 basis		(46,125)
Adjusted financial performance surplus / (deficit)	**30**	**19**

Statement of Financial Position

		Group		Trust	
		31 March 2025	31 March 2024	31 March 2025	31 March 2024
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	14	12,818	15,126	12,818	15,126
Property, plant and equipment	15	552,926	512,443	552,926	512,443
Right of use assets	18	13,177	9,739	13,177	9,739
Other investments / financial assets	19	4,360	6,332	-	-
Receivables	22	1,073	1,063	1,073	1,063
Total non-current assets		**584,354**	**544,703**	**579,994**	**538,371**
Current assets					
Inventories	21	13,331	11,714	13,331	11,714
Receivables	22	49,526	49,594	49,212	49,842
Cash and cash equivalents	23	79,721	63,502	77,420	62,678
Total current assets		**142,578**	**124,810**	**139,963**	**124,234**
Current liabilities					
Trade and other payables	24	(123,143)	(96,091)	(123,028)	(95,941)
Borrowings	26	(25,179)	(23,626)	(25,179)	(23,626)
Provisions	27	(3,326)	(4,399)	(3,326)	(4,399)
Other liabilities	25	(11,749)	(14,405)	(11,749)	(14,405)
Total current liabilities		**(163,397)**	**(138,521)**	**(163,282)**	**(138,371)**
Total assets less current liabilities		**563,535**	**530,992**	**556,675**	**524,234**
Non-current liabilities					
Borrowings	26	(582,080)	(571,810)	(582,080)	(571,810)
Provisions	27	(1,276)	(1,328)	(1,276)	(1,328)
Other liabilities	25	(4,643)	(4,831)	(4,643)	(4,831)
Total non-current liabilities		**(587,999)**	**(577,969)**	**(587,999)**	**(577,969)**
Total assets employed		**(24,464)**	**(46,977)**	**(31,324)**	**(53,735)**
Financed by					
Public dividend capital		533,652	485,167	533,652	485,167
Revaluation reserve		75,080	71,895	75,080	71,895
Income and expenditure reserve		(640,056)	(610,797)	(640,056)	(610,797)
Charitable fund reserves	20	6,860	6,758	-	-
Total taxpayers' equity		**(24,464)**	**(46,977)**	**(31,324)**	**(53,735)**

Name Maria Kane
Signed 
Position Chief Executive Officer
Date 25 June 2025

Statement of Changes in Equity

Consolidated Statement of Changes in Equity for the year ended 31 March 2025

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**485,167**	**71,895**	**(610,797)**	**6,758**	**(46,977)**
Surplus/(deficit) for the year	-	-	(30,722)	1,565	**(29,157)**
Impairments	-	(1,920)	-	-	**(1,920)**
Revaluations	-	5,105	-	-	**5,105**
Public dividend capital received	48,485	-	-	-	**48,485**
Other reserve movements	-	-	1,463	(1,463)	**-**
Taxpayers' and others' equity at 31 March 2025	**533,652**	**75,080**	**(640,056)**	**6,860**	**(24,464)**

Consolidated Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**469,111**	**67,952**	**(376,695)**	**8,371**	**168,739**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(165,103)	-	**(165,103)**
Surplus/(deficit) for the year	-	-	(71,834)	1,222	**(70,612)**
Impairments	-	(3,617)	-	-	**(3,617)**
Revaluations	-	7,560	-	-	**7,560**
Public dividend capital received	16,056	-	-	-	**16,056**
Other reserve movements	-	-	2,835	(2,835)	**-**
Taxpayers' and others' equity at 31 March 2024	**485,167**	**71,895**	**(610,797)**	**6,758**	**(46,977)**

Statement of Changes in Equity for the year ended 31 March 2025

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**485,167**	**71,895**	**(610,797)**	**(53,735)**
Surplus/(deficit) for the year	-	-	(29,259)	**(29,259)**
Impairments	-	(1,920)	-	**(1,920)**
Revaluations	-	5,105	-	**5,105**
Public dividend capital received	48,485	-	-	**48,485**
Taxpayers' and others' equity at 31 March 2025	**533,652**	**75,080**	**(640,056)**	**(31,324)**

Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**469,111**	**67,952**	**(376,695)**	**160,368**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(165,103)	**(165,103)**
Surplus/(deficit) for the year	-	-	(68,999)	**(68,999)**
Impairments	-	(3,617)	-	**(3,617)**
Revaluations	-	7,560	-	**7,560**
Public dividend capital received	16,056	-	-	**16,056**
Taxpayers' and others' equity at 31 March 2024	**485,167**	**71,895**	**(610,797)**	**(53,735)**

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

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.

Statements of Cash Flows

	Note	Group 2024/25 £000	Group 2023/24 £000	Trust 2024/25 £000	Trust 2023/24 £000
Cash flows from operating activities					
Operating surplus / (deficit)		31,271	34,424	31,464	36,534
Non-cash income and expense:					
Depreciation and amortisation	7.1	26,241	25,993	26,241	25,993
Net impairments	8	7,910	8,407	7,910	8,407
Income recognised in respect of capital donations	4	(96)	(1,636)	(458)	(2,939)
Amortisation of PFI deferred credit		(77)	(77)	(77)	(77)
(Increase) / decrease in receivables and other assets		(122)	5,413	253	5,023
(Increase) / decrease in inventories		(1,617)	(1,665)	(1,617)	(1,665)
Increase / (decrease) in payables and other liabilities		23,647	(31,445)	23,647	(31,445)
Increase / (decrease) in provisions		(1,115)	(83)	(1,115)	(83)
Movements in charitable fund working capital		(222)	(149)	-	-
Other movements in operating cash flows		(33)	(72)	-	-
Net cash flows from / (used in) operating activities		**85,787**	**39,110**	**86,248**	**39,748**
Cash flows from investing activities					
Interest received		3,405	4,364	3,405	4,364
Purchase of intangible assets		(1,347)	(1,137)	(1,347)	(1,137)
Purchase of PPE and investment property		(64,775)	(48,364)	(64,775)	(48,364)
Sales of PPE and investment property		82	-	82	-
Receipt of cash donations to purchase assets		96	529	425	1,760
Net cash flows from charitable fund investing activities		2,045	1,243	-	-
Net cash flows from / (used in) investing activities		**(60,494)**	**(43,365)**	**(62,210)**	**(43,377)**
Cash flows from financing activities					
Public dividend capital received		48,485	16,056	48,485	16,056
Capital element of lease liability repayments		(1,840)	(1,863)	(1,840)	(1,863)
Capital element of PFI, LIFT and other service concession payments		(18,027)	(17,264)	(18,027)	(17,264)
Interest paid on lease liability repayments		(237)	(190)	(237)	(190)
Interest paid on PFI, LIFT and other service concession obligations		(37,677)	(37,099)	(37,677)	(37,099)
PDC dividend (paid) / refunded		-	2,702	-	2,702
Net cash flows from charitable fund financing activities		222	263	-	-
Net cash flows from / (used in) financing activities		**(9,074)**	**(37,395)**	**(9,296)**	**(37,658)**
Increase / (decrease) in cash and cash equivalents		**16,219**	**(41,650)**	**14,742**	**(41,287)**
Cash and cash equivalents at 1 April - brought forward		**63,502**	**105,152**	**62,678**	**103,965**
Cash and cash equivalents at 31 March	23.1	**79,721**	**63,502**	**77,420**	**62,678**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care 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.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The 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.

Note 1.3 Consolidation

The Trust is the Corporate Trustee to North Bristol Trust NHS Charitable Fund, also known as Southmead Hospital 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.

The accounting policies of the Charity are consistent with the Trust, with no variations against material balances.

The Charity's registered office is Southmead Hospital, Southmead Road, Bristol, which is also the Charity's principal place of business.

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.

Payment terms are standard reflecting cross government principles. Significant terms include payment within 30 days.

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) which replaced the National Tariff Payment System on 1 April 2023. 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. In 2024/25 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.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England and associate commissioners based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2024/25 fixed payments were set at a level assuming the achievement of elective activity targets within Aligned Payment and Incentive (API) contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and Advice and Guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 100% of the tariff price.

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 education and training

A large proportion of education and training income is received from Health Education England (which merged with NHS England as of 1 April 2023) to fund various undergraduate and postgraduate courses, as well as continuous professional development and training and education opportunities. Where education contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For multi-year contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. 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. If obligations are not met, the income would be deferred.

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. The objective of IAS 20 is to prescribe the accounting treatment for government grants and the disclosures about other government assistance. The Trust will recognise income when the grant conditions are met as set out by the funder when there is a potential clawback mechanism included within the terms.

NHS injury cost recovery scheme

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

Note 1.5 Other forms of income Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the 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 apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

National Employment Savings Trust

Where staff are not eligible for or opt out of the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST), as part of the auto enrolment into workplace pension schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were

most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

- Specialised buildings and attached land – depreciated replacement cost on a modern equivalent asset basis.
- Non-specialised buildings and remaining land - market value for existing use

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

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

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

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

Assets under construction are measured at cost and the value of high cost assets under construction is reviewed annually.

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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

De-recognition

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

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

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

Donated and grant funded assets

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

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

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

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM , are accounted for as 'on-Statement of Financial Position' by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income. Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Buildings, excluding dwellings	5	98
Plant & machinery	1	44
Transport equipment	2	10
Information technology	2	15
Furniture & fittings	1	31

Note 1.9 Intangible assets Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Information technology	4	7
Software licences	3	10
Licences & trademarks	5	7

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust 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 three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

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

Note 1.12 Financial assets and financial liabilities Recognition

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

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

Classification and measurement

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

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

Financial assets are classified as subsequently measured at amortised cost, or fair value through other comprehensive income.

Trade receivables that do not contain a significant financing component and are measured at the transaction price in accordance with IFRS 15 do not require to be initially measured at fair value.

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets and financial liabilities 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 and liabilities 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 and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive Income.

North Bristol Trust NHS Charitable Fund holds financial instruments measured at fair value through profit or loss.

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).

Expected credit losses are calculated and provided for based on different classes of financial asset. A detailed table of provision for debt losses is given in note 22.3.
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.

The Trust has not provided for any debts against DHSC organisations, in line with GAM 4.282-284.

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

Derecognition

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

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

Note 1.13 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.

The Trust as a lessee

Recognition and initial measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% 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 or other systematic basis. 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 a lessor

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

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

Finance leases

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

Operating leases

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk- adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
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:

	Inflation rate	Prior year rate
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 27.2 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 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 28, 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. [Accessed 19th May 2025]

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.

Note 1.18 Corporation tax

As an NHS Trust, North Bristol NHS Trust has determined that it is has no corporation tax liability.

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 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 1.21 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 1.22 Gifts

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

Note 1.23 Transfers of functions from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM. IFRS 17 will be applicable from 2025/26 and will be implemented retrospectively with a transition date of 1 April 2024 (restating comparatives).

The Trust's current contracts have been assessed for insurance components within the scope of IFRS 17 and no contracts have been identified as containing an insurance component.

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.

Note 1.26 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

An assessment of the Trust's Private Finance Initiative (PFI) scheme has been made and it has been determined that the PFI scheme in respect of the main hospital building should be accounted for as an on Statement of Financial Position asset under IFRIC 12. This is on the grounds that the Trust controls, or regulates through contract and key performance indicators, what services the PFI operator must provide with the property, to whom it must provide them and at what price. The Trust will control the residual interest in the building at the end of the contract term. The impact on the accounts is that the PFI buildings are included in the accounts as property, plant and equipment, and a financial liability is recognised relating to the remaining term of the PFI contract. This is referred to in note 1.8 of the accounting policy. The PFI assets are valued at £304,835 as at 31 March 2025, as per note 15.3.

The PFI assets have been valued net of VAT, as the VAT is recoverable. In the event of an instant rebuild requirement, the default position of the contract is that the PFI operator would reinstate the building, which would remain VAT recoverable. The PFI contract is in place until 30 September 2045 and therefore it is considered reasonable to assume VAT recovery for the foreseeable future. The impact of VAT if the decision had been made to value the assets gross of VAT would be an increase in the valuation of the asset by £61m. This is referred to in note 1.8 of the accounting policy.

The value of the PFI liability was £593,862k (2023/24 £585,583k), further details can be found in note 26.2.

The Group Accounting Manual provides flexibility to bodies to select the most appropriate valuation methodology, and as detailed in note 1.8, the Trust has chosen to value its land and specialised assets applying hypothetical Modern Equivalent Asset (MEA). An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. The MEA was applied to reflect the post pandemic view of a modern NHS estates in line with recently completed buildings.

Note 1.27 Sources of estimation uncertainty

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

Modern equivalent asset valuation of property - as detailed in note 1.8 items of property are periodically revalued to ensure that their book values are not materially different from their current values. During the year the District Valuation Service provided the Trust with a valuation of its land and building assets and an assessment of their remaining useful economic lives. Specialised assets and attached land are valued on a depreciated replacement cost basis using hypothetical modern equivalent assets (MEA). An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. The value of land and buildings held under this valuation method is £434,965k.

Future revaluations may result in further material changes to the carrying values of non-current assets. Many factors drive property values including BCIS (all price) Tender Price Index (TPI) and the BCIS Location Factor, as detailed in note 17. Based on sensitivity analysis for these factors, the value could vary to a range of -£13m (-3.5%) to +£7m (+1.8%).

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 2 Operating Segments

The Trust is managed by the Board of Directors, which is made up of Executive and Non-Executive Directors. The Non- Executive Directors bring expertise to the Trust and provide advice and challenge to the Executive Directors. The Executive Directors have responsibility for the day to day running of the Trust. The Board is therefore considered to be the chief operating decision maker of the Trust.

The Board receives regular reports on the financial performance and financial position of the Trust. These include a Statement of Comprehensive Income and a Statement of Financial Position, which are provided on a 'whole Trust' basis. It is therefore considered that the Trust has just one reportable segment, a healthcare segment. There are no other segments that constitute 10% or more of the Trust's operations. The Trust receives income from a number of healthcare commissioners, which are under the common control of the Department of Health and Social Care. The bodies involved are disclosed in note 34 to these accounts and the Trust's total income from patient care and other operating activities is disclosed in notes 3 and 4.

The Group also includes a subsidiary charity which undertakes a number of charitable activities which are healthcare related. The results and net assets of the Trust are separately reported throughout these accounts. For the Charity the transactions and balances included in the Group's results and Statement of Financial Position are summarised as follows:

	2024/25 £000s	2023/24 £000s
Income	1,841	1,477
Expenditure	571	752
Net assets	6,860	6,758

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2024/25 £000	2023/24 £000
Acute services		
Income from commissioners under API contracts - variable element*	175,853	150,379
Income from commissioners under API contracts - fixed element*	633,421	590,624
High cost drugs income from commissioners	77,024	71,658
Other NHS clinical income	5,786	5,037
All services		
Private patient income	2,635	2,807
National pay award central funding**	1,939	422
Additional pension contribution central funding***	37,434	22,358
Other clinical income****	13,918	11,934
Total income from activities	**948,010**	**855,219**

*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 [Accessed 19th May 2025]

**Additional funding was made available directly to providers by NHS England in 2023/24 and 2024/25 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.

***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.

**** Other NHS Clinical Income consists of two income streams –

1. Block income of £4,254k (£3,073k in 2023/24), which represents a fixed funding level for all non-API patient activity transacted by commissioning bodies, and;
2. Mass Vaccination project related income of £1,532k (£1,964k in 2023/24).

Note 3.2 Income from patient care activities (by source)	2024/25 £000	2023/24 £000
Income from patient care activities received from:		
NHS England	368,197	319,118
Integrated care boards	563,260	521,360
Non-NHS: private patients	2,635	1,731
Non-NHS: overseas patients (chargeable to patient)	1,481	1,076
Injury cost recovery scheme	2,935	3,301
Non NHS: other	9,502	8,633
Total income from activities	**948,010**	**855,219**

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

	2024/25	2023/24
	£000	£000
Income recognised this year	1,481	1,076
Cash payments received in-year	410	414
Amounts added to provision for impairment of receivables	1,130	979
Amounts written off in-year	562	738

Note 4 Other operating income

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Research and development	15,229	13,006	15,229	13,006
Education and training	28,995	26,611	28,995	26,611
Non-patient care services to other bodies	14,331	12,504	14,331	12,504
Income in respect of employee benefits accounted on a gross basis	7,625	7,864	7,625	7,864
Receipt of capital grants and donations and peppercorn leases*	96	1,636	458	2,939
Charitable and other contributions to expenditure **	-	143	1,101	1,675
Revenue from operating leases	1,815	2,002	1,815	2,002
Amortisation of PFI deferred income / credits	77	77	77	77
Charitable fund incoming resources	1,841	1,477	-	-
Car Parking income	2,030	2,056	2,030	2,056
Catering	2,026	1,800	2,026	1,800
Pharmacy Sales	29	16	29	16
Staff accommodation rental	86	115	86	115
Other income	28,812	23,504	28,812	23,504
Total other operating income	**102,992**	**92,811**	**102,614**	**94,169**

* In 2023/24 the Trust received the physical donation of a MRI machine worth £1,107k. In 2024/25 the Trust received £96k which related to £34k of charitable contributions towards clinical equipment and £62k of grant funding for a clinical trial. More information can be found in note 16.

** Includes donated inventories below the capitalisation threshold for covid response

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,844	188

Note 6 Operating leases - North Bristol NHS Trust as lessor

This note discloses income generated in operating lease agreements where no Trust selected is the lessor. There is no lease income recognised by the Charity, the below figures are for both Group and Trust.

Note 6.1 Operating leases income (Group)

The Trust has recognised income in year of £1,815k (2024/25) compared with £2,002k in the previous year (2023/24).

Note 6.2 Future lease receipts (Group)

	31 March 2025	31 March 2024
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	1,893	1,893
- later than one year and not later than two years	924	1,757
- later than two years and not later than three years	882	921
- later than three years and not later than four years	882	882
- later than four years and not later than five years	882	882
- later than five years	18,027	18,781
Total	**23,490**	**25,116**

Note 7.1 Operating expenses (Group and Trust)

	Group		Trust	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC bodies	8,002	824	8,002	824
Purchase of healthcare from non-NHS and non-DHSC bodies	22,174	9,420	22,174	9,420
Staff and Executive Directors costs	640,350	577,821	640,350	577,821
Remuneration of Non-executive Directors	154	172	154	172
Supplies and services - clinical (excluding drugs costs)[1]	111,883	94,301	111,883	94,301
Supplies and services - general	12,413	12,787	12,413	12,787
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	76,982	74,942	76,982	74,942
Consultancy costs	865	155	865	155
Establishment	6,723	8,407	6,723	8,407
Premises	46,494	47,398	46,494	47,398
Transport (including patient travel)	4,037	3,227	4,037	3,227
Depreciation on property, plant and equipment	22,607	22,411	22,607	22,411
Amortisation on intangible assets	3,634	3,582	3,634	3,582
Net impairments[2]	7,910	8,407	7,910	8,407
Movement in credit loss allowance: contract receivables / contract assets	1,601	740	1,601	740
Increase/(decrease) in other provisions[3]	(438)	570	(438)	570
Change in provisions discount rate(s)	1	8	1	8
Fees payable to the external auditor			-	-
audit services- statutory audit[4]	152	159	134	142
other auditor remuneration (external auditor only)	-	-	-	-
Internal audit costs	149	143	149	143
Clinical negligence	22,654	19,786	22,654	19,786
Legal fees	281	324	281	324
Insurance	103	58	103	58
Research and development	5,975	5,401	5,975	5,401
Education and training	6,620	5,393	6,620	5,393
Expenditure on short term leases	301	2,475	301	2,475
Redundancy	-	-	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	8,315	7,879	8,315	7,879
Hospitality	83	7	83	7
Other NHS charitable fund resources expended	553	735	-	-
Other	9,153	6,074	9,153	6,074
Total	**1,019,731**	**913,606**	**1,019,160**	**912,854**

1. Includes utilisation of donated consumables (personal protective equipment) in 2023/24.
2. Further details on impairments can be found in notes 8 and 17.
3. The decrease in provisions can be found in note 27.1 as the provisions arising, £454k, less the amount relating to the clinicians pension reimbursement (£25k), less the value reversed unutilised (£867k).
4. Audit fees for both Trust and Group are at gross of VAT value.

Note 7.2 Other auditor remuneration (Group)

There was no other auditor remuneration paid to the external auditor for 2023/24 or 2024/25

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £176k (2023/24: £351k)

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Note 8 Impairment of assets (Group)

	2024/25 £000	2023/24 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	110	310
Abandonment of assets in course of construction[1]	-	377
Unforeseen obsolescence[2]	-	1,336
Changes in market price[3]	7,800	6,384
Total net impairments charged to operating surplus / deficit	**7,910**	**8,407**
Impairments charged to the revaluation reserve[4]	1,920	3,617
Total net impairments	**9,830**	**12,024**

[1] Abandonment of assets in course of construction applies to an ambulance bay development project that ceased in the course of the year (2023/24). No equivalent event in 2024/25.

[2] This relates to IT equipment, which was impaired and replaced due to an unforeseen increase in cyber security threat levels (2023/24). No equivalent event in 2024/25.

[3] Changes in the market price is driven mostly by the revaluation of estates in both financial years.

[4] Impairments charged to the revaluation reserve are as a result of the valuation of the Trust estate carried out by the Valuation Office Agency.

Note 9 Employee benefits (Group)

	2024/25 Total £000	2023/24 Total £000
Salaries and wages	485,853	432,652
Social security costs	50,996	47,629
Apprenticeship levy	2,375	2,213
Employer's contributions to NHS pensions	94,682	73,727
Termination benefits	515	316
Temporary staff (including agency)	8,889	23,352
Total gross staff costs	**643,310**	**579,889**
Recoveries in respect of seconded staff	-	-
Total staff costs	**643,310**	**579,889**
Of which		
Costs capitalised as part of assets	2,960	2,068
Cost charged against Income and Expenditure	640,350	577,821

All of the Charity employees are employed by NBT and recharged to the Charity. As a result, the employee benefits costs for the Charity are fully excluded at consolidation.

Note 9.1 Retirements due to ill-health (Group)

During 2024/25 there were 12 early retirements from the Trust agreed on the grounds of ill-health (16 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £956k (£1,192k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

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. [Accessed 19th May 2025]. 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 at 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 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020.
However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 11 Finance income (Group)

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Interest on bank accounts	3,405	4,364	3,405	4,364
NHS charitable fund investment income	222	263	-	-
Total finance income	**3,627**	**4,627**	**3,405**	**4,364**

Note 12 Finance expenditure (Group)

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

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Interest expense:				
Interest on lease obligations	237	190	237	190
Finance costs on PFI, LIFT and other service concession arrangements:				
Main finance costs	37,677	37,099	37,677	37,099
Remeasurement of the liability resulting from change in index or rate[1]	26,306	72,619	26,306	72,619
Total interest expense	**64,220**	**109,908**	**64,220**	**109,908**
Unwinding of discount on provisions	(10)	(11)	(10)	(11)
Total finance costs	**64,210**	**109,897**	**64,210**	**109,897**

[1] The value of the remeasurement of the liability is dependent on the 12-month RPI change to the February preceding the start of the financial year.

Note 13 Other gains / (losses) (Group)

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Gains on disposal of assets	82	-	82	-
Total gains / (losses) on disposal of assets	**82**	**-**	**82**	**-**
Fair value gains / (losses) on charitable fund investments & investment properties	73	234	-	-
Total other gains / (losses)	**155**	**234**	**82**	**-**

Note 14.1 Intangible assets - 2024/25

Trust and Group	Software licences	Licences & trademarks	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**8,261**	**228**	**16,581**	**1,997**	**27,067**
Additions	715	-	-	610	**1,325**
Reclassifications	-	-	291	(291)	**-**
Disposals / derecognition	(382)	-	-	-	**(382)**
Valuation / gross cost at 31 March 2025	**8,594**	**228**	**16,872**	**2,316**	**28,010**
Amortisation at 1 April 2024 - brought forward	**7,176**	**150**	**4,615**	**-**	**11,941**
Provided during the year	448	31	3,154	-	**3,633**
Disposals / derecognition	(382)	-	-	-	**(382)**
Amortisation at 31 March 2025	**7,242**	**181**	**7,769**	**-**	**15,192**
Net book value at 31 March 2025	**1,352**	**47**	**9,103**	**2,316**	**12,818**
Net book value at 1 April 2024	**1,085**	**78**	**11,966**	**1,997**	**15,126**

Note 14.2 Intangible assets - 2023/24

Trust and Group	Software licences	Licences & trademarks	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**12,871**	**228**	**4,043**	**13,694**	**30,836**
Additions	22	-	-	1,053	**1,075**
Reclassifications	-	-	12,750	(12,750)	**-**
Disposals / derecognition	(4,632)	-	(212)	-	**(4,844)**
Valuation / gross cost at 31 March 2024	**8,261**	**228**	**16,581**	**1,997**	**27,067**
Amortisation at 1 April 2023 - as previously stated	**11,276**	**109**	**1,821**	**-**	**13,206**
Provided during the year	532	41	3,006	-	**3,579**
Reclassifications	-	-	-	-	**-**
Disposals / derecognition	(4,632)	-	(212)	-	**(4,844)**
Amortisation at 31 March 2024	**7,176**	**150**	**4,615**	**-**	**11,941**
Net book value at 31 March 2024	**1,085**	**78**	**11,966**	**1,997**	**15,126**
Net book value at 1 April 2023	**1,595**	**119**	**2,222**	**13,694**	**17,630**

Note 15.1 Property, plant and equipment - 2024/25

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & 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	**17,117**	**418,047**	**-**	**25,220**	**97,271**	**635**	**20,701**	**7,886**	**586,877**
Additions	-	5,555	-	49,041	9,514	-	1,430	330	**65,870**
Impairments	-	(17,204)	-	-	(110)	-	-	-	**(17,314)**
Revaluations	341	2,713	-	-	-	-	-	-	**3,054**
Reclassifications	259	10,387	-	(14,691)	3,904	-	-	141	**-**
Disposals / derecognition	-	-	-	-	(6,525)	-	(77)	(409)	**(7,011)**
Valuation/gross cost at 31 March 2025	**17,717**	**419,498**	**-**	**59,570**	**104,054**	**635**	**22,054**	**7,948**	**631,476**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**-**	**-**	**-**	**54,142**	**359**	**12,837**	**7,096**	**74,434**
Provided during the year	-	9,823	-	-	7,625	63	3,005	146	**20,662**
Impairments	-	(7,484)	-	-	-	-	-	-	**(7,484)**
Revaluations	-	(2,051)	-	-	-	-	-	-	**(2,051)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(6,525)	-	(77)	(409)	**(7,011)**
Accumulated depreciation at 31 March 2025	**-**	**288**	**-**	**-**	**55,242**	**422**	**15,765**	**6,833**	**78,550**
Net book value at 31 March 2025	**17,717**	**419,210**	**-**	**59,570**	**48,812**	**213**	**6,289**	**1,115**	**552,926**
Net book value at 1 April 2024	**17,117**	**418,047**	**-**	**25,220**	**43,129**	**276**	**7,864**	**790**	**512,443**

Note 15.2 Property, plant and equipment - 2023/24

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**16,317**	**398,033**	**157**	**24,068**	**84,427**	**637**	**22,765**	**7,795**	**554,199**
Additions	-	4,928	-	29,563	14,703	-	3,047	91	**52,332**
Impairments	-	(14,055)	-	(377)	(81)	(2)	(227)	-	**(14,742)**
Revaluations	800	950	-	-	-	-	-	-	**1,750**
Reclassifications	-	28,191	(157)	(28,034)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(1,778)	-	(4,884)	-	**(6,662)**
Valuation/gross cost at 31 March 2024	**17,117**	**418,047**	**-**	**25,220**	**97,271**	**635**	**20,701**	**7,886**	**586,877**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**-**	**-**	**-**	**49,306**	**293**	**14,327**	**6,804**	**70,730**
Provided during the year	-	9,864	-	-	6,614	66	3,394	292	**20,230**
Impairments	-	(4,054)	-	-	-	-	-	-	**(4,054)**
Revaluations	-	(5,810)	-	-	-	-	-	-	**(5,810)**
Disposals / derecognition	-	-	-	-	(1,778)	-	(4,884)	-	**(6,662)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**-**	**54,142**	**359**	**12,837**	**7,096**	**74,434**
Net book value at 31 March 2024	**17,117**	**418,047**	**-**	**25,220**	**43,129**	**276**	**7,864**	**790**	**512,443**
Net book value at 1 April 2023	**16,317**	**398,033**	**157**	**24,068**	**35,121**	**344**	**8,438**	**991**	**483,469**

Note 15.3 Property, plant and equipment financing - 31 March 2025

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	17,717	108,899	-	59,570	44,789	211	6,287	1,111	**238,584**
On-SoFP PFI contracts and other service concession arrangements	-	304,835	-	-	-	-	-	-	**304,835**
Owned - donated/granted	-	5,476	-	-	4,023	2	2	4	**9,507**
NBV total at 31 March 2025	**17,717**	**419,210**	**-**	**59,570**	**48,812**	**213**	**6,289**	**1,115**	**552,926**

Note 15.4 Property, plant and equipment financing - 31 March 2024

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	17,117	110,129	-	25,220	39,892	256	7,853	785	**201,252**
On-SoFP PFI contracts and other service concession arrangements	-	302,174	-	-	-	-	-	-	**302,174**
Owned - donated/granted	-	5,744	-	-	3,237	20	11	5	**9,017**
NBV total at 31 March 2024	**17,117**	**418,047**	**-**	**25,220**	**43,129**	**276**	**7,864**	**790**	**512,443**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease		8,974							**8,974**
Not subject to an operating lease	17,717	410,236	-	59,570	48,812	213	6,289	1,115	**543,952**
NBV total at 31 March 2025	**17,717**	**419,210**	**-**	**59,570**	**48,812**	**213**	**6,289**	**1,115**	**552,926**

Note 15.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	990	9,050	-	-	-	-	-	-	**10,040**
Not subject to an operating lease	16,127	408,997	-	25,220	43,129	276	7,864	790	**502,403**
NBV total at 31 March 2024	**17,117**	**418,047**	**-**	**25,220**	**43,129**	**276**	**7,864**	**790**	**512,443**

Note 16 Donations of property, plant and equipment

In 2023/24, the Trust received £2,939k in donations and grants to support capital expenditure, of which £1,303k was from North Bristol NHS Trust Charitable Fund, £1,292k from the Breast Cancer Unit Support Trust - BUST (including a physical donation of a MRI Scanner worth £1,107k) and £344k from NHS England. In addition to the MRI Scanner, another £1,647k was spent on additional equipment. The remaining £185k was a contribution from BUST to the MRI Scanner installation works at Cossham Hospital.

In 2024/25, the Trust received £458k in donations and grants to support capital expenditure, of which £362k was from North Bristol NHS Trust Charitable Fund, of this £33k was a non-cash donation of clinical equipment. Of the remaining £96k, £34k were other charitable contributions towards clinical equipment from Crohn's & Colitis UK (£20k) and Breast Cancer Unit Support Trust (£14k), and £62k was grant funding for equipment required for a clinical study.

Note 17 Revaluations of property, plant and equipment

The District Valuer, who is a member of the RICS and is independent of the Trust, undertook a valuation of the Trust's land and buildings as at 31 March 2025. These were previously valued as at 31 March 2024. The valuations were carried out in accordance with the RICS Appraisal and Valuation Manual in so far as these terms are consistent with the agreed requirements of the Department of Health & Social Care and HM Treasury. The valuations were undertaken in accordance with the Trust's accounting policy (see note 1) and on a consistent basis with valuations in previous periods.

The valuation has been conducted on the assumption that the assets would be consolidated on Southmead Hospital site if applicable.

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

The valuation contributed to an overall downward valuation by £4,615k, which was a net of £5,105k upward revaluation reserve movement (broken down as a £7,949k upwards revaluation and a £1,920k impairment) and £7,800k as an impairment against the operating surplus. For comparison, in 2023/24, there was a downward revaluation of £2,441k, which was a net of £7,560k upward revaluation reserve, £3,617k impairment against revaluation reserve and £6,348k impairment against operating surplus. This change was a result of refreshing the Modern Equivalent Asset (MEA) model. In 2024/25, the overall decrease in valuation is due to the value added to the Trust's estate from completed capital projects being lower than the cost of the projects themselves.

Note 18.1 Right of use assets - 2024/25

Trust and Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Intangible assets	Total	Of which: leased from DHSC Group bodies
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**5,441**	**3,085**	**1,025**	**8,386**	**3,103**	**21,040**	**4,153**
Additions	851	4,550	107	-	-	**5,508**	570
Impairments	-	-	-	-	-	**-**	-
Disposals / derecognition	(310)	-	-	(5,419)	(3,067)	**(8,796)**	(310)
Valuation/gross cost at 31 March 2025	**5,982**	**7,635**	**1,132**	**2,967**	**36**	**17,752**	**4,413**
Accumulated depreciation at 1 April 2024 - brought forward	**993**	**961**	**510**	**5,735**	**3,102**	**11,301**	**561**
Provided during the year	552	448	320	625	1	**1,946**	285
Disposals / derecognition	(186)	-	-	(5,419)	(3,067)	**(8,672)**	(186)
Accumulated depreciation at 31 March 2025	**1,359**	**1,409**	**830**	**941**	**36**	**4,575**	**660**
Net book value at 31 March 2025	**4,623**	**6,226**	**302**	**2,026**	**-**	**13,177**	**3,753**
Net book value at 1 April 2024	**4,448**	**2,124**	**515**	**2,651**	**1**	**9,739**	**3,592**
Net book value of right of use assets leased from other NHS providers							3,154
Net book value of right of use assets leased from other DHSC Group bodies							599

Note 18.2 Right of use assets - 2023/24

Trust and Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Intangible assets	Total	Of which: leased from DHSC Group bodies
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**5,018**	**2,285**	**628**	**6,770**	**3,103**	**17,804**	**4,153**
Additions	423	1,050	397	2,952	-	**4,822**	-
Remeasurements of the lease liability	-	(250)	-	-	-	**(250)**	-
Impairments	-	-	-	(1,336)	-	**(1,336)**	-
Valuation/gross cost at 31 March 2024	**5,441**	**3,085**	**1,025**	**8,386**	**3,103**	**21,040**	**4,153**
Accumulated depreciation at 1 April 2023 - brought forward	**573**	**616**	**197**	**4,632**	**3,099**	**9,117**	**281**
Provided during the year	420	345	313	1,103	3	**2,184**	280
Accumulated depreciation at 31 March 2024	**993**	**961**	**510**	**5,735**	**3,102**	**11,301**	**561**
Net book value at 31 March 2024	**4,448**	**2,124**	**515**	**2,651**	**1**	**9,739**	**3,592**
Net book value at 1 April 2023	**4,445**	**1,669**	**431**	**2,138**	**4**	**8,687**	**3,872**
Net book value of right of use assets leased from other NHS providers							3,356
Net book value of right of use assets leased from other DHSC Group bodies							236

Note 18.3 Revaluations of right of use assets

The majority of Right of Use (RoU) assets relate to IT equipment, transport equipment or plant and machinery that have short useful lives or low values, or both. Hence, the depreciated historic costs have been considered not to be materially different from the current value in the existing use. The remainder of RoU assets were reviewed to identify any signs of upward revaluation or impairments, such as changes to lease contract and agreements, changes in use or changes to assets themselves (for example, improvement and modifications or signs significant damage beyond natural “wear and tear”). As a result of the reviews no changes were made to the value of RoU assets.

Note 18.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 26.1.

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Carrying value at 1 April	**9,852**	**7,143**	**9,852**	**7,143**
Lease additions	5,508	4,822	5,508	4,822
Lease liability remeasurements	-	(250)	-	(250)
Interest charge arising in year	237	190	237	190
Early terminations	(124)	-	(124)	-
Lease payments (cash outflows)	(2,077)	(2,053)	(2,077)	(2,053)
Carrying value at 31 March	**13,396**	**9,852**	**13,396**	**9,852**

Early terminations of leases related to agreements with NHS Property Services that have now been renegotiated.

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

No income generated from subleasing right of use assets was recognised in revenue from operating leases in note 6.

Note 18.5 Maturity analysis of future lease payments at 31 March 2025

	Group		Trust	
	Total	Of which leased from DHSC Group bodies:	Total	Of which leased from DHSC Group bodies:
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	2,691	314	2,691	314
- later than one year and not later than five years;	7,842	1,165	7,842	1,165
- later than five years.	4,632	2,891	4,632	2,891
Total gross future lease payments	**15,165**	**4,370**	**15,165**	**4,370**
Finance charges allocated to future periods	(1,768)	(572)	- 1,768	(572)
Net lease liabilities at 31 March 2025	**13,397**	**3,798**	**13,397**	**3,798**
Of which:				
Leased from other NHS providers		3,199		3,199
Leased from other DHSC group bodies		599		599

Note 18.6 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total	Of which leased from DHSC Group bodies:	Total	Of which leased from DHSC Group bodies:
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,935	301	1,935	301
- later than one year and not later than five years;	5,479	1,021	5,479	1,021
- later than five years.	3,207	2,767	3,207	2,767
Total gross future lease payments	**10,621**	**4,089**	**10,621**	**4,089**
Finance charges allocated to future periods	(768)	(463)	- 768	(463)
Net finance lease liabilities at 31 March 2024	**9,853**	**3,626**	**9,853**	**3,626**
Of which:				
Leased from other NHS providers		3,388		3,388
Leased from other DHSC group bodies		238		238

Note 18.7 Leases - other information

Operating lease income and future receipts equates to £25,305k as per note 6.1 (current year income of £1,815k) and note 6.2 (future years income of £23,490k). Of this, £2,062k relates to DHSC Bodies.

Operating lease expenditure recognised in year relating to short term leases was £301k, as per note 7.1. The total future commitment on short-term leases equates to £593k.

There were no risks to future cash outflows identified that were not included in the leases liabilities.

Note 19 Other investments / financial assets (non-current)

	Group	
	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	**6,332**	**7,341**
Acquisitions in year	1,564	1,075
Movement in fair value through income and expenditure	73	234
Disposals	(3,609)	(2,318)
Carrying value at 31 March	**4,360**	**6,332**

The Trust holds no financial assets. The financial assets are only held by the Charity.

Note 20 Analysis of charitable fund reserves

	31 March 2025	31 March 2024
	£000	£000
Unrestricted funds:		
Unrestricted income funds	5,130	5,657
Restricted funds:		
Endowment funds	31	31
Other restricted income funds	1,699	1,070
	6,860	**6,758**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the Charity's objectives. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the Charity.

Restricted funds may be accumulated income funds which are expendable at the Trustee's discretion only in furtherance of the specified conditions of the donor and the objectives of the Charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 21 Inventories

	Trust and Group	
	31 March 2025	31 March 2024
	£000	£000
Drugs	3,398	3,615
Consumables	9,933	8,099
Total inventories	**13,331**	**11,714**

The Charity did not hold any inventories at either 31 March 2024 or 31 March 2025.

Inventories recognised in expenses for the year were £188,865k (2023/24: £169,243k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £143k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024. Nothing has been received in the financial year ending March 2025

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

Note 22.1 Receivables

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Contract receivables	46,434	46,893	46,593	47,427
Allowance for impaired contract receivables / assets	(10,890)	(9,633)	(10,890)	(9,633)
Prepayments (non-PFI)	8,041	7,117	8,041	7,117
PFI lifecycle prepayments	1,050	1,417	1,050	1,417
VAT receivable	4,351	3,449	4,351	3,449
Corporation and other taxes receivable	66	36	66	36
Other receivables	1	29	1	29
NHS charitable funds receivables	473	286		
Total current receivables	**49,526**	**49,594**	**49,212**	**49,842**
Non-current				
Other receivables	1,073	1,063	1,073	1,063
Total non-current receivables	**1,073**	**1,063**	**1,073**	**1,063**
Of which receivable from NHS and DHSC Group bodies:				
Current	17,138	20,866	17,138	20,866
Non-current	1,073	1,063	1,073	1,063

Note 22.2 Allowances for credit losses - 2024/25 and 2023/24

	Trust and Group Contract receivables and contract assets 2024/25 £000	 2023/24 £000
Allowances as at 1 Apr 2024 - brought forward	**9,633**	**10,666**
New allowances arising	3,887	**3,651**
Changes in existing allowances	225	**350**
Reversals of allowances	(2,511)	**(3,261)**
Utilisation of allowances (write offs)	(344)	**(1,773)**
Allowances as at 31 Mar 2025	**10,890**	**9,633**

Allowances for credit losses are calculated by class of debtor and risk assessed for each asset class. A detailed table is provided in note 22.3. The principles of the calculation remain the same at 31 March 2025 as at 31 March 2024.

The Trust's definition of default is any debt which exceeds its terms of payment. The standard credit terms are 30 days from the date of invoice. Debts are written off when there is no reasonable expectation of recovery and all routes available for attempting recovery have been exhausted.

Note 22.3 Exposure to credit risk

Expected credit losses are calculated and provided for based on different classes of financial asset. Debt provision table by classification of debtor.

Percentage and Amount provision by class of debtor and debtor days.

	Debtor days						
Class of Debtor	**0-30 days**	**31-60 days**	**61-90 days**	**91-180 days**	**181-360 days**	**>360 days**	**Total**
Non-NHS receivables (£000)	327	249	301	617	404	1,656	3,554
Non-NHS receivables (%)	17%	25%	28%	34%	52%	82%	40%
Private and Overseas Patients (£000)	68	44	88	523	327	4,043	5,093
Private and Overseas Patients (%)	89%	94%	94%	96%	96%	98%	97%
Staff (£000)	0	0	0	0	0	22	22
Staff (%)	0%	0%	0%	0%	0%	100%	100%
RTA (£000)	58	95	35	254	392	1,387	2,221
RTA (%)	24%	24%	24%	24%	24%	24%	24%
Total (£000)	453	388	424	1,394	1,123	7,108	10,890
Total (%)	20%	27%	32%	41%	41%	60%	47%

The majority of the Trust's and Group's revenue comes from contracts with other public sector bodies. The private and overseas patient area does have a credit loss risk and is reflected in the above table. In addition to the above, specific identified high risk debt has been provided for in full.

Note 23.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2024/25	**2023/24**	**2024/25**	**2023/24**
	£000	**£000**	**£000**	**£000**
At 1 April	**63,502**	**105,152**	**62,678**	**103,965**
Net change in year	16,219	(41,650)	14,742	(41,287)
At 31 March	**79,721**	**63,502**	**77,420**	**62,678**
Broken down into:				
Cash at commercial banks and in hand	14	15	13	14
Cash with the Government Banking Service	79,687	63,481	77,407	62,664
Other current investments	20	6	-	-
Total cash and cash equivalents as in SoFP	**79,721**	**63,502**	**77,420**	**62,678**
Total cash and cash equivalents as in SoCF	**79,721**	**63,502**	**77,420**	**62,678**

Note 23.2 Third party assets held by the Trust

In 2024/25, North Bristol NHS Trust held no cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties (£0k in 2023/24).

Note 24 Trade and other payables

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Trade payables	57,002	27,848	57,002	27,848
Capital payables	5,620	4,947	5,620	4,947
Accruals	39,442	41,869	39,442	41,869
Social security costs	5,786	6,278	5,786	6,278
Other taxes payable	6,368	6,839	6,368	6,839
Pension contributions payable	7,934	7,319	7,934	7,319
Other payables	876	841	876	841
NHS charitable funds: trade and other payables	115	150	-	-
Total current trade and other payables	**123,143**	**96,091**	**123,028**	**95,941**
Of which payables from NHS and DHSC Group bodies:				
Current	4,990	6,702	4990	6702

Note 25 Other liabilities

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	11,672	14,328	11,672	14,328
Deferred PFI credits / income	77	77	77	77
Total other current liabilities	**11,749**	**14,405**	**11,749**	**14,405**
Non-current				
Deferred income: contract liabilities	3,130	3,241	3,130	3,241
Deferred PFI credits / income	1,513	1,590	1,513	1,590
Total other non-current liabilities	**4,643**	**4,831**	**4,643**	**4,831**

Note 26.1 Borrowings

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Lease liabilities	2,283	1,729	2,283	1,729
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	22,896	21,897	22,896	21,897
Total current borrowings	**25,179**	**23,626**	**25,179**	**23,626**
Non-current				
Lease liabilities	11,114	8,124	11,114	8,124
Obligations under PFI, LIFT or other service concession contracts	570,966	563,686	570,966	563,686
Total non-current borrowings	**582,080**	**571,810**	**582,080**	**571,810**

Note 26.2 Reconciliation of liabilities arising from financing activities (Group)

Trust and Group - 2024/25	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2024	**9,852**	**585,583**	**595,435**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,840)	(18,027)	**(19,867)**
Financing cash flows - payments of interest	(237)	(37,677)	**(37,914)**
Non-cash movements:			
Additions	5,508	-	**5,508**
Remeasurement of PFI / other service concession liability resulting from change in index or rate		26,306	**26,306**
Application of effective interest rate	237	37,677	**37,914**
Early terminations	(124)	-	**(124)**
Carrying value at 31 March 2025	**13,396**	**593,862**	**607,258**

Trust and Group - 2023/24	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2023	**7,143**	**365,125**	**372,268**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,863)	(17,264)	**(19,127)**
Financing cash flows - payments of interest	(190)	(37,099)	**(37,289)**
Non-cash movements:			
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023		165,103	**165,103**
Additions	4,822	-	**4,822**
Lease liability remeasurements	(250)	-	**(250)**
Remeasurement of PFI / other service concession liability resulting from change in index or rate		72,619	**72,619**
Application of effective interest rate	190	37,099	**37,289**
Carrying value at 31 March 2024	**9,852**	**585,583**	**595,435**

Note 27.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**448**	**159**	**361**	**4,759**	**5,727**
Transfers by absorption	-	-	-	-	**-**
Change in the discount rate	1	-	-	(10)	**(9)**
Arising during the year	135	294	-	25	**454**
Utilised during the year	(181)	(91)	(281)	(196)	**(749)**
Reclassified to liabilities held in disposal groups	-	-	-	-	**-**
Reversed unused	-	(31)	-	(836)	**(867)**
Unwinding of discount	(10)	-	-	56	**46**
Movement in charitable fund provisions	-	-	-	-	**-**
At 31 March 2025	**393**	**331**	**80**	**3,798**	**4,602**
Expected timing of cash flows:					
- not later than one year;	190	331	80	2,725	**3,326**
- later than one year and not later than five years;	203	-	-	99	**302**
- later than five years.	-	-	-	974	**974**
Total	**393**	**331**	**80**	**3,798**	**4,602**

Reconciliation of Current and Non current provisions

	31 March 2025	31 March 2024
Current Provisions	3,326	4,399
Non Current Provisions	1,276	1,328
Total	**4,602**	**5,727**

Note 27.2 Clinical negligence liabilities

At 31 March 2025, £238,863k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Bristol NHS Trust (31 March 2024: £223,089k).

Note 28 Contingent assets and liabilities

£26k (2023/24 £27k) contingent liability relates to the assessed potential liability advised by NHS Resolution on claims currently in progress where a contribution may become liable. There were no contingent liabilities recognised by the Charity in both financial years.

The value of contingent assets relating to legacy estates at 31 March 2024 was £803k, this reduced to £404k at 31 March 2025 as estates have progressed during the year. There is uncertainty regarding the timing and amount of the remaining value, which is also dependent upon the completion of property sales.

There were no contingent assets recognised by the Trust in either financial years.

Note 29 Contractual capital commitments

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Property, plant and equipment	5,682	31,679	5,682	31,679
Total	**5,682**	**31,679**	**5,682**	**31,679**

Note 30 Other financial commitments

The Group / Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Trust and Group	
	31 March 2025	31 March 2024
	£000	£000
not later than 1 year	2,106	2,066
after 1 year and not later than 5 years	8,902	8,704
paid thereafter	20,665	22,969
Total	**31,673**	**33,739**

Note 31 On-SoFP PFI, LIFT or other service concession arrangements

A contract for the development of the new hospital was signed by the Trust and its PFI partner, The Hospital Company (Southmead) Limited on 25 February 2010. The purpose of the scheme was to deliver a modern, state of the art hospital facility on the Southmead site, which the Trust moved into on 26 March 2014 and which has been fully operational since May 2014.

Under IFRIC 12, the PFI scheme is deemed to be on the Statement of Financial Position, meaning that the hospital is treated as an asset of the Trust, being acquired under a finance lease. In addition to the above the PFI partner constructed a multi-storey car park as part of the PFI contract which was completed and has been operating since January 2011. This is accounted for in the same way as the hospital.

A final phase of the project with a capital value of £6,553k completed in 2016.

The total construction cost recognised in the accounts to date in relation to these two assets is £305,150k.

An annual unitary payment is payable to our PFI partner. This payment is subject to RPI based indexation in common with most other PFI schemes. Under the contract, the PFI partner provides a facilities management service along with associated services including pest control and grounds and utilities management. The contractual service charge for 2024/25 was £8,315k (£7,879k in 2023/24). As well as being subject to movements in RPI, this element can change as a result of service or performance variations. During the course of 2024/25 the Trust has utilised the contractual mechanisms relating to performance to secure reductions in the payments made to the contractor.

Note 31.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

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

	Trust and Group	
	31 March 2025	31 March 2024
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**1,055,335**	**1,063,117**
Of which liabilities are due		
- not later than one year;	59,431	57,943
- later than one year and not later than five years;	217,352	209,625
- later than five years.	778,552	795,549
Finance charges allocated to future periods	(461,473)	(477,534)
Net PFI, LIFT or other service concession arrangement obligation	**593,862**	**585,583**
- not later than one year;	22,896	21,897
- later than one year and not later than five years;	83,461	76,689
- later than five years.	487,505	486,997

Note 31.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	Trust and Group	
	31 March 2025	31 March 2024
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,804,359**	**1,854,266**
Of which payments are due:		
- not later than one year;	73,730	71,236
- later than one year and not later than five years;	290,417	280,840
- later than five years.	1,440,212	1,502,190

Note 31.3 Analysis of amounts payable to service concession operator

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

	Trust and Group	
	2024/25	2023/24
	£000	£000
Unitary payment payable to service concession operator	**65,702**	**62,765**
Consisting of:		
- Interest charge	37,677	37,099
- Repayment of balance sheet obligation	18,233	16,349
- Service element and other charges to operating expenditure	8,315	7,879
- Capital lifecycle maintenance	1,477	1,438
Total amount paid to service concession operator	**65,702**	**62,765**

Note 32 Financial instruments

Note 32.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS 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 listed companies, to which the financial reporting standards mainly apply. The NHS 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 Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency Risk

The Trust and Group are principally domestic organisations with the great majority of transactions, assets and liabilities being in the UK and sterling based. They have no overseas operations. Therefore there is low exposure to currency rate fluctuations.

Interest Risk

Within the PFI, the interest is subject to annual uplifts in respect of the Retail Price Index. The Trust does not have any outstanding loans from the government, therefore the Trust has low exposure to interest rate fluctuations.

The Charity invests funds to maximise investment income, partly in the form of interest and so bears some risk. From a Group perspective this risk is insignificant.

Credit Risk

Because the majority of the Trust's and Group's revenue comes from contracts with other public sector bodies, there is low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in note 22.3.

Liquidity Risk

The majority of the Trust's and Group's operating costs are financed through the block income and system envelopes. The Trust funds its capital expenditure from a combination of internally generated sources, along with capital PDC received in relation to specific schemes. The Trust and Group are not, therefore, exposed to significant liquidity risks.

Note 32.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	35,545	-	**35,545**
Cash and cash equivalents	77,420	-	**77,420**
Consolidated NHS Charitable fund financial assets	2,301	4,360	**6,661**
Total at 31 March 2025	**115,266**	**4,360**	**119,626**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	37,288	-	**37,288**
Cash and cash equivalents	62,678	-	**62,678**
Consolidated NHS Charitable fund financial assets	824	6,332	**7,156**
Total at 31 March 2024	**100,790**	**6,332**	**107,122**

Note 32.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	35,704	**35,704**
Cash and cash equivalents	77,420	**77,420**
Total at 31 March 2025	**113,124**	**113,124**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	37,822	**37,822**
Cash and cash equivalents	62,678	**62,678**
Total at 31 March 2024	**100,500**	**100,500**

Note 32.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	13,397	**13,397**
Obligations under PFI, LIFT and other service concessions	593,862	**593,862**
Trade and other payables excluding non financial liabilities	95,916	**95,916**
Provisions under contract	4,602	**4,602**
Consolidated NHS charitable fund financial liabilities	86	**86**
Total at 31 March 2025	**707,863**	**707,863**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	9,853	**9,853**
Obligations under PFI, LIFT and other service concessions	585,583	**585,583**
Trade and other payables excluding non financial liabilities	76,448	**76,448**
Provisions under contract	5,727	**5,727**
Consolidated NHS charitable fund financial liabilities	150	**150**
Total at 31 March 2024	**677,761**	**677,761**

Note 32.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	13,397	**13,397**
Obligations under PFI, LIFT and other service concessions	593,862	**593,862**
Trade and other payables excluding non financial liabilities	95,916	**95,916**
Provisions under contract	4,602	**4,602**
Total at 31 March 2025	**707,777**	**707,777**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	9,853	**9,853**
Obligations under PFI, LIFT and other service concessions	585,583	**585,583**
Trade and other payables excluding non financial liabilities	76,448	**76,448**
Provisions under contract	5,727	**5,727**
Total at 31 March 2024	**677,611**	**677,611**

Note 32.6 Fair values of financial assets and liabilities

The carrying value of financial assets and liabilities may be considered a reasonable approximation of their fair value.

Note 32.7 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	161,450	140,901	161,364	140,751
In more than one year but not more than five years	225,496	215,379	225,496	215,379
In more than five years	784,158	799,809	784,158	799,809
Total	**1,171,104**	**1,156,089**	**1,171,018**	**1,155,939**

Note 33 Losses and special payments

	2024/25		2023/24	
Group and Trust	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	6	-	-
Bad debts and claims abandoned	239	644	809	1,762
Total losses	**240**	**650**	**809**	**1,762**
Special payments				
Compensation under court order or legally binding arbitration award	10	52	12	79
Ex-gratia payments	58	22	48	29
Total special payments	**68**	**74**	**60**	**108**
Total losses and special payments	**308**	**724**	**869**	**1,870**

Compensation payments received

Note 34 Related parties

The Department of Health and Social Care is the parent department of the Trust. The main entities within the public sector that the Trust has had dealings with are:

NHS England

NHS Bristol, North Somerset and South Gloucestershire ICB NHS Bath and North East Somerset, Swindon and Wiltshire ICB NHS Gloucestershire ICB

NHS Somerset ICB

Health Education England, which merged with NHS England as of 1st April 2023 NHS Resolution;

Department of Health and Social Care;

UK Health Security Agency;

NHS Pension Scheme;

HM Revenue and Customs

University Hospitals Bristol and Weston NHS Foundation Trust; Gloucestershire Hospitals NHS Foundation Trust

Royal United Hospitals Bath NHS Foundation Trust Avon and Wiltshire Mental Health Partnership NHS Trust Sirona Care and Health CIC

Bristol City Council;

North Somerset Council;

South Gloucestershire Council.

The table below includes information on transactions with related parties as well as potential conflict of interest as disclosed by Board Members

Director, Interest and Related parties	**Receivables at 31.03.25, £**	**Income in 2024/25, £**	**Payables at 31.03.25, £**	**Expenditure in 2024/25, £**
Ingrid Barker (Chair)*				
Joint Chair with University Hospitals Bristol & Weston NHS Foundation Trust	2,553,564	20,022,997	1,218,271	11,045,842
Mr Kelvin Blake (Non-Executive Director)				
Non Executive Director of BRISDOC	18,893	59,297	0	0
Elected Member of Bristol City Council	11,800	756	363,391	787,739
Dr Jane Khawaja (Non Executive Director)				
Employee and Member of the Board of Trustees, University of Bristol.	136,516	2,070,450	1,292,221	4,103,261
Mr Shawn Smith (Non Executive Director)				
Governor of City of Bristol College.	-	-	(695)	-
Ms Maria Kane (Chief Executive)*				
Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services	-	-	-	140,695
Joint Chief Executive with University Hospitals Bristol & Weston NHS Foundation Trust	2,553,564	20,022,997	1,218,271	11,045,842
Professor Steve Hams (Chief Nursing Officer)				
Independent Trustee and Chair of the Infection Prevention Society.	-	-	-	1,040
Mr Neil Darvill (Chief Digital Information Officer (non-voting position))*				
Joint Chief Digital Information Officer with University Hospitals Bristol & Weston NHS Foundation Trust	2,553,564	20,022,997	1,218,271	11,045,842
Wife works as a senior manager for the Bristol, North Somerset and South Gloucestershire (BNSSSG) Integrated Care Board (ICB)	127,921	604,703	7,584	237,522
Total NHS	2,681,484	20,627,700	1,225,855	11,283,363
Total Non-NHS	167,209	2,130,504	1,654,917	4,266,994
Total	2,848,693	22,758,204	2,880,772	15,550,357

*Figures for University Hospital Bristol & Weston NHS Foundation Trust appear under each joint role, however, are only included in the total figures once to not overstate the total transactions with related parties.

Note 35 Transfers by absorption

There were no transfers by absorption recognised in 2024/25 (2023/24: £Nil).

Note 36 Events after the reporting date

There are no events after the reporting period which would affect the figures in these accounts, nor which require disclosure.

Note 37 Better Payment Practice code

	2024/25	2024/25	2023/24	2023/24
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	73,956	579,156	81,273	573,183
Total non-NHS trade invoices paid within target	67,098	548,344	73,971	540,882
Percentage of non-NHS trade invoices paid within target	90.8%	94.7%	91.0%	94.4%
NHS Payables				
Total NHS trade invoices paid in the year	2,498	36,263	2,206	26,026
Total NHS trade invoices paid within target	2,146	32,284	1,823	22,036
Percentage of NHS trade invoices paid within target	85.9%	89.0%	82.6%	84.7%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 38 External financing

The Trust has previously reported any variance against its external financing limit assigned by NHS England. There is no longer a requirement to calculate and report this figure to NHS England and as such it is not reported here.

In 2023/24 the Trust utilised £38,216k of its £38,216k external financing limit.

Note 39 Capital Resource Limit

	2024/25	2023/24
	£000	**£000**
Gross capital expenditure	72,703	57,979
Less: Disposals	(124)	-
Less: Donated, granted and peppercorn leased capital additions	(458)	(2,939)
Charge against Capital Resource Limit	**72,121**	**55,040**
Capital Resource Limit	72,121	55,040
Under / (over) spend against CRL	**-**	**-**

Note 40 Breakeven duty financial performance

	2024/25
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	30
Remove impairments scoring to Departmental Expenditure Limit	110
Breakeven duty financial performance surplus / (deficit)	**140**

Note 41 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		6,177	7,888	9,002	7,002	5,605	(19,740)	(51,561)	(42,922)
Breakeven duty cumulative position	(31,573)	(25,396)	(17,508)	(8,506)	(1,504)	4,101	(15,639)	(67,200)	(110,122)
Operating income		473,815	492,883	519,430	529,896	541,376	552,911	543,638	530,628
Cumulative breakeven position as a percentage of operating income		**(5.4%)**	**(3.6%)**	**(1.6%)**	**(0.3%)**	**0.8%**	**(2.8%)**	**(12.4%)**	**(20.8%)**

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(12,143)	(7,440)	7,470	10,816	13,094	8,455	2,119	140
Breakeven duty cumulative position	(122,265)	(129,705)	(122,235)	(111,419)	(98,325)	(89,869)	(87,750)	(87,610)
Operating income	574,469	605,829	667,679	773,284	791,396	870,282	949,388	1,050,624
Cumulative breakeven position as a percentage of operating income	**(21.3%)**	**(21.4%)**	**(18.3%)**	**(14.4%)**	**(12.4%)**	**(10.3%)**	**(9.2%)**	**(8.3%)**

Additional Information on Staff Costs

Staff costs

	Group			
			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	479,157	6,696	**485,853**	432,652
Social security costs	50,996	-	**50,996**	47,629
Apprenticeship levy	2,375	-	**2,375**	2,213
Employer's contributions to NHS pension scheme	94,682	-	**94,682**	73,727
Termination benefits	515	-	**515**	316
Temporary staff	-	8,889	**8,889**	23,352
Total gross staff costs	**627,725**	**15,585**	**643,310**	**579,889**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**627,725**	**15,585**	**643,310**	**579,889**
Of which				
Costs capitalised as part of assets	2,665	295	**2,960**	2,068

Average number of employees (WTE basis)

	Group			
			2024/25	2023/24
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	1,176	60	**1,236**	1,179
Administration and estates	2,323	163	**2,486**	2,315
Healthcare assistants and other support staff	1,581	264	**1,845**	1,778
Nursing, midwifery and health visiting staff	2,780	226	**3,006**	2,917
Scientific, therapeutic and technical staff	1,017	9	**1,026**	976
Healthcare science staff	619	21	**640**	697
Total average numbers	**9,496**	**743**	**10,239**	**9,861**
Of which:				
Number of employees (WTE) engaged on capital projects	40	2	**42**	32

Reporting of compensation schemes - exit packages 2024/25

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	3	26	**29**
£10,000 - £25,000	4	8	**12**
£25,001 - 50,000	2	-	**2**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	1	**1**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**9**	**35**	**44**
Total cost (£)	£145,000	£370,000	**£515,000**

Reporting of compensation schemes - exit packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	1	31	**32**
£10,000 - £25,000	-	8	**8**
£25,001 - 50,000	1	2	**3**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**2**	**41**	**43**
Total resource cost (£)	£40,000	£276,000	**£316,000**

Exit packages: other (non-compulsory) departure payments

	2024/25		2023/24	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice	35	370	41	276
Total	**35**	**370**	**41**	**276**